

Case Number:	CM14-0136886		
Date Assigned:	09/03/2014	Date of Injury:	10/06/2012
Decision Date:	10/02/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/25/2014

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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, 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 injured worker had an original date of injury of 10/6/2012. The worker carries a diagnosis of post-traumatic stress disorder (PTSD). The mechanism of injury occurred in the context of witnessing another worker being crushed by a large beam. The disputed issue is a request for EMDR, a therapeutic option for PTSD. A utilization review decision on 8/6/2014 had non-certified the request for EMDR. The stated rationale was that the submitted notes had "minimal information" and the patient has had prior EMDR treatment but the outcome of such treatment is not known.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental Illness Chapter, EMDR

Decision rationale: The California Medical Treatment Utilization Schedule states that: "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by

the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10."The California Medical Treatment and Utilization Schedule do not address EMDR. The Official Disability Guidelines Stress and Mental Illness Chapter specify the following regarding Eye movement desensitization & reprocessing (EMDR): "Recommended as an option. Eye movement desensitization and reprocessing (EMDR) is becoming a recognized and accepted form of psychotherapy for posttraumatic stress disorder (PTSD). Yet, its mechanism of action remains unclear and much controversy exists about whether eye movements or other forms of bilateral kinesthetic stimulation contribute to its clinical effects beyond the exposure elements of the procedure. (Servan, 2006) (Seidler, 2006) (Macklin, 2000) Eye Movement Desensitization and Reprocessing (EMDR) is more efficacious for PTSD than wait-list, routine care, and active treatment controls. Eye movements are not critical to the effects of EMDR. EMDR compared with Exposure Therapy (ET) and Cognitive Therapy (CT) shows mixed results. EMDR is a psychotherapy treatment that was originally designed to alleviate the distress associated with traumatic memories. The developer of EMDR, psychologist Dr. Francine Shapiro, proposes the idea that EMDR facilitates the accessing and processing of traumatic memories to bring these to an adaptive resolution. The possibility of obtaining significant clinical improvements in PTSD in a few sessions presents this treatment method as an attractive modality worthy of consideration. During EMDR, the patient is asked to identify: (1) a disturbing image that encapsulates the worst part of the traumatic event; (2) associated body sensations; (3) a negative self-referring cognition (in concise words) that expresses what the patient "learned" from the trauma; (4) a positive self-referring cognition that the patient wishes could replace the negative cognition. The patient is then asked to hold the disturbing image, sensations, and the negative cognition in mind while tracking the clinician's moving finger back and forth in front of his or her visual field for about 20 seconds. In successive tracking episodes, the patient concentrates on whatever changes or new associations have occurred. Tracking episodes are repeated according to the protocol until the patient has no further changes. More tracking episodes then reinforce the positive cognition. Between sessions, the patient is directed to keep a journal of any situations that provoke PTSD symptoms and of any insights or dreams about the trauma. The sessions required may be as few as two for uncomplicated PTSD. More sessions are required for multiple or more complicated trauma. Standard CBT rating scales are used throughout the sessions to document changes in the intensity of the symptoms and the negative cognition, and the patient's belief in the positive cognition. The patient only needs to tell the therapist the concise negative and positive cognitions and whether (and what) cognition, image, emotion, or body sensation has changed. The therapist is close to the patient and maintains direct eye contact as part of the protocol. This fosters a non-directive interaction that usually detects adverse reactions, which the therapist helps the patient manage with cognitive techniques. EMDR processing is internal to the patient, who does not have to reveal the traumatic event. The protocol allows for substitution of left-right alternating tone or touch as alternatives in place of the eye movements. Studies attempting to ascertain the relative contribution of the eye-movement component have suggested comparable treatment results with or without eye movements, indicating that this aspect of the treatment protocol may not be critical to effectiveness. (VA/DoD, 2004) EMDR therapy for PTSD provides more rapid results than cognitive behavioral therapy (CBT), an RCT suggests. Although there were no significant between-group differences in Impact of Event Scale-Revised (IES-R) scores at the end of the study, the response pattern showed a significantly sharper decline in PTSD symptoms

at 6-weeks for those receiving EMDR therapy. The conclusion is that both treatments are equally effective, and the patient and clinician can choose a certain treatment based on their preferences, according to the authors. If a patient values fast symptom reduction, EMDR is the treatment of choice. If a patient feels the need to make meaning out of the traumatic experience and learn from it, brief eclectic psychotherapy is the best choice. See also PTSD psychotherapy interventions." In this case of this injured worker, there is clear documentation of a diagnosis of PTSD. A progress note on September 16, 2013 recounts the salient history of how the PTSD developed, and recommended for 3-6 months of EMDR therapy in addition to a SSRI. However, the issue in this case is the license clinical social worker has not clearly documented the progress of EMDR to date. It may be warranted in this case, but there is no clear documentation of progress made or how many session have been attended thus far. The note on 3/13/14 documents the patient is to get bimonthly treatment sessions. The next LCSW note available for review is dated 5/7/14, but does not clearly summarize treatment and progress thus far. It is handwritten and some parts are difficult to decipher. Given this, this request is not medically necessary at this time.