

Case Number:	CM14-0193794		
Date Assigned:	12/01/2014	Date of Injury:	03/28/2012
Decision Date:	01/15/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/19/2014

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, has a subspecialty in Hospice Palatable Medicine, and is licensed to practice in Pennsylvania. 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 injured worker is a 48-year-old woman with a date of injury of 03/28/2012. A treating physician note dated 09/02/2014 identified the mechanism of injury as a fall, landing on her left side and resulting in lower back pain. Treating physician notes dated 09/02/2014, 09/08/2014, 10/07/2014, and 10/21/2014 and a functional restoration program report for dates 11/10/2014-11/13/2014 indicated the worker was experiencing lower back pain that went into the leg. Documented examinations consistently described tenderness in the lower back, an abnormal walking pattern, and decreased motion in the lower back joints. The submitted and reviewed documentation concluded the worker was suffering from lower back pain. Treatment recommendations included oral and topical pain medications, chiropractic care, a functional restoration program, and follow up care. A Utilization Review decision was rendered on 11/18/2014 recommending non-certification for purchase of a yoga mat and a stretch assist strap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of yoga mat: 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)

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

Decision rationale: Yoga mats are used both in yoga and in more routine stretching exercises. The MTUS Guidelines do not support the use of equipment in routine home exercise programs. The MTUS Guidelines recommend yoga for treatment of chronic pain in select, very highly motivated workers. Because outcomes are so dependent on the worker's motivation, the Guidelines suggest use of this treatment be reserved for those worker's requesting it. The submitted and reviewed documentation indicated the worker was experiencing on-going lower back pain. There was no discussion describing the worker's level of motivation for this treatment or suggesting the worker had requested it. In the absence of such evidence, the current request for the purchase of a yoga mat is not medically necessary.

Purchase of stretch assist strap: 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)

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

Decision rationale: Stretch assist straps are used both in yoga and in more routine stretching exercises. The MTUS Guidelines do not support the use of equipment in routine home exercise programs. The MTUS Guidelines recommend yoga for treatment of chronic pain in select, very highly motivated workers. Because outcomes are so dependent on the worker's motivation, the Guidelines suggest use of this treatment be reserved for those worker's requesting it. The submitted and reviewed documentation indicated the worker was experiencing on-going lower back pain. There was no discussion describing the worker's level of motivation for this treatment or suggesting the worker had requested it. In the absence of such evidence, the current request for the purchase of a stretch assist strap is not medically necessary.