

Case Number:	CM15-0001305		
Date Assigned:	01/12/2015	Date of Injury:	11/01/2013
Decision Date:	03/10/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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 34 year old female, who sustained an industrial injury on 11/1/13. She has reported pain and numbness in the cervical region which radiates down the left elbow. The diagnoses have included left neck pain, left shoulder pain and cervicgia. Treatment to date has included MRI's, oral and topical medications, acupuncture and physical therapy. Currently, the injured worker complains of burning, aching pain that occurs intermittently and numbness in the cervical region. She has been recommended for cervical epidurals and is waiting for authorization. The injured worker reported that she has been grinding her teeth at night for the past seven months. The treating physician requested a dental evaluation and treatment for neck pain due to grinding of teeth. Letter from patient dated 12/27/14 states that her jaws started hurting during the day and getting severe tension headaches in her temple area and her husband wakes up in the night due to her grinding teeth and "squeaking noise". She has noticed cracking and chipping multiple teeth. Treating MD [REDACTED] is requesting dental evaluation. On 12/9/14 Utilization Review non-certified a request for a dental evaluation and treatment. The UR physician cited the MTUS guidelines and ODG pain chapter. On 1/5/15, the injured worker submitted an application for IMR for review of a dental evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental evaluation and treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, pages 127 and 156 and the Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127.

Decision rationale: This IMR reviewer finds this request for dental exam to be medically necessary to address this patient's dental complaints. 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." (ACOEM 2004) This patient will benefit from additional expertise.