

Case Number:	CM15-0207875		
Date Assigned:	10/26/2015	Date of Injury:	06/24/2014
Decision Date:	12/09/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/22/2015

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 52 year old male, who sustained an industrial injury on 6-24-2014. He reported blunt force trauma to the face and head from a physical assault. Diagnoses include hearing loss, tinnitus, and acoustic trauma to ear, posttraumatic stress disorder, post-concussion syndrome, and cervical sprain-strain. Treatments to date include activity modification, anti-inflammatory, muscle relaxer, and documentation of physical therapy being requested for the cervical spine, however, no documentation if it was initiated. The records indicated ongoing complaints and follow up for complaints of headaches, neck pain, jaw pain with difficulty eating secondary to pain, and hearing loss. On 8-20-15, he complained of no change in symptoms including jaw pain and difficulty sleeping. The physical examination documented increased pain with eating, more frequent headaches, and that "TMJ pain seems to be worsening." There was tenderness to masseter though temporalis muscles. There was cervical spine soreness at ends of rotations bilaterally. The plan of care included Botox injection "for MM spasm." On 9-24-15, he complained of increasing jaw pain rating 8-9 out of 10 VAS. Eating was noted difficult due to pain. There was ongoing neck pain with radiation from jaw up to head. The physical examination documented no new findings. The appeal requested authorization for Botox-Botulinum Toxin Type A per unit x 100 units. The Utilization Review dated 10-12-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botulinum toxin Type A per unit (Units Req: 100): Upheld

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): Botulinum toxin (Botox Myobloc).

Decision rationale: Records reviewed indicated patient has ongoing complaints of headaches, neck pain, jaw pain with difficulty eating secondary to pain, and hearing loss. TMJ pain seems to be worsening. There was tenderness to masseter though temporalis muscles. Treating dentist is recommending Botulinum toxin Type A per unit (Units Req: 100). However per medical reference mentioned above, Botulinum Toxin "Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." Therefore based on the records reviewed, along with the findings and reference mentioned above, this reviewer finds this request for Botulinum toxin Type A per unit (Units Req: 100) is not medically necessary.

Chemo-Denervation Muscle Innervated Facial Nerves Bilateral Units Req: 1: Upheld

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): Botulinum toxin (Botox Myobloc).

Decision rationale: Records reviewed indicated patient has ongoing complaints of headaches, neck pain, jaw pain with difficulty eating secondary to pain, and hearing loss. TMJ pain seems to be worsening. There was tenderness to masseter though temporalis muscles. Treating dentist is recommending Chemo-Denervation Muscle Innervated Facial Nerves. However per medical reference mentioned above, Botulinum Toxin "Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." Therefore based on the records reviewed, along with the findings and reference mentioned above, this reviewer finds this request for Chemo Denervation muscle innervated facial nerves bilateral units req:1 is not medically necessary.