

Case Number:	CM15-0179499		
Date Assigned:	09/30/2015	Date of Injury:	02/03/1995
Decision Date:	11/16/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/11/2015

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 52 year old female, who sustained an industrial injury on 02-03-1995. She has reported subsequent low back and left lower extremity pain and was diagnosed with lumbar disc disease status post L3-L4 and L5-S1 fusion, left lumbar radiculopathy, opiate disorder secondary to treatment for industrial orthopedic injuries and dental caries and extractions secondary to opiate disorder. Treatment to date has included medication and osteopathic manipulation therapy. In a qualified medical examiner report dated 06-03-2008, the physician noted that the injured worker's teeth began to slowly deteriorate after 1998-1999. The injured worker was reporting headache pain, difficulty chewing due to broken and missing teeth, missing and broken teeth causing bite alteration, soreness in the gums in the lower left area, sensitivity of the teeth to hot and cold, stuffiness and pain in the bilateral ears, frequent dryness of the mouth and bleeding of the gums with brushing, eating or chewing. The injured worker was diagnosed with aggravation of pre-existing bruxism and clenching, cephalgia, dental caries in several teeth, chronic periapical periodontitis in 3 teeth, fractured teeth due to extensive decay and retained root tips in one tooth. Panorgraphic radiographic examination findings were noted to show radiolucencies at apex of teeth 18 and 19, evidence of decay beneath the crown on tooth 18, occlusal decay on tooth 30 and intraoral periapical radiographs were noted to show radiolucency at apex of teeth 18, 19 and 30 with decay underneath crown on tooth 18, decay on retained roots on 19 and decay on clinical crown and roots of tooth #30. In a progress note dated 08-14-2015, the physician noted that the injured worker was "in a place where she can finally get her teeth taken care of after a long battle with health problems." The physician noted that

according to the injured worker the problems were because of prescription drugs. The physician was noted to have completed an exam and treatments were planned however there were no subjective or objective examination findings documented during this visit. Work status was documented as temporarily totally disabled. A request for authorization of #5 extract surg tooth and-or section, #6 crown full ceramic, core build up, root canal anterior tooth, #7 comp filling 1 surf anterior, #8 comp filling 1 surf anterior, #9 comp filling 1 surf anterior, #10 comp filling 1 surf anterior, #11 crown full ceramic, core-build up root canal anterior tooth, #13 surg endosteal implant custom implant abutment ceramic crown implant - sup, #14 crown full ceramic core-build up, #19 surg endosteal implant custom implant abutment ceramic crown implant - sup, #20 surg endosteal implant custom implant abutment ceramic crown implant - sup, #22 comp filling 2 surf anterior, #27 comp filling 2 surf anterior, #28 comp filling 2 surf anterior, #29 surg endosteal implant custom implant abutment ceramic crown implant-supp extract surg tooth and-or section and #30 surg endosteal implant custom implant abutment ceramic crown implant - supp was submitted. As per the 08-21-2015 utilization review, the aforementioned requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

#5 Extract Surg Tooth and/or section: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 07/24/15) Online Version Dental Trauma Treatment (Facial Fractures).

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter.

Decision rationale: QME evaluation of [REDACTED] on 06/03/08 has diagnosed this patient with aggravation of preexisting bruxism and clenching, chephalgia, multiple dental caries, chronic periodontitis, retained root tips on #19, slight simple marginal gingivitis, fractured teeth #19 and 31, xerostomia and credibility issues. Further records reviewed indicate that patient is in a place where she can finally get her teeth taken care of after a long battle with health problems. Patient states that the problems are because of prescription drugs. Clinical notes dated 08/14/15 states that "[REDACTED] did an exam and we tx planned with patient", However dental objective findings of this recent dental exam is not documented in the clinical notes provided. Dentist is recommending #5 extract surg tooth and-or section, #6 crown full ceramic, core build up, root canal anterior tooth, #7 comp filling 1 surf anterior, #8 comp filling 1 surf anterior, #9 comp filling 1 surf anterior, #10 comp filling 1 surf anterior, #11 crown full ceramic, core-build up root canal anterior tooth, #13 surg endosteal implant custom implant abutment ceramic crown implant - sup, #14 crown full ceramic core-build up, #19 surg endosteal implant custom implant abutment ceramic crown implant - sup, #20 surg endosteal implant custom implant abutment ceramic crown implant - sup, #22 comp filling 2 surf anterior, #27 comp filling

