

Case Number:	CM14-0010181		
Date Assigned:	02/21/2014	Date of Injury:	03/28/2008
Decision Date:	06/25/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/24/2014

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 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:

The patient is a 47-year-old female who has submitted a claim for lumbosacral neuritis, sprain and strain of the lumbar region, lumbar disc disorder with myelopathy, obesity, and depression associated with an industrial injury date of March 28, 2008. Medical records from 2011-2013 were reviewed. The patient complained of persistent low back pain, rated at 8/10 in severity. The patient likewise experienced symptoms of depression, anxiety, damaged self-esteem, insomnia, and social withdrawal. The patient weighed 231 pounds, with a height of 60 inches. Body mass index was 45.1 kg/m². Range of motion of the lumbar spine was restricted on all planes. Tenderness was present at the paralumbar muscles. Motor strength, reflexes, and sensory were normal. MRI of the lumbar spine revealed multi-level degenerative changes from L2 to S1 with some lateral recess stenoses due to ligamentary hypertrophy on the left. Treatment to date has included a Lindora weight loss program, aquatic therapy, cognitive behavioral therapy, physical therapy, epidural steroid injections, and medications such as Robaxin and Vicoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

GASTRIC SLEEVE OR LAP BAND: Overturned

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 127 Other Medical Treatment Guideline or Medical Evidence: SAGES Guidelines for Laparoscopic and Conventional Surgical Treatment of Morbid Obesity, Society of American Gastrointestinal Endoscopic Surgeons and the American Society of Bariatric Surgeons (<http://www.lapsurgery.com/BARIATRIC%20SURGERY/SAGES.htm>); and Washington State Guidelines on Bariatric Surgery

Decision rationale: The ACOEM guidelines recommend that a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, or when the plan or course of care may benefit from additional expertise. The Society of American Gastrointestinal Endoscopic Surgeons and the American Society of Bariatric Surgeons state that surgical therapy should be considered for individuals who have a body mass index (BMI) of greater than 40 kg/m² and can show that dietary attempts at weight control have been ineffective. In addition, the Washington State Guidelines note that the request for a consultation for a lap band procedure would not be entertained until there has been documented effort on the part of the patient to lose the weight through dietary and exercise manner. In this case, patient has a body mass index of 45.1 kg/m². The patient had lost 20 pounds upon completion of her [REDACTED] weight loss program. However, she was required to lose another 50 to 60 pounds in order to reduce the stress over the lumbar spine. This is necessary to achieve a good prognosis post-lumbar surgery. The patient had an unsuccessful attempt to reduce her weight conservatively. The guideline criteria have been met. Therefore, the request for gastric sleeve or lap band is medically necessary.