

Case Number:	CM13-0059160		
Date Assigned:	12/30/2013	Date of Injury:	11/22/1991
Decision Date:	07/14/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/01/2013

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:

Patient is a 56-year-old who has submitted a claim for gum line caries, lumbar degeneration, chronic pain due to trauma, upper limb mononeuritis, and opioid dependence associated with an industrial injury date of November 22, 1991. Medical records from 2012 to 2013 were reviewed. Patient complained of gum line caries due to dry mouth secondary to long-term medication use. Patient preferred to eat soft foods. He had mild discomfort with periodic dental infections. Physical examination revealed absence of teeth at the upper gum; no molars at lower gum; 5 front teeth at lower right; decayed; two teeth lower left were broken off from the gum line; no halitosis. Treatment to date has included lumbar surgery and pain medications. Utilization review from November 15, 2013 denied the request for dental evaluation and necessary work. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental evaluation and necessary work: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 127.

Decision rationale: According to the Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. Medical records from 2012 to 2013 were reviewed. In this case, patient complained of gum line caries due to dry mouth secondary to long-term medication use. He had mild discomfort with periodic dental infections. Physical examination revealed absence of teeth at the upper gum; no molars at lower gum; 5 front teeth at lower right; decayed; two teeth lower left were broken off from the gum line; no halitosis. The rationale for the present request is to assess the condition of dentition and develop a plan of care. The medical necessity for dental consultation has been established; however, the present request as submitted included a request for 'necessary work' which is non-specific. I have reviewed the complete medical history that was provided. However, in order to evaluate the dental necessity of any dental treatment or dental evaluation that would be medically necessary as a consequence of a occupational disability, documentation of previous dental evaluation and or treatment to review would be necessary. The request for dental evaluation and necessary work is not medically necessary or appropriate.