Case Number:	CM15-0013930		
Date Assigned:	02/02/2015	**Date of Injury:**	09/30/1998
Decision Date:	03/24/2015	**UR Denial Date:**	12/19/2014
Priority:	Standard	**Application Received:**	01/23/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 66 year old male sustained an industrial injury on 9/30/98. He subsequently reports chronic back pain which radiated down the left leg. Prior x-rays have revealed abnormalities of the spine. Prior treatments include chiropractic care and pilates. The UR decision dated 12/19/14 partially-certified Pilates 2X6. The Pilates 2X6 treatment was allowed at a modified frequency of 2x3. The decision above was based on ODG and ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pilates 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Yoga. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Yoga/Pilates

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Yoga/Pilates http://www.odg-twc.com/index.html

Decision rationale: According to ODG guidelines, Yoga/Pilates -Recommended as an option only for select, highly motivated patients. There is some evidence of efficacy for mind-body

therapies such as yoga in the treatment of chronic low back pain. Also, the impact on depression and disability could be considered as important outcomes for further study. Since outcomes from this therapy are very dependent on the highly motivated patient, we recommend approval only when requested by such a patient, but not adoption for use by any patient. (Astin, 2003) (Galantino, 2004) (Graves, 2004) (Williams, 2005) Practicing yoga at the workplace teaches employees to use relaxation techniques to reduce stress and risks of injury on the job. (Gura, 2002) A recent randomized controlled trial comparing yoga, exercise, and a self-care book found back-related function in the yoga group superior to the book and exercise groups at 12 weeks (yoga vs. book: mean difference, -3.4; yoga vs. exercise: mean difference, -1.8). Yoga may be beneficial for back pain because it involves physical movement, but it may also exert benefits through its effects on mental focus. Yoga increased hip flexion and spinal and hamstring flexibility, but the mental focus induced by yoga could also help people to increase their awareness of how they had been moving and positioning their body in maladaptive ways, to relax tense muscles, and to relieve mental stress. This study suggests that viniyoga is a safe and effective treatment for chronic back pain and provides physicians with a rationale for recommending it. (Note: This trial excluded patients receiving workers' compensation, and the typical participant was a college-educated white woman between 40 and 50 years of age and gainfully employed. Without supervision, excessive ROM exercises can cause an increase in symptoms.) (Sherman-Annals, 2005) Two 2011 studies provide additional support for Yoga. In this RCT, stretching, regardless of whether it is achieved via yoga classes or conventional stretching exercises, helps improve low back pain. In a comparative effectiveness study, researchers found that yoga classes were more effective than a self-help book, but not more effective than PT stretching classes, in improving function and reducing symptoms resulting from low back pain, with benefits lasting at least several months.Finding similar effects for both approaches suggests that yoga's benefits were largely attributable to the physical benefits of stretching and strengthening the muscles, and not to its mental components. The results from this trial reinforce the evidence that exercise generally is safe and beneficial for low back pain. (Sherman, 2011) Another study provides more evidence that yoga can help patients who suffer from chronic low back pain. A 12-session, 3-month yoga program led to greater improvements in back function than usual care. Although there was no evidence of pain reduction at 12 months, confidence in performing normal activities despite pain improved more in the yoga group than usual care group. (Tilbrook, 2011) This systematic review found strong evidence for short-term effectiveness and moderate evidence for long-term effectiveness of yoga. (Cramer, 2013) According to this systematic review, healthcare practitioners should consider yoga as an efficacious intervention in addition to standard education or no care. Research demonstrated that yoga reduces functional disability, has a positive effect on QOL, and a negative effect on stress, depression and pain intensity. (Diaz, 2013) The strongest and most consistent evidence emerged for the short-term benefits of yoga on functional disability. (Holtzman, 2013) The benefits of yoga result from a variety of therapeutic mechanisms, including physical exercise, cognitive (fear avoidance, body awareness, and self-efficacy), affective (psychological distress, perceived stress, positive states of mind, and sleep), and physiological factors (cortisol, DHEA). (Sherman, 2013). The patient developed back pain that may require Pilates sessions to increase the spine flexibility. However, there is no justification to have all sessions under supervision. There no reason for not performing home exercise. Therefore, the request is not medically necessary.