

Case Number:	CM14-0091467		
Date Assigned:	07/25/2014	Date of Injury:	03/12/2009
Decision Date:	08/29/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/17/2014

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:

The claimant is a 46-year-old male with a date of injury of 3/12/09. The claimant sustained injury while working for Pride Industries. The mechanism of injury was not found within the medical records. In his 5/7/14 Progress Report (PR-2), Dr. Char diagnosed the claimant with: (1) Left lower extremity traumatic pain; (2) Gait derangement with leg length discrepancy; (3) Traumatic knee pain S/P surgery; (4) Hypertension, non-industrial; (5) Hypothyroidism, non-industrial; (6) Left sub-trochanteric fracture with hardware; (7) Left hip bursitis status post surgery 2/5/13; (8) Comorbid insomnia; (9) Depressive mood, adjustment disorder; (10) Leg length discrepancy, left shorter; (11) Mild lumbar central stenosis, Bilateral foraminal stenosis; and (12) Tension headache. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. In her Request For Authorization (RFA) dated 4/29/14, Dr. Lowry diagnosed the claimant with: (1) Major depressive disorder, recurrent, moderate; and (2) Posttraumatic stress disorder. The claimant has been treating his psychiatric symptoms with psychotropic medications and psychological services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for Eye Movement Desensitization and Reprocessing (EMDR): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - 11th Edition. Mental Illness and Stress Chapter.

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

Decision rationale: The CA MTUS does not address the use of Eye Movement Desensitization and Reprocessing (EMDR), therefore the Official Disability Guideline for the use of EMDR for the treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the claimant has been participating in psychological services with current treating psychologist, Dr. Lowry, since the end of 2011. Despite having completed over two years of psychotherapy, the claimant continues to remain symptomatic and has not been able to demonstrate consistent progress and improvement. Throughout Dr. Lowry's individual session notes, there is mention of the claimant's mood symptoms, but minimal documentation of his PTSD symptoms. Given the lack of documentation of PTSD-related symptoms, there does not appear to be a need for EMDR at this time. As a result, the request for Referral for Eye Movement Desensitization and Reprocessing (EMDR) is not medically necessary.

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