

<b>Case Number:</b>	CM14-0125526		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Orthopedic Surgery, 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 claimant with a reported industrial injury of 8/2/13. An exam note dated 5/6/14 demonstrates that the claimant has sharp pain in the low back radiating to the right foot. The claimant notes recent weight gain. Exam demonstrates tenderness over the lumbar paraspinals. Range of motion notes 20 degrees of extension, lateral flexion of 25 degrees bilaterally and rotation of 45 degrees bilaterally. Straight leg raise testing is noted to be positive on the right. Muscle strength is noted to be 5/5 in the lower extremities. Exam note 7/29/14 demonstrates constant low back pain. Exam demonstrates tenderness in the lumbar spine. Straight leg raise testing is noted to be positive bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight Loss Surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD Obesity

**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) Chapter 7, page 127 and Chapter 5, page 83

**Decision rationale:** Per the California MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In addition, the California MTUS/ACOEM 2004, Chapter 5, page 83, Cornerstones to Disability Prevention and Management states, "To achieve functional recovery, patients must assume certain responsibilities. It is important that patients stay active or increase activity to minimize disuse, atrophy, aches, and musculoskeletal pain, and to raise endorphin levels. They must adhere to exercise and medication regimens, keep appointments, and take responsibility for their moods and emotional states." In this case, the notes from 7/29/14 do not demonstrate any attempts at prior attempts at weight loss to warrant a bariatric surgeon referral or bariatric procedure. As such, the request is not medically necessary.