

Case Number:	CM14-0059312		
Date Assigned:	07/09/2014	Date of Injury:	03/25/2004
Decision Date:	09/17/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/30/2014

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 & Rehabilitation 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 injured worker is a 49-year-old female who reported an injury on 08/16/2011. The mechanism of injury was not provided. On 03/28/2014, the injured worker presented with neck pain with radiation to her right shoulder all the way down to her hand with numbness and tingling in the C6 distribution. There were also reports of pain in the lower back. Upon examination of the cervical spine, there was slight paraspinal tenderness at the C4-7 and right upper trapezius. There was intact motor strength with hyperesthesia in a C6 distribution. There was tenderness over the superior iliac crest bilaterally and sacroiliac joint bilaterally with positive FABER and Gaenslen's tests. The diagnoses were post spinal fusion and correction of deformity at L5-S1 with artificial disc at L4-5, C4-5 disc herniation at the right, right shoulder labral tear with small paralabral cyst, right upper extremity tendinitis, spondylolisthesis at L5-S1, discopathy at L4-5, history of inner ear trauma, and balance disturbance. An MRI of the cervical spine revealed right-sided lateral recess narrowing and foraminal narrowing at C4-5 and C5-6. The provider recommended Pilates 2 times a week for 6 weeks. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pilates 2 x/ week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Yoga.

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

Decision rationale: The California MTUS states that there is strong evidence that exercise programs, including aerobic conditioning and strengthening is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen or any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. This program should emphasize education, independence, and the importance of ongoing exercise regimen. The provider's request does not indicate the site at which Pilates was intended for in the request as submitted. Additionally, the guidelines do not recommend any particular exercise regimen over any other exercise regimen. As such, Pilates 2 x/ week for 6 weeks is not medically necessary.