

Case Number:	CM14-0216612		
Date Assigned:	12/30/2014	Date of Injury:	05/11/2009
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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
 Certification(s)/Specialty: Psychologist

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 35 year old man sustained an industrial injury on 5/11/2009 while lifting and stocking items. Current diagnoses include severe major depressive disorder with suicidal ideation, persistent ongoing low back pain with upper and lower extremity radicular symptoms, ataxia, and insomnia. Treatment has included oral medications, psychiatric consultation, back surgery on 9/16/2009, and insertion of spinal cord stimulator in August of 2011 with subsequent stimulator removal. The worker has also experienced multiple suicide attempts, and was almost successful on 5/27/2014. After this attempt, he decided that he wanted an increased level of care to avoid hurting himself. Psychiatrist notes dated 9/2/2014 appear to be from an inpatient stay. Notes indicate improvements in thought process and mood, denials of suicidal or homicidal ideations, absence of psychotic processes, and cognitive functioning noted to be at the "normal range". There are no recommendations noted for the worker to stay in an inpatient setting for an extended period of time. There is no documentation of the worker being at an elevated risk for receiving outpatient treatment at the current time. Plans have been made to follow up with his medical issues as well as his psychiatric care. All physician notes indicate the significance of his past with an accent on current improvements. Further, there has been no further documentation of suicide attempts since 5/27/2014. On 12/2/2014, Utilization Review evaluated a prescription for a four week psychiatric inpatient stay for lumbar spine injury. The UR physician noted that the request exceeds the guidelines and the worker can benefit from consistent outpatient treatment. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 psychiatric inpatient stay for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain, Behavioral Interventions (CBT)

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

Decision rationale: Based on the review of the medical records, the injured worker has a history of psychiatric symptoms with inconsistent suicidal ideation. He also has a history of several suicide gestures/attempts with his last attempt in May 2014. He spent the month of August in a residential treatment program called [REDACTED] Program, which was reported to have helped stabilize the injured worker. Despite the injured worker's participation in the program, his treating psychologist, [REDACTED], recommended additional inpatient treatment in his progress report and follow-up letter dated November 2014. The request under review is based upon [REDACTED] [REDACTED] recommendation. Although the injured worker has a history of psychiatric instability with suicide attempts, the medical records fail to demonstrate the necessity of inpatient care at this time. There is no imminent danger to self or others warranting this level of care. As a result, the request for psychiatric inpatient stay is not medically necessary.