

Case Number:	CM14-0127078		
Date Assigned:	09/23/2014	Date of Injury:	10/12/2007
Decision Date:	10/29/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in General Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported an injury on 10/12/2007. The mechanism of injury was not stated. The current diagnosis is lumbar strain. Previous conservative treatment was not mentioned. The injured worker was evaluated on 06/19/2014 with complaints of 7/10 pain. The physical examination revealed limited lumbar range of motion. Treatment recommendations at that time included continuation of the current medication regimen and a recommendation for a gastric sleeve procedure for weight loss. A Letter of Medical Necessity was then submitted on 07/01/2014. It is noted that the injured worker has been treated for lumbar disc disease and is noted to be permanent and stationary. The injured worker continues to have lower back pain and has tried various weight loss programs. The gastric sleeve procedure was recommended as the injured worker's current weight prevents her from performing tasks and hampers her ability to perform exercises. A Request for Authorization form was submitted on 07/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gastric Sleeve Procedure: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Bariatric surgery. Other Medical Treatment Guideline or Medical Evidence: California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 09 October 2014. Vertical sleeve gastrectomy is surgery to help with weight loss. The surgeo

Decision rationale: The Official Disability Guidelines recommend gastric bypass surgery for patients with type 2 diabetes if a change in diet and exercise has not yielded adequate results. According to the U.S. National Library of Medicine, a vertical sleeve gastrectomy is a surgery performed to aid in weight loss. Weight loss surgery may be an option if the patient is obese and unable to lose weight through diet and exercise. The procedure may be recommended if there is evidence of a body mass index of 40 or more, or there is evidence of a body mass index of 35 or more and serious medical conditions that may improve with weight loss such as sleep apnea, type 2 diabetes, and heart disease. As per the documentation submitted, the injured worker's body mass index was not provided for this review. There is no mention of serious medical conditions such as sleep apnea, diabetes, or heart disease that may improve with the current weight loss surgery. There is also no documentation of the specific type of diet and exercise programs the injured worker has attempted. Based on the clinical information received, the request is not medically appropriate.