

<b>Case Number:</b>	CM14-0092749		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/25/1988
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 54 year old male who sustained an injury to his face on 08/25/88 when he was unloading a truck; a chain bender sprang up from the safety bar and struck him in the face. The injured worker was taken off work for 12 days and then returned to full duty. The injured worker underwent TMJ surgery on 04/14/93 and was permanently totally disabled due to his pain, per 11/26/00 report. The injured worker continued to complain of constant severe pain in the temples, facial, TMJ, neck and shoulders. MRI of the cervical spine reportedly revealed cervical degenerative disc disease at C7-8. Treatment to date has included activity modifications, work restrictions, physical therapy and injections. Physical examination noted limited opening of the mouth to 21mm; deformity of the mandible and that the mandible deviated to the left side upon opening the mouth; palpable trigger points in the facial, neck and shoulder musculature. Electromyography (EMG) reportedly revealed elevated facial musculature activity there were also physical examination findings of pain upon palpation in or around the left temporomandibular (TMJ) joint indicating inflammation of the joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injections for Facial Myofascial Pain 1x6:** Upheld

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

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

**Decision rationale:** Previous request was denied on the basis that upon clinical review of the proposed treatment, determination has been made to issue a conditional denial based upon lack of information. The CAMTUS states that there must be clinical documentation that medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control the pain. There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or the injured worker's response to any previous conservative treatment. There was no indication that the injured worker is actively participating in a home exercise program. No information was submitted indicating the amount of trigger point injections the injured worker received to date and/or the injured worker's response to previous trigger point injections. Given this, the request for trigger point injections for myofascial pain one time a week times six weeks is not indicated as medically necessary.