

Case Number:	CM15-0161574		
Date Assigned:	08/27/2015	Date of Injury:	05/07/2014
Decision Date:	09/30/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, California
 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 (IW) is a 48 year old male who sustained an industrial injury on 05/07/2014. He reported progressive low back pain with cumulative injury 05/07/2014. The worker had a history of back surgery, laminectomy and discectomy in 1991 which was successful without residual problems or limitation. The injured worker was diagnosed as having chronic low back pain and bilateral lower extremity pain particularly in the left lateral thigh. Treatment to date has included physical therapy, home exercise, and medications. A MRI of 06-13-2014 showed the left sided hemi laminectomy with a moderate degree of spinal stenosis at L3-L4, a disk protrusion on the left side foramen at L4-L5, and a central disk protrusion at L4-L5. Currently, the injured worker complains of ongoing low back pain and radicular symptoms in his lower extremity. On exam, he ambulates with an antalgic gait and has slight limitation of lumbar spine range of motion. The treatment plan is for ongoing home exercise with trial of Hot Yoga. A request for authorization was submitted for Hot Yoga (sessions) Qty 10.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot Yoga (sessions) qty 10.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Yoga
Page(s): 125.

Decision rationale: According to the guidelines, yoga is recommended for those who are highly motivated and requested by them. There is considerable evidence of efficacy for mind-body therapies such as yoga in the treatment of chronic pain. In this case, the claimant was interested in yoga. The claimant was stretching and performing home exercise. The request for 10 sessions of Yoga is appropriate.