

Case Number:	CM14-0211329		
Date Assigned:	12/24/2014	Date of Injury:	08/02/2011
Decision Date:	02/27/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: Texas
 Certification(s)/Specialty: Surgery, Hand 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:

Patient is a 32-year-old male with a 08/02/11 date of injury from a motor vehicle accident. 12/04/13 progress note states that the patient has received authorization for a weight loss program for [REDACTED]. 03/26/14 progress report states that the patient has lost 30 pounds, undergoing a weight loss program. Patient was determined permanent and stationary in January of 2014. 11/26/14 follow up report states that the patient returns to request authorization for bariatric surgery. AME has recommended lumbar surgery however, the morbid obesity of the patient requires a loss of a significant amount of weight, upwards of 150 pounds, in order to become eligible for the surgical intervention. Patient is stated to be 6 feet tall, weighing 390 pounds. The physician states that the patient complains of a significant weight increase since the injury due to inability to perform activities of daily living or home exercises. On physical exam, there is spasm, tenderness, guarding or paravertebral muscles of lumbar spine with loss of range of motion. Bilaterally decreased sensation in S1 dermatomes. Diagnosis: Cervical radiculopathy, lumbar sacral radiculopathy, shoulder fracture, thoracic sprain/strain. 11/26/14 follow up report states a request for bariatric surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bariatric Surgery: 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), Online Edition, Barlatric Surgery Section

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: Society of American Gastrointestinal Endoscopic Surgeons (Sages) and the American Society of Bariatric Surgeons

Decision rationale: Society of American Gastrointestinal Endoscopic Surgeons and the American Society of Bariatric Surgeons ("Sages Guidelines For Laparoscopic And Conventional Surgical Treatment Of Morbid Obesity") which state that surgical therapy should be considered for individuals who: Have a body mass index (BMI) of greater than 40 kg/m², OR have a BMI greater than 35 kg/m² with significant co-morbidities AND can show that dietary attempts at weight control have been ineffective. The patient demonstrated significant results of weight reduction of 30 lbs during a period of no more than 3 months. The documentation does not reflect the reason why this was not continued. The patient is considered super obese based on his BMI of 52.9. Not only did the patient not fail, he succeeded in weight loss averaging a rate of 10lbs per month. He was described as motivated in the weight loss program and motivated to be able to avoid the need for surgery. The sudden desire to undergo surgery and the patient's reasoning as well as motivation is presently uncertain. Therefore, the request for Bariatric Surgery is not medically necessary.