

Case Number:	CM13-0014010		
Date Assigned:	07/02/2014	Date of Injury:	02/01/2008
Decision Date:	01/05/2015	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of February 1, 2008. A utilization review determination dated August 8, 2013 recommends non-certification of a bariatric consultation. A report dated February 28, 2013 identifies no subjective complaints. Objective examination findings indicate that the patient is morbidly obese and ambulates with an antalgic gait using a cane. There is tenderness, guarding, and limited range of motion in the lumbar spine with decreased sensation in the L5 distribution. The diagnoses include cervical spine discopathy; cervical spine radiculopathy, lumbar spine discopathy, and right lower extremity radiculopathy. The treatment plan recommends Omeprazole, NSAIDs, Tizanidine, Norco, Cidaflex, a one-year gym membership, and a weight loss program. A progress report dated February 12, 2013 recommends a supervised weight loss program to "allow further orthopedic treatment". Consultation with a bariatric surgeon is also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bariatric 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, Diabetes Chapter, Gastric bypass

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: Systematic review: An Evaluation of Major Commercial Weight Loss Programs in the United States (<http://www.ncbi.nlm.nih.gov/pubmed/15630109>) and http://www.aetna.com/cpb/medical/data/100_199/0157.html - Clinical Policy Bulletin: Obesity Surgery

Decision rationale: Regarding the request for a bariatric consult, the California MTUS and Official Disability Guidelines do not address the issue. Aetna guidelines recommend consideration of surgical intervention for obesity that has persisted for at least 2 years which has not responded to less invasive weight-loss strategies. Within the documentation available for review, the documentation does not clearly describe the patient's attempts at diet modification and a history of failure of reasonable weight loss measures such as dietary counseling, behavior modification, caloric restriction, and exercise within the patient's physical abilities. In light of the above issues, the currently requested bariatric consult is not medically necessary.