

Case Number:	CM15-0163690		
Date Assigned:	08/31/2015	Date of Injury:	01/20/2003
Decision Date:	10/22/2015	UR Denial Date:	08/13/2015
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 51-year-old male who sustained an industrial injury on 01-20-2003. Current diagnoses include odontalgia, dental caries, dental trauma, and irreversible pulpitis. Report dated 07-29-2015 noted that the injured worker presented with complaints that included pain in upper left quadrant. Dental examination performed on 07-29-2015, pulp test revealed lingering pain on cold test, and pain to percussion #15. The treatment plan included discussing treatment with patient, refer to endo for completion, create access, identify and negotiate MB, DB, and P canals, MB2 was not found, and reduce occlusion. Request for authorization dated 08-06-2015, included requests for post and core tooth #15, crown-porcelain-high noble tooth #15, facial composite tooth #4, #5, #6, and consult endodontist. The utilization review dated 08-13-2015, non-certified the request for 1 facial composite for tooth #4, #5, and #6.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) facial composite for tooth #4, #5, #6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Dental trauma treatment (facial fractures) 2014 and on HealthPartners Dental Group and Clinics treatment planning guidelines. Minneapolis (MN): HealthPartners; 2009 Mar 23.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed indicate that patient presented with complaints that included pain in upper left quadrant. Dental examination performed on 07-29-2015, pulp test revealed lingering pain on cold test, and pain to percussion #15. Dentist is recommending one (1) facial composite for tooth #4, #5, #6. However in the records provided there is insufficient documentation regarding medical necessity for this one (1) facial composite for tooth #4, #5, #6. 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. This reviewer recommends non-certification at this time. This request is not medically necessary.