

Case Number:	CM14-0158034		
Date Assigned:	10/01/2014	Date of Injury:	06/29/2000
Decision Date:	09/18/2015	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Dentist

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 injured worker is a 64 year old female with an industrial injury dated 06-29-2000. The injured worker's diagnoses include internal derangement and traumatic tooth loss. Treatment consisted of two implants and a bridge in the anterior mandible and periodic follow up visits. In a progress note dated 06-07-2014, the injured worker reported that in 2003 while receiving diagnostic testing for industrial back injury, the injured worker developed prolonged seizure subsequent to a discogram. The injured worker was intubated causing trauma to teeth. The injured worker reported preexisting diastema in the anterior maxilla which increased after her seizure. The injured worker also reported development of increasing diastemas in the anterior mandible. Objective findings revealed severe gag reflex, tooth #1, 16, 17 and 32 clinically absent, pontic tooth #24, and diastema teeth # 8-9, 22-23, and 25-26. The treating physician prescribed services for referral to a prosthodontist, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a Prosthodontist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7, Page 127.

Decision rationale: Records reviewed indicate that in 2003 while receiving diagnostic testing for industrial back injury, the injured worker developed prolonged seizure subsequent to a discogram. The injured worker was intubated causing trauma to teeth. The injured worker reported preexisting diastema in the anterior maxilla which increased after her seizure. The injured worker also reported development of increasing diastemas in the anterior mandible. Objective findings revealed severe gag reflex, tooth #1, 16, 17 and 32 clinically absent, pontic tooth #24, and diastema teeth # 8-9, 22-23, and 25-26. Treating doctor is recommending referral to a prosthodontist. Based on ACOEM Guidelines, Chapter 7, Page 127, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This reviewer finds this request for referral to a prosthodontist to be medically necessary to address this patient's dental injury. This patient may benefit from additional expertise.