

<b>Case Number:</b>	CM14-0166210		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	11/08/1985
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Preventive Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 58-year-old female with an 11/8/85 date of injury. At the time (9/19/14) of request for authorization for Bariatric comprehensive program, per 09/19/14 exam note. Quantity 1.00; Electrocardiogram, per 09/19/2014 exam note. Quantity 1.00; Laboratory work up, per 09/19/14 exam note. Quantity 1.00; Psychological assessment, per 09/19/14 exam note. Quantity 1.00; Nutrition assessment, per 09/19/14 exam note. Quantity 1.00; Cardiac clearance, per 09/19/14 exam note. Quantity 1.00; Esophagogastroduodenoscopy, per 09/19/14 exam note. Quantity 1.00, there is documentation of subjective (low back pain) and objective (BMI of 42.13, slowed gait, increased kyphosis, restricted lumbar spine range of motion, tenderness and spasms over the lumbar spine, and positive straight leg raising on the left) findings, special studies (ECG (11/10/11) revealed mild left atrial dilation by volume index and small pericardial effusion with no hemodynamic significant. GI pathology (11/2/11) revealed mild chronic gastritis with no activity; associated reactive epithelial changes suggestive of erosion, negative for H Pylori type organisms, and negative for intestinal metaplasia, dysplasia, or malignancy), current diagnoses (post lumbar laminectomy syndrome, lumbar spine DDD, lumbar radiculopathy, chronic back pain, and hip bursitis), and treatment to date (medications). Medical report identifies a request for possible surgical options such as gastric band, vertical gastric resection or sleeve and gastric bypass; EKG and lab work up for morbid obesity; psychological assessment for morbid obesity; nutrition assessment for morbid obesity; cardiac clearance for history of congestive heart failure; and EGD for possible history of esophageal reflux to made sure there is no anatomic (hiatal hernia) or mucosal abnormality. Regarding Bariatric comprehensive program, per 09/19/14 exam note. Quantity 1.00, there is no documentation a diagnosis of type 2 diabetes; AND not achieving recommended treatment targets (A1C<6.5%) with medical therapies for a cumulative total of 12

months or longer in duration (including medications; diet and exercise (physician-supervised nutrition and exercise program (including dietician consultation, low calorie diet, increased physical activity, and behavioral modification) OR consultation with a dietician or nutritionist and reduced-calorie diet program supervised by dietician or nutritionist, plus an exercise regimen supervised by exercise therapist or other qualified professional); and for patients with a history of severe psychiatric disturbance (schizophrenia, borderline personality disorder, suicidal ideation, severe depression), a pre-operative psychological evaluation and clearance is necessary to ensure ability to comply with pre- and postoperative requirements. (Note: The presence of depression due to obesity is not normally considered a contraindication to obesity surgery)). Regarding Electrocardiogram, per 09/19/2014 exam note. Quantity 1.00, there is no documentation of a condition/diagnosis (with supportive clinical findings) for which an EKG is indicated (such as: disorders of cardiac rhythm; evaluation of syncope; evaluation of patients with implanted defibrillators and pacemakers; detection of myocardial injury or ischemic coronary disease; the presence of prior infarction; evaluation of metabolic disorders; effects and side effects of pharmacotherapy; and/or the evaluation of primary and secondary cardiomyopathic processes). Regarding the Laboratory work up, per 09/19/14 exam note. Quantity 1.00, there is no (clear) documentation of a clearly stated rationale identifying why laboratory tests are needed and the specific laboratory tests requested. Regarding Psychological assessment, per 09/19/14 exam note. Quantity 1.00, there is no (clear) documentation of the need for screening, assessment of goals, and further treatment options, or subacute and chronic pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bariatric comprehensive program, per 09/19/14 exam note. Qty: 1.00: 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)

