

Case Number:	CM14-0138269		
Date Assigned:	09/05/2014	Date of Injury:	05/12/2007
Decision Date:	10/15/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/26/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 Patient is a 47-year-old with a reported date of injury of 05/12/2007. The patient has the diagnoses of right lumbar radiculopathy, lumbar spinal spondylosis, bilateral lumbar facet syndrome and severe low back pain and right leg pain. Previous treatment modalities have included transforaminal epidural injections. Per the most recent progress notes provided for review by the primary treating physician dated 08/05/2014, the patient had complaints of severe continued low back pain that radiated to the legs. The physical exam noted tenderness in the lumbar spine, positive straight leg raise and limited range of motion. The treatment plan recommendations included bariatric surgery consult and a request for an MRI of the lumbar spine.

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), Diabetes, Bariatric Surgery

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the ODG, criteria for consideration of bariatric surgery included: 1. Diabetes mellitus type 2; 2. A BMI greater than 35; 3. A BMI of 30-35 with poorly controlled type 2 diabetes; 4. Failure of weight loss for at least 12 months including exercise, physician supervised nutrition and exercise program, consultation with a dietician or nutritionist. Per the progress notes, the request was for bariatric consult for weight loss because the patient has failed diet and cannot exercise due to pain. However, there is not an included BMI and there is no diagnosis of diabetes. There is no documentation of a physician supervised nutrition plan or a nutritionist or dietician consult. For these reasons, criteria for bariatric surgery consideration have not been met. Therefore, the request is not medically necessary.