

Case Number:	CM14-0076063		
Date Assigned:	07/18/2014	Date of Injury:	12/08/1995
Decision Date:	08/29/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/23/2014

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 Pain Medicine and is licensed to practice in Florida. 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 71-year-old female who reported an injury on 12/08/1995. The mechanism of injury was not stated. The current diagnosis is lumbar degenerative disc disease. The injured worker was evaluated on 04/11/2014. It is noted that the injured worker was continuing with a Pilates home exercise program 2 to 3 days a week. The current medication regimen includes Naprosyn 500mg and Hydrocodone. Physical examination revealed intact strength and sensation, normal deep tendon reflexes, and negative lower extremity edema. Treatment recommendations at that time included continuation of the home exercise program and current medication regimen. An additional 8 sessions of Pilates was also requested at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Pilates: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic).

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 Chapter, Pilates, Yoga.

Decision rationale: The California MTUS Guidelines state yoga is recommended as an option only for select, highly motivated patients. The Official Disability Guidelines state there is evidence of efficacy for mind-body therapy such as yoga in the treatment of chronic low back pain. As per the documentation submitted, the injured worker has actively participated in Pilates. The injured worker currently utilizes a home exercise program. The medical necessity for ongoing treatment has not been established. The injured worker should be capable of self-directed exercise at this point. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.