

Case Number:	CM15-0132410		
Date Assigned:	07/20/2015	Date of Injury:	03/04/2014
Decision Date:	08/24/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/08/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 29-year-old male who sustained an industrial injury on 04/04/2014. Mechanism of injury occurred because of an assault, where he was struck in the right jaw. Diagnoses include facial pain, chronic migraine headaches, temporal mandibular joint mandibular joint pain, Masseter trigger point myofascial pain syndrome, and myofascitis. Treatment to date has included diagnostic studies, medications, trigger point injections, and physical therapy. A physician progress note dated 06/19/20015 documents the injured worker's pain on the right side of his neck was decreased with his last trigger point injections but as it wears off another set of trigger point injections are scheduled. Physical therapy has significantly reduced the severity of pain and he is to have six more sessions. His right tempomandibular joint pain has continued and trigger points in the masseters and temporalis provoke pain complaints. He is having difficulty sleeping due to interruptions due to pain. He has neck pain, and soreness. He complains of ringing in his ears. He complains of stress and anxiety. His neck was held less guarded than noted a month ago. There is tenderness to palpation with taught bands at myofascial trigger points with twitch responses in the levator scapula, trapezius and rhomboid muscles causing radiating pain to the posterior scapula and neck. He has hyperirritable foci located in palpable taut bands in the masseter temporalis, medial pterygoid, and lateral pterygoid muscle and produced local twitch responses to compression, and referred pain to the temporal mandibular joint mandibular joint. Treatment requested is for Trigger point injections into Masseter to relieve Bursum & Temporomandibular joint pain (3 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections into Masster to relieve Bursum & Temporomandibular joint pain (3 sessions): 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 Page(s): 122.

Decision rationale: With regard to trigger point injections, the MTUS CPMTG states: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. "Criteria for the use of Trigger point injections: 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 all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." (Colorado, 2002) (BlueCross BlueShield, 2004) Per the documentation, the injured worker previously was treated with trigger point injection directed toward the neck. Per progress report dated 6/19/15, it was noted: Right temporal mandibular joint tenderness was moderate. Trigger points with hyperirritable foci located in palpable taut bands in the masseter, temporalis, medial pterygoid, and lateral pterygoid muscles and produced focal twitch responses to compression, and referred pain to the temporal mandibular joint. TPI is indicated, however, the medical necessity of 3 sessions cannot be affirmed without first establishing the response to initial injection. The request is not medically necessary.