

<b>Case Number:</b>	CM14-0151808		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Orthopedic Surgery and is licensed to practice in Montana. 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 49 year old male painter. He sustained an injury to the neck while working on 10/23/08, under unspecified circumstances. He then sustained injuries to the low back and neck in a motor vehicle accident in November, 2010. His industrial injuries to the low back and left hip were sustained in a second industrial accident on 8/29/12, while he was lifting pain buckets. His low back and hip injuries have been accepted on an industrial basis. He has complaints of persistent neck, hip and low back pain. The pain has not responded to medications, activity modification, intermittent physical therapy, or opioids. He was recently taken off work as modified duty is not available. There is no report of any inability to participate in a land based physical therapy or home exercise program. A left total hip arthroplasty has been recommended, due to bone on bone end stage osteoarthritis. However, he is not a candidate for any spinal surgery. Yoga and aquatic therapy have been recommended for his back and hip complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Yoga (sessions) QTY: 8.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Yoga Page(s): 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, Yoga

**Decision rationale:** The Medical Treatment Utilization Schedule and Official Disability Guidelines state that this is recommended as an option only for select, highly motivated injured workers. There is considerable evidence of efficacy for mind-body therapies such as yoga in the treatment of chronic 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 a highly motivated injured worker, we recommend approval when requested by a specific injured worker, but not adoption for use by any injured worker. As there is no documentation of the injured worker's level of motivation to participate in a yoga program and as it is not clear if he has requested the referral or if this was only requested by the treating physician, the Medical Treatment Utilization Schedule and Official Disability Guidelines criteria are not met and Yoga (sessions) QTY: 8.00 is not medically necessary.

**Aquatic therapy supervised program (months) QTY: 3.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, Aquatic Therapy Official Disability Guidelines (ODG) Hip, Aquatic Therapy

**Decision rationale:** The Medical Treatment Utilization Schedule and Official Disability Guidelines state that this is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. There is no documentation of any inability of the injured worker to participate in a land based therapy program, including seated exercises or contraindications to a land based program such as extreme obesity. Without this documentation, an Aquatic therapy supervised program (months) QTY: 3.00 is not medically necessary.