

<b>Case Number:</b>	CM15-0117555		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	11/30/2013
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 34 year old female, who sustained an industrial injury on 11/30/2013. She reported injuries to her head, shoulders and neck after being assaulted by a patient. Diagnoses have included myofascial pain, cervical sprain/strain and carpal tunnel syndrome. Treatment to date has included trigger point injections, physical therapy, chiropractic treatment, acupuncture and medication. According to the progress report dated 5/21/2015, the injured worker complained of neck pain and left shoulder pain. Associated symptoms included waking up at night and headaches. No physical exam was documented. The injured worker was noted to be highly motivated and wished to proceed with a functional restoration program including yoga therapies. Authorization was requested for a yoga class.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Yoga class:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Yoga.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Yoga.

**Decision rationale:** The claimant sustained a work injury in November 2013 and continues to be treated for neck pain. When seen, she was having intractable symptoms. Treatments had included physical therapy, massage, chiropractic care, medications, injections, and activity modification. There had been an overall 10-15% improvement. Imaging results were reviewed. Yoga was recommended. Yoga is recommended as an option only when requested by a highly motivated patient. In this case, the claimant is referenced as highly motivated and has chronic pain only partially responding to other treatments. The request is medically necessary.