

<b>Case Number:</b>	CM13-0026016		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	08/11/2005
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 53-year-old male who reported a work-related injury on 08/11/2005 as the result of an injury to the lumbar spine. Subsequently, the patient presented for dental treatment due to the chronic utilization of medicine and subsequent induced xerostomia. The clinical note dated 04/05/2013 reported that the patient was recommended to undergo a dental consultation due to a recent diagnosis of xerostomia and subsequent induced tooth decay and loss. The provider documented that the patient's medication regimen included pantoprazole, Fortesta gel, hyoscyamine, nortriptyline, lisinopril, carisoprodol, pravastatin, amitriptyline, Avinza, zolpidem, hydrocodone, atenolol and triamterene. The clinical note dated 07/08/2013 reported that the patient was seen under the care of [REDACTED], Qualified Medical Examiner. The provider documented that the patient, as a result of his medication regimen, especially opioid medications, has a history of dental decay to the effects of medicine-induced xerostomia. The provider documented that the patient had pain and sensitivity to his teeth, emphasized when chewing foods, and has difficulty speaking and chewing food due to multiple missing and decayed teeth. The provider documented that the patient had fair oral hygiene with adequate bone support on the mandibular and maxillary arches. The provider documented that the patient had moderate gingivitis present with generalized slight periodontal disease and infection present. There was generalized moderate "subra-gingival" and subgingival calculus present. There were periodontal pocket depths ranging from 4 mm to 7 mm with generalized unprovoked bleeding. The provider documented that teeth 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 21, 22, 23, 24, 25, 26, 27, 28 and 29 were hopelessly decayed. The provider documented that the patient presented with "swollen infected" with exudate and bleeding gingiva. The provider recommended surgical extractions of the listed teeth wi

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical stent:** 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), Pain (Chronic) Chapter, and the Head Chapter, Dental trauma treatment (facial fractures).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review failed to evidence support for the requested excessive dental interventions at this point in the patient's treatment. The requested procedures have received multiple adverse determinations due to a lack of documentation of the patient's previous routine dental treatment over the years and lack of resolution of infection to the patient's gingiva as noted in the clinical documents reviewed. The provider documented that the patient had multiple "hopelessly" decayed teeth that required extraction with subsequent placement of temporary dentures and finally dental implants. There were no independent imaging studies submitted for review and no documentation submitted evidencing the patient's dental exam history and whether or not any of the patient's teeth could be salvaged with fillings or a lower level of care. The Official Disability Guidelines indicate that if there is no sufficient structure remaining to hold a crown, tooth extraction may be needed; and bridges, implants or a removable appliance may be used. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. Given all of the above, the request for a surgical stent is neither medically necessary nor appropriate.

**Immediate denture mandibular:** 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), Pain (Chronic) Chapter, Head Chapter, Dental trauma treatment (facial fractures).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review failed to evidence support for the requested excessive dental interventions at this point in the patient's treatment. The requested procedures have received multiple adverse determinations due to a lack of documentation of the patient's previous routine dental treatment over the years and lack of resolution of infection to the patient's gingiva as noted in the clinical documents reviewed. The provider documented that the patient had multiple "hopelessly" decayed teeth that required extraction with subsequent placement of temporary dentures and finally dental implants. There were no independent imaging studies submitted for review and no

documentation submitted evidencing the patient's dental exam history and whether or not any of the patient's teeth could be salvaged with fillings or a lower level of care. The Official Disability Guidelines indicate that if there is no sufficient structure remaining to hold a crown, tooth extraction may be needed; and bridges, implants or a removable appliance may be used. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. Given all of the above, the request for an immediate denture mandibular is neither medically necessary nor appropriate.

**Immediate denture maxillary:** 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), Pain (Chronic) Chapter, Head Chapter, Dental trauma treatment (facial fractures).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review failed to evidence support for the requested excessive dental interventions at this point in the patient's treatment. The requested procedures have received multiple adverse determinations due to a lack of documentation of the patient's previous routine dental treatment over the years and lack of resolution of infection to the patient's gingiva as noted in the clinical documents reviewed. The provider documented that the patient had multiple "hopelessly" decayed teeth that required extraction with subsequent placement of temporary dentures and finally dental implants. There were no independent imaging studies submitted for review and no documentation submitted evidencing the patient's dental exam history and whether or not any of the patient's teeth could be salvaged with fillings or a lower level of care. The Official Disability Guidelines indicate that if there is no sufficient structure remaining to hold a crown, tooth extraction may be needed; and bridges, implants or a removable appliance may be used. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. Given all of the above, the request for an immediate denture maxillary is neither medically necessary nor appropriate.

