

Case Number:	CM13-0047824		
Date Assigned:	12/27/2013	Date of Injury:	11/30/2009
Decision Date:	02/27/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine 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 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 patient is a 61-year-old female who reported an injury on 11/30/2009, due to a slip and fall that reported caused injury to her neck, low back, right arm, and knees. The patient's treatment history included physical therapy, acupuncture, a TENS unit, and medications. The patient also underwent surgical intervention for a meniscal repair of the right knee. The patient's most recent clinical examination findings include limited range of motion of the lumbar spine secondary to pain, with 5/5 motor strength of the bilateral lower extremities with a negative sensory examination and negative bilateral straight leg raising test. The patient's diagnoses included lumbar degenerative disc disease, lumbar stenosis, lumbar radiculopathy, status post right knee arthroscopic surgery, and cervical sprain/strain. The patient's treatment plan included an epidural steroid injection, continuation of physical therapy, yoga once a week for 12 weeks, and a follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Yoga times 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections. Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Yoga Page(s): 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Medicine.

Decision rationale: The requested yoga x12 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule only recommends this type of therapy for patients who are highly motivated and have requested this type of treatment. The clinical documentation submitted for review does not provide any evidence that the patient has requested this type of treatment and is highly motivated to participate in yoga therapy. Additionally, Official Disability Guidelines recommend a trial of 6 clinical visits for any physical therapy modality. The requested 12 visits exceed this recommendation. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. Therefore, the requested yoga x12 is not medically necessary or appropriate.