

Case Number:	CM15-0058537		
Date Assigned:	04/03/2015	Date of Injury:	02/03/2010
Decision Date:	06/17/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/27/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40 year old male, who sustained an industrial injury on 02/03/2010. According to a progress report dated 02/06/2015, the injured worker continued to have neck pain rated 9 on a scale of 1-10 without medications and 0 with medications. Mid back pain was rated 9 without the use of medications and reduced to 6 with medications. Right knee pain was rated 3 without the use of medications and 0 with medications. He continued to have a stinging sensation in the feet bilaterally. Headaches were rated 9 without the use of medications and 0 with medications. Current medications included Prilosec, Percocet, Oxycontin and Imitrex. Assessment included neck pain, depression, status post L5-S1 total disc arthroplasty on 5/09/2012, chronic back pain, chronic intractable pain, L5-S1 annular tear and L5-S1 disc degeneration. The provider noted that back pain had been more difficult to control and his increased activities caused a significant spike in his pain. Surgery options were discussed but the provider noted that prior to any consideration of any further surgery the injured worker's weight which was around 300 pounds needed to be addressed. His height was 6'1. His body mass index altered the risk stratification for surgery. His weight had not been accepted for his injury but was a blockade for care and needed to be addressed industrially. Treatment recommendations included ongoing pain management care for medication management, bariatric surgery consultation, replacement of foam wedge for behind the knees, refill of medications, follow up in 4 weeks. Medication refilled included Lidoderm patches, OxyContin and Percocet. Currently under review is the request for a bariatric surgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bariatric Surgery Consultation: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mayoclinic.org/healthy-lifestyle/weight-loss/in-depth/gastric-bypass-surgery/art-20046318> Official Disability Guidelines Low Back - Fusion.

Decision rationale: MTUS Guidelines do not address this issue. However, there are medical standards that before considering Bariatric surgery, there needs to be well documented attempts at weight loss. There is no documentation of prior serious attempts at self or monitored weight loss such as weight watchers. In addition, there is no documentation that this individual desires a repeat surgery that has minimal chance of success for pain relief. There is no documentation that this individual wishes to have bariatric surgery and suffer its long term consequences. Under these circumstances, the request for Bariatric Surgery consultation is not supported in general practice Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The request is not medically necessary.