

<b>Case Number:</b>	CM15-0019983		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	08/25/2009
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Texas

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 58-year-old male who reported an injury on 06/25/2009. The mechanism of injury was not provided. The Request for Authorization was dated 01/20/2015. On 12/29/2014, the injured worker was in for a medication refill. The injured worker had a cold and cough. The injured worker's medications included Humalog, Lexapro, Glucophage, ReliOn lancing device, Lantus, bactroban cream, metformin, lisinopril, escitalopram oxalate, Motrin, glyburide, Norco, and hydrochlorothiazide. His vital signs included heart rate of 68, oxygen saturation at 94%, blood pressure 134/88, height 74 inches, weight 430 pounds, and BMI of 55.20 index. The injured worker has been diagnosed with diabetes mellitus without mention of complication, type 2 or unspecified type, uncontrolled, and hypertension. The request is for bariatric surgery. The Request for Authorization is dated 01/20/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bariatric Surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Diabetes Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational), Bariatric surgery.

**Decision rationale:** The request for bariatric surgery is not supported. The Official Disability Guidelines recommend gastric bypass, not gastric band for weight loss surgery for type 2 diabetes if change in the exercise and diet do not yield adequate results. There is a lack of documentation that the injured worker has seen a bariatric specialist to warrant surgery. Although the injured worker does meet the requirement related to his BMI and being a diabetic, the request is not supported. There is a lack of documentation that the injured worker has undergone recent efforts to reduce his weight with an exercise program or with routine diet aids or a consultation with a registered dietician. There is a lack of documentation of which surgery is being recommended. As such, the request is not medically necessary.