MAXIMUS Federal Services

Case Number:	CM13-0016415		
Date Assigned:	01/10/2014	Date of Injury:	12/05/2011
Decision Date:	06/05/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/26/2013

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 Psychiatry 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 has submitted a claim for neck, back, and knee pain associated with an industrial injury date of December 5, 2011. Treatment to date has included medications, physical therapy, chiropractic treatment, acupuncture, and home exercise program. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of neck, back, and knee pain associated with complaints of depressive and anxiety-type symptoms, cognitive and behavioral changes, an increase in interpersonal issues, and sleep disturbance. On mental status examination, the patient was neatly groomed and casually dressed, friendly, cooperative, and attentive. He was alert and responsive and made appropriate eye contact. Speech was clear, organized, and spontaneous. His thoughts were linear and goal-directed without any perceptual disturbances. No memory or cognitive deficits were noted. Mood was congruent and euthymic. Insight and judgment was fair to poor.

IMR ISSUES, DECISIONS AND RATIONALES

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

EYE MOVEMENT DESENSITIZATION AND REPROCESSING, 12 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MENTAL ILLNESS AND STRESS CHAPTER, EYE MOVEMENT DESENSITIZATION & REPROCESSING (EMDR), PTSD.

Decision rationale: CA MTUS does not specifically address eye movement desensitization and reprocessing (EMDR); however, the Official Disability Guidelines state that EMDR is recommended as an option and is becoming a recognized and accepted form of psychotherapy for post-traumatic stress disorder (PTSD), yet, its mechanism of action remains unclear. In addition, guidelines state that an initial trial of 6 visits over 3-6 weeks is recommended and with evidence of symptom improvement, a total of up to 13-20 visits over 7-20 weeks. In this case, EMDR was requested to address the patient's residual PTSD problems. Although the patient reported symptoms of depression and anxiety, the mental status exam findings were essentially unremarkable and were not congruent with the patient's symptomatology. Furthermore, the present written request indicates 12 sessions of EMDR. Although EMDR may be appropriate, the requested number of EMDR sessions exceeded the recommended initial trial of 6 visits. Therefore, the request for eye movement desensitization and reprocessing is not medically necessary.