

Case Number:	CM14-0003713		
Date Assigned:	01/31/2014	Date of Injury:	01/27/2010
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine & Rehabilitation, 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 patient is an employee of [REDACTED] and has submitted a claim for TMJ disorder associated with an industrial injury date of January 27, 2010. Treatment to date has included oral night guard device and TMJ physical therapy. Medical records from 2011 to 2013 were reviewed and showed the patient to have been diagnosed with TMJ disorder. The patient was prescribed with a night guard which provided 50% improvement of symptoms according to a progress report on February 11, 2013. The current subjective complaints and objective findings were not provided. A progress report dated February 2, 2013 showed a moderately distressed patient with tenderness over the left masseter, temporalis muscles and TMJ area. Physical examination showed a ~30mm maximal opening of the oral cavity without deviation; severe pain and very loud noise on the left TMJ area with opening; guarding without trismus; class I occlusion, stable and repeatable; and tenderness of left medial pterygoid. At present, TMJ Botox injection of the masseter and temporalis muscles is requested to reduce the muscle spasm and discomfort associated with the facial muscle tension and TMJ pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTION FOR TMJ: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Botulinum toxin; and Aetna Clinical Policy Bulletin no. 0113: Botulinum Toxin.

Decision rationale: Pages 25-26 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that Botulinum toxin is generally not recommended for chronic pain disorders, but recommended for cervical dystonia; while ODG recommends its use for spasticity following TBI. Aetna considers Botulinum toxin (types A or type B) experimental and investigational for TMJ disorders. In this case, the patient was diagnosed with TMJ disorder; however the current status, symptomatology and objective findings in this patient were not provided. Moreover, the guidelines generally do not recommend the use of Botox for chronic pain disorders, and literature shows that its use for this condition is experimental. The medical necessity has not been established. Therefore, the request for Botox Injection for TMJ is not medically necessary.