MAXIMUS Federal Services

Case Number:	CM15-0113164		
Date Assigned:	06/19/2015	Date of Injury:	07/30/2014
Decision Date:	07/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/11/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 32-year-old female, who sustained an industrial injury on 07/30/2014. Treatment to date has included modified work duties, physical therapy, psychiatric therapy sessions, and medications. Currently, the injured worker reported a return to work and experiencing anxiety, panic attacks and nightmares. She was placed on medications and reports that she feels better yet still has elements of fear, frustration, sadness, sleeping problems and nightmares. The evaluating physician noted that her insight and judgment were good and she had no visual or auditory hallucinations. She had minimal response to outpatient psychotherapy and her psychologist recommended a higher level of care to address increased symptoms of anxiety, fear, sadness, lethargy, low motivation and anhedonia. The diagnoses associated with the request include major depressive disorder. The treatment plan includes medication adjustment and partial hospitalization program. A progress report dated February 18, 2015 states that she is ready for full duty on February 23, 2015. The patient has been undergoing counseling and states that she is doing really well. A progress report dated March 2015 indicates that the patient return to work and had worsening of her psychological symptoms. A progress report dated April 22, 2015 indicates that the patient is recommended to start Zoloft and Vistaril and continue counseling. A report dated May 6, 2015 indicates that Zoloft was increased and praises and was added. She has no thoughts of harming herself or others and her insight and judgment were good. She is seeing a psychologist on a weekly basis. Inpatient partial program is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Partial hospitalization program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions.

Decision rationale: Regarding the request for Partial hospitalization program, ACOEM and California MTUS do not contain criteria for inpatient psychological treatment. Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. Within the documentation available for review, it appears the patient had previously made substantial recovery and was doing very well until a return to work attempt. She has subsequently been placed off work and started on new medications. Additionally, the medications have recently been adjusted and the patient is undergoing regular counseling visits. It is unclear why there is no expectation that the patient would improve, as before, with ongoing psychological treatment and medication intervention. Additionally, the current request for "partial hospitalization program" has no description of what the program entails, how frequently the patient would be seen, what treatment goals are expected to be addressed, and how long the program is to take place. Guidelines do not support the open-ended application of any treatment modality. In the absence of clarity regarding those issues, the currently requested Partial hospitalization program is not medically necessary.