

Case Number:	CM15-0029393		
Date Assigned:	02/23/2015	Date of Injury:	04/27/2009
Decision Date:	04/07/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/18/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 44 year old male, who sustained an industrial injury on April 27, 2009 when he was hit on the head with a hammer, sustaining traumatic brain injury. The diagnoses have included mood disorder secondary to general medical condition, (closed head injury), possible post-traumatic stress disorder, status post head trauma with post-concussive syndrome, cervical spine sprain/strain, lumbar disc derangement, lumbar radiculitis, sleep disturbance secondary to pain, clinical depression, visual changes and hearing impairment and probable dementia due to head trauma vs cognitive disorders. Treatment to date has included radiographic imaging, diagnostic studies, psychotherapy, conservative therapies, medications and work restrictions. He currently suffers from intractable pain, severe depression and catatonic withdrawal from social interactions. He has been treated with multiple antidepressant medications with augmentation, without relief. His depression has worsened as has his cognitive impairment. He is unable to care for himself and cannot be left alone. A report of 12/29/14 indicated that the IW is not a candidate for psychotherapy, inpatient ECT was recommended due to his propensity for wandering making him a safety risk. Consultants, ECT physician, and psychologists are in agreement as to the need for ECT for this patient. UR of 02/03/15 modified the request to allow for one week of inpatient ECT treatments three times a week, with re-assessment for objective functional improvement. It is reasonable to provide a one week trial with assessment for efficacy; however there does not appear to be any evidence from records provided for review that this has yet occurred. As such this request is noncertified at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient psychiatric facility for ECT treatments 3 times a week for 4 weeks for depression:
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 Electroconvulsive Therapy (ECT).

Decision rationale: Eligible for IMR. UR Appeal contains Modification of treatment. This injured worker meets criteria for ECT in that he has not responded adequately to antidepressants and he is not a candidate for psychotherapy. He suffers from a neurovegetative depression and due to his inability to care for himself and wandering, must undergo treatments at an inpatient facility. However, prior UR modified this request to allow for inpatient ECT three times a week for one week, then assess for objective functional improvement. Therefore, Inpatient psychiatric facility for ECT treatments 3 times a week for 4 weeks for depression is not medically necessary and appropriate.