

Case Number:	CM14-0088570		
Date Assigned:	07/23/2014	Date of Injury:	01/08/2014
Decision Date:	09/17/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/12/2014

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:

This 42 year-old Radiology Assistant sustained an injury to her neck, shoulders, and upper back on 1/8/14 from transferring a patient off gurney to wheelchair while employed by [REDACTED]. Request(s) under consideration include YOGA. Diagnoses list Lumbago. Initial report of 1/10/14 noted exam findings of no tenderness over lumbar spine; normal full range of LS; full muscle strength with negative SLR; neck with full range; intact sensation and motor strength with normal DTRs without muscle spasm or TTP. Diagnoses include lumbar sprain. Treatment include medications of Naproxyn and Flexeril with modified duties. Physical therapy report of 3/20/14 noted patient with symptoms of low back pain radiating to left leg. Diagnosis of lumbar sprain. The patient completed 4 of 6 visits with good therapy potention. Report of 4/14/14 from the provider noted the patient with unchanged low back symptoms. Exam noted patient appeared comfortable, moving well; no neurological or musculoskeletal exam documented. Diagnoses include lumbar sprain and sciatica. Treatment include facet blocks/ablation. Procedural noted of 4/24/14 noted bilateral L3, L4, and L5 medial branch diagnostic blocks. The request(s) for YOGA was non-certified on 5/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

YOGA: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Yoga Page(s): 127. Decision based on Non-MTUS Citation Low Back, Yoga.

Decision rationale: This 42 year-old Radiology Assistant sustained an injury to her neck, shoulders, and upper back on 1/8/14 from transferring a patient off gurney to wheelchair while employed by [REDACTED]. Request(s) under consideration include YOGA. Diagnoses list Lumbago. Initial report of 1/10/14 noted exam findings of no tenderness over lumbar spine; normal full range of LS; full muscle strength with negative SLR; neck with full range; intact sensation and motor strength with normal DTRs without muscle spasm or TTP. Diagnoses include lumbar sprain. Treatment include medications of Naproxyn and Flexeril with modified duties. Physical therapy report of 3/20/14 noted patient with symptoms of low back pain radiating to left leg. Diagnosis of lumbar sprain. The patient completed 4 of 6 visits with good therapy potention. Report of 4/14/14 from the provider noted the patient with unchanged low back symptoms. Exam noted patient appeared comfortable, moving well; no neurological or musculoskeletal exam documented. Diagnoses include lumbar sprain and sciatica. Treatment include facet blocks/ablation. Procedural noted of 4/24/14 noted bilateral L3, L4, and L5 medial branch diagnostic blocks. The request(s) for YOGA was non-certified on 5/22/14. Guidelines rrecommend yoga as an option for short-term pain relief in the treatment of chronic pain only in select, highly motivated patients; however, since the outcomes from this therapy are very dependent on variable circumstances, it can only be recommend in specific cases and not adopted in general patient. Submitted reports have not demonstrated adequate support for this treatment regimen without failed conservative trial of standard modalities as part of a functional restoration approach. The Yoga (unspecified frequency/ duration) is not medically necessary and appropriate.