MAXIMUS Federal Services

Case Number:	CM15-0128186		
Date Assigned:	07/14/2015	Date of Injury:	04/11/2011
Decision Date:	08/10/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/02/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male who sustained an industrial injury on 4-11-11. Diagnoses are major depressive disorder and chronic pain syndrome. In a clinical progress note dated 6-2-15, the treating physician notes the injured worker has increasing and worsening depression, which has been recalcitrant to medication, in part secondary to non-compliance. Paroxetine was prescribed but he was fearful of taking it so was non-compliant. He was prescribed Duloxetine, which he states made him feel numb and he stopped taking it. He reports episodes of rage escalating in frequency and believes they are being set off by increasing pain in his low back and shoulders and headaches. Back pain is rated at 2-7 out of 10 and headaches at 2-8 out of 10. He states meditation helps. He has tried walking but experiences increased pain. Medication request has been submitted for Tramadol, Voltaren and Lunesta. Beck Depression score is 31. He is currently being seen for cognitive behavioral therapy. The injured worker is adamant about not taking any kind of medication; therefore, he will need to be referred for more counseling and therapy. Work status is noted as disabled. The requested treatment is Eye Movement Desensitization and Reprocessing Therapy (EMDR).

IMR ISSUES, DECISIONS AND RATIONALES

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

Eye movement desensitization and reprocessing therapy (EMDR): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 10 and 102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress procedure summary.

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, Eye movement desensitization & reprocessing (EMDR).

Decision rationale: The claimant sustained a work injury in April 2011 and continues to be treated for chronic pain and depression. He was seen for reevaluation of severe depression on 06/02/15. His symptoms were worsening. The claimant had decided against taking medications that had been prescribed. He was having periods of rage escalating in frequency. He had ongoing low back pain and headaches. BDI testing was consistent with severe to extreme depression. Diagnoses were major depressive disorder and chronic pain syndrome. Continued cognitive behavioral therapy was recommended. Authorization for eye movement desensitization and reprocessing treatment was requested. Eye movement desensitization & reprocessing (EMDR) is recommended as an option and is becoming a recognized and accepted form of psychotherapy for post-traumatic stress disorder (PTSD). The number and duration of treatments falls under the general psychotherapy guidelines. In this case, the claimant is being treated for severe depression. There is no diagnosis of PTSD. The request was not medically necessary.