

Case Number:	CM14-0048272		
Date Assigned:	07/02/2014	Date of Injury:	10/10/2007
Decision Date:	08/18/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/16/2014

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:

The injured worker is a 35 year old female with date of injury 10/10/2007. Date of the UR decision was 3/25/2014. She was admitted to Psychiatric hospital on 03/05/2014. Per the admission report, she has thought about jumping off the bridge (overpass) at night, so that if the fall did not kill her, the car would. She was unable to state what triggered her depression, but stated that she has always been experiencing depression and that it became more severe over the week prior to admission. Previously, the patient has a long history of depression and was previously admitted into Inpatient Psychiatric Hospital. She has been diagnosed with depression, borderline personality disorder, PTSD (post-traumatic stress disorder), social anxiety, and generalized anxiety disorder. After discharge from the hospital the previous time, in 2/2013, she went into DBT (dialectical behavioral therapy) treatment and was seeing a therapist as well as a psychiatrist over there. She had been tried on different mood stabilizers, including Lamictal and Latuda, but they were not very effective. She also reported to have been bingeing and purging at that time, but said that she is not at the time of admission in 3/2013. She had reported to be off all medications since 9/2013 except for occasional use of Vistaril. Her depression has been escalating since October 2013, where she feels more tired, exhausted, difficulty in getting out of bed. She also complained of mind racing, thoughts going in different directions, especially in the morning and said that she couldn't shut off her brain. She also has episodes of anger, irritability, does not want to be around anyone. She denied any mood swings, euphoria, elation, or grandiosity. She has been tried on different psychotropic medication, on almost all of the antidepressant medications, including Cymbalta, Pristiq, Paxil, Prozac, as well as Latuda, lithium, and Abilify. She wanted to try the Emsam patch as well as try TMS to address the depression. She was diagnosed with Major depressive disorder, chronic, recurrent, severe, without psychosis, history of posttraumatic stress disorder, Rule out adjustment disorder with

depression and anxiety, Rule out bipolar, depressed and Borderline personality disorder. Per the UR decision report, the 3/12/14 progress note states that the patient continued to have passive suicidal ideation. She was very depressed, constantly crying, and thought that nothing is going to work for her. She was still awaiting for IMS to be approved. She was to start Abilify and be titrated up. Justification for continued hospital stay per 2/12/14 report was her continuing to be extremely depressed, withdrawn, hopeless, helpless and passive suicidal ideations. The 3/24/14 progress note stated that she was not feeling well, she was off the Ability. Mood was dysphoric with congruent affect. Plan was to continue her current medication of Slaterra and Ambien. She was on Trazadone as well. However the daily progress reports from 3/12/2014 and 3/24/2014 were not available for review which would include the justification for continued stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient admission for major depression, severe with suicidal thinking (admitted 3/4/15-IW remains in the hospital as of 3/24/14) 21 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.anthem.com/ca/provider/f1/s0/t0/pw_a115176.pdf.

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) Other Medical Treatment Guideline or Medical Evidence: Inpatient psychiatric care criteria >-
<http://www.priorityhealth.com/provider/manual/auths/bh/medical-necessity/inpatient-psych>.

Decision rationale: Per the admission report, she has thought about jumping off the bridge (overpass) at night, so that if the fall did not kill her, the car would. ODG guidelines state Hospital length of stay (LOS): Recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice than mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on the average length of stay. Length of stay is the number of nights the patient remained in the hospital for that stay, and a patient admitted and discharged on the same day would have a length of stay of zero. The total number of days is typically measured in multiples of a 24-hour day that a patient occupies a hospital bed, so a 23-hour admission would have a length of stay of zero. Request for inpatient admission for major depression, severe with suicidal thinking (admitted 3/4/15-injured worker remains in the hospital as of 3/24/14) 21 days is not medically necessary as there are no daily progress notes available for the length of stay that suggest imminent risk to self or other or any acute psychotic pathology that would justify the continued need for inpatient psychiatric hospitalization.