

Case Number:	CM15-0090880		
Date Assigned:	05/15/2015	Date of Injury:	03/31/2009
Decision Date:	06/22/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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 (IW) is a 54-year-old male who sustained an industrial injury to the lower back on 03/31/2009 due to a fall. Diagnoses related to secondary issues resulting from the injury include bruxism, myofascial pain of the facial musculature, trigeminal central sensitization and industrially aggravated periodontal disease/gingival inflammation and dental decay. Treatments rendered on 2/12/15 were listed as: nocturnal obstructive airway oral appliance treatment, mandibular orthopedic repositioning device for daytime use for treatment of bruxism, facial/TMJ pain and/or headaches and facial muscle reprogramming exercises. Diagnostics to date were listed as: diagnostic autonomic nervous system testing, polysomnogram respiratory study, electromyogram of the facial muscles, temperature gradient studies, salivary tests and diagnostic alfa-amylase analysis. According to the Doctor's First Report of Occupational Injury or Illness dated 2/12/15, the Injured Worker reported injury to his lower back due to a fall from a ladder and subsequent flare-up of pain due to pushing a heavy crate, which led to multiple back surgeries. He complained of teeth clenching/grinding, teeth pain when chewing hard foods, feeling his mouth did not open as widely as before his injury, dry mouth and sleep disturbances and fatigue. On examination, palpable trigger points in the facial muscles were noted, crepitus was palpated and auscultated in the temporomandibular joints (TMJ) (and confirmed by Doppler), teeth indentations/scalloping of the lateral borders of the tongue were noted bilaterally and tooth decay and swollen gums were seen. The Medical-Legal Report dated 4/7/15 stated the IW's Oxycodone and Prozac, taken on an industrial basis, have known side effects of causing nocturnal airway obstruction and bruxism, respectively. Current medications were Fentanyl

patch, oxycodone HCL, Lithium carbonate, Prozac, Xanax, Zanaflex and Fioricet. A request was made for immediate emergency medical treatment (fabrication) of a mandibular orthopedic repositioning device for treatment of bruxism and nocturnal airway obstruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Immediate emergency medical treatment of a mandibular orthopedic repositioning 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 Temporomandibular Disorders and Occlusion; CAL. HSC. CODE 1317.1: California Code - Section 1317.1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome.

Decision rationale: Records reviewed indicate that this patient fell from a ladder and subsequent flare-up of pain due to pushing a heavy crate, which led to multiple back surgeries. He complained of teeth clenching/grinding, teeth pain when chewing hard foods, feeling his mouth did not open as widely as before his injury, dry mouth, facial myofascial pain and sleep disturbances and fatigue. Per reference mentioned above, regarding treatment of TMJ, "home therapy and medications are continued, but at this point, a bite appliance is made for the patient." Since this patient has been diagnosed with bruxism and myofascial pain of the jaw muscles, this IMR reviewer finds this request for a mandibular orthopedic repositioning device to be medically necessary to treat this patient's myofascial pain of the facial musculature.