

<b>Case Number:</b>	CM15-0085368		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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

### 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 50 year old female, who sustained an industrial injury on 08/12/2011. The initial complaints or symptoms included upper and lower back pain after falling on back. The injured worker was diagnosed as having thoracic and lumbar strain/sprain. Treatment to date has included conservative care, medications, x-rays, MRIs, CT scans, electrodiagnostic testing, injections, lumbar spine surgery, and right shoulder surgery. Currently (per the AME report 01/19/2015), the injured worker complains of neck and right shoulder pain radiating down to the right wrist, and mid and low back pain radiating down to the bilateral legs. There was also worsening depression over that past year reported. The injured worker noted suicidal thoughts because she wanted the pain to go away. The diagnoses include asymmetrical facet syndrome, neurotic depression, cervicobrachial syndrome, hand/wrist tenosynovitis, probable post traumatic insomnia, thoracalgia, and constipation. The request for authorization included Zung self depression scale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zung self depression scale:** 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) chapter Mental Illness and Stress, Depression Screening Medical University of South Carolina website [http://academicdepartments.musc.edu/family\\_medicine/rcmar/zung.htm](http://academicdepartments.musc.edu/family_medicine/rcmar/zung.htm).

**Decision rationale:** The 50 year old patient complains of lower back pain and right lower extremity radicular pain, numbness, tingling and subjective weakness, along with cervical multilevel degenerative disc disease, neck pain, and right upper extremity radicular pain, as per progress report dated 12/06/14. The request is for Zung Self-Rating Depression Scale. The patient's date of injury is 08/12/11, and no RFA was found for this request. The patient is status post right shoulder closed manipulation and intra-articular injection, as per operative report dated 02/19/15. Medications, as per AME report dated 01/19/15, included Medications included Hydrocodone, Omeprazole, Tizanidine, Naprosyn, and sleep medication. The patient also suffers from depression, and is not working, as per the same AME report. As per Medical University of South Carolina, at [http://academicdepartments.musc.edu/family\\_medicine/rcmar/zung.htm](http://academicdepartments.musc.edu/family_medicine/rcmar/zung.htm) "The Zung SDS was designed for assessing depression in patients whose primary diagnoses were that of a depressive disorder. The scale should be all inclusive with respect to symptoms of the illness, it should be short and simple, it should quantitate rather than qualitate, and it should be self-administered and indicate the patient's own response at the time the scale is taken". ODG guidelines, chapter "Mental Illness and Stress," and topic "Depression Screening," recommends screening and states that "General screening of anyone who comes into a primary care practice might not be high yield enough, but in certain subgroups, such as older patients, it may make sense to screen". In this case, none of progress reports available for review discuss the request. The patient has already been diagnosed with depression. As per AME report dated 08/05/13, which was reviewed in AME report dated 01/19/15, the patient received a score of 28 out of 61 on Hamilton depression rating scale indicating moderate to severe depression. The UR denial letter, dated 05/04/15, states that the patient "is also noted to have completed the Zung twenty question (four choice per question) depression screening inventory, however the score is not identified". It is not clear why the treater wants the patient to undergo the testing again. Additionally, Zung's depression scale is self-administered and can be done during routine check-up. Hence, the request is not medically necessary.