MAXIMUS Federal Services

Case Number:	CM13-0072123		
Date Assigned:	01/17/2014	Date of Injury:	02/16/2011
Decision Date:	04/07/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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 patient is a 42 year old female with a date of injury on 02/16/2011.The patient fell down stairs and injured her lumbar spine, left shoulder, left hip, left leg, left knee, left foot and coccyx. She has diabetes, hypertension and hyperlipidemia. On 04/04/2012 an EGD noted gastritis. She last worked in 09/2011. On 08/23/2012 it was noted that she was morbidly obese and had left sciatica with left shoulder impingement. On 10/02/2012 she had an adjustable gastric banding and fundoplication. She weighed 259 pounds on the day of this surgery. She was 5 feet tall. BMI was 50.6. She had multiple visits of aquatic therapy. On 12/04/2012 she weighed 240 pounds. On 01/06/2013 she noted that back surgery was never recommended. On 06/10/2013 a NCS/EMG revealed mild left L5-S1 radiculopathy. On 11/26/2013 she weighed 225 pounds. She stated that her weight was 300 to 225 pounds. She had back pain radiating to her left foot. Gait was normal. She had decreased range of motion of her lumbar spine. She could heel walk and toe walk. Straight leg raising was positive on the left. Left knee was normal. Left shoulder was normal. The diagnosis was lumbar radiculopathy, lumbar strain/sprain and lumbar discogenic disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adjustment of band diameter: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition, 2011.

Decision rationale: The patient stated in 11/2013 that her weight fluctuated from 300 to 225 pounds and at that time she weighed 225 pounds - her lowest weight. At the time of the lap band procedure she weighed 259 pounds. Medical records indicate that the patient has since lost 34 pounds. There is documentation that weight loss is not indicated as a precondition for any surgery that is needed to treat any of the injuries sustained on 02/16/2011. There is documentation that the lap band at the present setting has been successful and allowed weight loss of 34 pounds. There is no documentation that further weight loss is a precondition for surgery needed to treat her injuries. The documentation provided for review does not substantiate the medical necessity for adjusting the lap band at this time and has not documented any relationship between morbid obesity and the injury of 02/16/2011. The request for an adjustment of band diameter is not medically necessary and appropriate.