

Case Number:	CM15-0066651		
Date Assigned:	04/14/2015	Date of Injury:	03/24/2009
Decision Date:	05/13/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/08/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 31 year old male, who sustained an industrial injury on 03/24/2009. She reported severe pain after picking up a heavy object and x-ray showed a fracture of the lumbar spine. The injured worker is currently diagnosed as having chronic low back pain. Treatment to date has included epidural injections, lumbar radiofrequency ablation, yoga, and medications. In a progress note dated 03/16/2015, the injured worker presented with complaints of low back pain. The treating physician reported requesting authorization for 10 sessions of yoga.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of yoga for treatment of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 Section, Yoga.

Decision rationale: Pursuant to the Official Disability Guidelines, 10 sessions of yoga for the lumbar spine is not medically necessary. Yoga is recommended as an option only for select highly motivated patients. There is some evidence of efficacy for mind-body therapies in the treatment of chronic low back pain. Yoga may be beneficial for back pain because it involves physical movement but it may also exert benefits through its effects on mental focus. See guidelines for high additional details. In this case, the injured workers working diagnosis is chronic low back pain. The documentation from a March 16, 2015 progress indicates the injured worker receives yoga in 2013 and had a significant reduction in symptoms. The medical record contains 21 pages with one progress note dated March 16, 2015. There is no documentation from prior yoga treatments. Subjectively, the injured worker has low back pain 3/10. Objectively, there is mild tenderness over the paraspinal muscles bilaterally. There is no objective functional improvement associated with prior yoga treatments. Consequently, absent clinical documentation with evidence of objective functional improvement from prior yoga therapy with documentation from prior yoga therapy, 10 sessions of yoga (additional) for the lumbar spine is not medically necessary.