

Case Number:	CM15-0115665		
Date Assigned:	06/23/2015	Date of Injury:	08/08/2000
Decision Date:	08/25/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/15/2015

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 43 year old male, who sustained an industrial injury on August 8, 2000, incurring back pain after heavy lifting. He was diagnosed with multilevel lumbar degenerative disc disease with herniation, lumbar pseudoarthritis with impingement on the nerve roots with radiculopathy. Treatment included chiropractic sessions, pain medications, transcutaneous electrical stimulation, surgical discectomy and laminectomy in 2001. In 2002, the injured worker underwent a three level fusion and removal of hardware. Currently, the injured worker complained of rotting teeth secondary to grinding his teeth from dry mouth caused by the persistent use of opioids. Currently, treatment included neuropathic medications, analgesic patches, proton pump inhibitor and muscle relaxants. The injured worker complained of jaw and face pain. The treatment plan that was requested for authorization included unknown future dental teeth implants, laboratory testing, pre surgical consultation and Pro Max 3D imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown future dental implants to teeth #2, #3, #4, #12, #13, #14 and #15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Partners Dental Group and Clinics Treatment planning guidelines: Mar 2009, pg 60.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 has rotting teeth secondary to grinding his teeth from dry mouth caused by the persistent use of opioids. Letter dated 05/14/15 from requesting dentist [REDACTED] states that patient was noted to have experience loss of all maxillary posterior teeth with concomitant bone to support tooth replacement dental implants in the upper left and upper right. His defects are very symmetrical. AME Dentist report dated 02/27/13 of [REDACTED] has diagnosed this patient with Bruxism, xerostomia, TMJ synovitis and myofascial pain, GERD and multiple dental caries and missing teeth (#1,2,3,4,5,14,17,18,19,21,28,29,31,32). Per reference mentioned above, "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". Therefore, this reviewer finds this request for dental implants to teeth #2, #3, #4, #12, #13, #14 and #15 medically necessary to properly treat this patient's dental condition on a long-term basis.

Plasma rich protein draw: 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: Records reviewed indicate that this patient has rotting teeth secondary to grinding his teeth from dry mouth caused by the persistent use of opioids. Letter dated 05/14/15 from requesting dentist [REDACTED] states that patient was noted to have experience loss of all maxillary posterior teeth with concomitant bone to support tooth replacement dental implants in the upper left and upper right. His defects are very symmetrical. Sites #2, 3, 4, 13, 14, 15 will require sinus augmentation prior to implant placement. During the surgery demineralized freeze dried bone from the bone bank will fill the void left from bone loss associated with these lost teeth. [REDACTED] states that it is necessary to use PRP tech for maximum benefit since this patient has a large void. He will also harvest bone from his tuberosity areas bilaterally to augment this area and encourage bone growth and consolidation. However, in the records provided, there is insufficient documentation regarding the medical necessity of for this plasma rich protein draw. 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 regarding the request for plasma rich protein draw. The request is not medically necessary.

Pre surgical consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, CA Official Medical Fee Schedule, 1999 edition, pg 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

Decision rationale: Records reviewed indicate that this patient has rotting teeth secondary to grinding his teeth from dry mouth caused by the persistent use of opioids. Letter dated 05/14/15 from requesting dentist [REDACTED] states that patient was noted to have experience loss of all maxillary posterior teeth with concomitant bone to support tooth replacement dental implants in the upper left and upper right. His defects are very symmetrical. Sites #2, 3, 4, 13, 14, 15 will require sinus augmentation prior to implant placement. During the surgery demineralized freeze dried bone from the bone bank will fill the void left from bone loss associated with these lost teeth. Based on ACOEM Guidelines, Chapter 7, Page 127, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Therefore, this reviewer finds this request for pre surgical consultation to be medically necessary to address this patient's dental injury. This patient will benefit from additional

expertise during the pre surgical consultation since the sinus lift surgery is a high-level detailed surgery.

1 ProMax 3D: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Partners Dental Group and Clinics Treatment planning guidelines: Mar 2009, pg 10.

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

Decision rationale: Records reviewed indicate that this patient has rotting teeth secondary to grinding his teeth from dry mouth caused by the persistent use of opioids. Letter dated 05/14/15 from requesting dentist [REDACTED] states that patient was noted to have experience loss of all maxillary posterior teeth with concomitant bone to support tooth replacement dental implants in the upper left and upper right. His defects are very symmetrical. Sites #2, 3, 4, 13, 14, 15 will require sinus augmentation prior to implant placement. 1 sinus augmentation bump for teeth #2 and 15 has been authorized by UR along with 1 bone replacement and 1 resorb membranes for teeth 2, 3, 4, 13, 14, 15 and 1 panoramic film. Since this patient has already been approved for 1 panoramic film, this reviewer finds this additional request for 1 ProMax 3d not medically necessary. In the records provided, there is insufficient documentation regarding the need for this additional ProMax 3D imaging. 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 regarding the request for a ProMax3D. This reviewer recommends non-certification at this time as the request is not medically necessary.