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| Case Number: | CM15-0058278 | | |
| Date Assigned: | 04/03/2015 | Date of Injury: | 01/20/2010 |
| Decision Date: | 06/15/2015 | UR Denial Date: | 03/12/2015 |
| Priority: | Standard | Application Received: | 03/26/2015 |

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 51-year-old male, who sustained an industrial injury on January 20, 2010. The injured worker reported back pain due to a fall. The injured worker was diagnosed as having cervicalgia, lumbago and cracked tooth. Treatment and diagnostic studies to date have included medication. His primary complaints are of neck and back pain. A letter dated April 2, 2015 provides the injured worker was seen in consultation from his general dentist for evaluation. Documentation notes the injured worker has had dental symptoms for approximately two years. Exam notes numerous dental issues. The plan includes extensive dental services with associated medicine and routine follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

D2760 Crown-Porcelain/High Noble Metal (Tooth Numbers: 14, 15, 08, 09) Qty 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association evidence based guidelines.

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) - A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear Page(s): 3. Decision based on Non-MTUS Citation ODG Head Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprise 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. 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. Rather than resting on the gum line like removable dentures, or using adjacent teeth as anchors like fixed bridges, dental implants are long-term replacements. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. The placement of dental implants can have deleterious effects on the growing alveolar process, and it is necessary to delay implant reconstruction until the cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included.

Decision rationale: Records reviewed indicate that this patient was injured during a fall while working. AME dentist [REDACTED] report dated 11/26/14 has diagnosed this patient with bruxism, xerostomia (slight to mild), broken chipped teeth #8, 9, 14, on industrial basis, and number 11 pulpal necrosis on a non-industrial basis. Requesting dentist is recommending multiple dental treatments. There is insufficient documentation from the requesting dentist. A fax dated 02/27/15 from [REDACTED] includes four pages of ADA claim form

requesting pre-authorization for all the procedures, but there is no dental report available from the requesting dentist [REDACTED]. There are some illegible hand written notes from [REDACTED], however there is insufficient documentation of this patient'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. This IMR reviewer recommendation is not medically necessary for this Crown-Porcelain/High Noble Metal (Tooth Numbers: 14, 15, 08, 09) at this time.

D2393 Resin Composite-3 Surfaces, Posterior (Tooth 18): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association evidence based guidelines.

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) - A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases, a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear Page(s): 3.

Decision rationale: Records reviewed indicate that this patient was injured during a fall while working. AME dentist [REDACTED] report dated 11/26/14 has diagnosed this patient with bruxism, xerostomia (slight to mild), broken chipped teeth #8, 9, 14, on industrial basis, and number 11 pulpal necrosis on a non-industrial basis. Requesting dentist is recommending multiple dental treatments. There is insufficient documentation from the requesting dentist. A fax dated 02/27/15 from [REDACTED] includes four pages of ADA claim form requesting pre-authorization for all the procedures, but there is no dental report available from the requesting dentist [REDACTED]. There are some illegible hand written notes from [REDACTED], however there is insufficient documentation of this patient'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. This IMR reviewer recommendation is not medically necessary for this Resin Composite #18 at this time.

D2392 Resin Composite-2 Surfaces, Posterior (Tooth Numbers: 19, 13) Qty 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association evidence based guidelines.

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) - A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases, a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear Page(s): 3.

Decision rationale: Records reviewed indicate that this patient was injured during a fall while working. AME dentist [REDACTED] report dated 11/26/14 has diagnosed this patient with bruxism, xerostomia (slight to mild), broken chipped teeth #8, 9, 14, on industrial basis, and number 11 pulpal necrosis on a non-industrial basis. Requesting dentist is recommending multiple dental treatments. There is insufficient documentation from the requesting dentist. A fax dated 02/27/15 from [REDACTED] includes four pages of ADA claim form requesting pre-authorization for all the procedures, but there is no dental report available from the requesting dentist [REDACTED]. There are some illegible hand written notes from [REDACTED], however there is insufficient documentation of this patient'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. This IMR reviewer recommendation is not medically necessary for this Resin Composite-2 Surfaces, Posterior (Tooth Numbers: 19, 13) Qty 2 at this time.

D4342 Periodontal Scaling And Root Planning 1-3 Teeth Per Quadrant, Qty 3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association evidence based guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7): 943-9. Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references].

Decision rationale: Records reviewed indicate that AME dentist [REDACTED] report dated 11/26/14 has diagnosed this patient with bruxism, xerostomia (slight to mild), broken chipped teeth #8, 9, 14, on industrial basis. Per medical reference mentioned above, "Removal of supra- and subgingival bacterial plaque biofilm and calculus by comprehensive, meticulous periodontal scaling and root planning" are part of the treatment plan for periodontal therapy (J Periodontol 2011). Since this patient has been diagnosed with xerostomia and bruxism by the AME dentist, this IMR reviewer finds this request for Periodontal Scaling and Root Planning 1-3 Teeth per Quadrant, Qty 3 to be medically necessary as a dental prophylaxis.

