MAXIMUS Federal Services

Case Number:	CM14-0100313		
Date Assigned:	07/30/2014	Date of Injury:	09/08/1981
Decision Date:	09/09/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/30/2014

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 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 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:

Injured worker is a male with date of injury 9/8/1981. Per provider's progress report dated 4/24/2014, the injured worker is taking no medications, except Aleve occasionally and he has no new injuries. He is attending therapy which he indicates has been very helpful with strength and flexibility. He is retired and not working. There is still a knot on the left side buttock. His pain radiates down the leg to the ankle. He indicates he is having difficulty with sleeping because of the pain and discomfort. Both knees have constant aching pain and occasional sharp pain. On exam straight leg raise in a sitting position is 890 degrees on the right and 80 degrees on the left with pain to the low back. He is tender over posterior superior iliac spine on left. Diagnoses include: 1) disc protrusions L1-2 (2.5 mm), L2-3 (3 mm), and L4-5 (2-2.5 mm impingement on the traversing left L5 nerve) 2) right L5 pars defect 3) pes anserinus tendinitis bilateral knees 40 chondromalacia patella, bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Yoga Exercises: Upheld

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

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 chapter, Yoga section.

Decision rationale: The MTUS Guidelines do not address the use of yoga. The ODG recommends the use of yoga as an option only for select highly motivated patients. There is some evidence of efficacy for mind-body therapies such as yoga in the treatment of chronic low back pain. The impact on depression and disability could be considered as important outcomes for further study. Since outcomes from this therapy are very dependent on the highly motivated patient, it is recommended only when requested by such a patient, but not adoption for use by any patient. A 12 session, 3-month yoga program led to greater improvement in back function than usual care, although there was no evidence of pain reduction at 12 months. A systematic review found strong evidence for short-term effectiveness and moderate evidence for long-term effectiveness of yoga. The injured worker is noted to have a date of injury over 32 years old, and has completed 31 or more physical therapy sessions, has ongoing therapy and a home exercise program. The prescription for yoga is requested by the physician without addressing the patient's desire for such a program also there was no indication that the prescription was provided because the patient had requested it. Furthermore, there is not a number frequency or duration of yoga being requested. The request for yoga exercises is not medically necessary.