MAXIMUS Federal Services

Case Number:	CM14-0115819		
Date Assigned:	08/06/2014	Date of Injury:	02/09/1998
Decision Date:	09/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/24/2014

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 Licensed in 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 reviewed documents reveal that this is a 29 year old male patient with an industrial date of injury on 2/09/1998 which has resulted in a chronic habit of teeth grinding/jaw clenching (bruxism) as a response to the chronic orthopedic pain and psychological difficulties. This patient also displays dry mouth/xerostomia from the side effect of industrial medications that have been prescribed for them.Utilization report dated 7/10/14 has reviewed supplemental AME report of [redacted] dated 5/10/13: AME dentist has indicated claimant was taking medications that were causing dry mouth or xerostomia. This placed the claimant at an increased risk of dental decay. The provider recommends dental restorations in response to the xerostomia and dental decay. The provider also recommends appropriate dental restoration of any teeth damaged by the parafunctional activity due to bruxism.[redacted] supplemental report dated 5/22/2014 examination findings reveal recurrent decay in teeth #6, 12, 14, 15, and 20. Teeth #6, 30, 12, 14, and 15 are sensitive to percussion. There is generalized mild plaque deposit with mild inflammation and bleeding on probing. There is a mild calculus deposit. Radiograph reveals generalized bone loss: "generalized localized horizontal vertical moderate severe", and decay tooth #6 with radiolucency in tooth #6.Tooth #20 was authorized and root canal therapy was completed through the crown. #20 is the mesial abutment of a three unit bridge and there is recurrent decay on the distal. This Crown will need to be replaced. As it is part of a three unit bridge, #18 will need a new crown as well. Tooth #19 is missing and I believe that the best long-term treatment is a dental implant to replace #19 and individual crowns on 18 and 20.Utilization review dentist [redacted] has denied this request stating radiographs revealed the decay and radiolucency only in the tooth #6 therefore recommended root canal therapy, post and core and crown for tooth #6 only. Regarding implants UR dentist states the option for placement of a dental implant is not indicated as there are less invasive and conservative options available for

the replacement of a missing tooth. There is no documentation of a clear rationale for implant restoration over conservative options. Regarding periodontal maintenance every two months with topical fluoride therapy UR dentist has partially certified this request for one year and then a reevaluation at that time to determine ongoing needs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Root canal therapy 6, 12, 14, 15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Head Procedure Summary last updated 05/28/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Head(updated 06/04/13) Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury.

Decision rationale: As found by [redacted], teeth #6, 12,14,15 are sensitive to percussion, and recurrent decay. Therefore, per reference cited above, RCT is necessary before the tooth is restored with a crown.

Post and core 6, 12, 14, 15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Head Procedure Summary last updated 05/28/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Head(updated 06/04/13) Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury.

Decision rationale: Since rooth canal therapy is necessary for teeth #6,12,14,15, then Post and core for these teeth is also medically necessary in order to create the foundation on which the crowns for these teeth will rest.

Crowns 6, 12, 14, 15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Head Procedure Summary last updated 05/28/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Head(updated 06/04/13) Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury.

Decision rationale: Per reference cited above, crowns are medically necessary to repair the injury (in this case dental decay due to industrially caused Xerostomia) on teeth #6,12,14,15.

Crowns 18, 20: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Head Procedure Summary last updated 05/28/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Head(updated 06/04/13) Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury.

Decision rationale: [redacted] has found recurrent decay #20, and to fix this decay, bridge #18-20 has to be taken out. And since implant #19 is found to be medically necessary, and #20 crown has recurrent decay due to industrial injury (xerostomial induced by medications) then #18 and #20 crowns are also medically necessary to restore this patient's dentition to function.

Implant #19: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Head Procedure Summary last updated 05/28/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Head(updated 06/04/13) Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury.

Decision rationale: Per reference cited above, an implant to replace tooth #19 is medically necessary "Rather than resting on the gum line like removable dentures, or using adjacent teeth as anchors like fixed bridges, dental implants are long-term replacements."

Custom abutment #19: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Head Procedure Summary last updated 05/28/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Head(updated 06/04/13) Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury.

Decision rationale: Since implant #19 is found to be medically necessary, then custom abutment #19 is also medically necessary since it is the connection between the metal implant and the crown.

Implant crowns #19: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Head Procedure Summary last updated 05/28/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Head(updated 06/04/13) Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury.

Decision rationale: Since the implant for tooth #19 has been found to be medically necessary, then the implant crown #19 is also medically necessary to completely restore this tooth to function.

Periodontal maintenance every two (2) months with topical fluoride treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontal 2011 Jul; 82(7):943-9. [133 references] http:www.guideline.gov/content.aspx?id=34760&search=periodontal+disease; Goldman: Cecil textbook of medicine, 22nd ed., Chapter 467-Diseases of the Mouth and Salivary Glands.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Comprehensive periodontal therapy: a statement by the American Academy ofPeriodontology. J Periodontol2011 Jul; 82(7):943-9. [133 references]Periodontal Evaluation.

Decision rationale: Although this patient needs Periodontal maintenance every 2 months at this time, this request is non specific for duration of time. As reference above indicates,"

comprehensive periodontal evaluation and their risk factors should be identified at least on an annual basis". Therefore the patient needs to be reevaluated every year for periodontal status, and a decision for frequency of dental cleanings made at that time. Therefore, the non-specific request for periodontal maintenance every 2 months is not medically necessary at this time.