

Case Number:	CM14-0010851		
Date Assigned:	02/21/2014	Date of Injury:	01/31/2012
Decision Date:	06/25/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/27/2014

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 Family Practice and is licensed to practice in Tennessee, Virginia and 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 injured worker is a 57-year-old female whose date of injury is 01/31/2012. The chair she was sitting on at work fell backwards on this date. The progress report dated 01/14/14 indicates that the injured worker continues to complain of low back pain that radiates down her right lower extremity. The injured worker does take Pilates classes which help with her symptoms. On physical examination, lumbar range of motion is flexion at 45, extension at 10, and lateral flexion at 20 degrees bilaterally. Straight leg raise is negative bilaterally. Neurologic exam is intact in the bilateral lower extremities. The diagnoses are head injury, now mostly resolved; cervical spondylosis and strain with symptoms mostly resolved, and lumbar spondylosis status post prior right L4-5 decompression compounded by myofascial strain and possible L4 spondylolysis. The injured worker was recommended for 12 visits of Pilates for maintenance of her symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

PILATES, ONCE A WEEK FOR TWELVE (12) WEEKS, PER 01/14/14 REPORT, QUANTITY: 12:00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 98.

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

Decision rationale: Based on the clinical information provided, the request for pilates once a week for 12 weeks is not recommended as medically necessary. The submitted records indicate that the injured worker has been participating in Pilates; however, there are no objective measures of improvement documented to establish efficacy of treatment and support additional sessions. The note dated 01/14/14 indicates that the injured worker was recommended for 12 visits of Pilates for maintenance of her symptoms. The CA MTUS guidelines note that elective/maintenance care is not medically necessary. As such, the request is not certified.