

Case Number:	CM15-0209912		
Date Assigned:	10/28/2015	Date of Injury:	02/27/2003
Decision Date:	12/24/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/26/2015

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:

This is a 50 year old female with a dated of injury on 2-27-03. A review of the medical records indicates that the injured worker is undergoing treatment for complex regional pain syndrome, major depressive disorder, sleep apnea and panic disorder. Progress report dated 9-17-15 reports since the last visit she is really struggling. She states she is barely hanging in and she has been thinking about the partial hospitalization program because she needs to do something. Her anger and temper are worse. She sleeps 5-6 hours per night. Objective findings: poor eye contact, sad and withdrawn, no suicidal intent. She is doing very poorly and deteriorating in the absence of ongoing therapy and medication denials. Request for authorization dated 9-22-15 was made for Partial hospitalization with psychiatric treatment (unspecified) daily, 3-6 weeks qty: 42.00. Utilization review dated 10-8-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Partial hospitalization with psychiatric treatment (unspecified) daily, 3-6 weeks qty: 42.00:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Biofeedback. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.gov/pubmed/10287106>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation APA Guidelines-Partial hospitalization program.

Decision rationale: The injured worker is undergoing treatment for complex regional pain syndrome, major depressive disorder, sleep apnea and panic disorder. Per the most recent progress report dated 9-17-15, it was noted that she was "really struggling and had been thinking about the partial hospitalization program because she needs to do something". She reported worsening of anger and temper. She reported sleeping 5-6 hours per night. Objective findings included poor eye contact, was noted to be sad and withdrawn and denied any suicidal intent. It was suggested that she was doing very poorly and was deteriorating in the absence of ongoing therapy and due to medication denials. The request for partial hospitalization with psychiatric treatment (unspecified) daily, 3-6 weeks qty: 42.00 is excessive and not medically necessary as even though the injured worker has been symptomatic at this time, there is no documentation regarding imminent risk to self or others that would require a level of care higher than outpatient management.