

Case Number:	CM14-0037156		
Date Assigned:	06/25/2014	Date of Injury:	01/04/2006
Decision Date:	07/23/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/27/2014

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, has a subspecialty in Interventional Spine, 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 57-year-old female with date of injury 1/47/06. The treating physician report dated 2/3/14 indicates that the patient presents with pain affecting her jaw and sleep apnea. The current diagnoses are 1. TMD; 2. Traumatic onset; 3. S/P surgery; 4. Limited ROM; 5. OSA. The utilization review report dated 2/28/14 denied the request for Trigger Point injections for pain management PRN, Occipital nerve block for pain management, Continued CPAP supplies, humidifier, masks, tubing, filters prn, and trigeminal nerve block for pain management prn and modified the request to certify one trigeminal block and a 12 month supply of CPAP supplies based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS FOR PAIN MANAGEMENT, PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Trigger point injections (TPIs).

Decision rationale: The patient presents status post jaw surgery with chronic temporal mandibular dysfunction and sleep apnea. The current request is for Trigger Point injections (TPI) for pain management prn. The treating physician report states, "Jaw examination notes limitation jaw range of motion, pre-auricular and temple muscle and joint pain as well as masseter region activities noted." The MTUS guidelines support TPI for neck and back pain upon meeting specified criteria. The ODG guidelines states, "Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. A cluster of symptoms is noted including pain, autonomic phenomena and muscle dysfunction. Examples of primary myofascial pain syndrome include tennis elbow, frozen shoulder and chronic tension type headache. Secondary myofascial pain is found in the presence of conditions such as whiplash, TMJ dysfunction, and osteoarthritis. The number one criteria for TPI in MTUS and ODG state," Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." The treater in this case has not documented that a trigger point exists. The request is not medically necessary and appropriate.

OCCIPITAL NERVE BLOCK FOR PAIN MANAGEMENT: 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), Occipital nerve block ODG-TWC guidelines, Head chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Occipital nerve block ODG-TWC guidelines, Head chapter.

Decision rationale: The patient presents status post jaw surgery with chronic temporal mandibular dysfunction and sleep apnea. The current request is for occipital nerve block for pain management. The MTUS Guidelines do not address occipital nerve blocks. The ODG Guidelines do discuss the usage of greater occipital nerve blocks (GONB). ODG states, "Under study for treatment of occipital neuralgia and cervicogenic headaches." There is nothing in the treating physician report dated 2/3/14 indicating that the patient suffers with headaches and there is no diagnosis of headache. The request is not medically necessary and appropriate.

CONTINUED CPAP SUPPLIES, HUMIDIFIER, MASKS, TUBING, FILTERS, PRN:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Apollo Managed Care: CPAP.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation LC4610.5(2) Medically necessary.

Decision rationale: I was not able to locate a reference in MTUS/ACOEM topics, MTUS/Chronic Pain Guidelines, or ODG-TWC guidelines related to the issue at hand. According to LC4610.5(2) "Medically necessary" and "medical necessity" mean medical

treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the order listed, allowing reliance on a lower ranked standard only if every higher ranked standard is inapplicable to the employee's medical condition: (A) The guidelines adopted by the administrative director pursuant to Section 5307.27.; (B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.; (C) Nationally recognized professional standards.; (D) Expert opinion.; (E) Generally accepted standards of medical practice.; (F) Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious. In this case, the highest ranked standard is likely (D) Expert opinion or (E) generally accepted standards of medical practice. The request is not medically necessary.

TRIGEMINAL NERVE BLOCK FOR PAIN MANAGEMENT, PRN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ultrasound guided trigeminal nerve block via the pterygopalatine fossa: an effective treatment for trigeminal neuralgia and atypical facial pain. Nadar a, Kendall MC, DeOliveria GS, Chen JQ, Vanderby B, Rosenow JM, Bendok BR. Pain Physician Sep-Oct;16(5):E537-45.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Expert opinion or (E) generally accepted standards of medical practice.

Decision rationale: I was not able to locate a reference in MTUS/ACOEM topics, MTUS/Chronic Pain Guidelines, or ODG-TWC guidelines related to the issue at hand. According to LC4610.5(2) "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the order listed, allowing reliance on a lower ranked standard only if every higher ranked standard is inapplicable to the employee's medical condition: (A) The guidelines adopted by the administrative director pursuant to Section 5307.27.; (B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.; (C) Nationally recognized professional standards.; (D) Expert opinion.; (E) Generally accepted standards of medical practice.; (F) Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious. In this case, the highest ranked standard is likely (D) Expert opinion or (E) generally accepted standards of medical practice and is therefore not medically necessary.