

Case Number:	CM15-0063604		
Date Assigned:	04/08/2015	Date of Injury:	08/09/2013
Decision Date:	05/14/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/01/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 43 year old male who sustained an industrial injury on 8/9/13 involving a fall from six feet resulting in a closed head injury with altered mental status, neck and lower back pain. He had x-rays of the lumbar spine, showing degenerative disc disease; computed tomography of the lumbar spine with no acute fracture or subluxation; x-ray of the cervical spine showing possible acute fracture of T1 and thoracic x-ray which was normal. He was given medications and taken off work. Of note he had a prior work related injury in 2012 involving a lifting incident resulting in the onset of low back pain. He was initially treated with medications and physical therapy. He currently complains of neck pain, low back pain and left arm pain. Medications help to reduce pain. He is feeling "down" not much energy. He is overwhelmed and frustrated with pain issues and limited activity level. He is limited in activities of daily living. Medications are Vicodin, ibuprofen and Tramadol. Diagnoses include late effect of fall; cervical, lumbar, thoracic sprain/ strain with radicular pain; headache. Treatments to date include medications which are helpful; transcutaneous electrical nerve stimulator unit; home exercise program, injection into right trapezius area; acupuncture; trigger point injection bilateral trapezius X 4. Diagnostics include initial x-rays noted above; MRI of the lumbar spine (10/24/13, 5/29/14) with abnormalities; MRI of the cervical spine (4/9/14) with abnormalities; computed tomography of the lumbar spine (8/9/13) normal; computed tomography of the head (8/9/13) with slight abnormalities. In the progress note dated 3/3/15 the treating physician's plan of care includes depression screening to address his issues with mood and frustration level.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Psychological Evaluations and Treatment Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychological treatment, Cognitive Behavioral Therapy (CBT).

Decision rationale: MTUS does not specifically address screening for depression as a modality separate from pain induced psychological dysfunction. Pain guidelines and ODG refer to cognitive behavioral psychotherapy as "Recommended for appropriately identified patients during treatment for chronic pain." MTUS details that "Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. 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." ODG further states that "Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone: Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." The available medical record notes use of PT as recommended by ODG but while there are mentions of the IW experiencing "depression and anxiety all the time" and feeling angry at past coworkers there is no indexing of depression or anxiety symptoms and no specific indication expressed as to why psychological evaluation would be appropriate for this IW. Further depression screening is usually accomplished the primary care provider and there is no explanation as to why a specialist would be required in the symptom screening phase. As such the request for depression screening is deemed not medically necessary.