

Case Number:	CM15-0052141		
Date Assigned:	03/25/2015	Date of Injury:	07/21/2013
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/19/2015

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 (n) 56 year old male, who sustained an industrial injury on 7/21/13. He reported teeth grinding/clenching related to cumulative trauma. The injured worker was diagnosed as having bruxism. Treatment to date has included a mouth guard. As of the QME in dentistry report dated 3/21/14, the injured worker reports teeth/grinding, hypersensitivity to cold and pain on biting in the lower left quadrant. The treating physician requested a root canal, crown and build-up crown on tooth #31.

IMR ISSUES, DECISIONS AND RATIONALES

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

Root Canal for Tooth #31: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head-Dental Trauma treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 3.

Decision rationale: In this case, there is insufficient documentation of patient's current dental complaints. There is also insufficient clinical/oral/periodontal examination and caries assessment to support the requests. The letter dated 02/06/15 from requesting dentist does not sufficiently document patient's subjective and objective findings. This letter also does not explain why a root canal would be better than alternative treatments. Absent further detailed documentation and clear rationale, the medical necessity for this request for root canal/crown/build-up crown #31 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 met in this case. This IMR reviewer recommends this request is not medically necessary.

Crown for Tooth #31: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head-Dental Trauma treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 3.

Decision rationale: In this case, there is insufficient documentation of patient's current dental complaints. There is also insufficient clinical/oral/periodontal examination and caries assessment to support the requests. The letter dated 02/06/15 from requesting dentist does not sufficiently document patient's subjective and objective findings. This letter also does not explain why a root canal would be better than alternative treatments. Absent further detailed documentation and clear rationale, the medical necessity for this request for root canal/crown/build-up crown #31 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 met in this case. This IMR reviewer recommends this request is not medically necessary.

Build-up crown on Tooth #31: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head-Dental Trauma treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 3.

Decision rationale: In this case, there is insufficient documentation of patient's current dental complaints. There is also insufficient clinical/oral/periodontal examination and caries assessment to support the requests. The letter dated 02/06/15 from requesting dentist does not sufficiently document patient's subjective and objective findings. This letter also does not explain why a root

canal would be better than alternative treatments. Absent further detailed documentation and clear rationale, the medical necessity for this request for root canal/crown/build-up crown #31 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 met in this case. This IMR reviewer recommends this request is not medically necessary.