

Case Number:	CM13-0038612		
Date Assigned:	12/18/2013	Date of Injury:	07/02/1997
Decision Date:	07/14/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/25/2013

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 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:

This is a 40-year-old male with a 3/7/96 date of injury. The exact mechanism of injury has not been described. A progress report on 9/13/13 states the patient has had increasing chronic pain and that over the past several years has had an increase in grinding of teeth at night. The patient states that the molars have worn down and he has frequent toothaches. The provider recommends a dental evaluation for bruxism. Diagnostic impression: bruxism, s/p lumbar decompression and fusion, Lumbar Radiculopathy. Treatment to date: medication management, activity modification. A UR decision dated 10/8/13 denied the request for a Dental Evaluation and Treatment because it was modified to Dental Evaluation only. Although treatment was determined to be medically necessary, the relatedness of the condition to the industrial injury has not been determined. The patient presents with dental complaints, but it is not yet established if there is any relation between symptoms and the industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENTAL EVALUATION AND TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapters 6 and 7, Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The guideline states that consultations are recommended, and a 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. This patient has ongoing bruxism and dental concerns, and guidelines support consultations and evaluations with specialists as the provider feels necessary. However, the request for dental treatment is vague and does not specify what type of treatment is being requested. Dental treatment can vary significantly. Since the request is unclear, the request for dental treatment cannot be substantiated. Therefore, the request, as submitted, for Dental Evaluation and Treatment was not medically necessary.