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| Case Number: | CM13-0051370 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 11/07/2006 |
| Decision Date: | 03/12/2014 | UR Denial Date: | 11/06/2013 |
| Priority: | Standard | Application Received: | 11/14/2013 |

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 General Surgery 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 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 patient is a 34-year-old male who reported an injury on 11/07/2006. The patient is diagnosed with herniated nucleus pulposus with lower extremity radiculopathy. The patient was seen by [REDACTED] on 09/20/2013. The patient reported severe lower back pain. Physical examination of the lumbar spine was not provided. The patient did demonstrate intact sensation with no evidence of edema in the lower extremities. Treatment recommendations included bariatric surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laparoscopic sleeve gastrectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 11, 83, 288. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2687048/>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 5-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Bariatric Surgery

Decision rationale: Official Disability Guidelines state gastric bypass is recommended for weight loss surgery for type 2 diabetes, if a change in diet and exercise does not yield adequate results. As per the documentation submitted, there was no evidence of a significant musculoskeletal abnormality upon physical examination on the requesting date of 09/20/2013. It is noted, the patient has been able to adequately achieve weight loss in the past. Therefore, there is no evidence of a failure to respond to diet and exercise. There was no evidence of severe radiculopathy on examination. Based on the clinical information received, the medical necessity for the requested procedure has not been established. Therefore, the request is non-certified.