

Case Number:	CM14-0170940		
Date Assigned:	10/23/2014	Date of Injury:	05/13/2013
Decision Date:	11/21/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/16/2014

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 in Psychology 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 provided for this IMR, this patient is a 29 year-old male who reported a work-related injury that occurred on May 13, 2013 during the course of his employment for the [REDACTED] in the fire crew clearing brush from the freeway when he was involved in a car accident. On the date of the injury, he was working alongside the highway when a high-speed police chase ended in a crash and a tire flew over and hit him; he attempted to assist the driver who died at the scene. He reports injury to his back, left shoulder, right elbow with the back injury being the most difficult and reportedly impacting his ability to engage in functional movement and causing discomfort. A partial list of his medical diagnoses include: cervical, thoracic, lumbar, left knee strain/sprain. This IMR will address a psychological symptoms/treatment as they relate to the current requested intervention. Psychologically, he has been diagnosed With Pain Disorder, Depressive Disorder Not Otherwise Specified, Posttraumatic Stress Disorder (PTSD), r/o Sleep Disorder due to medical condition. He is taking the following psychiatric medications: Lexapro, Clonazepam, and Trazodone. Klonopin was added later date. He reports anxiety and depression: sadness, fatigue, lack of motivation, avoiding people and friends, nervousness, visual recollection of the accident, physical trembling, shortness of breath, panic attacks, chest pains, heart palpitations, feelings of insecurity, anxiety and crowds, and a fear that something bad is going to happen. Detailed treatment progress notes from psychological/cognitive behavioral therapy sessions were provided. In October 2014 he participated in his 35th session and presented as: "anxious, depressed, tearful, and with restricted range and affect." The patient indicated that he had been drinking alcohol excessively to manage anxiety and that he endorsed symptoms of suicidal ideation but denied a plan or intent to harm him and contracted for safety. It is noted that he attempted to go to a [REDACTED] to use the techniques he learned in treatment to cope with anxiety and using mantras and other skills to

combat the avoidance and hyper-vigilant symptoms. Psychological treatment has included follow-up office visits, biofeedback therapy, and at least 35 sessions of cognitive behavioral therapy. He has also had "in vivo paced respiration." It appears that his first cognitive behavioral therapy session was held on May 23, 2014, and he presented as dysphoric, fatigued and anxious and stated that he had not slept in three days due to ruminations in his head of what happened. He noted drinking excessively to try to get to sleep and demonstrated maladaptive coping strategies. Treatment has included biofeedback and psycho-educational information regarding PTSD. A request for one session of EMDR was made and non-certified; this IMR will address a request to overturn the utilization review determination.

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 QTY: 1.00: 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, EMDR

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: Eye Movement Desensitization and Reprocessing EMDR

Decision rationale: Although the California MTUS guidelines do not address the use of Eye Movement Desensitization and Reprocessing (EMDR), the official disability guidelines (ODG) does: "Recommended as an option, eye movement desensitization and reprocessing (EMDR) is becoming a recognized and accepted form of psychotherapy for posttraumatic stress disorder (PTSD)." With regards to this requested treatment modality, this patient is receiving extensive/extended intensive psychological treatment including psychiatric care, biofeedback and at least 35 cognitive behavioral therapy sessions. Although, EMDR is an appropriate treatment for patients with PTSD, this patient is far along in the course of his treatment. The request is to start another treatment modality in the context of an already prolonged course of treatment is not indicated as medical necessary when it can be conducted as a part of his existing CBT program. The medical necessity of 1 session of EMDR has not been established. Therefore, this request is not medically necessary.