

<b>Case Number:</b>	CM14-0037211		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/10/1997
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Dermatologist and is licensed to practice in New York. 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 enrollee is a 68 year old male with history of actinic keratoses and seborrheic keratoses who is requesting coverage for destruction of lesions via liquid nitrogen cryotherapy. The destruction was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cryosurgery for the scalp, face, forearm neck and hands:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Habib: Clinical Dermatology, 4th ed. Chapter 21- Premalignant and Malignant Nonmelanoma Skin Tumors

**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: Dr. B, Amici JM, Basset-Seguin N, Cribier B, Claudel JP, Richard MA. Management of actinic keratosis: a practical report and treatment algorithm from AKTeam expert clinicians. J Eur Acad Dermatol Venereol. 2014 Sep;28(9):1141-9.

**Decision rationale:** The enrollee's request for coverage of liquid nitrogen destruction of actinic keratoses should be approved. Actinic keratoses are pre-malignant skin lesions with the potential to develop into squamous cell carcinoma of the skin. Treatment with liquid nitrogen cryotherapy

is medically necessary and considered to be standard of care. The destruction of seborrheic keratoses is not medically necessary as these are benign skin lesions. Occasionally such lesions can become inflamed resulting in excessive pain, itching or bleeding. In those instances, treatment of benign lesions is generally a covered benefit. Given the lack of documentation of symptoms associated with the seborrheic keratoses, the request for coverage of the destruction should be denied.