

<b>Case Number:</b>	CM14-0166501		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 53 year old male with an injury date of 3/15/13. No PR2 report was submitted with this treatment request. Review of the most recent progress note, from 5/01/14, [REDACTED] this patient complains of stress and "numbness has gone when he walks but the weakness has gone when he continues walking," with some discomfort getting up from chair. Exam shows "tenderness along the lumbosacral and facet loading is positive." Motion is 30 degrees of flexion and 20 degrees of extension. Diagnoses for this patient are: 1. Discogenic lumbar condition with facet inflammation and left-sided radiculopathy. 2. Element of weight gain 30 pounds since the day of injury due to lack of activity secondary to pain as a result of injury. 3. Depression. Work status as of 6/05/14: This patient is released to modified work with restrictions. The utilization review being challenged is dated 9/19/14. The request is for 12 sessions of Pilates/Yoga, lumbar spine. The requesting provider is [REDACTED] and he has provided various reports from 3/14/14 to 6/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Pilates/Yoga, lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Biofeedback Page(s): 24-25.

**Decision rationale:** This patient presents with some numbness and weakness of his low back, which goes away with walking and some discomfort when getting up from a chair. The request is for 8 sessions of Pilates/Yoga, lumbar spine. Regarding yoga, MTUS recommends approval only when requested by a highly motivated self-disciplined patient, but no adoption for use by any patient. It may also be used as a part of a behavioral treatment program and patients should be screened for risk factors for delayed recovery as well as motivation to comply with a treatment regimen that requires self-discipline. The 5/01/14 progress report notes this patient "states he cannot do light duty because he has lot of issue with stress in his usual position," and the treating physician advised him to "communicate with his employer to get back to the job as soon as possible." He is "30 pounds overweight from what he was," with "access to back brace, hot and cold wrap and TENS unit." He has "gone to therapy twice a week and he has finished maybe 8 to 12 sessions," and has "two to go." Also, this patient was advised to see treatment for depression, but has not. There was discussion for home exercise program in the physical therapy notes from 10/14/13. Yoga requires a high degree of motivation and self-discipline, which is contraindicated by this patient's "reluctance/delay" complying with medical advice from his treating physician for depression and return to work. Furthermore, the patient only has "some discomfort getting up from a chair" and "numbness and weakness that goes away with walking." The treating physician does not explain why a home exercise is inadequate. This request is not medically necessary.