

<b>Case Number:</b>	CM15-0042455		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	03/04/1997
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Physical Medicine & Rehabilitation

### 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 70-year-old female, who sustained an industrial injury on 03/04/1997. The documentation noted that the injured worker has had pain to right side of her jaw secondary to a nervous habit since 1997. The injured worker was diagnosed as having status post lumbar spine surgery times three and status post-anterior cervical discectomy and fusion at lumbar four through seven. Treatment to date has included use of a mouth guard and medication regimen. In a progress note dated 01/16/2015 the treating provider reports pain to the right and left jaw joints, muscle ache around the right and left side, and a decrease in vertical opening. The treating physician requested the treatments of steroid injections with local anesthetic noting injections to the most painful joint, a new magnetic resonance imaging of the right and left temporomandibular joints, and Botox injections of the temporomandibular joints, but the documentation did not indicate the specific reasons for these requested treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI-TMJ:** Upheld

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

**MAXIMUS guideline:** Decision based on Non-MTUS Citation Official disability guidelines Head chapter, MRI.

**Decision rationale:** Per the 01/16/15 report by [REDACTED], the patient presents with pain in the right and left jaw joints and muscle ache around the right and left side. She is s/p back surgery, which did not stop the jaw pain. Examination shows clicking on the left side of the jaw. The current request is for MRI-TMJ. The RFA is not included; however, the 02/11/15 utilization review states the RFA is dated 01/19/15. ODG, Head chapter, MRI, provided the following indications for imaging: Determine neurological deficits not explained by CT, Evaluate prolonged interval of disturbed consciousness, Define evidence of acute changes super-imposed on previous trauma or disease. ODG also states, "MRI scans are useful to assess transient or permanent changes, to determine the etiology of subsequent clinical problems, and to plan treatment." The 01/16/15 report recommends the patient obtain a New MRI of the right and left temporomandibular joints. In this case, no information is provided of the patient's prior MRI findings or when the study was completed. Repeat MRI's are not discussed in the Head Chapter; however, guidelines provide some guidance in the Neck Chapter which states MRI's are not routinely recommended and are reserved for symptoms and findings suggestive of significant pathology. No evidence is provided to support repeat MRI. The request IS NOT medically necessary.

**Steroid Injections 2 (one on each joint):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kelley's Textbooks of Rheumatology, 8th Ed. Chapter 45- Temporomandibular Joint Pain.

**MAXIMUS guideline:** Decision based on Non-MTUS Citation Official disability guidelines Head Chapter, Corticosteroid injections. The National Institutes of Health <http://nidcr.nih.gov/OralHealth/Topics/TMJ/TMJDisorders.htm#treated>.

**Decision rationale:** Per the 01/16/15 report by [REDACTED] the patient presents with pain in the right and left jaw joints and muscle ache around the right and left side. She is s/p back surgery, which did not stop the jaw pain. Examination shows clicking on the left side of the jaw. The current request is for STEROID INJECTIONS 2(ONE ON EACH JOINT). The RFA is not included; however, the 02/11/15 utilization review states the RFA is dated 01/19/15. ODG guidelines, Head Chapter, Corticosteroid injections, only discuss this topic in the context of acute traumatic brain injury. The Pain Chapter discussed injection in the context of radicular pain. Other ODG chapters discuss use of steroid injections for treatment of joint osteoarthritis. The National Institutes of Health <http://nidcr.nih.gov/OralHealth/Topics/TMJ/TMJDisorders.htm#treated> does not list steroid injections under the treatment of TMJ disorders. The treating physician states regarding this request, she might require Arthrocentesis. I can inject the TMJ areas with steroids and local anesthetic in the most painful joint and see the result before Arthrocentesis. In this case, lacking recommendation of available guidelines for steroid injection to the TMJ joint, the request IS NOT medically necessary.

**Botox Injections of TMG 50-100 Units:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botox: Myobloc.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Botulinum toxin National Institutes of Health <http://nidcr.nih.gov/OralHealth/Topics/TMJ/TMJDisorders.htm#treated>.

**Decision rationale:** Per the 01/16/15 report by [REDACTED] the patient presents with pain in the right and left jaw joints and muscle ache around the right and left side. She is s/p back surgery, which did not stop the jaw pain. Examination shows clicking on the left side of the jaw. The current request is for BOTOX INJECTIONS OF TMG 50-100 UNITS. Presumably, this request is for Injections of the TMJ. The RFA is not included; however, the 02/11/15 utilization review states the RFA is dated 01/19/15. MTUS Botulinum toxin (Botox, Myobloc) pages 25, 26 state, "Recommended: cervical dystonia, a condition that is not generally related to workers' compensation injuries (also known as spasmodic torticollis)." ODG guidelines, Pain Chapter, Botulinum toxin, states it is not recommended for most chronic pain conditions. National Institutes of Health <http://nidcr.nih.gov/OralHealth/Topics/TMJ/TMJDisorders.htm#treated> states, "Botox is currently not approved by the FDA for use in TMJ disorders." On 01/16/15 the treating physician recommends Botox injections of the TMJ muscles. The report provides no further discussion. In this case, MTUS guidelines, do not recommend Botox injections for this patient's condition. Other available guidelines do not recommend this request. The request IS NOT medically necessary.