

<b>Case Number:</b>	CM15-0072392		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 52 year old female, who sustained an industrial injury on 04/22/2013. She reported gradual onset of symptoms with work activities. The injured worker was diagnosed as having temporomandibular joint disorder, cervical discopathy/cervicalgia, carpal tunnel/double crush syndrome, lumbar segmental instability, and rule out internal derangement of the right hip. Treatment to date has included magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the cervical spine, computed tomography, physical therapy, electromyogram, and medication regimen. On 03/26/2015 the treating physician reports that the injured worker is noted to constantly grind and clench her jaw causing a distal crack to number 31. The treating physician requested Occlusal guard noting that this appliance is used to work as an anterior repositioning appliance that the injured worker will wear during the night only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occlusal guard:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence Group Dental Policy.

**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 has temporomandibular joint disorder with constant grinding and clenching of her jaw causing a distal crack to number 31. Per 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 constant clenching and grinding behavior.