

<b>Case Number:</b>	CM17-0001749		
<b>Date Assigned:</b>	01/06/2017	<b>Date of Injury:</b>	10/17/2016
<b>Decision Date:</b>	02/02/2017	<b>UR Denial Date:</b>	12/21/2016
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2017

### 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: New York, California, Georgia  
Certification(s)/Specialty: Internal Medicine

### 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 54 year old female, who sustained an industrial injury on 10-17-2016. The injured worker is undergoing treatment for right upper extremity pain, stress, depression and fleeting homicidal and suicidal thoughts. Mechanism of injury occurred when the injured worker was harassed. Current work status is temporarily and totally psychologically disabled. The treatment and diagnostic testing to date has included: spica splint, psych appointments, medications and evaluations. Medications have included: Voltaren, Ibuprofen, Diazepam, and Zolpidem. Initial psychological treatment evaluation notes dated 12-13-16, reported the injured worker attributes pain and limited range of motion of the right shoulder, arm and hand to repetitive movement from excessive work, psychologically attributes wide ranging symptoms (stress, depressions, sleeplessness, hair loss, heart palpitations and fleeting homicidal and suicidal thoughts without a plan of access to means or victim) to the same excessive workload that caused the right upper extremity injuries. The injured worker was training a new co-worker who continued to repeatedly harass the injured worker until they were transferred to another floor, however continued to harass the injured worker and taunt them whenever they had incidental contact like passing in the hallway or on the stairs. Mental status exam: appropriately dressed and well groomed, physical discomfort evident, wearing right wrist brace but removed to sign paperwork, quickly becomes tearful and remained so throughout the time together, required some redirection to stay focused to answer specific questions, answers were often vague and tangential, memory was intact, insight was average and social judgement was unimpaired. Psychological testing: endorsed items including "I have no wish to live, I have a weak wish to

die, I have a weak desire to kill myself, I would take a change on life or death if I found myself in a life-threatening situation, I have brief periods of thinking about killing myself which quickly passes, I would not kill myself because of my family, friends, religion, possible injury from an unsuccessful attempt, I have no specific plan about how to kill myself, I do not have access to a method or opportunity to kill myself and I do not expect to make a suicide attempt." The physician documented the injured worker emailed human resources regarding the harassment and an investigation was opened. The physician documented on the day of the injury the injured worker received the outcome of the investigation and was transferred to another supervisor. The injured worker reported their frustration and anger reportedly continued to grow and would feel depressed, has difficulty sleeping, notice hair loss and bald spots, awake in the middle of the night with heart palpitation, began to have fleeting impulses toward harming themselves or others. The injured worker "felt like pushing the co-worker down the stairs, however due to pain in the right arm they held back and also felt the impulse to choke the previous supervisor, and as a result avoided them." The physician documented the injured worker's thoughts of harm to self and others are fleeting and repeatedly denies ongoing preoccupation or specific plan and that they are in control of their impulses." The injured worker reported while driving having a self-destructive impulse and pressed the accelerator rather than the brakes. The injured worker reported they "avoid those toward who they have impulses, avoid driving, and is showing motivation and action to maintain safety of self and others." The injured worker reported waking up from sleeping and found themselves "choking their significant other lying next to them," this is what led the injured worker to seek professional help for symptoms. The physician documented the injured worker is not being referred for psychiatric hospitalization and Tarasoff warnings are not triggered in the current situation because they reported the ability to control impulses and contract for safety. The physician documented the injured worker needs a higher level of treatment than traditional outpatient therapy and would be an appropriate candidate for hospital-based psychiatric day treatment of intensive outpatient and partial hospitalization. The physician documented "the risk of danger is moderate to low and is kept lower by keeping the injured worker away from the work environment until thoughts of harm to self or others are eliminated and they are fully stabilized as far as those symptoms. The request for authorization is for partial hospitalization day treatment. The UR dated 12-21-16 modified the request for partial hospitalization day treatment to evaluation only for a partial hospitalization program.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Partial Hospitalization day treatment was the original request. The Claims Administrator authorized an Evaluation only for a Partial Hospitalization day treatment, leaving the original request IMR eligible. The original request, Partial Hospitalization day treatment is: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach. Decision based on Non-MTUS Citation ODG Mental Illness and Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Psychological evaluations, Psychological treatment.

**Decision rationale:** MTUS recommends Psychological intervention is "based upon a clinical impression of psychological condition that impacts recovery, participation in rehabilitation, or prior to specified interventions (e.g., lumbar spine fusion, spinal cord stimulator, implantable drug-delivery systems)". MTUS adds that Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. If pain is sustained in spite of continued therapy, including psychological care, intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. Documentation provided for review, indicates that the injured worker has Anxiety and Depression, with symptoms of suicidal and homicidal thoughts for at least two months. At the time of the requested service, Physician report demonstrates that the injured worker has been treated for above conditions by the primary care physician. The recommendation for a more intense treatment program is clinically appropriate. Partial Hospitalization day treatment was the original request. The Claims Administrator authorized an Evaluation only for a Partial Hospitalization day treatment, leaving the original request IMR eligible. Based on the clinical impression of psychological condition impacting the injured worker's review, the original request, Partial Hospitalization day treatment, is medically necessary, as per MTUS.