

Case Number:	CM15-0058669		
Date Assigned:	04/03/2015	Date of Injury:	03/26/2014
Decision Date:	05/15/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/27/2015

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: Georgia, California, Texas

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 injured worker is a 61 year old female who sustained an industrial injury on 03/26/14. She reported pain in the neck and lower back related to lifting a heavy object. The injured worker was diagnosed as having lumbar radiculopathy, cervical radiculopathy, and lumbar stenosis. Treatment to date has included lumbar epidural steroid injection, physical therapy, a lumbar MRI and pain medications. As of the PR2 dated 11/19/14, the injured worker reports 6/10 pain in the lower back and 5/10 pain in the neck. She indicated she's been more active and should be able to return to work. The treating physician noted tenderness in the lumbar paraspinal muscles. The treating physician requested yoga 2 times weekly for 6 weeks and aquatic therapy for 6 weeks for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Yoga 2x6 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The injured worker remains significantly symptomatic despite an extended course of conservative treatment including physical therapy. MTUS recommends yoga as an option for "select, highly motivated patients." MTUS further states: "Since outcomes from this therapy are very dependent on a highly motivated patient, we recommend approval where requested by a specific patient, but not adoption for use by any patient." Due to lack of documented specific request per the injured worker for a trial of yoga and lack of any documented description of her level of motivation to pursue such a program, medical necessity is not established for the requested yoga sessions per MTUS criteria.