

<b>Case Number:</b>	CM15-0090908		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	01/28/2004
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 55 year old female, who sustained an industrial injury on 1/28/2004. Diagnoses have included Xerostomia. Treatment to date has included teeth extraction. According to the letter dated 4/13/2015, the injured worker was seen on 9/30/2014 for a complete dental exam. The injured worker reportedly had many dental complications related to the side effects of the medication prescribed to her after her industrial injury. It was noted that with Xerostomia the injured worker had increased amounts of dental caries at the cervical margins and the interproximal parts of the teeth. Tooth number 12 had been diagnosed with deep mesial/lingual recurrent caries. The injured worker had an existing upper left fixed bridge from teeth number 11 to 15. Recently, due to extreme pain, the injured worker had two teeth extracted. Authorization was requested for endosteal surgical implant of teeth #12, 13 and 14, bone graft of tooth #12 and general anesthesia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) endosteal surgical implant of teeth #12, 13 and 14: Overturned**

**Claims Administrator guideline:** The Claims Administrator 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 Periodontal. 2011 Jul; 82 (7): 943-9.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Dental trauma treatment (facial fractures).

**Decision rationale:** AME report of [REDACTED] dated 06/08/10 states that with reasonable medical probability the increased dental decay rate seen for this patient was caused by the use of industrial medications on a long term basis. AME report in psychiatry from [REDACTED] indicates diagnosis of pain disorder with psychological features and depression. Letter from Letter form [REDACTED] dated 04/13/15 indicates findings of increased amounts of dental caries at the cervical margins; Patient has an existing upper left fixed bridge from teeth #11-15. The teeth that support the bridge as abutments are #11, #12 and #15. The missing teeth that have pontic on the bridge are teeth #13 and 14. Tooth #12 has deep mesial/lingual recurrent caries. [REDACTED] recommends this fixed bridge to be removed and new restorative treatments. He recommends implants for areas #12 #13 and #14 with implant abutments and porcelain crowns, and bone replacement grafting to ensure the strength needed to retain the implants. He states a fixed implant bridge is not recommended in the maxillary left posterior region due to the softness of the maxilla and the greater chance of a poor prognosis, single implants are recommended. Per medical 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 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. The placement of dental implants can have deleterious effects on the growing alveolar process, and it is necessary to delay implant reconstruction until the cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included." Therefore this reviewer finds this request for One (1) endosteal surgical implant of teeth #12, 13 and 14 to be medically necessary to repair this patient's teeth on a long-term basis.

**One (1) bone graft of tooth #12: Overturned**

**Claims Administrator guideline:** The Claims Administrator 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 Periodontal. 2011 Jul; 82 (7): 943-9.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Reference. Dental Implant Placement. Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA, Aust Dent J. 2014 Mar; 59(1):48-56. doi: 10.1111/adj.12098. Epub 2013 Aug 6. Current perspectives on the role of ridge (socket) preservation procedures in dental implant treatment in the aesthetic zone. Kassim B1, Ivanovski S, Mattheos N.

**Decision rationale:** AME report of [REDACTED] dated 06/08/10 states that with reasonable medical probability the increased dental decay rate seen for this patient was caused by the use of industrial medications on a long term basis. AME report in psychiatry from [REDACTED] indicates diagnosis of pain disorder with psychological features and depression. Letter

from Letter form [REDACTED] dated 04/13/15 indicates findings of increased amounts of dental caries at the cervical margins; Patient has an existing upper left fixed bridge from teeth #11-15. The teeth that support the bridge as abutments are #11, #12 and #15. The missing teeth that have pontic on the bridge are teeth #13 and 14. Tooth #12 has deep mesial/lingual recurrent caries. [REDACTED] recommends this fixed bridge to be removed and new restorative treatments. He recommends implants for areas #12 #13 and #14 with implant abutments and porcelain crowns, and bone replacement grafting to ensure the strength needed to retain the implants. He states a fixed implant bridge is not recommended in the maxillary left posterior region due to the softness of the maxilla and the greater chance of a poor prognosis, single implants are recommended. Per medical reference mentioned above, "ridge preservation techniques are effective in minimizing post-extraction alveolar ridge contraction"(Kassim B, 2014) and " In cases where there has been extensive alveolar bone loss following extraction, it may be necessary to provide bone augmentation prior to implant placement." (Burgess) Therefore this reviewer finds this request for One (1) bone graft of tooth #12 to be medically necessary to ensure proper strength needed to retain the implant and repair this patient's teeth on a long-term basis.

**One (1) general anesthesia:** Upheld

**Claims Administrator guideline:** The Claims Administrator 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 Periodontal. 2011 Jul; 82 (7): 943-9.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3, Chronic Pain Treatment Guidelines Page(s): 3.

**Decision rationale:** In the records reviewed there is insufficient documentation from the requesting dentist [REDACTED] regarding the medical necessity for this general anesthesia 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 request is not medically necessary.