MAXIMUS Federal Services

Case Number:	CM15-0054301		
Date Assigned:	04/16/2015	Date of Injury:	03/16/2012
Decision Date:	08/26/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application	03/23/2015

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 male, who sustained an industrial injury on March 16, 2012. The diagnoses have included Aspergillosis, allergic bronchopulmonary, asthma and traumatic injury to the teeth. Treatment to date has included medications, radiological studies, echocardiogram, cardiopulmonary testing and a dental examination. Per documentation dated October 4, 2013 the injured worker complained of pain and clenching of his teeth due to pain from severe coughing related to his bronchopulmonary condition. The injured worker was noted to have fractured teeth in the upper arch, facial pain and right jaw pain. The treating physician's plan of care included requests for retrospective tooth #2 extraction, bone graft and guided tissue, tooth # 12 extraction, bone graft and guided tissue, tooth # 31 extraction, bone graft and guided tissue, tooth # 12 surgical implant body, intraoral-periapical first, intraoral-periapical each, upper-radiographic/surgical implant and lower-radiographic/surgical implant. AME dentist report of [redacted] dated 10/04/13 notes that tooth #2 and tooth #12 have root tip and tooth #31 had root canal treatment done, but the root canal filling is under filled and the root may have not been filled completely, which is causing the patient to experience pain to percussion and pressure. Periodontal probing mostly 2-4 mm with the exception of tooth #15 is 6 mm and tooth#31 is 5 mm. [redacted] diagnosed this patient with traumatic injury to upper teeth, internal derangement, normal salivary flow, normal mandibular opening. The AME notes that it is with reasonable medical probability that the patient needs to restore teeth #2 and #12 on an industrial basis. Regarding tooth #31, the AME states that patient has had root canal treatment and PFM crown prior to the industrial injury on Non-Industrial basis. Tooth #31 has a root canal

treatment on non-industrial basis and the root canal filling is under filled on one of the roots which with reasonable medical probability is causing the patient pain to percussion and pressure. [redacted] recommends for the patient to be seen on Non-Industrial basis by an endodontist to see if tooth #31 needs to have root canal re treatment on non-industrial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tooth #2 extractions-surgical erupt (Retrospective dos:12/15/14): 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.

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

Decision rationale: AME dentist report of [redacted] dated 10/04/13 notes that tooth #2 and tooth #12 have root tip. [redacted] diagnosed this patient with traumatic injury to upper teeth, internal derangement, normal salivary flow, normal mandibular opening. The AME notes that it is with reasonable medical probability that the patient needs to restore teeth #2 and #12 on an industrial basis. Also [redacted] initial report has objective findings of decay on tooth #2 and fracture on tooth#12. Per medical reference mentioned above, "If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used." Therefore, this reviewer finds this request for Tooth #2 extractions-surgical erupt medically necessary to properly treat this patient's tooth #2.

Tooth #2 bone graft for ridge preserv (Retrospective dos:12/15/14): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/dental/data/DCPB0001.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Reference. Dental Implant Placement . Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA Aust Dent J. 2014 Mar; 59 (1): 48-56. doi: 10.1111/adj.12098. Epub 2013 Aug 6. Current perspectives on the role of ridge (socket) preservation procedures in dental implant treatment in the aesthetic zone. Kassim B1, Ivanovski S, Mattheos N.

Decision rationale: AME dentist report of [redacted] dated 10/04/13 notes that tooth #2 and tooth #12 have root tip. [redacted] diagnosed this patient with traumatic injury to upper teeth, internal derangement, normal salivary flow, normal mandibular opening. The AME notes that it is with reasonable medical probability that the patient needs to restore teeth #2 and #12 on an industrial basis. Also [redacted] initial report has objective findings of decay on tooth #2 and fracture on tooth#12. Per medical reference mentioned above, "Ridge preservation techniques are effective in minimizing post-extraction alveolar ridge contraction." (Kassim B, 2014) Therefore this reviewer finds this request for Tooth #2 bone graft for ridge preserve medically necessary to minimize post extraction alveolar ridge contraction and properly treat this patient's tooth #2.

Tooth #2 guided tissue regen, resorbe (Retrospective dos:12/15/14): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/dental/data/DCPB0002.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Oral Implantol. 2001; 27 (4): 187-93. Extraction site reconstruction for alveolar ridge preservation. Part 1: rationale and materials selection.

