

Case Number:	CM14-0122619		
Date Assigned:	08/06/2014	Date of Injury:	03/07/2008
Decision Date:	11/20/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is licensed in Dentistry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Minimal records reviewed indicate that this is a 43 year old female industrially injured on 03/07/2008. She has been diagnosed with: 1. Status post C4 to C6 anterior cervical fusion. 2. Radicular symptoms to left upper extremity. 3. 8 months of good relief in radiculopathy after the epidural injection which was done on 10/10/12. 4. Stress, anxiety and insomnia. There are no dental reports available for review in all the records provided. There is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tooth #5- #12 Labial Veneer (Porceln Lam): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

Decision rationale: In this case, there is no 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 Tooth #5- #12 Labial Veneer request is not evident. This IMR reviewer recommends non-certification at this time.