

Case Number:	CM14-0065701		
Date Assigned:	07/11/2014	Date of Injury:	08/20/2007
Decision Date:	03/30/2015	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/08/2014

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. 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 47 year old male who sustained an industrial injury on 08/20/2007. He has reported daily constant headaches, dry mouth and jaw pain. He has chronic clenching and grinding of the teeth, and also complains of bleeding gums. Diagnoses include myalgia of the muscles of mastication; cephalgia; capsulitis and inflammation, bilateral TMJ (Temporomandibular Joint); Osteoarthritis (degenerative joint disease), bilateral TMJ, clenching and bruxism (grinding of the teeth); xerostomia (dry mouth); malocclusion; malrelated dental arches; chronic apical periodontitis of tooth number 14, and endolesion or periolesion of tooth number 14. Treatments to date include oral medications, an intrathecal infusion pump and a referral to appropriate specialists for psychiatric counseling, dental and peridontic care. A progress note from the treating provider dated 01/14/2014 indicates the IW has had a lumbar laminectomy and fusion (L3-4, L4-5, and L5-S1), and a cervical laminectomy (two level) fusion and has both lumbar post laminectomy syndrome and cervical post laminectomy syndrome. According to the primary treating physician report on 03/05/2014, he has constant moderate pain in tooth number 14, lost or missing teeth, numerous loose teeth, clenching and grinding of the teeth and constant slight to severe temple headaches. On exam, he had extensive vertical bone loss, and 9mm lingual recession exposing palatal root tooth number 14. There was apical radiolucency of tooth number 14, and there was generalized plaque. On 04/15/2014 Utilization Review non-certified a request for Tooth #2, PFM (porcelain fused to metal) Crown. The Official Disability Guidelines were cited

IMR ISSUES, DECISIONS AND RATIONALES

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

Tooth #2, PFM (porcelain fused to metal) Crown: 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; Dental trauma treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head(updated 06/04/13) Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprises 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

Decision rationale: Records reviewed indicate tooth #2 is with Disto Buccal caries and large filling. Therefore this reviewer finds this request for tooth #2 PFM crown to be medically necessary to properly repair this patient's dental condition. Per reference mentioned above "... 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".