

Case Number:	CM13-0067555		
Date Assigned:	01/03/2014	Date of Injury:	08/11/2005
Decision Date:	08/08/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/18/2013

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 53-year-old male with an August 11, 2005 date of injury. He injured his low back while changing out a pressure valve. He is status post L4-5, and L5-S1 fusions in 2006 with chronic low back pain requiring ongoing opiate management since his fusions in 2006. He complains of pain with chewing and speaking due to multiple missing teeth. Exam findings reveal teeth numbers 1, 4, 13, 16-20, 30-32, are missing. Teeth numbers 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, and 21-29 are decayed. There are peri-apical infections noted on teeth numbers 4-14 and teeth numbers 21 through 28. There is adequate support on the mandibular and maxillary arches. An overbite of 4mm is noted and a protrusive movement of 6mm. Plain films were taken; but results were not noted. The diagnosis is medication-induced xerostomia secondary to chronic opiate use from the industrial injury. The recommendation was for upper and lower dental arch surgical guides, CT scan, surgical extraction of the decayed teeth with osseous bone grafts, placement of immediate and chronic mandible and maxillary dentures, root removal with bone grafting, and surgical removal of decayed teeth with implants. This request received an adverse determination, as there were no clinical preoperative radiographs available for review, and a lack of documentation whether the patient had evidence of tooth decay and periodontal disease prior to his date of injury.

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, Online Version, Pain (Chronic) Chapter, Opioids for Chronic Pain, Dental Trauma Treatment.

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: Facial Trauma.

Decision rationale: The California MTUS Guidelines do not address this issue. The Official Disability Guidelines state that any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. In this case, the patient has a diagnosis of medical xerostomia secondary to chronic opiate use from his lumbar fusion 2006. He has severe tooth decay with periodontal abscesses. Plain films were taken but the results were not made available. In addition, the Official Disability Guidelines clearly state that any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. There is no documentation as to the patient's oral hygiene prior to his date of injury to substantiate the claim that this patient's tooth decay and abscesses are due to chronic opiate use. Therefore, the request for a surgical stent was not medically necessary.

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, Online Version, Pain (Chronic) Chapter, Opioids for Chronic Pain, Dental Trauma Treatment.

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: Facial Trauma.

Decision rationale: The California MTUS Guidelines do not address this issue. The Official Disability Guidelines state that any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. In this case, the patient has a diagnosis of medical xerostomia secondary to chronic opiate use from his lumbar fusion 2006. He has severe tooth decay with periodontal abscesses. Plain films were taken but the results were not made available. In addition, the Official Disability Guidelines clearly states that any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. There is no documentation as to the patient's oral hygiene prior to his date of injury to substantiate the claim that this patient's tooth decay and abscesses are due to chronic opiate use. Therefore, the request is not medically necessary.

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, Online Version, Pain (Chronic) Chapter, Opioids for Chronic Pain, Dental Trauma Treatment.

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: Facial Trauma.

Decision rationale: The California MTUS Guidelines do not address this issue. The Official Disability Guidelines state that any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. In this case, the patient has a diagnosis of medical xerostomia secondary to chronic opiate use from his lumbar fusion 2006. He has severe tooth decay with periodontal abscesses. Plain films were taken but the results were not made available. In addition, the Official Disability Guidelines clearly states that any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. There is no documentation as to the patient's oral hygiene prior to his date of injury to substantiate the claim that this patient's tooth decay and abscesses are due to chronic opiate use. Therefore, the request is not medically necessary.

Root Removal-Expected Root (2, 6, 7, 8, 10, 11, 14, 15, 28 and 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, Online Version, Pain (Chronic) Chapter, Opioids for Chronic Pain, Dental Trauma Treatment.

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: Facial Trauma.

Decision rationale: The California MTUS Guidelines do not address this issue. The Official Disability Guidelines state that any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. In this case, the patient has a diagnosis of medical xerostomia secondary to chronic opiate use from his lumbar fusion 2006. He has severe tooth decay with periodontal abscesses. Plain films were taken but the results were not made available. In addition, the Official Disability Guidelines clearly states that any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. There is no documentation as to the patient's oral hygiene prior to his date of injury to substantiate the claim that this patient's tooth decay and abscesses are due to chronic opiate use. Therefore, the request is not medically necessary.

Bone Replacement Graft Ridge Preservation (Site 2, 6, 11, 15, 27 and 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, Online Version, Pain (Chronic) Chapter, Opioids for Chronic Pain, Dental Trauma Treatment.

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: Facial Trauma.

Decision rationale: The California MTUS Guidelines do not address this issue. The Official Disability Guidelines state that any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. In this case, the patient has a diagnosis of medical xerostomia secondary to chronic opiate use from his lumbar fusion 2006. He has severe tooth decay with periodontal abscesses. Plain films were taken but the results were not made available. In addition, the Official Disability Guidelines clearly states that any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. There is no documentation as to the patient's oral hygiene prior to his date of injury to substantiate the claim that this patient's tooth decay and abscesses are due to chronic opiate use. Therefore, the request is not medically necessary.

