

<b>Case Number:</b>	CM15-0199989		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	12/02/1998
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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(n) 55 year old male, who sustained an industrial injury on 12-2-98. The injured worker was diagnosed as having lumbago, sciatica and depression. Subjective findings (4-28-15, 6-2-15, 7-14-15, 8-20-15) indicated the injured worker's suicide potential is dramatically escalated. The treating physician noted that the injured worker is a strong candidate to successfully act out his suicidal thoughts and feeling. Objective findings (4-28-15, 6-2-15, 7-14-15, 8-20-15) revealed 6-7 out of 10 pain and weight loss. There is no documentation of coping therapies or behavioral modification taught or response to anxiety medications. Treatment to date has included individual psychotherapy, Morphine Sulfate, MS Contin, Mobic, Prevacid, Senna and Alprazolam. The Utilization Review dated 9-29-15, non-certified the request for board and care facility for 24 hours a day and 7 days a week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Board and care facility for 24 hours a day and 7 days a week: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving psychological services on a consistent basis from [REDACTED] since May 2007. It appears that the injured worker has been participating in biweekly sessions for an unknown number of sessions to date. Both the 7/14/15 and 8/20/15 progress reports from [REDACTED] have the same documentation. They report that the injured worker's symptoms have increased and that he experiences suicidal thoughts. There is no mention within the reports as to changes in the treatment plan to address the exacerbation of symptoms nor any discussion over the possibility of inpatient psychiatric hospitalization if it were to become necessary. Instead, [REDACTED] requested that the injured worker be admitted into a board and care facility to prevent possible suicidal acting out behaviors. There are no guidelines regarding the use of a board and care facility to prevent suicidal behavior. As a result, the ODG hospital length of stay guideline is referenced. This guideline references hospitalization for ECT and alcohol and drug detoxification. It does not specifically address the use of inpatient hospitalization for suicidal ideation. Despite that, it is known that if an individual is suicidal, a psychiatric inpatient hospitalization is required. Thus, this would be the necessary step for the injured worker if he were to experience suicidal ideation and become suicidal. A board and care facility is not appropriate to prevent such ideation nor behavior. As a result, the request for a board and care facility admission for 24 hours a day 7 days a week is not medically necessary.