

<b>Case Number:</b>	CM15-0110233		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	09/30/1998
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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 67-year-old male, who sustained an industrial injury on September 30, 1998, incurring lower back injuries. He was diagnosed with lumbar disc disease and lumbar stenosis. Lumbar Magnetic Resonance Imaging revealed severe degeneration of multilevel lumbar discs, and severe right sided foraminal stenosis. Electromyography studies did not reveal any radiculopathy. Currently, the injured worker complained of ongoing lower back pain radiating down the left leg. The treatment plan that was requested for authorization included Pilate's therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pilates therapy 2 x 6 lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Yoga. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Online version.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine page 98-99.

**Decision rationale:** Physical Pilate's therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is no clear measurable evidence of progress with previous therapy including milestones of increased ROM, strength, and functional capacity. Submitted medical report has no documentation of new acute injury or flare-up to support the formal therapy for Pilates and core muscle strengthening as the patient should continue the previously instructed independent home exercise program. There are no documented progressive neurological deficits, change in medical condition, acute flare, and new injury nor is there an ADL limitation to support for ongoing treatment that has not provided functional benefit. Functional improvement criteria including pain relief, increased ADL, decreased medication profile and decrease in frequency in medical treatment reliance for self-care and pain management utilization are not demonstrated seen Without documentation of current deficient baseline with clearly defined goals to be reached, medical indication and necessity for formal Pilates therapy has not been established. The Pilates therapy 2 x 6 lumbar is not medically necessary and appropriate.