

Case Number:	CM14-0041381		
Date Assigned:	06/04/2014	Date of Injury:	07/26/2003
Decision Date:	07/28/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/07/2014

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:

This is a 46 year old male with date of injury 7/21/2003. The date UR decision was made was 3/21/2014. The mechanism of injury was by pinned against the wall for 10 minutes when large amount of drywall tipped over and fell on his chest while he was holding the elevator door open for 2 employees who were pushing a buggy loaded with drywall. He encountered lower back injury which resulted in him having chronic low back pain, lumbosacral radiculitis. He subsequently developed Major depressive disorder, recurrent episode secondary to the effects of the physical trauma. Report from 11/14/2013 indicates that he has been receiving CBT for back pain. The medications that were being prescribed per that progress report were Abilify 15 mg nightly, Celexa 40 mg daily, Seroquel 25 mh nightly, Viagra as needed for sexual dysfunction and Neurontin 300-600 mg nightly. Psychological Progress Report dated 4/9/2014 indicated that he had been receiving CBT in Spanish. He was noted to be depressed as he felt like a burden to his family because of having to be transported for appointments. Report from 3/27/2014 indicated that he was admitted to [REDACTED] from 3/14/14 - 3/25/14 due to a suicide attempt. According to the report, he was provided with daily crisis intervention, supportive psychotherapy, stress management, CBT in Spanish. On discharge, he was continued on Cymbalta 60 mg daily and Restoril 30 mg nightly. Report from 3/14/2014 for medical clearance to [REDACTED] hospitalization suggested that injured worker presented himself to the hospital for worsening depression with suicidal ideations with an attempt. Report from 3/22/14 suggested that he continued to be isolative and withdrawn and kept endorsing suicidal ideations with plan of walking into traffic or by cutting himself. Discharge instructions dated 4/1/2014 indicated that the injured worker's depression improved with the inpatient stay and he no longer voiced suicidal ideations or plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 14 Days Inpatient Hospitalization: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Official Disability Guidelines (ODG) Mental Illness Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental & Stress, Hospital Length of Stay (LOS).

Decision rationale: The daily progress reports were reviewed which indicated that the injured worker was severely depressed and had suicidal ideations with plan of cutting himself or running in front of traffic at the time of admission. According to the report, he was provided with daily crisis intervention, supportive psychotherapy, stress management, CBT in Spanish. He received Psychotropic medications as well, and was assessed by a Psychiatrist daily. During the course of hospital stay, he had gradual improvement in his mood, and suicidal ideations gradually diminished. Discharge instructions dated 4/1/2014 indicated that the injured worker's depression improved with the inpatient stay and he no longer voiced suicidal ideations or plan. The request for Inpatient Psychiatric Hospitalization for 14 additional days after the 72 hr hold i.e. 3/17/14-3/31/14 is medically necessary. Thus, will respectfully disagree with UR physician's decision. The request is medically necessary and appropriate.