

Case Number:	CM14-0001105		
Date Assigned:	01/22/2014	Date of Injury:	11/03/2010
Decision Date:	06/23/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/03/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62-year-old male who has submitted a claim for Post-laminectomy Lumbar Syndrome, Sciatica, and Sacrum Disorders, associated with an industrial injury date of November 3, 2010. The medical records from 2013 were reviewed, which showed that the patient complained of low back pain accompanied by burning pain and numbness from the back into the groin and penis. He also had sleep difficulties. On physical examination, the patient ambulated without assistance. A musculoskeletal examination was not included in the most recent progress note. The treatment to date has included medications, lumbar laminectomy, and functional restoration program. The utilization review from December 19, 2013 denied the request for meditation training QTY: 12 because there was no documentation of the volume of care and the patient's functional response to previous meditation sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDITATION TRAINING QUANTITY: 12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Yoga, Behavioral Interventions

Decision rationale: The CA MTUS does not specifically address meditation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that mind-body medicine therapies, including meditation is favorable, especially for chronic pain, anxiety, and general psychologic health. An initial trial of 3-4 psychotherapy visits over 2 weeks is recommended and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. In this case, an appeal dated December 31, 2013 stated that the patient was reported to have received previous instructions on meditation during participation in a functional restoration program and that he has been trying to do meditation on his own. However, he found it difficult and would like to have further training to reduce his pain and medication use. However, the present request is for 12 sessions, which is beyond the recommended number of total visits. Therefore, the request for Meditation Training Quantity: 12 is not medically necessary.