

Case Number:	CM14-0104647		
Date Assigned:	07/30/2014	Date of Injury:	08/26/2009
Decision Date:	10/07/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/07/2014

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:

Records reviewed indicate that this is a male patient involved in an industrial injury on 08/26/09. June 11, 2014 report of treating dentist states: "Patient finds that in response to his industrial related orthopedic pain, he has developed emotional stressors. The patient finds he is clenching his teeth and bracing his facial musculature not only in response to his orthopedic pain, but also in response to the resultant emotional stressors experienced. This has caused the patient to develop jaw pain... x-rays taken in my office, the patient was found to have industrially abscessed tooth #9, which with reasonable medical probability was caused as a result of the patient's industrially related bruxism. UR dentist report dated 06/06/14 states:" The surgical extraction (D7210) is medically/dentally necessary. but the tooth restoration, root canal, crown are not medically/dentally necessary."#9785.5 Request for Authorization Page 19 in records provided, has requested extraction based on the medical condition resulting for the accident. The records support the need to have an abscessed tooth extracted. The dental codes provided are utilized to request the next procedure(s) that are planned or might need to be performed. but it is not known at this time exactly what will be required, since the tooth is not extracted, and its clinical condition needs to be evaluated. Tooth restoration, root canal, crown, (codes: 03330.D60IO, D6067, D4263, D4265. D6057) are not medically/dentally necessary at this point. Therefore. the surgical extraction (07210) is medically/dentally necessary. but the tooth restoration. root canal crown (codes: D3330. D6010, 06067, D4263, D4265. D6057) are not medically/dentally necessary. "

IMR ISSUES, DECISIONS AND RATIONALES

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

TOOTH RESTORATION: 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. Decision based on Non-MTUS Citation Head

Decision rationale: Based on the records reviewed and the IMR application dated 07/07/14, this IMR reviewer finds this request for "tooth restoration" to be non-specific and very vague. A clear request with a specific tooth restoration procedure must be included for this IMR reviewer to reconsider this in the future.

ROOT CANAL, CROWN: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head

Decision rationale: Per ODG Head cited above: "If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown". Based on the radiographic findings of the treating dentist of an "industrially abscessed tooth #9 " and the medical reference mentioned above, this IMR reviewer finds this request of "root canal and crown " for abscessed tooth #9 to be medically necessary.