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| Case Number: | CM14-0070516 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 04/19/2010 |
| Decision Date: | 11/19/2014 | UR Denial Date: | 05/05/2014 |
| Priority: | Standard | Application Received: | 05/15/2014 |

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 Clinical 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 that were provided for this IMR, this is a 57 year old female patient who reported an industrial injury that occurred on April 1, 2010 during the course of her work duties for the [REDACTED] as an Analyst II. There are two additional industrial/work comp claims from 2012 and in 2013. The injury is described as stress related and attributable to being reassigned to a different position that involved a lot of ordering and restocking of office supplies, lifting heavy reams of copy paper, and recycling copying cartridges. She was also assigned the task of organizing and inventorying all of the supplies, and had to move the office from one location to the other during a building project it was at this time she developed neck, bilateral shoulder, and arm pain, in addition to low back pain. She reports the following symptoms: constant neck, bilateral shoulder, and upper arm pain; occasional elbow and constant left finger pain. The patient was born without a right hand and missing right lower limb and required assistance to complete the tasks. She reports that this need was not supported or accommodated and was reflective of the worsening adversarial Diagnoses include: congenital dysplasia involving the right lower level below the knee, right hand, left fingers, and left toes; major depressive disorder, industrial; anxiety disorder industrial; GERD; hypertension; gastritis; Labyrinths and vertigo. Psychologically, she has been diagnosed with Dysthymic Disorder; Generalized Anxiety Disorder. With regards to the work injury in the new position she needed to work with 4 different supervisors who were not communicating well with a lot of conflicting issues between them and her work assignments. Work issues became intolerable and the conflict with her primary supervisor escalated. She states that she has lost all of her self-esteem and self-confidence and was unable to make the work situation improve no matter how she tried over a prolonged period of time. Psychological treatment was attempted in 2010 for over 10 sessions but was determined to be not very effective or practical with suggestions that were not helpful

and no real cognitive behavioral techniques or strategies. The patient had further treatment in 2012 with a licensed clinical social worker the number of sessions was not specified; she was diagnosed with: Adjustment Disorder with Mixed Anxiety and Depressed Mood. Additional psychological treatment appears to have been initiated for several months in 2013. Currently, the requested EMDR and iEMDR sessions are recommended for the patient by the requesting psychologist with the statement that she is essentially been experiencing PTSD-like symptoms although does not meet the diagnosis for PTSD that the sessions would help to reduce her level of sympathetic arousal. The request for the treatment was not approved, and this IMR will address a request to overturn the utilization non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMDR WITH IEMDR (Eye Movement Desensitization and Reprocessing) Qty 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Mental Illness & Amp Stress Procedures Summary

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, June 2014 Update.

Decision rationale: CA-MTUS guidelines do not address the use of Eye Movement Desensitization and Reprocessing (EMDR) or the use of Internet-based EMDR (iEMDR). The official disability guidelines (ODG) does address the issue: "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 has not been diagnosed with PTSD. The requesting primary treating psychologist presents the rationale that although she does not meet the diagnosis criteria for PTSD she has essentially developed PTSD-like symptoms as a result of her work situation. Although she reports having experienced a prolonged stressful and hostile work environment, and reports developing symptoms of anxiety and depression as a result of it, the requested use of EMDR for this clinical presentation is not supported by the official disability guidelines the concept of Post-traumatic stress disorder (PTSD) was created by the American Psychiatric Association in 1980 to serve as a diagnosis for presentations of mental illness by people who have experienced an "extreme traumatic stressor." The patient has been dealing with difficulties in coping with a complicated and emotionally upsetting/disturbing, interpersonal work relationship(s), and in response developed psychological symptomology of an Adjustment disorder with mixed anxiety and depressed mood for over 4 years. She has been provided appropriate treatment in the form of cognitive behavioral therapy for which there is ample evidence supporting the use of. Meanwhile, there is inadequate evidence in support for the use of EMDR to treat this scenario. The medical necessity of this request is not been established. The request is not medically necessary.

EMDR (Eye Movement Desensitization and Reprocessing) Qty 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Mental Illness & Amp Stress Procedures Summary

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, June 2014 Update.

Decision rationale: This is essentially the same request as was discussed above with the only slight difference of dropping the Internet-based component and adding into additional sessions. Those changes do not make a material difference on the outcome of this request and the rotational used for the above treatment request applies. CA-MTUS guidelines do not address the use of Eye Movement Desensitization and Reprocessing (EMDR). The official disability guidelines (ODG) does address the issue: "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 has not been diagnosed with PTSD. The requesting primary treating psychologist presents the rationale that although she does not meet the diagnosis criteria for PTSD she has essentially developed PTSD-like symptoms as a result of her work situation. Although she reports having experienced a prolonged stressful and hostile work environment, and reports developing symptoms of anxiety and depression as a result of it, the requested use of EMDR for this clinical presentation is not supported by the official disability guidelines the concept of Post-traumatic stress disorder (PTSD) was created by the American Psychiatric Association in 1980 to serve as a diagnosis for presentations of mental illness by people who have experienced an "extreme traumatic stressor." The patient has been dealing with difficulties in coping with a complicated and emotionally upsetting/disturbing, interpersonal work relationship(s), and in response developed psychological symptomology of an Adjustment disorder with mixed anxiety and depressed mood for over 4 years. She has been provided appropriate treatment in the form of cognitive behavioral therapy for which there is ample evidence supporting the use of. Meanwhile, there is inadequate evidence in support for the use of EMDR to treat this scenario. The medical necessity of this request is not been established. The request is not medically necessary.