

<b>Case Number:</b>	CM15-0082441		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	11/25/2003
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic Surgery

### 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 58 year old female who sustained a work related injury November 25, 2003. According to a primary treating physician's progress report, dated March 12, 2015, the injured worker presented with spontaneously worse neck, low back, bilateral hip pain and bilateral wrist and hand pain with numbness and tingling. She brought in literature regarding large breasts aggravating existing pain and would like to have a reduction to her DD breasts. She also complains of bilateral foot pain of which she has been treated for 2-3 years and given orthotics. Diagnoses are documented as cervical strain with recent radicular symptoms; MRI evidence of disc protrusion right C6-7, narrowing right neural foramina and mildly impinging the ventral cord at C4-5, bulging/spurring at C5-6 causing bilateral neural foraminal stenosis; lumbar strain with intermittent right lumbar radicular symptoms; hip strain, left greater than right; secondary depression/insomnia due to chronic pain; irritable bowel syndrome and hypertension. Recommendations included medication, supplies for TENS unit and continue with home exercises and stretching. At issue, is a request for authorization for breast reduction surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Breast reduction Qty: 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Plastic surgeon, Evidence practice Guidelines: Reduction Mammoplastywww.plasticsurgery.org.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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](http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/Reduction_Mammoplasty_Coverage_Criteria.pdf). Accessed 6/4/15.

**Decision rationale:** The patient is a 58 year old female with chronic neck pain and stated macromastia with a bra size of DD. A request was made for a breast reduction to help with her neck pain. Overall, there is insufficient detailed medical documentation to warrant a breast reduction at this time. There is not a detailed examination of the breasts provided. There are no photographs to support the diagnosis of macromastia. This is not to say that a breast reduction in this patient may not be necessary, but the documentation is insufficient at this time. A reasonable option would be to refer the patient to a Plastic Surgeon that may be able to better define the clinical problem and address issues for possible surgical intervention. Therefore, breast reduction in this patient should not be considered medically necessary.