

Case Number:	CM14-0157729		
Date Assigned:	10/01/2014	Date of Injury:	05/11/2011
Decision Date:	10/28/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/25/2014

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 Interventional Spine 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 a 51 year old female with an injury date on 05/11/11. Based on the 08/05/14 progress report provided by [REDACTED], the patient complains of intermittent mild lumbar spine pain, which radiates into her left lower extremity. Physical examination to the lumbar spine reveals tenderness and myospasm over the lumbar musculature. Range of motion is restricted, and there is decreased sensation throughout the left lower extremity. Patient states that Lyrica, aquatherapy and pilates have helped. Diagnosis 08/05/14- Lumbar spine pain- Lumbar spine radiculopathy- Lumbar spine stenosis- Lumbar spine sciatica- Lumbosacral radiculopathy; evidence of acute right L5, and left L5-S1 (per EMG 10/09/13)- Lumbar spine; suspicious for degenerative facet arthropathy [REDACTED] is requesting Pilates session, for the lumbar spine, 2 times a week for 4 weeks. The utilization review determination being challenged is dated 09/16/14. The rationale is: "the claimant was previously certified for 12 sessions of Pilates. The claimant reports benefits and feeling 100 percent after therapy." [REDACTED] is the requesting provider, and he provided treatment reports from 11/22/11 to 08/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pilates sessions, for the lumbar spine, 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Physical Medicine Page(s): 46-47, 98-99.

Decision rationale: The patient presents with intermittent mild lumbar spine pain, which radiates into her left lower extremity. The request is for Pilates session, for the lumbar spine, 2 times a week for 4 weeks. Her diagnosis dated 08/05/14 includes lumbosacral radiculopathy; evidence of acute right L5, and left L5-S1 (per EMG 10/09/13) and lumbar spine; suspicious for degenerative facet arthropathy. MTUS guidelines pages 46-47 state, Exercise: "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regimen." MTUS Chronic Pain Medical Treatment Guidelines, pg 98-9 of 127 state: " Physical Medicine : 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Per progress report dated 08/05/14, treater is requesting additional Pilates to help improve patient's core strength. The guidelines recommend exercise, however, per utilization review letter dated 09/16/14, the patient has been previously certified for 12 sessions of Pilates. Though patient reported benefits from past Pilates sessions, treater has not documented functional improvement and why patient is not transitioning to home exercise program. Recommendation is for denial.