

Case Number:	CM13-0039308		
Date Assigned:	12/18/2013	Date of Injury:	05/31/2009
Decision Date:	03/19/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for posttraumatic stress disorder and shoulder pain reportedly associated with an industrial injury of May 31, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; unspecified amounts of psychotherapy; and shoulder corticosteroid injection. In a Utilization Review Report of September 30, 2013, the claims administrator modified a request for referral to yoga practitioner for personalized instruction as a six-session course of yoga for personalized instruction purposes, citing non-MTUS ODG Guidelines in its decision, coupled with MTUS Guidelines. The applicant's attorney apparently appealed. In a progress note of October 17, 2013, it is stated that the applicant is having issues with posttraumatic stress disorder, psychological stress, depression, and shoulder pain. The applicant also underwent a shoulder corticosteroid injection on November 13, 2013. An earlier handwritten note of October 16, 2013 does suggest that the applicant has returned to work. This was echoed by a note of September 5, 2013, in which it is stated that the applicant is feeling significant anxiety, particularly when he takes call. The applicant attributes the symptoms to a gunshot wound. He is still having issues with anxiety. Yoga would help the applicant to relax, it is further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for referral to a yoga practitioner for personalized instruction: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Yoga. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Yoga Page(s): 126.

Decision rationale: As noted on Page 126 of the MTUS Chronic pain Medical Treatment Guidelines, yoga is recommended as an option only for select, highly motivated applicants. There is considerable evidence of efficacy for yoga in the treatment of chronic pain. The MTUS further notes that yoga should only be considered in those applicants who are highly motivated. The applicant does appear to be a highly motivated individual. He has already returned to work despite having chronic pain and psychological issues associated with his gunshot wound. Yoga may therefore be beneficial here. Therefore, the proposed referral to a yoga practitioner is medically necessary and is certified, on Independent Medical Review.