

Case Number:	CM13-0054664		
Date Assigned:	12/30/2013	Date of Injury:	06/04/2011
Decision Date:	03/10/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/18/2013

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 36 year old male who sustained an injury on 06/04/2011. The mechanism of injury was twisting his back carrying a heavy object. His diagnoses include lumbar disc disease, cervical disc disease, rotator cuff tendonitis, and brachial neuritis. On exam he complains of neck pain that radiates to both shoulders and the upper back. Per the medical documentation he has gained 80 pounds in the past nine months. He is required to loose weight prior to corrective lumbar surgery. The treating provider has requested a referral to a general surgeon for consultation for gastric bypass surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

General Surgeon for Consultation for Gastric Bypass Surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on CA MTUS American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Physician Reviewer based his/her decision on CA MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004),Independent Medical Examinations and Consultations page 127.

Decision rationale: There is no documentation provided necessitating referral to general surgery for a consultation for gastric bypass surgery. There is no specific indication the claimant has tried and failed conservative diet therapies or a medically supervised weight loss program. There is no documentation of other co-morbidities that would necessitate consideration for bariatric surgery such as uncontrolled diabetes, hypertension, sleep apnea, or gastroesophageal reflux disease. Per the reviewed guidelines referral to a specialist is indicated if a diagnosis is uncertain or extremely complex, or when the plan or course of care may benefit from additional expertise. There is no clear indication for the requested surgical consultaiton for gastric bypass surgery. Medical necessaity for the requested service has not been established. The requested service is not medically necessary.