

Case Number:	CM13-0023686		
Date Assigned:	11/15/2013	Date of Injury:	11/23/1988
Decision Date:	02/20/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is licensed in Dentistry, and is licensed to practice in Texas. 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 physician 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 a 61-year-old injured worker who reported an injury on 11/23/1988. The injury was noted to have occurred when the patient fell off a stool and injured their buttock. The patient's diagnoses are noted to include xerostomia, dental trauma, and nocturnal bruxism, parafunctional activities in response to pain and/or resultant stressors, TMD, and myofascial pain. The patient was noted to have seen [REDACTED] on 06/14/2013 with complaints of frequent headaches, facial pain, nocturnal bruxism, and dry mouth. The contributing factors to these conditions were noted as lack of timely dental treatment, bruxism/clenching, loss of tooth #4, and complex regional pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Periodontal prophylaxis every three months to maintain adequate periodontal condition:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the online source: <http://www.atena.com/cpb/medical/data/199/0082.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Teich, S. T. (2013). Risk Assessment-Based

Individualized Treatment (RABIT): A Comprehensive Approach to Dental Patient Recall.
Journal of dental education, 77(4), 448-457

Decision rationale: According to a Teich 2013 article, an individualized schedule according to a patient's risk for caries and periodontal disease and their need to perform periodic oral cancer screenings is recommended. The clinical information provided for review failed to indicate risk factors the patient has for periodontal disease in order to make recommendation of frequency of periodontal exams. The request for periodontal prophylaxis every three months to maintain adequate periodontal condition.

CT scan for anticipated dental implant surgery, #4 site: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the online source: <http://www.atena.com/cpb/medical/data/199/0082.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tyndall, D. A., Price, J. B., Tetradis, S., Ganz, S. D., Hildebolt, C., & Scarfe, W. C. (2012). Position statement of the American Academy of Oral and Maxillofacial Radiology on selection criteria for the use of radiology in dental implantology with emphasis on co

Decision rationale: According to a Tyndal 2012 article, the cone beam computed tomography study is the imaging method of choice for gaining cross sectional information in the assessment of dental implant sites. The clinical information submitted for review indicates that the patient has a treatment plan to see a specialist dental surgeon for dental implant surgery; however, the patient's consultation with the dental surgeon/specialist was not provided for review. Therefore, a recommendation cannot be made regarding the proposed surgery. The request for CT scan for anticipated dental implant surgery, #4 site, is not medically necessary and appropriate.

Radiographic and surgical guide for CT Scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the online source: <http://www.atena.com/cpb/medical/data/199/0082.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Tyndall, D. A., Price, J. B., Tetradis, S., Ganz, S. D., Hildebolt, C., & Scarfe, W. C. (2012). Position statement of the American Academy of Oral and Maxillofacial Radiology on selection criteria for the use of radiology in dental implantology with emphasis o

Decision rationale: According to a Tyndal 2012 article, the cone beam computed tomography study is the imaging method of choice for gaining cross sectional information in the assessment of dental implant sites. The clinical information submitted for review indicates that the patient has a treatment plan to see a specialist dental surgeon for dental implant surgery; however, the

patient's consultation with the dental surgeon/specialist was not provided for review. The request for a radiographic and surgical guide for CT Scan is not medically necessary and appropriate.

Maxillary sinus lift on upper right side, if needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the online source: <http://www.atena.com/cpb/medical/data/199/0082.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dasmah, A., Hallman, M., Sennerby, L., & Rasmusson, L. (2012). A clinical and histological case series study on calcium sulfate for maxillary sinus floor augmentation and delayed placement of dental implants. *Clinical implant dentistry and related research*, 14(2),

Decision rationale: According to a Dasmah 2012 article, a study has shown that new bone regeneration occurs in the maxillary sinus after augmentation with CaS, which enabled successful placement of dental implants in the posterior maxilla. The clinical information submitted for review indicates that the patient has a treatment plan to see a specialist dental surgeon for dental implant surgery; however, the patient's consultation with the dental surgeon/specialist was not provided for review. The request for maxillary sinus lift on upper right side, if needed, is not medically necessary and appropriate.

