

Case Number:	CM14-0015119		
Date Assigned:	02/28/2014	Date of Injury:	05/06/2010
Decision Date:	08/07/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

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 65-year-old male with a 05/06/2010 date of injury, when he sustained injury to the lower back, both legs and suffered an umbilical hernia, while lifting heavy tires at work. The patient states that he gained 40 pounds since his injury. There is a need for the umbilical hernia repair. However, the patient was advised to loose weight before the surgery. On 8/27/13 the patient's requesting physician noted the request for bariatric surgery and an umbilical hernia repair were approved. The patient was not able to loose any weight due to limited activity. He was diagnosed with sleep apnea and uses a CPAP machine. The patient was seen for psychiatric evaluation on 07/23/2013. His Beck Depression Inventory test confirmed diagnosis of moderate to severe depression. The patient was seen on 10/31/2013 with complaints of constant sharp, stabbing and burning lower back pain, which has been worsening. The pain radiates into both feet. The pain is worst in the morning and interferes with the patient's ADL (cooking, dressing, showering). The patient has difficulty walking and fear of falling. The patient was noted to have had an MRI of the lumbar spine dated 01/14/12 showed moderate central stenosis at L4-L5 with moderate bilateral neural foraminal narrowing, right more that left; mild to moderate central canal stenosis and marked bilateral lateral recess stenosis at L5-S1. The patient also reports right lower extremity numbness, severe tingling, mild weakness, left leg heaviness, spasm and unstable gait. Exam findings revealed straight leg raising test positive at 40 degrees bilaterally, decreased sensation to light touch in the left lateral thigh and both lateral feet. DTRs were absent in the ankles; motor strength was 5/5 in all muscle groups bilaterally. The patient was seen on 12/27/2013 and his weight was 325 pounds with frame 5'7" and BMI of 52. He has limited range of motion with positive straight leg raise test bilaterally. The note states that the patent failed weight loss program with weight watchers. The diagnosis is lumbar radiculopathy, lumbar disc displacement, morbid obesity, diabetes, sleep apnea, hypertension, psychological problems and

depression. Reported MRI of the lumbar spine dated 01/14/12 showed moderate central stenosis at L4-L5 with moderate bilateral neural foraminal narrowing, right more than left; mild to moderate central canal stenosis and marked bilateral lateral recess stenosis at L5-S1. Reported EMG of the bilateral lower extremities dated 3/22/2011 did not demonstrate any evidence of lumbar radiculopathy. However, there was electrical evidence of peripheral neuropathy most consistent with diabetes. Treatment to date included: cold patches, physical therapy, medication, acupuncture, work restriction. An adverse determination for bariatric surgery was received on 1/30/14 given lack of documentation of the patient's weight at time of injury and no detailed course of care regarding previous attempts at weight loss or weight loss achieved was documented. There was no psychological assessment regarding weight loss and no clearance given by medicine regarding significant confounding medical issues. An adverse determination for Lumbar Epidural Steroid Injection (LESI) was received on 1/30/14 given lack of documented specific nerve compression, evidence of dermatome or myotomal deficits and absence of root tension signs indicating radiculopathy. There was no documentation of any anatomic neurocompressive lesion via imaging and no documentation of radiculopathy, confirmed via EMG/NCVs.

IMR ISSUES, DECISIONS AND RATIONALES

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

BARIATRIC SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

Decision rationale: CA MTUS states that a comprehensive physical exam may identify risk factor such as obesity that require further management prior to surgical procedures. American Society for Bariatric surgery states that surgery is indicated with a body mass index (BMI) of greater than 40 kg/m², or a BMI greater than 35 kg/m² with significant co-morbidities; and the patient can show that dietary attempts at weight control have been ineffective. The patient has 5/6/10 date of injury and gained 40 pounds since. His current BMI is 52, and prior to his industrial incident his BMI was 44.6. He apparently failed weight watchers based on the 12/27/13 progress note. A supplemental progress note dated 8/27/13 that the request for bariatric surgery and a hernia repair were approved, yet there is no documentation stating when surgery is being planned or if the patient has already undergone surgery. Therefore, the request for Bariatric surgery as submitted was not medically necessary.

LUMBAR EPIDURAL STEROID INJECTION (LESI): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines (Epidural Steroid Injections) Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy).

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. The patient has subjective findings of radiculopathy as his exam findings revealed decrease to sensation. Exam findings revealed positive straight leg raise positive at 40 degrees bilaterally, decreased sensation to light touch in the left lateral thigh and both lateral feet, and DTRs were absent in the ankles. The MRI dated 01/14/12 showed moderate central stenosis at L4-L5 with moderate bilateral neural foraminal narrowing, right more than left; mild to moderate central canal stenosis and marked bilateral lateral recess stenosis at L5-S1. The patient has symptoms, clinical findings, and imaging findings of nerve root pathology. There is no mention that the patient has had an epidural in the past. Therefore, the request for lumbar epidural steroid injection was medically necessary.