

Case Number:	CM15-0114204		
Date Assigned:	06/22/2015	Date of Injury:	09/09/2013
Decision Date:	09/09/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/12/2015

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 66 year old female, who sustained an industrial injury on September 9, 2013. She reported an injury to her head with loss of consciousness. Treatment to date has included dental imaging and evaluation. Currently, the injured worker complains of ringing in the ears, balance problems, reduced sense of taste and smell, headaches, anxiety, and depression. She reports numbness in the left arm and an aching sensation in the head and posterior neck. She describes her pain as intermittent and rates the pain on average a 4 on a 10-point scale. She reports her pain is aggravated by lying down and driving and is relieved with sitting. An evaluation on April 30, 2014 revealed the injured worker reported that she was unable to chew food as well since her accident due to the fact that she is missing two crowns and her opposing teeth do not touch in some posterior areas. On examination at the April 30, 2014 evaluation, the injured worker had no clicking, popping or crepitus of the left and right transmandibular joints. An intra-oral examination reviewed carious lesion on tooth #7, ten dental implants and crown missing from tooth #1 and one fractured porcelain crown on tooth #15. The diagnoses associated with the request include missing crown on tooth #1 and fractured crown on tooth #15. The treatment plan includes root canal therapy and crown placement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Root canal therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Dental Trauma Treatment.

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).

Decision rationale: Records reviewed indicate that this patient had carious lesion on tooth #7, ten dental implants and crown missing from tooth #1 and one fractured porcelain crown on tooth #15. The diagnoses associated with the request include missing crown on tooth #1 and fractured crown on tooth #15. The treatment plan includes root canal therapy and crown placement. Supplemental panel QME report of [REDACTED] [REDACTED] dated 12/30/14 has diagnosed this patient with missing crown on tooth #1, fractured crown on #15, moderately deep abfractions on facial gingival surfaces of teeth #4, 11, 22, 28, mesial and lingual caries #7, moderate bone loss on lower right implants teeth #30-31, sleep apnea and class I malocclusion. Crown is missing on tooth #1 along with a fractured crown on #15. However there are no reports available from the treating dentist [REDACTED] of [REDACTED] and this reviewer is not clear on which teeth require the root canal therapy as being requested on the IMR application. This request is vague and not specific and there are insufficient documentation from the requesting dentist. Absent further detailed documentation and clear rationale for a specific treatment per specific tooth, the medical necessity for this vague 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. The request is not medically necessary.

Orthotic management and training x12: 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), Dental Trauma Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome: Cranio. 2002 Oct; 20(4):244-53. Temporomandibular disorder treatment outcomes: second report of a large-scale prospective clinical study. Brown DT, Gaudet EL Jr.

Decision rationale: Records reviewed indicate that this patient has ongoing symptoms of myofascial facial muscle pain, class I malocclusion and moderate occlusal wear on all anterior teeth. Per reference mentioned above, "For those whose symptoms persist, stage 2 therapy is initiated. home therapy and medications are continued, but at this point, a bite appliance is made for the patient." Since this patient has been diagnosed with occlusal wear and myofascial pain of the facial muscles, this reviewer finds this request for Orthotic management and training x12 to be medically necessary to treat this patient's myofascial facial pain and prevent further occlusal wear.

Crown placement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Dental Trauma Treatment.

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).

Decision rationale: The treatment plan includes root canal therapy and crown placement. Supplemental panel QME report of [REDACTED] [REDACTED] dated 12/30/14 has diagnosed this patient with missing crown on tooth #1, fractured crown on #15, moderately deep abfractions on facial gingival surfaces of teeth #4, 11, 22, 28, mesial and lingual caries #7, moderate bone loss on lower right implants teeth #30-31, sleep apnea and class I malocclusion. Crown is missing on tooth #1 along with a fractured crown on #15. However there are no reports available from the treating dentist [REDACTED] of [REDACTED] and this reviewer is not clear on which teeth require the crown placement as being requested on the IMR application. This request is vague and not specific and there are insufficient documentation from the requesting dentist. Absent further detailed documentation and clear rationale for a specific treatment per specific tooth, the medical necessity for this vague 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. The request is not medically necessary.

Core build up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Dental Trauma Treatment.

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).

Decision rationale: Records reviewed indicate that this patient had carious lesion on tooth #7, ten dental implants and crown missing from tooth #1 and one fractured porcelain crown on tooth #15. The diagnoses associated with the request include missing crown on tooth #1 and fractured crown on tooth #15. The treatment plan includes root canal therapy and crown placement. Supplemental panel QME report of [REDACTED] [REDACTED] dated 12/30/14 has diagnosed this patient with missing crown on tooth #1, fractured crown on #15, moderately deep abfractions on facial gingival surfaces of teeth #4, 11, 22, 28, mesial and lingual caries #7, moderate bone loss on lower right implants teeth #30-31, sleep apnea and class I malocclusion. Crown is missing on tooth #1 along with a fractured crown on #15. However there are no reports available from the treating dentist [REDACTED] of [REDACTED] and this reviewer is not clear on which teeth require the core build up as being requested on the IMR application. This request is vague

and not specific and there are insufficient documentation from the requesting dentist. Absent further detailed documentation and clear rationale for a specific treatment per specific tooth, the medical necessity for this vague 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. The request is not medically necessary.

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 (ODG), Dental Trauma Treatment.

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).

Decision rationale: Records reviewed indicate that this patient had carious lesion on tooth #7, ten dental implants and crown missing from tooth #1 and one fractured porcelain crown on tooth #15. The diagnoses associated with the request include missing crown on tooth #1 and fractured crown on tooth #15. The treatment plan includes root canal therapy and crown placement. Supplemental panel QME report of [REDACTED] [REDACTED] dated 12/30/14 has diagnosed this patient with missing crown on tooth #1, fractured crown on #15, moderately deep abfractions on facial gingival surfaces of teeth #4, 11, 22, 28, mesial and lingual caries #7, moderate bone loss on lower right implants teeth #30-31, sleep apnea and class I malocclusion. Crown is missing on tooth #1 along with a fractured crown on #15. However there are no reports available from the treating dentist [REDACTED] of [REDACTED] and this reviewer is not clear on which teeth require the gingivectomy as being requested on the IMR application. This request is vague and not specific and there are insufficient documentation from the requesting dentist. Absent further detailed documentation and clear rationale for a specific treatment per specific tooth, the medical necessity for this vague 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. The request is not medically necessary.

Insertion and articulation: 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), Dental Trauma Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome.

Decision rationale: Records reviewed indicate that this patient has ongoing symptoms of myofascial facial muscle pain, class I malocclusion and moderate occlusal wear on all anterior teeth. Per reference mentioned above, "For those whose symptoms persist, stage 2 therapy is

initiated. Home therapy and medications are continued, but at this point, a bite appliance is made for the patient." Since this patient has been diagnosed with occlusal wear and myofascial pain of the facial muscles, this reviewer finds this request for Insertion and articulation of a interdental device to be medically necessary to treat this patient's myofascial facial pain and prevent further occlusal wear.