

Case Number:	CM15-0124338		
Date Assigned:	07/08/2015	Date of Injury:	09/20/2012
Decision Date:	08/05/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 55-year-old female who sustained an industrial injury on 9/20/12. The mechanism of injury was a punch under the left jaw. Diagnoses are cervical strain/sprain, left mandibular contusion, muscle spasms right side of jaw, Myalgia right side of jaw, and capsulitis right side of jaw. In a letter dated 11/13/15, the physician notes an MRI done 9/4/12 showed no significant degenerative arthritis of the temporaomandibular joints, there was mild anterior translation of the right frontal cartilage with normal reduction of the disk, but found it is probably a right disk being stuck. Clinical exam did not show any clicking, popping, or crepitus. In the last visit, she mentioned that exercises and the new splint has helped but she still clenches her teeth and jaw. She still has pain on the right side of her jaw. Based on exam, the impression is that the problems are mainly muscular and capsular and a muscle joint injection plus a possible ganglion block and possible Botox injection was discussed. In review with another physician an impression is that, she has myofascial pain plus neurological problems with somatic over- focusing and migraine. It is also noted that relative to her jaw, work does not need to be restricted. Previous treatment includes a mouth guard, craniofacial exercises, physical therapy, Naprosyn, and referral to an oral surgeon. The treatment requested is evaluation for cognitive behavioral therapy and biofeedback, trigger point injections of the facial muscles and the joint and Botox injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for Cognitive Behavioral therapy and biofeedback: Overturned

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 Psychological evaluations Page(s): 100-101.

Decision rationale: The claimant sustained a work injury in September 2012 with injury to the left jaw. She continues to be treated for myofascial pain and temporomandibular joint dysfunction as well as headaches. Correspondence references neurological problems with somatic over-focusing and migraines. There had been improvement after oral splinting. Authorization for trigger point injections, Botox injection to the temporomandibular joint, and an evaluation for cognitive behavioral therapy with biofeedback was requested. Psychological evaluations are generally accepted; well-established diagnostic procedures used in pain problems and should determine if further psychosocial interventions are indicated. In this case, a somatic component of the claimant's chronic pain is suspected and the requested psychological evaluation can be accepted as medically necessary.

Trigger point injections of the facial muscles and the joint and Botox injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAOMS Parameters of Care - Botulinum Toxin in Pain management - Medscape emedicine. medscape. com/article/325574-overviewCached.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Botulinum toxin, p61-62 (2) Trigger point injections, 122 Page(s): 71-62, 122.

Decision rationale: The claimant sustained a work injury in September 2012 with injury to the left jaw. She continues to be treated for myofascial pain and temporomandibular joint dysfunction as well as headaches. Correspondence references neurological problems with somatic over-focusing and migraines. There had been improvement after oral splinting. Authorization for trigger point injections, Botox injection to the temporomandibular joint, and an evaluation for cognitive behavioral therapy with biofeedback was requested. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, there was no recent documentation of the presence of a twitch response with referred pain and a trigger point injection was not medically necessary. Botox is not recommended for the treatment of chronic neck pain or myofascial pain. Indications for the use of Botox include the treatment of cervical dystonia to decrease the severity of abnormal head position or in the treatment of migraines after failure of medication management. Cervical dystonia is a focal dystonia and is characterized by involuntarily neck muscle contraction, which causes abnormal head positioning. The presence of cervical dystonia is not documented in this case. There is no diagnosis of migraines. The request was not medically necessary.

