

<b>Case Number:</b>	CM15-0065332		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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 38 year old female, who sustained an industrial injury on 05/15/2014. He reported sustaining injuries to the head, neck, and back after fourteen layers of wood fell off of a cart onto the injured worker while she was stooped over checking the cart. The injured worker was diagnosed as having cervical seven superior spinous process fractures, compression fracture at lumbar one, cervical, thoracic, and lumbar strain, and cervical facets arthropathy. Treatment to date has included magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the cervical spine, computed tomography of the cervical spine, thoracic spine, and lumbar spine, physical therapy, and Pilates exercises. In a progress note dated 02/02/2015 the treating physician reports complaints of burning sensations to the upper left trapezius, tenderness to the cervical spine, pain to the head, neck, back, knees, and hips, muscle tension, and numbness and tingling to the left arm and hand. The injured worker rates the pain a seven to ten out of ten. The treating physician requested a trial of Pilates exercises one to three times per week for a period of four to six weeks with the treating physician noting previous authorization of Pilates exercises for the spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of Pilates exercises x 18 for a total of 24: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is nearly one year status post work-related injury continues to be treated for chronic widespread pain. When seen, pain was rated at 7-10/10. The assessment references having good results after completing physical therapy. There had been a prior authorization request for Pilates. Physical examination findings included spinal tenderness with decreased range of motion. Being requested is a total of 24 sessions of Pilates. In this case, a trial of Pilates of up to six visits would be appropriate with transition to an independent home or gym-based program depending on the response to the initial sessions. This would not require ongoing skilled intervention. The number of visits being requested is excessive and therefore not medically necessary.