

Case Number:	CM15-0024837		
Date Assigned:	02/17/2015	Date of Injury:	11/10/2009
Decision Date:	04/02/2015	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 11/10/09. He has reported pain in the head and neck. The diagnoses have included jaw pain, cervicgia and cervical facet joint pain. Treatment to date has included cervical epidural, MRI of the cervical spine and oral medications. The dental QME note from 6/10/14, indicated that the injured worker was unable to chew food without pain and had nerve damage consistent with a fractured mandible. As of the PR2 dated 1/5/15, the injured worker reports severe pain in the cervical spine. The treating physician noted that the injured worker was visibly distressed by pain. The treating physician requested a bone graft-socket of tooth 20, coronal build up tooth 18, implant tooth 18-20 with implant supported crown, porcelain ceramic crown tooth 18 and surgical extraction of tooth 20 and 18. On 1/20/15 Utilization Review non-certified a request for a bone graft-socket of tooth 20, coronal build up tooth 18, implant tooth 18-20 with implant supported crown, porcelain ceramic crown tooth 18 and surgical extraction of tooth 20 and 18. The utilization review physician cited the ODG guidelines for head and dental trauma. On 2/5/15, the injured worker submitted an application for IMR for review of a bone graft-socket of tooth 20, coronal build up tooth 18, implant tooth 18-20 with implant supported crown, porcelain ceramic crown tooth 18 and surgical extraction of tooth 20 and 18. Report dated 01/26/15 of [REDACTED] states that patient has lower left side pain. "The previous root canal therapy on 20 has failed, and that is the anterior abutment of a bridge. The best long term solution is to remove tooth 20, with ridge preservation bone graft and a bone graft. 19 should have an implant and possible bone graft. I will do a crown build up on 18 and a porcelain ceramic crown."

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone graft for tooth socket #20: 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 Medscape Reference. Dental Implant Placement . Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA Aust Dent J. 2014 Mar;59(1):48-56. doi: 10.1111/adj.12098. Epub 2013 Aug 6. Current perspectives on the role of ridge (socket) preservation procedures in dental implant treatment in the aesthetic zone. Kassim B1, Ivanovski S, Mattheos N."Ridge preservation techniques are effective in minimizing post-extraction alveolar ridge contraction"(Kassim B, 2014) and " In cases where there has been extensive alveolar bone loss following extraction, it may be necessary to provide bone augmentation prior to implant placement." (Burgess).

Decision rationale: Per records reviewed, previous root canal therapy on #20 has failed, and that is the anterior abutment of a bridge. Per medical reference mentioned above "Ridge preservation techniques are effective in minimizing post-extraction alveolar ridge contraction"(Kassim B, 2014) and " In cases where there has been extensive alveolar bone loss following extraction, it may be necessary to provide bone augmentation prior to implant placement." (Burgess). Therefore this reviewer finds this request for bone graft for tooth socket #20 medically necessary.

Coronal build up for tooth #18: 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), Treatment Index, 11th Edition (web), 2014, Head, Dental Trauma Treatment.

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) - A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency , intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not

necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear Page(s): 3.

Decision rationale: In this case [REDACTED] has not given a clear rationale on why his proposed dental treatment is medically necessary for teeth # 18, as oppose to other types of more conservative dental treatments. 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 IMR reviewer does not believe this has been met in this case. This IMR reviewer recommends non-certification at this time.

Dental implants with implant supported crowns for teeth #18, #19 and #20: 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), Treatment Index, 11th Edition (web), 2014, Head, Dental Trauma Treatment.

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) - A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency , intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear Page(s): 3.

Decision rationale: In this case [REDACTED] has not given a clear rationale on why his proposed dental treatment is medically necessary for teeth # 18 and 19, as oppose to other types of more conservative dental treatments. 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 IMR reviewer does not believe this has been met in this case. This IMR reviewer recommends non-certification at this time.

Surgical extraction of teeth #18 and #20: 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), Treatment Index, 11th Edition (web), 2014, Head, Dental Trauma Treatment.

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) - A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear Page(s): 3.

Decision rationale: In this case [REDACTED] has not given a clear rationale on why his proposed dental treatment is medically necessary for teeth # 18, as oppose to other types of more conservative dental treatments. 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 IMR reviewer does not believe this has been met in this case. This IMR reviewer recommends non-certification at this time.

Porcelain ceramic crown for tooth #18: 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.

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) - A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the

frequency , intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear Page(s): 3.

Decision rationale: In this case [REDACTED] has not given a clear rationale on why his proposed dental treatment is medically necessary for teeth # 18, as oppose to other types of more conservative dental treatments. 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 IMR reviewer does not believe this has been met in this case. This IMR reviewer recommends non-certification at this time.