

<b>Case Number:</b>	CM15-0101822		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	11/09/1999
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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 77 year old female, who sustained an industrial injury on 11/9/99. The diagnoses have included ongoing dental decay, facial pain, xerostomia, bruxism, Temporomandibular Joint Disorders (TMJ) and obstructive apnea. Treatment to date has included medications, diagnostics, and dental care. The injured worker presents with significant dental issues. There are dental notes that indicate that the margin of the injured workers gum tissue surrounding the teeth has worn away or pulled back. It is noted that this is exposing more of the tooth and an indication that severe damage may result from this factor. Currently, as per the physician progress note dated 2/23/15, the injured worker has severe oral complaints consistent with xerostomia, bruxism and Temporomandibular Joint Disorders (TMJ). She has been seen by the dentist for dental decay as well. She has a difficult time chewing and is constantly coughing up secretions. It is noted that she has had problems with her facial mask for obstructive apnea treatment and she is intolerant to the mask. She uses a low dose of Hydrocodone for pain. The physical exam reveals that she is depressed and uses a wheeled walker to ambulate. She has severe Temporomandibular Joint Disorders (TMJ) tenderness with limited mouth opening. The current medications included Dexilant, Hyoscyamine, Zofran and Norco. The physician noted that she has severe dental issues with findings of Temporomandibular Joint Disorders (TMJ), bruxism, pain, and difficulty in mastication. The physician requested treatments included Composite on buccal area #22, 23, 24, 25, 26, 27, and 28, Crown #13, Composite build up #13, Crown #14, Composite build-up #14, Crown #15, Composite build up #15, Crown #19, Composite build-up #19 and Nitrous NO2 other drugs.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Composite on buccal area #22, 23, 24, 25, 26, 27, and 28:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Dental trauma treatment (Facial fractures).

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

**Decision rationale:** CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2) - A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases, a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear. Numerous records reviewed, many hand written and hard to decipher. An undated letter from the requesting dentist states that patient has chronic pain syndrome, tooth #19, #13, #14 and #15 have decay, open margins and recurrent decays, they need new crown and build up crown over 15 yrs old. Decay was discovered under crowns due to xerostomia. However in the records provided there is insufficient documentation regarding teeth #22-28 to medically justify the need for composite on these buccal areas. 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 reviewer recommends non-certification at this time, not medically necessary.

**Crown #13:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Dental trauma treatment (Facial fractures).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head.

**Decision rationale:** Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprises 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. 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. Letter from the requesting dentist states that patient has chronic pain syndrome, tooth #19, #13, #14 and #15 have decays, open margins and recurrent decays, they need new crowns and build up crown over 15 yrs old. Per reference mentioned above, "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." (ODG) Therefore based on the findings mentioned above and ODG guidelines, this reviewer finds this request for crown #13 medically necessary to properly repair this patient's tooth.

**Composite build up #13:** Overtaken

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Dental trauma treatment (Facial fractures).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head.

**Decision rationale:** Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprises 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. 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. Letter from the requesting dentist states that patient has chronic pain syndrome, tooth #19, #13, #14 and #15 have decays, open margins and recurrent decays, they need new crowns and build up crown over 15 yrs old. Per reference mentioned above, "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." (ODG) Since patient has been approved for crown #13, this reviewer also finds this request for composite build up #13 medically necessary to properly repair this patient's tooth.

#### **Crown #14: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Dental trauma treatment (Facial fractures).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head.

**Decision rationale:** Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprises 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. If there is no sufficient structure

remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. 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. Letter from the requesting dentist states that patient has chronic pain syndrome, tooth #19, #13, #14 and #15 have decays, open margins and recurrent decays, they need new crowns and build up crown over 15 yrs old. Per reference mentioned above, "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." (ODG) Therefore based on the findings mentioned above and ODG guidelines, this reviewer finds this request for crown #14 medically necessary to properly repair this patient's tooth.

#### **Composite build-up #14: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Dental trauma treatment (Facial fractures).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head.

**Decision rationale:** Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprises 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. 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. Letter from the requesting dentist states that patient has chronic pain syndrome, tooth #19, #13, #14 and #15 have decays, open margins and recurrent decays, they need new crowns and build up crown over 15 yrs old. Per reference mentioned above, "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." (ODG) Since patient has been approved for crown #14, this reviewer also finds this request for composite build up #14 medically necessary to properly repair this patient's tooth.

**Crown #15: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Dental trauma treatment (Facial fractures).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head.

**Decision rationale:** Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprises 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. 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. Letter from the requesting dentist states that patient has chronic pain syndrome, tooth #19, #13, #14 and #15 have decays, open margins and recurrent decays, they need new crowns and build up crown over 15 yrs old. Per reference mentioned above, "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." (ODG) Therefore based on the findings mentioned above and ODG guidelines, this reviewer finds this request for crown #15 medically necessary to properly repair this patient's tooth.

#### **Composite build up #15: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Dental trauma treatment (Facial fractures).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head.

**Decision rationale:** Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprises 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. 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. Letter from the requesting dentist states that patient has chronic pain syndrome, tooth #19, #13, #14 and #15 have decays, open margins and recurrent decays, they need new crowns and build up crown over 15 yrs old. Per reference mentioned above, "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." (ODG) Since patient has been approved for crown #15, this reviewer also finds this request for composite build up #15 medically necessary to properly repair this patient's tooth.

#### **Crown #19: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Dental trauma treatment (Facial fractures).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head.

**Decision rationale:** Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprises 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. 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. Letter from the requesting dentist states that patient has chronic pain syndrome, tooth #19, #13, #14 and #15 have decays, open margins and recurrent decays, they need new crowns and build up crown over 15 yrs old. Per reference mentioned above, "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." (ODG) Therefore based on the findings mentioned above and ODG guidelines, this reviewer finds this request for crown #19 medically necessary to properly repair this patient's tooth.

**Composite build-up #19:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Dental trauma treatment (Facial fractures).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head.

**Decision rationale:** Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprises 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. 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. Letter from the requesting dentist states that patient has chronic pain syndrome, tooth #19, #13, #14 and #15 have decays, open margins and recurrent decays, they need new crowns and build up crown over 15 yrs old. Per reference mentioned above, "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." (ODG) Since patient has been approved for crown #19, this reviewer also finds this request for composite build up #19 medically necessary to properly repair this patient's tooth.

**Nitrous NO2 other drugs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Dental trauma treatment (Facial fractures).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3. Decision based on Non-MTUS Citation Medscape reference: Nitrous Oxide Administration. Nili N Alai, MD, FAAD; Chief Editor: Rick Kulkarni, MD.

**Decision rationale:** CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2) - A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases, a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear. Numerous records reviewed, many hand written and hard to decipher. An undated letter from the requesting dentist states that patient has chronic pain syndrome, tooth #19, #13, #14 and #15 have decay, open margins and recurrent decays, they need new crown and build up crown over 15 yrs old. Requesting dentist is recommending "Nitrous NO2 other drugs". However, it is unclear to this reviewer the quantity of NO2 that is being requested and what the "other drugs" are. Absent further detailed documentation and clear rationale, the medical necessity for this Nitrous NO2 other drugs 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 reviewer recommends non-certification at this time therefore is not medically necessary.