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| Case Number: | CM14-0039902 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 11/15/2008 |
| Decision Date: | 08/18/2014 | UR Denial Date: | 03/26/2014 |
| Priority: | Standard | Application Received: | 04/04/2014 |

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 Occupational 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:

The patient is a 29-year-old female who has submitted a claim for morbid obesity, status post anterior/posterior lumbar interbody fusion and decompression at L4-L5 and L5-S1 (09/21/2012); associated with an industrial injury date of 11/15/2008. The medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain, graded 5/10, radiating down the left leg. Physical examination showed tenderness in the lower lumbar spine and left buttock. Range of motion of the lumbar spine was limited. The treatment to date has included medications, physical therapy, and spine surgery as stated above. A utilization review, dated 03/27/2014, denied the request for bariatric and psychiatric consultations because the request failed to specify the concerns to be addressed in the independent of expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bariatric evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 Page 127 and California MTUS guidelines, web-based edition (http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

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), Chapter 7 - Independent Medical Examinations and Consultation, pages 127 and 156. Other Medical Treatment Guideline or Medical Evidence: Society of American Gastrointestinal Endoscopic Surgeons and the American Society of Bariatric Surgeons.

Decision rationale: CA MTUS ACOEM Occupational Medicine Practice Guidelines recommends that health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. A search of online resources (Society of American Gastrointestinal Endoscopic Surgeons and the American Society of Bariatric Surgeons (sages guidelines for laparoscopic and conventional surgical treatment of morbid obesity)) states that a bariatric consultation is indicated with a body mass index (BMI) of greater than 40 kg/m², OR a BMI greater than 35 kg/m² with significant co-morbidities with evidence that dietary attempts at weight control have been ineffective. In this case, the patient is morbidly obese with a BMI of 43.3 kg/m². A progress report dated 04/11/2014, states that patient gained nearly 50 pounds despite diligent dieting and exercise to tolerance due to her inability to perform any physical exercise other than walking. An AME report dated 6/18/2013 concurs with the request for bariatric consultation. The medical necessity has been established. Therefore, the request for Bariatric Evaluation is medically necessary.

Psychiatric Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 Page 127 and California MTUS guidelines, web-based edition (http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

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), Chapter 7 - Independent medical Examinations and Consultation, pages 127 and 156.

Decision rationale: Pages 127 and 156 of the CA MTUS ACOEM Independent Medical Examinations and Consultations state that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the patient has had significant depression and some anxiety since the spine surgery in 2012. An AME report dated 06/18/2013 concurs with the request for psychiatric evaluation, stating that an evaluation by a psychiatrist for assessment of this issue and whether or not she needs treatment should occur. The medical necessity has been established. Therefore, the request for Psychiatric Evaluation is medically necessary.