

Case Number:	CM15-0052464		
Date Assigned:	03/25/2015	Date of Injury:	12/14/2000
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
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 43-year-old female, who sustained an industrial injury on December 14, 2000. The injured worker had reported a left facial abrasion, left facial and ear pain and bilateral forehead headaches related to a motor vehicle accident. The diagnoses have included temporomandibular joint dysfunction, malocclusion, myofascial pain dysfunction syndrome muscles of mastication, bruxism and tooth fracture #4. Treatment to date has included medications, physical therapy, electrodiagnostic studies and radiological studies. Current documentation dated January 21, 2015 notes that the injured worker reported pain from temporomandibular joint dysfunction, left greater than the right, pain from the jaw muscles and head, difficulty chewing, limitation of oral opening and clenching and grinding of the teeth. Physical examination revealed limitation of oral opening, temporomandibular joint dysfunction sounds and pain to percussion of tooth #28. The treating physician's plan of care included a request for a full mouth x-ray #6 distal composite, porcelain-fused-to-metal crowns #3 and #14 and one distal composite #6. Requesting dentist states that excessive space has developed between patient's teeth 2-3, 5-6 and 14-15 secondary to her TMD, bruxing and unstable occlusion. He recommends crowns and fillings to close the spaces. PFM crowns on teeth 3 and 14 to close excessive spacing and composite filling on tooth #6 to close excessive spacing.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 full mount x-ray #6 distal composite: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Pediatric Dentistry (AAPD), 2009 page 13.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape reference: Dental Abscess Workup.

Decision rationale: Records review indicate that patient has developed excessive space between teeth 2-3, 5-6 and 14-15 secondary to her TMD, bruxing and unstable occlusion. Per medical reference mentioned above, "Plain X-rays are useful for destructive bony changes" (Sinha VP 2012). Also per medical references mentioned above, "Periapical radiography is the first level of investigation. It provides a localized view of the tooth and its supporting structures. Widening of the periodontal ligament space or a poorly defined radiolucency may be noted (if there is any dental infection)" (Gould, Medscape Reference). Therefore, this reviewer finds this request for 1 full mouth X-ray to be medically necessary to properly diagnose and treat this patient's dental condition.

1 pfm crowns #3 and #14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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, Dental trauma treatment (facial fractures)

Decision rationale: Requesting dentist states that excessive space has developed between patient's teeth 2-3, 5-6 and 14-15 secondary to her TMD, bruxing and unstable occlusion. He recommends crowns and fillings to close the spaces. PFM crowns on teeth 3 and 14 to close excessive spacing and composite filling on tooth #6 to close excessive spacing. Per reference mentioned above, "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." Since excessive spacing will cause periodontal bone loss, this reviewer finds this request to be medically necessary to properly repair this patient's dental condition.

1 distal composite #6: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Partners Dental Group and Clinics caries guideline, 2013, page 69.

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

Decision rationale: Requesting dentist states that excessive space has developed between patient's teeth 2-3, 5-6 and 14-15 secondary to her TMD, bruxing and unstable occlusion. He recommends composite filling on tooth #6 to close excessive spacing. Per reference mentioned above, "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." Since excessive spacing will cause periodontal bone loss, this reviewer finds this request for 1 distal composite #6 to be medically necessary to properly repair this patient's dental condition.