2 surf anterior, #28 comp filling 2 surf anterior, #29 surg endosteal implant custom implant abutment ceramic crown implant-supp extract surg tooth and-or section and #30 surg endosteal implant custom implant abutment ceramic crown implant - supp. However 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 requests. Absent further detailed documentation and clear rationale, the medical necessity for this extensive request is not evident. QME dentist [REDACTED] findings are over 7 years old and this reviewer needs more recent dental findings. 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 recently in this case. The requested procedure is not medically necessary.

#6 Crown Full Ceramic, Core Build up, Root Canal Anterior Tooth: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 07/24/15) Online Version Dental Trauma Treatment (Facial Fractures).

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter.

Decision rationale: QME evaluation of [REDACTED] on 06/03/08 has diagnosed this patient with aggravation of preexisting bruxism and clenching, chephalgia, multiple dental caries, chronic periodontitis, retained root tips on #19, slight simple marginal gingivitis, fractured teeth #19 and 31, xerostomia and credibility issues. Further records reviewed indicate that patient is in a place where she can finally get her teeth taken care of after a long battle with health problems. Patient states that the problems are because of prescription drugs. Clinical notes dated 08/14/15 states that "[REDACTED] did an exam and we tx planned with patient", However dental objective findings of this recent dental exam is not documented in the clinical notes provided. Dentist is recommending #5 extract surg tooth and-or section, #6 crown full ceramic, core build up, root canal anterior tooth, #7 comp filling 1 surf anterior, #8 comp filling 1 surf anterior, #9 comp filling 1 surf anterior, #10 comp filling 1 surf anterior, #11 crown full ceramic, core-build up root canal anterior tooth, #13 surg endosteal implant custom implant abutment ceramic crown implant - sup, #14 crown full ceramic core-build up, #19 surg endosteal implant custom implant abutment ceramic crown implant - sup, #20 surg endosteal implant custom implant abutment ceramic crown implant - sup, #22 comp filling 2 surf anterior, #27 comp filling 2 surf anterior, #28 comp filling 2 surf anterior, #29 surg endosteal implant custom implant abutment ceramic crown implant-supp extract surg tooth and-or section and #30 surg endosteal implant custom implant abutment ceramic crown implant - supp. However 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 requests. Absent further

detailed documentation and clear rationale, the medical necessity for this extensive request is not evident. QME dentist [REDACTED] findings are over 7 years old and this reviewer needs more recent dental findings. 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 recently in this case. The requested treatment is not medically necessary.

#7 Comp Filling 1 Surf Anterior: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 07/24/15) Online Version Dental Trauma Treatment (Facial Fractures).

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: QME evaluation of [REDACTED] on 06/03/08 has diagnosed this patient with aggravation of preexisting bruxism and clenching, chephalgia, multiple dental caries, chronic periodontitis, retained root tips on #19, slight simple marginal gingivitis, fractured teeth #19 and 31, xerostomia and credibility issues. Further records reviewed indicate that patient is in a place where she can finally get her teeth taken care of after a long battle with health problems. Patient states that the problems are because of prescription drugs. Clinical notes dated 08/14/15 states that "[REDACTED] did an exam and we tx planned with patient", However dental objective findings of this recent dental exam is not documented in the clinical notes provided. Dentist is recommending #5 extract surg tooth and-or section, #6 crown full ceramic, core build up, root canal anterior tooth, #7 comp filling 1 surf anterior, #8 comp filling 1 surf anterior, #9 comp filling 1 surf anterior, #10 comp filling 1 surf anterior, #11 crown full ceramic, core-build up root canal anterior tooth, #13 surg endosteal implant custom implant abutment ceramic crown implant - sup, #14 crown full ceramic core-build up, #19 surg endosteal implant custom implant abutment ceramic crown implant - sup, #20 surg endosteal implant custom implant abutment ceramic crown implant - sup, #22 comp filling 2 surf anterior, #27 comp filling 2 surf anterior, #28 comp filling 2 surf anterior, #29 surg endosteal implant custom implant abutment ceramic crown implant-supp extract surg tooth and-or section and #30 surg endosteal implant custom implant abutment ceramic crown implant - supp. However 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 requests. Absent further detailed documentation and clear rationale, the medical necessity for this extensive request is not evident. QME dentist [REDACTED] findings are over 7 years old and this reviewer needs more recent dental findings. 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 recently in this case. The requested treatment is not medically necessary.

