

Case Number:	CM14-0034316		
Date Assigned:	07/23/2014	Date of Injury:	10/01/1990
Decision Date:	09/10/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/19/2014

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:

The reviewed documents reveal that this is a 58 year old male patient with an industrial date of injury on 10/01/1990 which has resulted in a chronic habit of teeth grinding/jaw clenching (bruxism) as a response to the chronic orthopedic pain and psychological difficulties with depression. This patient also displays dry mouth/xerostomia from the side effect of industrial medications that have been prescribed for them. [REDACTED] report dated 1/14/14 indicates that: patient is missing teeth #29, 30 and 19. Patient claims they were lost post-accident. He also has signs of grinding damage very prominent and consistent with bruxism on all of his teeth including very noticeable wear facets on incisal and occlusal and facial surfaces: all classic signs of bruxism. Teeth #28 and 15 have severe decay involving the nerve. Teeth that need restoration due to bruxism related fractures at this point are only teeth #29 and 21. Teeth #30 and 31 need to be replaced with a fixed prosthesis from #29-31. Tooth #19 needs to be replaced by a fixed prosthesis from #18-20. Tooth #28 needs a root canal and post and crown. (approved by UR) Tooth #21 needs a crown. (approved by UR) Tooth #15 needs a root canal post and crown. (approved by UR) Splint needed to prevent grinding/bruxism. Full mouth deep cleaning needed to maintain the damage from xerostomia immediately and in every six months. All other teeth even the ones with signs of bruxism related damage are in no need of restoration's at this point but should be monitored consider it if problems arise. UR dentist conversation with the requesting [REDACTED] on 3/14/14: [REDACTED] explains that: There is no decay on teeth #18, 20, 29 and 32. Those teeth will only be prepared to make bridges for the lower arches. Patient states teeth #19, 30 and 31 were removed for no stated reason supposedly following the injury, which took place in 1990. Treating dentist states teeth are worn from bruxism, which is in line with being caused from medications patient is on. He states tooth #15 appears solid and restorable. He will do crown lengthening to allow enough tooth to be above bone to support a

crown... He will send a rationale for treatment, TMD signs and symptoms, along with periodontal charting measurements as soon as he can between patients today. Ur Dentist [REDACTED] on 03/14/14 has denied the specific requests due to:- No current objective information to justify the recommendations. - Span tooth #29-32 is too long to adequately support a bridge for a significant amount of time. -No evidence of decay or damage to tooth #20, #31 and #18 to be stored clinically. -Absent periodontal charting, -Absent palpation examination. -Absent occlusal analysis with moderate TMD symptoms In this case, there is no documentation of a clear rationale for treatment, TMD signs and symptoms along with periodontal examination/charting, dental x-rays and caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. This IMR reviewer recommends non-certification at this time. This IMR reviewer will reconsider the dental treatment and procedure requests once complete Dental/Oral examination findings and records are available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.ncbi.nlm.nih.gov/pubmed/1255985](http://www.ncbi.nlm.nih.gov/pubmed/1255985).

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 of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references].

Decision rationale: The requested treatments are not justified with any periodontal findings, oral exam and clinical findings. Therefore, comprehensive evaluation is medically necessary to perform a complete intra-oral and TMD exam on this patient.

Intraoral Full Mouth X-rays: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.ncbi.nlm.nih.gov/pubmed/1255985](http://www.ncbi.nlm.nih.gov/pubmed/1255985).

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 of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references].

Decision rationale: The requested treatments are not justified with any periodontal findings, oral exam and clinical findings. Therefore, intra oral full mouth x-rays is medically necessary to perform a complete intra-oral, radiographic and TMD exam on this patient.

Oral/Facial Photographs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.ncbi.nlm.nih.gov/pubmed/1255985](http://www.ncbi.nlm.nih.gov/pubmed/1255985).

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 of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references].

Decision rationale: The treating dentist has not given any reason why oral/facial radiographs are necessary. Therefore, oral/facial radiographs are not medically necessary.

Pulp Vitality Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.ncbi.nlm.nih.gov/pubmed/1255985](http://www.ncbi.nlm.nih.gov/pubmed/1255985).

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).

Decision rationale: The treating dentist has not indicated which teeth need to be tested for vitality, and the reasoning why the testing is needed. Therefore, pulp vitality test is not medically necessary.

Tooth #29 Porcelain/Metal Crown Abutment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.ncbi.nlm.nih.gov/pubmed/1255985](http://www.ncbi.nlm.nih.gov/pubmed/1255985).

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).

Decision rationale: In this case, there is no documentation of a clear rationale for treatment, TMD signs and symptoms along with periodontal examination/charting, dental x-rays and caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Since there is no adequate documentation supporting the requested treatment, tooth #29 porcelain to metal crown abutment is not medically necessary at this time.

Tooth #30 Porcelain/Metal Crown Pontic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.ncbi.nlm.nih.gov/pubmed/1255985](http://www.ncbi.nlm.nih.gov/pubmed/1255985).

