

Case Number:	CM15-0163468		
Date Assigned:	08/31/2015	Date of Injury:	11/25/2008
Decision Date:	10/09/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/20/2015

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 34 year old female who sustained an industrial injury on 11-25-08. Her initial complaints and the nature of the injury are unavailable for review. An Orthopedic Agreed Medical Evaluation Report, dated 7-13-15, indicates that the provider diagnosed the injured worker with "failed artificial disc surgery, lumbar spine on 6-15-12. She continued to complain of low back pain with radiation to the right lower extremity. The treatment plan at that time was for assistance through a home health aide, another spine surgery consisting of a posterior instrumented fusion, a gym membership with a pool, and physical therapy. She also was recommended to have a pain control device inserted. The PR-2, dated 7-23-15, indicates that a provider has "excused himself from the case". The objective findings of the report are illegible for review. The treatment plan was to use a car or van to transport a scooter, consult "psyche", consult dentist, and discussed a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a dentist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational medicine practice guidelines, 2nd edition, 2004, Page 127.

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

Decision rationale: Records reviewed indicate that patient continues to complain of low back pain with radiation to the right lower extremity. The treatment plan at that time was for assistance through a home health aide, another spine surgery consisting of a posterior instrumented fusion, a gym membership with a pool, and physical therapy. She also was recommended to have a pain control device inserted. Treating doctor is recommending consult with a dentist, however there is insufficient documentation on why patient needs a dental consult. Absent further detailed documentation and clear rationale, the medical necessity for this dentist consult 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. This reviewer recommends non-certification at this time and therefore is not medically necessary.