

<b>Case Number:</b>	CM14-0217856		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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  
 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 sustained a work related injury on January 2, 2013, noted to be an industrially-related psychiatric injury, with anxiety and depression. A Qualified Medical Examination dated March 14, 2014, noted the injured worker as psychiatrically temporarily partially disabled, with the diagnoses of adjustment disorder with anxiety and depression, occupational problems, no diagnosable personality disorder, and physical disorders and conditions as diagnosed by examining specialists. The Primary Treating Physician's report dated October 28, 2014, noted the injured worker continuing to be anxious and depressed. The Therapist noted the injured worker continued with psychiatric follow-up, with the current medications listed as Xanax, Luvox, Buspar, and Ambien. The injured worker was noted to have increased distress as the Luvox had recently been not authorized. The diagnoses were noted to include major depressive affective disorder recurrent episode severe degree without psychotic behavior, generalized anxiety disorder, and social phobia. A request for authorization was made for twelve sessions of psychotherapy/Eye Movement Desensitization and Reprocessing (EMDR) one time a week for twelve weeks, to address psych issues to decrease depression and anxiety. On December 9, 2014, Utilization Review evaluated the request for twelve sessions of psychotherapy/Eye Movement Desensitization and Reprocessing (EMDR) one time a week for twelve weeks, citing the MTUS Chronic Pain Medical Treatment Guidelines, the MTUS American College of Occupational and Environmental Medicine (ACOEM), and the Official Disability Guidelines (ODG). The UR Physician noted that the clinical information provided did not establish the medical necessity of the requested treatment. The UR Physician noted that

there was no report regarding the number of visits or the specifics of objective measures of functional benefit from psychotherapy rendered to support ongoing treatment, The UR Physician noted that the eye movement desensitization reprocessing was not reasonable or medically necessary without a diagnosis of post-traumatic stress disorder as outlined in the Official Disability Guidelines, therefore medical necessity for the request for twelve sessions of psychotherapy/Eye Movement Desensitization and Reprocessing (EMDR) one time a week for twelve weeks had not been established. The decision was subsequently appealed to Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Psychotherapy/eye movement desensitization and reprocessing (EMDR), once weekly for twelve weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: Eye movement desensitization and reprocessing-EMDR. See also mental illness and stress chapter, topic cognitive behavioral therapy, psychotherapy guidelines

**Decision rationale:** The MTUS guidelines are nonspecific for the use of Psychotherapy/EMDR, however the official disability guidelines do state that the procedure is recommended as an option. Eye movement desensitization and reprocessing (EMDR) is becoming a recognized and accepted form of psychotherapy for posttraumatic stress disorder (PTSD). Mental illness and stress chapter. This patient has been diagnosed with an adjustment disorder with depressed mood, and anxiety. There is no diagnosis of PTSD. According to the official disability guidelines, EMDR is recommended for the treatment of PTSD but there is no recommended use for the patient's diagnoses. She has been under the treatment of [REDACTED]. Although treatment progress notes were provided by her psychiatrist, there were almost no detailed treatment progress notes from the treating therapist. Thus, there was no indication of what progress has been made to date based on prior treatment nor is it clear how much prior treatment she has received. Although she has received prior psychological treatment she does not appear to have received any prior EMDR sessions. The request is being because the patient appears to be reporting difficulty in opening up verbally and it is thought that this would be a way to help her open up verbally. The official disability guidelines recommend 13 to 20 sessions as a maximum for most patients. Although the patient does appear to be reporting anxiety, it is not clear how the EMDR would be the treatment of choice to treat her anxiety. It is unclear whether or not this request for 12 weekly sessions would exceed that recommend maximum guideline, because she does appear to have already received some treatment the request for 12 sessions would likely exceed the maximum of 20. Without supporting documentation of medical necessity including patient response to prior treatment and current psychological status the medical necessity of the request was not established. Because the medical necessity of the current request was not established, the utilization review determination is upheld.

