

Case Number:	CM15-0053822		
Date Assigned:	03/27/2015	Date of Injury:	06/27/2001
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/20/2015

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 68 year old male, who sustained an industrial injury on 06/27/2001. Following the orthopedic injury, the injured worker was diagnosed as having major depressive disorder, anxiety disorder not otherwise specified and posttraumatic stress disorder. Treatment to date has included psychotherapy and medications. According to a psychotherapy report dated 02/17/2015, the injured worker reported enhanced dreams which he did not classify as nightmares. He also reported enhanced sleep difficulties. He wanted to resume Eye Movement Desensitization and Reprocessing Therapy which had been quite beneficial to him in the past. The provider requested authorization for 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 (EMDR) EYE MOVEMENT DESENSITIZATION & REPROCESSING THERAPY:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PSYCHOTHERAPY.

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 Eye movement desensitization and reprocessing (EMDR); Cognitive therapy for PTSD.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services and has been able to demonstrate improvements despite continued symptoms. It was reported that he had previously participated in EMDR and felt that it had been beneficial for managing and reducing many of his PTSD symptoms. Although the injured worker would likely benefit from additional EMDR sessions, the request for 12 sessions appears excessive at this time. Because the prior EMDR services were completed over a year ago, it would be reasonable to consider the current request as a trial of sessions. The ODG recommends an "initial trial of 6 visits" for the treatment of PTSD. As a result, the request for 12 EMDR sessions is not medically necessary. It is noted that the injured worker received a modified authorization for 6 EMDR sessions in response to this request.