**Root removal-exposed root 2, 6, 7, 8, 10, 11, 14, 15, 28, 29:** 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) Head Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review failed to evidence support for the requested excessive dental interventions at this point

in the patient's treatment. The requested procedures have received multiple adverse determinations due to a lack of documentation of the patient's previous routine dental treatment over the years and lack of resolution of infection to the patient's gingiva as noted in the clinical documents reviewed. The provider documented that the patient had multiple "hopelessly" decayed teeth that required extraction with subsequent placement of temporary dentures and finally dental implants. There were no independent imaging studies submitted for review and no documentation submitted evidencing the patient's dental exam history and whether or not any of the patient's teeth could be salvaged with fillings or a lower level of care. The Official Disability Guidelines indicate that if there is no sufficient structure remaining to hold a crown, tooth extraction may be needed; and bridges, implants or a removable appliance may be used. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. Given all of the above, the request for root removal of exposed root at 2, 6, 7, 8, 10, 11, 14, 15, 28 and 29 is neither medically necessary nor appropriate

**Bone replacement graft ridge prgv/site 2, 6, 11, 15, 27, 29:** 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), Pain (Chronic) Chapter, Head Chapter, Dental trauma treatment (facial fractures).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review failed to evidence support for the requested excessive dental interventions at this point in the patient's treatment. The requested procedures have received multiple adverse determinations due to a lack of documentation of the patient's previous routine dental treatment over the years and lack of resolution of infection to the patient's gingiva as noted in the clinical documents reviewed. The provider documented that the patient had multiple "hopelessly" decayed teeth that required extraction with subsequent placement of temporary dentures and finally dental implants. There were no independent imaging studies submitted for review and no documentation submitted evidencing the patient's dental exam history and whether or not any of the patient's teeth could be salvaged with fillings or a lower level of care. The Official Disability Guidelines indicate that if there is no sufficient structure remaining to hold a crown, tooth extraction may be needed; and bridges, implants or a removable appliance may be used. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. Given all of the above, the request for bone replacement graft ridge prgv/site 2, 6, 11, 15, 27 and 29 is neither medically necessary nor appropriate.

**Extraction-surgical/erupt tooth 3, 5, 8, 12, 21, 22, 23, 24, 25, 26, 27:** 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), Pain (Chronic) Chapter, Head Chapter, Dental trauma treatment (facial fractures).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review failed to evidence support for the requested excessive dental interventions at this point in the patient's treatment. The requested procedures have received multiple adverse determinations due to a lack of documentation of the patient's previous routine dental treatment over the years and lack of resolution of infection to the patient's gingiva as noted in the clinical documents reviewed. The provider documented that the patient had multiple "hopelessly" decayed teeth that required extraction with subsequent placement of temporary dentures and finally dental implants. There were no independent imaging studies submitted for review and no documentation submitted evidencing the patient's dental exam history and whether or not any of the patient's teeth could be salvaged with fillings or a lower level of care. The Official Disability Guidelines indicate that if there is no sufficient structure remaining to hold a crown, tooth extraction may be needed; and bridges, implants or a removable appliance may be used. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. Given all of the above, the request for extraction - surgical/erupt tooth 3, 5, 8, 12, 21, 22, 23, 24, 25, 26 and 27 is neither medically necessary nor appropriate.

**Surgical place implant endosteal 2, 4, 6, 11, 13, 15, 18, 20, 22, 27, 29, 31:** 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), Pain (Chronic) Chapter, Head Chapter, Dental trauma treatment (facial fractures).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review failed to evidence support for the requested excessive dental interventions at this point in the patient's treatment. The requested procedures have received multiple adverse determinations due to a lack of documentation of the patient's previous routine dental treatment over the years and lack of resolution of infection to the patient's gingiva as noted in the clinical documents reviewed. The provider documented that the patient had multiple "hopelessly" decayed teeth that required extraction with subsequent placement of temporary dentures and finally dental implants. There were no independent imaging studies submitted for review and no documentation submitted evidencing the patient's dental exam history and whether or not any of the patient's teeth could be salvaged with fillings or a lower level of care. The Official Disability Guidelines indicate that if there is no sufficient structure remaining to hold a crown, tooth extraction may be needed; and bridges, implants or a removable appliance may be used. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. Given all of the above, the request for a surgical place implant

endosteal 2, 4, 6, 11, 13, 15, 18, 20, 22, 27, 29 and 31 is neither medically necessary nor appropriate.

