

Case Number:	CM15-0240078		
Date Assigned:	12/17/2015	Date of Injury:	11/25/2003
Decision Date:	01/27/2016	UR Denial Date:	12/02/2015
Priority:	Standard	Application Received:	12/09/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 20, 2003. In a Utilization Review report dated October 20, 2015, the claims administrator failed to approve a request for breast reduction surgical consultation. An October 20, 2015 date of service was referenced in the determination. On said October 20, 2015 office visit, the applicant reported multifocal complaints of neck, low back, hip, wrist, and hand pain with derivative complaints of depression and sleep disturbance. The applicant was not working and was deemed a qualified injured worker, the treating provider reported. The attending provider contended that a breast reduction could potentially attenuate the applicant's complaints of neck and low back pain and suggested a breast reduction surgical consultation. Norco, Motrin, and a TENS unit were endorsed while the applicant was seemingly kept off of work. The requesting provider was a neurologist, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Breast reduction surgical consultation, Qty 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice

Guidelines, 2nd edition 2004, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Yes, the request for a breast reduction surgery consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the applicant's neurologist was likely ill-equipped to address issues with and/or allegations of neck and/or back pain associated with large breasts. Obtaining the added expertise of a practitioner in another specialty, namely a breast surgeon was, thus, indicated to determine the applicant's suitability for a breast reduction procedure. Therefore, the request is medically necessary.