

Case Number:	CM15-0016954		
Date Assigned:	02/05/2015	Date of Injury:	09/12/1991
Decision Date:	03/30/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/29/2015

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 72 year old female, who sustained an industrial injury on September 12, 1991. The diagnoses have included multilevel herniated nucleus pulposus, lumbar spine and major depressive disorder. Treatment to date has included Pilates and medications. Currently, the injured worker complains of low back pain. The Primary Treating Physician's report dated December 2, 2014, noted the injured worker's pain worse with cold weather, manageable with the Pilates, which she does regularly, able to avoid narcotic pain medication. The lumbar spine was noted to have tenderness in the lower lumbar paravertebral musculature. On December 31, 2014, Utilization Review non-certified Pilates for the lumbar spine x12 sessions, noting there had been no changes in subjective, objective, or functional status that would suggest an additional round of Pilates was necessary at that time, and that with the approximately 100 sessions of Pilates that had been previously authorized, the injured worker should have the ability to complete a home based self-directed exercise program with supervision or assistance. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited. On January 29, 2015, the injured worker submitted an application for IMR for review of Pilates for the lumbar spine x12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pilates for the lumbar spine x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar and Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Physical medicine Page(s): 46-47, 98-99. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter: Yoga

Decision rationale: This patient presents with lower back pain. The treater has asked for PILATES FOR THE LUMBAR SPINE X 12 SESSIONS on 12/2/14. The patient had improvement in pain with the prior adjunct treatment of pilates which patient does regularly, and the treater is recommending additional 12 sessions for maintenance pain relief" per 12/2/14 report. Regarding home exercise, MTUS recommends patients to be instructed to continue active therapies at home as an extension of the treatment process. Although Pilates is not discussed in MTUS or ODG, ODG does supports yoga as an effective treatment method for motivated individuals. The patient is currently working full time. In this case, the patient has chronic back pain. The request is for 12 sessions of pilates for the lumbar spine. MTUS guidelines support 8-10 sessions of therapy for myalgia/myositis conditions and the current request is for 12 sessions, which exceeds the number of sessions supported by MTUS. The guidelines do not specifically discuss Pilates and there is no reason that the patient is unable to do the necessary exercises at home. The request IS NOT medically necessary.