

STATE OF MICHIGAN
DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES
Before the Director of Insurance and Financial Services

In the matter of:

██████████
Petitioner

v
Guardian Life Insurance Company of America
Respondent

File No. 146525-001

Issued and entered
this 26th day of March 2015
by Joseph A. Garcia
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On February 26, 2015, ██████████ ██████, authorized representative of ██████████ (Petitioner), filed a request with the Director of Insurance and Financial Services for an external review under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.*

The Petitioner has dental coverage through a group plan that is underwritten by Guardian Life Insurance Company of America. The Director notified Guardian of the external review request and asked for the information used to make its final adverse determination. Guardian submitted its response on March 2, 2015. After a preliminary review of the material submitted, the Director accepted the request on March 5, 2015.

To address the medical issues presented, the Director assigned the case to an independent medical review organization which provided its analysis and recommendation on March 19, 2015.

II. FACTUAL BACKGROUND

On December 14, 2014, the Petitioner had a crown buildup in preparation for subsequent placement of a crown on tooth #14. Guardian denied coverage for the crown buildup, saying the procedure was not necessary.

The Petitioner appealed the denial through Guardian's internal grievance process. At the conclusion of that process, Guardian affirmed its decision in a final adverse determination dated February 18, 2015. The Petitioner now seeks a review of that adverse determination from the Director.

III. ISSUE

Did Guardian correctly deny coverage for the crown buildup on tooth #14?

IV. ANALYSIS

In its final adverse determination, Guardian denied coverage, saying tooth #14 “appears to have sufficient tooth structure remaining to provide adequate support and retention for an inlay, onlay, or crown.” In a letter dated March 2, 2015, submitted for this external review, Guardian wrote:

Two separate claim reviews have been performed on this procedure. Based on review of the clinical information provided, in both reviews the consultants advised that this tooth appears to have sufficient tooth structure remaining to provide adequate support and retention for a crown. According to the terms of the plan Guardian processed denials for the crown on 1/14/2015 and 2/18/2015.

In the external review request, the Petitioner’s dentist wrote:

Tooth #14 had existing MOD composite with a step on the distal and decay on the mesial (both visible from bitewing). Upon caries removal, less than 50% of tooth structure remained especially in buccal-lingual dimension where $\frac{1}{2}$ to $\frac{2}{3}$ intercuspal distance is missing.

The Petitioner’s dental benefits are defined in a certificate of group insurance coverage issued by Guardian. Guardian covers dentally necessary crown buildups as “major restorative services.” The coverage is described in the certificate (page 119):

Crowns, inlays, onlays, labial veneers, and crown buildups are covered only when needed because of decay or injury, and only when the tooth cannot be restored with amalgam or composite filling material. Post and cores are covered only when needed due to decay or injury....

Posts and buildups – only when done in conjunction with a covered unit of crown or bridge and only when necessitated by substantial loss of natural tooth structure.

The question of whether the crown buildup on tooth #14 was dentally (medically) necessary was presented to an independent review organization (IRO) for analysis as required by section 11(6) of the Patient’s Right to Independent Review Act, MCL 550.1911(6).

The IRO reviewer is a licensed dentist in active practice. The IRO reviewer concluded that the crown buildup was not medically necessary for the treatment of the Petitioner’s condition. The reviewer provided this analysis:

According to the documentation submitted for review, the x-rays show a previously restored tooth that had a wide existing composite restoration with recurrent decay. It appeared that a crown restoration was to be placed, which would require removal of the old restoration along with the decay. The provider had indicated there was a “step” on the distal and decay on the mesial aspect of the restoration. It was also noted that the restoration was very wide on the occlusal surface and the provided photographs supported this obser-

vation. It did not appear that any cusps were missing. A wide restoration, generally more than 50% of the intercusp width, leaves thin buccal and lingual cusps and can indicate a need for a crown restoration, but not necessarily a core buildup as the width does not impact upon the vertical height needed for retention. Upon viewing the x-ray of tooth #14, it was clear that the existing restoration was of only shallow to moderate depth which placed the floor of the restoration at about the level that would be attained following a crown preparation on an otherwise undamaged tooth. A core buildup is considered when approximately 50% or more of the coronal structure is missing and the mechanical retention for a crown is compromised. If after a tooth is prepared for a crown there is greater than 50% of the structure remaining, there is no mechanical need for the additional retention.

