

<b>Case Number:</b>	CM15-0195167		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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

### 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 65 year old female who sustained an industrial injury on 02-09-2012. According to a progress report dated 09-04-2015, the injured worker reported sharp aching pain with stabbing pain in the cervical spine. Pain radiated to the upper neck, shoulders and low back. Baseline pain was rated 4 to 7 out of 10. Therapy, chiropractic care and trigger point injections helped alleviate the pain. Activities at home and work worsened the pain as well as driving. Review of systems was positive for headaches, weakness, numbness, heartburn, night sweats and sleeplessness. Examination of the cervical spine demonstrated tenderness to palpation over the cervical paraspinals and tenderness to palpation over the trapezius and rhomboids. There was limited range of motion in the cervical spine that was limited by pain. Spurling test was negative. Thoracic posture was well preserved with no splinting. Parathoracic palpation from T to T12 bilaterally showed no areas of tenderness or spasm. There was no localized tenderness over the scapulae bilaterally. Thoracic motion was normal and painless in all planes. Bilateral shoulder motions were normal with no winging of the scapulae. Neurologic function distal to the midthoracic spine was intact. Sensation was intact to light touch, pinprick and two point discrimination in all dermatomes in the bilateral upper extremities. Radial and ulnar pulses were 2 plus bilaterally. Capillary refill was less than two seconds. The fingers were warm and pink. Phalen test, Tinel's sign and Finkelstein test was negative bilaterally. Diagnostic impression included cervical strain, ligament and muscle strain and spasm and trapezius and rhomboid strain. The treatment plan included chiropractic care and request for a plastic surgery consultation and treatment for possible breast reduction. An authorization request dated 09-04-2015 was

submitted for review. The requested services included plastic surgeon consultation. On 09-17-2015, Utilization Review non-certified the request for plastic surgery consultation for possible breast reduction.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Plastic Surgery Consultation for Possible Breast Reduction: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ACOEM Chapter 7, page 127.

**Decision rationale:** The patient presents with pain in the cervical spine radiating to the upper neck, shoulders, and low back. The request is for plastic surgery consultation for possible breast reduction. Physical examination to the cervical spine on 09/04/15 revealed tenderness to palpation over the paraspinals, trapezius, and rhomboid muscles. Range of motion was limited with pain. Examination to the thoracic spine revealed no pain with a normal range of motion. Patient's treatments have included medication, trigger point injections, physical therapy, chiropractic care, and home exercise program. Per 09/04/15 Request for Authorization form, patient's diagnosis includes sprain thoracic region. Patient's medication, per 09/04/15 progress report includes Flexeril. Patient is permanent and stationary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, Chapter 7, Independent Medical Examinations and Consultations Chapter, page 127 state that the occupational 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 referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The treater does not specifically discuss this request. The patient continues with pain in the cervical spine that radiates to the upper neck, shoulders, and the low back. The ACOEM recommends a referral for consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, when the plan or course of care may benefit from additional expertise, for therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. In this case, the treater does not explain what the breast reduction is to accomplish other than for cosmetic purposes. There is no guidelines discussion regarding breast reduction for treatment of chronic pain. The request is not medically necessary.