

Case Number:	CM15-0074406		
Date Assigned:	04/24/2015	Date of Injury:	04/10/2008
Decision Date:	05/27/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/20/2015

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 52 year old female who sustained an industrial injury on April 10, 2008. Prior treatment includes medications and cognitive-based treatment. Currently the injured worker complains of being upset and depressed. She continues to express suicidal ideations, her anger is increased and her sleep is disrupted. Diagnoses associated with the request include major depressive disorder, generalized anxiety disorder, pain disorder and opioid dependence. The treatment plan includes inpatient psychiatric treatment and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Psychiatric Treatment 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness& Stress Length of hospital stay and Other Medical Treatment Guidelines for acute inpatient psychiatric treatment review. Gen Hosp Psychiatry. 1989 Jul; 11 (4):278-81; Prunier P1, Buongiorno PA.

Decision rationale: The injured worker has been diagnosed with major depressive disorder, generalized anxiety disorder, pain disorder and opioid dependence. The submitted documentation suggests that the injured worker has been expressing suicidal ideations, her anger has increased and her sleep is disrupted. However, there is no clear documentation of any acute risk or a suicidal intent/plan at this time that would warrant the need for an inpatient stay. Also, the length of stay cannot be determined prior to admission and it is based on the subjective and objective presentation of the patient. Thus, the request for Inpatient Psychiatric Treatment 4 Weeks is excessive and not medically necessary.