

Case Number:	CM15-0174469		
Date Assigned:	09/16/2015	Date of Injury:	11/05/2012
Decision Date:	10/22/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/04/2015

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 52 year old male who sustained an industrial injury November 5, 2012. While installing a shelf with pliers and pulling a strap, the strap broke and he was struck in the face and mouth. Past history included status post nasal fracture septoplasty January 25, 2013, traumatic head injury, tinnitus, blurry vision. Diagnoses are; late effect fracture skull and face; mild cognitive impairment; cervical disc displacement; cervical radiculopathy; right shoulder impingement syndrome and tenosynovitis; temporomandibular joint disorders; loss of sleep. According to a primary treating physician's progress report, dated June 17, 2015, the injured worker presented with complaints of constant moderate stabbing neck pain and stiffness radiating to the upper extremities with numbness, tingling, weakness and muscle spasms. He reported falling eight weeks ago after feeling off-balance in a parking lot. He complains of right shoulder pain, left shoulder pain with some numbness in the left arm, nausea with occasional vomiting, visual floaters and loss of sleep due to pain. He has a constant headache with ringing in the ears, dizziness and intermittent "cloudiness" rated 10 out of 10. Physical examination revealed; cervical spine- right maximal foraminal compression is positive for pain C5 C6 dermatomes; right shoulder; Neer's Speed's and supraspinatus press all positive; left shoulder; Speed's, Neer's and supraspinatus press all negative. Sensation diminished over the right C6 dermatome; positive Romberg's; cannot complete tandem gait. A doctor's first report of injury(dentist) dated July 9, 2015, found the injured worker presenting with fascial pain, jaw locking limited ability to open mouth, dry mouth. A check list of objective findings included: palpable trigger points in the fascial musculature; crepitus on palpation transmandibular joints; wear on teeth surfaces; bleeding and swollen gums. X-ray and lab results were checked off from a list including; diagnostic autonomic nervous system testing documented increased sympathetic

activity correlating to obstructions of the airway that are occurring during sleep; EMG (electromyography) revealed aberrant function of the facial musculature, and polysomnogram respiratory study is pending. At issue, is a request for authorization dated July 16, 2015, for an obstructive airway oral appliance, with a diagnosis of obstructions of airway during sleep (which causes bruxism with resultant facial pain). According to utilization review dated August 4, 2015, the request for an Obstructive Airway Oral Appliance is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Obstructive Airway Oral Appliance: Overturned

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 (2015) Oral Appliance Therapy Retrieved from <http://www.aadsm.org/oralappliances.aspx> and American Academy of Sleep Medicine (Vol 11 Number 07) Oral Appliance Treatment for Obstructive Sleep Apnea: An Update Retrieved from <http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=29343>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/24533007>.

Decision rationale: As noted in PubMed, Oral appliances (OA) have emerged as an alternative to continuous positive airway pressure (CPAP) for obstructive sleep apnea (OSA) treatment. There is a strong evidence base demonstrating OAM improve OSA in the majority of patients, including some with more severe disease. However OAM are not efficacious for all, with approximately one-third of patients experiencing no therapeutic benefit. OAM are generally well tolerated, although short-term adverse effects during acclimatization are common. In this case, a request has been submitted for an obstructive airway oral appliance, with a diagnosis of obstructions of airway during sleep (which causes bruxism with resultant facial pain). The request for Obstructive Airway Oral Appliance is medically necessary and appropriate.