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| <b>Case Number:</b>   | CM15-0016143 |                              |            |
| <b>Date Assigned:</b> | 02/04/2015   | <b>Date of Injury:</b>       | 02/27/2012 |
| <b>Decision Date:</b> | 03/27/2015   | <b>UR Denial Date:</b>       | 01/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/28/2015 |

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 40 year old male, who sustained an industrial injury on 02/27/2012. He has reported low back pain with radiculopathy. The diagnoses have included displacement lumbar intervertebral disc; degeneration lumbar/lumbosacral intervertebral disc; and sacroiliac arthropathy and radiculopathy, status post sacroiliac fusion on the right. Treatment to date has included medications, epidural steroid injection, physical therapy, and surgical intervention. Medications have included oxycodone. Currently, the injured worker complains of low back pain with ongoing radiculopathy due to epidural fibrosis and scarred-up S1 nerve root. A treating physician's progress note, dated 12/05/2014, reported objective findings to include markedly positive straight leg raise on the right, equivocal on the left; weakness of the right gastrocnemius; and restricted lumbar mobility in forward flexion. The plan of treatment includes medication, aggressive stretching, and requests for 30 sessions of acupuncture and six months of visits to local yoga studios four times a week. On 01/09/2015 Utilization Review noncertified a prescription for 6 Months of Visits to Yoga Studio 4x a Week; and for 30 Sessions of Acupuncture. The CA MTUS and the ODG were cited. On 01/26/2015, the injured worker submitted an application for IMR for review of 6 Months of Visits to Yoga Studio 4x a Week; and for 30 Sessions of Acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **6 Months of Visits to Toga Studio 4x a Week: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) updated 11/21/14

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official disability guidelines pain chapter for yoga

**Decision rationale:** According to the 12/05/2014 report, this patient presents with low back pain. The current request is for 6 month of visits to Toga [Yoga] studio 4 x weeks. The request for authorization is on 01/06/2015. The patient's work status is "Temporarily totally disabled." The Utilization Review denial letter states the treating physician "has requested 104 sessions of yoga. There is no clinical indication to suggest that this would be beneficial." Regarding Yoga, the MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the pain chapter for Yoga states, "Recommended as an option for motivated patients. There is considerable evidence of efficacy for mind-body therapies such as yoga in the treatment of chronic pain. Also, the impact on depression and disability could be considered as important outcomes for further study." For number of treatments, physical therapy recommendations are applied with the recommendation of 8-10 visits over 8 weeks. In reviewing of the available records, the treating physician does not discuss the reasons for the requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In this case, the requested 6 months of Yoga 4 x a week exceed what is allowed by MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of condition. The current request IS NOT medically necessary.

### **30 Sessions of Acupuncture: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) updated 11/21/2014

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** According to the 12/05/2014 report, this patient presents with low back pain. The current request is for 30 sessions of Acupuncture. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, with optimal duration of 1 to 2 months. The Utilization Review denial letter states "the claimant has not had acupuncture but 30 sessions is not consistent with guidelines." Review of the provided reports does not show prior acupuncture treatments and it is not known whether or not the patient has

had acupuncture in the past. In this case, it may be reasonable to provide an initial trial of 3 to 6 treatments to produce functional improvement. However, the treating physician is requesting for 30 sessions of acupuncture which exceed what the guidelines recommendation for an initial trial. The request IS NOT medically necessary.