

Case Number:	CM14-0087648		
Date Assigned:	07/23/2014	Date of Injury:	09/14/2011
Decision Date:	10/14/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 47 year old male who sustained an injury to his head on 09/14/11. Mechanism of injury was not documented. Clinical note dated 04/30/14 reported that the injured worker presented to the clinic for follow up of traumatic brain injury with secondary epilepsy, frontal lobe syndrome, aggravation of migraine headaches, and chronic CSF leak with one bout of meningitis since his TBI. The injured worker stated he was not sleeping as much as he would like and tended to awaken at night in spite of CPAP machine. Side of his head still ached (used to occur every few days and now it was daily). The pain was along the area of the skull defect with spot along the area of C3 through T3 most tender. He felt that the area was wiggling and thought a "screw may be loose" meaning that whatever was used to repair the skull had worn away. The injured worker also had pain along the temporalis muscle on the left TMJ the injured worker had seizure two Sundays following previous one, but had not had any more since. Physical examination noted pupils were unequal, round, and reactive to light and accommodation of 4mm on the right 5mm on the left; ptosis was on the left; fundoscopic examination did not reveal any hemorrhages or exudates; temporal pulses were absent; mouth exam showed no oral airway with palatal elevation; tenderness over the left scalp at about C3 and F3; soft tissue over his left temple and jaw was still hypertrophied light touch and pin prick was intact; motor strength/tone normal; neurological examination normal; gait and station were wide based and non-antalgic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections Bilateral Masseters X4 Injections/Visit (Total Of 5 Office Visits):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/7670426>, J Orofac Pain. 1994 Fall;8(4):384-90. McMillan AS1, Blasberg B.

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

Decision rationale: The request for trigger point injections bilateral masseters times four injections/visit (total of five office visits) is not medically necessary. The previous request was denied on the basis that the injured worker was treated with trigger point injections previously, but the response frequency or duration was not indicated. Given the indication in this case and frequency requested, more information about response to previous therapy would be required to determine appropriateness of injections. The CAMTUS states that trigger point injections with local anesthetic may be recommended for the treatment of chronic low back pain or neck pain with myofascial pain syndrome when all of the required criteria are met. Physical examination did not note clinical documentation of circumscribed trigger points with evidence upon palpation of twitch response per pain. The CAMTUS states that there should be no repeat injections of less or greater than 50% pain relief obtained for six weeks after an injection and there is documented evidence of functional improvement. No information was submitted indicating the response to previous trigger point injection therapy. Given this, the request for trigger point injections bilateral masseters times four injections/visit (total of five office visits) is not indicated as medically necessary.