

<b>Case Number:</b>	CM15-0138810		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	06/24/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45 year old male, who sustained an industrial injury on 6/24/14. He reported injury to his right hip, right knee and right ankle after he tripped while getting up into a semi-truck. The injured worker was diagnosed as having L4-L5 disc injury and annular tear, left shoulder partial thickness undersurface supraspinatus tear, right greater trochanteric bursitis and right patellofemoral chondromalacia. Treatment to date has included several MRIs, Tylenol #3, a lumbosacral orthosis, physical therapy and a left shoulder subacromial injection on 1/22/15. On 4/30/15, the treating physician noted decreased range of motion in the right hip and tenderness in the anterior lateral hip region. The physician's assistant noted that the injured worker refused to proceed with any further forms of physical therapy. As of the PR2 dated 6/17/15, the injured worker reports continued pain in his right hip and lower back. He indicated that he has lost some weight and his right knee pain has improved. The treating physician requested a multidisciplinary evaluation and yoga 3x weekly for 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Yoga.

**Decision rationale:** The claimant sustained a work injury in June 2014 and is being treated for low back, left shoulder, and right lower extremity pain. Treatments have included medications, physical therapy, and a subacromial injection. When seen, he had decided against left shoulder surgery. He had recently been seen by a psychologist and was sleeping better with less depression. He had changed his diet and was losing weight. He was overall feeling better about himself. No physical examination was performed. Authorization for yoga and a restoration program evaluation were requested. Yoga is recommended as an option only when requested by a highly motivated patient. In this case, the claimant did not request that Yoga be tried in the treatment of his condition and there is no evidence that he is motivated to participate in the requested Yoga sessions. The request is not medically necessary.

**Yoga 3 times per week for 3 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Yoga - Physical medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (Functional Restoration Programs) p30-32, 49.

**Decision rationale:** The claimant sustained a work injury in June 2014 and is being treated for low back, left shoulder, and right lower extremity pain. Treatments have included medications, physical therapy, and a subacromial injection. When seen, he had decided against left shoulder surgery. He had recently been seen by a psychologist and was sleeping better with less depression. He had changed his diet and was losing weight. He was overall feeling better about himself. No physical examination was performed. Authorization for yoga and a restoration program evaluation were requested. In terms of a functional restoration program, criteria include that the patient has a significant loss of the ability to function independently due to chronic pain, previous methods of treating chronic pain have been unsuccessful, and that there is an absence of other options likely to result in significant clinical improvement. In this case, there was improvement after a single psychological session. The claimant had not failed treatments at a less intense level. The presence of chronic disabling pain with loss of independent function is not documented. A functional restoration program evaluation is not medically necessary.