

Case Number:	CM15-0118772		
Date Assigned:	06/29/2015	Date of Injury:	03/25/1998
Decision Date:	08/21/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/19/2015

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 55-year-old male, who sustained an industrial injury on 3/25/98. The documentation noted that the injured worker in response to his industrial related orthopedic pain has developed emotional stressors and finds he is clenching his teeth and bracing his facial musculature, which has resulted in developing facial and jaw pain. The documentation noted that the injured worker reports as a result of his bruxism/clenching and grinding of his teeth, he has resultantly fractured some of his teeth and are worn down. The diagnoses have included bruxism/clenching of the teeth and bracing of the facial muscles; xerostomia; internal derangements/dislocations of the right and left temporomandibular joint discs and osteoarthritis of the temporomandibular joint. Treatment to date has included multiple back surgeries; tramadol for pain. The request was for root canals 6, 7, 8, 9, 10, 11, 24; post and core buildup 6, 7, 8, 9, 10, 11, 24; crowns porcelain-fused-to-metal crowns (PFM's) 2, 3, 6, 7, 8, 9, 10, 11, 14, 15, 18, 19, 30, 31, 24 and occlusal guard, and occlusal orthotic device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Root canals 6, 7, 8, 9, 10, 11, 24: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Okeson J Management of Disorders of the TMJ and Occlusion 5th edition 2003 by Mosby ADA guidelines on Parafunctional habits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA
MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2).

Decision rationale: Records reviewed indicate that this patient in response to his industrial related orthopedic pain has developed emotional stressors and finds he is clenching his teeth and bracing his facial musculature, which has resulted in developing facial and jaw pain. Dental report of [REDACTED], visit dated 04/09/13, his radiographic and clinical examination findings include moderate bone loss, erosion on the buccal surfaces of #s7-10, erosion on #6-11. However there are insufficient recent documentation from the requesting doctor [REDACTED]. There are no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support this request for multiple root canals. Absent further detailed and recent documentation and clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. The request is not medically necessary.

Post and core buildup 6, 7, 8, 9, 10, 11, 24: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Okeson J Management of Disorders of the TMJ and Occlusion 5th edition 2003 by Mosby ADA guidelines on Parafunctional habits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA
MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2.

Decision rationale: Records reviewed indicate that this patient in response to his industrial related orthopedic pain has developed emotional stressors and finds he is clenching his teeth and bracing his facial musculature, which has resulted in developing facial and jaw pain. Dental report of [REDACTED], visit dated 04/09/13, his radiographic and clinical examination findings include moderate bone loss, erosion on the buccal surfaces of #s7-10, erosion on #6-11. However there are insufficient recent documentation from the requesting doctor [REDACTED]. There are no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support this request for multiple Post and core buildup. Absent further detailed and recent documentation and clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job

related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. The request is not medically necessary.

Crowns PFM 2, 3, 6, 7, 8, 9, 10, 11, 14, 15, 18, 19, 30, 31, 24: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Okeson J Management of Disorders of the TMJ and Occlusion 5th edition 2003 by Mosby ADA guidelines on Parafunctional habits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2.

Decision rationale: Records reviewed indicate that this patient in response to his industrial related orthopedic pain has developed emotional stressors and finds he is clenching his teeth and bracing his facial musculature, which has resulted in developing facial and jaw pain. Dental report of [REDACTED], visit dated 04/09/13, his radiographic and clinical examination findings include moderate bone loss, erosion on the buccal surfaces of #s7-10, erosion on #6-11. However there are insufficient recent documentation from the requesting doctor [REDACTED]. There are no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support this request for multiple Crowns PFM. Absent further detailed and recent documentation and clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. The request is not medically necessary.

occlusal guard, and occlusal orthotic device: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Okeson J Management of Disorders of the TMJ and Occlusion 5th edition 2003 by Mosby ADA guidelines on Parafunctional habits.

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 Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565- 1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome: 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. PMID: 12403182.

Decision rationale: Records reviewed indicate that this patient in response to his industrial related orthopedic pain has developed emotional stressors and finds he is clenching his teeth and bracing his facial musculature, which has resulted in developing facial and jaw pain. He has been diagnosed with bruxism and clenching of the teeth and bracing of the facial muscles. Per medical reference mentioned above, "Occlusal splints are generally appreciated to prevent tooth wear and injury and perhaps reduce night time clenching or grinding behavior rather than

altering a causative malocclusion. In addition, they are unlikely to significantly reducing nocturnal behavior." The type of appliance that has been studied and suggested as helpful in managing the consequences of nocturnal bruxism is the flat-planed stabilization splint, also called an occlusal bite guard, bruxism appliance, bite plate, and night guard." Therefore, this reviewer finds this request for occlusal guard to be medically necessary to prevent further tooth wear from the clenching and grinding behavior in this patient.