

Case Number:	CM15-0011404		
Date Assigned:	02/02/2015	Date of Injury:	09/14/2012
Decision Date:	04/10/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Dentist

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 was a 50-year-old male patient, who sustained an industrial injury on 09/14/2012. A specialist visit dated 12/22/2014 reported the patient with subjective complaint of temporal headaches, occipital headaches that wrap around the head and occur daily. In addition, he is with complaint of check and neck pains, clicking and or popping of bilateral jaw; grinding/crepitus bilateral jaw and with temperature sensitivity. Physical examination found mouth with limited opening, masseter tenderness; anterior temporalis tenderness, medial pterygoid, open joint tenderness and minimal tooth wear facets. There was also mastoid, middle, clacical/sterum tenderness noted. The following diagnoses are applied; burxism, clenching, myofascial pain of jaw muscles, bilaterally, internal derangement with reduction bilaterally and myosistis/ myalgia. A request was made for chemodenervation of muscle times 3 TMJ, custom made orthotic device and TMJ Botox injection times 3 visits. Aetna Clinical policy regarding Botox and CMS medicare website were cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chemodenervation of muscle x 3 TMJ: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25.

Decision rationale: MTUS guidelines does not recommend Botox injections for chronic pain disorders except for cervical dystonia, which this patient does not have. Therefore this IMR reviewer finds this request of Botox trigger point injections not medically necessary for this patient.

Custom made intraoral device: Overturned

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 Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome: | Pp.1565-1568.

Decision rationale: Per reference mentioned above, regarding treatment of TMJ "Home therapy and medications are continued, but at this point, a bite appliance is made for the patient". Since this patient has been diagnosed with bruxism and myofascial pain of the jaw muscles with internal derangement, this IMR reviewer finds this request for an intraoral device to be medically necessary to treat this patient's TMJ condition.

TMJ Botox x 100 units x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 25.

Decision rationale: MTUS guidelines do not recommend Botox injections for chronic pain disorders except for cervical dystonia, which this patient does not have. Therefore, this IMR reviewer finds this request of Botox TMJ injections not medically necessary for this patient.