

<b>Case Number:</b>	CM14-0081999		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/24/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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:

The reviewed documents reveal that this is a 40 year old female with an industrial date of injury on 04/24/12 which has resulted in a chronic habit of teeth grinding/jaw clenching (bruxism) as a response to the chronic orthopedic pain and psychological difficulties. This patient also displays dry mouth/xerostomia from the side effect of industrial medications. She has also been diagnosed with myofascial pain and Capsulitis of the right TMJ with internal derangements of the left TMJ disc. Treating dentist [REDACTED] report dated 04/01/14 states: Objective findings: Percussion and palpation of the teeth was completed and all tested teeth responded normally with the exception of teeth #'s 3 and 31 which responded with pain. Decay was noted on teeth #: 2 and 31 Radiographic and clinical examination: Periapical radiolucencies were noted on teeth #'s: 2,3,4, 11 and 31 QME dentist [REDACTED] report dated 04/09/14 states:" It is my professional opinion that [REDACTED] dental complaints have in part arisen as a consequence of the injuries that she sustained as a result of above-described specific (4/24/12) and continuous trauma (3/1/11- 4/24/12) accidents. DIAGNOSES: 1. Bruxism 2. Left TMJ Disc Displacement 3. Left TMJ Capsulitis 4. Myofascial Pain 5. Excessive Attrition (incisal occlusal wear/fracture)...remaining dentition has become severely worn. In my professional opinion, this wear is in part due to her bruxism on an industrial basis. As such, [REDACTED] should be entitled to repair of these worn teeth... Once [REDACTED] dental condition does become permanent and stationary, I would recommend that she discontinue the use of her APA and resume use of her occlusal/night guard; one of the concerns of long term APA use is possible occlusal instability. Like an APA, the occlusal/night guard functions to protect the teeth and reduce parafunctional activity (bruxism). However, it does not promote anterior positioning of the condyles. Instead, it allows the condyles to rest in their most musculoskeletally stable position, thus eliminating the risk of occlusal instability. This appliance should be worn indefinitely and be replaced on an as-needed

basis for the duration of her life. "UR report dated 05/19/14 states: " In this case, it was noted that decay was noted on tooth # 2 on exam, and periapical radiolucency was noted on tooth # 2. However, there is no clear clinical indication outlined for extraction of the tooth #2 in the submitted medical records, The dental radiographs are submitted for review. Further, there is no discussion about decay or periapical radiolucency related to tooth #2 that requires extraction in the submitted AME report. Without additional information and clear rationale, the medical necessity for surgical extraction of tooth # 2 is not supported...In this case, the claimant reports clenching teeth and bracing facial musculature which resulted in the facial and jaw pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Extractions-Surgical Erupt (Tooth# 2 ): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Head Procedure Summary last updated 11/18/13 Dental Trauma

**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:** Based on the objective findings of the treating dentist and QME dentist summarized above, this IMR reviewer finds this request to be medically necessary.

#### **Bone graft and membrane for Ridge preservation (Tooth # 2 ): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Head Procedure Summary last updated 11/18/13Dental Trauma

**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: Medscape Reference. Dental Implant Placement . Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA Aust Dent J. 2014 Mar;59(1):48-56. doi: 10.1111/adj.12098. Epub 2013 Aug 6. Current perspectives on the role of ridge (socket) preservation procedures in dental implant treatment in the aesthetic zone. Kassim B1, Ivanovski S, Mattheos N.

**Decision rationale:** By referring to the citations listed above, it is found that the Bone Graft for Ridge preservation is medically necessary. This patient will be having tooth extracted, and bone graft will be necessary to preserve the ridge. This IMR reviewer finds this request to be medically necessary.

#### **Guided Tissue Regen, Resorbe: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Head Procedure Summary last updated 11/18/13Dental Trauma

**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: J Oral Implantol. 2001;27(4):187-93. Extraction site reconstruction for alveolar ridge preservation. Part 1: rationale and materials selection. Bartee BK. "Alveolar ridge resorption has long been considered an unavoidable consequence of tooth extraction. While the extent and pattern of resorption is variable among individuals

**Decision rationale:** Per medical reference mentioned above, it was found that the indications for GTR " are to gain new attachment around natural teeth, improve the aesthetics and ridge form in cases of collapsed or deformed ridges and increase the amount of available bone for osseointegrated implants." (Rosenberg, 1992) and that " Regenerative therapy can be utilized to augment edentulous ridges and improve ridge-pontic relationships as well as improve aesthetics in ridge abnormalities. Edentulous ridges augmented by GTR can have increased amount of bone height and width for endosseous implant placement." (Rosenberg, 1992) Since Guided tissue regeneration (GTR) has been found to give successful gain of bony structure for endosseous implant placement, this IMR reviewer finds the request for GTR to be a medical necessary.

**Surgical Implant Body: Endost ( Tooth # 2):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Head Procedure Summary last updated 11/18/13Dental Trauma

**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:** Based on the objective findings of the treating dentist and QME dentist summarized above, this IMR reviewer finds this request for surgical implant body (tooth#2) to be medically necessary.

**Occlusal Guard (Teeth 2 and 31) (TMJ):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Head Procedure Summary last updated 11/18/13Dental Trauma

**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 " Appliance therapy has been extensively studied from

1966 to the present day, and several extensive reviews have been published in the last 10 years. Occlusal splints are generally appreciated to prevent tooth wear and injury and perhaps reduce night time clenching or grinding behavior

**Decision rationale:** Based on the objective findings of the treating dentist and QME dentist summarized above, this IMR reviewer finds this request for occlusal guard to be medically necessary.