

Case Number:	CM14-0023261		
Date Assigned:	05/14/2014	Date of Injury:	01/26/2007
Decision Date:	08/01/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/24/2014

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 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:

Patient is a 75-year-old male who has submitted a claim for lumbar disc injury, right L5 radiculopathy, left medial meniscal injury, and dental pain associated with an industrial injury date of 01/26/2007. Medical records from 2011 to 2014 were reviewed. Patient complained of dental problems since the start of his medication intake for low back pain. He reported progressive worsening of teeth / gum pain resulting in difficulty chewing food, and subsequently weight loss. An oral examination showed gingival atrophy, cavities at right incisors, and tenderness throughout his dentition. Low salivary flow caused tooth decay. Patient was last seen by a dental specialist on 04/08/2014 with recommendation of referring patient to oral surgery for total teeth extraction. Treatment to date has included left knee arthroscopy, and medications such as Vicodin, Ativan, Thermacare, Lorazepam, and Ambien. The patient previously had a dental plate application to the incisors of the mandible. Utilization review from 02/03/2014 denied the request for consultation and treatment with an orthodontist for a root canal and crown however, treatment options will depend on that visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION AND TREAT WITH ORTHODONTIST FOR ROOT CANAL, CROWN: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

Decision rationale: As stated in the ACOEM Guidelines, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient complained of dental problems since the start of his medication intake for low back pain. However, the most recent report from a dental specialist cited a recommendation of referring the patient to an oral surgeon for total teeth extraction. The medical necessity for consultation has been established. However, the present request as submitted also includes a root canal procedure. Treatment plan should be dependent on the outcomes of the initial consultation visit. As such, the request is not medically necessary.