

Case Number:	CM14-0021696		
Date Assigned:	02/28/2014	Date of Injury:	08/11/2005
Decision Date:	01/15/2015	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/20/2014

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 licensed 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:

AME dentist Dr [REDACTED] DDS report dated 01/15/2010 states: "Diagnostic Impressions: Significant Right Capsulitis/Synovitis of the TMJ's, pain status constant moderate. Parafunctional Activities (bruxism/clenching) secondary to sleep-bruxism. Sleep- Bruxism Sleep-related movement disorder due to a medical condition. Myofascial pain secondary to sleep-bruxism Status pain, constant/moderate. Tinnitus/Ear complaints consistent with TMJ/TMD, constant/moderate. Hyposalivation Function & Xerostomia complaints secondary to, industrially prescribed medications, chronic pain, sleep-disorder. Atypical Trigeminal Upregulation and Neuralgia secondary to medical Condition. Complex Regional Pain Syndrome (RSD) by medical diagnosis history. Glossopharyngeal Neuralgia (Tongue Pain) especially lateral borders. GERD/gastritis by history, medical records and medication regimen. Ulcerated Palate. Dental Injury to tooth #7, secondary to involuntary sleep-bruxism." "Causation: It is my opinion that the emotional stressors secondary to the orthopedic pain syndrome, were substantial factors and with reasonable medical probability, contributed to the TMJ/TMD complaints and dysfunctions, including parafunction. It is my opinion that with reasonable medical probability, this patient's parafunctional activities (bruxism clenching) were aggravated, accelerated, and "lit-up", on an industrially related basis, and that these parafunctional activities and the damaged that resulted, were secondary and derivative to the industrially prescribed antidepressant medications and the side-effects of these medications. These medications are substantial causative factors impacting her diagnoses. It is my opinion that this patient's hyposalivary condition and resulting xerostomic complaints are also secondary to the industrially prescribed polypharmacy medications and her facial muscular pain issues ..." "Future Treatment recommendations : This patient presents with the objective signs of significant and chronic capsulitis within the TM Joints. It is appropriate and may be medically necessary to acquire a

MRI evaluation of the joints prior to commencing any definitive treatment regarding this system. Objective confirmation adds to the medical provider's ability to manage the joint system appropriate... As long as the patient continues taking psychotropic medications on an industrial basis and continues to have sleep disorder issues, treatment would be appropriate and warranted regarding the sleep-bruxism, clenching and TMD pathologies. This would also include adjustments to the oral appliance 1 to 2 times yearly. It may be necessary to resurface or reline the appliance due to excessive wear and deformation as it is fabricated with an acrylic type material. Replacements of the intra-oral appliance may be medically necessary every 1 to 2 years in some cases due-to excessive wear or breakage. The appliances will wear out in time as they are fabricated to wear instead of the teeth and dentition. If extensive dental treatment is received by the patient, it may be necessary to remake the appliance consistent with the new dental status. As long as the patient continues to take industrially prescribed medications, including any psychotropic medications, with side effects of drying the mouth, future treatment for xerostomia, consistent with CAMBRA Oral Examination and Evaluation every 3 -4 months to test for salivary flow and presence of caries involving the dentition. Periodontal probing is appropriate at these appointments. If there is continued evidence of xerostomia, then dental treatment in the form of dental prophylaxis, and/or periodontal root planing and scaling would be medically necessary to prevent exacerbation of periodontal disease... Dental Examinations and Evaluations must include frequent re-evaluations of #7 both clinically and by the endodontist as this tooth is still symptomatic, and may require further treatment or extraction and replacement with an implant "UR dentist report dated 01/21/14 states:"There is mention of an accident, but no documentation to support any accident. There is a pre printed form that is check in regards to claimant's recommended treatment. There are no dental records provided in this case...there is no evidence of periodontal disease."

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: DENTAL WORK: SCALING: Upheld

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 Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul;82(7):943-9

Decision rationale: Per objective findings/causation and treatment recommendations of AME Dentist Dr [REDACTED] DDS summarized above and the medical reference mentioned above, this IMR reviewer finds this dental scaling request to be medically necessary.

RETRO DENTAL ANALYSIS: 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 ODG Guidelines Office visits

Decision rationale: Per objective findings/causation and treatment recommendations of AME Dentist Dr [REDACTED] DDS summarized above and the medical reference mentioned above, this IMR reviewer finds this dental analysis request to be medically necessary.

RETRO DENTAL ASSESSMENT: 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 Official Disability Guidelines (ODG) ODG Guidelines Office visits

Decision rationale: Per objective findings/causation and treatment recommendations of AME Dentist Dr [REDACTED] DDS summarized above and the medical reference mentioned above, this IMR reviewer finds this dental assessment request to be medically necessary.

RETRO DENTAL SCREENING: 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 Official Disability Guidelines (ODG) ODG Guidelines Office visits

Decision rationale: Per objective findings/causation and treatment recommendations of AME Dentist Dr [REDACTED] DDS summarized above and the medical reference mentioned above, this IMR reviewer finds this dental screening request to be medically necessary.

RETRO DENTAL AIRWAY OBSTRUCTION: Upheld

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 Curr Treat Options Neurol. 2014 Aug;16(8):305. doi: 10.1007/s11940-014-0305-6. Advances in the treatment of obstructive sleep apnea. Young D1, Collop N. PMID:24957654

Decision rationale: The records provided do not support airway obstruction. There is no evidence of any sleep study performed by a sleep lab. This IMR reviewer recommends this patient to be evaluated by a medical doctor/specialist who is board certified in sleep medicine to

determine the severity of this patient's problem. And if that specialist finds the need for further sleep testing on an industrial basis, then it should be authorized. But at this time this IMR reviewer finds this request to be not medically necessary.

RETRO DENTAL ORAL APPLIANCE: 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: Per objective findings/causation and treatment recommendations of AME Dentist Dr [REDACTED] DDS summarized above and the medical reference mentioned above, this IMR reviewer finds this dental ORAL APPLIANCE request to be medically necessary to prevent tooth wear and the control myofascial pain symptoms secondary to diagnosis of bruxism .