

Case Number:	CM14-0158764		
Date Assigned:	10/02/2014	Date of Injury:	11/09/2012
Decision Date:	11/06/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/29/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 68-year-old woman who sustained a work related injury on November 9, 2012. Subsequently, she developed lower back, right wrist, right hand, right knee, and right shoulder pain. According to a progress report dated August 29, 2014, the patient described her pain and discomfort as a continuous aching, throbbing, and burning type of pain accompanied by intermittent numbness and tingling sensations, present up to 75% of the time, worse in the evening, aggravated by most physical activity and relieved somewhat with pain medication and rest. Her pain was affecting her sleep. She has not returned to work since November 2012. Physical examination demonstrated the reduced range of motion of the right wrist, right knee and left shoulder. She has increased reflexes in the left hand that may suggest cervical cord compression 456The patient was diagnosed with status post open reduction internal fixation right radius, moderate to severe chronic myofascial pain syndrome of the thoracolumbar spine, sprain injury of the right shoulder and right knee, post-traumatic headaches, and hyper-reflexia of upper extremities with positive Hoffman's sign on the left suggestive of cervical myelopathy due to cervical spondylosis. The provider requested authorization for one meditation CD.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Meditation CD by [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Gardner-Nix, J., et al. (2008). "Evaluating distance education of a mindfulness-based meditation programmed for chronic pain management." *J Telemed Telecare* 14(2): 88-92; Patil, S. G. (2009). "Effectiveness of mindfulness meditation (Vipassana) in the management of chronic low back pain." *Indian J Anaesth* 53(2): 158-163.

Decision rationale: MTUS and ODG guidelines are silent regarding the use of meditation for pain management. There are no controlled studies supporting the efficacy of meditation for pain management. Therefore, the request for 1 Meditation CD by [REDACTED] is not medically necessary.