

Case Number:	CM15-0005205		
Date Assigned:	01/14/2015	Date of Injury:	10/24/1997
Decision Date:	03/17/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/09/2015

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: Arizona, Michigan

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 54 year old female who sustained an industrial injury on 10/24/1997. She has reported bilateral elbow and shoulder pain while working as a court reporter. The diagnoses have included lumbar facet arthropathy, fibromyalgia and myositis. Treatment to date has included TENS (transcutaneous electrical nerve stimulation), physical therapy, massages, chiropractor, acupuncture, trigger point injections and medication management. Currently, the IW complains of neck pain that radiates to the shoulders, back pain and bilateral hand pain. Treatment plan included 36 yoga sessions and home health care for 4 hours per day-2 days per week for 6 weeks. On 12/23/2014, Utilization Review modified the yoga request to 6 sessions for the purpose of teaching self-directed home exercises. The Utilization Review non-certified the home health request, noting the lack of medical necessity. The MTUS, ACOEM Guidelines and Official Disability Guidelines were cited. On 01/26/2015, the injured worker submitted an application for IMR for review of 36 yoga sessions and home health care for 4 hours per day-2 days per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

36 Yoga Sessions (3x12): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Per the MTUS, Yoga is recommended as an option only for select, highly motivated patients, There is considerable evidence of efficacy for mind body therapies such as yoga in the treatment of chronic pain. Per the ODG recommended number of visits for yoga should follow physical medicine guidelines, which states to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Patients should be formally assessed after a "six-visit clinical trial" to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Based on the guidelines the request for 36 Yoga Sessions (3x12) is not medically necessary.