

Case Number:	CM14-0000484		
Date Assigned:	01/29/2014	Date of Injury:	07/26/2008
Decision Date:	07/09/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	01/02/2014

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 Physical Medicine & Rehabilitation, 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 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 an employee of [REDACTED] who has submitted a claim for neck and back pain associated from an industrial injury date of July 26, 2008. Treatment to date has included psychotherapy, and medications with include Lorazepam, sertraline, phentermine, zolpidem, citalopram, Clonazepam, and Fioricet. Medical records from 2011-2013 were reviewed, the latest of which dated October 23, 2013 revealed that the patient complains that neck, back and trapezius muscles are sore/stiff. Fioricet, which she uses as needed, helps with the headaches. There are no current upper GI symptoms. There is no adverse reaction to medications. On physical examination, BP 97/64, PR 79, O2: 99%.utilization review from November 26, 2013 denied the requests for yoga x 12 months and aquatherapy x 12 months because intolerance to land based therapy has not been documented. also, non-applicability to a prescribed and self-administered program has not been documented. the request for physical therapy, two (2) times a week for six (6) weeks to the neck and shoulder was modified to 2 sessions for transition into an independent program.

IMR ISSUES, DECISIONS AND RATIONALES

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

YOGA X 12 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines YOGA.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Yoga.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Low Back Section, was used instead. Yoga is recommended as an option only for select, highly motivated patients. In a comparative effectiveness study, researchers found that yoga classes were more effective than a self-help book, but not more effective than PT stretching classes, in improving function and reducing symptoms resulting from low back pain, with benefits lasting at least several months. Finding similar effects for both approaches suggests that yoga's benefits were largely attributable to the physical benefits of stretching and strengthening the muscles, and not to its mental components. In this case, the yoga was prescribed for flare up of neck and shoulder pain and stiffness. However, on physical examination, there was no documentation of musculoskeletal impairment that supports the need for additional supervised rehabilitation. Also, there was no documentation of trial and outcome of land based physical therapy; therefore the request for Yoga X 12 Months is not medically necessary.

AQUATHERAPY X 12 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

Decision rationale: As stated on pages 22-23 of the Chronic Pain Medical Treatment Guidelines, aquatic physical therapy is recommended as an alternative to land based physical therapy where reduced weight-bearing is desirable such as extreme obesity or fracture of the lower extremity. In this case, the aquatherapy was prescribed for flare up of neck and shoulder pain and stiffness. However, on physical examination, there was neither documentation of musculoskeletal impairment that supports the need for additional supervised rehabilitation nor if there was a need for a reduced weight bearing environment that cannot be addressed by land based physical therapy. Also, there was no documentation of trial and outcome of land based physical therapy; therefore, the request for Aquatherapy X 12 Months is not medically necessary.

PHYSICAL THERAPY 2 X 6 TO NECK AND SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, active therapy is based on the philosophy that therapeutic exercise and/or

activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, the patient has been prescribed with physical therapy for an acute flare-up of shoulder and neck symptoms. However, the exact functional deficits caused by the acute flare-up is not clear; there were no descriptions of decreased functionality. The requested duration is also not indicative of a trial treatment. Therefore, the request for Physical Therapy, Two (2) Times A Week For Six (6) Weeks To The Neck And Shoulder is not medically necessary.