

<b>Case Number:</b>	CM15-0120800		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Family Practice

### 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 53-year-old male, who sustained an industrial injury on 9/17/10. Initial complaints were of a low back injury with numbness in the left leg. The injured worker was diagnosed as having obstructive sleep apnea, chronic periodontitis generalized; tempomandibular joint (TMJ) disorders unspecified; thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included Sleep Apnea Hone Study. Currently, the PR-2 notes dated 5/14/15 is a Qualified Medical Examination (QME). These notes indicated the injured worker is diagnosed with generalized severe chronic periodontitis with evidence based on examination, clinical findings and radiographic exam. The primary etiology of his periodontal disease is bacteria and susceptible host. He also has secondary etiologic factors such as calculus and bruxism. In this case, the injured worker has generalized severe chronic periodontal disease, which has been aggravated by industrially induced bruxism. Although the dentist has provided deep cleanings, he still has periodontal disease that requires treatment. The injured worker had a sleep study. The Sleep Study Report was for a two-night home sleep study on dates 12/9/14 and 12/10/14 and was consistent with moderate positional obstructive sleep apnea (OSA). A PR-2 report from the referred dentist dated 5/26/15 indicates ¾ porcelain crowns for teeth #5, #6, #7, #8, #9, #10, #11 and #12 are medically necessary as these teeth are broken, chipped and damaged beyond the point of composite filling restoration. Without the ¾ porcelain crown treatments, the injured worker will need multiple root canal treatments due to extreme dentin wear from severe clenching and grinding. The provider has requested authorization for a sleep apnea appliance.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep apnea appliance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Dental Sleep Medicine: Oral Appliances. 2014. ADA Parameters of Care.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date: Chapters on "Overview of Obstructive Sleep Apnea in Adults" and "Oral Appliances in the Treatment of Obstructive Sleep Apnea in Adults" (accessed 7/29/2015 @ [www.uptodate.com](http://www.uptodate.com)).

**Decision rationale:** The MTUS and Official Disability Guidelines are silent on the use of oral appliances for the treatment of sleep apnea. The above cited chapter in Up-To-Date (Oral Appliances in the Treatment of Obstructive Sleep Apnea) describes the indications for an oral appliance once it has been confirmed that the patient has obstructive sleep apnea (OSA). It states the following: "Once it has been confirmed that a patient has OSA and the severity of the OSA measured, it must be determined whether treatment is indicated and, if so, whether an oral appliance is an appropriate modality." "Oral appliances are appropriate for patients with any of the following characteristics: Mild to moderate OSA. Treatment beyond behavior modification is indicated. Preference for an oral appliance, rather than positive airway pressure therapy. Non-adherence with positive airway pressure therapy, non-responsiveness to such therapy, or refusal of such therapy." Contraindications to oral appliances include: "Dental conditions such as temporomandibular joint disease, periodontal disease, insufficient dentition to support appliance retention in the mouth, and inadequate range of motion of the jaw." In this case, the records indicate the following: The patient has documented OSA. There is insufficient documentation that the patient had an adequate trial of or was intolerant of nasal positive pressure airway therapy. It is documented that the patient has temporomandibular joint disease, periodontal disease and has not been tolerant of an oral appliance for his TMJ syndrome. Given the above stated contraindications to oral appliances, there is insufficient justification provided for use of an oral sleep apnea appliance for this patient. The device is not considered as medically necessary.