

Case Number:	CM13-0008212		
Date Assigned:	02/21/2014	Date of Injury:	09/22/2005
Decision Date:	04/22/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/06/2013

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 Board Certified in Physical Medicine and Rehabilitation 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 patient is a 61-year-old female who reported an injury on 09/22/2005. The mechanism of injury was not provided for review. The patient had on-going psychiatric complaints related to post-traumatic stress disorder. The patient's treatment history included extensive psychotherapy and medication management. The patient's most recent psychotherapy note documented that the patient had an increase in audio hallucinations and a decrease in sleep hygiene. The patient has a history of hospitalization due to acute suicidality. Request was made for continued psychotherapy, and eye movement desensitization and reprocessing therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMDR THERAPY FOR POST TRAUMATIC STRESS DISORDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS, Official DISABILITY GUIDELINES (ODG), MENTAL ILLNESS AND STRESS CHAPTER.

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, PTSD PSYCHOTHERAPY INTERVENTIONS AND EYE MOVEMENT DESENSITIZATION & REPROCESSING (EMDR)

Decision rationale: The requested EMDR therapy for posttraumatic stress disorder is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule and American College of Occupational and Environmental Medicine do not specifically address this type of therapy. Official Disability Guidelines do recommend the use of eye movement desensitization with reprocessing as a treatment option for patients with posttraumatic stress disorder. Official Disability Guidelines recommend up to 13 to 20 visits over 7 to 20 weeks of psychotherapy as appropriate for patients with posttraumatic stress disorder. However, the request as it is submitted does not specifically identify a number of treatments or an intended duration of treatment. Therefore, the appropriateness of the request cannot be determined. As such, the requested EMDR therapy for post-traumatic stress disorder is not medically necessary or appropriate.