

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0094232 |                              |            |
| <b>Date Assigned:</b> | 05/22/2015   | <b>Date of Injury:</b>       | 08/04/2010 |
| <b>Decision Date:</b> | 06/26/2015   | <b>UR Denial Date:</b>       | 04/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/15/2015 |

### 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 male, who sustained an industrial injury on 8/4/10. The injured worker has complaints of developing medication induced dry mouth and chronic clenching and grinding because of his industrially caused pain. The injured worker has neck pain, clenching teeth and dry mouth. The diagnoses have included xerostomia, bruxism, aggravated periodontal disease, myofascial pain, capsulitis, and osteoarthritis of the temporomandibular joint and trigeminal central sensitization. Treatment to date has included norco, cyclobenzaprine, gabapentin and baclofen. The request was for diagnostic study models, diagnostic wax up, cone beam computerized tomography (CT) scan, maxillary and mandibular bone reduction guides, maxillary and mandibular surgical guides extract 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic study models, diagnostic wax up, cone beam CT scan, maxillary and mandibular bone reduction guides, maxillary and mandibular surgical guides, extract 2:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association (ADA) Dental Practice Parameters Online, <http://www.ada.org/prof/prac/tools/parameters/index.asp>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

**Decision rationale:** Records reviewed indicate that this patient has been diagnosed with xerostomia, bruxism, aggravated periodontal disease, myofascial pain, capsulitis, and osteoarthritis of the temporomandibular joint and trigeminal central sensitization. However this IMR request is not clear on which "Extract 2" this is for. Also per medical reference mentioned above, "Indications Teeth are important for aesthetic purposes and for maintaining masticatory function. Accordingly, all efforts to avoid tooth extraction must be exhausted before the decision is made to proceed with removal of a tooth". This reviewer does not believe all efforts to avoid tooth extraction has been exhausted and/or documented sufficiently. Therefore this reviewer finds this request to be not medically necessary.