

Case Number:	CM15-0087480		
Date Assigned:	05/11/2015	Date of Injury:	07/27/2007
Decision Date:	07/15/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/06/2015

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 69 year old female who sustained an industrial injury on 7/27/2007. Her diagnoses, and/or impressions, are noted to include: morbid obesity; diabetes mellitus; hypertension; arthritis; right hip tendonitis; moderate lumbar degenerative disc disease; and lumbar anterolisthesis. No recent imaging studies are not noted. Her treatments have included commercial and medically supervised weight loss programs; and medication management. Progress notes of 8/18/2014 reported being morbidly obese since the age of 18, not achieving any success with a number of commercial or medically supervised weight loss programs, and requesting a gastric sleeve procedure for weight loss. The objective findings were noted to include back pain; depression; anxiety; a soft & obese abdomen; no history of smoking, alcohol or drug abuse; and that after she attended an initial consultation, and a 2 hour seminar, she was found to be a good candidate for this surgery. The physician's requests for treatments were noted to include a lap sleeve gastrectomy procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laparoscopic sleeve gastrectomy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem Medical Policy SURG.00024 Surgery for Clinically Severe Obesity.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS silent on morbid obesity. In 1991, the NIH provided a consensus statement for patient selection for bariatric surgery. Patients were considered candidates for surgery if they met one of the following criteria: BMI >40 BMI 35-40 plus one of the following obesity-associated comorbidities: (1) severe diabetes mellitus, (2) pickwickian syndrome, (3) obesity-related cardiomyopathy, (4) severe sleep apnea, or (5) osteoarthritis interfering with lifestyle. To be candidates for bariatric surgery, patients should have attempted, without success, to lose an appropriate amount of weight through supervised diet changes. Patients must also comply with postoperative diet and exercise. (Medscape laparoscopic gastric bypass updated 9/17/2014).

Decision rationale: This patient is a candidate for bariatric surgery with BMI > 40 and she has obesity-associated comorbidities (diabetes, hypertension). She has failed other weight loss methods and has had supervised diet changes. She is felt to be a good candidate for this surgery. She does have depression and a psychiatric evaluation should precede this surgery, but she will likely benefit from the weight loss procedure. Therefore, this request is medically necessary.