

Case Number:	CM15-0160720		
Date Assigned:	08/27/2015	Date of Injury:	07/10/2014
Decision Date:	09/29/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/17/2015

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 male, who sustained an industrial injury on 7-10-2014 when he fell off a ladder. Diagnoses include TMJ (transmandibular joint) derangement, non-restorable tooth #1 and missing teeth. Treatment to date has included diagnostics, dental work including extractions, and physical therapy. Per the TMJ Evaluation Form dated 4-17-2015, and Dental Examination dated 4-20-2015, the injured worker reported missing teeth, jaw pain, limited opening, sensitive teeth, and clenching and grinding. Physical examination revealed missing dentition (# 7, 8, 9, 10, 23, 24, 25 and 26), limited opening, jaw pain, TMJ popping, and teeth wear facets. The plan of care included, and authorization was requested for surgical splint maxillary and mandibular, TMJ Botox, steroid injections for TMJ (40mg x4), bone graft areas 7, 8, 9, 10, 23, 24, 25 and 26, guided tissue regeneration areas 7, 8, 9, 10, 23, 24, 25 and 26, implant # 7, 8, 9, 10, 23, 24, 25 and 26, and soft tissue graft areas 7, 8, 9, 10, 23, 24, 25 and 26.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Graft Area, #7, 8, 9, 10, 23, 24, 25 & 26: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ADA (American Dental Association).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2).

Decision rationale: Records reviewed indicate that patient has missing teeth, jaw pain, limited opening, sensitive teeth, and clenching and grinding. Physical examination revealed missing dentition (# 7, 8, 9, 10, 23, 24, 25 and 26), limited opening, jaw pain, TMJ popping, and teeth wear facets. As a result of the accident, patient's teeth #'s 7-10 and 23-26 were extracted on an emergency and the teeth were replaced with fixed bridges #'s 6-11 and #22-27. Letter/report of treating oral surgeon [REDACTED] DMD MD dated 04/20/15 is recommending removal of the existing bridges and replacement with implants and grafts from teeth #7-10 and # 23-26. However, there are insufficient documentation from the oral surgeon to medically justify the removal of the existing bridges and replacing them with implants. This reviewer is not clear on why the bridges need to be replaced with implants. Absent further detailed documentation and clear rationale, the medical necessity for this request for bone grafts and implants are 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. This reviewer recommends not medically necessary at this time.

Guided tissue regeneration area #7, 8, 9, 10, 23, 24, 25 & 26: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ADA (American Dental Association).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2).

Decision rationale: Records reviewed indicate that patient has missing teeth, jaw pain, limited opening, sensitive teeth, and clenching and grinding. Physical examination revealed missing dentition (# 7, 8, 9, 10, 23, 24, 25 and 26), limited opening, jaw pain, TMJ popping, and teeth wear facets. As a result of the accident, patient's teeth #'s 7-10 and 23-26 were extracted on an emergency and the teeth were replaced with fixed bridges #'s 6-11 and #22-27. Letter/report of treating oral surgeon [REDACTED] DMD MD dated 04/20/15 is recommending removal of the existing bridges and replacement with implants and grafts from teeth #7-10 and # 23-26. However, there are insufficient documentation from the oral surgeon to medically justify the removal of the existing bridges and replacing them with implants. This reviewer is not clear on why the bridges need to be replaced with implants. Absent further detailed documentation and clear rationale, the medical necessity for this request for implants and guided tissue regeneration are 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. This reviewer recommends not medically necessary at this time.

Implant #7, 8, 9, 10, 23, 24, 25 & 26: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ADA (American Dental Association).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2).

Decision rationale: Records reviewed indicate that patient has missing teeth, jaw pain, limited opening, sensitive teeth, and clenching and grinding. Physical examination revealed missing dentition (# 7, 8, 9, 10, 23, 24, 25 and 26), limited opening, jaw pain, TMJ popping, and teeth wear facets. As a result of the accident, patient's teeth #'s 7-10 and 23-26 were extracted on an emergency and the teeth were replaced with fixed bridges #'s 6-11 and #22-27. Letter/report of treating oral surgeon [REDACTED] DMD MD dated 04/20/15 is recommending removal of the existing bridges and replacement with implants and grafts from teeth #7-10 and # 23-26. However, there are insufficient documentation from the oral surgeon to medically justify the removal of the existing bridges and replacing them with implants. This reviewer is not clear on why the bridges need to be replaced with implants. Absent further detailed documentation and clear rationale, the medical necessity for this request for implants and guided tissue regeneration are 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. This reviewer recommends not medically necessary at this time.

