

Case Number:	CM13-0059841		
Date Assigned:	12/30/2013	Date of Injury:	05/06/2011
Decision Date:	03/28/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 New York. 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:

The claimant is a 57-year-old man with date of injury of 5/6/2011 who is diagnosed with Generalized Anxiety Disorder (GAD), Major Depressive Disorder (MDD) and Posttraumatic Stress Disorder (PTSD.) He had many traumatic episodes during his employment as a firefighter, the final being an incident involving a motor vehicle accident in which [REDACTED] Medications on 10/25/2013 included Fluoxetine, Alprazolam, Trazodone, Celecoxib and Melatonin. A report from 4/2012 rendered psychiatric follow-up on a biweekly basis to be a "reasonable industrial treatment cost." Chart notes on 10/25/13 note arousal, avoidance and re-experiencing symptoms of PTSD as well as active MDD and GAD symptoms and an admission to a residential trauma program (unspecified duration) was requested

IMR ISSUES, DECISIONS AND RATIONALES

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

West Coast Post Trauma retreat: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Psychiatric Association (APA) Practice

Decision rationale: The MTUS and ODG do not address admission to residential programs for PTSD. It appears though that treatment in less restrictive environments have not been exhausted; including more regular psychotherapy or even a day treatment program. Furthermore, the request doesn't specify duration of treatment. The APA Guideline states that "severely ill patients who lack adequate social support outside a hospital setting should also be considered for hospital admission, residential treatment, or participation in an intensive outpatient or day treatment program." Admission for residential treatment is not appropriate to treat the patient's condition, not consistent with standards of medical practice and, treatment could still be offered safely and effectively on an outpatient basis. Residential treatment at the West Coast Trauma Retreat is thus not medically necessary.