

Case Number:	CM15-0206771		
Date Assigned:	10/23/2015	Date of Injury:	03/20/2012
Decision Date:	12/08/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/21/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 50 year old female who sustained an industrial injury on 3-20-12. The injured worker reported right shoulder pain. A review of the medical records indicates that the injured worker is undergoing treatments for chronic pain syndrome and pain in joint of upper arm. Medical records dated 9-23-15 indicate pain rated at 4 out of 10. Provider documentation dated 9-23-15 noted the work status as currently working. Treatment has included right shoulder magnetic resonance imaging, physical therapy, Ibuprofen, Xanax, Voltaren, injection therapy, and status post right shoulder repair. Objective findings dated 9-23-15 were notable for "healthy, well appearing male, in no apparent distress", right shoulder with tenderness to palpation to the biceps groove. The original utilization review (10-6-15) denied a request for four (4) sessions of guided meditation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) sessions of guided meditation: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress: Mind/body interventions (for stress relief).

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: The goal of relaxation techniques is to teach the patient to voluntarily change his or her physiologic (autonomic and neuroendocrine) and cognitive functions in response to stressors. Using these techniques can be preventive or helpful for patients in chronically stressful conditions, or they even may be curative for individuals with specific physiologic responses to stress. Relaxation techniques include meditation, relaxation response, and progressive relaxation. These techniques are advantageous because they may modify the manifestations of daily, continuous stress. Transcendental meditation (TM) is the most widely practiced form of meditation in the West. Transcendental meditation has been studied extensively as an adjunct treatment for hypertension as well as a stress-reduction technique. It has been shown to result in sustained and improved scores on the Hamilton and Beck Anxiety and Depression inventories three years after initial training in a group of patients with anxiety disorders. In this injured worker, there is no documentation of significant stressors or diagnoses of anxiety or depression to support the medical necessity of 4 sessions of guided meditation.