

Case Number:	CM14-0114225		
Date Assigned:	08/04/2014	Date of Injury:	08/28/2013
Decision Date:	12/23/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old female with date of injury of 08/28/2013. The treating physician's listed diagnosis is adjustment disorder with mixed anxiety and depressed mood from 05/14/2014. According to this report, the patient notes digestive problems. There is mild decrease in the frequency and severity of the headaches and anxiety symptoms as she is off work. Sleeping difficulties are on and off. The objective findings show that the patient has been off work for about a week, and there is an overall mild decrease in symptoms. She was recommended to use breathing techniques for stress reduction and has attended a yoga class and found it "effective." The documents include a QME report from 10/02/2014 and progress reports from 03/25/2014 to 06/10/2014. The utilization review denied the request on 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Yoga classes 1 time a week for 8 weeks: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter for Yoga.

Decision rationale: This patient presents with digestive problems, headaches, and anxiety. The provider is requesting Yoga Classes x 8. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the pain chapter for Yoga states, "Recommended as an option for motivated patients. There is considerable evidence of efficacy for mind-body therapies such as yoga in the treatment of chronic pain. Also, the impact on depression and disability could be considered as important outcomes for further study." For number of treatments, physical therapy recommendations apply. According to the 03/27/2014 report, the patient complains of stress reaction and headache. Since her last examination, the patient has improved as expected. The 05/07/2014 report shows that the patient reports feeling anxious and depressed and has difficulty focusing on her work. She is overly concerned about her work performance and reputation and fears losing her job. The patient reports difficulty sleeping, fatigue, constant daily headaches, and digestive problems. Mood was mild and moderately anxious and depressed. She is motivated for treatment. The provider is recommending yoga classes to help the patient in reducing her stress level and promote relaxation. The 05/21/2014 report notes, "For recommendation of use of relaxation and breathing techniques for stress reduction, she has attended a yoga class and found it effective." The records do not show that the patient has attended previous classes prior to this date. The requested 8 sessions appears reasonable for this patient who is motivated and working. Therefore, this request is medically necessary.