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| Case Number: | CM13-0067186 | | |
| Date Assigned: | 02/24/2014 | Date of Injury: | 10/16/2009 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 12/10/2013 |
| Priority: | Standard | Application Received: | 12/17/2013 |

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. The expert reviewer is Board Certified in Child & Adolescent 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 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/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 injured worker is a 42 year old male who sustained an injury at work on October 16, 2009. The utilization review in question is dated December 10, 2013. The request is for inpatient psychiatric treatment. The most recent clinical progress report dated November 28, 2013, indicates that a previous injury occurred after a fall from a ladder in 1998 and subsequent surgery was performed on the right wrist. The injured worker was able to return to work following the surgery. A subsequent work injury occurred on October 16, 2009. The description of the incident was as follows: "he was violently buffeted about on a ladder and was in a position where he could have been severely injured, if not killed." He subsequently developed symptoms of depression and anxiety and an inability to return to work. The treating physician indicates that the claimant was subsequently diagnosed with Major Depression, Panic Disorder, and Post-Traumatic Stress Disorder (PTSD). The injured worker is documented as then requiring Xanax and eventually Klonopin for management of the anxiety attacks. Abilify was prescribed previously for treatment of psychotic symptoms. During this visit the injured worker is documented as frequently crying, having an erratic presentation of information that was extremely tangential and disjointed, and expressing concern that a conspiracy to observe the claimant was being carried out by the "insurance company" or "the Mexican Mafia." He was severely depressed and not attending to normal grooming habits, and he believes that when outside of the home there is a frequent belief that individuals are "following him, observing him and passing on information between themselves about him." He admits to confronting individuals in public regarding what he thinks represents the above behavior and even expresses concerns that "his significant other" is involved in the conspiracy. This included fears of being followed, being spied upon with listening devices, and having trackers planted in personal belongings. The injured worker denied suicidal ideation, homicidal ideation, intent, or plan.

Insight is documented as being "very poor" and judgment is "currently marginal." The treating physician recommended an inpatient hospital stay secondary to the depression, panic attacks, and psychotic symptoms. The UR denial was issued on the basis that there was no length of stay included in the request for inpatient psychiatric treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Psychiatric Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 102. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman or MCG Guidelines, 2012.

Decision rationale: MTUS guidelines do not directly address inpatient psychiatric hospitalization. The guidelines on Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. This involves a treatment plan with setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. The injured worker is diagnosed with Major Depression, Panic Disorder and PTSD, so that he would benefit from psychological treatment. However, the need for the most intensive level of care, inpatient treatment, needs to be determined. The ODG also do not address inpatient psychiatric treatment. The Milliman or MCG Guidelines are useful in evaluating the need for inpatient psychiatric treatment. The criteria include the presence of suicidal or homicidal ideation, psychotic symptoms which prevent one from providing for basic self-care needs, alcohol/substance abuse withdrawal symptoms or comorbid medical conditions which require close 24 hour nursing care for safety reasons, delirium, or grossly disruptive/aggressive behaviors with risk of harm to others (MCG, 2012). None of these are present in this case, so medical necessity for inpatient care is not met. The absence of a specified number of inpatient days, or goal length of stay, indicates that the MTUS guideline of psychological treatment having set goals is also not met, and for this reason also the request is not medically necessary.