

Case Number:	CM14-0022901		
Date Assigned:	06/11/2014	Date of Injury:	06/13/1994
Decision Date:	08/11/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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 Orthopedic Surgery 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 injured worker is a 53-year-old individual who was reportedly injured on 6/13/1994. The mechanism of injury was noted as an industrial injury. The most recent progress note dated 6/16/2014, indicated that there were ongoing complaints of spine pain, headaches, and upper and lower extremity pains. The physical examination demonstrated difficulty with neck pain, with changing positions and severe low back pain with stiffness. There was positive Tinel's to bilateral elbows and wrists and swelling and tenderness to bilateral knees. X-rays of the bilateral knees revealed bilateral chondromalacia patellae. X-rays of the thoracic and lumbar spine revealed thoracic spondylosis with postsurgical changes in the lumbar spine with hardware in place. Previous treatment included transcutaneous electrical nerve stimulation unit, mandibular splints, previous surgeries physical therapy and medications. A request was made for botox injections for Temporomandibular disorders 155 units and was not certified in the pre-authorization process on 2/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTIONS FOR TMJ 155 UNITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26 OF 127.

Decision rationale: Botox injections are not recommended for the following: Tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome and trigger point injections. After reviewing the medical documentation provided, there were insufficient objective medical findings on physical examination to meet criteria for the above requested procedure. Therefore, it is deemed not medically necessary.