

<b>Case Number:</b>	CM15-0001426		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	10/29/1982
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 sustained an industrial injury on October 29, 1982. He has reported generalized aches and pains, tiredness, constant fatigue, and intolerance to cold weather. Also there was left shoulder pain restricting movement. Treatment to date included periodontal prophylaxis, fluoride varnish, use of fluoride tooth paste, xylitol containing stimulants, gum, and medications. Endontalous ridges both upper and lower show moderate to severe structural height and bulk loss. On February 12, 2015 Utilization Review non certified neuromuscular bite management TMD treatment, EMG test cranial nerves bilateral 8 channels, Comp cranial neuroscan, myocentric registration, TENS each visit, prosthetic eval/study models, CT scan tomography maxilla, CT scan tomography mandible, maxillary surgical implant index stent, surgical extraction of remaining teeth #6, #7, #8, #9, #10, #11, #12, #22, #23, #27, #28, #29, maxillary mandibular right/left alveoplasty, intermediate maxillary hybrid prosthetic transitional denture, immediate mandibular hybrid prosthetic transitional denture, modification of removal maxillary prosthesis following implant surgery, modification of removable mandibular prosthesis following implant surgery, endosseous implant, tooth #5, #8, #6, #12, #21, #24, #25, #28, implant abutment tooth #5, #8, #9, #12, #21, #24, #25, #28, Bone graft maxillary tooth #5, #8, #9, #12, #21, #24, #25, #29, Guided tissue barrier tooth #5, #8, #9, #12, #21, #24, #25, soft tissue allograft ul, ur, ll, lr quadrants, ul, ur, ll, lr quadrant biologic material to aid in soft and osseous tissue regeneration, maxillary implant fixed hybrid prosthesis, maxillary cast semi precious metal connecting bar, mandibular implant fixed hybrid prosthesis, mandibular cast semi precious metal connecting bar, night guard appliance at delivery of initial fixed hybrid temporary prosthesis and

at completion of treatment, drug medicaments dispensed antibiotic /amoxicillin, drug medicaments dispensed pain med/hydrocodone # 30, waterpik for home care, intravenous conscious sedation/analgesia per 15 minutes, Nitrous oxide analgesic per one quarter hour, and special order implants/parts 4 active RP 4.3 mm x 18, 4 active RP 4.3 x 15, 4 30 degrees multi unit active, 4 straight multi unit active, 4 17 degree multi unit active, 8 temp coping multi unit, 2 guide pin multi unit 5 plr, 2 abutment replica multi unit 5 pk citing the Official Disability Guidelines. Per [REDACTED] report dated 02/16/15, he states that this patient "has an extremely poor crown-root ratio with periodontal disease, and it is with a high degree of medical certainty that crowns and bridges would fail in a very short time following their placement. Patient has severe and poor periodontal pocketing, severe recession, swollen gums, alveolar bone loss, dry mouth, and sever gagging. Dental decay is deep, subgingival and close to the dental nerves." Page 6 of AME dentist report dated 02/09/15 of [REDACTED] states: "I would agree with [REDACTED] assessment, findings, opinions, and treatment recommendations." AME dentist has also found the causation of this patient's condition to be industrially related, in his report dated 12/05/13.

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

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

**Neuromuscular bite management/TMD treatment:** 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 Chapter, Dental Trauma Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome: | 1565-1568.

**Decision rationale:** Per reference mentioned above, "Patients presenting to the otolaryngologist with complaints such as otalgia, dizziness, tinnitus, or fullness in the ear may be experiencing the effects of craniomandibular disorders. Clinical electromyographic studies are an important aid in the treatment of craniomandibular disorders." There is inadequate documentation supporting the need for EMG test in this patient, and there are no complaints from patient of "otalgia, dizziness, tinnitus, or fullness in the ear." Therefore, this IMR reviewer finds this request for an EMG not medically necessary at this time.

**EMG tests, Cranial nerves, bilateral, eight channels:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Electromyography of masticatory muscles in

craniomandibular disorders. Cooper BC1, Cooper DL, Lucente FE. Laryngoscope. 1991 Feb;101(2):150-7. PMID:1992265 | 101(2):150-7.

**Decision rationale:** Per reference mentioned above, "Patients presenting to the otolaryngologist with complaints such as otalgia, dizziness, tinnitus, or fullness in the ear may be experiencing the effects of craniomandibular disorders. Clinical electromyographic studies are an important aid in the treatment of craniomandibular disorders." There is inadequate documentation supporting the need for EMG test in this patient, and there are no complaints from patient of "otalgia, dizziness, tinnitus, or fullness in the ear." Therefore, this IMR reviewer finds this request for an EMG not medically necessary at this time.

**Comp cranial neuroscan MKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** There is insufficient clear rationale documented to medically justify the need for this "comp cranial neuroscan MKG". Therefore, this IMR reviewer finds this request to be not medically necessary.

**Mycentric registration:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3,Chronic Pain Treatment Guidelines.

**Decision rationale:** There is insufficient clear rationale documented to medically justify the need for this "mycentric registration". Therefore, this IMR reviewer finds this request to be not medically necessary.