#8 Comp Filling 1 Surf Anterior: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 07/24/15) Online Version Dental Trauma Treatment (Facial Fractures).

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: QME evaluation of [REDACTED] on 06/03/08 has diagnosed this patient with aggravation of preexisting bruxism and clenching, cephalgia, multiple dental caries, chronic periodontitis, retained root tips on #19, slight simple marginal gingivitis, fractured teeth #19 and 31, xerostomia and credibility issues. Further records reviewed indicate that patient is in a place where she can finally get her teeth taken care of after a long battle with health problems. Patient states that the problems are because of prescription drugs. Clinical notes dated 08/14/15 states that "[REDACTED] did an exam and we tx planned with patient", However dental objective findings of this recent dental exam is not documented in the clinical notes provided. Dentist is recommending #5 extract surg tooth and-or section, #6 crown full ceramic, core build up, root canal anterior tooth, #7 comp filling 1 surf anterior, #8 comp filling 1 surf anterior, #9 comp filling 1 surf anterior, #10 comp filling 1 surf anterior, #11 crown full ceramic, core-build up root canal anterior tooth, #13 surg endosteal implant custom implant abutment ceramic crown implant - sup, #14 crown full ceramic core-build up, #19 surg endosteal implant custom implant abutment ceramic crown implant - sup, #20 surg endosteal implant custom implant abutment ceramic crown implant - sup, #22 comp filling 2 surf anterior, #27 comp filling 2 surf anterior, #28 comp filling 2 surf anterior, #29 surg endosteal implant custom implant abutment ceramic crown implant-supp extract surg tooth and-or section and #30 surg endosteal implant custom implant abutment ceramic crown implant - supp. However 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 requests. Absent further detailed documentation and clear rationale, the medical necessity for this extensive request is not evident. QME dentist [REDACTED] findings are over 7 years old and this reviewer needs more recent dental findings. 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 recently in this case. The requested treatment is not medically necessary.

#9 Comp Filling 1 Surf Anterior: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 07/24/15) Online Version Dental Trauma Treatment (Facial Fractures).

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

Decision rationale: QME evaluation of [REDACTED] on 06/03/08 has diagnosed this patient with aggravation of preexisting bruxism and clenching, chephalgia, multiple dental caries, chronic periodontitis, retained root tips on #19, slight simple marginal gingivitis, fractured teeth #19 and 31, xerostomia and credibility issues. Further records reviewed indicate that patient is in a place where she can finally get her teeth taken care of after a long battle with health problems. Patient states that the problems are because of prescription drugs. Clinical notes dated 08/14/15 states that "[REDACTED] did an exam and we tx planned with patient", However dental objective findings of this recent dental exam is not documented in the clinical notes provided. Dentist is recommending #5 extract surg tooth and-or section, #6 crown full ceramic, core build up, root canal anterior tooth, #7 comp filling 1 surf anterior, #8 comp filling 1 surf anterior, #9 comp filling 1 surf anterior, #10 comp filling 1 surf anterior, #11 crown full ceramic, core-build up root canal anterior tooth, #13 surg endosteal implant custom implant abutment ceramic crown implant - sup, #14 crown full ceramic core-build up, #19 surg endosteal implant custom implant abutment ceramic crown implant - sup, #20 surg endosteal implant custom implant abutment ceramic crown implant - sup, #22 comp filling 2 surf anterior, #27 comp filling 2 surf anterior, #28 comp filling 2 surf anterior, #29 surg endosteal implant custom implant abutment ceramic crown implant-supp extract surg tooth and-or section and #30 surg endosteal implant custom implant abutment ceramic crown implant - supp. However 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 requests. Absent further detailed documentation and clear rationale, the medical necessity for this extensive request is not evident. QME dentist [REDACTED] findings are over 7 years old and this reviewer needs more recent dental findings. 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 recently in this case. The requested treatment is not medically necessary.

