

Case Number:	CM14-0096383		
Date Assigned:	07/25/2014	Date of Injury:	07/14/2010
Decision Date:	08/28/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/20/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 57 year old male with date of injury 7/14/10. The treating physician report dated 4/7/14 indicates that the patient presents with a chief complaint of lower back pain. The patient has pain levels ranging from 6-7/10 without medications and a 2/10 with medications. Physical examination findings reveal slight antalgic gait on the left side with slight limitations of lumbar ranges of motion. MRI dated 4/8/14 revealed spondylolisthesis slight at L4/5 with disc bulges at L4-S1. The current diagnoses are ankle and low back pain, disc protrusion with degeneration at L4-S1, protrusion with degeneration at L4-S1, disc, and non radicular low back pain. The utilization review report dated 5/22/14 denied the request for Yoga once a week for eight weeks based on the rationale that the patient had completed physical therapy and had already been educated on posture and balance in his physical therapy training. 1. Ankle and low back pain 2. Disc protrusion with degeneration at L4-S1 3. Non radicular low back pain The utilization review report dated 5/22/14 denied the request for Yoga 1x8 based on the rationale that the patient had completed PT and had already been educated on posture and balance in his PT training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Yoga once a week for eight weeks to teach proper daily stretching and core stabilization exercises: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Yoga pg 126 Page(s): 126.

Decision rationale: Based on the medical records provided for review, the patient completed 6 physical therapy sessions on 4/18/14 and was released to a home exercise program following postural education and awareness. The MTUS Guidelines do support Yoga for select, highly motivated patients when requested by the patient but not for use by any patient. The medical records reviewed do not show that the patient requested the yoga or that the patient is highly motivated. The records do show that the patient has completed 6 sessions of physical therapy for flaring of his lumbar condition and that he responded to the treatment and was released to a home exercise program. Therefore, the request for yoga once a week for eight weeks to teach proper daily stretching and core stabilization exercises is not medically necessary and appropriate.