MAXIMUS Federal Services

Case Number:	CM13-0036078		
Date Assigned:	01/10/2014	Date of Injury:	02/08/2007
Decision Date:	03/19/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 physician 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 claimant is a 30 year old female who sustained an industrial injury on 02/08/2007. The mechanism of injury was not provided. Her diagnoses include neck pain, chronic low back pain, and bilateral knee pain. She has gained over 100 pounds since the date of injury. She continues to complain of neck, low back, bilateral knee and bilateral foot pain. She has MRI evidence of disc disease at L4-5 with neural foaraminal stenosis; the central canal is mild to moderately stenotic at L5-S1, and there is a disc bulge with slight right neural foraminal encroachment at L3-4. Treatment to date has included medical therapy with opiates, physical therapy, and a medically supervised weight loss program. The treating provider has requested evaluation for lap band surgery and a Pain Management consultation with possible epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

weight loss surgery-lap band surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2012: Indications for Bariatric Surgery.

Decision rationale: The documentation indicates the claimant is morbidly obese by BMI criteria. There is no documentation of her other medical conditions. She has been enrolleed in a medically supervised weight loss program without signfiicant success to date. Per the reviewed literature, no studies evaluate the commonly used indications for bariatric surgery. Consensus guidelines suggest that the surgical treatment of obesity should be reserved for patients with a body-mass index (BMI) >40 kg/m (2) or with BMI >35 kg/m (2) and 1 or more significant comorbid conditions (refractory hypertension, uncontrolled diabetes, severe obstructive sleep apnea, fatty liver, > 100 pounds over ideal body weight), when less invasive methods of weight loss have failed and the patient is at high risk for obesity-associated morbidity and mortality. More information regarding the claimant's medical history is required to determine her need for a bariatric procedure. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

pain management consultation/treatment for epidural injections: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The claimant has a chronic pain condition that has not responded to conservative therapy including medical therapy with opiate medications. Per Occupational Medicine Practice Guidelines, a health practioner may refer to other specialists if a diagnosis is uncertain or extremely complex when the plan or course of care may benefit from additional expertise. In this case, a Pain Management consultation for the evaluation and treatment of the claimant's condition is indicated. The specialist can determine the need for epidural steroid injection therapy for treatment of her chronic low back pain. She may, in fact, require a multidisciplinary approach for treatment of her chronic pain. Medical necessity for the requested service has been established. The requested service is medically necessary.