

Case Number:	CM13-0062086		
Date Assigned:	12/30/2013	Date of Injury:	12/30/2009
Decision Date:	07/02/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/06/2013

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 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:

This is a 39 year old female who has reported neck, shoulder, and low back pain after an injury on 12/30/09. Diagnoses have included cervical discopathy, bilateral shoulder impingement syndrome and lumbar spine discopathy. The AME on 7/15/13 and 8/7/13 noted the presence of obesity, diabetes and hypertension as well as the orthopedic conditions. There was no recommendation for bariatric surgery. The diabetes had been present for 16 years. Per the 11/4/13 PR2, there was pain, stiffness, and limited range of motion in the neck and low back. Obesity was stated to be putting strain on the low back. No weight or Body Mass Index was listed. Diabetes was not discussed. The treatment plan included orthopedic surgical referral; bariatric surgery referral; unspecified transdermal medications to treat pain, limit narcotics, and limit side effects of oral medications; psychological referral; and "temporarily totally disabled" work status.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGICAL CONSULTATION: BARIATRIC SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Lumbar.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Bariatric Surgery Other Medical Treatment Guideline or Medical Evidence: UpToDate, Bariatric operations for management of obesity: Indications and preoperative preparation.

Decision rationale: The MTUS is silent on the issue of bariatric surgery. The Official Disability Guidelines, cited above, recommends the option of bariatric surgery for obese diabetics if diet and exercise do not yield adequate results. In this case, the treating physician has not presented information regarding weight, Body Mass Index, prior weight loss programs, exercise programs, or specific indications for bariatric surgery. The bariatric surgery referral is therefore not medically necessary.

TRANSDERMAL MEDICATIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The treating physician did not provide any details regarding the "transdermal medications". The identities of the medications were not revealed. Given that the term "transdermal medications" may refer to a vast array of medications with many different indications, the request is too non-specific to allow determination of medical necessity. The MTUS, per the citation above, lists several of the more common topical analgesics along with indications and recommendations for use. Since the names of the medications were not given, medical necessity cannot be determined and medical necessity cannot be assumed. The "transdermal medications" are therefore not medically necessary.