

Case Number:	CM14-0069380		
Date Assigned:	07/14/2014	Date of Injury:	08/13/2003
Decision Date:	09/11/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/14/2014

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia and North Carolina. 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 38 years old female with a reported date of injury on 8/13/03 who had requested authorization for bilateral breast reduction. The patient is noted to have had suffered injury to her left foot while at work on 8/13/03 and to her back and neck on 11/23/04. The patient is noted to have gained over 150 pounds as a result of the injury. She is noted to have chronic low back pain that radiates down her left leg. Request for authorization dated 4/21/14 was made for breast reduction surgery, referral to MPN plastic surgery for consultation with diagnoses of s/p inversion-twisting injury foot/ankle, chronic lymphedema and severe disc disease lumbar spine. Documentation from 4/3/14 notes the patient has lumbar spine pain and stated MRI findings of lumbar herniated disc. The patient has 'extremely large pendulous breasts, which cause her to bend forward at the waist on a chronic basis, causing chronic strain and worsening of the disc disease of her lumbar spine with associated chronic radiculopathy.' Diagnosis is stated as severe disc disease, lumbar spine, with associated radiculopathy. Plan was for authorization of breast reduction surgery to help in alleviating her back pain with radiculopathy and to continue Naproxen for pain control. Documentation from 5/1/14 notes similar findings from 4/3/14. Recommendation is for additional plastic surgery consultation regarding her enlarged breasts and additional rehab visits for her chronic low back pain. Utilization review dated 5/5/14 did not certify the procedure of breast reduction. Reasoning given was that there is no photographic documentation confirming severe breast hypertrophy. There is also limited evidence of at least 3-month trial of therapeutic measures, such as medications, physical therapy/exercises/posturing maneuvers, and supportive devices. Moreover, there is no provision for the requested surgical procedure as part of future medical care in the submitted AME dated 1/24/07 to address lumbar radiculopathy. Referral for plastic surgery consultation is also non-certified. ODG-TWC notes

that office visits are recommended as determined to be medically necessary. There are listed criteria for breast reduction surgery and the claimant has not met all of the listed criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

BREAST REDUCTION SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Breast reduction Surgery and Gynecomastia Surgery.

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: 1. Nguyen, Jesse T. B.S.; Wheatley, Michael J. M.D.; Schnur, Paul L. M.D.; Nguyen, Tuan A. M.D., D.D.S.; Winn, Shelley R. Ph.D. 'Reduction Mammoplasty: A Review of Managed Care Medical Policy Coverage Criteria.' *Plastic & Reconstructive Surgery*. 121(4):1092-1100, April 2008.2. ASPS Recommended Insurance Coverage Criteria for Third-Party Payers. Available at: http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/Reduction_Mammoplasty_Coverage_Criteria.pdf. Accessed 9/8/14.

Decision rationale: The patient is a 38 years old female with documented macromastia that may be affecting her low back pain. However, there is insufficient medical documentation of a thorough history and physical examination related to her macromastia. The patient has a suggestion of a functional deficit related to her macromastia; however, there is not clear evidence that breast reduction surgery would be expected to improve this. The degree of severity is not documented. Photographs are not provided to help to support any degree of severity. Cup size has not been provided. Typical breast dimensions are not provided. Evidence of typical signs and symptoms related to breast enlargement have not been documented. The effect of her breast enlargement on activities of daily living have not been sufficiently documented. Without this critical detail, one cannot ascertain any degree of possible improvement with surgical correction. Overall, there is minimal medical documentation to support a medically necessary breast reduction. ACOEM/MTUS and ODG does not address breast reduction surgery. From the ASPS and as supported by the 1st reference, 'Symptomatic breast hypertrophy is defined as a syndrome of persistent neck and shoulder pain, painful shoulder grooving from brassiere straps, chronic intertriginous rash of the inframammary fold, and frequent episodes of headache, backache, and neuropathies caused by heavy breasts caused by an increase in the volume and weight of breast tissue beyond normal proportions.' There is minimal supporting evidence of these factors. There is no documentation of the extent of the macromastia. The patient is only stated to have back pain and breast enlargement. Further, 'based on the results of Level I and II Evidence, reduction mammoplasty has been proven effective at reducing macromastia related symptoms and improving postoperative quality of life. Insurance coverage criteria for symptomatic breast hypertrophy should be based upon documentation of at least two symptoms (see below) regardless of body weight or weight of breast tissue removed.' 'Physicians should document the severity of the symptoms of breast hypertrophy (ICD-9: 611.1) and impact on health related quality of life as measured by a breast specific questionnaire which includes at least two of the

