

Case Number:	CM15-0173911		
Date Assigned:	09/23/2015	Date of Injury:	01/21/1998
Decision Date:	11/12/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/03/2015

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 female, who sustained an industrial injury on January 21, 1998. She reported immediate low back pain. The current medical diagnoses included encounter for long-term use of other medications, post-lumbar laminectomy syndrome, low back pain, disc disorder lumbar and chronic pain syndrome. Treatment to date has included medications, dental care, physical therapy and chiropractic treatment. On August 18, 2015, notes stated that the injured worker complained of whole mouth pain. She was noted to have xerostoma from narcotic use due to her injury. She was reported to be taking clindamycin for dental abscess. Notes stated that she needs all upper teeth removed 5, 6, 7, 8, 9, 10, 11, 12, and 13 along with an immediate denture. She will also need a reline in about four months from placement, restorative treatment on lowers 21, 22, 25, 27 and 28, root canals post, crowns 23, 24, composite fillings, valplast Partial to replace missing teeth 20-18 and 29-31 and prescription for Norco medication. On August 26, 2015, utilization review denied a request for one reline in four months after placement, four restorative treatment on lower teeth for tooth #21, 22, 25, 27 and 28, one mand partial flex base incl cl and one reline complete maxillary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 reline in 4 months after placement: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head - Dental trauma treatment (facial fractures) Recommended and Other Medical Treatment Guidelines J Prosthet Dent. 1996 Oct; 76 (4): 403-13. Effects of improvements of poorly fitting dentures and new dentures on patient satisfaction. Garrett NR1, Kapur KK, Perez P. 8897298 [PubMed - indexed for MEDLINE].

Decision rationale: Records reviewed indicate that this patient has significant dental decay with tooth loss and need for significant tooth extraction to allow for restoration. UR dentist has approved dentures and partial dentures and root canals posts and crowns for teeth #21, 22, 25, 27 and 28. Also 4 valplast partial to replace missing teeth 20-18 and 29-31 and 2 composite fillings for tooth #23 and 24 have been approved by UR dentist. 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." Also, "patients benefit from relining of poorly fitting dentures or replacement with new dentures. Improvements in chewing function were perceived by most patients despite the lack of improvement in masticatory performance or masseter muscle activity with modified or new dentures." (Garrett NR, 1996) Therefore based on the records reviewed along with the findings and reference mentioned above, this reviewer finds this request for 1 reline in 4 months after placement is medically necessary to properly treat this patient's dental condition.

4 restorative treatment on lower teeth for tooth #21, 22, 25, 27 and 28: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Records reviewed indicate that this patient has significant dental decay with tooth loss and need for significant tooth extraction to allow for restoration. UR dentist has approved dentures and partial dentures and root canals posts and crowns for teeth #21, 22, 25, 27 and 28. Also 4 valplast partial to replace missing teeth 20-18 and 29-31 and 2 composite fillings for tooth #23 and 24 have been approved by UR dentist. Dentist is recommending 4 restorative treatment on lower teeth for tooth #21, 22, 25, 27 and 28 however there are insufficient documentation in the records provided regarding this "restorative treatment" since root canals posts and crowns for teeth #21, 22, 25, 27 and 28 has already been approved by UR. 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.

1 mand partial flex base incl cl: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Records reviewed indicate that this patient has significant dental decay with tooth loss and need for significant tooth extraction to allow for restoration. UR dentist has approved dentures and partial dentures and root canals posts and crowns for teeth #21, 22, 25, 27 and 28. Also 4 valplast partial to replace missing teeth 20-18 and 29-31 and 2 composite fillings for tooth #23 and 24 have been approved by UR dentist. Per reference mentioned above, "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." Therefore based on the records reviewed along with the findings and reference mentioned above, this reviewer finds this request for 1 mand partial flex base is medically necessary to properly treat this patient's dental condition.

1 reline complete maxillary: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head - Dental trauma treatment (facial fractures) Recommended and Other Medical Treatment Guidelines J Prosthet Dent. 1996 Oct; 76 (4): 403-13. Effects of improvements of poorly fitting dentures and new dentures on patient satisfaction. Garrett NR1, Kapur KK, Perez P. PMID: 8897298 [PubMed - indexed for MEDLINE].

Decision rationale: Records reviewed indicate that this patient has significant dental decay with tooth loss and need for significant tooth extraction to allow for restoration. UR dentist has approved dentures and partial dentures and root canals posts and crowns for teeth #21, 22, 25, 27 and 28. Also 4 valplast partial to replace missing teeth 20-18 and 29-31 and 2 composite fillings for tooth #23 and 24 have been approved by UR dentist. Per reference mentioned above, "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." Also, "patients benefit from relining of poorly fitting dentures or replacement with new dentures. Improvements in chewing function

were perceived by most patients despite the lack of improvement in masticatory performance or masseter muscle activity with modified or new dentures." (Garrett NR, 1996) Therefore based on the records reviewed along with the findings and reference mentioned above, this reviewer finds this request for 1 reline complete maxillary is medically necessary to properly treat this patient's dental condition.