

Case Number:	CM14-0147544		
Date Assigned:	10/17/2014	Date of Injury:	05/02/2009
Decision Date:	01/28/2015	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/11/2014

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 Dentist 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 39 year old male patient with an industrial date of injury on May 02, 2009, which has resulted in a chronic habit of teeth grinding/jaw clenching (bruxism) as a response to the chronic orthopedic pain. This patient also displays dry mouth/xerostomia from the side effect of industrial medications that have been prescribed for them. AME Dentist report dated 09/17/13 has diagnosed this patient with Bruxism, Dry mouth and breakdown of multiple natural teeth, secondary to bruxism and xerostomia, on an industrial basis and has recommended dental treatment, including extraction of broken down and abscessed tooth #5 and replaced by a dental implant supporting an abutment/ crown. Requesting dentist is recommending removal of tooth #5, implant tooth #5, bone and graft membrane tooth #5, implant uncovering tooth #5, custom abutment tooth #5, implant crown tooth #5, guided tissue regeneration - nonresorbable barrier, occlusal guard and periodontal maintenance. UR dentist report dated 08/11/14 states "the requests for removal of the 5th tooth, implant, implant uncovering, custom abutment, and implant crown are seen as medically necessary, however, there is no additional clinical rationale for the request of bone graft and membrane. hence, the request is partially medically necessary."

IMR ISSUES, DECISIONS AND RATIONALES

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

Guided tissue regeneration, non-resorbable barrier per site: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Dental Policy Bulletin, Use of Bone Grafts in Conjunction with Apicoectomies, Extractions and/or Implants

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alpha Omegan. 1992;85(4):25-8. Guided tissue regeneration and GTAM for periodontal regenerative therapy, ridge augmentation and dental implantology. Rosenberg ES1, Cutler SA. J Oral Implantol. 2001;27(4):187-93. Extraction site reconstruction for alveolar ridge preservation. Part 1: rationale and materials selection. Barteek BK. Medscape Reference. Dental Implant Placement . Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA Aust Den

Decision rationale: In this case, tooth #5 is required to be extracted due to abscess. Per reference mentioned above, "Alveolar ridge resorption has long been considered an unavoidable consequence of tooth extraction. While the extent and pattern of resorption is variable among individuals, there is a progressive loss of ridge contour as a result of physiologic bone remodeling. Over the long term, prosthodontic complications, loss of function, and inadequate bone for the placement of dental implants may result. Guided bone regeneration techniques and the use of bone replacement materials have both been shown to enhance socket healing and modify the resorption process."(Bartee, 2001) There is evidence in the literature that has shown that "Ridge preservation techniques are effective in minimizing post-extraction alveolar ridge contraction"(Kassim B, 2014) and " In cases where there has been extensive alveolar bone loss following extraction, it may be necessary to provide bone augmentation prior to implant placement." (Burgess) Per medical references 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) A study done to compare extraction sites augmented with BBM (bovine bone mineral) with and without resorbable guided tissue regeneration (GTR) membrane coverage, found that "In the immediate postextraction phase, BBM as a grafted biomaterial preserved the socket volume and enabled newly formed bone for future implant site preparation. The amount of the osseous fraction increased with GTR membrane." (Perelman-Kamon, 2012 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 guided tissue regeneration to be medical necessary.