

<b>Case Number:</b>	CM15-0108347		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	01/14/2005
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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 50 year old female who sustained an industrial injury on 1/14/05. The mechanism of injury is unclear. She currently complains of neck pain, low back and right shoulder pain. Her pain level is 6/10 with medications and 10/10 without medications. Her quality of sleep is fair. She has assistance with all activities of daily living including self-care. She achieves functional benefit from medications as she is able to ambulate with a walker and move freely. On physical exam of the cervical spine there was restricted range of motion with tenderness on [palpation of the paravertebral muscles, Spurling's maneuver causes pain. Medications are baclofen, Cymbalta, Lyrica, Lidoderm 5% Patch, Imitrex, Colace, Biotene mouthwash, Percocet, oxycontin. Diagnoses include cervical spondylosis with myelopathy; shoulder pain. On 5/6/15, Utilization Review evaluated requests for upper and lower partial X 1; 7 extractions; resin filling X 3; Perio Scaling x 4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Upper Partial x 1, Lower Partial x 1, Extractions x 7: Upheld**

**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, Dental Trauma Treatment.

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

**Decision rationale:** According to ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2), "A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder." The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases, a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear. Recent report from treating physician [REDACTED] states that patient has pain 6 on a scale of 1-10 in her neck lower back and right shoulder. Pain increased without medications. He has diagnosed this patient with cervical spondyl with myelopathy and shoulder pain. His treatment plan recommendations are to continue OxyContin, Refill Percocet, continue to have in-home care needs and referral for psych for possible pain coping skills. There are no dental records from the requesting dentist available for review. Attorney letter dated 06/04/15 requesting dentist [REDACTED] to prepare a medical-legal report supporting his initial treatment recommendations and submit that report to IMR, however this report is not available for review. UR report dated 04/02/15 record review indicates that patient presents with complaints of loss of teeth secondary to an injury. Patient also has dry mouth. Dental exam revealed unerrupted tooth #6, root tip #s 3, 4, 5, 12, 13 and 14 and deep decay in tooth #15. Teeth #'s 1, 16, 17, 19, 30, 32 were missing. CT scan findings revealed root tip #s 3,4,5,13,14 and horizontally high impaction of tooth #6. Pneumatosis of the left maxillary sinus was noted. However, in this case, there is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. Also this reviewer is not clear on which 7 teeth this dentist wants to extract and why. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. Therefore, the request is not medically necessary.

**Resin Filling x 3:** Upheld

**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.

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

**Decision rationale:** Per guidelines, a focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases, a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear. There are no dental records from the requesting dentist available for review. Attorney letter dated 06/04/15 requesting dentist [REDACTED] to prepare a medical-legal report supporting his initial treatment recommendations and submit that report to IMR, however this report is not available for review. UR report dated 04/02/15 record review indicates that patient presents with complaints of loss of teeth secondary to an injury. Patient also has dry mouth. Dental exam revealed unerupted tooth #6, root tip #s 3, 4, 5, 12, 13 and 14 and deep decay in tooth #15. Teeth #'s 1, 16, 17, 19, 30, 32 were missing. CT scan findings revealed root tip #s 3,4,5,13,14 and horizontally high impaction of tooth #6. Pneumatosis of the left maxillary sinus was noted. However, In this case, there is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. Also this reviewer is not clear on which 3 teeth needs resin fillings and why. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. Therefore, the request is not medically necessary.

**Perio Scaling x 4:** 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).

**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:** UR report dated 04/02/15 record review indicates that patient presents with complaints of loss of teeth secondary to an injury. Patient also has dry mouth. Dental exam revealed unerupted tooth #6, root tip #s 3, 4, 5, 12, 13 and 14 and deep decay in tooth #15. Teeth #'s 1, 16, 17, 19, 30, 32 were missing. CT scan findings revealed root tip #s 3,4,5,13,14 and horizontally high impaction of tooth #6. Pneumatosis of the left maxillary sinus was noted. Per medical reference mentioned above, "Removal of supra- and subgingival bacterial plaque biofilm and calculus by comprehensive, meticulous periodontal scaling and

root planning" are part of the treatment plan for periodontal therapy (J Periodontol 2011). Since this patient has been diagnosed with dry mouth and teeth decay, and considering the CT scan findings, this reviewer finds this request for perio scaling x4 to be medically necessary.