

Case Number:	CM14-0191332		
Date Assigned:	11/25/2014	Date of Injury:	06/10/2003
Decision Date:	05/01/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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 62 year old female, who sustained an industrial injury on June 10, 2003. She reported neck and back pain. The injured worker was diagnosed as having low back pain, sciatica, lumbar sprain, lumbar degenerative disc disorder, and lumbar spinal stenosis. Treatment to date has included medications, trigger point injections, epidural steroid injections, and electrodiagnostic studies. On April 16, 2014, she insists that the electrodiagnostic studies caused nerve damage in her leg. On May 13, 2014, she reports the pain medications she was given in the hospital gave her tooth decay. She reports that ice applications help with the pain. On October 23, 2014, a note from the oral surgeon indicates teeth #22, #23, #27, and #28 are not restorable and will need to be removed. The request is for a complete maxillary denture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete Denture Maxillary: Upheld

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 Chapter; Dental Trauma Treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

Decision rationale: In this case, there is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. Letter dated October 23, 2014, from the oral surgeon indicates teeth #22, #23, #27, and #28 are not restorable and will need to be removed and requesting complete maxillary denture. But there is insufficient clinical rationale provided on why these teeth are not restorable and why a complete maxillary denture would be better than alternative treatments. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Per the MTUS ACOEM guidelines, "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This has not been met in this case. Therefore, this request is not medically necessary.