

Case Number:	CM14-0000115		
Date Assigned:	01/10/2014	Date of Injury:	05/24/2012
Decision Date:	10/29/2015	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/31/2013

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: Illinois

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 years old female with a reported date of injury 05/24/2012. The worker was injured when she was in a motor vehicle accident and sustained left hip strain and annular tear at L5 and S1. The progress note from 11/01/2013 reported the injured worker stated the yoga was helping a great deal but she was paying out of pocket. The note also reported the left hip showed difficulty on full flexion, extension, lateral bending, lateral rotation and on full abduction and flexion of the hips. A progress noted from 03/15/2013 stated to continue yoga, however it is unclear when yoga was started. Physical therapy notes from 06/13/2013 noted an active range of motion of the lumbar listed forward bending-hand reach to mid-shins, backward bending-40%, right/left side bending- reach to lateral joint line, lumbar active range of motion-improved range of motion and less rigidity of spine noted. The request of authorization form was not submitted with the medical records. The request is for yoga two times a week for three weeks to the lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Yoga 2 times a week for 3 weeks to lumbar Quantity: 6: Upheld

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

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

Decision rationale: The request is for yoga two times a week for three weeks to the lumbar is non-certified. The injured worker had been attending yoga for at least 8 months in addition to her other therapies. The California Chronic Pain Medical Treatment guidelines recommend yoga as an option only for select, highly motivated injured workers. There is considerable evidence of efficacy for mind-body therapies such as yoga in the treatment of chronic pain. Since the outcomes from this therapy are very dependent on a highly motivated injured worker it is recommended approval where requested by a specific patient, but not adoption for use by any patient. The injured worker has attended yoga for several months but there is unclear documentation to support the efficacy. There is a lack of clear, progressive improvement in the documentation submitted. Therefore, the request is not medically necessary.