

<b>Case Number:</b>	CM15-0066646		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	03/22/2007
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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 51-year-old male, who sustained an industrial injury on March 22, 2007. The injured worker was diagnosed as having major depressive disorder with psychosis. Treatment to date has included medications including hypnotic, antidepressant, and atypical antipsychotic. On March 31, 2015, the treating physician noted the injured worker continued to be psychotic with "shadow" visual hallucinations and auditory hallucinations of his wife's voice when she is not speaking to him or not even in the house. The injured worker reports feeling angry daily and he starts to think about doing something hideous or wrong. He feels depressed all of the time and is very irritable. He had a 7-pound weight loss since the last visit due poor appetite. He gets about 7 hours of sleep and awakens about twice during the night. He feels tired during the day. His pain control remains poor. The mental status exam revealed masked facies, cooperative and pleasant attitude, involuntary mouth puckering noted by wife, good eye contact, definite psychomotor slowing of gait, and somewhat slow and hypophonic speech. His thought processes were linear, goal-directed, and coherent. His mood was pretty good and affect was irritable and restricted. There were ongoing command auditory hallucinations to do mischievous things that were decreased in frequency and volume, no suicidal ideation, and some homicidal ideation towards visitor regarding wanting to get them out. His cognition was grossly intact, insight was fair, judgment and impulse control was good, and abstractions were intact. The treatment plan includes hospitalization for medication adjustment because he is a danger to others, particularly his wife related to his worsening irritability.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hospitalization for medication adjust:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Psychiatric Association. APA: Practice Guideline for Psychiatric Evaluation of Adults.

**Decision rationale:** The injured worker has been diagnosed with Major depressive disorder with psychotic symptoms and has been receiving treatment with psychotropic medications. There is no documentation suggesting that he is an imminent risk to himself or others, which would warrant need for an inpatient stay. Also, there is no mention of any gravely disabled behavior. The request for Hospitalization for medication adjustment is not medically necessary, as there is no clinical indication for higher level of treatment at this time. The symptoms can be stabilized in an outpatient setting.