

Case Number:	CM15-0081384		
Date Assigned:	05/04/2015	Date of Injury:	08/22/2011
Decision Date:	09/03/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/28/2015

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: Texas, Florida

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 (IW) is a 35-year-old female who sustained an industrial injury on 08/22/2011. Some of the documentation was difficult to decipher. Diagnoses include right temporomandibular joint (TMJ) disorder, chronic migraine, rebound headache, neck pain, jaw pain, depression and anxiety disorder. Treatment to date has included jaw rest and protocols listed on the TMJ care sheet. Previous investigations include panoramic X-ray of the Jaw in 2012, MRI of the brain, cervical spine and TMJ. The diagnostic tests note DJD of the TMJ joints. According to the office notes dated 3/19/15, the IW reported jaw and neck pain, greater on the right. There was crepitus and clicking noted in the right jaw. A request was made for six follow-up visits, one physical therapy (PT) evaluation and eight PT visits, one behavioral medicine consult, Cone Beam CT Scan of TMJs (temporomandibular joint disorder), six trigger point injections (myofascial) and Botox injections every three months (or four months)-200 units per session for total quantity of 800 units. On a more recent note dated 5/6/2015, it was noted that Botox injections that was performed on 4/1/2015 resulted in decrease in the frequency of the headaches. The headache frequency decreased from daily to 1-2 episodes per week. It was noted that PT was approved but the IW had not started treatments. The medications listed are Butrans, Wellbutrin, Neurontin, Imitrex, Buspar, Valium, Nucynta, Cymbalta and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up Visits, Qty 6: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter-Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that regular evaluation be performed in chronic pain patients to document efficacy of treatments, functional restoration and indications for continuation of treatment measures. The records indicate that the patient is still actively symptomatic for both the headache and the TMJ condition. The records indicate subjective complaints of exacerbation of the TMJ condition. The criteria for Follow-up Visits #6 was met. Therefore, the request is medically necessary.

Behavioral Medicine Consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391, 398, Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87-89, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that psychological treatments can be incorporated in the management of chronic pain patients with associated psychosomatic symptoms. The records indicate that the patient had significant psychosomatic symptoms. The guidelines noted that the efficacy of pain medications and interventional procedures are decreased in chronic pain patients with co-existing psychosomatic disorders. The criteria for Behavioral Medicine Consult was met. Therefore, the request is medically necessary.

Trigger Point Injections, Qty 6 (myofascial): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain that did not

resolve with conservative treatments with medications and PT. The guidelines indicate that patients with significant uncontrolled psychosomatic symptoms report decreased efficacy or functional restoration with surgery and interventional pain procedures. The records indicate that the patient had reported non- sustained beneficial effects following previous interventional pain procedures, acupuncture and PT. There is a pending referral for evaluation by Behavioral Medicine specialist. There is no documentation of tender taut bands at the sites of myofascial pain syndrome. The criteria for Trigger Points Injections #6 for myofascial pain was not met. Therefore, the request is not medically necessary.

Botulinum /Botox injections, every 3 months (for 4 months), (200 units per session), Qty 800: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Botulinum.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain that did not resolve with conservative treatments with medications and PT. The guidelines indicate that patients with significant uncontrolled psychosomatic symptoms report decreased efficacy or functional restoration with surgery and interventional pain procedures. The records indicate that the patient had reported non sustained beneficial effects following previous interventional pain procedures, acupuncture and PT. The last series of Botox injections did not provide significant sustained relief for the migraine headache. The patient was diagnosed with analgesic overuse rebound headache. There is a pending referral for evaluation by Behavioral Medicine specialist. The criteria for Botulinum/Botox injections every 3 months (200 units per sessions) Qty 800 was not met. Therefore, the request is not medically necessary.

Physical Therapy evaluation (qty 1); 8 Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of exacerbation of musculoskeletal pain. The patient had previously completed several series of PT treatments. The records indicate that PT was recently approved but had yet to be completed. The guidelines recommend that patients progress to a home exercise program after completion of supervised PT. The criteria for Physical Therapy evaluation and 8 PT sessions was not met. Therefore, the request is not medically necessary.

Cone Beam Scan of TMJ (Temporomandibular joint disorder): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation TMJ (Temporomandibular joint disorder) Imaging by CBCT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Head Mental illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that advanced radiological tests can be utilized when clinical examination and standard X-rays are inconclusive in the presence of deterioration of clinical conditions. The records indicate that the patient had previously completed panoramic X-rays and MRI of the TMJ that showed degenerative joint disease. The patient had completed PT and treatment modalities for TMJ disease. There is a pending follow up with behavioral medicine to treat the psychosomatic symptoms that are associated with aggravation of the TMJ disease. The criteria for Cone Beam Scan of TMJ was not met. Therefore, the request is not medically necessary.