

<b>Case Number:</b>	CM15-0203964		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	06/18/2007
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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

Certification(s)/Specialty: Dermatology

### 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 53 year old male, who sustained an industrial injury on 6-18-07. The injured worker was diagnosed as having invasive squamous cell carcinoma on the right lateral upper neck. Subjective findings (9-10-15) indicated no new skin conditions or growths. Objective findings (9-10-15) revealed a non-healing, pearly papule measuring 6mm on the right lateral upper neck. The treating physician performed a shave biopsy of the lesion. The pathology report dated 9-15-15 indicated invasive squamous cell carcinoma on the right lateral upper neck. Treatment to date has included several MOHS procedures and CO2 fractional ablative resurfacing. The Utilization Review dated 9-22-15, non-certified the request for CO2 fractionated laser on the right lateral neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CO2 Fractionated Laser on Right Lateral Neck: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pmc/article/PMC3580980>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Consensus for Nonmelanoma Skin Cancer Treatment, Part II: Squamous Cell Carcinoma, Including a Cost Analysis of Treatment Methods. Kauvar AN, Arpey CJ, Hruza G, Olbright SM, Bennett R. *Dermatol Surg.* 2015 Nov; 41 (11): 1214-40 and Mohs appropriate use criteria: retrospectively applied to nonmelanoma skin cancers at a single academic center. Chong T, Tristani-Firouzi P, Bowen GM, Hadley ML, Duffy KL. *Dermatol Surg.* 2015 Aug; 41 (8): 889-95 Updated scar management practical guidelines: non-invasive and invasive measures. Monstrey S, Middelkoop E, Vranckx JJ, Bassetto F, Ziegler UE, Meaume S, Téot L. *J Plast Reconstr Aesthet Surg.* 2014 Aug; 67 (8): 1017-25.

**Decision rationale:** The insured is requesting CO2 laser ablation following Moh's surgery for treatment of a squamous cell carcinoma located on the right lateral upper neck. He has a history of other non-melanoma skin cancers treated with Moh's surgery in the past. It has been recommended that the request for coverage of the Moh's surgical excision and reconstruction be approved. The request for CO2 laser ablation was denied as not medically necessary. Laser therapy, including CO2 laser, can be used to minimize the appearance of scars. The recommended therapy for squamous cell carcinoma is surgical excision or Moh's surgery depending on size and location criteria. Laser ablation of a surgical scar is not considered to be medically necessary, particularly given that there are no associated symptoms reported with the surgical scar. Scar revision may be a recommended therapy in the future if there are documented signs and symptoms (such as pain, itching, etc.) which would make further treatment medically necessary. At this time, given that there are no documented symptoms associated with the surgical scar the request for CO2 laser ablation is not medically necessary.