following signs/symptoms:- Chronic breast pain (ICD-9: 611.71) due to weight of the breasts- Intertrigo (ICD-9: 695.89) unresponsive to medical management- Upper back, neck, and shoulder pain (ICD-9: 724.1, 723.1, 723.9)- Backache, unspecified (ICD-9: 724.5)- Thoracic kyphosis, acquired (ICD-9: 737.10)- Shoulder grooving from bra straps (ICD-9: 738.3)- Upper extremity paresthesia (ICD-9: 782.0) due to brachial plexus compression syndrome secondary to the weight of the breasts being transferred to the shoulder strap area.- Headache (ICD-9: 784.0) - Congenital breast deformity (ICD-9: 757.6) The medical records do not contain sufficient detail to satisfy these recommendations. The patient is only noted to have back pain and breast enlargement. The severity of these symptoms and impact on quality of life is not adequately documented. The degree of breast hypertrophy or other symptoms are not adequately documented. Overall, there is insufficient medical documentation to support that the patient would likely benefit from breast reduction surgery.

REFERRAL T MPN PLASTIC SURGERY FOR CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC).

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 Pain, Office visits Other Medical Treatment Guideline or Medical Evidence: 1. Nguyen, Jesse T. B.S.; Wheatley, Michael J. M.D.; Schnur, Paul L. M.D.; Nguyen, Tuan A. M.D., D.D.S.; Winn, Shelley R. Ph.D. 'Reduction Mammoplasty: A Review of Managed Care Medical Policy Coverage Criteria.' *Plastic & Reconstructive Surgery*. 121(4):1092-1100, April 2008.2. ASPS Recommended Insurance Coverage Criteria for Third-Party Payers. Available at: http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/Reduction_Mammoplasty_Coverage_Criteria.pdf. Accessed 9/8/14.

Decision rationale: The patient is a 38 years old female with documented chronic low back pain. She was noted to have significant macromastia that may be exacerbating her chronic pain. ACOEM/MTUS does not address breast reduction surgery. From ODG with respect to office visits for low back pain, 'Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment.' The requesting physician has noted possible signs and symptoms that may be affecting her chronic low back pain. One cannot expect this physician to have the expertise to evaluate this condition fully. Thus, referral to a specialist that can adequately evaluate these signs and symptoms is consistent with ODG. A Plastic Surgeon is qualified to provide an adequately detailed consultation related to breast enlargement. This physician can further detail the severity of the macromastia and its possible functional effect. This physician can help to determine if breast reduction surgery satisfies medically necessary criteria as outlined in the provided references. Thus, a consultation with a plastic surgeon should be considered medically necessary. The utilization review is correct in its analysis for denial of the actual surgery, but its reasoning for denial of the consultation is not consistent with ODG and generally accepted plastic surgery

principles. The utilization reviewer states that 'There are listed criteria for breast reduction surgery and the claimant has not met all of the listed criteria.' As stated, it is not reasonable for the requesting physician to document 'all of the listed criteria', only enough documentation to suggest a functional deficit related to macromastias. This is 'reasonable physician judgement' as defined by the ODG. The plastic surgeon should be the one responsible for this greater determination.