

Case Number:	CM14-0023259		
Date Assigned:	05/14/2014	Date of Injury:	09/30/2002
Decision Date:	08/06/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/24/2014

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:

The patient is a 53-year-old male who has submitted a claim for multilevel cervical discopathy; status post previous right shoulder arthroscopy, then, status post arthroscopic Bankart repair, labral debridement, loose body removal, rotator cuff debridement, revision subacromial decompression and Mumford procedure; doubt significant intrinsic left shoulder pathology; status post bilateral carpal tunnel release with recurrence; sleep disturbance; psychiatric complaints; recurrent epistaxis; lumbosacral strain/arthrosis/discopathy with radiculopathy; and thoracic strain/arthrosis associated with an industrial injury date of September 30, 2002. Medical records from 2008-2014 were reviewed. The patient complained of persistent low back pain. The pain was described as always aching, and occasionally sharp and stabbing that varies in intensity and present all the time. The pain radiates to the bilateral lower extremities, worse on the right. There was numbness and tingling at the low back and bilateral lower extremities. Physical examination showed her height at 5'2, and weight at 275 pounds. There was tenderness over the midline of the lumbar spine, bilateral paraspinals and bilateral posterior superior iliac spines. There was pain on range of motion of the lumbar spine. Heel walking and toe walking were accomplished with low back and ankle pain. Straight leg raise test was positive on the left. Flexion, Abduction, and External Rotation (FABERE) Test and reverse FABERE was reported to be positive for low back pain. Sensation to pinprick and light touch was decreased over the right lateral calf and plantar foot, and decreased over the left lateral thigh and plantar foot. Motor strength was intact. MRI of the lumbar spine, dated May 17, 2013, revealed multi-level disc desiccation, protrusion of 3-44mm at T12-L1 that indents the anterior thecal sac, at L5-S1 there may be a minor protrusion, and facet degeneration and probable pars defect at L5-S1. Official report of the imaging study was not available for review. Treatment to date has included medications, physical therapy, acupuncture, TENS, home exercise program, activity

modification, right shoulder surgeries, and bilateral carpal tunnel release. Utilization review, dated February 10, 2014 modified the request for aquatic therapy for lumbar spine qty: 12.00 because there was documentation of failed land-based therapy due to the patient's weight. The request for consultation for bariatric surgery qty: 1.00 was denied because there was insufficient documentation to warrant the authorization of a bariatric consultation patient's current condition, i.e. results of diet and exercise trials.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY FOR LUMBAR SPINE 12 SESSIONS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

Decision rationale: As stated on pages 22 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity. In this case, the patient has persistent low back pain that radiates to the lower extremities. Aquatic physical therapy was recommended because the patient was extremely obese and manifested with an antalgic gait. Patient has a BMI of 50.3 kg/m², which is classified as extremely obese. The medical necessity has been established. Therefore, the request for Aquatic Therapy For Lumbar Spine 12 Sessions is medically necessary.

CONSULTATION FOR BARIATRIC SURGERY: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Society of American Gastrointestinal Endoscopic Surgeons and the American Society of Bariatric Surgeons ("SAGES GUIDELINES FOR LAPAROSCOPIC AND CONVENTIONAL SURGICAL TREATMENT OF MORBID OBESITY").

Decision rationale: CA MTUS ACOEM Occupational Medicine Practice Guidelines recommends that health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. A search of online resources (Society of American Gastrointestinal Endoscopic Surgeons and the American Society of Bariatric Surgeons(Sages Guidelines For Laparoscopic And Conventional Surgical Treatment Of Morbid Obesity) states that a bariatric consultation 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 with evidence that dietary

attempts at weight control have been ineffective. In this case, the patient is morbidly obese with a BMI of 50.3 kg/m². An orthopedic re-examination report, dated October 2, 2013 states that the patient has tried [REDACTED] and [REDACTED] programs. She also has tried on her own to lose weight but was unsuccessful. The medical necessity has been established. Therefore, the request for Consultation for Bariatric Surgery is medically necessary.