

Case Number:	CM14-0011591		
Date Assigned:	02/21/2014	Date of Injury:	03/23/1998
Decision Date:	11/09/2015	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 65 year old male who sustained an industrial injury on 03/23/1998. He has received ongoing care for PTSD, major depressive disorder and generalized anxiety disorder. He completed a 6-month course of EMDR in 1998, which was successful. He also received ongoing psychotherapy and psychiatric care. A report of 01/10/2014 indicated that he did well until around May 2013, when he began to receive multiple threats to his wellbeing, including that of being hanged. Messages were left on his voice mail telling him to leave town. He re-experienced symptoms of panic, nightmares and excessive worry despite medication adjustments. His PTSD negatively impacted his ability to effectively function. On 01/21/14 UR noncertified a request for EMDR as no clarification was provided as to how the current threats related to the original injury. The treatment plan included continuing monthly medication follow-ups, continuing Effexor XR and Propanolol and 20 sessions of EMDR. No further, more recent records were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 sessions of eye movement desensitization and reprocessing (emdr), 2 times per week for 10 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) eye movement desensitization and reprocessing (EMDR).

Decision rationale: EMDR is recommended as an option. Eye movement desensitization and reprocessing (EMDR) is becoming a recognized and accepted form of psychotherapy for posttraumatic stress. No records were provided for review beyond the physician's report of 01/10/14 and UR non-certification of services of 01/21/14. The patient's current status is unknown. This request is non-certified and therefore is not medically necessary.