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

**Decision rationale:** MTUS does not address the issue. ODG identifies documentation of a diagnosis of type 2 diabetes; AND BMI of 35 or more, or BMI of 30 to 35 if the patient has poorly controlled diabetes; AND not achieving recommended treatment targets (A1C<6.5%) with medical therapies for a cumulative total of 12 months or longer in duration (including medications; diet and exercise (physician-supervised nutrition and exercise program (including dietician consultation, low calorie diet, increased physical activity, and behavioral modification) OR consultation with a dietician or nutritionist and reduced-calorie diet program supervised by dietician or nutritionist, plus an exercise regimen supervised by exercise therapist or other qualified professional); and for patients with a history of severe psychiatric disturbance (schizophrenia, borderline personality disorder, suicidal ideation, severe depression), a pre-operative psychological evaluation and clearance is necessary to ensure ability to comply with pre- and postoperative requirements. (Note: The presence of depression due to obesity is not

normally considered a contraindication to obesity surgery.)), as criteria necessary to support the medical necessity of Bariatric surgery. Within the medical information available for review, there is documentation of diagnoses of post lumbar laminectomy syndrome, lumbar spine DDD, lumbar radiculopathy, chronic back pain, and hip bursitis. In addition, given documentation of a BMI of 42.13, there is documentation of BMI of 35 or more. However, there is no documentation a diagnosis of type 2 diabetes; AND not achieving recommended treatment targets (A1C<6.5%) with medical therapies for a cumulative total of 12 months or longer in duration (including medications; diet and exercise (physician-supervised nutrition and exercise program (including dietician consultation, low calorie diet, increased physical activity, and behavioral modification) OR consultation with a dietician or nutritionist and reduced-calorie diet program supervised by dietician or nutritionist, plus an exercise regimen supervised by exercise therapist or other qualified professional); and for patients with a history of severe psychiatric disturbance (schizophrenia, borderline personality disorder, suicidal ideation, severe depression), a pre-operative psychological evaluation and clearance is necessary to ensure ability to comply with pre- and postoperative requirements. (Note: The presence of depression due to obesity is not normally considered a contraindication to obesity surgery)). Therefore, based on guidelines and a review of the evidence, the request for Bariatric comprehensive program, per 09/19/14 exam note. Qty: 1.00 is not medically necessary.

**Electrocardiogram, per 09/19/2014 exam note. Qty: 1.00: 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: (<http://emedicine.medscape.com/article/1894014-overview>)

**Decision rationale:** MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive clinical findings) for which an EKG is indicated (such as: disorders of cardiac rhythm; evaluation of syncope; evaluation of patients with implanted defibrillators and pacemakers; detection of myocardial injury or ischemic coronary disease; the presence of prior infarction; evaluation of metabolic disorders; effects and side effects of pharmacotherapy; and/or the evaluation of primary and secondary cardiomyopathic processes), as criteria necessary to support the medical necessity of EKG. Within the medical information available for review, there is documentation of diagnoses of post lumbar laminectomy syndrome, lumbar spine DDD, lumbar radiculopathy, chronic back pain, and hip bursitis. However, despite documentation of a request for EKG for morbid obesity, there is no documentation of a condition/diagnosis (with supportive clinical findings) for which an EKG is indicated (such as: disorders of cardiac rhythm; evaluation of syncope; evaluation of patients with implanted defibrillators and pacemakers; detection of myocardial injury or ischemic coronary disease; the presence of prior infarction; evaluation of metabolic disorders; effects and side effects of pharmacotherapy; and/or the evaluation of primary and secondary cardiomyopathic processes). Therefore, based on guidelines and a review of the evidence, the request for Electrocardiogram, per 09/19/2014 exam note. Qty: 1.00 is not medically necessary.

**Laboratory work up, per 09/19/14 exam note. Qty: 1.00: 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medical Necessity of Laboratory Tests ([http://www.healthcarecompliance.info/med\\_nec.htm](http://www.healthcarecompliance.info/med_nec.htm))

**Decision rationale:** MTUS and ODG do not address the issue. Medical Treatment Guideline documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of laboratory work up. Within the medical information available for review, there is documentation of diagnoses of post lumbar laminectomy syndrome, lumbar spine DDD, lumbar radiculopathy, chronic back pain, and hip bursitis. However, despite documentation of a request for lab work up for morbid obesity, there is no (clear) documentation of a clearly stated rationale identifying why laboratory tests are needed and the specific laboratory tests requested. Therefore, based on guidelines and a review of the evidence, the request for Laboratory work up, per 09/19/14 exam note. Qty: 1.00 is not medically necessary.

**Psychological assessment, per 09/19/14 exam note. Qty: 1.00: 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Psychological Evaluation

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, as criteria necessary to support the medical necessity of psychological evaluation. ODG identifies that psychological evaluation are well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations, as criteria necessary to support the medical necessity of psychological evaluation. Within the medical information available for review, there is documentation of diagnoses of post lumbar laminectomy syndrome, lumbar spine DDD, lumbar radiculopathy, chronic back pain, and hip bursitis. However, despite documentation of a request for psychological assessment for morbid obesity, there is no (clear) documentation of the need for screening, assessment of goals, and further treatment options, or subacute and chronic pain. Therefore, based on guidelines and a review of the evidence, the request for Psychological assessment, per 09/19/14 exam note. Qty: 1.00 is not medically necessary.

