

Case Number:	CM15-0185199		
Date Assigned:	09/25/2015	Date of Injury:	09/29/2014
Decision Date:	11/02/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/21/2015

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: California

Certification(s)/Specialty: Emergency 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:

This is a 35 year old female with a date of injury on 9-24-14. A review of the medical records indicates that the injured worker is undergoing treatment for upper and lower back pain. On 7-21-15 the injured worker reports intermittent pain between the shoulders, constant aching low back pain with less intense pain radiating down bilateral legs with numbness and tingling. She also has occasional throbbing hip pain worse on the right. Upon exam, range of motion of the thoracic lumbar spine cause increased pain. The lumbar spine is tender to palpation. Treatment recommendations: naprosyn, prilosec and 12 sessions of Pilates. Treatments have included medication and physical therapy (44 sessions). MRI in early 2015 revealed a disc bulge and sciatic nerve involvement, x-ray 7-21-15 lumbar spine revealed normal bone quality and round osseous loose body over the anterior superior L4 vertebral body, pelvis revealed normal bone quality. Request for authorization dated 8-27-15 was made for 12 sessions of Pilates. Utilization review dated 9-3-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Pilates: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic), (updated 05/10/13), Yoga, Pilates.

Decision rationale: The requested 12 sessions of Pilates, is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. ODG Treatment Integrated Treatment/Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 05/10/13) Yoga, Pilates, noted "Recommended as an option only for select, highly motivated patients." The injured worker has intermittent pain between the shoulders, constant aching low back pain with less intense pain radiating down bilateral legs with numbness and tingling. She also has occasional throbbing hip pain worse on the right. Upon exam, range of motion of the thoracic lumbar spine cause increased pain. The lumbar spine is tender to palpation. The treating physician has not documented failed conservative treatments, positive factors of motivation, or the medical necessity for more than a trial of six sessions and then re-evaluation. The criteria noted above not having been met, 12 sessions of Pilates is not medically necessary.