

Case Number:	CM15-0122099		
Date Assigned:	07/06/2015	Date of Injury:	11/13/2013
Decision Date:	08/06/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/24/2015

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 53 year old male who sustained an industrial injury on 11/13/13. He was diagnosed with post traumatic stress disorder. Progress note dated 5/18/15 reported improving symptoms of post traumatic stress disorder with individual supportive cognitive therapy. He is permanently restricted from performing his job and is planning to apply for medical disability retirement. He is continuing to benefit from EMDR (eye movement desensitization and reprocessing) treatment. Plan of care includes: recommend 12 additional EMDR treatments sessions and continue individual cognitive supportive psychotherapy. Follow up appointment scheduled.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMDR eye movement desensitization and reprocessing (12) visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services including individual psychotherapy as well as EMDR from both [REDACTED] and [REDACTED], for over one year. The request under review is for an additional 12 sessions of EMDR with [REDACTED]. Although the most recent progress notes submitted for review from [REDACTED] identify some progress, they fail to indicate the number of completed sessions to date. It is known that the injured worker has received services from [REDACTED] since early 2014, however, it is unclear whether EMDR was being provided at that time. For the treatment of "severe cases of Major Depression or PTSD", the ODG recommends "up to 50 sessions, if progress is being made." Without knowing the number of completed sessions to date including those offered by both [REDACTED] and [REDACTED], the need for additional treatment cannot be fully determined at this time. As a result, the request for an additional 12 sessions of EMDR is not medically necessary. It is noted that the injured worker did receive a modified authorization for an additional 4 sessions in response to this request.