

<b>Case Number:</b>	CM15-0222638		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	06/20/1996
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 57 year old female, who sustained an industrial injury on 6-20-96. The injured worker was diagnosed as having bilateral hip pain. Treatment to date has included left hip revision surgery in 2013, physical therapy, and medication including Methadone and Norco. Physical exam findings on 10-7-15 included limited neck range of motion and palpable trapezius and rhomboid muscle spasm. Antalgic gait and decreased range of motion of the left hip was noted. On 10-7-15, the injured worker complained of back pain, leg pain, bilateral hip pain, neck pain, bilateral hand pain, bilateral wrist pain, right shoulder pain, foot pain, and headaches. On 10-19-15, the treating physician requested authorization for 6 pilates sessions. On 10-26-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pilates 6 sessions:** 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 Chapter, Pilates.

**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 section, Yoga.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Pilates six sessions is not medically necessary. Pilates (yoga) is recommended as an option only for select, highly motivated patients. There is some evidence of efficacy for mind-body therapies such as yoga and the treatment of chronic low back pain. See the guidelines for additional details. In this case, the injured worker's working diagnosis is bilateral hip pain. Date of injury is June 20, 1996. Request for authorization is October 19, 2015. According to an October 7, 2015 progress note, subjective complaints include low back pain, leg pain, bilateral hip pain, bilateral knee pain, neck pain, headache, bilateral hand and wrist pain, right shoulder pain and right foot pain. Objectively, there is tenderness palpation with decreased range of motion. The documentation indicates, according to a medical record review from September 9, 2015, the injured worker is in detox and receiving Suboxone and is taking Pilates. There is no clinical indication or rationale by the treating provider for Pilates. There is no documentation indicating why this intervention is requested. There is no documentation indicating what aspects of the work related complaints (multiple complaints) this treatment would be expected to address. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Pilates six sessions is not medically necessary.