

<b>Case Number:</b>	CM13-0049314		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/13/2006
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry 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 physician 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:

This case involves a 51 year old female injured 1-13-2006. She has been suffering from pain, anxiety, depression and alcohol use disorder. She has struggled with her activities of daily living including hygiene, ambulation, use of hand and insomnia. She has had inpatient psychiatric hospitalizations for homicidal and suicidal ideation. The patient was described in the discharge summary from inpatient psychiatric hospitalization as being brittle. The issue at hand is the medical necessity of partial hospitalization program with [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A partial hospitalization program with [REDACTED]: 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), Stress & Mental Illness Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** In this particular case, the patient's level of pathology was significant. She has pain, diabetes, depression, anxiety and has struggled with activities of daily living including hygiene. She had a plan to poison her adult children and kill herself while she was an inpatient.

She was brittle according to her psychiatrist at the time she was discharged from inpatient psychiatry. The severity of her illness was underscored by the fact that at one point during her psychiatric hospitalization the patient stated she did have a suicide plan, but would not share it for fear that the disclosure of her suicidal plan would lead others to stop her from killing herself. There is no question that this patient did need partial hospitalization. The CA MTUS, ODG and other guidelines use limits on frequency and duration of psychotherapy. The way that this request was worded when it reached this reviewer was ambiguous in that it had no apparent endpoint to treatment. Because the request was made in a way that denotes no limit to treatment, the request is not medically necessary.