

Case Number:	CM15-0102431		
Date Assigned:	06/04/2015	Date of Injury:	05/05/2009
Decision Date:	07/10/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/28/2015

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 60 year old female, who sustained an industrial injury on 5/5/2009. Diagnoses have included Xerostomia and Bruxism. Treatment to date was not documented. According to the supplemental report dated 5//2015, the injured worker complained of feeling pressure on tooth #20. It was noted that the injured worker had been prescribed many medications on an industrial basis, causing her to develop Xerostomia. Objective findings showed tooth #20 to be sensitive to percussion and palpation. The injured worker had clinical evidence of decreased salivary flow and resultant dry mucosal tissues. She had bite marks on the lateral surface of her tongue indicative of night time clenching of her teeth. Authorization was requested for root canal therapy #20, post and core #20 and crown #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Root Canal therapy, #20: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head trauma - Dental trauma treatment (facial fractures); URLs [www.ncbi.nlm.nih.gov/pubmed/11307468 - www.ncbi.nlm.nih.gov/pubmed/16163877 - www.ncbi.nlm.nih.gov/pubmed/2033546].

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) Dental trauma treatment (facial fractures).

Decision rationale: Records reviewed indicate that tooth #20 to be sensitive to percussion and palpation. Patient had clinical evidence of decreased salivary flow and resultant dry mucosal tissues with bite marks on the lateral surface of her tongue indicative of nighttime clenching of her teeth. AME [REDACTED] has examined this patient and determined that she suffers from bruxism due to her chronic pain. Treating dentist [REDACTED] report dated 06/05/15 states that occlusal guard was delivered on May 07, 2015. He indicates that symptoms of percussion and palpation pain along with her chief complaint of pressure are indicative of pulpal necrosis. His review of radiographs demonstrates a small radiolucency around the distal aspect of the apex of #20. Per medical reference mentioned above, "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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown." Therefore, this reviewer finds this request for Root Canal therapy, #20 to be medically necessary to promptly repair this patient's tooth #20.

Post and Core, #20: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head trauma - Dental trauma treatment (facial fractures); URLs [www.ncbi.nlm.nih.gov/pubmed/11307468 - www.ncbi.nlm.nih.gov/pubmed/16163877 - www.ncbi.nlm.nih.gov/pubmed/2033546].

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: Records reviewed indicate that tooth #20 to be sensitive to percussion and palpation. Patient had clinical evidence of decreased salivary flow and resultant dry mucosal tissues with bite marks on the lateral surface of her tongue indicative of nighttime clenching of her teeth. AME [REDACTED] has examined this patient and determined that she suffers from bruxism due to her chronic pain. Treating dentist [REDACTED] report dated 06/05/15 states that occlusal guard was delivered on May 07, 2015. He indicates that symptoms of percussion and palpation pain along with her chief complaint of pressure are indicative of pulpal necrosis. His review of radiographs demonstrates a small radiolucency around the distal aspect of the apex of #20. Per medical reference mentioned above, "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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown." Therefore, this reviewer finds this request for Post and Core, #20 to be medically necessary to promptly repair this patient's tooth #20.

Crown, #20: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head trauma - Dental trauma treatment (facial fractures); URLs [www.ncbi.nlm.nih.gov/pubmed/11307468 - www.ncbi.nlm.nih.gov/pubmed/16163877 - www.ncbi.nlm.nih.gov/pubmed/2033546].

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: Records reviewed indicate that tooth #20 to be sensitive to percussion and palpation. Patient had clinical evidence of decreased salivary flow and resultant dry mucosal tissues with bite marks on the lateral surface of her tongue indicative of nighttime clenching of her teeth. AME [REDACTED] has examined this patient and determined that she suffers from bruxism due to her chronic pain. Treating dentist [REDACTED] report dated 06/05/15 states that occlusal guard was delivered on May 07, 2015. He indicates that symptoms of percussion and palpation pain along with her chief complaint of pressure are indicative of pulpal necrosis. His review of radiographs demonstrates a small radiolucency around the distal aspect of the apex of #20. Per medical reference mentioned above, "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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown." Therefore, this reviewer finds this request for Crown, #20 to be medically necessary to promptly repair this patient's tooth #20.