

<b>Case Number:</b>	CM15-0094089		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	09/30/1996
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 66 year old female, who sustained an industrial injury on 09/30/1996. She has reported subsequent low back pain radiating to the bilateral lower extremities and was diagnosed with failed back surgery syndrome status post multiple back surgeries, status post spinal cord stimulator implant and chronic low back and bilateral lower extremity radiculopathy. Treatment to date has included oral pain medication, stimulator cord placement and surgery. In a progress note dated 03/10/2015, the injured worker complained of low back and bilateral lower extremity pain. Objective findings were notable for an antalgic gait, difficulty with heel and toe walk, well-healed surgical scar involving the lumbar spine in the midline and minimal tenderness with palpable muscle spasms neighboring the surgical scar. A request for authorization of Zung scale was submitted.

### 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, Mental Illness and Stress, Zung Depression Inventory.

**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) Per the submitted documentation the injured worker has been diagnosed with Chronic Pain and Major Depressive Disorder. It is not clear as to why the administration of Zung scale is being requested as opposed to some other first line psychological tests for the same. Per the guidelines, Zung scale is 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. The injured worker is already receiving treatment for the depressive disorder and thus the request is not medically necessary.