

Case Number:	CM13-0011542		
Date Assigned:	03/10/2014	Date of Injury:	04/23/2004
Decision Date:	06/13/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an injured worker with chronic neck and right upper extremity conditions. Date of injury was 04-23-2004. Progress report dated 07-18-2013 by [REDACTED] documented active problems including: causalgia of lower limb, causalgia of upper limb, depression, lumbar radiculopathy, muscle spasm. Patient has chronic pain syndrome due to complex regional pain syndrome of the right upper extremity. Her pain symptoms in her TMJ and associated muscles have improved, but she does have episodes of severe pain and stress along with migraine headaches. The current medications include Lyrics, Cymbalta, Ibuprofen, Methadone, Soma, Clonazepam, Prozac, Abilify, Norco, and Topamax. The diagnoses are bruxism secondary to industrially induced chronic pain, stress and medications, secondary occlusal trauma, myofascial pain, mastication impairment, xerostomia secondary to industrially prescribed medications. The recommended treatment plan includes dental implants, custom abutments, dental implant supported crowns, occlusal guard, 3 month periodontal maintenance with topical fluoride therapy, fluoride trays, continued care with [REDACTED] as necessary. [REDACTED] Final Determination Letter for IMR Case Number CM13-0011542 3 is the primary treating physician (PTP). A report by [REDACTED] QME dated 04-25-2013 provided a summary of completed surgeries and treatment including diagnostic study model and wax up, scaling and root planning in all quadrant, root canal and crown #14 and 31, Extraction of 4 and placement of implants at 3 and 4 with bone graft and membrane, Osseous surgery in all quadrants with extraction of 2, 15 and placement of bone graft and membranes, Implant crowns and custom abutments on 3 and 4, Occlusal guard, Extraction of 14 with bone graft and membrane, Implants 2 and 15 with bone graft and membrane with an osteotome sinus graft on #15, Distal wedges were completed at 2 and 15, Multiple follow up exams to assess healing and

pain levels in her Temporomandibular joints and associated muscles. The utilization review was performed 07-25-2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED CARE WITH [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 127.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004) page 127 states: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The patient has a complex dental condition requiring multiple procedures and services that will take an additional 6-8 months. Psychosocial factors are present, and the patient is being treated by a psychiatrist. The plan and course of care may benefit from additional expertise from a dental specialist. The patient's primary treating physician (PTP) is doctor of dental surgery [REDACTED] [REDACTED] ACOEM guidelines and medical records support the medical necessity of continued care with [REDACTED]. Therefore, the request for continued care with [REDACTED] [REDACTED] is medically necessary.