

Case Number:	CM15-0056452		
Date Assigned:	04/16/2015	Date of Injury:	09/30/1998
Decision Date:	05/19/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/24/2015

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 is a 67-year-old male, who sustained an industrial injury on 09/30/1998. He has reported subsequent back and lower extremity pain and was diagnosed with spinal stenosis, degenerative disc disease and sciatica. Treatment to date has included oral pain medication, chiropractic treatment and Pilates. In a progress note dated 02/26/2015, the injured worker complained of low back pain radiating to the lower extremity. The physician noted that Pilates had been helpful to keep the injured worker's symptoms under control and a request for authorization of 18 sessions of Pilates therapy for the lumbar spine was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Pilates Therapy 2x9 for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), exercise, yoga.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back - Lumbar & Thoracic (Acute & Chronic), Yoga (2) Low Back-Lumbar & Thoracic (Acute & Chronic), Gym memberships.

Decision rationale: The claimant has a remote history of a work injury occurring in September 1998 and continues to be treated for chronic radiating low back pain. Prior treatments had included Pilates with reported improvement. In this case, the claimant has already had instruction in performing Pilates exercises. He would not require repeat skilled therapy instruction in order to perform Pilates exercises independently. If he was able to participate in Pilates classes on a regular basis, a gym-based program including a trial of gym membership could be considered for him. Therefore, the request is not medically necessary.