Decision rationale: AME dentist report of [redacted] dated 10/04/13 notes that tooth #2 and tooth #12 have root tip. [redacted] diagnosed this patient with traumatic injury to upper teeth, internal derangement, normal salivary flow, normal mandibular opening. The AME notes that it is with reasonable medical probability that the patient needs to restore teeth #2 and #12 on an industrial basis. Per medical reference mentioned above, it was found that the indications for guided tissue regen (GTR) "are to gain new attachment around natural teeth, improve the aesthetics and ridge form in cases of collapsed or deformed ridges and increase the amount of available bone for osseointegrated implants." (Rosenberg, 1992) and that "Regenerative therapy can be utilized to augment edentulous ridges and improve ridge-pontic relationships as well as improve aesthetics in ridge abnormalities. Edentulous ridges augmented by GTR can have increased amount of bone height and width for endosseous implant placement." (Rosenberg, 1992) Since Guided tissue regeneration (GTR) has been found to give successful gain of bony structure for endosseous implant placement, this reviewer finds the request for Tooth #2 guided tissue regen, resorbe to be medical necessary to increase the amount of available bone for implant.

Tooth #12 extractions-surgical erupt (Retrospective dos:12/15/14): 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.

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

Decision rationale: AME dentist report of [redacted] dated 10/04/13 notes that tooth #2 and tooth #12 have root tip. [redacted] diagnosed this patient with traumatic injury to upper teeth, internal derangement, normal salivary flow, normal mandibular opening. The AME notes that it is with reasonable medical probability that the patient needs to restore teeth #2 and #12 on an industrial basis. Also [redacted] initial report has objective findings of decay on tooth #2 and fracture on tooth#12. Per medical reference mentioned above, "If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used." Therefore, this reviewer finds this request for Tooth #12 extractions-surgical erupt medically necessary to properly treat this patient's tooth #2.

Tooth #12 bone graft for ridge preserv (Retrospective dos:12/15/14): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/dental/data/DCPB0001.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Reference. Dental Implant Placement . Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA Aust Dent J. 2014 Mar; 59 (1): 48-56. doi: 10.1111/adj.12098. Epub 2013 Aug 6. Current perspectives on the role of ridge (socket) preservation procedures in dental implant treatment in the aesthetic zone. Kassim B1, Ivanovski S, Mattheos N.

Decision rationale: [redacted] diagnosed this patient with traumatic injury to upper teeth, internal derangement, normal salivary flow, normal mandibular opening. The AME notes that it is with reasonable medical probability that the patient needs to restore teeth #2 and #12 on an industrial basis. Per medical reference mentioned above, "Ridge preservation techniques are effective in minimizing post-extraction alveolar ridge contraction." (Kassim B, 2014) Therefore this reviewer finds this request for Tooth #12 bone graft for ridge preserve medically necessary to minimize post extraction alveolar ridge contraction and properly treat this patient's tooth #12.

Tooth #12 guided tissue regen, resorbe (Retrospective dos:12/15/14): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/dental/data/DCPB0002.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Oral Implantol. 2001; 27 (4): 187-93. Extraction site reconstruction for alveolar ridge preservation. Part 1: rationale and materials selection.

Decision rationale: AME dentist report of [redacted] dated 10/04/13 notes that tooth #2 and tooth #12 have root tip [redacted] diagnosed this patient with traumatic injury to upper teeth, internal derangement, normal salivary flow, normal mandibular opening. The AME notes that it is with reasonable medical probability that the patient needs to restore teeth #2 and #12 on an industrial basis. Also [redacted] initial report has objective findings of decay on tooth #2 and fracture on tooth#12. Per medical reference mentioned above, it was found that the indications for guided tissue regen (GTR) "are to gain new attachment around natural teeth, improve the aesthetics and ridge form in cases of collapsed or deformed ridges and increase the amount of available bone for osseointegrated implants." (Rosenberg, 1992) and that "Regenerative therapy can be utilized to augment edentulous ridges and improve ridge-pontic relationships as well as improve aesthetics in ridge abnormalities. Edentulous ridges augmented by GTR can have increased amount of bone height and width for endosseous implant placement." (Rosenberg, 1992) Since Guided tissue regeneration (GTR) has been found to give successful gain of bony structure for endosseous implant placement, this reviewer finds the request for Tooth #12 guided tissue regen, resorbe to be a medical necessary to increase the amount of available bone for implant.

