

Case Number:	CM15-0017693		
Date Assigned:	02/06/2015	Date of Injury:	02/22/2002
Decision Date:	04/13/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/29/2015

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 57 year old who sustained an industrial injury on 02/22/2002. The injured worker had front teeth knocked out and then bridges were placed. A note dated 12/18/2014 notes tooth # 24 has radiolucency and an Apicoectomy is recommended. A physician progress note dated 01/29/2015 documents the injured worker has radiolucency with exiting root canal completed many years ago. The infection has gotten worse. An Apicoectomy is needed for this procedure because this is the only way to remove the nidus of infection in this area. Antibiotics will only serve as a temporary remedy; the infecting will continue to reoccur until the source has been treated. Treatment requested is for Outpatient Apicoectomy anterior #24, and Retro fill #24. Report of [REDACTED] dated 01/29/2015 states that an apicoectomy is needed for this procedure and this is the only way to remove the nidus of infection in this area, and antibiotics will only serve as a temporary remedy, the infection will continue to reoccur until the source has been treated. Patient hand written letter states that this procedure has already been performed with success, he is requesting a retro-authorization. On 01/23/2015 Utilization Review non-certified the request for Outpatient Apicoectomy anterior #24 and Retro fill #24, and cited was Official Disability Guidelines-Treatment in Workers Compensation-Head Trauma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Apicoectomy anterior #24: 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)-TWC Head.

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: According to the Official Disability Guidelines, "Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprise 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. "Per reference cited above, "On the basis of these results it appears that endodontic surgery offers more favorable initial success, but nonsurgical retreatment offers a more favorable long-term outcome." (Torabinejad, 2009) Therefore, Apicoectomy is not medically necessary at this time. Non-surgical Root canal retreatment has shown more long-term success.

Retro fill #24: 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)-TWC Head.

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) Recommended. Trauma to the oral region occurs frequently and comprise 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).

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