
Notice of Independent Medical Review Determination

Dated: 10/11/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/18/2013
Date of Injury: 8/23/2005
IMR Application Received: 7/24/2013
MAXIMUS Case Number: CM13-0003063

- 1) MAXIMUS Federal Services, Inc. has determined the request for twelve (12) sessions of eye movement desensitization and reprocessing (EMDR) therapy is **not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for twelve (12) sessions of eye movement desensitization and reprocessing (EMDR) therapy is **not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Psychologist who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is a licensed Psychologist 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 19, 2013:

“The patient is a 35 year old male with a date of injury of 8/23/2005. Under consideration is a prospective request for 12 sessions of eye movement desensitization and reprocessing therapy (EMDR). Records submitted for review indicate that the patient is being treated for depression and posttraumatic stress disorder. Prior psychological testing revealed the presence of PTSD symptoms and severe anxiety and depression. He has been treated recently with medications and group therapy. The provider is requesting 12 sessions of eye movement desensitization and reprocessing therapy (EMDR).”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (Received 7/24/2013)
- Utilization Review Determination from Claims Administrator
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for twelve (12) sessions of eye movement desensitization and reprocessing (EMDR) therapy:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), (current version), Mental Illness Chapter, Eye movement desensitization & reprocessing (EMDR), PTSD psychotherapy interventions, and Psychotherapy guidelines sections, a medical treatment guideline (MTG), not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS applicable and relevant to the issue at dispute. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 8/23/05 to the right hand and thumb. The medical records provided for review indicate diagnoses include: major depressive disorder and post-traumatic stress disorder (PTSD). The records indicate treatments have included physical therapy, psychological group therapy, and medication management. The request is for twelve (12) sessions of eye movement desensitization and reprocessing (EMDR) therapy.

The Official Disability guidelines state EMDR is a viable, suitable, and often recommended; however, guidelines recommend there is an "initial trial of 6 visits over 6 weeks". A total of 13-20 visits may be requested with evidence of objective functional improvement. The request for twelve (12) sessions of EMDR exceeds guideline recommendations for an initial trial. The request for twelve (12) sessions of eye movement desensitization and reprocessing (EMDR) therapy **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.