

<b>Case Number:</b>	CM14-0119804		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 10/8/13. A utilization review determination dated 7/21/14 recommends non-certification of Pilates. 7/11/14 medical report identifies that the patient is having a flare-up after a light workout, Celebrex gave relief. On exam, there is minimal spasm and tenderness, positive pain with extension, increased ROM, and decreased pain with ROM. Recommendations include Pilates and Celebrex. 6/2/14 medical report identifies improvement with Physical Therapy/Pilates, minimal discomfort. On exam, there is minimal spasm and tenderness, positive extension, increased ROM, decreased pain with ROM. Physical Therapy/Pilates x 12 was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pilates 1 Time a Week for 6 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**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, Pilates and Yoga

**Decision rationale:** Regarding the request for Pilates, CA MTUS does not address the issue. The ODG section on Pilates references the reader to the Yoga section, which notes that it is recommended 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. Also, 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, we recommend approval only when requested by such a patient, but not adoption for use by any patient. Within the documentation available for review, it appears that the patient has been utilizing Pilates for some time, but the specific improvement from this treatment is unclear, as multiple reports mention increased ROM and decreased pain with ROM without quantifying either to demonstrate that the patient continues to show gains with this treatment. Furthermore, there is no indication of the patient's motivation or a rationale for continued use of Pilates versus transition to an independent home exercise program. In light of the above issues, the currently requested Pilates are not medically necessary.