

Case Number:	CM15-0050128		
Date Assigned:	03/23/2015	Date of Injury:	06/25/1991
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/17/2015

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 61 year old female, who sustained an industrial injury on June 25, 1991. She reported injury of the back. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, and chronic pain syndrome, stomatitis and mucositis, mucositis due to other drugs, xerostomia, implant failure, and TMJ dysfunction. Treatment to date has included medications, urine drug screening, magnetic resonance imaging, and laboratory evaluations. On October 1, 2014, records indicate she had 12 dental implants placed initially, then lost 4 implants, and is having pain at the site of another implant. This record indicates she is unable to wear dentures due to pain, and contact dermatitis. She has temporomandibular joint pain, and because of implant failure, she is reported to have lost bone in the upper jaw. The treatment plan includes: lower sinus grafting, placement of 6 additional implants, and a bridge fabricated on the upper jaw. The request is for posterior maxillary arch sinus grafting with six additional implants placed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 posterior maxillary arch sinus grafting with six additional implants placed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, "Comprehensive periodontal therapy: a statement by the American Academy of Periodontology".

MAXIMUS guideline: Decision based on the MTUS ACOEM Practice Guidelines, Chapter 2 General Approach to Initial Assessment and Documentation, page 3 and on the Non-MTUS Official Disability Guidelines (ODG), Head (updated 06/04/13), Dental trauma treatment (facial fractures).

Decision rationale: Records reviewed indicate that this patient had 12 dental implants placed initially, then lost 4 implants, and is having pain at the site of another implant. Requesting dentist is recommending lower sinus grafting with placement of 6 additional implants, and a bridge fabricated on the upper jaw. However, in the documents provided there is insufficient clear rationale on why the previous implants failed and why future implants will not. There is also lack of clear rationale for "six additional implants". 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 this case, the documents and rationale provided does not substantiate the proposed treatment. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. This reviewer recommends non-certification at this time for this request. Therefore, the request is not medically necessary.