

Case Number:	CM14-0037013		
Date Assigned:	06/25/2014	Date of Injury:	06/01/2012
Decision Date:	08/07/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/27/2014

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 Illinois and Wisconsin. 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 patient is a 34 year old male who was injured in June of 2012. He apparently was robbed at gunpoint. The patient has diagnoses of Bipolar Disorder, PTSD, Panic Disorder and Social Phobia. Evidently he has had a suicide attempt subsequent to the above event. He was hospitalized in July of 2012. The patient has apparently been in an intensive outpatient program and has had 24 sessions of CBT with unknown outcome. In January of this year the patient had a psychological evaluation. The provider indicated that the patient was doing poorly and it appears that inpatient treatment was recommended. Medications at that time included Depakote, Klonopin, Seroquel, Clonidine and Propanolol. The provider indicated a diagnosis of Major Depressive Disorder and requested coverage for a psychiatric hospital stay with follow up with herself and a psychiatrist with 32 outpatient therapy sessions twice weekly in the event that hospitalization was not authorized. The previous reviewer modified the former request to one follow up visit with the psychologist, coverage for the 32 sessions was denied. This is an independent review for medical necessity for the psychiatric hospital stay with 1 follow up visit with [REDACTED] and a psychiatrist as well as 32 psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric hospital stay with 1 follow up with [REDACTED] and a psychiatrist post discharge: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice Guideline for the Assessment and Treatment of Patients with Suicidal Behaviors, APA, November 2003 (Guideline reviewed and is current standard of care).

Decision rationale: The MTUS and ACOEM recommend psychological evaluation but are silent in regards to the request for hospitalization as is the ODG. The evaluation was done in January of this year at which time there was an indication of suicidality but no specific documented plan or intent. There is no indication as to the patient's subsequent clinical course or current status and hence no indication of current acute need for psychiatric hospitalization. APA practice guidelines indicate that patients should be treated in the least restrictive setting which is likely to be safe and effective. There is no indication that inpatient treatment is the least restrictive appropriate setting. Indeed, the providers request for outpatient treatment as an alternative belies hospitalization as the least restrictive appropriate setting. The data reviewed in sum do not indicate medical necessity for psychiatric hospitalization and 1 follow up with a psychologist and psychiatrist after discharge as supported according to current clinical research, evidence based best practice standards and expert consensus as set forth by the APA and hence medical necessity for said services is not established.

Psychological sessions outpatient 2 X 16 (32 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Summary of Medical Evidence.

Decision rationale: The above cited guidelines indicate up to 50 psychotherapy sessions contingent on evidence of improvement in patients with severe depression and PTSD. the presence of severe symptoms in this patient appears to be established but the data submitted for review indicate that he has had 24 sessions prior and there is no indication of progress. As such the requested 32 additional sessions do not appear to be indicated according to the evidence based protocol set forth in the ODG.