

Case Number:	CM15-0127548		
Date Assigned:	07/14/2015	Date of Injury:	07/19/2001
Decision Date:	08/21/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/01/2015

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 45-year-old female with an industrial injury dated 07/19/2001. Her diagnoses included severe right eye blepharospasm and trigeminal neuralgia, lower back pain; medication induced dental decay, and dental reconstruction needed, severe chronic industrial depression. Prior treatment included prior dental work and treatment for other industrial injuries. She presented on 04/22/2015 post hospital visit for 10 days for asthma and pain. She was complaining of cervical spine and bilateral hand pain. Her daughter was performing all activities of daily living for her mother since 2001. The injured worker had decreased visual acuity, neck pain, soreness, stiffness, right arm and hand pain, right knee pain, headaches and lower back pain. Objective findings included photophobia with severe right blepharospasm. There was decreased pinprick and light touch to the left hand with skin rash. She had severe dental problems status post two frontal caps, left upper, and lower molar missing and right upper molar chipped. Lower incisor was discolored. Treatment plan included dental evaluation and treatment for medication induced dental decay and dental reconstruction. Treatment request is for core buildup times 4, crown removal and restorability check times 10, crown times 15 and implant crowns times 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Implant Crowns x 8: 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, Dental trauma treatment (facial fractures).

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 has been involved in an industrial injury resulting in medication induced dental decay. The IMR application from requesting dentist [REDACTED] is recommending implant crowns x8, core buildup x4, crown x15 and crown removal and restorability check x 10. The requesting dentist is recommending a non-specific treatment plan on the IMR application to treat teeth. It is unclear to the reviewer which dental treatment is for which teeth. Absent further detailed documentation and clear rationale for a specific dental treatment plan per specific teeth (documented on the IMR application), 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 on the IMR application in this case. This reviewer recommends this request is not medically necessary at this time.

Core Buildup x 4: 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, Dental trauma treatment (facial fractures).

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 has been involved in an industrial injury resulting in medication induced dental decay. The IMR application from requesting dentist [REDACTED] is recommending implant crowns x8, core buildup x4, crown x15 and crown removal and restorability check x 10. The requesting dentist is recommending a non-specific treatment plan on the IMR application to treat teeth. It is unclear to the reviewer which dental treatment is for which teeth. Absent further detailed documentation and clear rationale for a specific dental treatment plan per specific teeth (documented on the IMR application), 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 on the IMR application in this case. This reviewer recommends the request is not medically necessary at this time.

Crown x 15: 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, Dental trauma treatment (facial fractures).

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 has been involved in an industrial injury resulting in medication induced dental decay. The IMR application from requesting dentist [REDACTED] is recommending implant crowns x8, core buildup x4, crown x15 and crown removal and restorability check x 10. The requesting dentist is recommending a non-specific treatment plan on the IMR application to treat teeth. It is unclear to the reviewer which dental treatment is for which teeth. Absent further detailed documentation and clear rationale for a specific dental treatment plan per specific teeth (documented on the IMR application), 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 on the IMR application in this case. This reviewer recommends the request is not medically necessary at this time.

Crown Removal & Restorability Check x 10: 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, Dental trauma treatment (facial fractures).

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 has been involved in an industrial injury resulting in medication induced dental decay. The IMR application from requesting dentist [REDACTED] is recommending implant crowns x8, core buildup x4, crown x15 and crown removal and restorability check x 10. The requesting dentist is recommending a non-specific treatment plan on the IMR application to treat teeth. It is unclear to the reviewer which dental treatment is for which teeth. Absent further detailed documentation and clear rationale for a specific dental treatment plan per specific teeth (documented on the IMR application), 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 on the IMR application in this case. This reviewer recommends the request is not medically necessary at this time.