

Case Number:	CM14-0148868		
Date Assigned:	09/18/2014	Date of Injury:	08/18/2003
Decision Date:	10/17/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Psychiatrist and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a 67-year old male with date of injury 8/18/2003. Injured worker has been diagnosed with chronic back pain, lumbar radiculopathy and failed back syndrome. Mechanism of injury was lifting a heavy pump motor. Report dated 9/3/2014 listed diagnosis of Post-Traumatic Stress Disorder; non industrial, Major Depressive disorder, single episode, severe and Pain disorder. It was indicated that he was status post psychiatric hospitalization. He was continued on Nefazodone 400 mg at bedtime, Seroquel 200 mg, Zolpidem 10 mg at bedtime and Bupropion XL 450 mg daily. Report dated 6/20/2014 indicated t that he was psychiatrically cleared for spinal stimulator trial. Report dated 7/25/2014 indicated that the injured worker was having problems getting his psychotropic medications authorized and thus psychiatric hospitalization was requested to be able to discontinue medications in an inpatient setting. Report dated 9/3/2014 indicated that the psychotropic medications were authorized as requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Psychiatric hospitalization sessions: 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 Illness and Stress, Hospital length of stay (LOS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, Hospital length of stay (LOS)

Decision rationale: ODG guidelines state "Hospital length of stay (LOS): Recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice than mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on the average length of stay. Length of stay is the number of nights the patient remained in the hospital for that stay, and a patient admitted and discharged on the same day would have a length of stay of zero. The total number of days is typically measured in multiples of a 24-hour day that a patient occupies a hospital bed, so a 23-hour admission would have a length of stay of zero. Report dated 7/25/2014 indicated that the injured worker was having problems getting his psychotropic medications authorized and thus psychiatric hospitalization was requested to be able to discontinue medications in an inpatient setting. Report dated 9/3/2014 indicated that the psychotropic medications were authorized as requested. The request for 6 Psychiatric hospitalization sessions is not medically necessary.