

<b>Case Number:</b>	CM14-0116583		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	11/16/2010
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Dentistry 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:

Records reviewed indicate that this is a 58 year old female that in 2010 while at work she had stepped on a roller, fallen back onto buttocks, striking head with loss of consciousness as a result of the fall. Claimant complains of TMJ discomfort. She had a hand fracture and neck and facial pain. She also complains of bilateral facial, cheek pain and hand pain. She has difficulty in swallowing, dizziness with movement and has trouble walking. There is temporomandibular joint dysfunction (TMJ) popping and clicking on the left side greater than the right. On examination, there is bilateral masseter origin, anterior temporalis, medial pterygoid, open joint, coronoid attachments and lateral pterygoid tenderness. Sternocleidomastoid, clavicle, sternum, suboccipitalis, trapezius and scalene tenderness. Injured worker has been diagnosed with TMJ disorder/TMJ derangement by requesting [REDACTED]. Requesting for Chemodenervation-muscle 64612, TMJ Botox Injection J0585, CT scan 3D Rendering TMJ 70486, 76376, 76377, TMJ Oral Device (Mandibular Orthopedic Repositioning Appliance) S8262. UR report dated June 15, 2014 states: The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The injured worker is a 48-year-old female who reported an injury on 11/16/2010. The mechanism of injury involved a fall. A surgical history was not provided. Diagnostic studies were not provided. Current medications are not listed. Previous conservative treatment includes medication management. Current diagnoses include myositis, myalgia, temporal tendinitis, occipital neuritis, and TMJ derangement. A clinical note was submitted on 05/12/2014. It is noted that the injured worker complains of bilateral facial and cheek pain. The injured worker reports difficulty swallowing, dizziness with movement, and trouble walking. A physical examination revealed a 40 mm maximal opening without discomfort, pain with right and left lateral excursions, tenderness to palpation, and negative clicking and popping of the TMJ. The injured worker was diagnosed with myositis,

myalgia, temporal tendinitis, occipital neuritis, and TMJ derangement. Treatment recommendations included a CT scan, a mandibular orthopedic repositioning appliance, TMD exercises, TMJ Botox, physical therapy, TMJ physical therapy, and a soft food diet. There is also no mention of an attempt at conservative treatment prior to the request for a chemodenervation procedure. I discussed this case with [REDACTED], who offered information consistent with the clinical notes. Additionally, the injured worker completed a CT scan of the head following the injury, which provided negative findings. The injured worker has also been evaluated by an ENT specialist. Additional clinical documentation has not been received. As the medical necessity has not been established, the request is non-certified.

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

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

**Chemodenervation-muscle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Botulinum Toxin Type A in the Management of Oromandibular Dystonia and Bruxism In: Brin MF, Hallett M Jankovic J. Scientific and Therapeutic Aspects of Botulinum Toxin. Lippincot Williams and Wilkins, Philadelphia, PA, 2002 Ron Tintner, MD and Joseph Jankovic, MD National Institute of Dental and Craniofacial Research. NIH Publication No. 13-3487, August 2013

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome:

**Decision rationale:** MTUS guidelines do not recommend Botox injections for chronic pain disorders except for cervical dystonia, which this patient does not have, per all the records provided. Therefore, this this request of Chemodenervation-Muscle not medically necessary.