

Case Number:	CM14-0045847		
Date Assigned:	07/18/2014	Date of Injury:	06/30/2010
Decision Date:	10/14/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/14/2014

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 Illinois. 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 52-year-old female who reported an injury on 06/30/2010, caused by unspecified mechanism. The injured worker's treatment history included medications, psychotherapy sessions, H wave unit, and medications. The injured worker was evaluated on 03/12/2014 and it was documented that the injured worker complained of continued ongoing low back pain with pain and numbness radiating down the posterior bilateral lower extremities, rated at 8/10. Physical examination was deferred. The provider noted he was requesting the injured worker to undergo an in office transnasal endoscopy to evaluate her gastric bypass anatomy. It is including multilevel disc degeneration, L4-5 stenosis, bilateral lumbar radiculopathy, and low back pain. Medications included Hydrocodone 10/325 mg, Naproxen 500 mg, Xanax XR 0.5 mg, Restoril 30 mg and Prilosec 20 mg. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transnasal Endoscopy: 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 Official Disability Guidelines (ODG) Diabetes Bariatric Surgery

Decision rationale: The request for transnasal endoscopy is not medically necessary. According to Official Disability Guidelines (ODG) bariatric surgery recommends gastric bypass, not gastric banding, weight loss surgery for a 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. In adults, with mild to severe obesity and type 2 diabetes, gastric banding leads to remission in 3 out of 4 individuals. Bariatric surgery has been shown to be associated with major improvement or complete resolution for multiple common serious health problems plus improvement in quality of life and survival. In 1 one controlled trial, participates randomized to gastric bypass are more likely to achieve remission in those who receive sleeve gastrectomy. The documents submitted it was indicated on 08/28/2013 the injured worker was recommended to have a medically managed weight loss program. There was no evidence submitted that this has been tried. There was no indication to follow-up with a bariatric surgeon until the injured worker has completed a complied with an adequate trial of nonsurgical weight loss with dietary management an exercise. As such, the request for transnasal endoscopy is not medically necessary.

Follow-up Evaluation: 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 Official Disability Guidelines (ODG) ODG Pain, Office Visit

Decision rationale: The request for follow-up evaluation is not medical necessary. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patients' conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with the eventual patient independence from the healthcare system through self-care as soon as clinically feasible. The injured worker has not tried diet and exercise; therefore the follow-up would not be required at this time. As such, the request is not medically necessary.