

Case Number:	CM15-0040585		
Date Assigned:	03/10/2015	Date of Injury:	08/17/2011
Decision Date:	04/21/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/03/2015

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 33-year-old female, who sustained an industrial injury on 8/17/11. She has reported various pain and psychological complaints following a reported crush injury to the lower extremities. The diagnoses have included posttraumatic stress disorder, chronic without psychotic symptoms and major depressive disorder, recurrent episode moderate to severe and depressive disorder. Treatment to date has included medications and psychotherapy sessions. Currently, as per the psychologist progress note dated 1/16/15, the injured worker complains of feeling more depressed over the Holidays and forced to be around family for extended time demanding her to present in a fabricated mood to placate her family's needs to see her as "recovered." As of this date, the injured worker has not been able to make therapy appointments due to uncontrolled pain as a result of pain medications not authorized and difficulty coping with movement and uneven surfaces while being transported in a car, difficulty sitting due to prolonged posturing and pain triggers and the issue of non-stop nerve pain impacting her ability to concentrate. She continues to struggle with daily functioning as a result of unregulated and under-medicated pain. The current medications included Ketoprofen, Lidocaine cream, compound cream, Cymbalta, Zoloft, and Ambien. The requested treatment was immediate treatment with EMDR specialist treatment for 8 Sessions with EMDR, 1-2 times per week. Work status was temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions with EMDR, 1-2 times per week: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Eye Movement Desensitization and Reprocessing.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving CBT individual and group therapy since August 2014. She has also been participating in psychotropic medication management services. She had also been referred to a separate clinician to learn DBT skills to help her learn to self-regulate although it does not appear that this actually began. The request under review, 8 EMDR sessions, is for additional psychological services due to the Pt's severity of symptoms. Although the Pt continues to experience ongoing distress, the need for EMDR has not been established. Additionally, based on the various treatment progress notes, the injured worker's continual deregulation in mood and self-harm ideation may preclude the injured worker from engaging in this level of treatment. Without a thorough evaluation to determine the injured worker's ability to participate in EMDR, the request for 8 sessions appears premature. As a result, the request for 8 sessions with EMDR is not medically necessary.