

Case Number:	CM14-0032053		
Date Assigned:	06/20/2014	Date of Injury:	11/13/2002
Decision Date:	08/12/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/13/2014

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 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:

Injured worker is a 51 year old female with date of injury 11/13/2002. Date of the UR decision was 2/28/2014. She encountered Psychological symptoms secondary to work related stress. Report dated 11/27/2013 stated that she was released on 11/21/2014 after a 7 day inpatient psychiatric hospitalization s/p suicidal ideations about overdosing on her pills. She was placed on a 5150 status and thereafter placed on a 14-day hold, was kept at the hospital for seven days and her medications were tweaked, including increasing her Klonopin, Wellbutrin, as well as the Paxil. She was being prescribed Paxil 30 mg daily, Welbutrin 150 mg twice daily and Klonopin 1 mg twice daily. She was reported to be slightly weepy during the interview on 11/27/2013, her pain level was listed as a 7 out of 10. She was no longer noted to have suicidal ideations. Per a Request for Authorization dated 1/31/2014, she was diagnosed with Anxiety NOS and Psychic factors of disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Services at [REDACTED] 3 x week for 6 months: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental illness chapter, Cognitive therapy for depression.

Decision rationale: Injured worker is a 51 year old female with given diagnosis of Anxiety NOS and Psychic factors of disease. She was released from a 7 day inpatient psychiatric stay s/p suicidal ideations about overdosing on her pills. In the follow up report after discharge, she was noted to be slightly weepy, her pain level was listed as a 7 out of 10. However, she was no longer noted to have suicidal ideations. Request for Psychiatric Services at [REDACTED] 3 x week for 6 months is not clinically indicated as the injured worker is no longer experiencing suicidal ideation, she does not have a diagnosis of a major affective disorder that would require intensive outpatient therapy. Thus, the request is not medically necessary at this time.