

<b>Case Number:</b>	CM14-0044076		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/03/2009
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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:

This is a 54 year-old male with an 08/03/09 date of industrial injury. AME report of [REDACTED], dated 04/09/2014 concludes that bruxism arose in this patient on an industrial basis caused by the chronic pain and anxiety resulting from the specific industrial trauma sustained on August 3, 2009. AME concludes that patient responded to the pain and anxiety of his injury with bruxism and it has led to the jaw/TMJ symptoms enumerated by this patient as well as deterioration of multiple natural teeth. AME [REDACTED] states this patient requires additional dental treatment to relieve the effects of his industrial injury. This patient's primary Dentist [REDACTED] is requesting a referral to an Endodontist due to the finding of the diagnostic salivary flow test indicating xerostomia and he is requesting an endodontist consultation for this patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with endodontist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Pain Chapter, Office Visit.

**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, page(s) 127.

**Decision rationale:** It is medically necessary that an Endodontist be consulted by this patient for his dental industrially related injury. AME Dentist [REDACTED] has concluded 100% dental injury causation to be industrially related on his report dated 04/09/2014 and he recommends further dental treatment. This IMR reviewer finds the request of [REDACTED] for an Endodontist to be medically necessary. This patient may benefit from additional expertise.