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| <b>Case Number:</b>   | CM13-0030900 |                              |            |
| <b>Date Assigned:</b> | 11/27/2013   | <b>Date of Injury:</b>       | 09/02/2002 |
| <b>Decision Date:</b> | 01/24/2014   | <b>UR Denial Date:</b>       | 09/03/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/02/2013 |

### 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 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 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 a 60-year-old male who reported an injury on 09/02/2002 due to cumulative trauma causing a chronic clenching disorder which destroyed the natural dentition over an extended duration of time. The patient received extensive dental care and restoration of severely eroded teeth with several dental attrition due to his severe bruxing disorder. The patient's clenching disorder is treated with nightly bracing. However, it is noted that the brace cannot be used during the day. The patient continued to have clenching and grinding symptoms that caused further damage to the previous restoration. The physical findings included fractured crowns on teeth #3, 4, 5, 6, 11, 12, 13, 20, 21, 23, 24, 25, 26, 27, and 29 with loosened implant abutment and crown on #30 and fractured and lose of tooth on #7 requiring an implant. It is noted that while awaiting treatment for #6, #7, #11, #27 and #30, the patient additionally fractured teeth #3, 4, 5, 12, 13, 14, 20, 21, 23, 24, 25, 26, and 27. It is noted that the patient underwent a TENS unit treatment that opened the bite to approximately 5 mm to contribute to a decrease in the patient's clenching and bruxism. Additional dental restoration was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**maxillary temporary stayplate teeth #6, 7 & 11:** 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)

**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, Dental Trauma Treatment (Facial Fractures)

**Decision rationale:** The requested maxillary stayplate for teeth #6, 7, and 11 are medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has fractured teeth that would benefit from a maxillary temporary stayplate. The clinical documentation submitted for review does provide evidence that the patient uses a night guard and has had his bite opened up to prevent further damage to any restorative interventions. The Official Disability Guidelines do recommend dental treatment as a result of trauma. The guidelines state, "the goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction and bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. The placement of dental implants can have deleterious effects on the growing alveolar process and it is necessary to delay implant reconstruction until cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included." As the patient has sustained teeth fractures at the #6, #7, and #11 as a result of the compensable injury and the treatment plan has attempted to reduce the patient's grinding and clenching, dental reconstruction would be indicated. As such, the requested maxillary temporary stayplate teeth #6, 7, and 11 are medically necessary and appropriate.

**diagnostic wax up x 27 teeth #2-30:** 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)

**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, Dental Trauma Treatment (Facial Fractures)

**Decision rationale:** The requested maxillary diagnostic wax up x27 teeth #2 through 30 is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has fractured teeth that would benefit from a diagnostic wax up x27 teeth #2 through 30. The clinical documentation submitted for review does provide evidence that the patient uses a night guard and has had his bite opened up to prevent further damage to any restorative interventions. The Official Disability Guidelines do recommend dental treatment as a result of trauma. The guidelines state, "the goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction and bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. The placement of dental implants can have deleterious effects on the growing alveolar process and it is necessary to delay implant reconstruction until cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included." As the patient has sustained teeth fractures at the #6, #7, and #11 as a result of the compensable injury and the treatment plan has attempted to reduce the patient's grinding and clenching, dental reconstruction would be indicated. As such, the requested diagnostic wax up x27 teeth #2 through 30 is medically necessary and appropriate.

**provisional crowns x27 #2-30: 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)

**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, Dental Trauma Treatment (Facial Fractures).

**Decision rationale:** The requested maxillary provisional crowns x27 (#2 through 30) is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has fractured teeth that would benefit from provisional crowns x27 (#2 through 30). The clinical documentation submitted for review does provide evidence that the patient uses a night guard and has had his bite opened up to prevent further damage to any restorative interventions. The Official Disability Guidelines do recommend dental treatment as a result of trauma. The guidelines state, "the goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction and bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. The placement of dental implants can have deleterious effects on the growing alveolar process and it is necessary to delay implant reconstruction until cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included." As the patient has sustained teeth fractures at the #6, #7, and #11 as a result of the compensable injury and the treatment plan has attempted to reduce the patient's grinding and clenching, dental reconstruction would be indicated. As such, the requested provisional crowns x27 (#2 through 30) is medically necessary and appropriate.

**tooth #6 post and build up: 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)

**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, Dental Trauma Treatment (Facial Fractures)

**Decision rationale:** The requested maxillary tooth #6 posts and buildup is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has fractured teeth that would benefit from tooth #6 posts and buildup. The clinical documentation submitted for review does provide evidence that the patient uses a night guard and has had his bite opened up to prevent further damage to any restorative interventions. The Official Disability Guidelines do recommend dental treatment as a result of trauma. The guidelines state, "the goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction and bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. The placement of dental implants can have deleterious effects on the growing alveolar process and it is necessary to delay implant

reconstruction until cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included." As the patient has sustained teeth fractures at the #6, #7, and #11 as a result of the compensable injury and the treatment plan has attempted to reduce the patient's grinding and clenching, dental reconstruction would be indicated. As such, the requested tooth #6 posts and buildup is medically necessary and appropriate.

