

Case Number:	CM15-0134101		
Date Assigned:	07/22/2015	Date of Injury:	04/11/2005
Decision Date:	09/29/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/10/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 injured worker is a 55 year old female who sustained an industrial /work injury on 4/11/05. She reported an initial complaint of plaque to scalp region. The injured worker was diagnosed as having psoriasis. Treatment to date includes medication, injections, and laser therapy. Currently, the injured worker complained of psoriasis plaque on scalp. Per the primary physician's report (PR-2) on 5/28/15, exam noted red scaly patches on scalp, 3 areas with plaque of psoriasis; plaques have diminished in size and itchiness since beginning laser treatment. Areas were measured to include: right parietal scalp: 2 cm by 2 cm, left parietal scalp is 2 cm by 2 cm, and middle posterior scalp is 4 cm by 2 cm. The requested treatments include: Excimer laser; nine (9) additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excimer laser; nine (9) additional sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, <http://www.ncbi.nlm.nih.gov/pubmed/11138535>, Lasers in dermatology - a critical update.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date: treatment of psoriasis.

Decision rationale: This injured worker has a history of chronic pain and psoriasis with prior treatment including topical medications and laser therapy. Prior laser therapy had resulted in decrease in size and 'itchiness' of psoriatic plaques on the scalp. The request is for 9 additional sessions of the Eximer laser after this series is completed. The records do not specify when the current series of the laser will be completed. It is also difficult to predict the final outcome and whether 9 additional laser sessions will be medically necessary until the current series is completed. Uncontrolled trials suggest that laser therapy results in faster responses than conventional phototherapy. The records fail to justify why phototherapy is not an option rather than the Eximer laser. The request for 9 additional sessions of the Eximer laser is not medically necessary.