#10 Comp Filling 1 Surf Anterior: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 07/24/15) Online Version Dental Trauma Treatment (Facial Fractures).

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: QME evaluation of [REDACTED] on 06/03/08 has diagnosed this patient with aggravation of preexisting bruxism and clenching, chephalgia, multiple dental caries, chronic periodontitis, retained root tips on #19, slight simple marginal gingivitis,

fractured teeth #19 and 31, xerostomia and credibility issues. Further records reviewed indicate that patient is in a place where she can finally get her teeth taken care of after a long battle with health problems. Patient states that the problems are because of prescription drugs. Clinical notes dated 08/14/15 states that "█ did an exam and we tx planned with patient", However dental objective findings of this recent dental exam is not documented in the clinical notes provided. Dentist is recommending #5 extract surg tooth and-or section, #6 crown full ceramic, core build up, root canal anterior tooth, #7 comp filling 1 surf anterior, #8 comp filling 1 surf anterior, #9 comp filling 1 surf anterior, #10 comp filling 1 surf anterior, #11 crown full ceramic, core-build up root canal anterior tooth, #13 surg endosteal implant custom implant abutment ceramic crown implant - sup, #14 crown full ceramic core-build up, #19 surg endosteal implant custom implant abutment ceramic crown implant - sup, #20 surg endosteal implant custom implant abutment ceramic crown implant - sup, #22 comp filling 2 surf anterior, #27 comp filling 2 surf anterior, #28 comp filling 2 surf anterior, #29 surg endosteal implant custom implant abutment ceramic crown implant-supp extract surg tooth and-or section and #30 surg endosteal implant custom implant abutment ceramic crown implant - supp. However 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 requests. Absent further detailed documentation and clear rationale, the medical necessity for this extensive request is not evident. QME dentist █ findings are over 7 years old and this reviewer needs more recent dental findings. 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 recently in this case. The requested treatment is not medically necessary.

#11 Crown Full Ceramic, core/build up, root canal anterior tooth: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OGD Head (updated 07/24/15) Online Version Dental Trauma Treatment (Facial Fractures).

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: QME evaluation of █ on 06/03/08 has diagnosed this patient with aggravation of preexisting bruxism and clenching, chephalgia, multiple dental caries, chronic periodontitis, retained root tips on #19, slight simple marginal gingivits, fractured teeth #19 and 31, xerostomia and credibility issues. Further records reviewed indicate that patient is in a place where she can finally get her teeth taken care of after a long battle with health problems. Patient states that the problems are because of prescription drugs. Clinical notes dated 08/14/15 states that "█ did an exam and we tx planned with patient", However dental objective findings of this recent dental exam is not documented in the clinical notes provided. Dentist is recommending #5 extract surg tooth and-or section, #6 crown full ceramic, core build up, root canal anterior tooth, #7 comp filling 1 surf anterior, #8 comp filling 1 surf

anterior, #9 comp filling 1 surf anterior, #10 comp filling 1 surf anterior, #11 crown full ceramic, core-build up root canal anterior tooth, #13 surg endosteal implant custom implant abutment ceramic crown implant - sup, #14 crown full ceramic core-build up, #19 surg endosteal implant custom implant abutment ceramic crown implant - sup, #20 surg endosteal implant custom implant abutment ceramic crown implant - sup, #22 comp filling 2 surf anterior, #27 comp filling 2 surf anterior, #28 comp filling 2 surf anterior, #29 surg endosteal implant custom implant abutment ceramic crown implant-supp extract surg tooth and-or section and #30 surg endosteal implant custom implant abutment ceramic crown implant - supp. However 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 requests. Absent further detailed documentation and clear rationale, the medical necessity for this extensive request is not evident. QME dentist [REDACTED] findings are over 7 years old and this reviewer needs more recent dental findings. 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 recently in this case. The requested treatment is not medically necessary.

#13 Surg endosteal implant, custom implant abutment, ceramic crown implant - supp:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 07/24/15) Online Version Dental Trauma Treatment (Facial Fractures).

