

Case Number:	CM13-0061245		
Date Assigned:	12/30/2013	Date of Injury:	05/01/2013
Decision Date:	07/14/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/04/2013

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 is licensed to practice in New York. 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 32 year old female who was injured on 05/01/2013. The patient sustained an injury while lifting a 300 pound patient with assistance, then felt and heard pops in the back then had a warm sensation to the lumbar back and shooting pain down to back of the right knee. Prior treatment history has included physical therapy, home exercise program, pool therapy, heat and ice pack, TENS unit, and a Toradol injection. Pain management note dated 10/31/2013 indicated the patient complains of ongoing low back pain and left lower extremity pain. The patient rated the pain as 7/10 with zero being no pain and 10 having the worst pain possible. The pain was characterized as aching, burning, dull and toothache-like. It radiated to the left lower extremity, to the feet. The condition is associated with back pain, numbness, tingling of affected limbs and weakness but not an abnormal gait, bowel and bladder changes or difficulty in ambulation. Current medications were Butrans 5 mcg, Flexeril 5 mg, Motrin 800 mg, Percocet 5-325, Tramadol Hcl 50 mg, Valium 5 mg, Vimovo 500-20 mg. On physical examination, findings revealed that the patient ambulated without a device. There was no scoliosis, asymmetry or abnormal curvature noted on inspection of the lumbar spine. There was no limitation in range of motion noted. She was able to heel and toe walk without difficulty. FABER test was positive; Pelvic compression test was positive; Babinski's sign was negative. There was tenderness noted over the sacroiliac spine. Her motor examination revealed normal appearance, tone and strength of muscles. She had decreased sensation over the left calf. The patient had normal reflexes and straight leg raise was positive bilaterally. The patient was diagnosed with sacroiliac arthropathy, lumbar spine pain, lumbar radiculopathy, and lumbar degenerative disc disease. PR2 dated 12/06/2013 documented the patient to have complaints of pain in the left gluteal region. The pain was constant. She stated without medication her pain was 10/10. With the Butrans her pain was down to 4-5/10. She slept better with Butrans. She was currently off work on TTD until she

receives her Yoga training. She stated the yoga had not been approved yet. Objective findings revealed the patient was able to transfer from a seated to a standing position without difficulty. She was able to ambulate with a slight antalgic gait on the left side. She had moderate tenderness across her lower lumbar spine. She had 4/5 strength in her lower extremities due to pain. Her back range of motion revealed flexion to 70 degrees and extension of 20 degrees. The patient was diagnosed with lumbago, degeneration of the thoracic thoracolumbar, and other and unspecified disc D/O unspecified region.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE-ON-ONE YOGA, EIGHT SESSIONS, FOR THE LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Chronic Pain Medical Treatment Guidelines Page(s): 126.

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

Decision rationale: According to the CA MTUS guidelines, Yoga is recommended as an option only for select, highly motivated patients. Since outcomes from this therapy are very dependent on a highly motivated patient, we recommend approval where requested by a specific patient, but not adoption for use by any patient. The medical records document the patient diagnosed with lumbago, and degeneration of the thoracolumbar spine. The claimant has undergone physical therapy, pool therapy and a home exercise program and still has significant low back pain. There is no documentation of the patient's level of motivation to do Yoga exercises and no indication Yoga will prove beneficial given her findings on exam. Medical necessity for the requested item has not been established. Therefore, the request for one-on-one Yoga, 8 sessions, for the low back is not medically necessary.