

Case Number:	CM15-0008952		
Date Assigned:	01/26/2015	Date of Injury:	07/28/2010
Decision Date:	04/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 61-year-old male, who sustained an industrial injury on 07/28/2010. On provider visit dated 10/20/2014. The diagnosis was noted as depressed with suicidal ideation with intent to overdose. Treatment to date has included psychiatric medication and inpatient hospitalization at a psychiatric facility. On 10/31/2014, the injured worker was re-evaluated by provider after being discharge from inpatient hospitalization. Treatment plan included non-certified outpatient psych intensive outpatient program x 6 weeks. On 12/23/2014 Utilization Review non-certified outpatient, psych intensive outpatient program x 6 weeks. The CA MTUS, ACOEM Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient psych intensive outpatient program for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400 - 401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter.

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

Decision rationale: ODG Psychotherapy Guidelines recommend: "Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The injured worker was treated for depressed mood with suicidal ideation with intent to overdose in October 2014 with inpatient psychiatric treatment and was discharged after completion of the treatment. The request for Outpatient psych intensive outpatient program for six weeks exceeds the guideline recommendations for psychotherapy per the ODG guidelines quoted above. Thus, the request is not medically necessary at this time.