

Case Number:	CM15-0053626		
Date Assigned:	03/27/2015	Date of Injury:	05/04/1984
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/20/2015

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 Jersey, New York
Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on 05/04/1984. He has reported subsequent back pain and was diagnosed with chronic pain, lumbar disc displacement, lumbar facet arthropathy, lumbar radiculitis and lumbar radiculopathy. Treatment to date has included oral pain medication, lumbar epidural steroid injection and physical therapy. In a dermatology progress note dated 10/30/2014, the injured worker was noted to be treated for actinic keratosis and eczema/contact dermatitis. The injured worker underwent cryosurgery on that date. A request for authorization of patch testing was made but there was no specific medical documentation as to the reason for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Patch testing x187: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Allergy, Asthma & Immunology.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.uptodate.com, Patch testing.

Decision rationale: The request for patch testing is not medically necessary. The patient was injured and being treated for chronic pain, lumbar disc displacement, lumbar facet arthropathy, lumbar radiculitis and lumbar radiculopathy. It is unclear if the diagnosis of actinic keratosis was included as a covered diagnosis in this worker's compensation case. As such, the patient had procedures to remove the actinic keratoses. It is unclear why patch testing would be required at this time. Therefore, the request is considered not medically necessary.