

Case Number:	CM13-0037058		
Date Assigned:	06/09/2014	Date of Injury:	03/12/2009
Decision Date:	12/15/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/22/2013

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 Ophthalmology 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:

This case involves a 45 year old male who was injured on 03/09/2009 when a 2 x 6 plank broke allowing him to fall toward a concrete floor below. Psych report dated 04/14/2014, states the patient presented for follow-up reporting he was still in pain. He indicated he was feeling less depressed but still has poor sleeping habits. He sleeps for 2 to 3 hours at a time before he wakes up. He has been seeing [REDACTED] for therapy and it has been helpful. His mental exam revealed him to be alert and oriented x 3. He was cooperative and made good eye contact. His mood was pleasing and affect was constricted. His thought content was devoid of any suicidal ideation, homicidal ideation, auditory or visual hallucinations. He is diagnosed with major depressive disorder secondary to general medical condition and anxiety disorder. He was recommended to continue with Ativan for anxiety and panic attacks; Fetzima for depression and Abilify 15 mg for depression and mood swings. Prior utilization review dated 09/26/2013, states the request for Eye Movement Desensitization & Reprocessing X 5 Visits as medically necessity was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eye Movement Desensitization & Reprocessing x 5 Visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress (updated 05/13/2013) and Official Disability Psychotherapy Guidelines.

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, Eye Movement Desensitization and Reprocessing

Decision rationale: The American Academy of Ophthalmology does not have any recommendations or endorsements about eye movement disorder psychotherapy. There are no established well known scientific studies in the field of ophthalmology to endorse or reject the treatment modality indicated. . To further investigate the treatment modality, the opinion of a psychiatrist or other psychologists may be useful. Based on the America Academy of Ophthalmology guidelines and criteria, this request is not medically necessary.