

Case Number:	CM14-0125067		
Date Assigned:	08/11/2014	Date of Injury:	12/17/2004
Decision Date:	02/04/2015	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/07/2014

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 Family Practice 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:

Injured worker is a 54 year old male with date of injury 12/17/04. The claimant was injured as result from MVA while driving a police car. The diagnosis included TMJ dysfunction, lumbar spine facet joint syndrome, lumbar radiculitis/radiculopathy and muscle spasm. His past medical treatment consisted of medications, ESI, trigger point injections, and sphenopalatine ganglion block. The latter was done on 3/13/13 with 50-60% pain relief with headaches, and decreased pain sensations with jaw movements for 4 months. ESI injections, (7) with last one received was 5/15/13 with 75% pain relief for low back for 5 months. The request for Trigeminal nerve block under ultrasound and trigger point injections were non certified on 1/14/14. Regarding the Trigeminal nerve block, per medical record submitted for review reveals limited evidence that the claimant's complaint of pain is related to myofascial pain syndrome. Previous review non certification was due to the fact that there is limited support that the claimant has received treatment including attempts to correct a malocclusion. The request for Trigeminal nerve block is not specifically addressed in CA MTUS, ODG, or ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigeminal Nerve Block Under Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Craniomaxillofac Trauma Reconstr. May

2009:2(2): 67-76. Management of chronic facial pain Christopher g. Williams, M.D.,1a. Lee Dellon, M.D., Ph.D.,1,2 and Gedge D Rosson, M.D.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Regional Anesthesia and Pain Medicine and Prospective Study: Ultrasound-guided trigeminal nerve block via the pterygopalatine fossa: an effective treatment for trigeminal neuralgia and atypical facial pain.

Decision rationale: Trigeminal nerve block provides hemifacial anesthesia and is used predominantly in the diagnosis and treatment of neuralgia. It is a relatively underused procedure, mainly owing to the difficulty of achieving a reliable block. Per medical record submitted for review reveals limited evidence that the claimant's complaint of pain is related to myofascial pain syndrome. Previous review non certification was due to the fact that there is limited support that the claimant has received treatment including attempts to correct a malocclusion. This is not a reasonable request.

3 Trigger Point Injections Under Ultrasound L/S (Lumbar Spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation Official Disability Guidelines-treatment for workers' compensation, low back procedure summary. Last updated 07/03/2014 criteria for the use of trigger point injections

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

Decision rationale: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when criteria are met. One of these criteria are documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The request is not reasonable as there is no documentation of trigger points on exam to clarify rationale of request.