

<b>Case Number:</b>	CM14-0090602		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/18/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 and Pain Medicine and is licensed to practice in Oklahoma. 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 60-year-old male who reported an injury on 02/18/2012 while performing his usual work duties, he fell, striking his head and had progressive jaw symptoms as well as fractured teeth. Diagnoses were temporal mandibular joint injury, post-traumatic headache, cervicgia and fractured teeth. Past treatments were injections for the TMJ on the left and night time mouthpiece for alignment. Diagnostic studies were CT scan of the cervical spine. The CT of the cervical spine without contrast revealed C5-7 anterior fusion. No CT scan evidence of hardware loosening. A C5-6 bone graft appeared incorporated. Severe degenerative disc disease at the C6-7 and C7-T1 levels with sclerosis and irregularity of endplates. Bilateral facet arthropathy and uncovertebral joint hypertrophy. Severe left neural foraminal stenosis at the C2-3 level and C7-T1 level. Surgical history was a C5-7 anterior fusion. Physical examination on 04/16/2014 revealed the injured worker has been wearing his splint every night and reports no real change in his pain level. The injured worker wears a mouth splint at night while he is sleeping. Examination revealed muscle pain palpable in the neck, shoulders and face. Jaw range of motion was full. Jaw joint noise present. Treatment plan was for TMJ injections and trigger point injections. The rationale and request for authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TMJ Injections:** 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 Journal of Oral and maxillofacial Surgery, Volume 45, Issue 11, November 1987, pages 929-935

**Decision rationale:** The decision for TMJ Injections is not medically necessary. The California Medical Treatment Utilization Schedule, ACOEM, and Official Disability Guidelines do not address this request. The Journal of Oral and Maxillofacial Surgery was consulted. The long term effect of intraarticular injections of sodium hyaluronate and corticosteroid was compared in a sample of 24 patients who had pain and tenderness to palpation in the temporomandibular joint (TMJ arthritis) of at least 6 months duration, and who had not responded to conservative treatment. The 2 drugs were randomly allocated to the patients. The drugs, 0.5 ml, were injected twice into the superior joint compartment of the TMJ with a 2 week interval between injections. The effect on subjective symptoms, clinical signs and bite force was assessed. At the 1 and 2 year followups, both the hyaluronate and the corticosteroid group had significantly reduced subjective symptoms as well as clinical signs, and the maximum voluntary bite force was significantly increased. The differences in effect between treatments were not statistically significant. It was concluded that both drugs have a significant long term effect on chronic arthritis of the TMJ and that either of the drugs can be helpful; however, sodium hyaluronate might be the best alternative due to the least risk for side effects. It was not reported that the injured worker had arthritis of the temporomandibular joint. The outcomes of the previous injections were not reported. It was not reported what was being injected into the injured worker's temporomandibular joint. Therefore, this request is not medically necessary.

**Trigger point injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections, p Page(s): 121, 122.

**Decision rationale:** The decision for Trigger point injections is not medically necessary. The California Medical Treatment Utilization Schedule recommendations trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, and symptoms should have persisted for more than 3 months. Medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants should be documented as failed to control pain. Radiculopathy should not be present by exam, imaging or neuro testing, and there are to be no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. Additionally, they indicate that the frequency should not be at an interval less than 2 months. There was no twitch response reported for the physical examination. It was not reported that ongoing stretching exercises,

physical therapy, medications and muscle relaxants have failed to control pain. The request does not indicate where the trigger point injections are to be given. Therefore, this request is not medically necessary.

**Botox injection therapy 1 every 3-4 months:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Botulinum Toxin for Chronic Migraine

**Decision rationale:** The decision for Botox injection therapy 1 every 3-4 months is not medically necessary. The Official Disability Guidelines for botulinum toxin for chronic migraines states it is recommended as indicated below for prevention of headache in patients with chronic migraine. On 10/16/2010, the FDA approved onabotulinumtoxinA for headache prophylaxis in patients with adult chronic migraine who suffer headaches on 15 or more days per month, each lasting more than 4 hours. To treat chronic migraine, onabotulinumtoxinA is given approximately every twelve weeks as multiple injections around the head and neck to try to dull future headache symptoms. It has not been shown to work for the treatment of episodic migraine headaches that occur 14 days or fewer per month, or for other forms of headache. The criteria for botulinum toxin (Botox) for prevention of chronic migraine headaches is an initial 12 week trial if all of the following are met, diagnosed with chronic migraine headache, more than 15 days per month with headaches lasting 4 hours a day or longer, and not responding to at least 3 prior first line migraine headache prophylaxis medications. The injured worker did not have a diagnosis of migraine headaches. It was not reported that the injured worker had more than 15 days per month with headaches lasting 4 hours a day or longer. Therefore, the request is not medically necessary.

**Occipital block:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Neck and Upper Back, Greater Occipital Nerve Block, Diagnostic

**Decision rationale:** The decision for Occipital Block is not medically necessary. The Official Disability Guidelines state that greater occipital nerve block is under study. Greater occipital nerve blocks (GONB) have been recommended by several organizations for the diagnosis of both occipital neuralgia and cervicogenic headaches. It has been noted that both the International Association for the Study of Pain and World Cervicogenic Headache Society focused on relief of pain by analgesic injection into cervical structures, but there was little to no consensus as to what injection technique should be utilized and lack of convincing clinical trials to aid in this

diagnostic methodology. Difficulty arises in that occipital nerve blocks are non-specific. This may result in misidentification of the occipital nerve as the pain generator. In addition, there is no research evaluating the block as a diagnostic tool under controlled conditions (placebo, sham, or other control). An additional problem is that patients with both tension headaches and migraine headaches respond to GONB. In one study comparing patients with cervicogenic headache to patients with tension headaches and migraines, pain relief was found by all three categories of patients (54.5%, 14% and 6%, respectively). Due to the differential response, it has been suggested that GONB may be useful as a diagnostic aid in differentiating between these three headache conditions. There were no significant factors provided to justify the use of occipital block outside the current guidelines. Therefore, the request is not medically necessary.