Tooth #31 extractions-surgical erupt (Retrospective dos:12/15/14): Upheld

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, 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: Regarding tooth #31, the AME states that patient has had root canal treatment and PFM crown prior to the industrial injury on Non-Industrial basis. Tooth #31 has a root canal treatment on non-industrial basis and the root canal filling is under filled on one of the roots which with reasonable medical probability is causing the patient pain to percussion and pressure. [redacted] recommends for the patient to be seen on Non-Industrial basis by an endodontist to see if tooth #31 needs to have root canal re treatment on non-industrial basis. Also there are insufficient documentation and dental report from the requesting dentist [redacted]. There are insufficient recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this request 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 sufficiently documented in this case regarding tooth #31. This reviewer recommends not medically necessary at this time.

Tooth #31 bone graft for ridge preserv (Retrospective dos:12/15/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/dental/data/DCPB0001.html.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, 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: Regarding tooth #31, the AME states that patient has had root canal treatment and PFM crown prior to the industrial injury on Non-Industrial basis. Tooth #31 has a root canal treatment on non-industrial basis and the root canal filling is under filled on one of the roots which with reasonable medical probability is causing the patient pain to percussion and pressure. [redacted] recommends for the patient to be seen on Non-Industrial basis by an endodontist to see if tooth #31 needs to have root canal re treatment on non-industrial basis. Also, there are insufficient documentation and dental report from the requesting dentist [redacted]. There are insufficient recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this request 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 sufficiently documented in this case regarding tooth #31. This reviewer recommends not medically necessary at this time.

Tooth #31 guided tissue regen, resorbe (Retrospective dos:12/15/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/dental/data/DCPB0002.html.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, 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: Regarding tooth #31, the AME states that patient has had root canal treatment and PFM crown prior to the industrial injury on Non-Industrial basis. Tooth #31 has a root canal treatment on non-industrial basis and the root canal filling is under filled on one of the roots which with reasonable medical probability is causing the patient pain to percussion and pressure. [redacted] recommends for the patient to be seen on Non-Industrial basis by an endodontist to see if tooth #31 needs to have root canal re treatment on non-industrial basis. Also there are insufficient documentation and dental report from the requesting dentist [redacted]. There are insufficient recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this request 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 sufficiently documented in this case regarding tooth #31. This reviewer recommends not medically necessary at this time.

Tooth #12 surgical implant body: ebdos (Retrospective dos:12/15/14): 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.

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

Decision rationale: AME dentist report of [redacted] dated 10/04/13 notes that tooth #2 and tooth #12 have root tip. [redacted] diagnosed this patient with traumatic injury to upper teeth, internal derangement, normal salivary flow, normal mandibular opening. The AME notes that it is with reasonable medical probability that the patient needs to restore teeth #2 and #12 on an industrial basis. Also [redacted] initial report has objective findings of decay on tooth #2 and fracture on tooth#12. Per medical 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." Therefore, this reviewer finds this request for Tooth #12 surgical implant body medically necessary to properly treat this patient's tooth number 12 on a long term basis.

Intraoral-periapical first (Retrospective dos:12/15/14): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Regence Group Dental Policy, topic: Oral Examination, section: Diagnostic policy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape reference: Dental Abscess Workup. Author: Jane M Gould, MD, FAAP; Chief Editor: Russell W Steele, MD.

Decision rationale: Based on the medical reference mentioned and the records reviewed/ summarized above, this reviewer finds this request for Intraoral periapical first to be medically necessary to better evaluate and diagnose this patient's dental condition. 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)."

Intraoral-periapical each (Retrospective dos:12/15/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Regence Group Dental Policy, topic: Oral Examination, section: Diagnostic policy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, 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: There are insufficient recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support this request for Intraoral-periapical each. Absent further detailed documentation and clear rationale, the medical necessity for this request 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 sufficiently documented in this case regarding this request. This reviewer recommends not medically necessary at this time.

Upper-radiographic/surgical implant (Retrospective dos:12/15/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3304186.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, 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: There are insufficient recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support this request for Upper-radiographic/surgical implant. Absent further detailed documentation and clear rationale, the medical necessity for this request 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 sufficiently documented in this case regarding this request. This reviewer recommends not medically necessary at this time.

Lower-radiographic/surgical implant (Retrospective dos:12/15/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3304186.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, 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: There are insufficient recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support this request for Lower-radiographic/surgical implant. Absent further detailed documentation and clear rationale, the medical necessity for this request 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 sufficiently documented in this case regarding this request. This reviewer recommends not medically necessary at this time.