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: QME evaluation of [REDACTED] on 06/03/08 has diagnosed this patient with aggravation of preexisting bruxism and clenching, chephalgia, multiple dental caries, chronic periodontitis, retained root tips on #19, slight simple marginal gingivitis, fractured teeth #19 and 31, xerostomia and credibility issues. Further records reviewed indicate that patient is in a place where she can finally get her teeth taken care of after a long battle with health problems. Patient states that the problems are because of prescription drugs. Clinical notes dated 08/14/15 states that "[REDACTED] did an exam and we tx planned with patient", However dental objective findings of this recent dental exam is not documented in the clinical notes provided. Dentist is recommending #5 extract surg tooth and-or section, #6 crown full ceramic, core build up, root canal anterior tooth, #7 comp filling 1 surf anterior, #8 comp filling 1 surf anterior, #9 comp filling 1 surf anterior, #10 comp filling 1 surf anterior, #11 crown full ceramic, core-build up root canal anterior tooth, #13 surg endosteal implant custom implant abutment ceramic crown implant - sup, #14 crown full ceramic core-build up, #19 surg endosteal implant custom implant abutment ceramic crown implant - sup, #20 surg endosteal implant custom implant abutment ceramic crown implant - sup, #22 comp filling 2 surf anterior, #27 comp filling 2 surf anterior, #28 comp filling 2 surf anterior, #29 surg endosteal implant custom implant

abutment ceramic crown implant-supp extract surg tooth and-or section and #30 surg endosteal implant custom implant abutment ceramic crown implant - supp. However 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 requests. Absent further detailed documentation and clear rationale, the medical necessity for this extensive request is not evident. QME dentist [REDACTED] findings are over 7 years old and this reviewer needs more recent dental findings. 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 recently in this case. The requested treatment is not medically necessary.

#14 Crown Full Ceramic, core/build up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 07/24/15) Online Version Dental Trauma Treatment (Facial Fractures).

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: QME evaluation of [REDACTED] on 06/03/08 has diagnosed this patient with aggravation of preexisting bruxism and clenching, chephalgia, multiple dental caries, chronic periodontitis, retained root tips on #19, slight simple marginal gingivitis, fractured teeth #19 and 31, xerostomia and credibility issues. Further records reviewed indicate that patient is in a place where she can finally get her teeth taken care of after a long battle with health problems. Patient states that the problems are because of prescription drugs. Clinical notes dated 08/14/15 states that "[REDACTED] did an exam and we tx planned with patient", However dental objective findings of this recent dental exam is not documented in the clinical notes provided. Dentist is recommending #5 extract surg tooth and-or section, #6 crown full ceramic, core build up, root canal anterior tooth, #7 comp filling 1 surf anterior, #8 comp filling 1 surf anterior, #9 comp filling 1 surf anterior, #10 comp filling 1 surf anterior, #11 crown full ceramic, core-build up root canal anterior tooth, #13 surg endosteal implant custom implant abutment ceramic crown implant - sup, #14 crown full ceramic core-build up, #19 surg endosteal implant custom implant abutment ceramic crown implant - sup, #20 surg endosteal implant custom implant abutment ceramic crown implant - sup, #22 comp filling 2 surf anterior, #27 comp filling 2 surf anterior, #28 comp filling 2 surf anterior, #29 surg endosteal implant custom implant abutment ceramic crown implant-supp extract surg tooth and-or section and #30 surg endosteal implant custom implant abutment ceramic crown implant - supp. However 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 requests. Absent further detailed documentation and clear rationale, the medical necessity for this extensive request is not evident. QME dentist [REDACTED] findings are over 7 years old and this reviewer needs more

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#19 Surg endosteal implant, custom implant abutment, m ceramic crown implant - supp:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 07/24/15) Online Version Dental Trauma Treatment (Facial Fractures).

