MAXIMUS Federal Services

Case Number:	CM14-0040355		
Date Assigned:	07/18/2014	Date of Injury:	02/28/2012
Decision Date:	09/08/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/07/2014

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 & 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 applicant is a represented [redacted] employee who has filed a claim for posttraumatic headaches, temporomandibular joint disorder, myofascial pain syndrome, and occipital neuralgia reportedly associated with an industrial injury of February 18, 2012.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier cervical fusion surgery; transfer of care to and from various providers in various specialties; and extensive periods of time off of work.In a Utilization Review Report dated March 27, 2014, the claims administrator approved a TMJ splint while denying cone beam computed tomography, trigger point injections, temporomandibular joint injections, and an occipital nerve block. The claims administrator's rationale was extremely difficult to follow and employed an outlined format without much in the way of narrative commentary.The applicant's attorney subsequently appealed.In a March 30, 2014 progress note, the applicant was described as having sustained trauma to several teeth in the original industrial injury of February 18, 2012. The applicant was having complaints of neck pain, jaw pain, facial pain, and ear pain. The applicant stated that his wife had noted him grinding at night. The applicant was snoring at night, it was acknowledged. Opening the applicant's jaw completely was painful, it was acknowledged. A CT scan of the temporomandibular joint, TMJ appliance, trigger point injections of the temporalis and masseter muscles, an occipital nerve block, and a TMJ nerve block were all sought.On March 13, 2014, the applicant's spine surgeon placed the applicant off of work, on total temporary disability. The applicant was status post multilevel fusion surgery, it was stated. It was stated that the applicant should obtain a cervical CT scan to evaluate any loosening of hardware at the level in question and that the applicant should remain off of work in the interim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cone Beam Computerized Tomography: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAE and AAOMR Joint Position Statement.

Decision rationale: The MTUS does not address the topic. As noted in the joint position statement of the American Association of Endodontists (AAE) and the American Academy of Oral and Maxillofacial Radiography (ADOMR), all radiographic examinations must be justified on an individual need basis whereby the benefits to the applicant of each exposure must outweigh the risks. The joint position statement argues against exposure of applicants to routine films or routine radiographics of any kind. In this case, it was not clearly stated why the cone beam computed tomography procedure was being performed. No rationale for the study in question was proffered by the attending provider. It was not stated what was suspected. It was not stated what was sought. The attending provider did not seemingly entertain the possibility that the applicant would respond favorably to the concurrently ordered temporomandibular splint, effectively obviating the need for the CT scan in question. Therefore, the request is not medically necessary.

(L) Trigger Point Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome, with limited lasting value. In this case, however, the applicant did not seemingly exhibit circumscribed trigger points which might represent a myofascial pain syndrome theoretically amenable to trigger point injection therapy. Rather, it appears that the bulk of the applicant's complaints emanated or originated from the TM joint. Trigger point injections are not, consequently, indicated. Therefore, the request is not medically necessary.

Occipital Nerve Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Local Anesthetic Injections section.

Decision rationale: The MTUS does not address the topic. While the Third Edition ACOEM Guidelines do recommend local anesthetic injections for diagnosing chronic pain, including the greater occipital nerve block at issue here, ACOEM qualifies the recommendation by noting that occipital nerve blocks are occasionally used to determine whether a complaint of headache is due to static neck position versus a migraine. In this case, however, the attending provider has seemingly established that the applicant's facial pain and headaches are a function of temporomandibular joint structure and associated night-time grinding. There is no clearly voiced suspicion of static neck position and/or migraines for which a diagnostic occipital nerve block might be indicated. As noted previously, the applicant appears to have a fairly conclusively established diagnosis of temporomandibular joint disorder. A diagnostic occipital nerve block would be of little value in this context. Therefore, the request is not medically necessary.

(L) Temporomadibular joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of Oral Science, September 2011.

Decision rationale: The MTUS does not address the topic. As noted in the Journal of Oral Science in September 2011, it is unclear whether TMJ injections with local anesthetic and corticosteroid are an effective first-line management modality for applicants with limited mouth opening associated with TMJ, as is the case here. In this case, it is further noted that the applicant was dispensed a TM splint on the date of the initial consultation, March 13, 2014. If successful, this would potentially obviate the need for the temporomandibular joint injection. The request is not indicated both owing to the tepid guideline recommendation on the procedure in question as well as owing to the fact that the applicant was given a TM splint which, if successful, would likely obviate the need for the injection in question. For all of the stated reasons, then, the request is not medically necessary.