

<b>Case Number:</b>	CM14-0129213		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 American Board of Internal 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 injured worker (IW) is a 43-year-old man with a date of injury of June 19, 2013. The mechanism of injury occurred when he was hit on the left side of the face by a patient. The accepted injury is to the facial bones, neck, mouth, and left shoulder, Current diagnoses are major depressive disorder, generalized anxiety disorder, male hypoactive sexual desire disorder due to chronic pain, insomnia related to generalized anxiety disorder and chronic pain, stress-related psychological response affecting headaches, status-post head injury, headaches, and diabetes. Treatment has included medications, diagnostics, psychotherapy, medical office visits, home exercise program, and physical therapy (PT). Pursuant to the handwritten and partly illegible Primary Treating Physician's Progress Report (PR-2) dated June 18, 2014, the IW reports that his neck is feeling better, but still sore. He reports that he feels anxious. Objectively, the provider documents that there has been functional improvement since his last visit. He reports that the IW is attending physical therapy, which is helpful. Current medications are not documented. The treatment plan includes continued PT 2 times a week for 6 weeks to the cervical, thoracic, and lumbar spine. It is unclear in the medical record as to how many PT sessions that IW has been completed thus far. According to a clinical note dated May 12, 2014 by [REDACTED] D.C., the IW was to receive chiropractic physiotherapy to his cervical spine and lumbar spine 2 times a week for 6 week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gastric Bypass:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.misurgery.com.au/Indications-and-Contraindications-of-Gastric-Bypass-Surgery>/<http://www.ncbi.nlm.nih.gov/pubmed/20659224>

**Decision rationale:** Pursuant to the Journal of Gastroenterology Hepatology/Medscape, gastric bypass surgery is not medically necessary. The rising problem of obesity is causing major health problems, reduced quality of life and reduces life expectancy. See guidelines for additional details. In this case, the injured worker sustained an injury on January 16, 2013. Treatments to date include analgesic medications, various consultations, 6% whole person impairment rating. Recent complaints are bilateral hip and groin pain. The treating physician believes these complaints would be lessened if the injured worker will lose 100 250 pounds. However, there is no clinical indication in the medical record that the obesity is in any way related to the industrial injury. Surgery for obesity should be considered a treatment option of last resort after dieting, exercise, psychotherapy and drug treatments have failed. There is no indication in the medical record of dietary alterations, exercise, and psychotherapy and/or drug therapy. Moreover, the treating physician has not established a causal relationship of the obesity to the work injury. Consequently, gastric bypass surgery for this work injury is not medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, gastric bypass surgery is not medically necessary.