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: QME evaluation of [REDACTED] on 06/03/08 has diagnosed this patient with aggravation of preexisting bruxism and clenching, chephalgia, multiple dental caries, chronic periodontitis, retained root tips on #19, slight simple marginal gingivitis, fractured teeth #19 and 31, xerostomia and credibility issues. Further records reviewed indicate that patient is in a place where she can finally get her teeth taken care of after a long battle with health problems. Patient states that the problems are because of prescription drugs. Clinical notes dated 08/14/15 states that "[REDACTED] did an exam and we tx planned with patient", However dental objective findings of this recent dental exam is not documented in the clinical notes provided. Dentist is recommending #5 extract surg tooth and-or section, #6 crown full ceramic, core build up, root canal anterior tooth, #7 comp filling 1 surf anterior, #8 comp filling 1 surf anterior, #9 comp filling 1 surf anterior, #10 comp filling 1 surf anterior, #11 crown full ceramic, core-build up root canal anterior tooth, #13 surg endosteal implant custom implant abutment ceramic crown implant - sup, #14 crown full ceramic core-build up, #19 surg endosteal implant custom implant abutment ceramic crown implant - sup, #20 surg endosteal implant custom implant abutment ceramic crown implant - sup, #22 comp filling 2 surf anterior, #27 comp filling 2 surf anterior, #28 comp filling 2 surf anterior, #29 surg endosteal implant custom implant abutment ceramic crown implant-supp extract surg tooth and-or section and #30 surg endosteal implant custom implant abutment ceramic crown implant - supp. However 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 requests. Absent further detailed documentation and clear rationale, the medical necessity for this extensive request is not evident. QME dentist [REDACTED] findings are over 7 years old and this reviewer needs more recent dental findings. 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 recently in this case. The requested treatment is not medically necessary.

#20 Surg endosteal implant, custom implant abutment, ceramic crown implant- supp:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 07/24/15) Online version Dental trauma treatment.

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: QME evaluation of [REDACTED] on 06/03/08 has diagnosed this patient with aggravation of preexisting bruxism and clenching, chephalgia, multiple dental caries, chronic periodontitis, retained root tips on #19, slight simple marginal gingivitis, fractured teeth #19 and 31, xerostomia and credibility issues. Further records reviewed indicate that patient is in a place where she can finally get her teeth taken care of after a long battle with health problems. Patient states that the problems are because of prescription drugs. Clinical notes dated 08/14/15 states that "[REDACTED] did an exam and we tx planned with patient", However dental objective findings of this recent dental exam is not documented in the clinical notes provided. Dentist is recommending #5 extract surg tooth and-or section, #6 crown full ceramic, core build up, root canal anterior tooth, #7 comp filling 1 surf anterior, #8 comp filling 1 surf anterior, #9 comp filling 1 surf anterior, #10 comp filling 1 surf anterior, #11 crown full ceramic, core-build up root canal anterior tooth, #13 surg endosteal implant custom implant abutment ceramic crown implant - sup, #14 crown full ceramic core-build up, #19 surg endosteal implant custom implant abutment ceramic crown implant - sup, #20 surg endosteal implant custom implant abutment ceramic crown implant - sup, #22 comp filling 2 surf anterior, #27 comp filling 2 surf anterior, #28 comp filling 2 surf anterior, #29 surg endosteal implant custom implant abutment ceramic crown implant-supp extract surg tooth and-or section and #30 surg endosteal implant custom implant abutment ceramic crown implant - supp. However 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 requests. Absent further detailed documentation and clear rationale, the medical necessity for this extensive request is not evident. QME dentist [REDACTED] findings are over 7 years old and this reviewer needs more recent dental findings. 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 recently in this case. The requested treatment is not medically necessary.

#22 Comp Filling 2 surf Anterior: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 07/24/15) Online version Dental trauma treatment.

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: QME evaluation of [REDACTED] on 06/03/08 has diagnosed this patient with aggravation of preexisting bruxism and clenching, chephalgia, multiple dental caries, chronic periodontitis, retained root tips on #19, slight simple marginal gingivitis, fractured teeth #19 and 31, xerostomia and credibility issues. Further records reviewed indicate that patient is in a place where she can finally get her teeth taken care of after a long battle with health problems. Patient states that the problems are because of prescription drugs. Clinical notes dated 08/14/15 states that "[REDACTED] did an exam and we tx planned with patient", However dental objective findings of this recent dental exam is not documented in the clinical notes provided. Dentist is recommending #5 extract surg tooth and-or section, #6 crown full ceramic, core build up, root canal anterior tooth, #7 comp filling 1 surf anterior, #8 comp filling 1 surf anterior, #9 comp filling 1 surf anterior, #10 comp filling 1 surf anterior, #11 crown full ceramic, core-build up root canal anterior tooth, #13 surg endosteal implant custom implant abutment ceramic crown implant - sup, #14 crown full ceramic core-build up, #19 surg endosteal implant custom implant abutment ceramic crown implant - sup, #20 surg endosteal implant custom implant abutment ceramic crown implant - sup, #22 comp filling 2 surf anterior, #27 comp filling 2 surf anterior, #28 comp filling 2 surf anterior, #29 surg endosteal implant custom implant abutment ceramic crown implant-supp extract surg tooth and-or section and #30 surg endosteal implant custom implant abutment ceramic crown implant - supp. However 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 requests. Absent further detailed documentation and clear rationale, the medical necessity for this extensive request is not evident. QME dentist [REDACTED] findings are over 7 years old and this reviewer needs more recent dental findings. 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 recently in this case. The requested treatment is not medically necessary.

