MAXIMUS Federal Services

Case Number:	CM14-0035388		
Date Assigned:	06/23/2014	Date of Injury:	08/19/1998
Decision Date:	07/24/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/21/2014

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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, a 61 year old stock broker, was injured almost 16 years ago, 8/19/1998, when working as a compliance examiner. She claims injury from sitting and keyboarding 8-9 hours per day without an ergonomic workstation, and has chronic pain. She has degenerative changes in her cervical and lumbosacral spine. She has had many treatments, including IDET (Interdiscal Electrothermic Therapy), periodic epidural injections, chiropractic and physical therapy. She has been on a home exercise program without current benefit. She has utilized medication for muscle spasm and acupuncture to manage trapezius pain. She is requesting pilates, which she had originally paid for out of pocket. She stated that pilates helps her to decrease muscle tension and sleep better, as well as being more aware of her cervical posture. She is appealing denial of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pilates two times a week for four weeks: Upheld

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

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

Decision rationale: This patient has had physical therapy, in addition to may other treatments. The goal of therapy is to transition to a home exercise program, which she states she has done. She remains functional and per guidelines, should be on a self-maintenance physical medicine program. These home exercises are expected to be an extension of the treatment process. The guidelines do not call for periodic instruction or formal exercise programs. There are guidelines on exercise. No recommendation is made for any particular exercise regimen over another. An ongoing regimen is recommended, including aerobic conditioning (not applicable to pilates) and strengthening (could be applicable to pilates). The treating provider, however, recommends pilates for yoga-like properties.The request is denied.