MAXIMUS Federal Services

Case Number:	CM15-0196454		
Date Assigned:	10/12/2015	Date of Injury:	05/18/2010
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/06/2015

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 is a 34 year old female, who sustained an industrial injury on 5-18-10. The documentation on 8-27-15 noted that the injured worker has complaints of flare up of pain to the jaw described as pain, aching, shooting, moderate, and random, comes and goes, discomfort, tightness, varying with activity and increasing with movement. The documentation on a scale of 0 to 10 with 10 being the worst the injured worker described the intensity of the discomfort as being a 7 without medications and 4 to 5 with medications. The documentation noted muscle spasms in the following areas, anterior head, right temporomandibular Joint, left temporomandibular Joint, right anterior trapezius, anterior cervical (throat), left anterior trapezius, right anterior shoulder, left anterior shoulder, left abdominal, abdominal, left side of neck, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right side of neck, posterior head, left posterior shoulder and right posterior shoulder. The diagnoses have included centrally mediated myalgia of masticatory and cervical muscles; bilateral temporomandibular Joint capsulitis and retrodiscitis; findings consistent with temporomandibular bilateral osteoarthritis and bilateral temporomandibular Joint disc displacement with reduction. Treatment to date has included medications; flexeril; tramadol; norco; venlafaxine; massages; applying heat and cold compresses; reposition of dislocated disc with tightening utilizing Mitek anchors; bilateral temporomandibular arthroplasty with abdominal fat graft placement and arthrocentesis; home exercise program and injections. The original utilization review (9-30-15) denied the request for trigger point injections to the face and jaw, quantity of 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections to the face and jaw, quantity: 2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: Records reviewed indicate that this patient has muscle spasms in the following areas, anterior head, right temporomandibular Joint, left temporomandibular Joint, right anterior trapezius, anterior cervical (throat), patient described the intensity of the discomfort as being a 7 without medications and 4 to 5 with medications. The diagnoses have included centrally mediated myalgia of masticatory and cervical muscles; bilateral temporomandibular Joint capsulitis and retrodiscitis; findings consistent with temporomandibular bilateral osteoarthritis and bilateral temporomandibular Joint disc displacement with reduction. Treating doctor is recommending Trigger point injections to the face and jaw x 2. Per reference mentioned above, "These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination." Therefore, based on the records reviewed, along with the reference and findings mentioned above, this reviewer finds this request for Trigger point injections to the face and jaw, quantity: 2 medically necessary to maintain function in this patient's temporomandibular Joints.