

Case Number:	CM15-0029108		
Date Assigned:	02/23/2015	Date of Injury:	03/16/2012
Decision Date:	04/02/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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 53 year old male, who sustained an industrial injury on March 16, 2012. He has reported dental pain, chronic neck and low back pain with radiating pain to the lower extremities bilaterally. The diagnoses have included cervical radiculopathy and lumbar sprain/strain, multilevel disc protrusion, chronic lumbar pain, chronic cervical pain, facial fracture, chronic dental pain, depression, anxiety, insomnia and hypertension. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work restrictions. Currently, the IW complains of dental pain, chronic neck and low back pain with radiating pain to the lower extremities bilaterally. The injured worker reported an industrial injury in 2012, resulting in dental pain, chronic neck and low back pain with radiating pain to the lower extremities bilaterally. He was assaulted at work and required medical attention. Since the assault, dental care for broken teeth and dental pain has been denied. He reported fear, depression and anxiety as well as embarrassment from the appearance of his teeth. He reported sleep disturbances with associated frequent waking with a pounding heart and sweat. He reported chronic pains associated with the attack as well. Psychological treatments were requested and denied. Eventually he was treated with psychotherapy and continued to experience anxiety and intrusive thoughts consistent with post-traumatic stress disorder although there was noted improvement in the psychological difficulties. He stated his mind was not clear. Evaluation on November 11, 2014, revealed continued problems as previously noted. On January 30, 2015, Utilization Review non-certified a request for a panoramic film, cone beam, maxilla for implants #6, 7, 10 and 11, diagnostic casts or models and biological materials to aide tissue

regeneration, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. UR report from RISING [REDACTED] dated 01/30/2015 has certified cone beam and dental implant placement #6, #7, #10, #11 only, denying #3, #5. On February 16, 2015, the injured worker submitted an application for IMR for review of requested panoramic film, cone beam, maxilla for implants #6, 7, 10 and 11, diagnostic casts or models and biological materials to aide tissue regeneration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Panoramix film: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Implant Soc. 1995;5(5):7-11. Radiographic modalities for diagnosis and treatment planning in implant dentistry. Garg AK1, Vicari A.1 Center for Dental Implants, Division of Oral/Maxillofacial Surgery & Dentistry, University of Miami School of Medicine, Florida, USA.

Decision rationale: Per records reviewed, UR has partially certified implant placement for teeth #6, #7, #10 and #11. UR report from RISING [REDACTED] dated 01/30/2015 has certified cone beam and dental implant placement #6, #7, #10, #11 only, denying #3, #5. Per medical reference mentioned above, "the two most often employed and most applicable radiographic studies for implant treatment planning are the panoramic radiograph and tomography". Therefore this reviewer finds this request for panoramix film to be medically necessary.

Cone beam, maxilla: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Implant Soc. 1995;5(5):7-11. Radiographic modalities for diagnosis and treatment planning in implant dentistry. Garg AK1, Vicari A.1 Center for Dental Implants, Division of Oral/Maxillofacial Surgery & Dentistry, University of Miami School of Medicine, Florida, USA.

Decision rationale: Per records reviewed, UR has partially certified implant placement for teeth #6, #7, #10 and #11. Per medical reference mentioned above, "the two most often employed and most applicable radiographic studies for implant treatment planning are the panoramic radiograph and tomography". Therefore this reviewer finds this request for cone beam maxilla to be medically necessary. This will aid the dentist during implant treatment planning.

Biological materials to aid tissue regen: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Oral Implantol. 2001;27(4):187-93. Extraction site reconstruction for alveolar ridge preservation. Part 1: rationale and materials selection. Bartee BK.

Decision rationale: Per records reviewed, UR has partially certified implant placement for teeth #6, #7, #10 and #11. Per medical reference mentioned above, "Guided bone regeneration techniques and the use of bone replacement materials have both been shown to enhance socket healing and modify the resorption process." Therefore this reviewer finds this request for biological material to aid tissue regeneration medically necessary to enhance socket healing.