

<b>Case Number:</b>	CM14-0026746		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	05/05/1998
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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:

Patient is a 42-year-old female who has submitted a claim for chronic fibromyalgia with psychiatric complaints, myositis, and xerostomia associated with an industrial injury date of 05/05/1998. Medical records from 2004 to 2014 were reviewed. Patient complained of persistent dry mouth and pain at the left temporomandibular joint. There were no limitations with mastication or speech. Physical examination showed tenderness at masseter. A dental specialist last saw patient on April 2013. Patient was found to have xerostomia or anti-cholinergic condition secondary to intake of medications. Treatment to date has included Celebrex, Bentyl, Cymbalta, and Provigil. Utilization review from 02/14/2014 denied the request for specialist referral dental re-evaluation and cleaning because of insufficient objective evidence to warrant such service.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A specialist referral dental re-evaluation and cleaning qty : 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Occupational Medicine Practice Guidelines (ACOEM) pages 7 and 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** As stated on page 127 of the California ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, a progress report from 01/16/2014 cited that dental evaluation is being requested for dental cleaning. A dental specialist last saw patient on April 2013 and she was found to have xerostomia or anti-cholinergic condition secondary to intake of medications. However, more recent progress reports failed to provide subjective complaints or objective findings pertaining to teeth / buccal mucosa that may support this request. The medical necessity was not established due to inadequate information. Therefore, the request for Specialist Referral Dental Re-Evaluation And Cleaning Qty : 1.00 is not medically necessary.