

<b>Case Number:</b>	CM15-0082489		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	10/20/2007
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 39-year-old male who sustained an industrial injury on 10/20/07. Initial complaints and diagnoses are not addressed. Treatments to date include replacement of chipped teeth. Diagnostic studies are not addressed. Current complaints include a chipped tooth. Current diagnoses are not addressed. In a progress note dated 03/25/15, the treating provider reports the plan of care as a craniomandibular orthopedic repositioning appliance and an intrascapular stabilizer appliance night appliance neutral bionator appliance. The requested treatment is a craniomandibular orthopedic repositioning appliance for night use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Craniomandibular Orthopedic Repositioning Appliance (Night):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 indicate that this patient has myofascial pain and chipped tooth. 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 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." Therefore this reviewer finds that the request is medically necessary to treat this patient's myofascial pain and prevent tooth wear.