

<b>Case Number:</b>	CM14-0148121		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/16/2005
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 6, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; adjuvant medications; epidural steroid injection therapy; an H-Wave device; and a TENS unit. In a Utilization Review Report dated August 13, 2014, the claims administrator approved a request for gabapentin, approved a request for omeprazole, approved a urine drug screen, denied a depression screening questionnaire, approved Norco, approved Naprosyn, approved Elavil, and approved Effexor. The applicant's attorney subsequently appealed. In a July 29, 2014 progress note, the applicant reported persistent complaints of low back and neck pain. The applicant was given ancillary diagnoses of dysthymic disorder and gastroesophageal reflux disease, it was noted. The applicant did report symptoms of insomnia, it was further noted. The applicant was also having issues associated with depression, it was further stated. The applicant received a PHQ depression screening in the clinic. The applicant scored a 20, suggestive of severe depression. Effexor was prescribed. The attending provider stated that she was screening for chronic pain-induced depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHQ-9 Depression Screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 395, the clinician needs to maintain a high index of suspicion for underlying depression. In this case, the applicant had apparently developed depressive symptoms associated with underlying chronic pain issues. The depression screening questionnaire was indicated to help quantify the severity of the applicant's depressive symptoms. Therefore, the request was medically necessary.