

Case Number:	CM15-0206552		
Date Assigned:	10/23/2015	Date of Injury:	06/26/2011
Decision Date:	12/14/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/20/2015

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, North Carolina

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 is a 41 year old female, who sustained an industrial injury on 06-26-2011. She has reported injury to the low back. The diagnoses have included low back pain; sciatica; lumbar disc displacement without myelopathy; and pain in joint of shoulder, right. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, trigger point injections, physical therapy, and home exercise program. Medications have included Norco and Lyrica. A progress report from the treating physician, dated 09-08-2015, documented a follow-up visit with the injured worker. The injured worker reported that she has completed four out of six sessions of her second round of acupuncture; she was informed that she cannot finish her last two sessions and she was not given a reason why; her pain level in her lower back is about 7 out of 10 in intensity; she cannot take breaks at her work; she is sleeping more now since she is on a break from work; and she states that her muscles are a little bit stiffer. Objective findings included hyper tonicity, tenderness, and tight muscle band is noted on both the sides of the lumbar paravertebral muscles. The provider noted a "trial of Buspar for anxiety until she has been exposed to therapeutic yoga"; and the "goal of care is to bring down level of hypervigilance" and "will request therapeutic yoga to try and help with this". The treatment plan has included the request for yoga, 8 sessions. The original utilization review, dated 09-16-2015, non-certified the request for yoga, 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Yoga, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Yoga.

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

Decision rationale: CA MTUS Guidelines state that yoga is recommended as an option only for select, highly motivated patients who request it for themselves. Yoga is not for adoption for use by any patient. There is considerable evidence of efficacy of mind-body therapies such as yoga in the treatment of chronic pain. In this case, the patient has chronic low back pain managed by medications and acupuncture which allows her to work. Her physician has recommended 8 sessions of "therapeutic yoga," however the medical indications are unclear. The documentation submitted also fails to demonstrate that the patient is highly motivated or select, as she has not requested yoga herself. Therefore this request is not medically necessary or appropriate.