

Case Number:	CM15-0061082		
Date Assigned:	04/07/2015	Date of Injury:	10/24/1997
Decision Date:	05/12/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/31/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54-year-old female, who sustained an industrial injury on 10/24/1997. Diagnoses include fibromyalgia and lumbar facet arthropathy. Treatment to date has included diagnostics, medications, chiropractic, physical therapy, yoga therapy and injections. Per the Primary Treating Physician's Progress Report dated 2/10/2015, the injured worker reported neck, back and bilateral hand pain. Mid and low back pain was rated as 5/10 with no radiation. Left shoulder pain was rated as 5-6/10 with no radiation but there was numbness and pain in the bilateral wrists that radiated up the forearm and into the index, finger and thumb, left greater than right. Physical examination of the cervical spine revealed moderate tenderness to palpation of the bilateral paraspinals with limited extension and pain with range of motion. Tinel's sign elicited some numbness into the index finger. Lumbar spine evaluation revealed tenderness to palpation of the lumbar paraspinals, right greater than left and decreased flexion and extension. There was a positive facet challenge, bilateral L4-5 and L5-S1 region. The plan of care included yoga therapy, home health care and medications and authorization was requested for continued yoga therapy (1x per week for 6 months).

IMR ISSUES, DECISIONS AND RATIONALES

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

Yoga therapy 1x/week x 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Yoga/Pilates.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Yoga Page(s): 126.

Decision rationale: According to MTUS: Yoga is recommended as an option only for select, highly motivated patients. Specific details regarding limitations and length of treatment are not outlined. ODG states that yoga is "not recommended as a medical prescription unless monitored and administered by medical professionals while a home exercise program is of course recommended". There are no specific details about the proposed Yoga "treatment", however it does not appear to fit into the limited definition of medical necessity as prescribed under administration and monitoring of medical professionals. A modified course of training in yoga so that the patient can continue in a home exercise program seems reasonable. However, 6 months of an unspecified program does not fit the guidelines definition of medical necessity. Therefore, this request is not medically necessary.