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| Case Number: | CM14-0136563 | | |
| Date Assigned: | 09/03/2014 | Date of Injury: | 04/01/2014 |
| Decision Date: | 11/05/2014 | UR Denial Date: | 08/15/2014 |
| Priority: | Standard | Application Received: | 08/25/2014 |

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 Emergency Medicine and is licensed to practice in Texas. 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 is a 21-year-old female who reported an injury on 04/01/2014. The mechanism of injury involved heavy lifting. The current diagnoses include lumbar disc herniation without myelopathy, lumbar degenerative disc disease with degenerative joint disease, lumbar myospasm, and left sided lumbar neuritis/radiculitis. The injured worker was evaluated on 08/04/2014 with complaints of constant lower back pain and left leg pain. Previous conservative treatment is noted to include bracing, activity modification, medications, physical therapy and chiropractic treatment. Physical examination on that date revealed tenderness to palpation, guarding, muscle spasm, positive straight leg raising on the left, trigger points, diminished motor strength in the lower extremities, and decreased sensation in the left L4-5 and L5-S1 dermatomes. Treatment recommendations included a referral to a bariatric surgeon for a weight loss surgery. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO BARIATRIC SURGEON FOR WEIGHT LOSS SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J AM DIET ASSOC. 2007 OCT; 107 (10):1755-67

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92..

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, it is noted that the injured worker is currently 5 feet 7 inches and weighs 380 pounds, placing her at high risk for lumbar spine surgery due to morbid obesity. However, there is no documentation of a failure to respond to weight loss with diet and exercise prior to the request for a surgical referral. Therefore, the request is not medically necessary and appropriate.