

Case Number:	CM15-0045336		
Date Assigned:	03/17/2015	Date of Injury:	09/05/2008
Decision Date:	04/20/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/10/2015

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 49-year-old female, who sustained an industrial injury on 09/05/2008. She reported low back pain. The injured worker is currently diagnosed as having post-laminectomy syndrome, low back pain, sciatica, narcotic dependency, fasciitis, spinal enthesopathy, lumbosacral root lesions, and chronic pain syndrome. Treatment to date has included physical therapy and medications. Dental diagnoses include generalized mild to moderate chronic periodontitis with localized severe chronic periodontitis at 3 and 19. In a dental visit note dated 02/03/2015, the injured worker presented for possible dental implant. The treating physician reported the implant #3 cannot be done due to low lying sinus and injured worker will need sinus lift prior to implant placement. In a prior dental note dated 06/18/2014, the dentist states that due to the injured worker having to take Oxycodone, Hydrocodone, and Wellbutrin, it caused xerostomia and severe decay and breakdown of many of her teeth.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sinus Lift Prior to Implant Placement of Tooth #3: 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, Septoplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head(updated 06/04/13) and Other Medical Treatment Guidelines Implant Dent. 1999;8(1):36-46. Augmentation grafting of the maxillary sinus for placement of dental implants: anatomy, physiology, and procedures. Garg AK1.

Decision rationale: Records reviewed indicate that patient presents for implant placement #3. Due to increase sinus pneumatization and a significant vertical bone defect, treating dentist is recommending indirect sinus lift and bone graft for implant placement. Per ODG reference cited above, "Rather than resting on the gum line like removable dentures, or using adjacent teeth as anchors like fixed bridges, dental implants are long-term replacements. 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." Since this patient will need an implant placed to replace tooth #3, a sinus lift is medically necessary to allow sufficient vertical bone height for the placement of implant.