MAXIMUS Federal Services

Case Number:	CM15-0059839		
Date Assigned:	04/17/2015	Date of Injury:	08/09/2010
Decision Date:	10/08/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/30/2015

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 53-year-old female with an industrial injury dated 08/09/2010. The injured worker was getting boxes from an employee who was above her and was passing down boxes that weighed about 45-50 pounds. She stated that somehow a box hit her on the back of the neck and her upper back resulting in a 2-week hospitalization. Her diagnoses at the time of this exam were traumatic injury to upper and lower teeth, parafunctional activities (clenching/bruxism) and severe Xerostomia (dry mouth due to the side effect of medications.) Prior treatment included surgery (replacement of cervical 5 due to crushed disc), physical therapy, acupuncture, pain management, psychiatry and medications. Her medications included Exalgo, Amitriptyline, Abilify, Tizanidine, Norco and Flexor patch. She states that approximately 1 year after the industrial accident her teeth started to break and fall apart. Prior dental exam resulted in extraction of 4 of her upper teeth and partial denture. She stated she was told her teeth breaking apart was due to dry mouth, which was caused by the medications she was taking. On presentation at the dentist on 03/02/2015, she was complaining of breaking down and fracturing of teeth with a dry mouth. Dental exam noted numerous caries and missing teeth. The treatment plan included numerous dental procedures to include, scaling, bonding/filling and crown. Requesting dentist [redacted] report dated 03/02/15 under subjective findings states that patient complains of breaking down and fracturing teeth, dry mouth, clenching, missing teeth due to extraction caused by dry mouth, patient does not like the looks of her teeth due to missing and broken down teeth, severe pain on neck and upper back, spine surgery, stress and anxiety. [redacted] objective findings include multiple missing teeth

with severe xerostomia, multiple severe caries, and generalized mild gingivitis. Radiographic findings reveal numerous missing teeth and multiple moderate to severe caries. [redacted] has diagnosed this patient with traumatic injury to upper and lower teeth, bruxism and severe xerostomia due to side effects of medications on industrial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Quadrants of Scaling & Root Planing (UR/UL/LL/LR): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Head, Dental trauma treatment (facial fractures).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul;82(7):943-9.

Decision rationale: Records reviewed indicated that patient is complaining of breaking down and fracturing of teeth with a dry mouth. Dental exam noted numerous caries and missing teeth. Dentist is recommending 4 Quadrants of Scaling & Root Planing (UR/UL/LL/LR). As stated in the reference above, treatment procedures indicated for patients with any periodontal disease should include "removal of supra- and subgingival bacterial plaque/biofilm and calculus by comprehensive, meticulous periodontal scaling and root planing." Therefore this reviewer finds this request for 4 Quadrants of Scaling & Root Planing (UR/UL/LL/LR) to be medically necessary to prevent further teeth decay in this patient.

Indirect Pulp Cap Teeth# 1, 5, 11, 12, 13, 23, 25, 31: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Head, Dental trauma treatment (facial fractures).

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) and Other Medical Treatment Guidelines , J Clin Pediatr Dent. 2014 Spring; 38(3):185-92. Minimally invasive clinical approach in indirect pulp therapy and healing of deep carious lesions, Opal S, Garg S, Dhindsa A, Taluja T. J Dent Res. 2013 Apr;92(4):306-14. doi: 10.1177/0022034513477425. Epub 2013 Feb 8. Incomplete caries removal: a systematic review and meta-analysis. Schwendicke F1, Dorfer CE, Paris S.

Decision rationale: Per guidelines above, "indirect pulp treatment is a conservative vital pulp procedure performed in deep carious lesion approximating the pulp, but without signs or symptoms of pulp degeneration. Removing the carious biomass along with sealing the residual caries from extrinsic substrate and oral bacteria makes residual caries after the first excavation less active" and "The success of this approach has been demonstrated by various randomized

controlled studies comparing conventional treatment of such lesions with stepwise excavation." Requesting dentist [redacted] report dated 03/02/15 states that teeth #1, 5, 11, 12, 13, 23, 25, 31 need indirect pulp cap due to severe dental caries. Based on the records reviewed, medical references and findings mentioned above, this reviewer finds this request for Indirect Pulp Cap Teeth# 1, 5, 11, 12, 13, 23, 25, 31 medically necessary to properly treat this patient's teeth and restore her chewing ability.

Composite Bonding/Filling 2 Surface Anterior Teeth #11, 23, 25: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Head, Dental trauma treatment (facial fractures).

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) and Other Medical Treatment Guidelines Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol2011 Jul; 82(7):943-9. [133 references] Eur J Paediatr Dent. 2015 Sep;16(3):205-9. New techniques for producing aesthetic, direct full-crown composite resin restorations for primary molars: a 24-month follow-up study of eight cases. Wada K1, Miyashin M1.

Decision rationale: Requesting dentist [redacted] report dated 03/02/15 states that teeth #11 has MF near gum line, #23 and #25 have mesial lingual caries.Therefore based on the records reviewed, medical references and findings mentioned above, this reviewer finds this request for Composite Bonding/Filling 2 Surface Anterior Teeth #11, 23, 25 medically necessary to properly treat this patient's teeth and restore her chewing ability.

Composite Bonding/Filling 2 Surface Posterior Teeth # 12, 12, 13: 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) and Other Medical Treatment Guidelines Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol2011 Jul; 82(7):943-9. [133 references] Eur J Paediatr Dent. 2015 Sep; 16(3):205-9.New techniques for producing aesthetic, direct full-crown composite resin restorations for primary molars: a 24-month follow-up study of eight cases. Wada K1, Miyashin M1.

