

Case Number:	CM15-0051122		
Date Assigned:	04/17/2015	Date of Injury:	08/13/2007
Decision Date:	05/15/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/18/2015

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 44-year-old male, who sustained an industrial injury on 8/13/07. He reported lack of saliva, 2 broken teeth, grinding teeth, clenching of the jaw, and dental pain. The injured worker was diagnosed as having traumatic injury to the teeth, mandible, and face. Other diagnoses included bruxism, xerostomia, myofascial pain, capsulitis/inflammation of the TMJs, internal derangement of the TMJs, osteoarthritis of the TMJs, mastication impairment, and aggravated periodontal disease. Treatment to date has included dental appliance use for night and day and medications. Currently, the injured worker complains of dental pain, dry mouth, ear pain, and jaw pain. The treating physician requested authorization for 1 Occulusal Guard. The treatment plan included dental surgery including crowns, root canal treatments, and posts to be placed on multiple teeth.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Occulusal Guard (Between 02/10/2015 - 4/27/2015): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: Records reviewed from the AME dentist [REDACTED] report dated 10/14/13 has diagnosed this patient with probable bruxism, salivary changes, multiple decayed missing fractured teeth secondary to bruxism, on an industrial basis. Per reference mentioned above, "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. 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." (Burgess). Therefore based on the diagnosis of the AME dentist and medical reference mentioned above, this reviewer finds the need for 1 occlusal guard to be medically necessary to prevent further teeth wear and control myofascial pain symptoms secondary to diagnosis of bruxism. The request IS medically necessary.