

Case Number:	CM15-0095570		
Date Assigned:	05/22/2015	Date of Injury:	10/11/1999
Decision Date:	06/26/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/18/2015

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 59 year old female, who sustained an industrial injury on 10/11/99. The injured worker was diagnosed as having cervical spine myoligamentous sprain/strain, bilateral thoracic outlet syndrome, bilateral post-operative shoulder conditions, rule out internal derangement, bilateral carpal tunnel syndrome, costochondritis, thoracic spine myoligamentous sprain/strain, rule out fibromyalgia, and depression. Treatment to date has included dental surgery. Currently, the injured worker complains of dental pain. The treating physician requested authorization for a dental procedure with intravenous sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental procedure with IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2).

Decision rationale: Undated signed letter from requesting dentist [REDACTED] (faxed on 06/03/2015) states that patient has history of hypertension and severe gag reflex making it impossible to provide her required care without the presence of an anesthesiologist. [REDACTED] is requesting dental procedure with IV sedation. However, this request is not specific and this reviewer is not clear on the kind of sedation being requested and for what kind of dental procedure. Even though this patient may need sedation, but the documentation is lacking details. 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. The request is not medically necessary and this reviewer recommends non-certification at this time.