

<b>Case Number:</b>	CM14-0021410		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	06/01/2009
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Management 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 patient is a 37-year-old female with date of injury of 08/01/2009. Per treating physician's report on 01/30/2014, the patient presents with increased low back pain with radiation down to both lower extremities and spasms in thoracic and lumbar areas. The patient will be referred to physical therapy and Pilates training with a personal trainer. The patient should have physical therapy first followed by Pilates training. Listed diagnoses are lumbar radiculopathy, lumbar strain and disk disease. Plan was for physical therapy 3 times a week for 2 weeks. There is an RFA dated 01/30/2014 requesting "fitness center" referral to treatment of lumbar spine with Pilates training with personal trainer as recommended by QME. There is a QME report dated 10/22/2013 who recommends judicious use of nonsteroidal antiinflammatory medications or Tylenol and anticipated 4 to 6 weeks of physical therapy with 3 visits per week, no more than 18 visits per year. The QME report recommends exercise including stationary bike, swimming program, vigorous walking, treadmill, elliptical trainer, and would greatly benefit from Pilates exercise program, which is ideal for this type of low back condition. "Pilates exercise can be done at home with the use of DVD," but the patient would benefit from 3 to 4 visits with a certified personal trainer or therapist for performing the recommended exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PILATES TRAINING WITH A PERSONAL TRAINER (FITNESS CENTER): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines, low back chapter online for Pilates([http://www.odg-twc.com/odgtwc/low\\_back.htm#ProcedureSummary](http://www.odg-twc.com/odgtwc/low_back.htm#ProcedureSummary))Pilates refers readers to the Yoga section.

**Decision rationale:** This patient presents with chronic low back pain and the request was for Pilates with personal trainer. Unfortunately, the request is not accompanied by duration and frequency. Review of the reports showed that the request was actually suggested by the QME physician from 10/22/2013 report. He requested 3 to 4 sessions of training followed by a DVD so that the patient can perform the exercise at home. However, when this request was made by the treating physician through "request for authorization" form, the request simply reflects Pilates training with personal trainer. MTUS and ACOEM Guidelines do not discuss Pilates, but ODG Guidelines refers to yoga exercise as they are similar. Yoga is supported for highly-motivated individuals as an effective exercise method in managing chronic low back pain. In this case, 3 to 4 sessions as discussed by QME report would be appropriate and consistent with ODG Guidelines. However, as stated, the current request is open-ended, which cannot be considered. Recommendation is for denial