#27 Comp Filling 2 surf Anterior: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 07/24/15) Online version Dental trauma treatment.

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: QME evaluation of [REDACTED] on 06/03/08 has diagnosed this patient with aggravation of preexisting bruxism and clenching, chephalgia, multiple dental

caries, chronic periodontitis, retained root tips on #19, slight simple marginal gingivitis, fractured teeth #19 and 31, xerostomia and credibility issues. Further records reviewed indicate that patient is in a place where she can finally get her teeth taken care of after a long battle with health problems. Patient states that the problems are because of prescription drugs. Clinical notes dated 08/14/15 states that "█ did an exam and we tx planned with patient", However dental objective findings of this recent dental exam is not documented in the clinical notes provided. Dentist is recommending #5 extract surg tooth and-or section, #6 crown full ceramic, core build up, root canal anterior tooth, #7 comp filling 1 surf anterior, #8 comp filling 1 surf anterior, #9 comp filling 1 surf anterior, #10 comp filling 1 surf anterior, #11 crown full ceramic, core-build up root canal anterior tooth, #13 surg endosteal implant custom implant abutment ceramic crown implant - sup, #14 crown full ceramic core-build up, #19 surg endosteal implant custom implant abutment ceramic crown implant - sup, #20 surg endosteal implant custom implant abutment ceramic crown implant - sup, #22 comp filling 2 surf anterior, #27 comp filling 2 surf anterior, #28 comp filling 2 surf anterior, #29 surg endosteal implant custom implant abutment ceramic crown implant-supp extract surg tooth and-or section and #30 surg endosteal implant custom implant abutment ceramic crown implant - supp. However 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 requests. Absent further detailed documentation and clear rationale, the medical necessity for this extensive request is not evident. QME dentist █ findings are over 7 years old and this reviewer needs more recent dental findings. 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 recently in this case. The requested treatment is not medically necessary.

#28 Comp Filling 2 surf Anterior: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 07/24/15) Online version Dental trauma treatment.

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: QME evaluation of █ on 06/03/08 has diagnosed this patient with aggravation of preexisting bruxism and clenching, chephalgia, multiple dental caries, chronic periodontitis, retained root tips on #19, slight simple marginal gingivitis, fractured teeth #19 and 31, xerostomia and credibility issues. Further records reviewed indicate that patient is in a place where she can finally get her teeth taken care of after a long battle with health problems. Patient states that the problems are because of prescription drugs. Clinical notes dated 08/14/15 states that "█ did an exam and we tx planned with patient", However dental objective findings of this recent dental exam is not documented in the clinical notes provided. Dentist is recommending #5 extract surg tooth and-or section, #6 crown full ceramic,

core build up, root canal anterior tooth, #7 comp filling 1 surf anterior, #8 comp filling 1 surf anterior, #9 comp filling 1 surf anterior, #10 comp filling 1 surf anterior, #11 crown full ceramic, core-build up root canal anterior tooth, #13 surg endosteal implant custom implant abutment ceramic crown implant - sup, #14 crown full ceramic core-build up, #19 surg endosteal implant custom implant abutment ceramic crown implant - sup, #20 surg endosteal implant custom implant abutment ceramic crown implant - sup, #22 comp filling 2 surf anterior, #27 comp filling 2 surf anterior, #28 comp filling 2 surf anterior, #29 surg endosteal implant custom implant abutment ceramic crown implant-supp extract surg tooth and-or section and #30 surg endosteal implant custom implant abutment ceramic crown implant - supp. However 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 requests. Absent further detailed documentation and clear rationale, the medical necessity for this extensive request is not evident. QME dentist [REDACTED] findings are over 7 years old and this reviewer needs more recent dental findings. 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 recently in this case. The requested treatment is not medically necessary.

