

Case Number:	CM14-0084336		
Date Assigned:	07/25/2014	Date of Injury:	04/09/2003
Decision Date:	10/02/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 who initially presented on 12/09/13 with fever, sepsis, urinary tract infection (UTI), and possible postoperative infection. The injured worker also had a raised rash. The injured worker complained of low back pain worsened with sitting on her back or lying down. The CT lumbar spine dated 12/08/13 revealed neurotransmitter wires entering into the lower thoracic spine at T12 to L1. Fever was identified following placement of spinal transmitter. The independent medical exam (IME) dated 02/11/13 indicated the injured worker had a long history of back complaints. The initial injury occurred on 04/09/13 as a result of work related injuries. The injured worker was subsequently diagnosed with chronic sacroiliac joint sprain. The injured worker was recommended for spinal cord stimulator trial. The injured worker sustained motor vehicle accident in 09/11. The utilization review dated 05/28/14 resulted in denial for non-certification utilization review dated whatever it was 05/24/14 resulted in denial for weight loss surgery. No information was submitted regarding the injured worker's psychiatric profile or the completion of a medical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Special Service/Proc/Report: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) IME and Consultations, Page 503: Other Medical Treatment Guideline or Medical Evidence: 1.) Cheryl L. Rock, PhD, RD; Shirley W. Flatt, MS; Nancy E. Sherwood, PhD; Njeri Karanja, PhD; Bilge Pakiz, EdD; Cynthia A. Thomson, PhD, RD. October 27, 2010, Vol 304, No. 16. Effect of a Free Prepared Meal and Incentivized Weight Loss Program on Weight Loss

Decision rationale: It appears from previous utilization review that the request for a weight loss procedure. A weight loss procedure is indicated for injured workers who have undergone all conservative treatment including psychiatric evaluation and completion of and failure of previous attempts at weight loss. No information was submitted regarding psychiatric evaluation indicating appropriateness of proposed surgery or previous attempts at weight loss in a more conservative fashion. Given this, the request is not medically necessary.