

Case Number:	CM14-0006308		
Date Assigned:	02/07/2014	Date of Injury:	06/04/2011
Decision Date:	06/20/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/16/2014

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 General Surgeon and is licensed to practice in Texas. 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:

The injured worker is a 37-year-old male who reported an injury on 06/04/2011. The mechanism of injury was a twisting injury. Prior treatment included physical therapy. The diagnosis was obesity. The documentation of 11/11/2013 revealed the injured worker's weight was 432 pounds and the height was 6 feet 2 inches. The BMI calculated at 55, which was considered to be very obese. The treatment plan included the examiner would withdraw the request and the recommendation for Medifast medical weight loss program as the injured worker needed to lose massive weight and he was gaining more and more weight without the program with a close to 80 pound gain in the last 9 months. The treatment plan was a formal request for authorization and consultation with a gastric bypass surgeon for gastric bypass surgery which was opined to be the only hope for significant weight loss in the individual. The physician further opined there are no surgical issues in the cervical spine but there could be some discogenic disease in the lumbar spine for which surgery for a fusion could possibly be considered if a lumbar discogram was positive and the injured worker was able to lose a significant amount of weight, but no surgical options would be pursued in view of the weight which is total contraindication for surgical intervention compounded now by cardiac issues and a heart stent.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO GASTRIC SURGEON FOR CONSULT FOR GASTRIC BYPASS:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.PubMed.gov: Caban AJ, Lee DJ FlemingLE, Gomez-Marín O, Leblanc W, Pitman T. Obesity in US workers: the National Health Interview Survey, 1986 to 2002.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) DIABETES CHAPTER, BARIATRIC SURGERY

Decision rationale: The Official Disability Guidelines recommend gastric bypass weight loss surgery for type 2 diabetes, if a change in diet and exercise does not yield adequate results. Recently bariatric surgery has emerged as an effective treatment for obese individuals, especially in those with diabetes. The clinical documentation submitted for review indicated the injured worker had gained 80 pounds. There was a lack of documentation indicating the injured worker had trialed and failed a change in diet and exercise. Given the above, the request for referral to gastric surgeon for consult for Gastric Bypass is not medically necessary.