

<b>Case Number:</b>	CM15-0019522		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Dentist

### 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 female patient, who sustained an industrial injury on 03/27/2012. The initial doctor's evaluation dated 12/10/2014 described the worker having had a metal shelf fall over and struck her, on the back of the head. She has reported subjective complaint of pain to her head, neck, right shoulder, both eyes, face and her lower back. Physical examination found objective findings with palpable trigger point in the facial musculature; teeth indentations; swollen gums; speech disturbances along with sleep difficulty She experiences clenching or grinding of her teeth; facial pain; temporomandibular pain; difficulty chewing; dry mouth; bleeding gums; and bacterial bio-film deposits on teeth and surrounding tissue. Diagnostic testing included autonomic nervous system testing, nerve conduction study, temperature gradient scale study, saliva testing and blood work. She is diagnosed with traumatic head injury; bruxism; myofascial pain; trigeminal central sensitization; industrial aggravated periodontal disease and need for an obstructive airway device. She was prescribed a nocturnal airway device, orthotic musculoskeletal trigeminal appliance and facial reprogramming exercise. She is to return to full work duty. On 12/22/2014, a request was made asking for services periodontal scaling. On 12/30/2014 Utilization Review non-certified the request, noting the Official Disability Guideline Dental Trauma was cited. The injured worker submitted an application for independent medical review of requested services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Immediate medical treatment of musculoskeletal trigeminal oral appliance to replaced as needed by pain due to normal wear and tear/or if lost: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Dental Trauma treatment. International Association of Dental Traumatology (IADT); E&M of traumatic dental injuries.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome:

**Decision rationale:** Records reviewed indicate that this patient has facial pain with trigger points. This IMR reviewer recommends phase (1) treatment for this patient's TMJ complaints and to include "Counseling and recommendations about avoidance of clenching and grinding of the teeth; eating a soft, non chew diet; use of moist heat on, and massage of, the masticatory muscles; and limitation of jaw motion. Because the patient has muscle spasm and pain, a muscle relaxant and an NSAID are prescribed. Diazepam and ibuprofen are commonly used." Per medical reference mentioned above. The IMR reviewer believes Phase I treatment should be attempted and documented before any future proposed treatment.

**Immediate emergency medical treatment of an obstructive airway oral appliance to be worn during sleep: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline-TWC: Dental Trauma. <http://www.aetna.com/cpb/dental/data/DCPB0018.html>, 12/04/2012; obstructive sleep apnea dental policy number: 018 policy

**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:** There is insufficient rationale provided by the requesting dentist. Due to the "Immediate emergency medical treatment" request, it may mean this patient has a severe case of sleep apnea, in which case per medical reference mentioned above "The first choice of treatment for patients with moderate or severe obstructive sleep apnea is continuous positive airway pressure (CPAP)" (Young D,2014), and not an oral appliance. At this time, this IMR reviewer finds this request for obstructive airway oral appliance to be not medically necessary.