

Case Number:	CM15-0120328		
Date Assigned:	07/01/2015	Date of Injury:	11/05/2013
Decision Date:	08/04/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/23/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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:

This 34 year old male sustained an industrial injury to the low back on 11/5/13. Treatments have consisted of home exercise, TENS, and medication. In PR-2's of 3/30/15, 4/8/15 and 4/15/15, he complained of persistent low back pain with radiation bilaterally to the legs. He continued to be depressed but had not had treatment. In a PR-2 of 4/22/15 he presented for depression screening #2. He reported that he was not too depressed, very stressed and extremely frustrated with ongoing pain and lack of sleep. He reported reduced activities of daily living, mood swings and inability to be active with his son. On 06/01/15 a PR2 noted that the patient's mood was poor. Diagnoses include lumbar degenerative disc disease, pain in lower extremity, lumbar sprain/strain, lumbar facet arthropathy, and lumbar radiculopathy. He was noted to have poor coping skills with chronic pain/sleep. He was seeing a psychiatrist (██████████), which he found helpful. There is a peer to peer note in which ██████████ recommended continued psychotherapy. Diagnosis is depression NOS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depression Screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101 of 127.

Decision rationale: Psychological evaluations are recommended in chronic pain populations, and would include depression screening. It aids in distinguishing between preexisting conditions vs. those that are work related and may determine the need for further intervention. There is no evidence to suggest that the patient requires "depression screening" other than what is described as "mood poor." No records were provided showing that there were subjective/objective signs/symptoms of depression which would warrant any such screening or psychological evaluation. This request is therefore not medically necessary.