

Case Number:	CM15-0044741		
Date Assigned:	03/16/2015	Date of Injury:	11/20/2013
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a year 59 old male, who sustained an industrial injury, November 20, 2013. After lifting a desk the injured worker developed low back pain, after several days the pain went away. The pain returned after a day of heavy lifting and at this time the pain radiated down into the right buttocks. The injured worker previously received the following treatments physical therapy, narcotics, Flexeril, lidocaine patches, Baclofen and acetaminophen. The injured worker has x-rays, chiropractic therapy, aquatic therapy, occupational therapy, ice pack, lumbar spine MRI, pelvis MRI, acupuncture, sacroiliac joint injection and home exercise program. The injured worker was diagnosed with lumbar strain/sprain and right sacroiliac joint pain. According to progress note of January 16, 2015, the injured workers chief complaint was lumbar back pain with radiation into the right buttocks, with some associated numbness and tingling. The physical exam noted tenderness greater on the right than the left of the lumbar sacroiliac region. The straight leg testing was negative on the right and the left. Lower leg strength was 5 out of 5 and the injured worker was able to heel and toe walk. The treatment plan included gentle restorative Yoga or prop Yoga 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gentle restoration yoga or prop yoga two times four weeks: Upheld

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

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
Lumbar & Thoracic (Acute & Chronic), Yoga.

Decision rationale: The claimant sustained a work-related injury in November 2013 and continues to be treated for low back and buttock pain. Treatments have included therapy, chiropractic care, acupuncture, and medications. Yoga is recommended as an option only when requested by a highly motivated patient. In this case, the claimant did not request that Yoga be tried in the treatment of his condition and there is no evidence that he is motivated to participate in the Yoga sessions. Therefore, the requested is not medically necessary.