

<b>Case Number:</b>	CM15-0143348		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	07/03/2006
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 64 year old female, who sustained an industrial injury on 07-03-2006. She has reported injury to the elbow and hip. The diagnoses have included cephalgia, myalgia, capsulitis-inflammation, left temporomandibular joint, osteoarthritis, bilateral temporomandibular joints, dental caries, severe xerostomia, bruxism-clenching, chronic generalized periodontitis, acute pulpal hyperemia and irreversible pulpitis, tooth #31. Treatment to date has included medications, diagnostics, and bite-guard appliance, and dental intervention. Medications have included Hydrocodone-Acetaminophen, Gabapentin, Oxybutynin, Temazepam, Xanax, PreviDent, and PerioGard oral rinse. A progress note from the treating physician, dated 05-19-2015, documented a follow-up visit with the injured worker. The injured worker reported that food collects between teeth #2 and #3. Objective findings included comfort opening 48 mm; maximum opening 50 mm; right and left lateral excursion of 10 mm; click-pop of left temporomandibular joint; minimal pain of left temporomandibular joint; no pain or right temporomandibular joint; minimal pain to palpation of bilateral masseter, bilateral temporalis, bilateral lateral pterygoid space, bilateral medial pterygoid space, and bilateral sternocleidomastoid muscles; and #2 occlusal lingual amalgam filling pulling away from tooth edges and leaking open margins . The treatment plan has included the request for crown, tooth #2; and nitrous oxide analgesia (x4).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Crown, Tooth #2:** 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 Procedure Summary - Dental Trauma Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head.

**Decision rationale:** Recent report of [REDACTED] [REDACTED] dated 06/23/15 states that tooth #2 had the certified root canal treatment performed on 04/13/15 and that it now needs a crown. Endodontic report of [REDACTED] [REDACTED] with X-ray of root canal on tooth #2 performed on 04/13/15. In PR2 report dated 05/19/15 [REDACTED] states that #2 occlusal lingual amalgam filling pulling away from tooth edges and leaking open margins. He states that due to occlusal amalgam pulling away from the edges of tooth#2 and leaking at margins, and due to a gap between teeth's 2 and 3, a PFM crown is now required on tooth #2 to restore the tooth and close the gap between 2 and 3. 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." Therefore, based on the records reviewed and findings mentioned above, this reviewer finds this request for crown tooth #2 medically necessary to properly restore this tooth.

**Nitrous Oxide Analgesia (x4):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.guidelines.gov/content.aspx?id=15256].

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape reference: Nitrous Oxide Administration. [REDACTED], [REDACTED], [REDACTED]; Chief Editor: [REDACTED], [REDACTED].

**Decision rationale:** Records reviewed indicate that this patient has been diagnosed with psychiatric disorders, including anxiety, depressive disorder and panic attacks. Per Medscape reference mentioned above: "In dentistry, nitrous oxide is indicated to decrease the pain and anxiety associated with procedures. It is commonly delivered by a nasal mask in combination with oxygen." and that "indications in adult dental patients include anxiety, low pain tolerance, underlying psychiatric disorders, and mental retardation." Therefore this reviewer finds Nitrous oxide analgesia x4 medically necessary in the treatment of this patient to decrease the pain and anxiety during the dental procedure.