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).

Decision rationale: In this case, there is no documentation of a clear rationale for treatment, TMD signs and symptoms along with periodontal examination/charting, dental x-rays and caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Since there is no adequate documentation supporting the requested treatment, tooth #30 porcelain/ metal pontic is not medically necessary at this time.

Tooth #31 Porcelain/Metal Crown Abutment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.ncbi.nlm.nih.gov/pubmed/1255985](http://www.ncbi.nlm.nih.gov/pubmed/1255985).

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).

Decision rationale: In this case, there is no documentation of a clear rationale for treatment, TMD signs and symptoms along with periodontal examination/charting, dental x-rays and caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Since there is no adequate documentation supporting the requested treatment, tooth #3 porcelain/ metal abutment crown is not medically necessary at this time.

Tooth #18 Porcelain/Metal Crown Abutment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.ncbi.nlm.nih.gov/pubmed/1255985](http://www.ncbi.nlm.nih.gov/pubmed/1255985).

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).

Decision rationale: In this case, there is no documentation of a clear rationale for treatment, TMD signs and symptoms along with periodontal examination/charting, dental x-rays and caries

assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Since there is no adequate documentation supporting the requested treatment, tooth #18 porcelain/ metal abutment crown is not medically necessary at this time.

Tooth #19 Porcelain/Metal Crown Pontic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.ncbi.nlm.nih.gov/pubmed/1255985](http://www.ncbi.nlm.nih.gov/pubmed/1255985).

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).

Decision rationale: In this case, there is no documentation of a clear rationale for treatment, TMD signs and symptoms along with periodontal examination/charting, dental x-rays and caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Since there is no adequate documentation supporting the requested treatment, tooth #19 porcelain/ metal pontic is not medically necessary at this time.

Tooth #20 Porcelain/Metal Crown Abutment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.ncbi.nlm.nih.gov/pubmed/1255985](http://www.ncbi.nlm.nih.gov/pubmed/1255985).

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).

Decision rationale: In this case, there is no documentation of a clear rationale for treatment, TMD signs and symptoms along with periodontal examination/charting, dental x-rays and caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Since there is no adequate documentation supporting the requested treatment, tooth #20 porcelain/ metal abutment is not medically necessary at this time.

Occlusal Orthotic Device: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.ncbi.nlm.nih.gov/pubmed/1255985](http://www.ncbi.nlm.nih.gov/pubmed/1255985).

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: Bruxism Management , Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA. Appliance Therapy.

Decision rationale: Per medical reference stated above, and since this patient was found to have severe occlusal wear, this IMR reviewer finds the Occlusal guard to be medically necessary to prevent further tooth wear and injury to this patient.

Periodontal Scaling and Root Planning Upper Right: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTP://WWW.ncbi.nlm.nih.gov/pubmed/1255985](http://www.ncbi.nlm.nih.gov/pubmed/1255985).

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 of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references].

Decision rationale: In this case, there is no documentation of a clear rationale for treatment, TMD signs and symptoms along with periodontal examination/charting, dental x-rays and caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Since there is no adequate documentation supporting the requested treatment, scaling and root planings are not medically necessary since there is not diagnosis or findings (such as amount of bone loss, pocket depths) that support this request.

Periodontal Scaling and Root Planning Upper Left: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTP://WWW.ncbi.nlm.nih.gov/pubmed/1255985](http://www.ncbi.nlm.nih.gov/pubmed/1255985).

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 of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references].

Decision rationale: In this case, there is no documentation of a clear rationale for treatment, TMD signs and symptoms along with periodontal examination/charting, dental x-rays and caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Since there is no adequate documentation supporting the requested treatment, scaling and root planings are not medically necessary since there is not diagnosis or findings (such as amount of bone loss, pocket depths,...) that support this request.

Periodontal Scaling and Root Planning Lower Right: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.ncbi.nlm.nih.gov/pubmed/1255985](http://www.ncbi.nlm.nih.gov/pubmed/1255985).

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 of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references].

Decision rationale: In this case, there is no documentation of a clear rationale for treatment, TMD signs and symptoms along with periodontal examination/charting, dental x-rays and caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Since there is no adequate documentation supporting the requested treatment, scaling and root planings are not medically necessary since there is not diagnosis or findings (such as amount of bone loss, pocket depths,...) that support this request.

Periodontal Scaling and Root Planning Lower Left: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.ncbi.nlm.nih.gov/pubmed/1255985](http://www.ncbi.nlm.nih.gov/pubmed/1255985).

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 of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references].

Decision rationale: In this case, there is no documentation of a clear rationale for treatment, TMD signs and symptoms along with periodontal examination/charting, dental x-rays and caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Since there is no adequate documentation supporting the requested treatment, scaling and root planings are not medically necessary since there is not diagnosis or findings (such as amount of bone loss, pocket depths,...) that support this request.