

Case Number:	CM15-0019109		
Date Assigned:	02/09/2015	Date of Injury:	12/07/2007
Decision Date:	03/31/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/02/2015

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: 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:

The injured worker is a 64 year old male who sustained an industrial related injury on 12/7/07. The injured worker had complaints of insomnia and left knee pain. Diagnoses included cervicogenic headache, bilateral shoulder internal derangement, cervicothoracic/lumbar myofascial pain, intervertebral disc disease, and status post closed head trauma. The treating physician requested authorization for an oral bite block appliance. On 1/7/15 the request was non-certified. The utilization review physician cited Dent Today and noted the medical records do not indicate and specific subjective complaints or positive examination findings that the injured worker would require a mouth bite guard. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oral bite block appliance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dent Today

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

http://www.aetna.com/cpb/medical/data/100_199/0132.html

Decision rationale: The patient was injured on 12/07/07 and presents with insomnia and left knee pain. The request is for ORAL BITE BLOCK APPLIANCE. There is no RFA provided and the patient is retired. There are no indications of any pain in the mouth/jaw or a diagnosis of TMJ. The patient is diagnosed with cervicogenic headache, bilateral shoulder internal derangement, cervicothoracic/lumbar myofascial pain, intervertebral disc disease, and status post closed head trauma. MTUS and ODG are silent regarding the request for oral bite block appliance. AETNA Guidelines regarding Biofeedback- Tempormandibular Joint state the following: Occlusal appliance therapy is the use of TMJ appliances such as bite splint, night guard, occlusal orthopedic appliances and occlusal splint to alleviate jaw movement habits and reduce the frequency of diurnal and nocturnal clenching habits. Most patients with TMJ disorders attain good relief of symptoms with these noninvasive, conservative treatment methods. In general, there is a 70 to 90 % rate of success with the use of occlusal appliances. (http://www.aetna.com/cpb/medical/data/100_199/0132.html). Unfortunately, there are no positive exam findings that would warrant the use of an oral bite block appliance. There is no discussion provided regarding this request and why it is needed. There is no indication that the patient has any TMJ disorder. Due to lack of discussion, the requested oral bite block appliance IS NOT medically necessary.