

<b>Case Number:</b>	CM15-0182708		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	06/06/2005
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 61 year old male, who sustained an industrial injury on 6-6-2005. Medical records indicate the worker is undergoing treatment for grossly decayed teeth, maxilla atrophy and peri-coronitis. A recent letter dated 8-18-2015, the physician requested authorization for intravenous sedation-general anesthesia by oral surgeon due to length and difficulty of planned procedure and the procedure is too much to tolerate under just local anesthesia. Recent physical examination of dental issues is not provided, but a report from 4-27-2015 outlined the planned treatment that included anesthesia-sedation. Treatment to date has included physical therapy and medication management. On 8-18-2015, the Request for Authorization requested IV sedation-general anesthesia for oral surgery performed on 8-19-2015. On 8-20-2015, the Utilization Review noncertified the Retrospective request: IV sedation-general anesthesia for oral surgery performed on 8-19-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request: IV sedation/general anesthesia for oral surgery (DOS 8/19/2015):**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [REDACTED] and clinics

guidelines for the diagnosis and treatment of periodontal diseases. [REDACTED]

[REDACTED]; 2011 Dec 9 37 p. (51 references).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation In office use of sedation. National Guideline Clearinghouse (NGC), [REDACTED]. Agency for Healthcare Research and Quality (AHRQ).

**Decision rationale:** The MTUS Guidelines do not address the use of IV sedation/general anesthesia for oral surgery. The National Guidelines Clearinghouse recommends the use of in office sedation when provided by qualified anesthetists, nurses or physicians. Utilization review notes that for oral surgery, local anesthesia is usually sufficient. The requesting physician notes that the procedure was expected to be 1 hour 30 minutes, and the difficulty of the procedure as well as the health of the injured worker does not make local anesthesia appropriate. Following review of the medical reports, IV sedation does appear to be appropriate for this injured worker and is consistent with the recommendations of the National Guidelines. The retrospective request: IV sedation/general anesthesia for oral surgery (DOS 8/19/2015) is medically necessary.