

Case Number:	CM15-0057221		
Date Assigned:	04/02/2015	Date of Injury:	04/04/2001
Decision Date:	05/07/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/25/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 64-year-old who has filed a claim for chronic neck and low back pain with derivative complaints of depression, anxiety, and sleep disturbance reportedly associated with an industrial injury of April 4, 2001. In a Utilization Review report dated February 25, 2015, the claims administrator failed to approve requests for a CT scan prior to a dental implantation, a diagnostic wax-up and a laboratory fabrication of clear maxillary and mandibular dentures. The claims administrator referenced a progress note dated January 6, 2015 and a RFA form dated February 17, 2015 in its determination. The applicant's attorney subsequently appealed. In a dental note dated May 24, 2014, the applicant was described as having difficulty chewing with current dentures. The applicant had developed issues with osteomyelitis secondary to bad dentistry, it was stated. The applicant's medical history was notable for hypertension, arrhythmias, and smoking. The applicant was completely toothless; it was stated in another section of the note. A diagnostic wax-up, laboratory fabrication of clear maxillary and mandibular dentures, and a CT with radiographic guides to obtain diagnostic data prior to implantation of dentures was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan with radiographic guides for diagnostic data prior to implant treatment plan:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Oral Implantology By Kakar, 2001, page 40.

Decision rationale: Yes, the proposed CT scan with radiographic guides for diagnostic data prior to an implant treatment plan was medically necessary, medically appropriate, and indicated here. As noted in the textbook Oral Implantology by Kakar on page 40: In addition to regular diagnostic radiography, special tests such as lateral tomograms or CAT scans may be employed to gain additional information. These are especially very helpful if fixture placement is planned in maxillary or mandibular posterior areas with anatomic limitations. Here, the treating provider has suggested that the claimant is completely toothless, has various other complications of oral anatomy associated with smoking, and has seemingly indicated that the applicant is a candidate for both upper and lower dentures. Moving forward with pre-procedure CAT scanning, thus, was indicated. Therefore, the request was medically necessary.

Diagnostic wax up: Overtured

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Oral Implantology By Kakar, 2001, page 39.

Decision rationale: Similarly, the request for a diagnostic wax-up was likewise medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. As noted in the textbook Oral Implantology by Kakar on page 39: After getting a clearance from the surgeon, the restorative dentist should perform a diagnostic wax-up for the proposed prosthetic reconstruction. This step is very critical and should be performed with great care. The diagnostic workup is the blueprint for the final restoration. This helps both the surgeon and the restorative dentist to work their way backward from the blueprint of the final restoration. Here, the treating provider has suggested that the applicant has complicated oral anatomy and is completed edentulous (toothless). As suggested in Oral Implantology, a diagnostic wax-up is of critical importance in the context present here. Therefore, the request was medically necessary.

Lab fabrication of clear maxillary and mandibular dentures for radiographic guides:

Overtured

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Oral Implantology By Kakar, 2001, page 90.

Decision rationale: Finally, the request for laboratory fabrication of clear maxillary and mandibular dentures for radiographic guides was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, page 90 of the textbook Oral Implantology notes that the majority of edentulous patients are able to achieve an acceptable level of function with complete dentures. Here, the attending provider has stated that the applicant is completely toothless, is having difficulty chewing, and, thus, will likely benefit from implantation of dentures. Therefore, the request was medically necessary.