

Case Number:	CM15-0036699		
Date Assigned:	03/05/2015	Date of Injury:	10/24/2006
Decision Date:	05/06/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/26/2015

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: California

Certification(s)/Specialty: Dentist

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 45 year old female, who sustained an industrial injury on October 24, 2006. She reported injury to multiple body parts from cumulative trauma, including orthopedic pain. The injured worker was diagnosed as having sleep related bruxism. Treatment to date has included a bite guard appliance. On November 4, 2014, the injured worker was seen by an agreed medical evaluator. She reported receiving electrotherapy to the jaw and wearing a bite guard at least 3 days per week. She reports the electrotherapy and bite guard have been helping. The treatment plan includes the request for bruxism splint lower, and transcutaneous electrical nerve stimulation therapy #12 sessions, and 12 follow-up visits, and splint adjustments for 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bruxism splint lower: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology; Head & Neck Surgery, 4th ed., Mosby, Inc. pp. 1565-1568, Treatment of TMJ Myofascial Pain Dysfunction Syndrome; <http://www.aetna.com/cpb/dental/data/DCPB0019.html>; Temporomandibular Joint

Syndrome (TMJ) and Temporomandibular Disorders (TMD) Dental Policy Bulletin Number: 019.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bruxism Management, Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA. Appliance Therapy" Appliance therapy has been extensively studied from 1966 to the present day, and several extensive reviews have been published in the last 10 years. Occlusal splints are generally appreciated to prevent tooth wear and injury and perhaps reduce night time clenching or grinding behavior rather than altering a causative malocclusion. In addition, they are unlikely to significantly reducing nocturnal behavior." "The type of appliance that has been studied and suggested as helpful in managing the consequences of nocturnal bruxism is the flat-planed stabilization splint, also called an occlusal bite guard, bruxism appliance, bite plate, and night guard. This appliance can vary in appearance and properties. It may be laboratory processed or constructed in the dental office and be fabricated from hard or soft material. The typical appliance covers either all of the maxillary or mandibular teeth. No determination has been made whether significant differences exist in terms of outcome between soft, hard, mandibular, or maxillary splints, but some clinicians feel that soft splints can increase clenching behavior in some".

Decision rationale: Records reviewed from AME dentist [REDACTED] has diagnosed this patient with bruxism on an industrial basis. Per medical reference mentioned above, "Occlusal splints are generally appreciated to prevent tooth wear and injury and perhaps reduce night time clenching or grinding behavior...The type of appliance that has been studied and suggested as helpful in managing the consequences of nocturnal bruxism is the flat-planed stabilization splint, also called an occlusal bite guard, bruxism appliance, bite plate, and night guard." Therefore, based on the objective dental findings and medical reference mentioned above, this reviewer finds the need for a Bruxism splint lower to be medically necessary to prevent tooth wear and the control myofascial pain symptoms secondary to diagnosis of bruxism.

TENS therapy, times twelve (x12) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2) - A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not

necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear Page(s): 3.

Decision rationale: In this case there are insufficient documentation in requesting dentist [REDACTED] reports to medically justify the recommended treatment. Absent further detailed documentation and clear rationale, the medical necessity for this TENS therapy request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. The request is not medically necessary.

Follow-up visits times 12 (x 12) visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2) - A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency , intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear Page(s): 3.

Decision rationale: In this case there are insufficient documentation in requesting dentist [REDACTED] reports to medically justify the recommended treatment. Absent further detailed documentation and clear rationale, the medical necessity for this Follow up visits x12 request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. The request is not medically necessary.

Splint adjustments for twelve (12) visits: Upheld

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

<http://www.aetna.com/cpb/dental/data/DCPB0019.html>; Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) Dental Policy Bulletin Number: 019.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2) - A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear Page(s): 3.

Decision rationale: In this case there are insufficient documentation in requesting dentist [REDACTED] reports to medically justify the recommended treatment. Absent further detailed documentation and clear rationale, the medical necessity for this Splint Adjustments for 12 visits request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. The request is not medically necessary.