Decision rationale: Requesting dentist [redacted] report dated 03/02/15 states that teeth #12 and 13 have moderate distal caries confirmed by radiographs. Therefore based on the records reviewed, medical references and findings mentioned above, this reviewer finds this request for Composite Bonding/Filling 2 Surface Posterior Teeth # 12, 12, 13 medically necessary to properly treat this patient's teeth and restore her chewing ability.

Composite Bonding/Filling 1 Surface Posterior Teeth #31: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Head, Dental trauma treatment (facial fractures).

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) and Other Medical Treatment Guidelines Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol2011 Jul; 82(7):943-9. [133 references] Eur J Paediatr Dent. 2015 Sep; 16(3): 205-9. New techniques for producing aesthetic, direct full-crown composite resin restorations for primary molars: a 24-month follow-up study of eight cases. Wada K1, Miyashin M1.

Decision rationale: Requesting dentist [redacted] report dated 03/02/15 states under radiographic findings that teeth #31 has slight mesial shift. Therefore based on the records reviewed, medical references and findings mentioned above, this reviewer finds this request for Composite Bonding/Filling 1 Surface Posterior Teeth #31 medically necessary to properly treat this patient's teeth and restore her chewing ability.

Build Up Teeth #18, 27: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Head, Dental trauma treatment (facial fractures).

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).

Decision rationale: Requesting dentist [redacted] report dated 03/02/15 states that teeth #18 has severe distal caries and #27 has distal lingual caries. Radiographic findings include #18 moderate distal caries, #27 severe gross distal caries to the pulp (nerve). 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." Therefore based on the records reviewed, medical references and findings mentioned above, this reviewer finds this request for Build Up Teeth #18, 27 medically necessary to properly treat this patient's teeth and restore her chewing ability.

PFM Crown Teeth #18, 27: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Head, Dental trauma treatment (facial fractures).

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).

Decision rationale: Requesting dentist [redacted] report dated 03/02/15 states that teeth #18 has severe distal caries and #27 has distal lingual caries. Radiographic findings include #18 moderate distal caries, #27 severe gross distal caries to the pulp (nerve). Per reference mentioned above, "crowns, bridges, on lays, 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, medical references and findings mentioned above, this reviewer finds this request for PFM Crown Teeth #18, 27 medically necessary to properly treat this patient's teeth and restore her chewing ability.

Implant Abutment Teeth #2, 6, 7, 8, 9, 10, 14, 15, 19, 20, 21, 29, 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Head, Dental trauma treatment (facial fractures).

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).

Decision rationale: Records reviewed indicated that patient is complaining of breaking down and fracturing of teeth with a dry mouth. Dental exam noted numerous caries and missing teeth confirmed by radiographic findings. Per reference mentioned above, "Rather than resting on the gum line like removable dentures, or using adjacent teeth as anchors like fixed bridges, dental implants are long-term replacements. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss." Therefore this reviewer finds this request for Implant Abutment Teeth #2, 6, 7, 8, 9, 10, 14, 15, 19, 20, 21, 29, 30 medically necessary to properly replace and repair this patient's teeth and restore her chewing ability.

Implant Supported PFM Crown Teeth #2, 6, 7, 8, 9, 10, 14, 15, 19, 20, 21, 29, 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Head, Dental trauma treatment (facial fractures).

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).

Decision rationale: Records reviewed indicated that patient is complaining of breaking down and fracturing of teeth with a dry mouth. Dental exam noted numerous caries and missing teeth confirmed by radiographic findings. Per reference mentioned above, "Dental implants, dentures, crowns, bridges, on lays, 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 this reviewer finds this request for Implant Supported PFM Crown Teeth #2, 6, 7, 8, 9, 10, 14, 15, 19, 20, 21, 29, 30 medically necessary to properly replace and repair this patient's teeth and restore her chewing ability.

Delivery of Intra Occlusal Splint Upper: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Head, Dental trauma treatment (facial fractures).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bruxism Management, Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA. Appliance Therapy.

Decision rationale: Requesting dentist [redacted] report dated 03/02/15 has diagnosed this patient with parafunctional activities clenching and bruxism. Per medical reference mentioned above, "Occlusal splints are generally appreciated to prevent tooth wear and injury and perhaps reduce night time clenching or grinding behavior rather than altering a causative malocclusion. In addition, they are unlikely to significantly reducing nocturnal behavior. The type of appliance that has been studied and suggested as helpful in managing the consequences of nocturnal bruxism is the flat-planed stabilization splint, also called an occlusal bite guard, bruxism appliance, bite plate, and night guard." Therefore, this reviewer finds this request for Delivery of Intra Occlusal Splint Upper to be medically necessary to prevent further tooth wear from the clenching and grinding behavior in this patient.

Fabricate an Upper Stayplate and Lower Stayplate: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Head, Dental trauma treatment (facial fractures).

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).

Decision rationale: Requesting dentist [redacted] report dated 03/02/15 states that since patient is missing her upper and lower teeth, patient needs to wear the upper and lower stayplate till the implants can be restored. Per reference mentioned above, "Dental implants, 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, medical

references and findings mentioned above, this reviewer finds this request for Fabricate an Upper Stayplate and Lower Stayplate medically necessary to properly replace and repair this patient's teeth and restore her chewing ability.