

Case Number:	CM15-0041721		
Date Assigned:	03/11/2015	Date of Injury:	01/22/2010
Decision Date:	04/16/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/05/2015

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:

This 48 year old female sustained an industrial injury to the neck and low back on 1/22/10. The injured worker complained of ongoing cervical spine pain and migraines. In a dental qualified medical evaluation dated 12/17/14, the injured worker reported losing tree molars due to teeth clenching secondary to pain. The dentist's impression was that the injured worker suffered from headaches and a myofascial pain disorder associated with severe clenching of muscles of mastication that caused root fracture in teeth #18, 19, 31 and possible #20. The dentist recommended dental implant placement, a new temporomandibular splint and physical therapy for temporomandibular muscular release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Limited oral eval: 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), Head, Dental trauma treatment (facial fractures).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): Chapter 7 p. 127, 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).

Decision rationale: Records reviewed indicate that this patient has fractured tooth #18 due to teeth clenching secondary to pain. Per reference mentioned above, "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." 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." Therefore this reviewer finds this request for limited oral eval to be medically necessary to properly treat this patient's dental condition.

Endosteal implant placement of teeth #18: 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), Head, Dental trauma treatment (facial fractures).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head(updated Dental trauma treatment (facial fractures)).

Decision rationale: Records reviewed indicate that this patient has fractured tooth #18 due to teeth clenching secondary to pain. Per reference mentioned above "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...The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss." Therefore this reviewer finds this request for implant placement of teeth #18 medically necessary to properly repair this patient's tooth #18.