In this particular instance, the amount of structure that would be considered missing following crown preparation is minimal and would not impact upon the proper retention of a full coverage restoration. Christensen has stated that when there are small deficiencies not requiring a core buildup that "Small voids in the tooth preparation produced by removal of previously placed restorations should be filled with resin-modified glass ionomer, bonded compomer or bonded resin-based composite to allow impression material to release easily from the tooth preparation." If the old restoration in this case needed to be removed, any remaining voids could be blocked out with filler. There appears from the supplied x-ray there would be more than sufficient structural support with adequate vertical wall height on tooth #14 for a full coverage restoration without necessity for a crown build-up.

The standard of care to evaluate a tooth for a core build-up for crown is to evaluate the remaining structure following preparation. If greater than 50% of the coronal structure is missing after preparation it is generally held that a build-up is necessary in order to provide sufficient support for the full coverage restoration. This may be considered if two (2) cusps on the same surface of a molar are missing, therefore not allowing for at least 4 mm of opposing vertical walls. If there are areas that are considered voids, but do not contribute to the retentiveness of the final restoration, filler may be used but it is not considered a buildup.

The American Dental Association (ADA) descriptor states "CDT 2014 D2950 - Core Buildup, Including Any Pins refers to the building up of coronal structure when there is insufficient retention for a separate extracoronal restorative procedure. A core buildup is not a filler to eliminate any undercut, box form, or concave irregularity in a preparation."... Wiskott...in his text notes the need for 4 mm of height on opposing surfaces to allow for sufficient retention of an indirect restoration. Christensen has stated "When one-half or more of the coronal tooth structure is missing, building up the tooth preparations by placing bonded composite is the state of the art..." but goes on to state regarding simple fillers that, "small voids in the tooth preparation produced by removal of previously placed restorations should be filled with resin-modified glass ionomer, bonded compomer or bonded resin-based composite to allow impression material to release easily from the tooth preparation."

Wiskott...in his text describes the need for sufficient height of opposing walls of a preparation to allow for proper retention. Christensen...states in his publication that

buildups should be considered when more than 50% of the coronal structure of a tooth is missing in order to increase retention.

Recommendation:

It is the recommendation of this reviewer that the denial issued by Guardian Life Insurance Company of America for the crown (core) build-up on tooth #14 be upheld.

[Citations omitted.]

The Director is not required to accept the IRO's recommendation. *Ross v Blue Care Network of Michigan*, 480 Mich 153 (2008). However, the recommendation is afforded deference by the Director. In a decision to uphold or reverse an adverse determination, the Director must cite "the principal reason or reasons why the [Director] did not follow the assigned independent review organization's recommendation." MCL 550.1911(16)(b). The IRO's analysis is based on extensive experience, expertise, and professional judgment. In addition, the IRO's recommendation is not contrary to any provision of the Petitioner's certificate of coverage. See MCL 550.1911(15).

The Director, discerning no reason why the IRO's recommendation should be rejected, finds that the crown buildup on tooth #14 was not medically necessary and is therefore not a benefit under the certificate.

V. ORDER

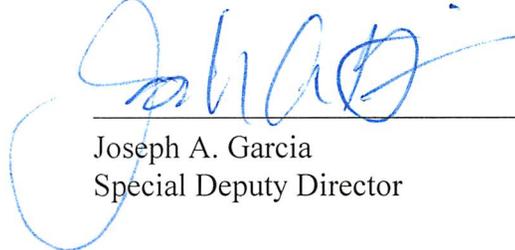
The Director upholds Guardian Life Insurance Company of America's February 18, 2015 final adverse determination.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this order may seek judicial review no later than 60 days from the date of this order in the circuit court for the Michigan county where the covered person resides or in the circuit court of Ingham County.

A copy of the petition for judicial review should be sent to the Department of Insurance and Financial Services, Office of General Counsel, Post Office Box 30220, Lansing, MI 48909-7720.

Annette E. Flood
Director

For the Director:



Joseph A. Garcia
Special Deputy Director