

<b>Case Number:</b>	CM14-0024525		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/09/2001
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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. The expert reviewer is Board Certified in Psychology and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 45 year old male who reported an injury on 08/09/2001 when he fell on a loading injuring his back and fracturing his right ankle. The injured worker received surgery to repair a right tibia fracture. The injured worker was placed on conservative care receiving physical therapy and medications to control pain. Conservative care through primary care physicians, therapists and pain management physicians proved unsuccessful in controlling a constant pain the injured worker described as pounding, shooting, tearing, hurting and torturing when addressing right ankle pain. His physician prescribed Norco, Tramadol, Etodolac, Neurontin, Respidol and Cymbalta. The injured worker continued to complain of pain as 7/10 without medications and 4/10 with medications. On 01/30/2014 the injured worker was tested and diagnosed with depression and received six therapy sessions. His pain management and anxiety improved with treatments leading to Tramadol, Etodolac, Neurontin and Respidol being discontinued. The injured worker has changed physicians moving from locations in Texas and in California where he currently resides. The rationale for the request is depression testing is a standard screening process all patients must have in that particular office or practice. A signed and dated (02/18/2014) request for authorization was submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 DEPRESSION TESTING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress, Depression screening.

**Decision rationale:** The Official Disability Guidelines state depression screening may be recommended to assure an accurate diagnosis, effective treatment, and follow-up as a result of new quality evidence. The injured worker received a positive diagnosis for depression during a screening for depression on 01/30/2014. Since the injured worker already has this confirmed diagnosis, there is no clear medical necessity for repeat testing. As such, the request is not medically necessary and appropriate.