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| Case Number: | CM14-0213159 | | |
| Date Assigned: | 12/30/2014 | Date of Injury: | 02/11/2012 |
| Decision Date: | 03/05/2015 | UR Denial Date: | 12/08/2014 |
| Priority: | Standard | Application Received: | 12/19/2014 |

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. 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: Physical Medicine & Rehabilitation

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 patient is a 37-year-old female with the date of injury of February 11, 2012. The medical file provided for review includes one progress report dated October 17, 2014. According to this report the patient presents with neck, shoulder, low back and hip pain. Patient reports depression and states that pain significantly affects her mood on a constant basis. Examination of the right shoulder revealed discomfort to palpation and mildly decreased range of motion on the right. Cross arm test and O'Brien's test were both positive on the right side. Examination of the lumbar spine revealed discomfort to palpation at the level of L4-5. Range of motion was decreased on all planes. Straight leg raising test is 60 on the right and 70 on the left. The listed diagnoses are: 1. Lumbar sprain/strain 2. Right lumbar radiculopathy 3. Lumbar disc degenerative disease 4. Cervical sprain/strain 5. Right shoulder impingement syndrome 6. Bilateral hip pain. The patient is currently not working. Treatment plan was for right shoulder arthroscopy, with subacromial decompression with modified Mumford. This is a request for musculoskeletal trigeminal oral appliance. The medical record includes one progress report and provides no discussion regarding this request. The utilization review denied the request on December 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Musculoskeletal Trigeminal Oral Appliance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.medscape.com

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: Aetna Clinical Policy Bulletin: Intra-oral Appliances for Headaches and Trigeminal Neuralgia Number: 0688 Aetna Clinical Policy Bulletin: Temporomandibular Disorders Number: 0028 further.

Decision rationale: This patient presents with neck, shoulder, low back and hip pain. The current request is for a MUSCULOSKELETAL TRIGEMINAL ORAL APPLIANCE. The Utilization review states that the request was made for "daytime treatment of bruxism." It was further noted that the request was made in conjunction with an obstructive airway oral appliance. The request was denied with the rationale that "the medically necessity for the combination request of obstructive airway oral appliance and Musculoskeletal trigeminal oral appliance is not fully substantiated." The ACOEM, MTUS and ODG do not discuss musculoskeletal trigeminal oral appliance. Aetna Clinical Policy Bulletin: Intra-oral Appliances for Headaches and Trigeminal Neuralgia Number: 0688 states, "Aetna considers intra-oral appliances (e.g., the Nociceptive Trigeminal Inhibition-Tension Suppression System) experimental and investigational for the treatment of headaches and trigeminal neuralgia because their effectiveness for these indications has not been established." Aetna Clinical Policy Bulletin: Temporomandibular Disorders Number: 0028 further states, "Reversible intra-oral appliances may be considered medically necessary in selected cases only when there is evidence of clinically significant masticatory impairment with documented pain and/or loss of function. Prolonged (greater than 6 months) application of TMD/J intra-oral appliances is not considered medically necessary unless, upon individual case review, documentation is provided that supports prolonged intra-oral appliance use. Note: Appliances for bruxism are typically excluded under Aetna medical plans (please check benefit plan descriptions), but may be covered under dental plans." The medical file provided for review includes one progress report and there is no discussion regarding the medical necessity of this request. In addition, Aetna states that indications for oral appliances have not yet been established and "Appliances for bruxism are typically excluded under Aetna medical plans." This request IS NOT medically necessary.