

Case Number:	CM14-0148682		
Date Assigned:	09/18/2014	Date of Injury:	10/08/2013
Decision Date:	10/16/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/12/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 51-year-old female with a 10/8/13 date of injury. At the time (8/22/14) of request for authorization for Pilates once a week for six weeks, there is documentation of subjective (spontaneous flare-ups of chronic pain) and objective (severe spasms and tenderness over the lumbar spine with decreased range of motion, and tenderness to palpation over the L4-5 region) findings, current diagnoses (lumbar herniated nucleus pulposus), and treatment to date (physical therapy, activity modification, and medications). There is no documentation of a highly motivated patient requesting Pilates therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pilates once a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Work Loss Data Institute LLC Corpus Christi, TX www.odg-twc.com Section: Low Back Lumbar & Thoracic (Acute & Chronic) (updated 07/03/2011)

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that mind-body therapies (such as yoga/Pilates) are recommended as an option only for select, highly motivated patients in the treatment of chronic back pain and approval is recommended where requested by a specific patient, but not adoption for use by any patient. Within the medical information available for review, there is documentation of a diagnosis of lumbar herniated nucleus pulposus. In addition, there is documentation of chronic pain. However, there is no documentation of a highly motivated patient requesting Pilates therapy. Therefore, based on guidelines and a review of the evidence, the request for Pilates once a week for six weeks is not medically necessary.