MAXIMUS Federal Services

Case Number:	CM15-0024746		
Date Assigned:	02/17/2015	Date of Injury:	11/10/2009
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/09/2015

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 54 year old male, who sustained an industrial injury on 11/10/2009. The diagnoses have included acute apical periodontitis of pulpal origin, atrophy of edentulous alveolar ridge, alveolitis of jaw, periapical abscess without sinus, other loss of teeth, neuralgia, neuritis and radiculitis unspecified, lumbago, sciatica, cervicalgia, myofascial pain and cervical radiculopathy. Treatment to date has included surgical extractions, implants, medications and porcelain ceramic crown. Currently, the IW presented for follow up of neck and upper back pain. He reported severe upper thoracic and cervical spine spasm with pain rated as 10/10. Objective findings included obvious distress with shaking and diaphoretic due to intense pain and apparent state of withdrawal. There is severe tenderness and spasm in the bilateral trapezius with light palpation and continued intense pain trapezius region with elevation above that level. On 1/20/2015, Utilization Review non-certified a request for root canal therapy tooth 27, post and core tooth 27 and dental consultation noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ODG was cited. On 2/09/2015, the injured worker submitted an application for IMR for review of root canal therapy, tooth 27, post and core tooth 27 and dental consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Root Canal Therapy Tooth 27: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Head, Dental Trauma Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprise 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. Dental implants, dentures, 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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost,

Decision rationale: Records reviewed indicated that patient has pain in the area of fracture and pain in tooth 27, it is sensitive to touch and biting. Treating dentist believes it is delayed irreversible pulpitis. He is recommending root canal therapy for tooth 27. Per reference mentioned above, "If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown". Therefore this reviewer finds this request for root canal therapy for tooth 27 medically necessary.

Post and Core Tooth 27: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Head, Dental Trauma Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprise 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. Dental implants, dentures, 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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost,

Decision rationale: Records reviewed indicated that patient has pain in the area of fracture and pain in tooth 27, it is sensitive to touch and biting. Treating dentist believes it is delayed irreversible pulpitis. He is recommending root canal therapy for tooth 27. Per reference mentioned above, "If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration". Therefore this reviewer finds this request for post and core for tooth 27 medically necessary to properly repair this patient's tooth.

Dental Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Head, Dental Trauma Treatment

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): ACOEM Guidelines, Chapter 7, Page 127.

Decision rationale: Based on ACOEM Guidelines, Chapter 7, Page 127, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This IMR reviewer finds this request for dental consult to be medically necessary to address this patient's dental injury. This patient may benefit from additional expertise.