

Case Number:	CM14-0133928		
Date Assigned:	08/25/2014	Date of Injury:	12/20/2011
Decision Date:	12/12/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/18/2014

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 Dermatology and is licensed to practice in Texas. 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 46 years old male who was injured on 12/20/2011. The mechanism of injury is unknown. The patient underwent lumbar spine surgery at L5-S1 and his past medication history included ketoconazole and Doxycycline. Dermatology evaluation note dated 07/02/2013 states the patient presented with a rash that was located at a surgical site that was performed in 12/2012. The rash spread to his trunk, scalp and extremities. On exam, he had 2 cm to 5-6 cm plaques which were very scaly and inflamed. He had no evidence of psoriatic arthritis. The patient was diagnosed with psoriasis and pruritus. He was recommended topical clobetasol, topical Vectical and ultraviolet light narrowband therapy. Prior utilization review dated 08/06/2014 states the request for Ultraviolet light treatment (Total 16) 2x weekly to scalp, trunk, and extremities is not certified as there is no evidence documented that supports the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultraviolet light treatment (Total 16) 2x weekly to scalp, trunk, and extremities:

Overtaken

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Arch Dermatol. 1977 Nov; 113(11):1525-8. Treatment of psoriasis with long-wave ultraviolet light

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: http://www.medscape.com/viewarticle/753719_2

Decision rationale: Present in natural sunlight, ultraviolet B (UVB) is an effective treatment for psoriasis. UVB penetrates the skin and slows the growth of affected skin cells. Treatment involves exposing the skin to an artificial UVB light source for a set length of time on a regular schedule. This treatment is administered in a medical setting or at home. There are two types of UVB treatment, broad band and narrow band. The major difference between them is that narrow band UVB light bulbs release a smaller range of ultraviolet light. Narrow-band UVB is similar to broad-band UVB in many ways. Several studies indicate that narrow-band UVB clears psoriasis faster and produces longer remissions than broad-band UVB. It also may be effective with fewer treatments per week than broad-band UVB. During UVB treatment, psoriasis may worsen temporarily before improving. The skin may redden and itch from exposure to the UVB light. To avoid further irritation, the amount of UVB administered may need to be reduced. Occasionally, temporary flares occur with low-level doses of UVB. These reactions tend to resolve with continued treatment. UVB can be combined with other topical and/or systemic agents to enhance efficacy, but some of these may increase photosensitivity and burning, or shorten remission. Combining UVB with systemic therapies may increase efficacy dramatically and allow for lower doses of the systemic medication to be used. Therefore, in this case, ultraviolet light is medically necessary for this patient.