

Case Number:	CM14-0002529		
Date Assigned:	03/03/2014	Date of Injury:	10/09/2009
Decision Date:	06/16/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/07/2014

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 Family Practice and is licensed to practice in Texas, California, Virginia. 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 patient is a 43 year old female with a reported injury to her jaw when she was hit by a coworker. Clinical note dated 03/12/13 indicated the patient previously undergoing surgical intervention at right side of the jaw on 02/03/11. The patient underwent three series of Botox injections. Upon exam marked tenderness was noted at the right TMJ. The patient was unable to fully open or close her jaw and the teeth no longer fit properly when she closes the jaw. Previous Botox injections worked well for her. Clinical therapy note dated 04/03/13 indicated the patient initiating therapy at the jaw. Numbness was identified in the right cheek and temporal region. The patient said the jaw pain was affecting her ability to sleep well. Therapy note dated 05/03/13 indicated the patient completing eight therapy sessions. There was deviation on the right side of the jaw with crepitus and depression. The patient was recommended for 10 Botox injections under IV sedation to the right mandible.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTIONS X10 UNDER IV SEDATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter< Botulinum Injection.

Decision rationale: The request for a Botox injection times 10 under IV sedation is non-certified. Clinical documentation indicates the patient complaining of a TMJ injury. Currently no high quality studies exist supporting the use of Botox injections for TMJ complaints. Given that no high quality studies have been published in peer-reviewed literature supporting the safety and efficacy of Botox injections for TMJ injuries, the request is not indicated as medically necessary.