

<b>Case Number:</b>	CM15-0007928		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	01/22/2007
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39 year old female sustained a work related injury on 01/22/2007. Medical records submitted for this review included depositions and two progress reports. The most recent report from dentistry, dated 07/21/2014, noted that the claimant was injured in a motorcycle accident and sustained a traumatic brain injury. She injured her head, neck, shoulders, jaw, face, mouth, right arm, right wrist, hands and the right lower leg and foot. The accident occurred with she was test driving a motorcycle. Treatments have included nose reconstruction twice, upper jaw and orbital socket reconstruction, mid and upper facelift and dental work. Chief complaints included severe overbite, severe migraines, unable to open mouth wide, clenching and grinding of teeth, dryness of mouth and gums, severe constant neck pain, dental teeth health, nerve pain, esthetic complaints, discolored and fractured tooth, pain or discomfort when chewing and tooth pain. She had pain in the top teeth, gums, and jaw up to her nose and eye sockets, facial pain, head pain and neck pain. She reported neck pain, shoulder pain, ringing in the ears, ear pain and pain around the eyes, teeth pain and difficulty swallowing. According to the provider, the injured worker's jaw and facial pain have gotten worse since the past 3 years. On 12/12/2014, Utilization Review non-certified fractional CO2 resurfacing system (core laser) treatment. According to the Utilization Review physician, the records do not clarify a rationale for the proposed treatment. There was no evidence that the injured worker had significant pain or physical functional impairment to support the need for this treatment. Guidelines cited for this review included Aetna and Blue Cross Medical Policy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Fractional Co2 Resurfacing System (Core Laser) Treatment: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Medical Policy, Treatment of Keloids and Scar Revision

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Burns, Laser therapy (scar management)

**Decision rationale:** The patient presents with pain affecting the neck, bilateral shoulder, bilateral ear, teeth, and around the bilateral eye. The current request is for Fractional Co2 Resurfacing System (Core Laser) Treatment. The requesting treating physicians report was not found in the documents provided. The most current medical report was dated 7/21/14(4C) and did not provide a rationale for the current request. The ODG guidelines for laser therapy scar management states, "Recommended. One of the most significant advances in scar management over the past 10 years has been the broader application of laser therapy, resulting in a shift in status from an emerging technology to the forefront of treatment. Laser scar revision is recommended when there is significant variation from normal related to accidental injury, disease, trauma, or treatment of a disease or congenital defect." In this case, while there is documentation that the patient has undergone plastic surgeries, it is unknown if the patient has a significant variation from normal as there is no rationale by the treating physician in the documents provided. Furthermore, there is no documented evidence of significant physical functional impairment related to the scar as required by the ODG guidelines. Recommendation is for denial.