

<b>Case Number:</b>	CM15-0081325		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Internal 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 54 year old male, who sustained an industrial injury on 6/5/2013. He reported injury from a motor vehicle accident. The injured worker was diagnosed as having cervicalgia, myalgia/myositis, closed dislocation of multiple cervical vertebrae and closed dislocation of thoracic vertebrae. Computed tomography scan showed lack of spinal fusion from back surgery. Treatment to date has included physical therapy, acupuncture, chiropractic care, epidural steroid injection, back surgery and medication management. In a progress note dated 3/30/2015, the injured worker complains of neck and left shoulder pain. The treating physician is requesting consultation with gastric bypass surgeon, possible gastric bypass surgery and bone growth stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with gastric bypass surgeon:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation ACOEM 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127 and Clinical practice guidelines for the perioperative nutritional, metabolic, and nonsurgical support of the bariatric surgery patient (2013), <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4140628/pdf/nihms614563.pdf>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. The orthopedic report dated 2/20/15 documented that the patient was 370 pounds and 5 feet 11 inches. BMI was 51.6. The orthopedic report dated 4/3/15 documented failed attempts at weight loss and a recommendation for an evaluation by a gastric bypass surgeon and to see if that is an option. Clinical practice guidelines for the perioperative nutritional, metabolic and nonsurgical support of the bariatric surgery patient - cosponsored by American Association of Clinical Endocrinologists, the Obesity Society, and American Society for Metabolic & Bariatric Surgery (2013) indicates that patients with a BMI of 40 kg/m<sup>2</sup> should be eligible for bariatric surgery. The patient's BMI is 51.6. Therefore, the request for a bariatric surgeon consultation is supported by clinical practice guidelines. Therefore, the request for a consultation gastric bypass surgeon is medically necessary.

**Treatment with possible gastric bypass 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, Criteria for bariatric surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to

the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. The orthopedic report dated 4/3/15 documented failed attempts at weight loss and a recommendation for an evaluation by a gastric bypass surgeon and to see if that is an option. Treatment with possible gastric bypass surgery was requested on 4/3/15. At the time of the request, the patient had not been evaluated by a bariatric surgeon yet. Therefore, the treatment recommendation of the bariatric surgeon had not been formulated. Without the bariatric surgeon's consultation, the request for treatment with gastric bypass surgery cannot be endorsed. Therefore, the request for treatment with possible gastric bypass surgery is not medically necessary.

**Bone growth stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Bone growth stimulators.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic), Bone growth stimulators (BGS) and Work Loss Data Institute Low back, Llumbar & thoracic (acute & chronic) 2013, <http://www.guideline.gov/content.aspx?id=47586>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Bone growth stimulators (BGS). Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) indicate that bone growth stimulators (BGS) are under study. There is conflicting evidence. There is no consistent medical evidence to support the use of these devices for improving patient outcomes. Beneficial effect on fusion rates in patients at high risk has not been convincingly demonstrated. Work Loss Data Institute guidelines for the low back (2013) indicate that bone growth stimulators (BGS) is under study and are not specifically recommended. Medical records document that spine surgery was performed on 12/09/13. The progress report dated 4/3/15 documented a request for a bone stimulator. Clinical practice guidelines do not support the use of bone growth stimulators for low back disorders. Therefore, the request for bone growth stimulator is not medically necessary.