

Case Number:	CM15-0106046		
Date Assigned:	06/10/2015	Date of Injury:	06/15/1999
Decision Date:	07/27/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/02/2015

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 56 year old female, who sustained an industrial injury on June 15, 1999. Treatment to date has included lumbar spine fusion, opioid medications, NSAIDS, anti-depressants and psychological evaluation for spinal cord stimulation trial. Currently, the injured worker complains of deep low back pain and swelling on the left side. She reports tingling pain into the left lower extremity to the 4th digit with associated numbness. She reports muscle spasms of the low back and upper buttocks and has difficulty with standing, sitting and walking. On physical examination the injured worker's gait is slow and she is able to toe walk and heel walk. She has tenderness to palpation and muscles spasms of the low back and her range of motion is decreased. She has decreased motor in left knee flexion and sensation is decreased in the left L5-S1 distribution. Straight leg raise test was positive bilaterally. The diagnoses associated with the request include lumbago, post-laminectomy syndrome of the lumbar region and lumbosacral radiculitis. The treatment plan includes trial of spinal cord stimulator, Zung scale test for depression, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zung Scale: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress chapter.

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 Zung Depression Inventory.

Decision rationale: Per ODG "Zung Depression Inventory: Not recommended as a first-line option psychological test in the assessment of chronic pain patients. Can identify patients needing referral for further assessment and treatment for depression. Strengths: Well-known, brief measure. Weaknesses: Limited to assessment of depression, easily faked. Psychometric characteristics are not well established, and similar scales are prone to false positive findings. Should not be used as a stand-alone measure, especially when secondary gain is present. (Bruns, 2001)" The injured worker suffers from chronic pain secondary to industrial injury and has been treated so far with lumbar spine fusion, opioid medications, NSAIDS, antidepressants and psychological evaluation for spinal cord stimulation trial. The guidelines do not recommend Zung scale as a first-line option psychological test in the assessment of chronic pain patients. There is no indication for the clinical need for Zung scale in this case and thus it is not medically necessary.