

<b>Case Number:</b>	CM15-0068224		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	02/22/2002
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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 45 year old female, who sustained an industrial injury on February 22, 2002, incurring injuries to her back, spine, neck, jaw and teeth and psyche, after a motor vehicle accident. Treatment included physical therapy, bracing, pain management, psychological therapy, orthotics for her mouth and teeth and surgical interventions. Currently, the injured worker complained of hypersensitive teeth from her injury. The treatment plan that was requested for authorization included analgesia-Nitrous oxide and one periodic oral evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 ANALGESIA-NITROUS OXIDE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape reference: Nitrous Oxide Administration. Nili N Alai, MD, FAAD; Chief Editor: Rick Kulkarni, MD.

**Decision rationale:** Records reviewed indicate that this patient sustained an industrial injury on February 22, 2002, incurring injuries to her back, spine, neck, jaw and teeth and psyche, after a motor vehicle accident. Recent letter dated 04/27/15 from requesting dentist states that this patient has extreme root sensitivity in the molar regions of both arches and without nitrous oxide patient's dental care will be compromised. He also states that patient has done well in the past with nitrous oxide. Since this patient's injuries include psyche and pain disorder, per Medscape reference mentioned above: "In dentistry, nitrous oxide is indicated to decrease the pain and anxiety associated with procedures. It is commonly delivered by a nasal mask in combination with oxygen" and that "indications in adult dental patients include anxiety, low pain tolerance, underlying psychiatric disorders, and mental retardation." Therefore, based on the findings of the requesting dentist and the medical reference mentioned above, this reviewer finds 1 Nitrous oxide analgesia medically necessary in the treatment of this patient's dental condition.

**1 PERIODIC ORAL EVALUATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

**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. [133 references], Periodontal Evaluation.

**Decision rationale:** Per the guidelines, a comprehensive assessment of a patient's current health status, history of disease, and risk characteristics is essential to determine the periodontal diagnosis and prognosis of the dentition and/or the suitability of dental implants. Patients should receive a comprehensive periodontal evaluation and their risk factors should be identified at least on an annual basis. Records reviewed indicate that this patient has periodontal disease and dental injuries that need evaluation and treatment. However this request for periodic oral evaluation is not specific enough. Even though oral evaluations maybe medically necessary for this patient at this time, but an indefinite request for periodic oral evaluations is not medically necessary. First, there must be a dental re-evaluation performed to determine any ongoing needs. Per reference mentioned above, "periodontal evaluation and risk factors should be identified at least on an annual basis." Therefore this reviewer finds this request to be not medically necessary.