**Nutrition assessment, per 09/19/14 exam note. Qty: 1.00: 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of post lumbar laminectomy syndrome, lumbar spine DDD, lumbar radiculopathy, chronic back pain, and hip bursitis. However, despite documentation of a request for nutrition assessment for morbid obesity, there is no (clear) documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for Nutrition assessment, per 09/19/14 exam note. Qty: 1.00 is not medically necessary.

**Cardiac clearance, per 09/19/14 exam note. Qty: 1.00: 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) Low Back Chapter, Preoperative lab testing

**Decision rationale:** MTUS does not address this issue. ODG identifies that testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures, and that these investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of post lumbar laminectomy syndrome, lumbar spine DDD, lumbar radiculopathy, chronic back pain, and hip bursitis. However, despite documentation of a request for cardiac clearance for history of congestive heart failure, there is no documentation of a pending surgery that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for Cardiac clearance, per 09/19/14 exam note. Qty: 1.00 is not medically necessary.

**Esophagogastroduodenoscopy, per 09/19/14 exam note. Qty: 1.00: 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 Other Medical Treatment Guideline or Medical Evidence: <http://s3.gi.org/media/QualityEGD.pdf> and [http://www.guideline.gov/summary/summary.aspx?doc\\_id=9306&nbr=004976&string](http://www.guideline.gov/summary/summary.aspx?doc_id=9306&nbr=004976&string)

**Decision rationale:** MTUS and ODG do not address the issue. Medical Treatment Guideline identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which an upper endoscopy is indicated (such as: upper abdominal symptoms that persist despite an appropriate trial of therapy; upper abdominal symptoms associated with other symptoms or signs suggesting serious organic disease (anorexia, weight loss) or patients >45 years old; dysphagia or odynophagia; esophageal reflux symptoms that are persistent or recurrent despite appropriate therapy; persistent vomiting of unknown etiology; family adenomatous polyposis syndromes; for confirmation and specific histologic diagnosis of radiologically demonstrated lesions; GI bleeding; when sampling of tissue or fluid is indicated; in patients with suspected portal hypertension to document or treat esophageal varices; to assess acute injury after caustic ingestion; treatment of bleeding lesions such as ulcers, tumor, vascular abnormalities; banding or sclerotherapy for varices; removal of foreign bodies; removal of selected polypoid lesions; placement of feeding or drainage tubes; dilatation of stenotic lesions; management of achalasia; palliative treatment of stenosing neoplasms; and/or patients with chronic GERD at risk for Barrett's esophagus), as criteria necessary to support the medical necessity of EGD. Within the medical information available for review, there is documentation of diagnoses of post lumbar laminectomy syndrome, lumbar spine DDD, lumbar radiculopathy, chronic back pain, and hip bursitis. However, despite documentation of a rationale identifying a request for EGD for possible history of esophageal reflux to made sure there is no anatomic (hiatal hernia) or mucosal abnormality, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which an upper endoscopy is indicated (upper abdominal symptoms that persist despite an appropriate trial of therapy; upper abdominal symptoms associated with other symptoms or signs suggesting serious organic disease (anorexia, weight loss) or patients >45 years old; dysphagia or odynophagia; esophageal reflux symptoms that are persistent or recurrent despite appropriate therapy; persistent vomiting of unknown etiology; family adenomatous polyposis syndromes; for confirmation and specific histologic diagnosis of radiologically demonstrated lesions; GI bleeding; when sampling of tissue or fluid is indicated; in patients with suspected portal hypertension to document or treat esophageal varices; to assess acute injury after caustic ingestion; treatment of bleeding lesions such as ulcers, tumor, vascular abnormalities; banding or sclerotherapy for varices; removal of foreign bodies; removal of selected polypoid lesions; placement of feeding or drainage tubes; dilatation of stenotic lesions; management of achalasia; palliative treatment of stenosing neoplasms; and/or patients with chronic GERD at risk for Barrett's esophagus). Therefore, based on guidelines and a review of the evidence, the request for Esophagogastroduodenoscopy, per 09/19/14 exam note quantity: 1.00 is not medically necessary.