

Case Number:	CM14-0171865		
Date Assigned:	10/23/2014	Date of Injury:	07/27/2011
Decision Date:	11/21/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/17/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 36 years old with an injury date on 7/27/11. Patient complains of low lumbar pain rated 8/10, radiating down the right lower extremity per 10/1/14 report. Patient was previously certified for two level microdiscectomy but hospital could not accommodate a patient of his weight per utilization review letter dated 10/9/14. Patient weighs 360 pounds currently, and treater states a 100 pound weigh loss is necessary for future surgical intervention per 10/1/14 report. Based on the 10/1/14 progress report provided by [REDACTED] the diagnoses are: 1. lumbar disc displacement 2. lumbosacral neuritis NOSExam on 10/1/14 showed "limited and painful L-spine range of motion, positive straight leg raise." Patient's treatment history is not included in provided reports. [REDACTED] is requesting one bariatric surgery consultation and one spine surgeon consultation. The utilization review determination being challenged is dated 10/9/14 and denies spinal consultation due to prior certifications (July 2013 and May 2014) for which surgical clearance was not obtained due to patient's weight/risk of complication with surgery. [REDACTED] is the requesting provider, and he provided treatment reports from 3/19/14 to 10/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bariatric surgery consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes (Type 1,2 and Gestational)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Bariatric Surgery

Decision rationale: This patient presents with lower back pain, right leg pain. The treater has asked for one bariatric surgery consultation on 10/1/14. The treater has recommended a weight loss program in two reports (3/19/14 and 8/6/14) but there is no documentation that one has been attempted. Regarding gastric bypass surgery, ODG recommends as a weight-loss surgery for type 2 diabetes, if change in diet and exercise does not yield adequate results. Bariatric surgery can significantly improve glycaemic control in severely obese patients with Type 2 diabetes. It is an effective, safe and cost-effective therapy for obese Type 2 diabetes. Surgery can be considered an appropriate treatment for people with Type 2 diabetes and obesity not achieving recommended treatment targets with medical therapies, especially in the presence of other major co-morbidities. In this case, the patient does not present with significant comorbidities besides severe obesity, and there is no documentation that the patient has attempted a weight loss program or has failed a change in diet/exercise. The requested one bariatric surgery consultation is not indicated due to a lack of evidence that patient has attempted other conservative means of weight loss. Recommendation is for denial.

One spine surgeon consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288 and 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: This patient presents with lower back pain, right leg pain. The treater has asked for one spine surgeon consultation on 10/1/14. Patient has been certified twice before for lumbar surgeries, but surgical clearance was not given due to patient's weight and other complications per utilization review letter dated 10/9/14. Patient had a lumbar MRI on 3/6/14 that showed a 5mm herniation at L5-S1, and a 5mm herniation at L4-5. ACOEM states that a referral for surgical consultation is indicated for patients who have Persistent, severe, and disabling shoulder or arm symptoms, Activity limitation for more than one month or with extreme progression of symptoms, Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term, or Unresolved radicular symptoms after receiving conservative treatment. In this case, the patient presents with continuing chronic pain and radicular symptoms, and an L-spine MRI showed significant herniation at multiple levels. Although the patient has been certified for two prior lumbar surgeries, the treater appears to be anticipating future weight loss, and a re-evaluation may be necessary. The requested spine surgeon consultation appears medically reasonable for this patient's case. The request is medically necessary.