Soft tissue graft areas #7, 8, 9, 10, 23, 24, 25 & 26: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ADA (American Dental Association).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2).

Decision rationale: Records reviewed indicate that patient has missing teeth, jaw pain, limited opening, sensitive teeth, and clenching and grinding. Physical examination revealed missing dentition (# 7, 8, 9, 10, 23, 24, 25 and 26), limited opening, jaw pain, TMJ popping, and teeth wear facets. As a result of the accident, patient's teeth #'s 7-10 and 23-26 were extracted on an emergency and the teeth were replaced with fixed bridges #'s 6-11 and #22-27. Letter/report of treating oral surgeon [REDACTED] DMD MD dated 04/20/15 is recommending removal of the existing bridges and replacement with implants and grafts from teeth #7-10 and # 23-26. However, there are insufficient documentation from the oral surgeon to medically justify the removal of the existing bridges and replacing them with implants. This reviewer is not clear on why the bridges need to be replaced with implants. Absent further detailed documentation and clear rationale, the medical necessity for this request for soft tissue graft and implants are 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. This reviewer recommends not medically necessary at this time.

Steroid Injections for TMJ 40mg times 4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Maxillofacial surgeons.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 122 of 127, Trigger point injections, Recommended only for myofascial pain syndrome as indicated below, with limited lasting value Page(s): 122.

Decision rationale: Records reviewed indicate that this patient has jaw pain, limited opening, sensitive teeth, and clenching and grinding. [REDACTED] states that patient hears popping and clicking of the joints with pain opening and closing mouth and very sensitive with eating. Patient states that he clenches and grinds ever since the accident. Per reference mentioned above, "These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination." Therefore, this reviewer finds this request for Steroid Injections for TMJ 40mg times 4 medically necessary to treat this patient's jaw pain and improve his chewing ability.

Surgical splint maxillary and mandibular: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Maxillofacial surgeons.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2).

Decision rationale: Records reviewed indicate that patient has missing teeth, jaw pain, limited opening, sensitive teeth, and clenching and grinding. Physical examination revealed missing dentition (# 7, 8, 9, 10, 23, 24, 25 and 26), limited opening, jaw pain, TMJ popping, and teeth wear facets. As a result of the accident, patient's teeth #'s 7-10 and 23-26 were extracted on an emergency and the teeth were replaced with fixed bridges #'s 6-11 and #22-27. Letter/report of treating oral surgeon [REDACTED] DMD MD dated 04/20/15 is recommending removal of the existing bridges and replacement with implants and grafts from teeth #7-10 and # 23-26. However, there are insufficient documentation from the oral surgeon to medically justify the removal of the existing bridges and replacing them with implants. This reviewer is not clear on why the bridges need to be replaced with implants. 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. Also, since this patient has not been approved for implants, this request for surgical splint maxillary and mandibular in not recommended as well. This reviewer recommends not medically necessary at this time.

TMJ Botox: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Maxillofacial surgeons.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc), 8 C.C.R. 9792.20 & 9792.26, MTUS (Effective July 18, 2009) Page 25 of 127 Page(s): 25.

Decision rationale: Records reviewed indicate that this patient has jaw pain, limited opening, sensitive teeth, and clenching and grinding. [REDACTED] states that patient hears popping and clicking of the joints with pain opening and closing mouth and very sensitive with eating. Patient states that he clenches and grinds ever since the accident. Treating oral surgeon is recommending TMJ Botox; however, MTUS guidelines do not recommend Botox injections for chronic pain disorders except for cervical dystonia, which this patient does not have. Therefore, this reviewer finds this request for TMJ Botox not medically necessary for this patient.