

Case Number:	CM15-0172355		
Date Assigned:	09/14/2015	Date of Injury:	05/02/2012
Decision Date:	10/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 35 year old male who sustained an industrial injury on 05-02-12. A review of the medical records indicates the injured worker is undergoing treatment for mechanical low back pain, discogenic low back pain, and bilateral lumbar radiculopathy. Medical records (08-13-15) reveal the injured worker complains of back pain rated at 7-8/10 without medications and 5/10 with medications. The injured worker reports that he is "more functional in the he is able to do some light lifting and some shopping." The physical exam (08-13-15) reveals that his is able to transfer and ambulate with "significant" guarding and a forward flexed posture due to pain. Range of motion in his back is diminished, as is his lower extremity strength. Treatment has included medications including tramadol, Miralax, and Zanaflex. The original utilization review (08-27-15) noncertified one on one yoga.

IMR ISSUES, DECISIONS AND RATIONALES

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

Yoga, one-on-one, 8 visits, per 08/13/15 order: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Yoga.

Decision rationale: Yoga is recommended by the guidelines as an option in highly motivated patients. In this case, the claimant had surgery and is able to function with some light work. The claimant is provided yoga for 8 sessions with further continuation at home. Due to the severity of low back pain, the request for yoga is medically necessary.