

<b>Case Number:</b>	CM15-0124002		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	01/20/2010
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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:

This 51 year old female sustained an industrial injury on 1/20/10. She subsequently reported back pain. Diagnoses include bilateral temporomandibular joint dysfunction, cervical degenerative disc disease and spondylosis and lumbago. Treatments to date include MRI testing and prescription pain medications. The injured worker continues to experience low back pain with radiation to the bilateral lower extremities. Upon examination, decreased light touch over the right L4 and L5 dermatomal distribution, slightly antalgic gait and straight leg raising was positive bilaterally. A request for Veneers of teeth #23, #24, #25, #27, #22 and #26 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Veneers of teeth #23, #24, #25, #27, #22 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 (ODG) Head.

**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 bilateral temporomandibular joint dysfunction, cervical degenerative disc disease and spondylosis and lumbago. Treating dentist is requesting Veneers of teeth #23, #24, #25, #27, #22 and #26. However, in this case, there are insufficient documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the request for multiple veneers. 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. This reviewer recommends non-certification at this time. The request is not medically necessary.