**tooth #7 temporary pre fabricated abutment:** 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)

**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, Dental Trauma Treatment (Facial Fractures).

**Decision rationale:** The requested tooth #7 temporary prefabricated abutment is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has fractured teeth that would benefit from tooth #7 temporary prefabricated abutment. The clinical documentation submitted for review does provide evidence that the patient uses a night guard and has had his bite opened up to prevent further damage to any restorative interventions. The Official Disability Guidelines do recommend dental treatment as a result of trauma. The guidelines state, "the goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction and bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. The placement of dental implants can have deleterious effects on the growing alveolar process and it is necessary to delay implant reconstruction until cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included." As the patient has sustained teeth fractures at the #6, #7, and #11 as a result of the compensable injury and the treatment plan has attempted to reduce the patient's grinding and clenching, dental reconstruction would be indicated. As such, the requested tooth #7 temporary prefabricated abutments are medically necessary and appropriate.

**PFM crown (metal occlusals) x23: teeth #2-6, 10-12, 14-15 and 18-30:** 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)

**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, Dental Trauma Treatment (Facial Fractures).

**Decision rationale:** The requested PFM crown (metal occlusals) x23: teeth #2 through 6, 10 through 12, 14 through 15, and 18 through 30 are medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has fractured teeth that would benefit from PFM crown (metal occlusals) x23: teeth #2 through 6, 10 through

12, 14 through 15, and 18 through 30. The clinical documentation submitted for review does provide evidence that the patient uses a night guard and has had his bite opened up to prevent further damage to any restorative interventions. The Official Disability Guidelines do recommend dental treatment as a result of trauma. The guidelines state, "the goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction and bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. The placement of dental implants can have deleterious effects on the growing alveolar process and it is necessary to delay implant reconstruction until cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included." As the patient has sustained teeth fractures at the #6, #7, and #11 as a result of the compensable injury and the treatment plan has attempted to reduce the patient's grinding and clenching, dental reconstruction would be indicated. As such, the requested PFM crown (metal occlusals) x23: teeth #2 through 6, 10 through 12, 14 through 15, and 18 through 30 are medically necessary and appropriate.

**tooth #30 implant crown with metal occlusal:** 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)

**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, Dental Trauma Treatment (Facial Fractures)

**Decision rationale:** The requested tooth #30 implant crown with metal occlusal is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has fractured teeth that would benefit from tooth #30 implant crown with metal occlusal. The clinical documentation submitted for review does provide evidence that the patient uses a night guard and has had his bite opened up to prevent further damage to any restorative interventions. The Official Disability Guidelines do recommend dental treatment as a result of trauma. The guidelines state, "the goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction and bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. The placement of dental implants can have deleterious effects on the growing alveolar process and it is necessary to delay implant reconstruction until cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included." As the patient has sustained teeth fractures at the #6, #7, and #11 as a result of the compensable injury and the treatment plan has attempted to reduce the patient's grinding and clenching, dental reconstruction would be indicated. As such, the requested tooth #30 implant crown with metal occlusal is medically necessary and appropriate.

**implant crown (PFM) with metal occlusal x5 teeth #7, 8, 9, 13 and 30:** 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)

**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, Dental Trauma Treatment (Facial Fractures).

**Decision rationale:** The requested implant crown (PFM) with metal occlusal x5 teeth #7, #8, #9, #13, and #30 is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has fractured teeth that would benefit from implant crown (PFM) with metal occlusal x5 teeth #7, #8, #9, #13, and #30. The clinical documentation submitted for review does provide evidence that the patient uses a night guard and has had his bite opened up to prevent further damage to any restorative interventions. The Official Disability Guidelines do recommend dental treatment as a result of trauma. The guidelines state, "the goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction and bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. The placement of dental implants can have deleterious effects on the growing alveolar process and it is necessary to delay implant reconstruction until cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included." As the patient has sustained teeth fractures at the #6, #7, and #11 as a result of the compensable injury and the treatment plan has attempted to reduce the patient's grinding and clenching, dental reconstruction would be indicated. As such, the requested implant crown (PFM) with metal occlusal x5 teeth #7, #8, #9, #13, and #30 is medically necessary and appropriate.

**nitrous oxide analgesia (two (2) sessions):** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Intravenous sedation and hemodynamic changes during dental implant surgery. The International journal of oral & maxillofacial implants.

**Decision rationale:** The request for nitrous oxide analgesia x2 is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that extensive dental surgery is indicated. The Official Disability Guidelines do recommend dental reconstruction related to trauma. As the requested extensive dental reconstruction is medically appropriate, nitrous oxide analgesia for 2 sessions would be indicated. As such, the requested nitrous oxide analgesia 2 sessions is medically necessary and appropriate.

**intravenous conscious sedation (two (2) sessions):** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Intravenous sedation and hemodynamic changes during dental implant surgery. The International journal of oral & maxillofacial implants.

**Decision rationale:** The request for intravenous conscious sedation 2 sessions is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that extensive dental surgery is indicated. The Official Disability Guidelines do recommend dental reconstruction related to trauma. As the requested extensive dental reconstruction is medically appropriate, intravenous conscious sedation 2 sessions would be indicated. As such, the requested intravenous conscious sedation 2 sessions is medically necessary and appropriate.