

Case Number:	CM14-0011393		
Date Assigned:	02/21/2014	Date of Injury:	12/29/2006
Decision Date:	08/04/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/28/2014

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:

This is a 52-year-old female with a 12/29/06 date of injury. 1/16/14 progress report indicates increased pain from the decrease of Opana from 30mg to 20 mg. She is on a 240 MED. The patient was noted to be at the lowest possible dose to achieve function. The patient reports that Prevacid has resolved the burning in her esophagus. There is continued pain at the thoracolumbar junction, pain and numbness in the bilateral lower extremities. There is also neck pain radiating to the upper extremities. 1/16/14 CURES report indicates no provider overlap. She reports constant pain in both legs and the right wrist. Physical exam demonstrates height 5'5", 260 lb for a BMI of 43.4. There is antalgic gait, lumbar tenderness, venous distention of both logs, with trace pitting edema. 11/18/13 progress report indicates thoracic and radicular back pain. Physical exam demonstrated abnormal gait, limited lumbar ROM. Treatment to date has included medication, rest, Physical Therapy (PT), Spinal Cord Stimulators Trial, wrist brace, lumbar fusion and laminectomy. There is documentation of a previous 1/16/14 adverse determination for lack of the patient's BMI and lack of an abdominal examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION GENERAL SURGEON POSSIBLE BARIATRIC SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Exams & Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Society of Bariatric Surgery: "RATIONALE FOR THE SURGICAL TREATMENT OF MORBID OBESITY"; American Gastrointestinal Endoscopic Surgeons and the American Society of Bariatric Surgeons ("SAGES GUIDELINES FOR LAPAROSCOPIC AND CONVENTIONAL SURGICAL TREATMENT OF MORBID OBESITY").

Decision rationale: The American Society of Bariatric Surgery states that a bariatric consultation is indicated with a body mass index (BMI) of greater than 40 kg/m², or a The Body Mass Index (BMI) greater than 35 kg/m² with significant co-morbidities; and can show that dietary attempts at weight control have been ineffective. While the patient presents with morbid obesity with a BMI of 43.3, there is no evidence of significant co-morbidities. There is evidence of multiple conservative modalities directed towards the patient's pain complaints, but a disproportional lack of any attempts at self-directed weight loss. There is no documentation that the patient has attempted, and failed, accepted methods of weight control. Therefore, the request for a Consultation General Surgeon Possible Bariatric Surgery was not medically necessary.