

Case Number:	CM15-0004140		
Date Assigned:	01/15/2015	Date of Injury:	10/22/2008
Decision Date:	03/17/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/08/2015

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 68 year old male who sustained an industrial injury on 10/22/2008. Diagnoses include low back pain with radiation to the lower extremities, worse on the right than the left, mid back pain with radiation to her lower back, depression do to continued low back pain. Treatment has included home exercise program, medication and the use of a Transcutaneous Electrical Nerve Stimulation Unit. A physician progress note dated 10/28/2014 documented the injured worker had two upper broken teeth from a fall approximately 4/21/2013 due to her low back and legs giving out. With medication the pain level is 4-5 out of 10, and without medications it would be 9 out of 10. The treating physician is requesting a dental re-evaluation due to continued problems with her teeth as a result of her fall. On 12/23/2014 the Utilization review non-certified the request for a dental re-evaluation, and cited was Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental Re-Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 11th Edition (web), 2014, Pain, Office Visits

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

Decision rationale: 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. Since this patient has two upper broken teeth from a fall approximately due to her low back and legs giving out, this IMR reviewer finds this request for dental re-exam to be medically necessary to address this patient's dental complaints. Per medical reference mentioned above, "the plan or course of care may benefit from additional expertise" (ACOEM 2004)