MAXIMUS Federal Services

Case Number:	CM15-0142370		
Date Assigned:	08/03/2015	Date of Injury:	04/23/2008
Decision Date:	09/01/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/23/2015

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
Certification(s)/Specialty: Psychologist

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 is a 59 year old male who sustained an industrial injury on 4-23-2008. He injured his back while working at a prison as a plumber. He also explained that he crushed his hand in 2008. He has reported chronic neck pain and has been diagnosed with posttraumatic stress disorder, major depressive disorder, per patients self-report chronic back pain, and ongoing chronic pain unresolved; traumatic exposure. Treatment has included medication and medical imaging. He has also reported experiencing numbness in the right hand along with aches and pains in several other parts of the body. Back pain was rated a 3 out of 10. The treatment plan included EMDR therapy. The treatment request included EMDR sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMDR sessions Qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 & reprocessing (EMDR). . March 2015 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). 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. Decision: a request was made for 8 sessions of EMDR, the request was not approved by utilization review was provided the following rationale for its decision: "there is insufficient clinical data to ascertain the scope benefit of interim psychotherapy since the AME determined MMI and recommended a finite number of additional psychotherapy sessions." According to a psychological evaluation and management report from June 1, 2015, the patient reported current symptoms consistent with Posttraumatic Stress Disorder and Major Depression. A request for EMDR treatment 8 sessions was made at that time. The request for EMDR for this patient appears to be reasonable on a clinical level, as the patient was exposed to multiple and prolonged traumatic stress situations during his work as a prison based employee. However, there is insufficient documentation with regards to the patient's prior psychological treatment. Although the patient appears to be receiving psychological treatment, there is insufficient information with regards to the total quantity and length/duration of this treatment. His psychological treatment history is not adequately discussed medical records. Without sufficient discussion of the patient's prior psychological treatment that he has been afforded on an industrial basis, the medical necessity of this particular request could not be established. It may quite well be that this is an appropriate treatment modality but in order to substantiated EMDR treatment on an industrial basis, additional information would be required including whether or not the patient has received any EMDR in the past on an industrial basis, and what is that his overall response to prior psychological treatment that he is received as well as the total quantity of sessions that have been afforded to him. Due to insufficient documentation of patient's prior psychological treatment the medical necessity of this request is not established and therefore the utilization review determination is upheld and is not medically necessary.