

Case Number:	CM14-0041550		
Date Assigned:	06/30/2014	Date of Injury:	11/24/2010
Decision Date:	09/17/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 57-year-old female who was reportedly injured on November 24, 2010. The mechanism of injury was not listed in these records reviewed. The records reflect a greater than 5 year history of morbid obesity and multiple attempts of a diet. A 50 pound weight gain was reported subsequent to the date of injury. The most recent progress note dated April 2, 2014, indicated that there were ongoing complaints of low back and leg pains. The epidural steroid injection noted some relief. The physical examination demonstrated a decrease in lumbar spine range of motion, 5/5 motor strength and no sensory losses. Diagnostic imaging studies were not reviewed. Previous treatment included multiple medications, epidural steroid injections, physical therapy and medial branch blocks. A request was made for bariatric surgeries: sleeve gastrectomy and inferior vena cava and 2 to 3 day length of stay for morbid obesity and lumbar spine pain and was not certified in the pre-authorization process on March 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bariatric Surgery: Sleeve Gastrectomy: Upheld

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: Effectiveness of Gastric Bypass Surgery in a Patient With Familial Partial Lipodystrophy Diabetes Care, June 2006 vol. 29 no. 6 1380-1382.

Decision rationale: This is an individual with a greater than 5 year history of morbid obesity. There was no objectification of a stringent diet and exercise protocol or insurance or any type of dietary restrictions. With any situation, there has to be a reasonable expectation of a positive outcome. Based on the age of the injured worker, the weight gain, the lack of compliance with diet and exercise protocols and inability to lose any way whatsoever, there is no reasonable expectation of a positive outcome. As such, this is not medically necessary.

Bariatric Surgery: Inferior Vena Cava Filter (IVC): Upheld

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: Effectiveness of Gastric Bypass Surgery in a Patient With Familial Partial Lipodystrophy Diabetes Care, June 2006 vol. 29 no. 6 1380-1382.

Decision rationale: This is an individual with a greater than 5 year history of morbid obesity. There was no objectification of a stringent diet and exercise protocol or insurance or any type of dietary restrictions. With any situation, there has to be a reasonable expectation of a positive outcome. Based on the age of the injured worker, the weight gain, the lack of compliance with diet and exercise protocols and inability to lose any weight whatsoever, there is no reasonable expectation of a positive outcome. As such, this is not medically necessary.

2 to 3 day length of stay for morbid obesity and lumbar spine pain.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.