

<b>Case Number:</b>	CM15-0086706		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 49-year-old male, who sustained an industrial injury on 8/2/13. He reported initial complaints of rib fracture and low back pain with right leg radiation. The injured worker was diagnosed as having lumbar muscle strain/sprain/recalcitrant radiculopathy, chronic in nature. Treatment to date has included transforaminal steroid injection right L3-L4 and L4-L5 (5/5/14); medications. Diagnostics included MRI lumbar spine (8/8/14). Currently, the PR-2 notes dated 3/10/15 indicated the injured worker presents on this day for an evaluation, educations and consultation regarding weight loss surgery. He is interested in laparoscopic gastric bypass. He has been overweight for at least 15 years; has been 35 pounds or more overweight for at least 5 years and a total of lifetime weight loss and regained of 60 pounds. The provider notes the injured worker relates he is a snacker who eats small portions of food throughout the day, sweet eater, and volume eater. His method of most weight loss has been dieting. He is interested in losing weight to resolve comorbidities including diabetes. The injured worker has a clinical history of diabetes mellitus, collagen disease /thyroid condition, smokes 10 cigarettes per day with a surgical history noted as Lumbar spine surgery (L5-S1 laminectomy/discectomy) 1995. His current BMI is 40.9. Other medications documentation indicates he is in need of lumbar surgery but needs to lose weight prior to that intervention. The provider has suggested Laparoscopic Roux-en-y Gastric Bypass; Associated Surgical Services: Consultation without registered Dietitian (gastric bypass); Associated Surgical Services: Consultation without Clinical Social Worker (gastric bypass); Right upper Quadrant Ultrasound; Cardiac Stress Test; Pre-Operative Labs to include: CBP, CMP, Lipid Panel, Pre-Albumin, TSH, CRP, Vitamin A, B1, B6, B12, D25-OH, Zinc, Iron Panel, Transferrin, Ferritin, RBC, Toxicology Screen, Nicotine Serum Level, Hgh, A1C; Pre-Operative History and Physical Exam/Routing Blood work/EKG and Chest X-ray.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Laparoscopic Roux-en-y Gastric Bypass: 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) Diabetes Procedures, Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Gastric Bypass.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a laparoscopic roux-en-y gastric bypass for this patient. The clinical records submitted do not support the fact that this patient had evidence of compliance with a medically supervised, non-surgical weight reduction plan. Failure of pharmacologic therapy to lose weight in a medically supervised manner has also not been documented. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of laparoscopic roux-en-y gastric bypass. The Official Disability Guidelines (ODG) recommends gastric bypass, not gastric banding, weight-loss surgery for type 2 diabetes, if change in diet and exercise does not yield adequate results. The Criteria for Bariatric Surgery with Gastric Bypass is as follows: (1) Gastric bypass procedure recommended for diabetes, not gastric banding procedure. (2) Type 2 diabetes diagnoses. (3) BMI of 35 or more, or BMI of 30 to 35 if the patient has poorly controlled diabetes. (4) Not achieving recommended treatment targets (A1C less than 6.5 percent) with medical therapies for a cumulative total of 12 months or longer in duration, documented in the medical record, including: (a) Medications. (b) Diet and exercise: Physician-supervised nutrition and exercise program (including dietician consultation, low calorie diet, increased physical activity, and behavioral modification). According to ODG Criteria for Bariatric Surgery, the documentation of pharmacologic and physician supervised weight loss should be made to prove that appropriate non-surgical interventions have been exhausted. Therefore, based on the submitted medical documentation, the request for laparoscopic roux-en-y gastric bypass is not- medically necessary.

### **Associated Surgical Services: Consultation without registered Dietician (gastric bypass): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

### **Associated Surgical Services: Consultation without Clinical Social Worker (gastric bypass): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Services: Right upper Quadrant Ultrasound:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Services: Cardiac Stress Test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-operative Labs to include: CBP, CMP, Lipid Panel, Pre-Albumin, TSH, CRP, Vitamin A, B1, B6, B12, D25-OH, Zinc, Iron Panel, Transferrin, Ferritin, RBC, Nicotine Serum Level, Hgh, A1C:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-operative History and Physical Exam:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-operative toxicology screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-operative EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-operative Chest X-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.