

Case Number:	CM15-0009808		
Date Assigned:	01/27/2015	Date of Injury:	05/11/2009
Decision Date:	03/20/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/16/2015

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

Certification(s)/Specialty: Psychologist

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 male, who sustained an industrial injury on May 11, 2009. He has reported an injury when lifting and stocking causing soreness in his lumbar region. The diagnoses have included bipolar disorder. Treatment to date has included eleven weeks of inpatient psychiatric treatment. The evaluating physician noted that the injured worker's sense of pain and equilibrium is oppressive and he was observed to be grimacing in pain. The injured worker had a spinal cord stimulator removed and was unable to state whether or not he was deriving any benefit from the spinal cord stimulator. The evaluating physician noted that the injured worker is in pressing need of intensive care at a rehabilitation facility. The evaluating physician noted that the injured worker had attempted suicide on six or eight occasions with hospitalization and is in need of additional intensive treatment. On December 20, 2014 Utilization Review non-certified a request for additional twenty-eight inpatient psychiatric hospital days, noting the request for twenty-eight additional days exceeds the guidelines and there is no progress in coping or pain documented. The California Medical Treatment Utilization Schedule and Official Disability Guidelines were cited. On January 16, 2015, the injured worker submitted an application for IMR for review of additional twenty-eight inpatient psychiatric hospital days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 28 day inpatient psychiatric treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience psychiatric symptoms of depression and anxiety with suicide ideation and multiple suicide attempts since his injury in May 2009. It appears that he has received some extensive psychiatric treatment in 2014 including 11 weeks of residential/inpatient care at [REDACTED] beginning on August 14, 2014. The records indicate some improvement however, the injured worker required another stay at [REDACTED] in November 2014. The request under review is for an additional 28 days following his most recent admission on 11/25/14. The ODG return-to-work pathway recommends 21-42 days for the treatment of bipolar affective disorder, depressed. The ODG hospital length of stay suggests that the median number of days typically be used if possible. Given the injured worker's number of inpatient/residential days since August 2014, he has already received an excess number of days with minimal improvement. Additionally, the November/December 2014 medical notes from [REDACTED] at [REDACTED] present very little information regarding the injured worker's treatment participation, progress, the treatment plan and goals, etc., to substantiate the need for any additional inpatient/residential days of treatment. As a result, the request for an additional 28 days is not medically necessary.