

<b>Case Number:</b>	CM14-0204189		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	10/28/1993
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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:

Records reviewed indicate that this is a 58 year old male patient with a date of injury on 10/28/93 when he slipped and fell injuring his head, neck and back. He also displays dry mouth/xerostomia from the side effect of industrial medications that have been prescribed to him. 09/26/14 Requesting Dentist [REDACTED] DMD Report - EXAMINATION AND FINDINGS: Examination of the intra-oral tissues revealed the following: Intra-oral tissues are within normal limits. Teeth numbers 1, 3, 16, 17, 28 and 32 are missing. Teeth numbers 2, 5, 9, 14, 15, 18 (missing crown), 19, 21, 30 and 31 have crown placements with endodontic root canal treatment on teeth numbers 18, 19 and 21. There is moderate decay on teeth numbers 5, 8, 9, 10, 11, 19, 25, 26 and 30. There is moderate/severe decay on tooth number 18 with a missing crown. Teeth numbers 23, 24, 25, 26 and 27 are moderately worn down. Oral hygiene is fair. There is generalized moderate gingivitis present with infection and exudate in the upper right posterior and lower left and right posterior dental quadrants. There is generalized slight periodontal disease with slight-moderate osseous bone loss on teeth numbers 14, 18 and 19. There is generalized moderate supra-gingival and sub-gingival calculus present. There are periodontal pocket depths ranging from 3 mm to 5 mm with generalized unprovoked bleeding with exudate on teeth numbers 2, 5, 8, 14, 15, 18, 19 and 30. DIAGNOSIS: - Multiple Decayed Teeth Numbers 5, 8, 9, 10, 11, 18, 29, 25, 26 and 30. Decayed due to the effects of Medicine-Induced Xerostomia. - Missing teeth numbers 3 and 28 from previous surgical extractions - Due to the effects of Medicine Induced Xerostomia. - Swollen, Infected (with Exudate) and Bleeding Gingiva - Generalized - Due to Periodontal disease associated with bacteria-laden osseous bone loss due to the effects of Medicine Induced Xerostomia. - Temporomandibular Joint Dysfunction Myofascial Pain Dysfunction (306 0) - Moderate 05/27/14 Panel QME report of [REDACTED] DDS - Diagnosis: I-PHARMACO INDUCED XEROSTOMIA, PERIODONTITIS AND RAMPANT

DECAY WITH SUBSEQUENT LOSS OF TEETH. II- TRAUMATIC ARTHROPATHY ILLUSTRATED BY TEMPOROMANDIBULAR INTERNAL DERANGEMENT WITH AN INTERMITTENT CLOSED DISC LOCK III- MUSCULOSKELETAL PAIN DYSFUNCTION (MUSCLES, TENDONS AND LIGAMENTS HAVE BEEN DISRUPTED IN THE JAW COMPLEX AS WELL AS THE HEAD, NECK COMPLEX) EXHIBITED BY MASTICATORY PAIN DYSFUNCTION SYNDROME DEMONSTRATED BY THIS PATIENT'S ATTEMPT TO RELIEVE THE TEMPOROMANDIBULAR JOINT DYSFUNCTION AND PAIN BY CLENCHING AND GRINDING. IV- CRANIOMANDIBULAR / ORTHOPEDIC DYSFUNCTION (ILLUSTRATED BY CHRONIC HEAD, BACK AND SPINE PAIN FEEDING INTO A STRESS/PAIN CYCLE) Future Medical Care: I recommend patient completes a comprehensive dental evaluation and the dental treatment recommended by the dentist. Following his dentistry he will need to continuously have prophylactic dental cleanings as well as use the many xerostomia products available in the market to combat the dry mouth syndrome including water pick, electric tooth brush and specially formulated mouth wash to name a few... and intraoral appliance therapy 11/11/14 UR Dentist report - The guidelines recommend short term antimicrobial agents and other measures, with further consideration for permanent restorations once the patient has demonstrated the willingness to attend dental appointments and to engage in home care necessary to maintain dentition. These steps have not been completed. As such, the patient is not a candidate for the extensive restorative treatment requested.

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

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

**1 soft tissue periodontal treatment (D4341) consisting of subra-gingival and sub-gingival scaling, root planing, debridement, and curettage of the upper and lower dental arches (periodontium) utilizing injectable anesthesia with antimicrobial irrigation (D9639):**

Overtured

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Partners Dental Group and Clinics treatment planning guidelines, Dental restoration

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references]

**Decision rationale:** Per medical reference mentioned above, "Removal of supra- and sub gingival bacterial plaque biofilm and calculus by comprehensive, meticulous periodontal scaling and root planning" are part of the treatment plan for periodontal therapy (J Periodontal 2011). Since this patient has been diagnosed with periodontal disease, this IMR reviewer finds this request for root planning and scaling with antimicrobial irrigation to be medically necessary.

**1 surgical placement of a dental-implant (D6010) with an implant-retained abutment (6056) and the placement of an implant retained porcelain crown (D6059) (teeth 3, 18, 28):**

Overtured

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Partners Dental Group and Clinics treatment planning guidelines, Dental restoration

**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:** Since teeth # 18 (missing crown and severe decay), # 3, #28 are missing due to the effects of Medicine Induced Xerostomia, and per medical article referenced above, this IMR reviewer finds this request for implant retained porcelain crown medically necessary . "Dental implants, dentures, crowns, bridges, on-lays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury..." and "The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss" (ODG Head 2013). The request is medically necessary.

