

**STATE OF MICHIGAN**  
**DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES**  
**Before the Director of the Department of Insurance and Financial Services**

In the matter of:

**YogaMedics**  
Petitioner

**File No. 21-1136**

v

**Citizens Insurance Company of America**  
Respondent

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**Issued and entered**  
**this 15<sup>th</sup> day of September 2021**  
**by Sarah Wohlford**  
**Special Deputy Director**

**ORDER**

**I. PROCEDURAL BACKGROUND**

On July 20, 2021, YogaMedics (Petitioner) filed with the Department of Insurance and Financial Services (Department) a request for an appeal pursuant to Section 3157a of the Insurance Code of 1956 (Code), 1956 PA 218, MCL 500.3157a. The request for an appeal concerns the determination of Citizens Insurance Company of America (Respondent) that the Petitioner overutilized or otherwise rendered or ordered inappropriate treatment, products, services, or accommodations, under Chapter 31 of the Code, MCL 500.3101 to MCL 500.3179.

The Petitioner's appeal is based on the denial of a bill pursuant to R 500.64(3), which allows a provider to appeal to the Department from the denial of a provider's bill. The Petitioner now seeks reimbursement in the full amount it billed for the dates of service at issue.

The Department accepted the request for an appeal on July 28, 2021. Pursuant to R 500.65, the Department notified the Respondent and the injured person of the Petitioner's request for an appeal on July 28, 2021 and provided the Respondent with a copy of the Petitioner's submitted documents. The Respondent filed a reply to the Petitioner's appeal on August 18, 2021.

The Department assigned an independent review organization (IRO) to analyze issues requiring medical knowledge or expertise relevant to this appeal. The IRO submitted its report and recommendation to the Department on August 27, 2021.

## II. FACTUAL BACKGROUND

This appeal concerns the denial of payment for therapeutic yoga services rendered on 11 dates of service,<sup>1</sup> under Current Procedural Terminology (CPT) code 97139, which is described as a therapeutic procedure, unlisted. With its appeal request, the Petitioner submitted documentation that indicates that the injured person was in a motor vehicle accident in December 2018, after which she underwent a fusion of T12-L3 of the spine. The Respondent issued two Explanation of Review letters to the Petitioner on April 22 and 23, 2021, denying payment for the dates of service based on medical necessity and a request for additional documentation to substantiate the services provided.

With its appeal request, the Petitioner included supporting documentation that included the following: a letter of medical necessity; billing reports for the injured person; prescriptions dated May 7, 2021 and April 8, 2021, for yoga therapy evaluation and treatment; and treatment notes from March 2021.

In its reply, the Respondent reaffirmed its position that the services provided to the injured person were not medically necessary. The Respondent stated that previous requests for yoga therapy were denied following a physician review determined that the injured person had "received maximum benefit from formal therapeutic treatment based on generally accepted medical standards and standard professional treatment protocols." The Respondent noted further:

The [utilization review] included a review of medical documentation finding that a musculoskeletal physical exam was objectively normal, and that although [the injured person] complains of intermittent low back pain, it is likely myofascial in nature as motor function, gait and coordination are normal. The medical doctor review concurred with the denial of claim, finding the denial consistent with [the Official Disability Guidelines] and that treatment is not medically necessary.

## III. ANALYSIS

### Director's Review

Under MCL 500.3157a(5), a provider may appeal an insurer's determination that the provider overutilized or otherwise rendered inappropriate treatment, products, services, or accommodations, or that the cost of the treatment, products, services, or accommodations was inappropriate under Chapter 31 of the Code. This appeal involves a dispute regarding inappropriate services and overutilization.

The Director assigned an IRO to review the case file. In its report, the IRO reviewer concluded that, based on the submitted documentation, the yoga therapy services provided to the injured person on the

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<sup>1</sup> The dates of service at issue are: February 4, 8, 19, 22, and 26, 2021; and March 1, 5, 8, 12, 15 and 19, 2021.

dates of services at issue were not medically necessary and were overutilized in frequency or duration in accordance with medically accepted standards as defined by R 500.61(i).

The IRO reviewer is an independent physician consultant who is familiar with the medical management of patients with the injured person's condition. In its report, the IRO reviewer referenced R 500.61(i), which defines "medically accepted standards" as the most appropriate practice guidelines for the treatment provided. These may include generally accepted practice guidelines, evidence-based practice guidelines, or any other practice guidelines developed by the federal government or national or professional medical societies, board, and associations. The IRO reviewer relied on clinical guidelines from the American College of Physicians Clinical Practice Guideline and medical literature.

The IRO reviewer noted that:

[A]s of February 2021, the injured person had a history of remote traumatic brain injury and low back injury from a motor vehicle accident in 2018 ... [with] no residual neurological or musculoskeletal deficits as of the time period in question. [The documentation] indicated that the injured person was participating in yoga at a [facility] due to back pain, but there was no reason that [the injured person] could not have done yoga or other exercises on her own at that time.

The IRO reviewer further explained that:

[The] guidelines for the management of low back pain indicated that some types of yoga may result in relatively small improvements in back pain, but there is no indicat[ion] for the practice of yoga in a formal setting on a long-term basis.

The IRO reviewer opined that:

[T]here is no conclusive evidence that yoga is more beneficial than a general, back-focused exercise in the guidelines ... [and] continued yoga in a formal yoga facility, in this case, did not meet clinical practice guidelines for care, and the continued care was an overutilization of services with respect to these medically accepted standards.


Based on the above, the IRO reviewer recommended that the Director uphold the Respondent's determination that the yoga therapy services provided to the injured person on the dates of service at issue were not medically necessary and were overutilized in frequency or duration in accordance with medically accepted standards, as defined by R 500.61(i).

#### **IV. ORDER**

The Director upholds the Respondent's determinations dated April 22 and 23, 2021.

This is a final decision of an administrative agency. A person aggrieved by this order may seek judicial review in a manner provided under Chapter 6 of the Administrative Procedures Act of 1969, 1969 PA 306, MCL 24.301 to 24.306. MCL 500.244(1); R 500.65(7). A copy of a petition for judicial review should be sent to the Department of Insurance and Financial Services, Office of Research, Rules, and Appeals, Post Office Box 30220, Lansing, MI 48909-7720.

Anita G. Fox  
Director  
For the Director:

 Recoverable Signature

X *Sarah Wohlford*

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Sarah Wohlford  
Special Deputy Director  
Signed by: Sarah Wohlford