

<b>Case Number:</b>	CM15-0185900		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	04/18/2008
<b>Decision Date:</b>	11/17/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 68 year old female who sustained an industrial fall injury on 04-18-2008. A review of the medical records indicated that the injured worker is undergoing treatment for multiple dental caries and 2 broken upper teeth along with concurrent treatment for right lumbar radiculopathy. According to the treating dentist report on 07-23-2015, the injured worker complained of pain all around her teeth and mouth. Oral examination by the treating dentist noted multiple caries which caused pulpal pathology consistent with the injured worker's history of dry mouth. Current medications were listed as Norco 10mg-325mg and topical analgesics. Cymbalta was discontinued in 05-2015. Treatment plan consists of use of artificial saliva or rinse constantly with water and the current request for root canal treatment with crown restorations. The provider requested authorization for extraction, surgical erupted tooth, root canal therapy the bicuspid times 2, root canal therapy anterior times 4, root canal therapy molar times 2, cast post and core in add to crown times 8, crown: ceram-porc -optional times 8, crown: porc-cera times 4, Pontic porc-cera times 4. On 09-16-2015 the Utilization Review determined the request for extraction, surgical erupted tooth, root canal therapy the bicuspid times 2, root canal therapy anterior times 4, root canal therapy molar times 2, cast post and core in add to crown times 8, crown: ceram-porc -optional times 8, crown: porc-cera times 4, Pontic porc-cera times 4 was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Crown por/cera x4: 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), Head/Dental trauma treatment (facial fractures).

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

**Decision rationale:** Records reviewed, and [REDACTED] DDS letter dated 07/23/15 states patient complained of pain and discomfort all around her teeth, patient has developed multiple caries pulp pathology, dry mouth. Dentist states that plan multiple root canal treatments with crown restorations and artificial saliva. Dentist is recommending crown por/cera x4, however it's unclear to this reviewer which teeth require this treatment. Also there are insufficient documentation of patient's current dental complaints, and specific clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. 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 finds this request not medically necessary.

**Pontic porc/cera x4: 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), Head/Dental trauma treatment (facial fractures).

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

**Decision rationale:** Records reviewed, and [REDACTED] DDS letter dated 07/23/15 states patient complained of pain and discomfort all around her teeth, patient has developed multiple caries pulp pathology, dry mouth. Dentist plans multiple root canal treatments with crown restorations and artificial saliva. Dentist is recommending Pontic porc/cera x4, however it's unclear to this reviewer which teeth require this treatment. Also there are insufficient documentation of patient's current dental complaints, and clinical examination including specific oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. 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 finds this request not medically necessary.

**Cast post & core in add to crown x8: 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), Head/Dental trauma treatment (facial fractures).

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

**Decision rationale:** Records reviewed, and [REDACTED] DDS letter dated 07/23/15 states patient complained of pain and discomfort all around her teeth, patient has developed multiple caries pulp pathology, dry mouth. Dentist plans multiple root canal treatments with crown restorations and artificial saliva. Dentist is recommending Cast post & core in add to crown x8; however it's unclear to this reviewer which teeth require this treatment. Also there are insufficient documentation of patient's current dental complaints, and clinical examination including specific oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. 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 finds this request not medically necessary.

**Root canal therapy molar x2: 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), Head/Dental trauma treatment (facial fractures).

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

**Decision rationale:** Records reviewed, and [REDACTED] DDS letter dated 07/23/15 states patient complained of pain and discomfort all around her teeth, patient has developed multiple caries pulp pathology, dry mouth. Dentist plans multiple root canal treatments with crown restorations and artificial saliva. Dentist is recommending Root canal therapy molar x2, however it's unclear to this reviewer which teeth require this treatment. Also there are insufficient documentation of patient's current dental complaints, and clinical examination including specific oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. 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 finds this request not medically necessary.

**Crown-Ceram-Porc/optional x8: 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), Head/Dental trauma treatment (facial fractures).

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

**Decision rationale:** Records reviewed, and [REDACTED] DDS letter dated 07/23/15 states patient complained of pain and discomfort all around her teeth, patient has developed multiple caries pulp pathology, dry mouth. Dentist plans multiple root canal treatments with crown restorations and artificial saliva. Dentist is recommending Crown-Ceram-Porc/optional x8; however it's unclear to this reviewer which teeth require this treatment. Also there are insufficient documentation of patient's current dental complaints, and clinical examination including specific oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. 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 finds this request not medically necessary.

**Root canal therapy anterior x4: 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), Head/Dental trauma treatment (facial fractures).

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

**Decision rationale:** Records reviewed, and [REDACTED] DDS letter dated 07/23/15 states patient complained of pain and discomfort all around her teeth, patient has developed multiple caries pulp pathology, dry mouth. Dentist plans multiple root canal treatments with crown restorations and artificial saliva. Dentist is recommending Root canal therapy anterior x4, however it's unclear to this reviewer which teeth require this treatment. Also there are insufficient documentation of patient's current dental complaints, and clinical examination including specific

oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. 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 finds this request not medically necessary.

**Root canal therapy bicuspid x2: 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), Head/Dental trauma treatment (facial fractures).

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

**Decision rationale:** Records reviewed, and [REDACTED] DDS letter dated 07/23/15 states patient complained of pain and discomfort all around her teeth, patient has developed multiple caries pulp pathology, dry mouth. Dentist plans multiple root canal treatments with crown restorations and artificial saliva. Dentist is recommending Root canal therapy bicuspid x2, however it's unclear to this reviewer which teeth require this treatment. Also there are insufficient documentation of patient's current dental complaints, and clinical examination including specific oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. 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 finds this request not medically necessary.

**Extraction surgical/erupt tooth: 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), Head/Dental trauma treatment (facial fractures).

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

**Decision rationale:** Records reviewed, and [REDACTED] DDS letter dated 07/23/15 states patient complained of pain and discomfort all around her teeth, patient has developed multiple caries pulp pathology, dry mouth. Dentist plans multiple root canal treatments with crown restorations and artificial saliva. Dentist is recommending Extraction surgical/erupt tooth, however it's

unclear to this reviewer which teeth require this treatment. Also there are insufficient documentation of patient's current dental complaints, and clinical examination including specific oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. 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 finds this request not medically necessary.