**1 surgical extraction of tooth number 18 (7210) with the placement of an osseous bone-preservation graft and membrane (D7953) into the surgical site (healing period of three months required for the surgical-graft to re-osseate and an additional three months of healing to integrate the dental-implant:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Partners Dental Group and Clinics treatment planning guidelines, Dental restoration

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Dental trauma treatment (facial fractures). 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:** Since teeth # 18 has moderate to severe decay with missing crown due to the effects of Medicine Induced Xerostomia, and per medical article referenced above, this IMR reviewer finds this request for surgical extraction of tooth number 18 with the placement of an osseous bone-preservation graft to prepare for implant medically necessary. "The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss" (ODG Head 2013)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 a tooth extracted, and bone graft will be necessary to preserve the ridge. This IMR reviewer finds this request to be medically necessary. "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) the request is medically necessary.

**Core build-up (D2950) and a porcelain crown placement (D2740) (teeth 8, 9, 10, 11, 19, 30):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Partners Dental Group and Clinics treatment planning guidelines, Dental restoration

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head(updated 06/04/13).

**Decision rationale:** Due to the findings of moderate decay on teeth numbers 8-11, 19 and 30, due to the effects of Medicine-Induced Xerostomia, and the medical reference mentioned above which states that " Dental implants, dentures, crowns, bridges, on-lays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury", this IMR reviewer finds this request for Core build-up and a porcelain crown placement (teeth 8, 9, 10, 11, 19, 30) as medically necessary.

**Three-surface (MOB) composite-resin restoration (D2393) (tooth #5):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Partners Dental Group and Clinics treatment planning guidelines, Dental restoration

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Adhes Dent. 2014 Dec;16(6):585-92. A Randomized 10-year Prospective Follow-up of Class II Nanohybrid and Conventional Hybrid Resin Composite Restorations. van Dijken JW, Pallesen U. Int Dent J. 2012 Oct; 62(5): 223-243. Minimal Intervention Dentistry (MID) for managing dental caries - a review Report of a FDI task group\* Jo E. Frencken,1 Mathilde C. Peters,2 David J. Manton,3 Soraya C. Leal,4 Valeria V. Gordan,5 and Ece Eden6 doi: 10.1111/idj.12007 P

**Decision rationale:** Due to the findings of moderate decay on tooth #5, including the panel QME dentist findings of rampant decay due to pharmaco induced Xerostomia, and the medical references mentioned above, this IMR reviewer finds this request for three surface composite resin restorations (tooth #5) medically necessary to treat this patient's dental condition. "Restoring multiple-surfaces in posterior teeth is best done using amalgam or resin composite materials following 'the box only' cavity design." (Frencken, 2012) and it was found by ██████████ 2014 that " The nano-hybrid and the conventional hybrid resin composite showed good clinical effectiveness in extensive Class II restorations during the 10-year study.", Permanent dentition, Carious lesions in anterior teeth should preferably be restored using a

proven anterior resin composite because of its superior aesthetic performance. The request is medically necessary.

**Four-surface (MIDL) composite-resin restoration (D2335) (teeth 25, 26):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Partners Dental Group and Clinics treatment planning guidelines, Dental restoration

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Adhes Dent. 2014 Dec;16(6):585-92. A Randomized 10-year Prospective Follow-up of Class II Nanohybrid and Conventional Hybrid Resin Composite Restorations. van Dijken JW, Pallesen U. Int Dent J. 2012 Oct; 62(5): 223-243. Minimal Intervention Dentistry (MID) for managing dental caries - a review Report of a FDI task group\* Jo E. Frencken,1 Mathilde C. Peters,2 David J. Manton,3 Soraya C. Leal,4 Valeria V. Gordan,5 and Ece Eden6 doi: 10.1111/idj.12007 P

**Decision rationale:** Due to the findings of moderate decay with worn down on teeth #25, #26 , and the panel QME dentist findings of rampant decay due to pharmaco induced Xerostomia, and the medical references mentioned above, this IMR reviewer finds this request for four surface composite resin restoration (teeth #25 & 26) medically necessary to properly treat this patient's dental condition. " Carious lesions in anterior teeth should preferably be restored using a proven anterior resin composite because of its superior aesthetic performance " (Frencken, 2012) and it was found by [REDACTED] al 2014 that " The nano-hybrid and the conventional hybrid resin composite showed good clinical effectiveness in extensive Class II restorations during the 10-year study." The request is medically necessary.

**Re-evaluation to determine whether patient requires treatment for a temporomandibular joint/myofascial pain disorder that is present at this time after the completion of his dental treatment:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Partners Dental Group and Clinics treatment planning guidelines, Dental restoration

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines

**Decision rationale:** Since panel QME dentist [REDACTED] has diagnosed this patient with musculoskeletal pain dysfunction of the jaw with masticatory pain, this IMR reviewer finds this request for TMJ re-evaluation medically necessary to further evaluate this patient's condition. Per medical reference mentioned above "Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged" (ODG). As such, the request is medically necessary.