

<b>Case Number:</b>	CM15-0070862		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	07/03/2006
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 64 year old female, who sustained an industrial injury on 07/03/2006. The initial complaints or symptoms included multiple traumatic injuries to multiple body parts with multiple dates of accidents. The initial complaints for the date of injury (07/03/2006) included knee and back injury sustained during a fall. The initial diagnoses were not mentioned. There were multiple non-industrial injuries reported over multiple dates. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, electrodiagnostic testing, injections, lumbar spine surgery, right hand surgery, right knee surgery (resulting in chest pain and atrial fibrillation), multiple consultations, psychiatric/psychological evaluations and treatments, and dental/endodontic consultations and treatments. The injured worker was treated for jaw pain from grinding and clenching teeth during sleep, and dry mouth due to medication use. The dental/orthodontic treatment included oral devices which resulted in movement of teeth causing food to become lodged in teeth and gums leading to tooth decay. Current complaints included severe sensitivity to hot and cold, biting on tooth #30, hot and cold sensitivity to tooth #31, headaches, increased jaw pain and popping, and constant dry mouth. The diagnoses include bruxism/clenching, myofascial pain dysfunction, cephalgia, myalgia of the muscle of mastication, capsulitis of the left TM joint, fractured tooth and cracked tooth syndrome of tooth #19, xerostomia, osteoarthritis of the bilateral TM joints, and mild hyperemia to dental nerves on teeth #30 and #31. The treatment plan consisted of referral to endodontist for evaluation of tooth #2, root canal treatment for tooth #31.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Referral to Endodontist for Evaluation of Tooth #2: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Office Visit.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, Page 127.

**Decision rationale:** Records reviewed indicate that this patient has been diagnosed with bruxism/clenching, myofascial pain dysfunction, cephalgia, myalgia of the muscle of mastication, capsulitis of the left TM joint, fractured tooth and cracked tooth syndrome of tooth #19, xerostomia, osteoarthritis of the bilateral TM joints, and mild hyperemia to dental nerves on teeth #30 and #31. The treatment plan consisted of referral to endodontist for evaluation of tooth #2, root canal treatment for tooth #31. Based on ACOEM Guidelines, Chapter 7, Page 127, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Therefore this reviewer finds this request for referral to endodontist to be medically necessary to address this patient's dental injury. This patient may benefit from additional expertise.