MAXIMUS Federal Services

Case Number:	CM15-0108168		
Date Assigned:	06/12/2015	Date of Injury:	04/09/2003
Decision Date:	08/25/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/04/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona
Certification(s)/Specialty: Surgery

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 sustained an industrial injury on 4/9/03. The injured worker has complaints of pain in low back, pelvis and right leg. The documentation noted on 5/5/15 that the injured workers weight was 232 pounds and her blood pressure was 140/81. She is 62 inches tall (BMI 41.2) Lumbar spine examination noted that there is tenderness in the right and left lumbar paravertebral regions at the L4-L5 and L5-S1 (sacroiliac) levels. Extension of the lumbar spine is positive for back pain; right lateral rotation of lumbar spine is positive for back pain and left lateral rotation of lumbar spine is positive for back pain. Range of motion of the lumbar spine is restricted. The diagnoses have included lumbosacral spondylosis without myelopathy; degeneration of lumbar or lumbosacral intervertebral disc and lumbar disc disorder. Treatment to date has included lumbar medial branch blocks; butrans patch; lyrica; norco and lidopro. The documentation noted that bariatric surgery is needed for weight loss to help decrease her back pain considerable as she is quite obese and that the injured worker has failed all other measures of weight loss and the back pain is problematic with regard to exercise. She was seen 9/2014 by a bariatric surgeon who had recommended the surgery. The documentation noted on 2/11/13 the injured workers weight was 240 pounds. The request was for gastric bypass surgery to treat the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gastric Bypass Surgery to treat the Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Diabetes - Bariatric surgery; Surgery for Clinically Severe Obesity.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bariatric surgery: the challenges with candidate selection, individualizing treatment and clinical outcomes. BMC Medicine 2013, 11:8.

Decision rationale: Patient selection criteria for bariatric surgery include body mass index (BMI), the presence of co-morbidities and a history of prior weight loss attempts. National Institute of Clinical Excellence (NICE) and National Institutes of Health (NIH) guidelines state that bariatric surgery should be offered to patients with a BMI of 35 to 40 kg/m2 who have obesity related conditions such as diabetes mellitus or obstructive sleep apnea, or in those with a BMI of 40 kg/m2 or greater regardless of weight related co-morbidities. Bariatric surgery for individuals with a BMI less than 35 kg/m2 with obesity related co-morbidities is under investigation but is not currently recommended. Obese individuals are more than twice as likely to take sick leave and almost three times as likely to avail of disability benefits. Medical costs are significantly higher for obese individuals, mainly due to the cost of diabetic, hypertensive and lipid therapy, but with additional costs secondary to analgesia, respiratory and psychiatric treatments. When classified by BMI, patients in the highest ranges spend more on healthcare. Basic activities of daily living such as walking and personal hygiene can be affected by severe obesity, and this loss of autonomy can be extremely distressing for the affected individuals. Joint pain, including lower back pain, is common in obese populations and can impinge on individual functional status. Bariatric surgery results in improved function status, reduced levels of back pain and greater levels of independence. In this 47 year old female who is a nonsmoker and is morbidly obese (BMI 41.2) with chronic back problems and back pain would likely benefit from weight loss surgery. She is unable to exercise secondary to her back pain. She has failed multiple other methods of weight loss. For the reasons stated above, the prior utilization review is overturned and the weight loss surgery is medically necessary.