

Case Number:	CM15-0214099		
Date Assigned:	11/03/2015	Date of Injury:	08/13/2010
Decision Date:	12/21/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/30/2015

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 52 year old male who sustained an industrial injury on August 13, 2010. The worker is being treated for: cervical dystonia; chronic intractable neck pain secondary to cervical and lumbar degenerative disc disease with protrusion and cord impingement, chronic daily headaches, TMJ dysfunction and chronic pain syndrome. Subjective: June 23, 2015 he reported stopping medication Elavil as it caused dizziness. The Ibuprofen is helping along with Norco and Soma. There is note of pending visit for Botox injection treating headaches. He has headaches four to five times weekly, Botox injections decrease the severity. The neck pain is throbbing bilateral neck with associated spasms. There is also complaint of low back pain. August 26, 2015, and September 25, 2015 visits noted the worker reported an 80% resolution of the cervical paraspinal muscle spasms, with Botox therapy. Objective: July 22, 2015 noted administration of Botox therapy as "the patient always has good resolution of the spasms with 80% resolution noted." August 26, 2015 noted "there has been a change in circumstance with his current condition; it is impairing his ability with his current treatment." The patient is "very concentrated with his pain," and has been suffering from the severe muscle spasms and stiffness to his neck and lower back. He has been complaining of daily headaches. He appears very anxious and is ambulating with a slight antalgic gait. There is tenderness to palpate at cervical and lumbar paraspinals. Medication: July 22, 2015: Baclofen, Zanaflex. August 26, 2015 noted Soma and Norco with denials and prescribed Tizanidine, and Lidoderm patches with hopes of approval; continue with Zoloft. Treatment: April 22, 2015, July 22, 2015 noted receiving Botox therapy to cervical spine. There is additional note of having had 2 years of physical therapy

trialed. August 26, 2015 noted approval for physical therapy, with further note stating "PT would cost three times the amount of Botox therapy ; thinking Botox therapy would be more beneficial to the patient." There is additional report of participating currently in FRP; in addition, biofeedback and yoga session. September 25, 2015 visit reported the patient with "good resolution of spasms," being treated "quite well with the Botox therapy." On October 02, 2015 a request was made for first procedure dentoalveol structures to teeth numbers 4, 6, 11, and 13 that was noncertified by Utilization Review on October 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental work to teeth numbers four (4), six (6), eleven (11), and thirteen (13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation Head Procedure Summary.

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 is being treated for: cervical dystonia; chronic intractable neck pain secondary to cervical and lumbar degenerative disc disease with protrusion and cord impingement, chronic daily headaches, TMJ dysfunction and chronic pain syndrome. Patient also began to experience headaches, and loosened dental work. Records also indicate that exam reveals ill fitting upper and lower dentures and patient also has lost some teeth out of the existing dentures. Treating provider is recommending dental work to teeth numbers four (4), six (6), eleven (11), and thirteen (13). However the requesting dentist is recommending a non-specific treatment "dental work to teeth". It's unclear to this reviewer what kind of specific dental treatment this dentist is recommending for teeth numbers 4,6,11 and 13. 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 for this request. This reviewer finds this request to be not medically necessary.