Dental implant placement #4, by a specialist dental surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the online source: <http://www.atena.com/cpb/medical/data/199/0082.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Manfredini, D., Poggio, C. E., & Lobbezoo, F. (2012). Is bruxism a risk factor for dental implants? A systematic review of the literature. *Clinical implant dentistry and related research*.

Decision rationale: According to a Manfredini 2012 study, bruxism is unlikely to be a risk factor for biological complications for dental implants. However, it may be a risk factor for mechanical complications. The patient was shown to have a diagnosis of bruxism which led to dental trauma and a recommendation was made for her to see a specialist dental surgeon for a dental implant surgery. The clinical information submitted for review indicates that the patient has a treatment plan to see a specialist dental surgeon for dental implant surgery; however, the patient's consultation with the dental surgeon/specialist was not provided for review. The request for dental implant placement #4, by a specialist dental surgeon, is not medically necessary and appropriate.

Dental implant support crown # 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the online source: <http://www.atena.com/cpb/medical/data/199/0082.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Manfredini, D., Poggio, C. E., & Lobbezoo, F. (2012). Is bruxism a risk factor for dental implants? A systematic review of the literature. Clinical implant dentistry and related research.

Decision rationale: According to a Manfredini 2012 study, bruxism is unlikely to be a risk factor for biological complications for dental implants. However, it may be a risk factor for mechanical complications. The patient was shown to have a diagnosis of bruxism which led to dental trauma and a recommendation was made for her to see a specialist dental surgeon for a dental implant surgery. The clinical information submitted for review indicates that the patient has a treatment plan to see a specialist dental surgeon for dental implant surgery; however, the patient's consultation with the dental surgeon/specialist was not provided for review. The request for dental implant support crown # 4, is not medically necessary and appropriate.

Periodic oral examination and necessary x-rays every six months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the online source: <http://www.atena.com/cpb/medical/data/199/0082.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Teich, S. T. (2013). Risk Assessment-Based Individualized Treatment (RABIT): A Comprehensive Approach to Dental Patient Recall. Journal of dental education, 77(4), 448-457.

Decision rationale: According to a Teich 2013 article, an individualized schedule according to a patient's risk for caries and periodontal disease and their need to perform periodic oral cancer screenings is recommended. The clinical information provided for review failed to indicate risk factors the patient has for periodontal disease in order to make recommendation of frequency of periodontal exams. The request for periodic oral examination and necessary x-rays every six months, is not medically necessary and appropriate.

Occlusal guard, after completion of dental treatment to alleviate TMD/TMJ: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the online source: <http://www.atena.com/cpb/medical/data/199/0082.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Velly, A. M., Schiffman, E. L., Rindal, D. B., Cunha-Cruz, J., Gilbert, G. H., Lehmann, M., ... & Fricton, J. (2013). The feasibility of a clinical trial of

pain related to temporomandibular muscle and joint disorders. The results of a survey from the Collaboratio

Decision rationale: According to a Velly 2013 article, a splint or mouth guard is appropriate for the initial management of painful TMJD. The patient was noted to have a diagnosis of TMD and a recommendation was made for an occlusal guard to be worn after the completion of their dental treatment to alleviate symptoms related to TMD diagnosis. The request for occlusal guard, after completion of dental treatment to alleviate TMD/TMJ, is medically necessary and appropriate.

Intra-oral digital periapical radiographs will be made as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the online source: <http://www.atena.com/cpb/medical/data/199/0082.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Teich, S. T. (2013). Risk Assessment-Based Individualized Treatment (RABIT): A Comprehensive Approach to Dental Patient Recall. Journal of dental education, 77(4), 448-457.

Decision rationale: According to a Teich 2013 article, an individualized schedule according to a patient's risk for caries and periodontal disease and their need to perform periodic oral cancer screenings is recommended. The clinical information provided for review failed to indicate risk factors the patient has for periodontal disease in order to make recommendation of frequency of periodontal exams. The request for Intra-oral digital periapical radiographs will be made as needed, is not medically necessary and appropriate.