

<b>Case Number:</b>	CM14-0200420		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Orthopedic Surgery, has a subspecialty in Sports 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:

This is a 34 year old male who sustained a work related injury on 2/05/2013. The mechanism of injury is not described. Per the Primary Treating Physician's Progress Report dated 10/28/2014, the injured worker reported aching back pain and aching bilateral knee pain with numbness. He reported that Norco does help him. He is not working. Physical Examination revealed an abnormal heel walk and normal toe walk. There is tenderness in the paraspinal musculature of the thoracolumbar region bilaterally. Muscle spasm is noted over the lumbar spine. Range of motion testing reveals flexion to 30 degrees and extension to 15 degrees. Rotation is 40 degrees bilaterally and tilt is 20 degrees bilaterally. Spasm of on lumbar range of motion is present. There is increased pain on extension versus flexion. There is decreased sensation along the L5 and S1 dermatomes on the left. Reflexes are 2+ bilaterally in the knee and ankle, Clonus is negative bilaterally, sciatic nerve compression test is negative and circulation is normal. Waddell signs are negative, there is no heightened pain response and hamstrings are tight bilaterally, greater on the left. Diagnoses included L5-S1 disc protrusion with left lower extremity radiculopathy and facet syndrome. The plan of care included a gym membership along with Pilate's classes and a trainer. On 11/14/2014, Utilization Review non-certified a prescription for Pilates Classes 3-4 x 6 months based on lack of medical necessity. The following references were cited: PLoS One. 2014 Jul 1; 9(7):e100402. Doi: 10.1371/journal.pone.0100402. eCollection 2014. The effectiveness of Pilates exercise in people with chronic low back pain (CLBP) through a systematic review of randomized controlled trials (RCTs) (<http://www.ncbi.nlm.nih.gov/pubmed/24984069>); Clin Rehabil. 2014 Jun 25. Pii: 0269215514538981 [epub ahead of print], (<http://www.ncbi.nlm.nih.gov/pubmed/24965957>). A Request for Authorization Form was not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pilates Classes 3-4 x 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Yoga Page(s): 126. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG), Low Back

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

**Decision rationale:** The request for Pilates classes 3-4 x 6 months is not medically necessary. According to the California MTUS Guidelines, yoga is recommended as an option only for select highly motivated patients. Furthermore, there is considerable evidence of efficacy for mind/body therapy, such as yoga, in the treatment of chronic pain. However, the guidelines indicate that since this therapy is dependent upon highly motivated patients, it is not recommended to be adopted for use by any patient. The injured worker was indicated to have chronic back pain and bilateral knee pain. The clinical documentation also indicated the injured worker was certified for a personal trainer to develop a home exercise program for implementation. However, there is a lack of documentation supporting efficacy in improved long term outcomes utilizing Pilates or yoga classes for patients/diagnoses in clinical presentation. Furthermore, the guidelines indicate that it is not medically necessary for yoga or Pilates, and it should not be adopted for use by any patient. Based on the above, the request is not supported by the evidence based guidelines. As such, the request for Pilates classes, 3 to 4 x6 months, is not medically necessary.