

Case Number:	CM14-0035137		
Date Assigned:	06/23/2014	Date of Injury:	01/31/2008
Decision Date:	08/28/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/21/2014

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 General Surgery 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 47-year-old female who reported an injury on 01/31/2008 due to moving full boxes weighing 45 to 50 pounds, when she felt a pop in her back which sent her to her knees with severe pain. The diagnoses were radiculopathy, lower limb/thoracic/lumbar; spinal stenosis of lumbar region; spondylolisthesis; facet arthropathy; lumbar degenerative disc disease; and morbid obesity. Past treatments included medications, physical therapy, chiropractic treatment, acupuncture treatment, 3 epidural steroid injections, and a lumbar spine diskogram. Diagnostic studies included 2 MRIs, computed tomography scan of the head, cervical, thoracic, and lumbar spine. There were no reported surgical histories. The injured worker had a physical examination on 02/13/2014 with complaints of pain in her lower back on both sides, aggravated by movement, standing, sitting, walking, exercise, working, partially relieved with lying down, and rest/relaxation. She complained that the pain radiated to the bilateral thighs, both feet, and both legs. She also stated she had numbness and tingling down the legs, right side greater than the left side. The injured worker stated her current pain level was 5/10 with an average pain level of 5/10 to 8/10. The examination of the lower back revealed tenderness to palpation and tenderness in the paraspinal muscles. The motor system was decreased in strength. The sensory examination revealed diminished sensations bilaterally. The gait was antalgic, stiff/slow, without assistive devices. The medications were Ultram ER, Amitiza 24 mcg, and Norco 10/325 mg. the treatment plan was for outpatient surgical service/bariatric surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Surgical Service/Bariatric Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11 & Chapter 5 Page 83.

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: The Official Disability Guidelines recommend gastric bypass, not gastric banding, weight loss surgery for type 2 diabetes, if change in diet and exercise does not yield adequate results. Recently, bariatric surgery has emerged as an effective treatment option for obese individuals, especially in those with diabetes. Bariatric surgery has been shown to be associated with major improvement or complete resolution of multiple common and serious health problems plus improvement in quality of life and in survival. The guidelines' criteria for bariatric surgery are: gastric bypass procedure; have a diagnosis of type 2 diabetes mellitus; the BMI should be at 35 or more, or a BMI of 30 to 35 if the patient has poorly controlled diabetes; also, if the patient is not achieving the recommended treatment targets (A1C less than 6.5%) with medical therapies for cumulative total of 12 months or longer of duration. The injured worker did not have a BMI reported. There was not a diagnosis of diabetes mellitus type 2. The request submitted did not mention if this is a banding procedure or an internal procedure. Therefore, the request is not medically necessary.