

Case Number:	CM15-0193471		
Date Assigned:	10/07/2015	Date of Injury:	05/01/2011
Decision Date:	11/16/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/01/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 44 year old female injured worker suffered an industrial injury on 5-1-2011. The diagnoses included chronic right ulnar neuropathy and depressive disorder with generalized anxiety. On 8-24-2015 the treating provider reported she was scheduled for revision IPG placement. She had continuous pain and sensitivity over the left IPG, which is situated in the left iliac crest area. Prior treatment included, Nucynta, Clonazepam, Lyrica and Cymbalta. The details of the hospitalization 9-2-2015 that generated the request for psychiatric hospital stay were not included in the medical record. The discharge instructions 9-5-2015 noted admitting diagnosis as alcohol withdrawal. Request for Authorization date was 9-9-2015. The Utilization Review on 9-9-2015 determined non-certification for Psychiatric hospital stay 6 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric hospital stay 6 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back-Lumbar & Thoracic, Hospital length of stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter and pg 30.

Decision rationale: According to the guidelines, hospital length of stay for alcohol detox is a best practice target of 3 days with a mean of 4.2 days +/-1. In this case, the claimant stayed for 6 days for alcohol withdrawal. Reasons for extended length of stay or hospital records were not provided. As a result, the 6 days psychiatric stay are not medically necessary.