

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0123992 |                              |            |
| <b>Date Assigned:</b> | 08/11/2014   | <b>Date of Injury:</b>       | 01/02/2013 |
| <b>Decision Date:</b> | 09/18/2014   | <b>UR Denial Date:</b>       | 07/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/06/2014 |

### 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 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 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:

According to the records are provided for this independent medical review, this patient is a 58 year old female who reported a work-related, industrial/occupational, injury on January 2, 2013. The nature of her illness is somewhat unclear, but was stated in a report by her primary treating psychiatrist dated May 23, 2013 as being: "cumulative employment stressors as described by the patient over the last six months." There is some further information describes that the injury that occurred during her employment as a "workers' comp adjuster and became overwhelmed during the course of a move of their office location and having their company Safeco being purchased by Liberty Mutual and having a gigantic influx of claims that were impossible for her to manage along with hundreds of emails and phone calls. The patient reported feeling overwhelmed, depressed, with difficulty with concentration and having nightmares and mood instability. She has been prescribed Xanax 0.5 mg tid prn and Celexa 10 mg qhs. The Celexa had to be discontinued due to side effects. There are also notes that discuss discontinuing the use of Effexor but continuing with Rozerem 8mg. A note from October 2013 mentions the use of medication Viibryd 20 mg qAM; it is not clear what her current medications are. A request was made for 12 sessions of Eye Movement Desensitization and Reprocessing (EMDR) for her diagnoses of: Major Depressive Disorder, recurrent, moderate; Generalized Anxiety Disorder, severe; and Social Phobia, severe. The request was not approved; the utilization review rationale for non-certification was stated as: EMDR is recommended as an option but for cases of PTSD, but that it is not currently an evidence-based treatment for depression. This independent medical review will address a request to overturn that decision.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Eye Movement Desensitization and reprocessing (EMDR) for MDD (Major Depressive Disorder), GAD (Generalized Anxiety Disorder), SP ( Social Phobia).:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

**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, Topic: EMDR, June 2014 Update.

**Decision rationale:** Although there were several treatment progress notes that were provided from prior sessions, it is unclear what the treatment consisted of: whether it was supportive psychotherapy, cognitive behavioral therapy, or a perhaps included EMDR, there is some indication that the patient has made some improvements based on a checklist of symptoms but it's not entirely clear how this is been progressing over time the big picture as these notes are more of a comparison from month to month then during the entire course of her treatment. A note from February 2014 states that she is continuing her psychotherapeutic care under a licensed clinical social worker, and a progress note from this treating provider indicates decreased depression and anxiety when the patient uses relaxation exercises from January 22, 2014. This course of treatment appears to have started around October 2013 when the patient stated she no longer wished to see her clinical psychologist. There is no documentation of how long the course of treatment was with the clinical Psychologist but it appears to perhaps have been ongoing prior to May 2013 (the date of her injury). I was unable to find any significant detailed psychological reports for this patient. There was no comprehensive psychological evaluation nor were there any comprehensive psychological treatment updates that encapsulated all of her treatment that she has had to date. I was not able to find any QME/AME reports either. It was impossible for me to determine exactly how much therapy this patient is had and what those treatment modalities she has experienced consisted of. In addition it was impossible for me to determine what functional improvements have been derived from prior therapy sessions. It is unclear if she's already had EMDR and if so what the outcome of it was. In addition the details of her injury were minimal. According to the ODG, the requested treatment modality, EMDR, has been demonstrated to have efficacious results with patients who have been treated for PTSD. There is insufficient support of this treatment modality for this patient that would indicate that it is medically necessary for her at this juncture. In addition, the use of EMDR is described as a rapid treatment approach that sometimes only a few sessions are needed suggesting that the quantity here being requested 12 would be excessive even if it was found to be medically necessary. As was stated in the original utilization review decision EMDR is not been demonstrated to be an evidence-based treatment for persons with her diagnoses. Furthermore there was no note from her treating psychologist or therapist why the use of EMDR would be appropriate for her as an exemption. More importantly, the total number of prior treatment sessions at the patient has had to date was not provided anywhere and I was unable to determine how much she has had but it appears to be many months. The criteria for allowing additional treatment is not based solely on the presence of

psychological symptomology is also contingent on the documentation of objective functional improvements. These are typically quantified as a reduction in dependence on future medical care, a return to work with reduced restrictions, or a significant increase in activities of daily living. According to the ODG treatment guidelines for psychotherapy, patients may have up to 13-20 sessions of treatment if progress is being made. The suggested length of treatment for EMDR treatment would probably be less. My best estimate is that the patient has already received significant amount of treatment it has surpassed the maximum recommended suggestions without significant indication for a reason why further treatment is medically necessary. Therefore, this request is not medically necessary.