MAXIMUS Federal Services

Case Number:	CM15-0108687		
Date Assigned:	06/15/2015	Date of Injury:	03/29/2006
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 64 year old male, who sustained an industrial injury on 3/29/2006. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar spine sprain/strain. Treatment to date has included diagnostics, yoga, and medications. Currently (4/14/2015), the injured worker complains of increased pain in his lumbar spine, rated 3/10 at rest and increased to 6/10 with any attempted repetitive use of his lumbar spine. His medication use included Ibuprofen. Physical exam noted severe tenderness in the lower lumbar spine, spasms, decreased range of motion, and decreased sensation in the L5 dermatome on the left. Magnetic resonance imaging of the lumbar spine (4/02/2015) findings were referenced as showing mild to moderate canal stenosis and moderate to severe bilateral neural foraminal narrowing at L4-5, secondary to disc bulge in association with moderate bilateral facet degenerative disease. It was also documented as showing mild canal stenosis and moderate bilateral foraminal narrowing at L5-S1, secondary to a disc bulge in association with mild posterior end plate osteophyte ridging and moderate to severe bilateral facet degenerative disease. The treatment plan included 12 yoga visits, as he was documented as completing 12 yoga visits in 2014, with complete resolution of his acute lumbar spine pain flare. His work status was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Yoga Additional Sessions: Upheld

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

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

Decision rationale: 12 Yoga Additional Sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends yoga as an option only for select, highly motivated patients. There is considerable evidence of efficacy for mind-body therapies such as yoga in the treatment of chronic pain. Outcomes from this therapy are very dependent on a highly motivated patient. The documentation indicates that the patient has had prior yoga (12 visits). It is unclear why the patient cannot participate in an independent home exercise or yoga program or what functional improvement there was from prior PT. The request for 12 yoga additional sessions is not medically necessary.