**Prefab abutment-incl. placement 2, 4, 6, 11, 13, 15, 18, 20, 22, 27, 29, 31:** 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), Pain (Chronic) Chapter, Head Chapter, Dental trauma treatment (facial fractures).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review failed to evidence support for the requested excessive dental interventions at this point in the patient's treatment. The requested procedures have received multiple adverse determinations due to a lack of documentation of the patient's previous routine dental treatment over the years and lack of resolution of infection to the patient's gingiva as noted in the clinical documents reviewed. The provider documented that the patient had multiple "hopelessly" decayed teeth that required extraction with subsequent placement of temporary dentures and finally dental implants. There were no independent imaging studies submitted for review and no documentation submitted evidencing the patient's dental exam history and whether or not any of the patient's teeth could be salvaged with fillings or a lower level of care. The Official Disability Guidelines indicate that if there is no sufficient structure remaining to hold a crown, tooth extraction may be needed; and bridges, implants or a removable appliance may be used. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. Given all of the above, the request for prefab abutment including placement 2, 4, 6, 11, 13, 15, 18, 20, 22, 27, 29 and 31 is neither medically necessary nor appropriate.

**Complete denture-mandibular 18-31:** 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), Pain (Chronic) Chapter, Head Chapter, Dental trauma treatment (facial fractures).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review failed to evidence support for the requested excessive dental interventions at this point in the patient's treatment. The requested procedures have received multiple adverse determinations due to a lack of documentation of the patient's previous routine dental treatment over the years and lack of resolution of infection to the patient's gingiva as noted in the clinical documents reviewed. The provider documented that the patient had multiple "hopelessly" decayed teeth that required extraction with subsequent placement of temporary dentures and

finally dental implants. There were no independent imaging studies submitted for review and no documentation submitted evidencing the patient's dental exam history and whether or not any of the patient's teeth could be salvaged with fillings or a lower level of care. The Official Disability Guidelines indicate that if there is no sufficient structure remaining to hold a crown, tooth extraction may be needed; and bridges, implants or a removable appliance may be used. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. Given all of the above, the request for a complete denture - mandibular 18-31 is neither medically necessary nor appropriate.

**Complete denture - maxillary 2-15: 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), Pain (Chronic) Chapter, Head Chapter, Dental trauma treatment (facial fractures)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review failed to evidence support for the requested excessive dental interventions at this point in the patient's treatment. The requested procedures have received multiple adverse determinations due to a lack of documentation of the patient's previous routine dental treatment over the years and lack of resolution of infection to the patient's gingiva as noted in the clinical documents reviewed. The provider documented that the patient had multiple "hopelessly" decayed teeth that required extraction with subsequent placement of temporary dentures and finally dental implants. There were no independent imaging studies submitted for review and no documentation submitted evidencing the patient's dental exam history and whether or not any of the patient's teeth could be salvaged with fillings or a lower level of care. The Official Disability Guidelines indicate that if there is no sufficient structure remaining to hold a crown, tooth extraction may be needed; and bridges, implants or a removable appliance may be used. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. Given all of the above, the request for a complete denture - maxillary 2-15 is neither medically necessary nor appropriate.

**Cone beam CT - craniofacial data: 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), Pain (Chronic) Chapter, Head Chapter, Dental trauma treatment (facial fractures).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review failed to evidence support for the requested excessive dental interventions at this point in the patient's treatment. The requested procedures have received multiple adverse determinations due to a lack of documentation of the patient's previous routine dental treatment over the years and lack of resolution of infection to the patient's gingiva as noted in the clinical documents reviewed. The provider documented that the patient had multiple "hopelessly" decayed teeth that required extraction with subsequent placement of temporary dentures and finally dental implants. There were no independent imaging studies submitted for review and no documentation submitted evidencing the patient's dental exam history and whether or not any of the patient's teeth could be salvaged with fillings or a lower level of care. The Official Disability Guidelines indicate that CT scans are noninvasive and should reveal the presence of blood, skull fracture and/or structural changes in the brain. Specifically for the requested surgical interventions to the patient's oral cavity, CT would not be indicated. The provider does not evidence a rationale for why plain view x-rays for assessment of the patient's condition could not be rendered. Given all of the above, the request for a cone beam CT - craniofacial data is neither medically necessary nor appropriate.