

Case Number:	CM14-0152386		
Date Assigned:	09/22/2014	Date of Injury:	08/30/1982
Decision Date:	10/21/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/18/2014

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 58-year -old individual who sustained a low back injury on 08/30/82 Treating doctor Mangar's report dated 08/27/14 state:"Awaiting Authorization for dental consult to evaluate xerostomia-relateddental decease. "Per UR report dated 09/12/14, QME report dated 05/8/13 has been reviewed stating: " Primary Treating Physician's Progress Report dated 04/25/14 documented the following objective Findings: poor dentition, no signs of intoxication or withdrawal, paravertebral muscle tenderness bilaterally over the lumbar spine...As per request for Authorization dated 09/05/14, requested treatment included dental consult "UR doctor has denied the dental request stating:"There was no clear detail provided why a dental consultation is required and there was no mention of any specific dental problems occurring. Therefore. this request is not medically reasonable or necessary."

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with dentist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head/ Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on ACOEM Guidelines, Chapter 7, Page 127, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain

Decision rationale: Due to the objective findings of poor dentition and possible xerostomia related dental disease, and the medical article mentioned above, This IMR reviewer finds this request for a dental consult to be medically necessary to address this patient's poor dentition and xerostomia. This patient may benefit from additional expertise.