

Case Number:	CM14-0144490		
Date Assigned:	09/12/2014	Date of Injury:	09/07/2002
Decision Date:	01/09/2015	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/05/2014

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 Occupational Medicine, has a subspecialty in Preventive 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:

The applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of September 7, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy surgery; and unspecified amounts of physical therapy. In a Utilization Review Report dated August 29, 2014, the claims administrator approved a request for multilevel medial branch blocks while denying a request for yoga three to four times weekly for an unspecified amount of time and unspecified number of total visits. The claims administrator, it is incidentally noted, incorrectly stated that the MTUS did not address the topic of yoga and invoked non-MTUS ODG Guidelines to deny the same. The claims administrator stated that its decision was based on a Request for Authorization (RFA) form received on August 22, 2014 and a progress note dated August 21, 2013. In a September 4, 2014 progress note, the applicant reported persistent complaints of low back pain. It was stated that the applicant had ongoing complaints of low back pain since 2002 and had failed physical therapy, massage therapy, and acupuncture. Yoga at a rate of three to four times a week was sought. The total duration of therapy, however, was not specified. In a letter dated August 4, 2014, the applicant stated that she took exception to the Utilization Reviewer's commentary that she was not a motivated individual. The applicant stated that she considered herself a motivated individual. The applicant's work status was not clearly outlined. In a November 11, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant stated that yoga had been beneficial and that she wished to pursue further yoga. The applicant was reportedly using trazodone and Klonopin, it was stated in one section of the note. The applicant had received multiple epidural steroid injections and radiofrequency ablation procedures, it was stated. The applicant appeared depressed, with a flattened affect. The applicant's BMI was 22. The

applicant was asked to continue on Flexeril, Norco, Desyrel, and Klonopin. Thirty sessions of yoga were sought on this occasion. It was stated that the applicant was working with a 40-pound lifting limitation in place. On August 21, 2014, the requesting provider stated that the applicant should employ yoga at a rate of three to four times weekly while continuing Flexeril, Norco, Desyrel, and Klonopin. Work restrictions were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown visits of Bikram Yoga 3 to 4 times a week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar and Thoracic (Acute & Chronic) Yoga

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section. Yoga topic. Page(s): 8, 126.

Decision rationale: While page 126 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that yoga is recommended as an option for select, highly motivated applicants, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones of the treatment program in order to justify continued treatment. Here, however, the request for unknown, unspecified, open-ended yoga treatment at a rate of three to four times a week cannot be supported as it does not contain any proviso to have the applicant reevaluated while treatment is proceeding so as to ensure a favorable response to the same. The request, thus, as written, is at odds with page 8 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.