

<b>Case Number:</b>	CM14-0183129		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 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 patient is a 32-year-old female who has submitted a claim for headache, jaw pain, ear pain, dizziness, fractured tooth, oromandibular dystonia, and post-traumatic issues associated with an industrial injury date of 11/7/2012. Medical records from 2013 to 2014 were reviewed. The patient complained of teeth grinding and headaches. She had been grinding hard on the mouth guard resulting in headache. Her headache lasted for the entire day occurring twice per week. A previous Botox injection for headache resulted to symptom relief. Physical examination showed tenderness of facial muscles and facial tremor with jaw opening. Treatment to date has included mouth guard, and Botox injection for headache in February 2014 and September 2014. The request for Botox injection is to control dystonia and chronic daily headache. The request for sphenopalatine ganglion block is likewise to better control headache. The utilization review from 10/22/2014 denied the request for Botox drug and administration 100 units/once every 2 months because of no clear documentation about the level and duration of pain relief, as well as functional improvement from previous injection; denied trigger point injections once every 2 months / multiple sites because of no evidence of palpable trigger points on the exam; denied occipital nerve block once every 2 months / bilateral because of no evidence of radiating pain in the head or objective findings of tenderness over the occipital nerve to warrant the request; denied sphenopalatine block once every 2 months / bilateral because of limited evidence of objective deficits outlined regarding the head, face, and neck regions; and modified detailed oral evaluation into detailed oral evaluation x 1 office visit because the patient complained of teeth grinding and fractured teeth.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox drug and administration 100 units/once every 2 months: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Botulinum toxin (Botox; Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Botulinum Toxin

**Decision rationale:** According to pages 25-26 of CA MTUS Chronic Pain Medical Treatment Guidelines, Botox is not generally recommended for chronic pain disorders but recommended for cervical dystonia. Furthermore, Botox is not recommended for tension-type headache, migraine headache, fibromyositis, myofascial pain syndrome, trigger point injections, and chronic neck pain. The Official Disability Guidelines recommend use of Botulinum toxin for spasticity following traumatic brain injury. In this case, the patient complained of teeth grinding and headaches. She had been grinding hard on the mouth guard resulting to headache. Her headache lasted for the entire day occurring twice per week. Previous Botox injection for headache in February 2014 resulted to symptom relief. However, the patient underwent repeat Botox injection for headache in September 2014 without documentation concerning functional outcomes. The medical necessity for repeat injection cannot be established due to insufficient information. Moreover, it is not reasonable to certify injection every two months because succeeding procedures are dependent on outcomes of prior injections. Therefore, the request for Botox drug and administration 100 units/once every 2 months is not medically necessary.

**Trigger point injections once every 2 months/multiple sites: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** As stated on page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections (TPIs) are recommended only for myofascial pain syndrome. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. All of the following criteria should be met: documentation of circumscribed trigger points; symptoms have persisted for more than three months; medical management therapies have failed to control pain; not more than 3-4 injections per session; radiculopathy is not present; no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; and frequency should not be at an interval less than two months. In this case, the patient complained of teeth grinding and headaches. She had been grinding hard on the mouth guard resulting in headache. Her headache lasted for the entire day occurring twice per week. Physical examination showed tenderness of facial muscles and facial tremor with jaw

opening. However, there was no data concerning presence of trigger points. Moreover, the number of injections was not specific in the request. Lastly, it is not reasonable to certify injection every two months because succeeding procedures are dependent on outcomes of prior injections. Therefore, the request for trigger point injections once every 2 months/multiple sites is not medically necessary.

**Occipital nerve block once every 2 months/bilateral: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC Head Procedure Summary

**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, Greater Occipital Nerve Block, Therapeutic

**Decision rationale:** CA MTUS does not specifically address occipital nerve blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that greater occipital nerve injection is under study for treatment of occipital neuralgia and cervicogenic headaches and there is little evidence that the block provides sustained relief. In addition, the mechanism of action is not understood, nor is there a gold-standard methodology for injection delivery. In this case, the patient complained of teeth grinding and headaches. She had been grinding hard on the mouth guard resulting to headache. Her headache lasted for the entire day occurring twice per week. Physical examination showed tenderness of facial muscles and facial tremor with jaw opening. However, the guidelines do not recommend greater occipital nerve injections because there is little evidence that it provides sustained relief and is still under study for occipital neuralgia and cervicogenic headaches. There was no discussion as to why variance from the guidelines was needed. Therefore, the request for occipital nerve block once every 2 months/bilateral is not medically necessary.

**Sphenopalatine block once every 2 months/bilateral: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sphenopalatine Blocks in the Treatment of Pain in Fibromyalgia and Myofascial Pain Syndrome, Laryngoscope, 1997 Oct; 107(10):1420-22

**Decision rationale:** The CA MTUS and ODG do not specifically address this issue. An article from Laryngoscope journal entitled, Sphenopalatine Blocks in the Treatment of Pain in Fibromyalgia and Myofascial Pain Syndrome was used instead. A double blind, placebo-controlled study was performed on 61 patients, 42 with fibromyalgia and 19 with myofascial pain syndrome. Pain was measured using visual analogue scales prior to treatment, during treatment, and 28 days after the treatment. Headaches were evaluated in frequency and location

prior to and after treatment. Sphenopalatine ganglion blocks were performed under direct vision using 4% lidocaine and sterile water as a placebo. Analysis of the results showed no statistical differences between the lidocaine and the placebo groups. In this case, the patient complained of teeth grinding and headaches. She had been grinding hard on the mouth guard resulting to headache. Her headache lasted for the entire day occurring twice per week. Physical examination showed tenderness of facial muscles and facial tremor with jaw opening. However, there was no data concerning presence of trigger points. Moreover, the guidelines do not recommend sphenopalatine block because there is little evidence that it provides sustained relief and is still under study for pain syndrome. Lastly, it is not reasonable to certify injection every two months because succeeding procedures are dependent on outcomes of prior injections. Therefore, the request for sphenopalatine block once every 2 months/bilateral is not medically necessary.

**Detailed oral evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC Pain Procedure Summary

**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), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient complained of teeth grinding and headaches. She had been grinding hard on the mouth guard resulting to headache. Physical examination showed tenderness of facial muscles and facial tremor with jaw opening. Patient is a diagnosed case of fractured tooth and oromandibular dystonia. However, the medical records submitted and reviewed failed to provide oral examination to corroborate the request for a referral. The medical necessity cannot be established due to insufficient information. Therefore, the request for detailed oral evaluation is not medically necessary.