

<b>Case Number:</b>	CM14-0051850		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/04/2009
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 records reveal that this patient has had an industrial injury on 05/04/2009. Her provider, is requesting ongoing dental treatment and dental specialist follow up visit. However there are no dental exam reports (detailed dental clinical notes, oral exam findings, dental diagnostic reports, etc.) available to review by this IMR reviewer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dentist ongoing Treatment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM chapter 7: Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The ongoing dental treatment is not medically necessary as there are no dental records provided by the requesting physician justifying the need for ongoing non-specific dental treatment. The defendant agrees to authorize surgical extraction of teeth number 18 and 19 and a root canal (endodontic therapy) of teeth number 6 and 11. Therefore surgical extraction of

teeth number 18 and 19 and root canal (endodontic therapy) of teeth number 6 and 11 are not medically necessary.

**Dental Specialist follow up visit:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM chapter 7: Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The records reviewed states in order to avoid a possibility of a brain abscess, and without waiving any rights, the defendant agrees to authorize surgical extraction of teeth number 18 and 19 and a root canal (endodontic therapy) of teeth number 6 and 11. Therefore this IMR reviewer finds this request of dental specialist follow up visit to be medically necessary as soon as possible to address the issues mentioned above in the stipulation and award document signed 10/02/2013. This patient will further benefit from the additional expertise to evaluate and treat the teeth mentioned above. As such, the request is medically necessary.