

Case Number:	CM14-0154394		
Date Assigned:	09/24/2014	Date of Injury:	11/08/1985
Decision Date:	11/06/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/22/2014

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 Colon and Rectal Surgery, has a subspecialty in General Surgery and is licensed to practice in Pennsylvania. 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 58 year-old female who has reported back and knee pain after an injury on 11/8/85. Orthopedic treatments have included lumbar and knee surgeries, many medications, and multiple injections. Orthopedic diagnoses have included post-laminectomy syndrome, degenerative disc disease, radiculopathy, and hip bursitis. The injured worker has also been diagnosed with obesity, with reports showing a Body Mass Index varying from 36 to 42. The medical reports from the primary treating physician during 2013 refer to plans for bariatric surgery, but without any details of the indications or plans, and there were no reports from the bariatric surgeons. The injured worker has failed at least one drug screen, and remains dependent on chronic opioids, hypnotics, and Soma. Per the PR2s of 5/22/14, 6/19/14, 7/17/14, the injured worker had seen a nutritionist at a weight loss center, with the report pending. Note was made of an evaluation by a bariatric physician on 3/3/14, including a recommendation for bariatric services. These services were requested, without the specific details or indications. The services appear to be associated with a planned bariatric surgery. The "Bariatric comprehensive program" appeared to include the surgery. The surgeon's report was not included in the medical records for Independent Medical Review. Per the PR2 of 8/22/14, the injured worker lost all of her prescriptions for her four habituating medications but not any of the other prescriptions. Note was made of an evaluation by a bariatric physician on 3/3/14, including a recommendation for bariatric services. These services were requested, without the specific details or indications. On 9/11/14 Utilization Review denied the services now under Independent Medical Review, noting the lack of sufficient indications for a bariatric surgery. CMS criteria for obesity treatment were cited, along with the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: 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), Low Back, Preoperative electrocardiogram (ECG)

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 labs, EKG and chest x-ray, and on UpToDate, Obesity in adults: Overview of management, UpToDate, Bariatric operations for management of obesity: Indications and preoperative preparation

Decision rationale: Since the bariatric surgery is not medically necessary, any associated services, including the requested "EKG", are not medically necessary. Were there to be sufficient medical necessity for a bariatric surgery, an EKG may be part of the pre-operative evaluation, per the cited guidelines. Pre-operative EKGs are indicated for some patients with specific risk factors. The treating physician did not provide the specific indications for an EKG in the available reports.

Psychological assessment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Bariatric operations for management of obesity: Indications and preoperative preparation, and on UpToDate, Obesity in adults: Overview of management, UpToDate, Bariatric operations for management of obesity: Indications and preoperative preparation

Decision rationale: Since the bariatric surgery is not medically necessary, any associated services, including the requested "psychological assessment", are not medically necessary. Were there to be sufficient medical necessity for a bariatric surgery, a psychological assessment would be part of the pre-operative evaluation, per the cited guidelines.

Bariatric comprehensive program: 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) Bariatric operations for management of obesity: Indications and preoperative preparation UpToDate,

Obesity in adults: Overview of management. UpToDate, Bariatric operations for management of obesity: Indications and preoperative preparation

Decision rationale: According to the available records, the "Bariatric comprehensive program" is part of the bariatric surgical plan, and may include the surgery itself. None of the available records are the surgeon's evaluations and recommendations. The indications for the bariatric surgery are not provided in the records. The history of the obesity and any attempts at non-surgical weight loss are not described. The "Bariatric comprehensive program" is not defined, and it could refer to any number of non-surgical and surgical services. The MTUS is silent on the issue of bariatric surgery. The Official Disability Guidelines and UpToDate, cited above, discuss the option of bariatric surgery for obese patient's refractory to non-surgical treatment. A variety of indications are listed. Not all obese patients are candidates for bariatric surgery, even if the Body Mass Index is quite elevated. The available records do not provide sufficient information regarding the obesity history, risk factors, and indications for proceeding with bariatric surgery. For example, one of the contraindications listed in the UpToDate reference is substance abuse. This injured worker has some signs of this disorder (drug seeking, "lost" prescriptions, and failed urine drug screen). The bariatric surgery and any associated services, including the "Bariatric comprehensive program" are therefore not medically necessary.

Lab work up: 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) Preoperative Lab Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Bariatric operations for management of obesity: Indications and preoperative preparation UpToDate, Obesity in adults: Overview of management, UpToDate, Bariatric operations for management of obesity: Indications and preoperative preparation

Decision rationale: Since the bariatric surgery is not medically necessary, any associated services, including the requested "lab work-up", are not medically necessary. In addition, the specific tests were not listed. Medical necessity cannot be determined or established by a general reference to unspecified lab testing, given the thousands of tests that might be performed.