

Case Number:	CM14-0026687		
Date Assigned:	06/13/2014	Date of Injury:	07/03/2006
Decision Date:	09/09/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/03/2014

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 Dentistry and is licensed to practice in California. 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:

This is 63-year-old woman involved in an industrial injury on 12/12/05 and 07/03/2006 while she was employed as a senior right-of-way agent for paragon partners. Per Dr. [REDACTED] DDS report dated 11/06/2013, As a result of her accident, she had bilateral knee replacement surgeries in 2010 and 2013. Patient also states in 2007 she noticed that she was frequently clenching and grinding her teeth hard together with discomfort in her jaws. She states that She was referred to Dr. [REDACTED] Dentist, whom made her night guard appliance which she wore at night time. She states that her symptoms remained the same. She state that she kept biting through the night guards which she kept grinding through. She states that Dr. [REDACTED] made several appliances including a oral sleep appliance and snore guard. She states, however that her teeth shifted while wearing the guard which caused floss and food to collect between her teeth. This patient has also been treated with medication including Norco, Remeron, Ataras, and Temazepam, all of which have adverse side effects of dry mouth/xerostomia. Following this patient's injuries, she developed chronic dryness of the mouth. She also developed bruxism and clenching due to stress, anxiety, and depression. Dry mouth from the medications taken on an industrial basis caused aggravation of periodontal disease and dental caries. Patient has been evaluated by AME Dr. [REDACTED], DDS on 01/30/2012 & 11/12/13 AME Dr [REDACTED] 01/30/12
Diagnosis/Findings (reviewed in Dr [REDACTED] report dated 11/06/13): 1. Salivary changes secondary to use of industrial medications, particularly chronic opiates for pain control. 2. Increased rate of dental decay secondary to salivary changes. 3. Bruxism secondary to pain/psychological 4. Myofascial pain secondary to bruxism. 5. Normal Temporomandibular joint study (no structural injury/no internal derangement. On 11/12/13, page 16, AME dentist Dr [REDACTED] states: Examination at this time reveals that Ms. [REDACTED] has not received the appropriate industrial dental treatment that I had recommended in my initial AME of 01/30/

12. None of the areas of dental decay brought on by medication-induced xerostomia have been addressed by the attending dentist. Ms. [REDACTED] continues to require industrial dental treatment to relieve the effects of her derivative dental injury stemming from the work accident of 07/03/06. I continue to recommend treatment to eliminate dental decay on teeth numbers 3,4, 13, 14,20, and 31. Tooth #14 is now painful and may also require root canal therapy. In addition, there is a fractured crown on tooth #18 which requires replacement with a new crown. Ms. [REDACTED] also continues to require treatment for xerostomia. This would include the use of salivary supplements such as Salese as well as fluorides to protect the teeth against recurrent dental decay. Dental examinations and periodontal prophylaxis should also be accomplished at three to four month intervals as a preventive measure as long as xerostomia is being manifested.

2. Ms. [REDACTED] continues to require the above outlined dental treatment on an industrial basis. Treating dentist Dr. [REDACTED] in his 11/6/13 report has diagnosed this patient with: bruxism/clenching, cephalgia, dental caries involving teeth #5 3, 4, 13, 14, 30, and 31, chronic generalized periodontitis, osteoarthritis of the bilateral TM joints per TM joint x-rays and sonography, capsulitis of the left TM joint, myalgia of the muscles of mastication, xerostomia, Dr. [REDACTED] X-ray findings of TM joints, transcranial X-Rays of the right TM joint, posterior displacement of the condyle. There was evidence of flattening Of the lateral pole of the TM joint condyle consistent with osteoarthritic degenerative changes. Translation of the TM joint condyle along the articular eminence of the temporal bone was within normal limits. Transcranial X-Rays of the Left TM Joint: posterior displacement of the condyle and flattening of the lateral pole of the TM with osteoarthritic degenerative changes and joint condyle along the articular eminence within normal limits. Treating dentist Dr. [REDACTED] in his report dated 11/06/13 is requesting: Treatment of this patient's current bruxism and jaw-related complaints and capsulitis in the left TM joint, with evidence of slight early opening and late closing click and pop in the left TM joint found instrumentally, and evidence of mild degenerative changes with electrosonography and transcranial x-rays, will be in the form of insertion of an neuromuscular orthopedic appliance to stabilize joint supporting structures and unload the joint. It is recommended in conjunction with orthotic appliance therapy, physiotherapeutic and physical medicine modalities be provided as follows: TENS, ultrasound, myofascial release, trigger point injections, and therapeutic exercises to relax and heal the craniofacial muscles to improve jaw function and reduce pain. As stated on page 6 of Dr. [REDACTED] report, the patient continues to experience pain in the facial muscles, left greater than right, as a result of chronic teeth grinding. Dr. [REDACTED] also found pain in the left ear and the facial pain interferes with her ability to properly chew food. Based upon these findings, physiotherapeutic modalities would be appropriate to help reduce the pain and inflammation, and provide more rapid healing of her jaw-related complaints. UR dentist Dr [REDACTED] DDS on 02/17/14 states: 1. I have reviewed the clinical information submitted for [REDACTED]. The claimant meets most of the criteria for trigger point injection~ except that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxant, have failed to control pain. The report states that several other physical medicine modalities have been recommended. These should be attempted before starting trigger point injections. The request for trigger point injections bilaterally is not medically necessary or appropriate. 2. A request has been made orthotic training and orthotic adjustments. Any type of occlusal appliance/orthotic is in need of periodic adjustment. However, in this case the amount or number of adjustments has not been requested. This information is needed prior to making a determination. The request for Orthotic Training & Orthotic Adjustment per visit is not medically necessary or appropriate. 3. A request has been made for a

TENS unit. The claimant's bruxism and facial pain has been unresponsive to occlusal appliances. The clinical notes indicate that there have been at least four appliance recently fabricated. A TENS unit is a treatment option in cases such as this one. I recommend the treatment is approved for 1 month trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS BILATERALLY (TMJ): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Cranio. 2002 Oct;20(4):244-53. Temporomandibular disorder treatment outcomes: second report of a large-scale prospective clinical study. Brown DT, Gaudet EL Jr.

Decision rationale: Per medical reference mentioned above, this IMR reviewer finds the request to not be medically necessary.

TENS UNIT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Cranio. 2002 Oct;20(4):244-53. Temporomandibular disorder treatment outcomes: second report of a large-scale prospective clinical study. Brown DT, Gaudet EL Jr.

Decision rationale: This IMR reviewer finds this request to be medically necessary per medical reference mentioned above.

ORTHOTIC TRAINING & ADJUSTMENTS, PER VISIT (DENTAL): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PUBMED: [HTTP://WWW.NCBI.NLM.NIH.GOV/PUBMED/21596648](http://www.ncbi.nlm.nih.gov/pubmed/21596648); BRUXISM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Cranio. 2002 Oct;20(4):244-53. Temporomandibular disorder treatment outcomes: second report of a large-scale prospective clinical study. Brown DT, Gaudet EL Jr.

Decision rationale: In the records provided, there is no clear rationale on why this patient will need orthotic training and Orthotic adjustments PER VISIT. Absent further detailed documentation (number of adjustments) and clear rationale, the medical necessity for this request is not evident. Therefore, the request is not medically necessary.