

Case Number:	CM13-0033823		
Date Assigned:	12/06/2013	Date of Injury:	12/14/2012
Decision Date:	03/26/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/10/2013

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 licensed Dentist and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working least at 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 47-year-old male who reported an injury on 12/14/2012. The patient was seen on 03/28/2013 regarding pain that affected his cervical spine and right middle finger, as well as issues related to his left eye, headaches, and memory loss. On the examination, the patient was noted to have tenderness on the cervical spine upon palpation, as well as in the paracervical area with limited range of motion. Active range of motion was also decreased in all planes. Under the discussion, the patient noted that his headaches and pain were continuing and it was managed well with medications that were prescribed. However, the patient does describe continued dizziness, as well as forgetfulness. The patient had been taking hydrocodone/APAP 10/325 mg and was utilizing Biotherm 4 ounces. The patient was noted to be status post head injury with post-traumatic headaches, vestibulopathy, cognitive problems, a brain concussion, cervical paraspinal muscle strain, arterial hypertension, and mental depression. The patient was seen in 10/2013 and 11/2013 for complaints of headaches or pain that affects his head. He was most recently seen on 11/15/2013 where upon the patient stated that his pain level was reduced from 8/10 to 5/10 with his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental Surgery Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, page 163

Decision rationale: According to American College of Occupational and Environmental Medicine, if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may be beneficial from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. In the case of this patient, his physician has recommended he be referred for a dental surgery consultation. However, the documentation does not indicate the patient is having any type of dental issues that would necessitate a surgery consult with a dentist. There was no mention of the patient having any dentition, any fractures, or disorders of the mouth that would be related to the patient's injuries sustained in 12/2012. Without having a definitive rationale behind the dental surgery consultation, the medical necessity for the request cannot be established. As such, the requested service is non-certified.