

<b>Case Number:</b>	CM15-0083369		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 56-year-old who has filed a claim for chronic low back, shoulder, and knee pain with derivative complaints of depression, anxiety, and obsessive-compulsive disorder (OCD) reportedly associated with an industrial injury of May 30, 2012. In a Utilization Review report dated April 14, 2015, the claims administrator denied a request for an inpatient 30-day psychiatric hospitalization. Progress notes of April 1, 2015 and February 27, 2015 were referenced in the determination. In a handwritten note dated April 9, 2015, the applicant reported issues with passive suicidal and homicidal ideation, depressive symptoms, anger, agitation, anxiety, apathy, poor concentration, and poor sleep. The note comprised, in large part, of pre-printed checkboxes. An inpatient hospitalization was proposed. The applicant was apparently in the process of appealing a previously denied disability claim, it was reported. In an April 7, 2015 progress note, a three-day psychiatric hospitalization was proposed owing to issues with intermittent suicidal ideation with continuing incapacitating symptoms of both depression and anxiety. The applicant was placed off of work, on total temporary disability, from a psychiatric perspective. In an associated RFA form of the same date, April 7, 2015, the treating provider, however, went on to seek authorization for 30-day psychiatric inpatient hospitalization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In-patient hospital 30 day inpatient hospitalization, psyche: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental; hospital length of stay (LOS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 48; 402.

**Decision rationale:** No, the request for 30 days of inpatient psychiatric hospitalization was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 405, the frequency of follow-up visits should be dictated by the severity of an applicant's symptoms. Here, the attending provider's progress notes of April 7, 2015 and April 9, 2015 suggested that the applicant had issues with suicidal ideation, low grade, and passive, with no clearly-formed intention of acting on the results of the same. The attending provider's progress note of April 7, 2015, furthermore, seemingly suggested a three-day inpatient hospitalization, while an associated RFA form of the same date, April 7, 2015, went on to seek authorization for 30 days of inpatient psychiatric treatment. Here, the severity of the applicant's mental health symptoms did not appear to be sufficient to warrant such a lengthy, protracted inpatient psychiatric hospitalization. The MTUS Guideline in ACOEM Chapter 3, page 48 further stipulates that prescriptions for treatment methods should clearly state treatment goals. Here, however, the April 7, 2015 progress note seeking a three-day inpatient hospitalization, thus, was at odds with the RFA form of the same date seeking authorization for a 30-day inpatient psychiatric hospitalization. Therefore, the request was not medically necessary.