

Case Number:	CM14-0165022		
Date Assigned:	10/10/2014	Date of Injury:	03/13/2007
Decision Date:	11/04/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/07/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46 year old male with a date of injury of 3-13-2007 when he sustained injuries to the shoulder, neck, lower back, psyche, and urologic system he has undergone a lumbar fusion from L4-S1 which subsequently failed. The injured worker complains of ongoing back pain, urinary incontinence, depression, anxiety, teeth grinding at night and sleep disturbance. He has been scheduled for hardware removal from the back but he appears to be waiting for approval of a motorized wheelchair first. He is being treated with opioids, anti-inflammatories, and muscle relaxants for his pain, and antidepressants and benzodiazepines for his anxiety/depression. His exam reveals an antalgic gait, tenderness, spasm, and reduced range of motion of the lumbar spine, a positive straight leg raise exam bilaterally, and sacroiliac joint tenderness. The diagnoses are status post (s/p) lumbar fusion, neurogenic bladder, cervical spine musculo-ligamentous strain/sprain, left rotator cuff tendonitis, erectile dysfunction, anxiety, depression, and sleep disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bite Bar for sleep: 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 European Journal of Dentistry, Oct. 2008, page 276-282, Evaluation of Patients with Nocturnal Bruxism on Bite Force and Occlusal Contact Area: A Preliminary Report

Decision rationale: The Official Disability Guidelines and Chronic Pain Medical Treatment Guidelines are silent on the topic of bruxism as it relates to occupational injuries. Occlusal dental appliances (bite bars) have been shown to be effective for bruxism, which is defined as the involuntary grinding or gnashing of the teeth which may result in dental trauma. The origin of bruxism is often thought to be stress and anxiety. In this instance, the injured worker is being treated for anxiety and depression, which have been accepted as consequences of his occupationally caused medical conditions. It is logical to connect the bruxism with the occupationally accepted diagnosis of anxiety. Therefore, a bite bar for sleep related bruxism is medically necessary.