

Case Number:	CM14-0029520		
Date Assigned:	03/19/2014	Date of Injury:	07/07/2010
Decision Date:	05/07/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/07/2014

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 Anesthesiology, has a subspecialty in Acupuncture and 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:

A 54 year old female injured worker with date of injury 11/15/10 with related neck pain that radiates bilaterally in the upper extremities. Per 1/8/14 evaluation, inspection of the lumbar spine revealed no gross abnormality. Tenderness was noted upon palpation in the spinal vertebral L4-S1 levels. The range of motion in the lumbar spine was moderately limited secondary to pain. MRI of the cervical spine dated 8/10/11 revealed age related degenerative disc disease and uncovertebral joint arthrosis at C5-C6 and C6-C7 levels causing some mild bilateral foraminal narrowing at C5-C6 and C6-C7 levels, slightly worse on the left than the right. MRI of the lumbar spine dated 8/10/11 revealed multilevel Schmorl's nodes consistent with Scheuermann's disease in the past; ongoing degenerative disc disease at L2-L3, L3-L4 and L4-L5 levels with annulus tears noted at L4-L5 and posteriorly on the left at L5-S1; degenerative disc changes with osteophyte ridging conspire with some mild facet arthrosis to cause mild foraminal narrowing at L3-L4, and at least moderate foraminal narrowing bilaterally at L4-L5. The records do not indicate that physical therapy was utilized. She has been treated with medication management. The date of UR decision was 10/9/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEMBERSHIP AT A FACILITY WITH YOGA CLASSES, 6 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 12/27/13), Gym Memberships, Yoga

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, Gym Memberships

Decision rationale: The MTUS is silent on the topic of gym memberships. With regard to gym memberships, the ODG states "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." Review of the medical records indicates that the injured worker has been doing yoga and found it helpful, resulting in taking less medication. The records do not indicate an inability to perform yoga as part of a home exercise program. The medical necessity of this request cannot be established.