

Case Number:	CM14-0000835		
Date Assigned:	01/17/2014	Date of Injury:	09/25/2001
Decision Date:	10/01/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	01/02/2014

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 47 year old female with a 9/25/2001 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/8/2013 did not note any subjective complaints. Objective findings included no acute distress. No noted physical exam abnormalities. Diagnostic Impression: lumbosacral disease, unspecified dental caries Treatment to Date: medication management. A UR decision dated 12/3/13 denied the request for dental work; fillings to teeth 6,7,8,9,10,11,21,22,23,24,25,26,27 and pulp caps, build ups and crowns to teeth 5 and 21. There is no evidence of any traumatic event. There are no radiographs or photographs to support that there is any dental disease. Xerostomia is a common cause of many medications, as well as many medications. There is no evidence of medical necessity in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental Work Fillings to Teeth 6, 7, 8, 9, 10, 11, 21, 22, 23, 24, 25, 26, 27 and Pulp Caps, Build Ups and Crowns to Teeth 5 and 21: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ADA Guidelines

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: CA MTUS does not address this issue. ODG states that trauma to the oral region occurs frequently and comprises 5% of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The Journal of the American Dental Association when balanced with the relative prognosis of alternative therapies (for example endodontics, post and core, and crowns, treatment modalities such as implants may provide a more predictable outcome. The claim for dental treatment on teeth 6,7,8,9,10,11,21,22,23,24,25,26,27, for fillings and pulp caps, build ups and crowns teeth 5 and 21 would be indicated as a result of medications taken causing xerostoma or dry mouth syndrome as a result of industrial injury. However, such a trauma was not identified. There is no documentation of dental abnormalities such as dental fracture, nor any stated rationale as to why the patient would need the requested treatments. Therefore, the request for dental work fillings to teeth 6,7,8,9,10,11,21,22,23,24,25,26,27 and pulp caps, build ups and crowns to teeth 5 and 21 was not medically necessary.