Oral Hygiene Instruction, Qty 3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association evidence based guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references].

Decision rationale: Records reviewed indicate that AME dentist [REDACTED] report dated 11/26/14 has diagnosed this patient with bruxism, xerostomia (slight to mild), broken chipped teeth #8, 9, 14, on industrial basis. Per medical reference mentioned above, "treatment should include: Patient education, training in oral hygiene, and counseling on control of risk factors "(J Periodontol 2011). Since this patient has been diagnosed with xerostomia and bruxism by the AME dentist, this IMR reviewer finds this request for Oral Hygiene Instruction, Qty 3 to be medically necessary to properly educate this patient regarding oral hygiene.

Other drugs or medications, by report, Qty 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association evidence based guidelines.

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) - A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear Page(s): 3.

Decision rationale: Records reviewed indicate that this patient was injured during a fall while working. AME dentist [REDACTED] report dated 11/26/14 has diagnosed this patient with bruxism, xerostomia (slight to mild), broken chipped teeth #8, 9, 14, on industrial basis, and number 11 pulpal necrosis on a non-industrial basis. Requesting dentist is recommending multiple dental treatments. There is insufficient documentation from the requesting dentist. A fax dated 02/27/15 from [REDACTED] includes four pages of ADA claim form requesting pre-authorization for all the procedures, but there is no dental report available from the requesting dentist [REDACTED]. There are some illegible hand written notes from [REDACTED], however there is insufficient documentation of this patient'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. This IMR reviewer recommendation is not medically necessary for this other drugs or medications, by report, Qty 2 at this time.

Application of desensitizing medication, Qty 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association evidence based guidelines.

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) - A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear Page(s): 3.

Decision rationale: Records reviewed indicate that this patient was injured during a fall while working. AME dentist [REDACTED] report dated 11/26/14 has diagnosed this patient with bruxism, xerostomia (slight to mild), broken chipped teeth #8, 9, 14, on industrial basis, and number 11 pulpal necrosis on a non-industrial basis. Requesting dentist is recommending multiple dental treatments. There is insufficient documentation from the requesting dentist. A fax dated 02/27/15 from [REDACTED] includes four pages of ADA claim form requesting pre-authorization for all the procedures, but there is no dental report available from the requesting dentist [REDACTED]. There are some illegible hand written notes from [REDACTED], however there is insufficient documentation of this patient'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. This IMR reviewer recommendation is not medically necessary for this Application of desensitizing medication, Qty 3 at this time.

Periodontal Maintenance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association evidence based guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references].

Decision rationale: Records reviewed indicate that this patient was injured during a fall while working. AME dentist [REDACTED] report dated 11/26/14 has diagnosed this patient with bruxism, xerostomia (slight to mild), broken chipped teeth #8, 9, 14, on industrial basis, and number 11 pulpal necrosis on a non-industrial basis. Even though periodontal cleaning maybe medically necessary for this patient at this time, but an indefinite request for periodontal maintenance is not medically necessary. First, there must be a dental re-evaluation performed to determine any ongoing needs. Per reference mentioned above, "periodontal evaluation and risk factors should be identified at least on an annual basis". Therefore, this reviewer finds this indefinite request for periodontal maintenance to be not medically necessary.

Periodic oral evaluation, established patient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association evidence based guidelines.

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) - A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases, a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear Page(s): 3.

Decision rationale: Records reviewed indicate that this patient was injured during a fall while working. AME dentist [REDACTED] report dated 11/26/14 has diagnosed this patient with bruxism, xerostomia (slight to mild), broken chipped teeth #8, 9, 14, on industrial basis, and number 11 pulpal necrosis on a non-industrial basis. Requesting dentist is recommending multiple dental treatments. There is insufficient documentation from the requesting dentist. A fax dated 02/27/15 from [REDACTED] includes four pages of ADA claim form requesting pre-authorization for all the procedures, but there is no dental report available from the requesting dentist [REDACTED]. There are some illegible hand written notes from [REDACTED], however there is insufficient documentation of this patient'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. Also, this request is for an indefinite periodic oral evaluations. Even though oral evaluation maybe medically necessary for this patient at this time, but an indefinite non-specific periodic evaluation is not medically necessary. First, there must be a dental re-evaluation performed to determine any ongoing needs. This IMR reviewer recommends non-certification for this Periodic oral evaluation at this time.