#29 Surg Endosteal Implant, Custom Implant Abutment, Ceramic Crown Implant- Supp, Extract Surg Tooth and/or section: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 07/24/15) Online version Dental trauma treatment.

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: QME evaluation of [REDACTED] on 06/03/08 has diagnosed this patient with aggravation of preexisting bruxism and clenching, chephalgia, multiple dental caries, chronic periodontitis, retained root tips on #19, slight simple marginal gingivitis, fractured teeth #19 and 31, xerostomia and credibility issues. Further records reviewed indicate that patient is in a place where she can finally get her teeth taken care of after a long battle with health problems. Patient states that the problems are because of prescription drugs. Clinical notes dated 08/14/15 states that "[REDACTED] did an exam and we tx planned with patient", However dental objective findings of this recent dental exam is not documented in the clinical notes provided. Dentist is recommending #5 extract surg tooth and-or section, #6 crown full ceramic, core build up, root canal anterior tooth, #7 comp filling 1 surf anterior, #8 comp filling 1 surf anterior, #9 comp filling 1 surf anterior, #10 comp filling 1 surf anterior, #11 crown full ceramic, core-build up root canal anterior tooth, #13 surg endosteal implant custom implant abutment ceramic crown implant - sup, #14 crown full ceramic core-build up, #19 surg endosteal implant custom implant abutment ceramic crown implant - sup, #20 surg endosteal implant custom implant abutment

ceramic crown implant - sup, #22 comp filling 2 surf anterior, #27 comp filling 2 surf anterior, #28 comp filling 2 surf anterior, #29 surg endosteal implant custom implant abutment ceramic crown implant-supp extract surg tooth and-or section and #30 surg endosteal implant custom implant abutment ceramic crown implant - supp. However 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 requests. Absent further detailed documentation and clear rationale, the medical necessity for this extensive request is not evident. QME dentist [REDACTED] findings are over 7 years old and this reviewer needs more recent dental findings. 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 recently in this case. The requested treatment is not medically necessary.

#30 Surg Endosteal Implant, Custom Implant Abutment, Ceramic Crown Implant- Supp:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 07/24/15) Online version Dental trauma treatment.

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: QME evaluation of [REDACTED] on 06/03/08 has diagnosed this patient with aggravation of preexisting bruxism and clenching, chephalgia, multiple dental caries, chronic periodontitis, retained root tips on #19, slight simple marginal gingivits, fractured teeth #19 and 31, xerostomia and credibility issues. Further records reviewed indicate that patient is in a place where she can finally get her teeth taken care of after a long battle with health problems. Patient states that the problems are because of prescription drugs. Clinical notes dated 08/14/15 states that "[REDACTED] did an exam and we tx planned with patient", However dental objective findings of this recent dental exam is not documented in the clinical notes provided. Dentist is recommending #5 extract surg tooth and-or section, #6 crown full ceramic, core build up, root canal anterior tooth, #7 comp filling 1 surf anterior, #8 comp filling 1 surf anterior, #9 comp filling 1 surf anterior, #10 comp filling 1 surf anterior, #11 crown full ceramic, core-build up root canal anterior tooth, #13 surg endosteal implant custom implant abutment ceramic crown implant - sup, #14 crown full ceramic core-build up, #19 surg endosteal implant custom implant abutment ceramic crown implant - sup, #20 surg endosteal implant custom implant abutment ceramic crown implant - sup, #22 comp filling 2 surf anterior, #27 comp filling 2 surf anterior, #28 comp filling 2 surf anterior, #29 surg endosteal implant custom implant abutment ceramic crown implant-supp extract surg tooth and-or section and #30 surg endosteal implant custom implant abutment ceramic crown implant - supp. However 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 requests. Absent further detailed documentation and clear rationale, the medical necessity for this extensive request is not evident. QME dentist [REDACTED] findings are over 7 years old and this reviewer needs more recent dental findings. 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 recently in this case. The requested treatment is not medically necessary.