

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

**In the matter of:**

██████████  
**Petitioner**

**v**

**Standard Insurance Company**  
**Respondent**

**File No. 147809-001**

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**Issued and entered**  
**this 1<sup>st</sup> day of July 2015**  
**by Randall S. Gregg**  
**Special Deputy Director**

**ORDER**

**I. PROCEDURAL BACKGROUND**

On May 11, 2015, ██████████ (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 an employer group plan that is underwritten by Standard Insurance Company. The benefits are defined in Standard's *Certificate and Summary Plan Description Group Dental Insurance*, effective September 1, 2014. The Director notified Standard of the external review request and asked for the information used to make its final adverse determination. After a preliminary review of the material submitted, the Director accepted the request on May 18, 2015.

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

**II. FACTUAL BACKGROUND**

On October 1, 2014, the Petitioner had ceramic crowns placed on teeth #6 and #11. Her dentist charged \$1,800.00 (\$900.00 for each crown).

Standard denied coverage and the Petitioner appealed the decision through Standard's internal appeals process. At the conclusion of that process Standard maintained its denial in a

final adverse determination dated March 26, 2015. The Petitioner now seeks a review of that adverse determination from the Director.

### III. ISSUE

Did Standard correctly deny coverage for the Petitioner's crowns on teeth #6 and #11?

### IV. ANALYSIS

#### Petitioner's Argument

The Petitioner's external review request included this statement:

My dentist said I needed crowns on my K-9 [canine] teeth. There were issues [and] getting very sensitive. Standard Insurance refused the claim even after documentation they request was submitted. Delta Dental, who is my secondary [insurance] provider through my husband, paid \$948.00. Evidently they [Delta Dental] didn't think it was cosmetic.

The Petitioner believes the crowns were dentally necessary and therefore Standard should cover them.

#### Respondent's Argument

In its final adverse determination, Standard explained the basis for its denial of coverage:

The narrative, x-rays and intraoral photographs were reviewed by our consulting dentist, who is not the same consultant who made the original benefit determination.

The consulting dentist upheld the original benefit determination. The principal reason for this decision is that based on the supporting documentation received, the incisal/occlusal wear indicates attrition, which is not covered under the plan.

This decision is based on the definitions included in the Current Dental Terminology American Dental Association, as well as the plan language found in the member's Certificate of Coverage in the section entitled Table of Dental Procedures, Type 3 Procedures, Crowns.

The group dental plan in which the member is enrolled is very specific in regards to coverage for crowns. Coverage is provided only when necessary due to decay or traumatic injury. Traumatic injury under this plan is defined as any injury caused by an object or force other than attrition and/or bruxism (i.e. grinding of the teeth). Expenses incurred for crowns other than being due to decay or traumatic injury, regardless of the reason or necessity, are not covered. Coverage

is also precluded for appliances, restorations or procedures to: alter vertical dimensions, restore or maintain occlusion, splint and/or replace tooth structure lost as a result of abrasion or attrition.

### Director's Review

The medical issues in this review were presented to an independent review organization (IRO) for analysis and a recommendation as required by section 11(6) of the Patient's Right to Independent Review Act, MCL 550.1911(6). Specifically, the Director asked the IRO to evaluate whether the crowns were medically (dentally) necessary and, if so, whether the teeth in question were damaged by traumatic injury, bruxism (grinding), or attrition.

The IRO reviewer is a licensed dentist in active practice who is a member of the Academy of General Dentistry. The IRO report included the following analysis and recommendation:

The standard of care for the provision of crown restorations depends on the condition of the remaining tooth structure. If there is insufficient structure to be restored with conventional filling materials following damage from decay or fracture or other means, then a full coverage crown may be indicated. Christensen [citation omitted] has put forth that crowns may be indicated for teeth with large, previously placed defective restorations or active carious lesions; teeth with signs and symptoms of cracked-tooth syndrome; asymptomatic horizontal cracks in teeth; endodontically treated, heavily restored teeth; teeth with one or more cusps missing; hemisected teeth and mobile teeth for splinting. There are therefore a number of instances where crowns are indicated, or a crown may be one of several possible treatment options. These criteria are used to determine the need for crown placement, and as such in this instance, the requirements have not been met.

\* \* \*

The enrollee presented with two canine teeth that had either a small carious lesion or an existing restoration along with a small carious lesion. The amount of missing structure was minimal in either case and a full coverage restoration would not be indicated. A standard bonded restoration would be more appropriate based on the amount of damaged structure. Crowns are reserved for those instances where there is substantial missing structure such as a missing cusp. Tooth #6 had more extensive missing structure as noted by the existing restoration (although the supplied x-ray was a bitewing and did not show the entire mesial area of the tooth), but did not appear extensive enough to require a full crown restoration. Tooth #11 had a small carious lesion and possibly a small area of attrition on the incisal, neither of which would require a full coverage crown to restore. Given the supplied x-rays, there does not appear to be any dental necessity for full coverage crowns.

In the current instance, the enrollee presented with teeth that have minimal to moderate existing restoration or caries. Neither of these teeth have sufficient missing tooth structure that would require full coverage restorations. Standard bonded restorations would be sufficient to restore either of these two teeth. The trauma to the tooth from cutting down and placing crowns on these teeth does not appear warranted. Full coverage crowns do not appear to be medically necessary on either of these teeth. Standard bonded restorations should provide more than adequate service for these two teeth.

In summary, the enrollee presented with teeth that have minimal to moderate existing restoration or caries. Full coverage crowns are not medically necessary on either of these teeth.

The Petitioner's certificate of coverage includes the following provision:

**LIMITATIONS.** Covered Expenses will not include and benefits will not be payable for expenses incurred:

\* \* \*

11. for services that are not required for necessary care and treatment or are not within generally accepted parameters of care.

The IRO reviewer concluded that the crowns were "not required for necessary care." 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. MCL 550.1911(15).

The Director, discerning no reason why the IRO's recommendation should be rejected in the present case, finds that the Petitioner's crowns were not medically (dentally) necessary. Because the crowns were not "necessary care" it need not be determined whether the condition of the teeth was caused by traumatic injury, bruxism, or attrition. The crowns are not a covered benefit under the certificate of coverage.

## V. ORDER

The Director upholds Standard's March 26, 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 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 Michigan Department of Insurance and Financial Services, Office of General Counsel, Post Office Box 30220, Lansing, MI 48909-7720.

Patrick M. McPharlin  
Director

For the Director:

A handwritten signature in black ink, appearing to read 'RSG', is written over a horizontal line.

Randall S. Gregg  
Special Deputy Director