**TENS, each visit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

**Decision rationale:** Per medical reference mentioned above, "Tens, chronic pain, not recommended as a primary treatment modality, but a one-month home based tens trial may be

considered, evidence is lacking concerning effectiveness." This request is not for a home based tens treatment, therefore this IMR reviewer finds this request to be not medically necessary.

**Prosthetic evaluation/study models:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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] | 82(7):943-9.

**Decision rationale:** Per reference mentioned above, "medical and dental history review, clinical examination, and radiographic analysis. Microbiologic, genetic, biochemical, or other diagnostic tests may also be useful, on an individual basis, for assessing the periodontal status of selected individuals or sites. "This patient has extensive periodontal disease. , this IMR reviewer finds this request for prosthetic evaluation/study models to be necessary.

**CT scan tomography - Maxilla:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Natl J Maxillofac Surg. 2012 Jan;3(1):2-9. doi: 10.4103/0975-5950.102138. | 3(1):2-9.

**Decision rationale:** Per records reviewed and medical reference mentioned above, this IMR Reviewer finds this request for CT scan Maxilla medically necessary to properly evaluate this patient's dental health. Per medical reference mentioned above, "CT examination produced excellent image for osseous morphology and pathology."

**CT scan tomography - Mandible:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Natl J Maxillofac Surg. 2012 Jan;3(1):2-9. doi: 10.4103/0975-5950.102138. Efficacy of plain radiographs, CT scan, MRI and ultra sonography in temporomandibular joint disorders. Sinha VP1, Pradhan H, Gupta H, Mohammad S, Singh RK, Mehrotra D, Pant MC, Pradhan R. The complexity of structure and functions of the Temporomandibular Joint (TMJ) make the diagnosis of its diseases/disorders difficult. Remarkable progress made in the field of imaging of this joint led us to compare four imaging modalities viz. plain radiographs, CT scan, MRI and ultrasound. We found that MRI was most specific and sensitive for interpretation of soft tissue and inflammatory conditions in the joint,

whereas CT examination produced excellent image for osseous morphology and pathology. Plain X-rays are useful for destructive bony changes and sonography is a good in aid in diagnosing disc derangement and is very economical. PMID: 23251050 | 3(1):2-9.

**Decision rationale:** Per records reviewed and medical reference mentioned above, this IMR Reviewer finds this request for CT scan Mandible medically necessary to properly evaluate this patient's dental health. Per medical reference mentioned above, "CT examination produced excellent image for osseous morphology and pathology"

**Maxillary surgical implant index stent:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG HeadDental trauma treatment (facial fractures)

**Decision rationale:** Per reference mentioned above, "Dental implants, dentures, crowns, bridges, onlays, 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 patient will be needing implants; therefore, this IMR reviewer finds this request for maxillary surgical implant stent to be medically necessary for better implant installation accuracy. "The technique of combined use of a prosthodontic stent and 3D imaging is an efficacious and better technique in achieving an ideal position of dental implants as compared to conventional techniques using periapical and panoramic radiographs and a cast."

**Mandibular surgical implant index stent:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Dental trauma treatment (facial fractures)

**Decision rationale:** Per reference mentioned above, "Dental implants, dentures, crowns, bridges, onlays, 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 patient will be needing implants; therefore this IMR reviewer finds this request for mandibular surgical implant stent to be medically necessary for better implant installation accuracy. "The technique of combined use of a prosthodontic stent and 3D imaging is an efficacious and better technique in achieving an ideal position of dental implants as compared to conventional techniques using periapical and panoramic radiographs and a cast."

**Surgical extraction of remaining teeth (#6, #7, #8, #9, #10, #11, #12, #22, #23, #27, #28, #29):** 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 Chapter, Dental Trauma Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Dental trauma treatment (facial fractures)

**Decision rationale:** Per reference mentioned above, "Dental implants, dentures, crowns, bridges, onlays, 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." Surgical extractions will be necessary due to severely decayed and industrially aggravated teeth; therefore, this IMR reviewer finds this request to be medically necessary.

**Maxillary/mandibular right/left alveoplasty, per quad:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG HeadDental trauma treatment (facial fractures)

**Decision rationale:** Per reference mentioned above, "Dental implants, dentures, crowns, bridges, onlays, 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 patient will need implants and prosthetic transitional denture; therefore, this IMR reviewer finds this request for alveoplasty to be medically necessary.

**Immediate maxillary hybrid prosthetic transitional denture:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG HeadDental trauma treatment (facial fractures)

**Decision rationale:** Per reference mentioned above, "Dental implants, dentures, crowns, bridges, onlays, 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 patient will need multiple extractions and implants; therefore this IMR reviewer finds this request for prosthetic transitional denture to be medically necessary to restore this patient's chewing ability.

**Immediate mandibular hybrid prosthetic transitional denture:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG HeadDental trauma treatment (facial fractures)

**Decision rationale:** Per reference mentioned above, "Dental implants, dentures, crowns, bridges, onlays, 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 patient will need multiple extractions and implants; therefore, this IMR reviewer finds this request for prosthetic transitional denture to be medically necessary to restore this patient's chewing ability.

**Modification of removable maxillary prosthesis following implant surgery:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG HeadDental trauma treatment (facial fractures)

**Decision rationale:** This IMR reviewer finds this request for modification of removable maxillary prosthesis to be medically necessary to properly restore this patient's chewing ability.