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| <b>Case Number:</b>   | CM15-0094353 |                              |            |
| <b>Date Assigned:</b> | 05/20/2015   | <b>Date of Injury:</b>       | 07/09/2010 |
| <b>Decision Date:</b> | 06/29/2015   | <b>UR Denial Date:</b>       | 04/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/15/2015 |

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47 year old female, who sustained an industrial injury on 7/9/2010. Diagnoses have included lumbar post-laminectomy syndrome and morbid obesity. Treatment to date has included surgery and medication. An exam dated 1/21/2015 documented that the injured worker was unable to exercise secondary to pain. She had tried low carb diets to no avail. According to the progress report dated 2/18/2015, the injured worker complained of low back pain. Body mass index was noted to be 43.50. The injured worker was noted to be in mild distress. Physical exam revealed lumbar spine tenderness. Lumbar spine range of motion was moderately reduced. Authorization was requested for consultation with a bariatric surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation Bariatric Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Second Edition, Chapter 7 page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation

[http://www.aetna.com/cpb/medical/data/100\\_199/0157.html](http://www.aetna.com/cpb/medical/data/100_199/0157.html) Clinical Policy Bulletin:  
Obesity Surgery.

**Decision rationale:** Within the submitted documentation, there is no documentation regarding what the patient's weight was prior to the onset of injury. Therefore, it is unclear whether her morbid obesity diagnosis was a result of sedentary lifestyle after her injuries and surgery or if it was her baseline weight. In addition, there is no documentation of what dietary counseling or nutritional changes have been tried to address the issue of morbid obesity. As such, the consult for bariatric surgery is not indicated at this time. The request is not medically necessary.