

Case Number:	CM15-0105344		
Date Assigned:	06/09/2015	Date of Injury:	03/20/2007
Decision Date:	07/10/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/01/2015

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: Preventive Medicine, Occupational Medicine

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 31 year old female who sustained an industrial injury on 3/20/07. The mechanism of injury is unclear. She currently complains of bilateral upper extremity pain. On physical exam she exhibits continued decreased sensation in the left 5th finger. Medications are oxycodone, Lunesta, gabapentin, ibuprofen, pantoprazole. Diagnoses include chronic pain; severe reactive depression; status post bilateral carpal tunnel release, bilateral nerve transposition, bilateral extensor tendon repair, right wrist scar revision, left hand trigger finger release, left hand flexor contracture release; chronic opiate use; tobacco use. On 5/21/15 Utilization Review evaluated a request for 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 Trauma Therapy 1x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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/Stress Chapter/Eye Movement Desensitization and Reprocessing (EMDR).

Decision rationale: MTUS guidelines do not address the use of EMDR. Per ODG EMDR is recommended as an option. Eye movement desensitization and reprocessing (EMDR) is becoming a recognized and accepted form of psychotherapy for post-traumatic 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. Eye Movement Desensitization and Reprocessing (EMDR) is more efficacious for PTSD than wait-list, routine care, and active treatment controls. There is no evidence in the available documentation that the injured worker suffers from PTSD, therefore, the request for EMDR Trauma Therapy 1x6 is not medically necessary.