MAXIMUS Federal Services

Case Number:	CM13-0070641		
Date Assigned:	01/08/2014	Date of Injury:	05/31/2007
Decision Date:	04/15/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/24/2013

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 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:

The patient is a 54 year old male who reported an injury to his low back on 05/31/2007. The patient has reported suffering orthopedic injuries to his back requiring back surgery in 2009, L3-L5 fusion. Patient has continued to have chronic pain. Patient is in pain management. The patient has been diagnosed by [redacted] with xerostomia (dry mouth) from medications (narcotics). As a result of the xerostomia, many of the patient's teeth have decay and several of his teeth are nonrestorable. Teeth #13 and #15, which are nonrestorable, have been treatment planed for extraction and subsequent placement of two dental implants for fabrication of an implant retained bridge. Patient has also been treatment planed for extraction of several other non-restorable teeth.

IMR ISSUES, DECISIONS AND RATIONALES

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

Implant Retained Dentures: Upheld

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).

Decision rationale: The Expert Reviewer's decision rationale: The Official Disability Guidelines (ODG) recommends the use of bridges, implants or a removable appliance if there is no sufficient structure remaining to hold a crown. However, from the provided records, there is no documentation of actual dental exam submitted to support the need for extractions, and the need for dental implants and dentures.

Implants for Bridges: Upheld

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)

Decision rationale: The Expert Reviewer's decision rationale: The ODG recommends the use of bridges, implants or a removable appliance if there is no sufficient structure remaining to hold a crown. However, from the provided records, there is no documentation of actual dental exam submitted to support the need for extractions, and the need for dental implants, bridges and dentures.