

Case Number:	CM14-0065581		
Date Assigned:	07/11/2014	Date of Injury:	09/12/1991
Decision Date:	05/27/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/08/2014

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. 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: North Carolina

Certification(s)/Specialty: Family Practice

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 (IW) is a 72-year-old female who sustained an industrial injury on 09/12/1991. Diagnoses include multiple lumbar herniated discs. Treatment to date has included medications, psychiatric therapy and Pilates. Diagnostics included MRIs. According to the progress notes dated 1/21/14, the IW reported intermittent low back pain. She reported her pain is manageable when she does Pilates and it allows her to continue to perform her work without taking narcotics. A request was made for 24 sessions of Pilates for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 sessions of Pilates for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (The Official Disability Guidelines) Pilates.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines exercise Page(s): 46-47.

Decision rationale: The California chronic pain medical treatment guidelines section on exercise states: Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. (State, 2002) (Airaksinen, 2006) The California MTUS does recommend exercise in the treatment of chronic pain. There is no evidence however to recommend one specific exercise program. There is no indication in the provided documentation why the patient would need this specific exercise program versus self-directed exercise as prescribed from a physician. Therefore, the request is not certified.