

Case Number:	CM15-0082118		
Date Assigned:	05/04/2015	Date of Injury:	03/07/2013
Decision Date:	06/09/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/29/2015

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:

The injured worker is a 49 year old female, who sustained an industrial injury on 03/07/2013. She reported sexual harassment by a co-worker. The injured worker was diagnosed as having major depressive disorder single episode severe and post-traumatic stress disorder. Treatment to date has included medications. According to a progress report dated 01/26/2015, the injured worker had felt depressed, anxious, fearful and experienced mood symptoms including declined sleep, energy level, concentration appetite and libido since the event. The provider noted that the injured worker was in need of ongoing psychiatric treatment in the form of pharmacotherapy and psychotherapy. According to a psychiatric progress report dated 03/16/2015, current symptoms included depressed mood, tearfulness, irritability, fear of being alone, lack of energy, anxiety, low energy, loss of motivation, anhedonia, sleep disruption, trouble concentrating, trouble making decisions, slight weight gain, feeling detached, not feeling close to other people, intrusive memories, nightmares, panic symptoms, restlessness and recurrent thoughts of death. Medication regimen included Bupropion, Synthroid, Vitamin B-12, Amitriptyline, Clonazepam, Abilify, Omeprazole, Carafate, Misoprostol, Lamotrigine, Propranolol, Topiramate, Hydrocodone and Tramadol. Currently under review is the request for partial hospitalization in a mental health program group therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Partial hospitalization in a mental health program group therapy (weeks) QTY: 4.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & Stress, Group Therapy.

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

Decision rationale: The injured worker has been diagnosed with major depressive disorder single episode severe and post-traumatic stress disorder. Per progress report dated 01/26/2015, the injured worker reported feeling depressed, anxious and fearful. There is no documentation regarding any imminent risk to self or others that would require a higher level of care than the outpatient treatment. She has been undergoing treatment in form of outpatient medication management and psychotherapy treatment. The request for Partial hospitalization in a mental health program group therapy (weeks) QTY: 4.00 is not clinically indicated as the injured worker's symptoms can be managed at an outpatient level at this time based on the presentation. The request is not medically necessary.