

Case Number:	CM15-0099991		
Date Assigned:	06/02/2015	Date of Injury:	05/18/1995
Decision Date:	07/09/2015	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 5/18/1995. He reports that he developed clenching of his teeth and bracing of the facial musculature in response to industrial-related stress. The current diagnoses are traumatic injury to the teeth due to Bruxism; Bruxism/clenching and grinding of teeth and bracing of facial muscles. According to the progress report dated 3/17/2015, the injured worker complains of dull, stabbing, left-sided facial pain, occasional slight pain in the left temporomandibular joint, frequent headaches, clenching and grinding of his teeth, difficulty chewing, limited opening of his mouth, and dry mouth. Additionally, he reports ringing in the bilateral ears, speech difficulties and hoarseness due to dry mouth, and sleep disturbance and fatigue. The physical examination of the oral cavity reveals fractured teeth #4, 14, and 20, and a missing bridge 6-11. The current medications are Alprazolam, Ambien, and Effexor. Per notes, Effexor has the side effects of contributing to Bruxism/clenching and/or grinding of the teeth. Treatment to date has included medication management, ultrasonic doppler, electromyography, temperature gradient studies, autonomic nervous system testing, diagnostic simulated snoring, amylase enzyme analysis, salivary flow and buffering tests, microbial staining, and photographs. The plan of care includes prescriptions for 1 immediate emergency medical treatment of an obstructive airway oral appliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Immediate Emergency Medical Treatment of an Obstructive Airway Oral Appliance: 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, May 2014, pg 4.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3. Decision based on Non-MTUS Citation Medscape Reference: Obstructive Sleep Apnea Differential Diagnoses. Author: Ralph Downey III, PhD; Chief Editor: Zab Mosenifar, MD.

Decision rationale: According to the ACOEM Practice Guidelines, a focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear. According to the Centers for Medicare & Medicaid Services criteria for the positive diagnosis and treatment of obstructive sleep apnea, is established if either of the following criteria using the AHI or the RDI is met: AHI or RDI greater than or equal to 15 events per hour, or; AHI or RDI greater than or equal to 5 and less than or equal to 14 events per hour with documented symptoms of excessive daytime sleepiness (EDS); impaired cognition; mood disorders; insomnia; or documented hypertension, ischemic heart disease, or history of stroke. 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. Additionally, he reports ringing in the bilateral ears, speech difficulties and hoarseness due to dry mouth, and sleep disturbance and fatigue. Requesting dentist is recommending 1 Immediate Emergency Medical Treatment of an Obstructive Airway Oral Appliance. However there is insufficient clinical findings and/or documentation to medically justify the need for an Obstructive Airway Oral Appliance. Due to the "Immediate emergency medical treatment" request, it may mean this patient has a severe case of sleep apnea, in which case per medical reference mentioned above "The first choice of treatment for patients with moderate or severe obstructive sleep apnea is continuous positive airway pressure (CPAP)" and not an oral appliance. At this time this reviewer finds this request for obstructive airway oral appliance to be not medically necessary.