

Case Number:	CM15-0126578		
Date Assigned:	07/13/2015	Date of Injury:	07/03/2006
Decision Date:	08/13/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/30/2015

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 64 year old female who sustained an industrial injury on 07/03/06. Initial complaints and diagnoses are not available. Treatments to date include multiple oral appliances and dental procedures. Diagnostic studies are not addressed. Current complaints include food getting caught around teeth #s 30 and 31. Current diagnoses include cephalgia, myalgia, capsulitis/inflammation left temporomandibular joint, osteoarthritis bilateral temporomandibular joint, severe xerostomia, dental carries teeth 3s 3, 4, 13, 14, 30, S and 31; chronic generalized periodontitis, and acute pulpal hyperemia and chronic infection tooth #14. In a progress note dated 05/19/15 the treating provider reports the plan of care as a crown for tooth #2 and 4 units of nitrous oxide. The requested treatments include a crown for tooth #2 and 4 units of nitrous oxide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tooth #2 PFM Crown: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/3522870J> Prosthet Dent. 1986 Jul; 56(1):1-3.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head.

Decision rationale: Records reviewed indicate that on 05/19/15 patient presents with complaints that food collects in between #2 and 3, examination revealed occlusal lingual amalgam filling of #2 is pulling away from tooth edges and leaking open margins. Provider states due to occlusal amalgam pulling away from the edges of tooth #2 and leaking at margins, and due to a gap between teeth #2 and 3 a PFM crown is now required on tooth #2 to restore the tooth and close the gap. 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". Since in this patient's occlusal lingual amalgam filling of #2 is pulling away from tooth edges and leaking open margins and food collects between #2 and 3, this provider finds this request for Tooth #2 PFM Crown to be medically necessary to promptly repair this patient's tooth #2.

Nitrous Oxide Analgesia (per 15 mins) x4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2515463/Anesth Prog. 1892 May-Jun; 29\(3\): 78- 80 PMID: PMC 2515463 Nitrous Oxide Analgesia in Selected Dental Patients.](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2515463/Anesth Prog. 1892 May-Jun; 29(3): 78- 80 PMID: PMC 2515463 Nitrous Oxide Analgesia in Selected Dental Patients.)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape reference: Nitrous Oxide Administration. Nili N Alai, MD, FAAD; Chief Editor: Rick Kulkarni, MD.

Decision rationale: Records reviewed indicate that this patient has been diagnosed with major depressive disorder (single episode), with generalized anxiety disorder with panic and psychological factors affecting medical condition. Per Medscape reference mentioned above: "In dentistry, nitrous oxide is indicated to decrease the pain and anxiety associated with procedures. It is commonly delivered by a nasal mask in combination with oxygen." and that "indications in adult dental patients include anxiety, low pain tolerance, underlying psychiatric disorders, and mental retardation." Since this patient has been diagnosed with depressive and anxiety disorder, this reviewer finds this request for Nitrous Oxide Analgesia (per 15 mins) x4 medically necessary in the treatment of this patient to decrease the pain and anxiety associated with the dental procedures.