

Case Number:	CM15-0095376		
Date Assigned:	05/22/2015	Date of Injury:	10/20/2000
Decision Date:	06/24/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/18/2015

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: 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 65 year old female who sustained a work related injury October 20, 2000. Past history included gastric sleeve surgery and asthma. According to a primary treating physician's progress report, dated April 20, 2015, the injured worker presented for a periodic visit. She reports to having finished yoga sessions and would like to have additional sessions to work on pacing and posture. She has a headache attributed to spring allergies and neck pain flare-up. She is using Voltaren gel as needed for her hands and neck, which reduces her pain by 50%. She also reports her low back pain as stable, with intermittent flare-ups, mostly muscle spasms. Diagnoses are documented as lumbago; lumbar disc displacement without myelopathy; backache not otherwise specified; cervical disc degeneration; cervicobrachial syndrome. At issue, is a request for authorization for (8) Yoga therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Yoga Therapy sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines yoga
Page(s): 125.

Decision rationale: According to the guidelines, yoga is recommended as an option only for select, highly motivated patients. There is considerable evidence of efficacy for mind-body therapies such as yoga in the treatment of chronic pain. In this case, the claimant had benefit from Yoga previously. The claimant was motivated to look for another yoga school when time ran out at her previous studio. The request for yoga is appropriate and medically necessary.