Extraction-Surgical/Erupt Tooth (3, 5, 8, 12, 21, 22, 23, 24, 25, 26, and 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, Online Version, Pain (Chronic) Chapter, Opioids for Chronic Pain, Dental Trauma Treatment.

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: Facial Trauma.

Decision rationale: The California MTUS Guidelines do not address this issue. The Official Disability Guidelines state that any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. In this case, the patient has a diagnosis of medical xerostomia secondary to chronic opiate use from his lumbar fusion 2006. He has severe tooth decay with periodontal abscesses. Plain films were taken but the results were not made available. In addition, the Official Disability Guidelines clearly states that any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. There is no documentation as to the patient's oral hygiene prior to his date of injury to substantiate the claim that this patient's tooth decay and abscesses are due to chronic opiate use. Therefore, the request is not medically necessary.

Surgical Place Implant Endosteal (2, 4, 5, 11, 13, 15, 18, 20, 22, 27, 29, and 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, Online Version, Pain (Chronic) Chapter, Opioids for Chronic Pain, Dental Trauma Treatment.

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: Facial Trauma.

Decision rationale: The California MTUS Guidelines do not address this issue. The Official Disability Guidelines state that any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. In this case, the patient has a diagnosis of medical xerostomia secondary to chronic opiate use from his lumbar fusion 2006.

He has severe tooth decay with periodontal abscesses. Plain films were taken but the results were not made available. In addition, the Official Disability Guidelines clearly states that any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. There is no documentation as to the patient's oral hygiene prior to his date of injury to substantiate the claim that this patient's tooth decay and abscesses are due to chronic opiate use. Therefore, the request is not medically necessary.

Prefab Abutment-Inclusive Placement (2, 4, 6, 11, 13, 15, 18, 20, 22, 27, 29 and 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, Online Version, Pain (Chronic) Chapter, Opioids for Chronic Pain, Dental Trauma Treatment.

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: Facial Trauma.

Decision rationale: The California MTUS Guidelines do not address this issue. The Official Disability Guidelines state that any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. In this case, the patient has a diagnosis of medical xerostomia secondary to chronic opiate use from his lumbar fusion 2006. He has severe tooth decay with periodontal abscesses. Plain films were taken but the results were not made available. In addition, the Official Disability Guidelines clearly states that any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. There is no documentation as to the patient's oral hygiene prior to his date of injury to substantiate the claim that this patient's tooth decay and abscesses are due to chronic opiate use. Therefore, the request is not medically necessary.

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, Online Version, Pain (Chronic) Chapter, Opioids for Chronic Pain, Dental Trauma Treatment.

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: Facial Trauma.

Decision rationale: The California MTUS Guidelines do not address this issue. The Official Disability Guidelines state that any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. In this case, the patient has a diagnosis of medical xerostomia secondary to chronic opiate use from his lumbar fusion 2006. He has severe tooth decay with periodontal abscesses. Plain films were taken but the results were not made available. In addition, the Official Disability Guidelines clearly states that any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. There is no documentation as to the patient's oral hygiene prior to

his date of injury to substantiate the claim that this patient's tooth decay and abscesses are due to chronic opiate use. Therefore, the request is not medically necessary.

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, Online Version, Pain (Chronic) Chapter, Opioids for Chronic Pain, Dental Trauma Treatment.

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: Facial Trauma.

Decision rationale: The California MTUS Guidelines do not address this issue. The Official Disability Guidelines state that any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. In this case, the patient has a diagnosis of medical xerostomia secondary to chronic opiate use from his lumbar fusion 2006. He has severe tooth decay with periodontal abscesses. Plain films were taken but the results were not made available. In addition, the Official Disability Guidelines clearly states that any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. There is no documentation as to the patient's oral hygiene prior to his date of injury to substantiate the claim that this patient's tooth decay and abscesses are due to chronic opiate use. Therefore, the request is not medically necessary.

Cone Bean CT (CBCT)-Craniofacial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Pain (Chronic) Chapter, Opioids for Chronic Pain, Dental Trauma Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Cone beam CT-Craniofacial.

Decision rationale: The California MTUS Guidelines and Official Disability Guidelines do not address this issue. The FDA states that x-ray imaging, including dental CBCT, provides a fast, non-invasive way of answering a number of clinical questions. Dental CBCT images provide three-dimensional (3-d) information, rather than the two-dimensional (2-d) information provided by a conventional x-ray image. This may help with the diagnosis, treatment planning and evaluation of certain conditions. Although the radiation doses from dental CBCT exams are generally lower than other CT exams, dental CBCT exams typically deliver more radiation than conventional dental x-ray exams. Concerns about radiation exposure are greater for younger patients because they are more sensitive to radiation (i.e., estimates of their lifetime risk for cancer incidence and mortality per unit dose of ionizing radiation are higher) and they have a longer lifetime for ill effects to develop. There is no indication as to why the patient requires a cone bean CT. He had plain films, the results of which were not made available. Therefore, the request is not medically necessary.

