Case Number:	CM14-0009121		
Date Assigned:	08/08/2014	Date of Injury:	02/08/2013
Decision Date:	09/11/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/21/2014

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 Pain Management 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 injured worker is a 26-year-old female who sustained industrial-related injuries on February 8, 2013. She was working in a department store at the time when she was confronted by a shoplifting suspect who struck her an estimated five times on the left side of the face. She is diagnosed with intervertebral cervical disc disorder myelopathy, displacement lumbar disc without myelopathy, and other specific disorders of the shoulder joint. An examination conducted on July 8, 2013 indicated that the injured worker reported to her provider that she went to the emergency departments two weeks prior due to an infection with her tooth and was prescribed with Penicillin and Ibuprofen. A progress report dated December 19, 2013 showed the injured worker underwent magnetic resonance imaging scan of the temporomandibular joint without contrast. The findings revealed mild anterior displacement of the right articular disc in closed mouth position as described. Otherwise, normal examination findings were noted. On January, 3, 2014, the injured worker underwent apicoectomy and retrograde fillings of the #19 tooth which she tolerated well. As per medicals dated January 23, 2014, the injured worker complained of neck, back and right leg intermittent pain. Right shoulder pain was reduced with corticosteroid injections done in December 2013. Temporomandibular joint pain was unchanged. She had lower tooth apicoectomy procedure completed but upper tooth was denied. Objectively, magnetic resonance imaging scan of the cervical spine performed in June 6, 2013 revealed 2.4-millimeter C5-C6 disc protrusion. At C6-7, a 2.4 millimeter disc protrusion enroaches the right exiting C7 nerve root. At C4-C5, a 1.7 millimeter disc protrusion was noted. The magnetic resonance scan of the right shoulder performed on same date revealed mild glenohumeral joint effusion and mild osteoarthritis of the acromioclavicular joint and magnetic resonance scan of the lumbar spine dated September 3, 2013 revealed L5-S1 mild decrease disc

height with small central disc protrusion abutting proximal S1 roots bilaterally. This is a review regard the requested apicoectomy and retrograde filling of the #19 and #14 tooth.

IMR ISSUES, DECISIONS AND RATIONALES

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

Apico / Retro fill #19 & 14 12/9/13: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Dental trauma treatment (facial fractures).

Decision rationale: Based on the medical records presented there is evidence that the #19 tooth has presence of a six-millimeter diameter radiolucent lesion on the medial apex of tooth #19 which manifested symptoms after blunt trauma of the face which subsequently acquired infection. The condition of tooth #19 sufficiently meets the recommendations of evidence-based guidelines regarding dental surgeries following trauma. However, there is no documentation of a clear reason or diagnostic imaging studies that could provide sufficient evidence in order to warrant the same procedure for tooth #14. Hence, there is insufficient pathological evidence that #14 tooth needs Apicoectomy and Retrograde Filling thus it is not medically necessary.