

Case Number:	CM14-0057981		
Date Assigned:	07/09/2014	Date of Injury:	08/23/2011
Decision Date:	08/26/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/28/2014

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 applicant is a represented [REDACTED] who has filed a claim for morbid obesity reportedly associated with an industrial injury of August 23, 2011. In a Utilization Review Report dated April 14, 2014, the claims administrator apparently denied a laparoscopic gastrectomy and a follow-up visit. The claims administrator based its rationale on the fact that the applicant had apparently been noncompliant with [REDACTED] program. Somewhat incongruously, then, the claims administrator stated that the applicant had lost 35 pounds on her own. The applicant's primary treating provider apparently stated that the applicant's severe obesity was interfering with treatment for her chronic low back pain issues. The applicant's attorney subsequently appealed the denial. In a July 11, 2013 progress note, the applicant apparently presented with chronic low back and bilateral knee pain. The applicant exhibited an antalgic gait and was apparently using a walker. The applicant was asked to try and lose weight via a [REDACTED] program. In a May 15, 2014 progress note, the applicant was described as morbidly obese. The attending provider stated that he was appealing the denial of the bariatric surgery. The attending provider stated that the applicant had lost 40 pounds of weight on her own but was nevertheless morbidly obese, still using a walker to move about, continued to have complaints of low back pain, reportedly needed bariatric surgery, and was given a rather proscriptive 10-pound lifting limitation. It was not clearly stated whether or not this limitation was accommodated or not. The applicant's height, weight, and BMI were not documented. In an April 10, 2014 letter, the attending provider again stated that he was appealing the earlier bariatric surgery denial. The applicant's height, weight, and BMI, once again were not stated. Similarly, on March 13, 2014, the attending provider stated that the applicant was eager to proceed with a laparoscopic gastrectomy but again did not document the applicant's height, weight, or BMI. The attending provider suggested that the applicant follow-up with her bariatric

surgeon. On March 7, 2014, it was suggested that the applicant weighed 273 pounds. The applicant's height and BMI were not furnished on this occasion, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laparoscopic sleeve gastrectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gastroenterology Research and Practice, March 2012.

Decision rationale: The MTUS does not address the topic. As noted in the article laparoscopic sleeve gastrectomy as a primary operation for morbid obesity appearing in Gastroenterology Research and Practice, indications for laparoscopic sleeve gastrectomy include BMI over 60 in high risk individuals, BMI between 50 and 60 in non-diabetic individuals, and BMI between 40 and 50 in individuals who have severe gastric inflammatory disease and H. pylori infection and/or young patients who refused gastric banding. In this case, however, the attending providers have failed to document the applicant's BMI on several office visits, referenced above. While the applicant's weight has been infrequently documented, the applicant's height and BMI, conversely, have not. Therefore, the request is not medically necessary.

Follow-up appointment: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: The attending provider's progress noted indicated that he intended for the applicant to follow up with her bariatric specialist. As noted on page 1 of MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is still severely obese, it has been suggested, despite having lost 40 pounds. The applicant is still having issues with ambulating and must use a walker to move about. Obtaining a followup visit with the applicant's bariatric specialist to outline/formulate a clear treatment plan/weight loss strategy, operative or non-operative, going forward, is indicated. Therefore, the request is medically necessary.