

Case Number:	CM14-0080539		
Date Assigned:	07/18/2014	Date of Injury:	03/09/2013
Decision Date:	08/25/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/02/2014

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 Internal 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:

Patient is an injured worker with left shoulder impingement syndrome, cervical disc disorder, lumbar disc disorder, and right carpal tunnel syndrome. Agreed Medical Evaluation (AME) dated March 12, 2014 presented a case summary. Patient has accepted injuries to her cervical spine, lumbar spine, and left shoulder. She has NCV findings of right carpal tunnel. Date of injury was 03-09-2013. Mechanism of injury was slip and fall. The patient has been treated with physical therapy and medication. Medication history included Ultram, Lidoderm, Trazodone, Butrans. Subjective complaints included cervical and lumbar spine and left shoulder complaints, with pain in her neck, low back, and left shoulder. She describes her right hand going numb relatively frequently especially at night. She does not have the same level of complaints on the left side. Physical examination was documented. The patient arose slowly from a chair and walked in a slightly forward flexed position without any evidence of a limp. She was up and down during the history portion of the visit. She had 2/4 tenderness about the paraspinal muscles of her cervical spine from C4 to C7 and out into the trapezial and interscapular areas bilaterally. She had 50 percent normal forward flexion and lateral side bending and rotation, but no extension. She had 2/4 tenderness about the left rotator cuff and biceps tendon. She had 1/4 crepitation to range of motion of the shoulder. She had no tenderness on the right side and the biceps tendon was intact bilaterally. She had 1/4 volar and dorsal forearm and wrist tenderness bilaterally. She had a negative Tinel's sign on both wrists and normal motor and sensory exams in both upper extremities. Her reflexes were 1+ throughout both upper extremities. Wrist motion was full and equal with extension being 55, flexion being 65, radial deviation being 10, and ulnar deviation being 45. Grip strength was left/right 55/50, 50/45, and 45/40. The EMG/NCV studies are noted in a report on October 1, 2013, which showed right CTS, upper and lower extremity myopathy. The MRI studies show cervical disc disorders at C5-6 and C6-7 and the lumbar

annular tears at L4-5 and L5-S1. The MRI of the left shoulder was positive for impingement syndrome. Diagnoses were left shoulder impingement syndrome, cervical disc disorder, lumbar disc disorder, right carpal tunnel syndrome (CTS), upper and lower extremity myopathy non-industrial. Progress report dated 04-18-2014 documented current medications Trazodone, Lidoderm, Neurontin, Voltaren XR. Physical examination documented left shoulder tenderness and decreased range of motion. Treatment plan included continuation of Trazodone, Neurontin, Lidoderm, Voltaren. TENS was requested. Orthopedic consultation was requested. Yoga classes were requested. Progress report dated 02-28-2014 documented that patient reported benefit from physical therapy. Utilization review decision date was 05-27-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Yoga classes, QTY: 8: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines Low Back- Lumbar and Thoracic (Acute and Chronic), (updated 05/10/13).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical treatment utilization schedule (MTUS) Yoga Page 126 Page(s): 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)Yoga, Physical medicine treatment.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that yoga is recommended as an option. There is considerable evidence of efficacy for mind-body therapies such as yoga in the treatment of chronic pain. Official Disability Guidelines (ODG) indicates that yoga may lead to a beneficial shift in how patients cope with pain, and is a useful supplementary approach with moderate effect on pain and disability, resulting in gains in medical and psychologic symptoms. For recommended number of visits for Yoga, ODG guidelines utilize the ODG physical medicine treatment physical therapy PT guidelines which allow for 8-10 visits. Medical records document diagnoses of left shoulder impingement syndrome, cervical disc disorder, lumbar disc disorder, right carpal tunnel syndrome, and upper and lower extremity myopathy. The patient reported benefit from physical therapy. Yoga classes were requested on April 18, 2014. MTUS and ODG guidelines support the medical necessity of Yoga. Therefore, the request for Yoga classes, QTY: 8 is Medically Necessary.