

Case Number:	CM14-0039868		
Date Assigned:	06/27/2014	Date of Injury:	09/15/2008
Decision Date:	08/25/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/04/2014

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 45-year-old male who was injured on 09/15/2008 when he fell off a ladder on top of a truck. Prior medication history included Percocet 10/325 mg, Cymbalta 60 mg, tizanidine 4 mg, and Gabapentin 1200 mg which he stated with these medications, he was able to tolerate the pain without side effects. Diagnostic studies reviewed include MRI of the lumbar spine dated 09/04/2013 revealed 1) Partial laminectomy at L4; 2) L3-L4, bilateral facet arthrosis; 3) Grade I retrolisthesis of L4; L4-L5, a 5.0 mm circumferential disc bulge which moderately impression on the thecal sac. Bilateral facet arthrosis and marked bilateral neural foraminal narrowing; 4) Grade I retrolisthesis of L5; L5-S1, bilateral facet arthrosis and marked bilateral neural foraminal narrowing. Pain management note dated 02/27/2014 indicates the patient complained of low back pain that radiates to both lower extremities and he gets numbness in his legs. He also has pain in his shoulders, left knee, and right hip. On exam, he has tenderness over the paravertebral muscle spasm and tenderness in the lower lumbar region. Straight leg raise is positive bilaterally. He has decreased sensation to light touch over the L4 and L5 dermatomes bilaterally. He has weakness in flexion and dorsiflexion of both feet. Diagnoses are failed back surgery syndrome, status post L4 partial laminectomy, grade I retrolisthesis of L4-L5 and L5-S1, a 5 mm disc bulge at L4-L5, and facet arthrosis at L3-L4, L4-L5, and L5-S1. It is recommended that the patient would benefit from a right-sided L4 and L5 transforaminal epidural steroid injection. His Percocet was discontinued and replaced with oxycodone 10 mg. Progress report dated 01/22/2014 indicates the patient weighed 332 pounds on 11/02/2011. His weight as of this office note is 319 pounds. The patient has only lost 13 pounds through diet alone in over 2 years. The patient tried a weight loss program in the past with only mild benefit. It is felt that losing weight will decrease pain in the lumbar spine and the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

BARIATRIC WEIGHT LOSS SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CHAUHAN V, VAID M, GUPTA M, KALANURIA A, PARASHAR A, (AUGUST 2010. " METOBOLIC, RNAL, AND NUTRITIONAL CONSEQUENCES OF BARIARTIC SURGERY: IMPLICATIONS FOR THE CLINICIAN". SOUTH,MED. J. 103(8);775-83; QUIZ784-5.

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 surgeryX Other Medical Treatment Guideline or Medical Evidence:<http://emedicine.medscape.com/article/197081-overview>.

Decision rationale: CA MTUS guidelines do not address the issue in dispute. This is a request for bariatric surgery for a 45-year-old male injured on 9/15/08 with morbid obesity, chronic low back pain, lumbar DDD/DJD, lumbar radiculopathy, failed back surgery syndrome, insomnia, and other musculoskeletal complaints. At the time of the request, the patient was 5' 9" and 317 lbs with BMI of 46.8. According to an online search, "bariatric surgery is currently the only modality that provides a significant, sustained weight loss for the patient who is morbidly obese..." "Surgery for obesity should be considered as a treatment of last resort after dieting, exercise, psychotherapy, and drug treatments have failed. Developed at the 1991 National Institutes of Health (NIH) Consensus Development Conference Panel, the generally accepted criteria for surgical treatment include a BMI of greater than 40 kg/m² or a BMI of greater than 35 kg/m² in combination with high-risk comorbid conditions, such as sleep apnea, Pickwickian syndrome, diabetes mellitus, or degenerative joint disease." In this case, the patient has a BMI of 46.8 with comorbid degenerative joint disease and poorly controlled hypertension. Dieting has resulted in 20 lbs of weight loss from 337 lbs on 1/19/12 to 317 lbs on 5/17/14, which while less than a typical goal of 5-10% per year, is not insignificant. The patient is currently engaged in a [REDACTED] weight loss program with outcome pending. While drug treatment options for weight loss are likely limited given the patient's uncontrolled hypertension, there may be a few options that do not appear to have been attempted. Psychotherapy for weight loss does not appear to have been tried. Exercise options are limited due to weight and degenerative joint disease. In sum, while the patient meets criteria for bariatric surgery, non-surgical options do not appear to have been exhausted. Further, the weight the patient needs to attain to undergo back surgery is not provided. Consultation with a weight-loss or bariatric surgery specialist is recommended prior to authorization for bariatric surgery. Medical necessity is not established. Therefore, the request is not medically necessary.