

<b>Case Number:</b>	CM15-0083392		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 (IW) is a 63 year old male who sustained an industrial injury on 11/26/2013 by being in a vehicular incident where he was thrown from his seat fracturing his teeth and injuring his jaw neck and back. He reported pain in the jaw, neck and back with pain in both legs and both arms. The injured worker was diagnosed as having brachial neuritis not otherwise specified; lumbosacral neuritis, not otherwise specified; and sprain in the thoracic region. Treatment to date has included a comprehensive periodontal exam and treatment plan with initial treatment, Amoxicillin, Motrin, and Norco for pain. Currently, the injured worker complains of intermittent neck pain, radiating to both shoulders with numbness to hands, intermittent middle back pain and constant lower back pain radiating to both legs with complaint of numbness and tingling. This request for authorization is related to the periodontal exam and treatment plan of 05/30/2014 and requests scaling and root planning, immediate partial denture, Extraction bone graft barrier membrane implant, root canal therapy, gingivectomy. The Utilization Review organization declined to certify the treatment at this time due to lack of clinical information. Since CA-MTUS (California Medical Treatment Utilization Schedule) ACOEM (American College of Occupational and Environmental Medicine) does not address the request for extraction bone graft barrier membrane implant, root canal therapy, gingivectomy, post and build up crown, scaling and root planning, immediate partial denture. ODG (Official Disability Guidelines Head (updated 01/21/15) -Online Version Dental Trauma Treatment (facial fractures) was cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Post and build up crown, Scaling and root planning, immediate partial denture:** 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:** Records reviewed indicate that this patient has been involved in an industrial injury causing fractured teeth and jaw injury. However this IMR request is for a non-specific treatment plan. It is unclear which specific teeth have been treatment planned for the above requested procedures. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. 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 3. 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 recommends non-certification at this time.

**Extraction bone graft barrier membrane implant, root canal therapy, gingivectomy:**  
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.

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