

Case Number:	CM15-0099597		
Date Assigned:	06/02/2015	Date of Injury:	05/18/1995
Decision Date:	07/08/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/22/2015

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:

The injured worker is a 72-year-old male, who sustained an industrial injury on 5/18/95. The injured worker has complaints of frequent headaches that occur in the temple and forehead areas bilaterally; frequent slight facial pain on the left side; facial pain that is dull and stabbing and occasional slight pain in the left temporomandibular Joint. The documentation noted on examination that the injured worker exhibited maximum interincisal opening of 40 millimeter with pain; maximum right lateral excursion of 10 millimeter without pain; maximum left lateral excursion of 10 millimeter with pain and maximum protrusion of 5 millimeter without pain. The documentation noted on examination the injured worker had fractured teeth of #4, 14 and 20 and he had swelling of the gum tissues. The diagnoses have included myalgia and myositis not otherwise specified. Treatment to date has included alprazolam; ambien and effexor; X-rays; salivary flow and buffering tests; ultrasonic Doppler showed no internal derangement/ dislocations of the discs and crepitus sound were ultrasonically auscultated in the right and left temporomandibular Joints upon translational and lateral movements of the mandible and electromyography of the masseter, anterior temporalis, sternocleidomastoid and trapezius muscles confirmed an elevated muscular activity with incoordination and aberrant function of the facial musculature. The request was for treatment of teeth #4, #14, #20 and restoration of missing bridge and mandibular orthopedic repositioning device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treatment of teeth #4, #14, #20 and restoration of missing bridge: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AIM Specialty Health: Management of obstructive sleep apnea using oral appliances, page 4.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2).

Decision rationale: Records reviewed indicate that this patient has fractured teeth of #4, 14 and 20 and he had swelling of the gum tissues. Records state that patient is clenching and bracing his facial musculature in response to the industrial related emotional stressors experienced which has caused the development of facial/jaw pain indicating bruxism. Requesting dentist is recommending treatment of teeth #4, #14 #20 and restoration of missing bridge. However, this is a non-specific request and this reviewer is not clear on what the actual proposed dental treatment for teeth #4, 14 and 20 is. There is insufficient documentation in the records provided. Absent further detailed documentation and clear rationale, the medical necessity for this treatment request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This reviewer recommends non-certification at this time.

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 AIM Specialty Health: Management of obstructive sleep apnea using oral appliances, page 4.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cranio. 2002 Oct;20(4):244-53. Temporomandibular disorder treatment outcomes: second report of a large-scale prospective clinical study. Brown DT, Gaudet EL Jr. Bruxism Management , Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: Records reviewed indicate that this patient has fractured teeth of #4, 14 and 20 and he had swelling of the gum tissues. Records state that patient is clenching and bracing his facial musculature in response to the industrial related emotional stressors experienced which has caused the development of facial/jaw pain indicating bruxism. Also the documentation noted on examination that patient exhibited maximum interincisal opening of 40 millimeter with pain; maximum right lateral excursion of 10 millimeter without pain; maximum left lateral excursion of 10 millimeter with pain and maximum protrusion of 5 millimeter without pain. Requesting dentist is recommending Mandibular orthopedic repositioning device. Per medical reference mentioned above, "untreated TMD patients do not improve spontaneously over time and that patients treated with a variety of active modalities achieve clinically and statistically significant levels of improvement with no evidence of symptom relapse after treatment completion. The use

of anterior repositioning appliance therapy produced better results than flat plane splint therapy." (Cranio 2002) Therefore, this reviewer finds this request for Mandibular orthopedic repositioning device medically necessary to properly treat this patient's facial/jaw pain and bruxism.