

Case Number:	CM15-0119179		
Date Assigned:	06/29/2015	Date of Injury:	03/07/2001
Decision Date:	08/04/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/19/2015

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 53 year old male who sustained an industrial injury on 03/07/2001. He reported picking up a piece of luggage and feeling a popping sound in his back followed by immediate pain in the back. He has been treated for injury to his neck, upper back and shoulders. The injured worker was diagnosed as having chronic neck pain, and chronic back pain. Treatment to date has included low back surgery, shoulder surgery (both shoulders), and neck surgery with medications and medication management with psychiatric support. Medications include Nexium, Seroquel, Valium, Gabapentin, Baclofen, Percocet, and duloxetine. Currently, the injured worker complains of pain and sensitivity in his teeth from significant dental decay due to the effects of Medicine-Induced Xerostomia. He complains of being unable to adequately chew his food due to ongoing dental problems, and has difficulty sleeping due to pain in his teeth and gums. He also complains of difficulty speaking due to dental pain and associated facial pain. Objectively he is missing teeth numbers 9,16,19,30, and 32. Tooth number 31 is mobile with generalized sub-gingival root decay. Tooth #7 is hopelessly decayed. Teeth numbers 1, 2, 3, 5, 8, 10, 11, 12, 13, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 25, 26, 27, 28, and 29 are moderately decayed. There is generalized moderate gingivitis with infection and exudate in the upper anterior dental sextant with localized slight periodontal disease and slight osseous bone loss in the lower anterior dental sextant. There is generalized moderate subra-gingival and sub-gingival calculus present and there are periodontal pocket depths ranging from 3mm to 6mm with generalized unprovoked bleeding with exudate on teeth numbers 6, 7, and 8. Periodontal tissues are generally pink and have generalized sponginess

with red-line borders around the teeth lacking stippling. Occlusion is stable bilaterally. Occlusal examination revealed adequate centric contacts with a stable occlusal-bite reference. The diagnoses after examination are: Multiple decayed 1, 2, 3, 5, 8, 10, 11, 12, 13, 14, 15, 16, 17,18, 20, 21, 22, 23, 24, 25, 26, 27, 28, and 29 and hopeless teeth Numbers 7 and 31, decayed due to the effects of medicine-Induced Xerostomia; swollen, infected (with exudate) and bleeding Gingiva, Generalized-due to periodontal disease associated with bacteria-laden osseous bone loss due to the effects of Medicine-Induced Xerostomia; Cephalgia; Myalgia; muscle spasm-localized; and tinnitus secondary due to infected decayed teeth and possibly a temporomandibular joint disorder. The treatment plan includes tooth extractions, surgical crown lengthening, endodontic root canals, resin composite fillings, and osseous bone grafts with dental implants. Requests for authorization were made for the following: Extraction of teeth 23, 24, 25, and 26, osseous bone graft, implant plate, teeth 23, 26, osseous bone graft, teeth 24, 25, surgical placement implant, endosteal, teeth 23, 26 and implant bridge, teeth 23, 24, 25 and 26.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extraction of teeth 23, 24, 25, and 26, osseous bone graft, implant plate, teeth 23, 26, osseous bone graft, teeth 24, 25, surgical placement implant, endosteal, teeth 23, 26 and implant bridge, teeth 23, 24, 25 and 26: 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. Decision based on Non-MTUS Citation ODG Head Dental trauma treatment (facial fractures).

Decision rationale: Letter dated 05/20/15 from requesting dentist [REDACTED] states that patient presented with significant moderate dental pain with gingival swelling and exudate in his lower anterior dental sextant. The teeth were splinted together to try to achieve stability and monitored for several weeks. He further states that on 05/13/15 examination and radiographs reveals hopeless tooth mobility on teeth numbers 23-26. Due to the extent of tooth mobility, he is recommending that teeth numbers 23-26 be surgically extracted with osseous bone-grafts placements, placement of dental implants on teeth numbers 23 and 26 and the placement of a four unit implant retained bridge including abutment for teeth numbers 23-26. Per medical reference mentioned above, "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". At this time, the request for Extraction of teeth 23, 24, 25, and 26 may be medically necessary due to the hopeless mobility of these teeth. However, the medical necessity for the requests for osseous bone graft, implant plate, teeth 23, 26, osseous bone graft, teeth 24,25, surgical placement implant, endosteal, teeth 23, 26 and implant bridge, teeth 23, 24, 25 and 26, is not apparent at this point. Therefore, this request is not medically necessary at this time.