

Case Number:	CM15-0109964		
Date Assigned:	06/16/2015	Date of Injury:	09/02/2004
Decision Date:	08/12/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/08/2015

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 male, who sustained an industrial injury on 9/2/04. The injured worker was diagnosed as having degeneration of intervertebral disc and sciatica. Treatment to date has included right shoulder surgery 2/14/15, transforaminal epidural steroid injection, oral medication including zanaflex, Percocet and MS Contin, physical therapy and home exercise program. Currently, the injured worker complains of right shoulder pain and bilateral knee pain, he notes his pain has increased in the past month. He is not working. Physical exam noted diminished patella reflexes bilaterally, tenderness to palpation of lumbar spine and ambulation with single point cane and tenderness to palpation over the right upper trapezius/levator scapulae, right supraspinatus, right infraspinatus, right pectoralis major and right biceps tendon. The treatment plan included a request for Norco, Soma, and Ultram and lap band surgery. A request for authorization was submitted for lap band surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lap Band Surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation World Gastroenterology Organization (WG)

World Gastroenterology Organization global guideline: obesity. Milwaukee (WI): World Gastroenterology Organization (WGO); 2011.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bariatric Surgery: Risks and Rewards. J Clin Endocrinol Metab. 2008 Nov; 93 (11 Suppl 1): S89-S96.

Decision rationale: This 47 year old male with no significant medical comorbidities, but a BMI > 150 has had a request for weight loss surgery as he has degenerative disease in his knees and chronic back pain. Bariatric surgery candidates should have attempted to lose weight by non-operative means, including self-directed dieting, nutritional counseling, and commercial and hospital-based weight loss programs, but should not be required to have completed formal non-operative obesity therapy as a precondition for the operation. Patients are eligible for bariatric surgery if their BMI is at least 40 or if their BMI of at least 35 is accompanied by such comorbidities as diabetes, hypertension, arthritis limiting daily function, and cardiopulmonary failure. However, in this morbidly obese patient, after a review of the medical records, there has been no documentation of attempted weight loss. There is only mention of his actual weight and a weight gain of > 100 lbs since 2013. Therefore, this surgery is not medically necessary until there is documentation of an adequate time period of attempted weight loss by non-operative means.