

Case Number:	CM13-0039382		
Date Assigned:	12/18/2013	Date of Injury:	08/13/2013
Decision Date:	04/28/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/28/2013

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 patient is a 24-year old male who injured his upper back on 8/13/2013, manifesting tenderness and muscle spasm at the T1-T4 levels. A progress report associated with the request for services, dated 08/28/13, identified subjective complaints of upper back pain. Objective findings included tenderness and spasm of the paravertebral muscles at T1 to T4. Diagnoses included thoracic spine strain. The treatment has included Soma and physical therapy was to begin at the time of that visit. A utilization review determination was rendered on 10/01/13 recommending non-certification of "one diagnostic ultrasound; ultrasound guided trigger point injections; Soma 320mg #30".

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC ULTRASOUND; ULTRASOUND GUIDED TRIGGER POINT INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that trigger point injections are recommended for myofascial syndrome with limited lasting value. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. They are not recommended for radiculopathy, fibromyalgia, or typical neck or back pain. The criteria for a trigger point injection include documentation of trigger points on physical examination with a positive twitch response, symptoms have persisted for more than 3 months, medical management therapies such as stretching exercises, physical therapy, NSAIDS and muscle relaxants have failed to control the pain, radiculopathy is not present, not more than 3-4 injections per session, no repeat injections unless greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement, frequency should not be at an interval less than two months and trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. In this case, the patient does not meet the criteria for trigger points on physical examination or a recommended condition for injection. Therefore, there is no documented medical necessity for trigger point injections.

SOMA 350MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines, May 2009..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: Soma (Carisoprodol) is a centrally acting muscle relaxant with the metabolite meprobamate, a schedule-IV controlled substance. The Medical Treatment Utilization Schedule states that Carisoprodol is not recommended. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. It has interactions with other drugs including Benzodiazepines, Tramadol, and Hydrocodone. It is associated withdrawal symptoms and is abused for the above mentioned effects. Therefore, there is no documented medical necessity for Soma.