

<b>Case Number:</b>	CM15-0108447		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/29/2015
<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 49 year old male who sustained an industrial injury on 8/13/12 when he slipped and struck a wall injuring his neck, spine, and left knee. He complains that since he started the medications his mouth is dry and his gums bleed easily. In addition he has jaw pain and clicking noises in the right jaw area and his front teeth are getting shorter and sensitive to cold. The dental evaluation revealed dry mouth, moderate plaque accumulation, inflammation of the gingiva, and evidence of Bruxism. He also has back pain with tenderness in the paraspinal muscles on the left and left knee tenderness. Medications are Morphine Sulfate, and Tramadol. Diagnoses include chronic back pain with radicular symptoms; lumbar disc herniation without myelopathy; knee pain; neck pain; cervical radiculitis/neuritis; cervical disc herniation without myelopathy; chronic gingivitis. Treatments to date include medications, transcutaneous electrical nerve stimulator unit. On 5/20/15 the treating provider's plan of care included requests for Tooth #31 porcelain fused to metal crown; Teeth #7, 8, 9, 10-intentional root canals; teeth #7, 8, 9, 10, 23, 24, 25, and 26-bruxzir crowns (reinforced porcelain). The provider felt that the medications were the cause of the dental issues. Dental report dated 05/20/15 from requesting dentist states that evidence of dry mouth is clinically clear upon visual examination with moderated plaque accumulation and moderate inflammation of the gingiva. There is also evidence of bruxism in upper and lower central and lateral incisors teeth #7, 8, 9, 10, 23, 24, 25, and 26. Requesting dentist states that these teeth are severely worn out on the incisal edges which are consistent with bruxism. Dentist also states that occlusal surface and lingual cusp of tooth #31 is fractured. Dentist further recommends fabrication of Bruxzir crowns (reinforced

porcelain) on teeth #7, 8, 9, 10, 23, 24, 25, and 26 to reestablish the structural integrity and stop further deterioration of those teeth. He states intentional root canals will need to be performed on teeth #7, 8, 9, and 10 due to the close proximity of the pulp (nerve) and tooth #31 will need porcelain fused to metal crown to reestablish its structural integrity. There is also a dental treatment estimate of about \$24,000 from the requesting dentist for review. Also, on page 6 there are no interpretations of the photographs for this patient however, the actual photographs are provided for this reviewer for review. UR dentist recommends patient be treated conservatively with the occlusal guard and dental cleaning first. He states that several photographs of the patients teeth reviewed indicate some wear however it does not seem that it is extensive enough to require crowns. Based on the photographs and lack of clear description of x-rays he cannot recommend authorization for a dental restoration however he authorized occlusal guard and cleaning.

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

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

#### **Tooth #31 (porcelain fused to metal crown): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URLs [www.ncbi.nlm.nih.gov/pubmed/11252939; www.aetna.com/cpb/medical/data/1\_99/0028.html].

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head.

**Decision rationale:** Official Disability Guidelines, ODG Head Dental trauma treatment (facial fractures), Recommended. Trauma to the oral region occurs frequently and comprises 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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. 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. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants, or a removable appliance may be used. Rather than resting on the gum line like removable dentures, or using adjacent teeth as anchors like fixed bridges, dental implants are long-term replacements. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. The placement of dental implants can have deleterious effects on the growing alveolar process, and it is necessary to delay implant reconstruction until the cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included. Dental report dated 05/20/15 from requesting dentist states that evidence of dry mouth

is clinically clear upon visual examination with moderated plaque accumulation and moderate inflammation of the gingiva. Patient has also been diagnosed with bruxism. Dentist states that occlusal surface and lingual cusp of tooth #31 is fractured. Per 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" (ODG). Therefore this reviewer finds this request for Tooth #31 (porcelain fused to metal crown) medically necessary to reestablish this tooth's structural integrity.

**Teeth #7, 8, 9, and 10 - Intentional Root Canals: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URLs [www.ncbi.nlm.nih.gov/pubmed/11252939; www.aetna.com/cpb/medical/data/1\_99/0028.html].

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

**Decision rationale:** CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation MTUS July 18, 2009 page 3 - 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. 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. 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. The pictures provided were reviewed by this reviewer. However there are insufficient documentation and objective findings in the dental records provided to support these requests for Teeth #7, 8, 9, and 10 - Intentional Root Canals. Therefore the request is not medically necessary.

**Teeth #7, 8, 9, 10, 23, 24, 25, and 26 - Bruxzir crowns (reinforced porcelain): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URLs [www.ncbi.nlm.nih.gov/pubmed/11252939; www.aetna.com/cpb/medical/data/1\_99/0028.html].

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