

Case Number:	CM15-0119625		
Date Assigned:	06/30/2015	Date of Injury:	11/04/2009
Decision Date:	08/04/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/22/2015

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:

This 48 year old male sustained an industrial injury to the mouth, teeth, neck, left wrist and left leg on 11/4/09 after a fall. Previous treatment included upper teeth extracture and upper dentures. In a dental trauma center qualified medical examination dated 4/4/13, the physician noted that in response to his orthopedic pain, the injured worker developed emotional stressors with subsequent teeth clenching and bracing of facial muscles. The injured worker complained of headaches and occasional facial and temporomandibular joint pain with clicking. The injured worker was diagnosed with traumatic injury to the teeth, bruxism, myofascial pain of the facial musculature, trigeminal central sensitization, aggravated periodontal disease and need for an obstructive airway oral appliance. The physician recommended wearing an orthotic appliance indefinitely. In a dental note dated 5/19/15, the physician noted that he was recommending splint therapy. The injured worker needed to have a diagnostic digital imaging prior to his upcoming appointment. A request for authorization was submitted for a cone beam computed tomography, dental consult, mounted diagnostic casts, occlusal orthotic device, and splint therapy/occlusal adjust complete times four.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occlusal Orthotic Appliance (Dental Treatment): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head - CT (computed tomography)/ Dental trauma treatment (facial fractures); URL [www.ncbi.nlm.nih.gov/pubmed/14606532, www.ncbi.nlm.nih.gov/pubmed/7922800, www.ncbi.nlm.nih.gov/pubmed/69312251] - Cone beam computed tomography in craniofacial imaging, Effects of occlusal splint therapy on TMJ dysfunction; ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

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: Records reviewed indicate that this patient in response to his orthopedic pain, has developed emotional stressors with subsequent teeth clenching and bracing of facial muscles. Patient has been diagnosed with traumatic injury to the teeth, bruxism, myofascial pain of the facial musculature. 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 reduce 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.