

<b>Case Number:</b>	CM15-0197472		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	01/04/2008
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 4, 2008. In a Utilization Review report dated September 28, 2015, the claims administrator failed to approve a request for 6 sessions of yoga for the low back. The claims administrator referenced a September 16, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 16, 2015 office visit, the applicant reported 6-10/10 mid and low back pain complaints. The applicant was using Norco, Lyrica, Prilosec, ThermaCare heat wraps, MiraLax, Benadryl, and Ambien, it was reported. The applicant had ongoing complaints of low back pain with derivative complaints of depression, the treating provider reported. Permanent work restrictions were renewed. Yoga was endorsed while Norco and Lyrica were renewed and/or continued. It was not explicitly stated whether the applicant had or had not had prior yoga. It was not clearly stated whether the applicant was or not working with said permanent limitations in place, although this did not appear to be the case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Yoga, once a week, for six weeks to the lower back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Yoga.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Yoga.

**Decision rationale:** No, the request for 6 sessions of yoga was not medically necessary, medically appropriate, or indicated here. While page 126 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that yoga is recommended as an option for select, highly motivated applicants, however, the attending provider's September 16, 2015 office visit did not establish the applicant's degree of motivation and/or likelihood of success of yoga, the modality in question. It did not appear that the applicant was working with permanent limitations in place as of the date of the request, September 16, 2015. It was not clearly stated or clearly established how (or if) yoga could advance the applicant's activity level. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary at various milestones in the treating program in order to justify continued treatment. Here, however, the September 16, 2015 office visit at issue made no mention of whether the applicant had or had not had prior yoga, i.e., the modality at issue. Therefore, the request was not medically necessary.