MAXIMUS Federal Services

Case Number:	CM14-0209982		
Date Assigned:	12/23/2014	Date of Injury:	09/30/1998
Decision Date:	02/12/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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, 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 injured worker (IW) is a 66-year-old man with a date of injury of September 30, 1998. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are degenerative disc disease; sciatica; spinal stenosis; and lumbar spine pain. Prior surgeries include rotator cuff surgery, knee surgery, shoulder surgery, and ankle surgery (dates unknown). There is no clinical documentation within the body of the medical record (51 pages). There are 2 requests written by the treating physician. One request is for physical therapy, and the other is for Pilates. According to UR documentation, the IW was evaluated on October 16, 2014. At that time, the IW was having back pain and is tolerating it. The provider is waiting on authorizations for chiropractic care, and acupuncture treatment. The UR documentation indicated the IW is currently doing Pilates 2 times a week for 6 weeks. The IW has had physical therapy in the past, however, there is no documentation in the medical record indicating objective functional improvement, number of physical therapy sessions, and if there was a response to physical therapy sessions. There is no clinical documentation anywhere in the medical record for review. The current request is for 48 Pilates sessions at 2 times a week for 24 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pilates for the lumbar spine 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, Exercises

Decision rationale: Pursuant to the Official Disability Guidelines, Pilates for the lumbar spine two times a week for six months is not medically necessary. Exercise is recommended for treatment and for prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain. The Official Disability Guidelines has an extensive section on exercise. Please see guidelines for details. In this case, there is no clinical documentation within the body of the medical record (51 pages). There are two requests written by the treating physician. One request is for physical therapy and the second request for Pilates two times per week for six months. The injured worker is 66 years old with a date of injury September 30, 1998. Reportedly, (according to the utilization review) the injured worker had increased pain that began June 12, 2014. The injured worker had increased pain (back) with flexion and extension with positive straight leg rising. The guidelines indicate exercise is recommended. The claimant has had physical therapy in the past; however, there is no documentation in the medical record indicating objective functional improvement. During physical therapy the injured worker partakes in exercises. Those exercises are taken home and performed under a home exercise program. In this case, there is no documentation indicating objective functional improvements, number of physical therapy sessions or the response to physical therapy sessions. Utilization review indicates the injured worker receives some prior Pilate's sessions. However, there was no documentation in the medical record to suggest prior Pilate's sessions. Consequently, based on the absence of any clinical documentation in the medical record, no prior physical therapy notes to determine objective functional improvement, no clinical rationale for Pilates therapy over a home-based exercise program, Pilates to the lumbar spine two times a week for six months is not medically necessary.