

Case Number:	CM14-0073232		
Date Assigned:	07/16/2014	Date of Injury:	02/27/2010
Decision Date:	09/09/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/20/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This 58 year-old injured worker sustained an injury on 2/27/10 while employed by [REDACTED]. Request under consideration include MOHS closure and Core Laser. There is a report dated 3/20/14 noting internal medicine AME cross-exam with topics of echocardiogram and sleep discussed. It was noted "the patient's history of obstructive sleep apnea was entirely non-industrial" which lowered the whole person impairment rating down; regarding topic heading of echocardiogram, it was noted the patient retired on 3/31/11 with an evaluator not finding any cardiovascular issues and "any evidence of high blood pressure or heart trouble would therefore be non-industrially related." Report of 4/25/14 noted injury involved stepping off a fire truck. Complaints noted back pain rated at 10/10 with exam findings of decreased ROM (no degrees or planes specified); unable to flex forward or extend; heel and toe intact but guarded on right; DTRs bilaterally at 2+. Diagnoses include Lumbar sprain/ backache unspec/ back disorder; Muscle/ ligament/ pain disorder. Treatment included medications of Flexeril, Hydrocodone, Ibuprofen, and Toradol injections and the patient remained TTD until recheck. There was RFA dated 4/3/14 with requests for MOHS with closure/Core Laser for diagnoses of Basal Cell Carcinoma of left leg/scar. Hand-written brief somewhat illegible report of 1/6/14 from Dermatology and Cosmetic office provider noted patient with diagnoses of Actinic Keratosis/ Basal cell carcinoma of left leg; has widespread scaly lesion on sun exposed area; has been treat with liquid nitrogen on forehead, nose, bilateral cheek, hands, arms, legs, temple, and jawline. Recommendations include use of SPF 30 photo-protection daily. The requests for MOHS closure and Core Laser were non-certified on 4/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOHS closure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Habif: Clinical Dermatology.

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: Aetna, Clinical Policy Bulletin: Mohs Micrographic Surgery #0383.

Decision rationale: Guidelines are silent regarding the surgical MOHS closure procedure with Core Laser; however, Aetna clinical bulletin policy does recommend Mohs micrographic surgery for basal cell carcinoma (BCC), but does consider the surgery experimental and investigational for all other indications because its effectiveness for indications other than BCC, Melanoma, etc. has not been established. In this case, there is only a brief report from dermatologist regarding the patient's skin cancer diagnosis with request for procedure. Submitted report has not adequately demonstrated how the BCC is related to the patient's low back injury, how other conservative treatments have failed, or what ADLs are limited to support for surgical procedure. The MOHS closure and Core Laser is not medically necessary and appropriate.

Core Laser: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/21508586: Fractionated Laser, US National Public Library of Medicine National Institutes for Health last updated 2/26/12.

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: Aetna, Clinical Policy Bulletin: Mohs Micrographic Surgery #0383.

Decision rationale: As Decision for MOHL Closure was not medically necessary and appropriate; therefore the associated Core Laser is not medically necessary and appropriate.