

Case Number:	CM14-0085260		
Date Assigned:	07/23/2014	Date of Injury:	10/20/2012
Decision Date:	09/25/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/08/2014

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 Nevada. 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 records presented for review indicate that this 61-year-old female was reportedly injured on October 20, 2012. The mechanism of injury is noted as carrying a patient on a backboard. The most recent progress note, dated May 8, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated decreased lumbar spine range of motion and tenderness along the lumbar spine paravertebral muscles from L3 through S1. There was all so tenderness at the right SI joint. No spasms were noted. Diagnostic imaging studies of the lumbar spine indicate disc bulges at L4 - L5 and L5 - S1 along with spinal stenosis at L4 - L5. Previous treatment includes acupuncture and yoga. A request had been made for Yoga treatment and was not certified in the pre-authorization process on May 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Yoga treatment: Upheld

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

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 - Lumbar and Thoracic, Yoga, Updated August 22, 2014. 8. C.C. R.

Decision rationale: According to the Official Disability Guidelines (ODG) yoga recommended as an option for the treatment of low back pain for select highly motivated patients. According to the available medical record the injured employee has been participating in yoga with apparent benefit without a return to work. However, as with a gym membership or other organized exercise program, yoga as a medical prescription should be administered and guided by a medical professional. As such, this request for Yoga treatment is not medically necessary.