

<b>Case Number:</b>	CM13-0065633		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/31/1994
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic facial pain, temporomandibular joint (TMJ), headaches, and multiple cracked teeth and crowns reportedly associated with an industrial injury of August 31, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; prior Botox injections, including at least two sets of injections in 2013 alone; an occipital nerve block on November 12, 2013; repair, extraction, and crowning of multiple teeth; and topical agents. On November 12, 2013, the applicant was described as having persistent jaw pain with associated issues related to dental implants. The applicant was described as status post recent bone grafting, tooth grafting, tooth extraction, crown fracture, and replacement of fractured crowns. The applicant has also had a TMJ splint apparently recently placed. The applicant's facial musculature was quite sore. A repeat Botox injection was performed on the grounds that earlier injections had been successful. An occipital nerve block was performed to "eliminate" the neck and occipital generator components of the applicant's pain. On August 12, 2013, the applicant consulted a psychiatrist. She was described as using three to four tablets of oxycodone daily, Paxil and Remeron for depression, BuSpar nightly, and Elavil nightly. The applicant has asked to increase the dosage of Effexor. Operating diagnoses included major depressive disorder, pain disorder with psychological features, marital discord, and chronic pain syndrome. The applicant had apparently been approved for [REDACTED] and was described as having a Global Assessment of Functioning (GAF) of 60. On August 23, 2013, the applicant's dentist performed a Botox injection. In a Utilization Review Report of November 27, 2013, the claims administrator denied a request for Botox injections to the mandibular and facial musculature and retrospectively denied a Botox injection performed on November 12, 2013 and also retrospectively denied a request for bilateral occipital nerve blocks, also performed on November

12, 2013. Despite the fact that the MTUS addresses the topic, the claims administrator also cited Aetna Guidelines on Botox injections. ODG Guidelines were cited to support the occipital nerve block denial. The applicant's attorney subsequently appealed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **THE BOTOX INJECTION PERFORMED ON NOVEMBER 12, 2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botox Page(s): 26.

**Decision rationale:** The request addresses an injection that took place on November 12, 2013. As noted on page 26 of the MTUS Chronic Pain Medical Treatment Guidelines, Botox injections are recommended for the treatment of cervical dystonia. Botox injections are "not recommended" for tension type headaches, migraine headaches, chronic neck pain, myofascial pain syndrome, or trigger point pain. In this case, the bulk of the applicant's pain appears to stem from temporomandibular joint disorder and/or atypical facial pain. This is not an approved indication for Botox injections. The applicant had had numerous prior Botox injections, including an earlier set of injections in April 2013. She had failed to affect any lasting benefit or functional improvement through the same. She remained off of work, on total temporary disability, as of November 2013. She remained highly reliant on various injections, medical treatments, antidepressants, psychotropic medications, and opioids such as oxycodone. All of the above indicated that the prior Botox injection failed to affect any lasting benefit or functional improvement. Therefore, the follow-up Botox injection performed on November 12, 2013 is retrospectively not certified, on Independent Medical Review.

#### **A BILATERAL OCCIPITAL NERVE BLOCK: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Chapter, Neck Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Third Edition, Chronic Pain Chapter, Local Anesthetic Injections Section

**Decision rationale:** The MTUS does not address the topic of occipital nerve blocks. As noted in the Third Edition ACOEM Guidelines, however, local anesthetic injections such as greater occipital nerve blocks are "recommended" for diagnosing chronic pain. Occipital nerve blocks can be "occasionally used" to determine whether complaint of headache is due to static neck position versus migraine. In this case, the applicant did have atypical facial pain, postulated to be the result of various conditions including TMJ, migraine headaches, atypical headaches, etc. A trial occipital nerve block to diagnose the source of the applicant's complaints was indicated,

appropriate, and supported by ACOEM. This did represent a first-time occipital nerve block, based on the information on file. Therefore, the request is retrospectively certified, on Independent Medical Review.