

Case Number:	CM15-0107967		
Date Assigned:	06/12/2015	Date of Injury:	09/27/2009
Decision Date:	07/16/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/04/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Family Practice

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 56 year old male who sustained an industrial injury on 09/27/2009. The injured worker was diagnosed with lumbar herniated nucleus pulposus/radiculopathy, sciatica and cervical sprain/strain/radiculopathy. Treatment to date includes diagnostic testing with recent upper electromyography (EMG) dated January 29, 2015 and left shoulder magnetic resonance imaging (MRI) in February 2015, surgery, multiple lumbar epidural steroid injections last dated in March 2014, chiropractic therapy (12 sessions), acupuncture therapy, physical therapy, home exercise program and medications. The injured worker is status post cervical surgery at C4-C5 and C5-C6 (no date documented). According to the primary treating physician's progress report on April 14, 2015, the injured worker continues to experience neck and bilateral shoulder pain associated with spasm, weakness and left index finger numbness and tingling. The injured worker rates his neck pain as 6/10 and shoulder pain as 7/10. The left shoulder pain is greater than the right. The injured worker also experiences low back pain rated at 6/10 with bilateral thigh weakness rated as 5/10 on the pain scale. Examination of the neck and lower back demonstrated mild tenderness to palpation with normal range of motion, strength and tone. There was full range of motion of the bilateral upper extremities. Sensation was decreased along C6 distribution on the right and C7 distribution on the left with decreased motor strength of the bilateral wrists, thumb and small finger. The injured worker has returned to work with full duties. Current medications are listed as Medrol Dosepak, Soma and Celebrex. Treatment plan consists of medications and the current request for 8 chiropractic treatments for lumbar spine and 8 yoga sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic treatments for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Therapy Page(s): 95.

Decision rationale: Chiropractic therapy is supported by MTUS guidelines under certain conditions. For the low back, MTUS guidelines recommend the following: "Low back: Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re- evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." This patient has previously had 12 sessions of chiropractic therapy, and now an additional 8 sessions are being requested to total 20 sessions, which exceeds guideline recommendations for the low back. The objective functional benefits derived from the completed treatments are not obvious from the documentation. It is noted that these sessions "helped temporarily." There is not sufficient documentation of derived benefits to justify additional chiropractic therapy sessions at this time. Likewise, this request for an additional 8 sessions is not considered medically necessary.

8 Sessions of yoga: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, yoga.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Yoga ODG 2015 Online Edition.

Decision rationale: MTUS guidelines do not address Yoga. Therefore, the ODG guidelines were referenced. The ODG states, "Recommended as an option for motivated patients. There is considerable evidence of efficacy for mind-body therapies such as yoga in the treatment of chronic pain. Also, the impact on depression and disability could be considered as important outcomes for further study. Since outcomes from this therapy are very dependent on a motivated patient, we recommend approval where requested by a specific patient, but not adoption for use by any patient." In this patient's case, a trial of Yoga was approved by utilization review with modification from 8 treatments to 6 treatment sessions. This determination appears reasonable. Likewise, this request for 8 treatments is not considered medically necessary.