

Case Number:	CM13-0069059		
Date Assigned:	01/03/2014	Date of Injury:	08/03/2011
Decision Date:	08/01/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/20/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 47-year-old female with an 8/3/01 date of injury, and status post L5-S1 ALIF in June of 2012. At the time (12/9/13) of request for authorization for Bariatric evaluation and L5-S1 facet injection, there is documentation of subjective (pain is better) and objective (no pertinent findings) findings, reported imaging findings (x-rays (10/30/13) revealed fused on 4 view lumbar spine, no fracture, dislocation, lytic or blastic lesions), current diagnoses (lumbar degenerative disc disease), and treatment to date (medications, activity modification, Lindora programs, and physical therapy). 10/30/13 medical report identifies that the patient needs a bariatric evaluation to optimize surgical outcome as the patient is obese. Regarding the requested Bariatric evaluation, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which bariatric surgical evaluation would be indicated. Regarding the requested L5-S1 facet injection, there is no documentation of no previous fusion procedure at the planned injection level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bariatric evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

<http://www.lapsurgery.com/BARIATRIC%20SURGERY/SAGES.htm>;

<http://www.asbs.org/html/ration.html#RATIONALE>.

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which bariatric surgery (weight reduction surgery) would be indicated [such as body mass index (BMI) of greater than 40 kg/m², OR have a BMI greater than 35 kg/m² with significant co-morbidities (high risk co-morbid conditions such as life threatening cardiopulmonary problems (e.g. morbid sleep apnea, Pickwickian syndrome, obesity related cardiomyopathy, or morbid diabetes mellitus; other possible indications include obesity-induced physical problems that are interfering with lifestyle (e.g. musculoskeletal or neurologic or body size problems precluding or morbidly interfering with employment, family function and ambulation)); AND can show that dietary attempts at weight control have been ineffective], as criteria necessary to support the medical necessity of bariatric surgical evaluation. Within the medical information available for review, there is documentation of lumbar degenerative disc disease. In addition, there is documentation that dietary attempts at weight control have been ineffective. However, despite documentation that the patient is obese, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which bariatric surgery (weight reduction surgery) would be indicated [such as body mass index (BMI) of greater than 40 kg/m², OR have a BMI greater than 35 kg/m² with significant co-morbidities (high risk co-morbid conditions such as life threatening cardiopulmonary problems (e.g. morbid sleep apnea, Pickwickian syndrome, obesity related cardiomyopathy, or morbid diabetes mellitus; other possible indications include obesity-induced physical problems that are interfering with lifestyle (e.g. musculoskeletal or neurologic or body size problems precluding or morbidly interfering with employment, family function and ambulation)). Therefore, based on guidelines and a review of the evidence, the request for Bariatric Evaluation is not medically necessary.

L5-S1 facet injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections).

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of facet injection/medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of facet injection/medial branch block. In addition, ODG identifies that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection

level. Within the medical information available for review, there is documentation of lumbar degenerative disc disease and a previous fusion at L5-S1 level. In addition, there is documentation of low-back pain that is non-radicular at no more than two levels bilaterally, failure of conservative treatment (including PT, and medications) prior to the procedure for at least 4-6 weeks, and that no more than 2 joint levels are to be injected in one session. However, given documentaiton of a a previous fusion at L5-S1 level, there is no documentation of no previous fusion procedure at the planned injection level. Therefore, based on guidelines and a review of the evidence, the request for L5-S1 Facet Injection is not medically necessary.