MAXIMUS Federal Services

Case Number:	CM15-0173321		
Date Assigned:	09/15/2015	Date of Injury:	03/14/2003
Decision Date:	10/20/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/02/2015

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 50 year old male, who sustained an industrial-work injury on 3-14-03. He reported initial complaints of pain in back. The injured worker was diagnosed as having DDD (degenerative disc disease) at L4-5 and L5-S1, bone on bone at L5-S1, unhealing abdominal wound with flap status post laminectomy surgery, post laminectomy syndrome, TMJ (temporomandibular joint), bruxism, xerostomia. Treatment to date has included medication, physical therapy, acupuncture, surgery (spinal fusion at 8-25-04, abdominal flap, debridement and repair of abdominal wound with grafting), and mouth guard. Currently, the injured worker complains of chronic back pain, left knee pain and anxiety. Per the primary physician's progress report (PR-2) on 6-29-15, there was sleep disturbance and anxiety that interfered with ADL's (activities of daily living). A dental follow up was done for symptoms of TMJ (temporo-mandibular joint) pain, bruxism, and xerostomia. Current plan of care includes dental restoration. The Request for Authorization date was 8-5-15 and requested service included Custom abutment tooth #4, tooth #13 x 2. The Utilization Review on 8-7-15 modified the request for Abutment tooth #4 and #13 (not #13X2) due to #4, #13, #15 are the teeth that need an implant and these are the teeth that need to have the abutment attachment to the implant and is medically necessary to restore function after teeth have been damaged in relation to injury and lack of saliva that increased decay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom abutment tooth #4, tooth #13 x 2: 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).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed indicate patient has symptoms of TMJ pain, bruxism, and xerostomia. Current plan of care includes dental restoration. The Request for Authorization date was 8-5-15 and requested service included Custom abutment tooth #4, tooth #13 x 2. The Utilization Review on 8-7-15 modified the request for Abutment tooth #4 and #13 (not #13 X2). In this case there is insufficient documentation to support the request for custom abutment tooth #13 x2. 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 and therefore is not medically necessary.