

Case Number:	CM15-0201647		
Date Assigned:	10/16/2015	Date of Injury:	02/21/2014
Decision Date:	11/30/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old female, who sustained an industrial injury on February 21, 2014. The injured worker was diagnosed as having bruxism with clenching and grinding of the teeth along with bracing of the facial muscles, myofascial pain of the facial musculature, and trigeminal central sensitization. Treatment and diagnostic studies to date has included psychotherapy, functional capacity evaluation, laboratory studies, diagnostic autonomic nervous system testing, electromyogram, temperature gradient studies, dental evaluation and treatment, diagnostic salivary testing, and amylase analysis. In a Doctor's First Report on August 06, 2014 the treating physician reports complaints facial pain, clenching, grinding of teeth, and bracing of facial musculature secondary to emotional stressors, difficulty in chewing had foods secondary to pain in the face and teeth, speech difficulties, and sleep disturbances and fatigue. Examination performed August 06, 2014 was revealing for trigger points to the facial musculature, crepitus noises to the temporomandibular joints, teeth indentions with scalloping of the lateral borders of the tongue bilaterally, wear on the surfaces of the teeth, and bacterial biofilm deposits on the teeth and the gum tissues. The First Report on August 06, 2014 noted the studies of an autonomic nervous system test revealing for "increased sympathetic activity correlating to obstructions of the airway that are occurring during sleep"; electromyogram revealing for "elevated facial musculature activity with in coordination and aberrant function of the facial musculature"; temperature gradient studies were revealing for "abnormal temperature readings comparing one side of the facial musculature to the other side"; and salivary tests were revealing for "definite qualitative changes in saliva", but the report did not indicate the dates

that these tests were performed. On August 06, 2014 the treating physician requested obstructive airway oral appliance for nocturnal obstructions of the airway and one trigger point injection to the left trapezius, but did not indicate the specific reason for the requested injection. On September 24, 2015 the Utilization Review determined the retrospective requests for obstructive airway oral appliance and one trigger point injection to the left trapezius to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective (dos 8/6/14) 1 Obstructive airway oral appliance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMI Specialty Health.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Dent. 2015 Oct 17. pii: S0300-5712(15)30054-3. doi: 10.1016/j.jdent.2015.10.008. The effectiveness of oral appliances for obstructive sleep apnea syndrome.

Decision rationale: This claimant was injured in 2014. The request is for an oral appliance for obstructive sleep apnea. There is mention of bruxism, but no solid documentation of signs and symptoms of obstructive sleep apnea. No confirmatory sleep study is noted to confirm obstructive sleep apnea. There is also no mention either of classic triggering with classic twitch response. In regards to dental appliances, the guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG was also silent. See however J Dent. 2015 Oct 17. pii: S0300-5712(15)30054-3. The effectiveness of oral appliances for obstructive sleep apnea syndrome: A meta-analysis. This study evaluated the effectiveness of oral appliances (OAs) for managing patients with obstructive sleep apnea (OSA). The available evidence indicates benefits in respiration and sleep quality with oral appliances as compared to placebo devices or blank controls. They could not determine its effectiveness in sleep efficiency and sleep architecture alterations. There was low evidence quality as revealed by GRADE on effectiveness. Given this meta-analysis, the evidence quality is low and there may be some benefit, but effectiveness in sleep efficiency is undetermined. It would not be prudent to use an incompletely proven device on claimants especially when there is no definitive evidence of obstructive sleep apnea. The request is not medically necessary.

Retrospective (dos 8/6/14) 1 Trigger point injection into left trapezius: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: Chronic Pain Medical Treatment Guidelines Page 47 of 127. This claimant was injured in 2014. There is no mention either of classic triggering with classic twitch response. The MTUS notes Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain;(4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. Classic triggering was not demonstrated. The request is appropriately not medically necessary.