

Case Number:	CM15-0066052		
Date Assigned:	04/13/2015	Date of Injury:	07/27/2011
Decision Date:	05/14/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/07/2015

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 54 year old male, who sustained an industrial injury on 7/27/2011. The mechanism of injury was not provided for review. The injured worker was diagnosed as having post-traumatic had syndrome with headaches and status post ocular surgery, cervical radiculitis, cervicogenic headache and cervical myofascitis. There is no record of a recent diagnostic study. Treatment to date has included surgery, cervical epidural steroid injection, therapy and medication management. In a progress note dated 2/12/2015, the injured worker complains of right side neck, upper back and shoulder pain and persistent numbness. The treating physician is requesting a composite tooth filling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glass ionomer composite filing is required to protect eroded teeth: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Dental Trauma Treatment.

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) - Page(s): 3.

Decision rationale: Records reviewed indicate that this patient needs multiple fillings. However the IMR application is not clear on which teeth exactly need this Glass ionomer composite filling. There are also no dental x-rays and insufficient assessment of the caries to support this request. 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 IMR reviewer recommends non-certification at this time. Therefore the request is not medically necessary.