

Case Number:	CM14-0078102		
Date Assigned:	07/18/2014	Date of Injury:	08/13/1999
Decision Date:	06/01/2015	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/28/2014

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. 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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 patient is a 68-year-old man who is diagnosed with T2 recurrent squamous cell cancer of the skin. The patient had surgical resection of a lesion of the occipital scalp with positive margins. The office visit dated 2/26/14 is reviewed; the specialist is recommending treatment with radiation to the head lesion that is no longer treatable with surgery. The office visit and radiation treatment were denied during UR dated 5/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office Consult x 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Pain Procedure Summary (last updated 04/10/2014), Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

Decision rationale: Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case the provider is referring the patient for a consultation for radiation treatment. The consultation of a specialist is warranted and medically necessary to treat the patient's cancer. The above request is medically necessary.

Radiation Therapy Treatments with CT Guidance for RT Field Placement.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation EUR ARCH OTORHINOLARYNGOL 2013 MAY; 270(5): 1569-80. doi: 10.1007/s00405-012-2172-7 Epub 2012 Sep 13.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com. Treatment and prognosis of cutaneous squamous cell cancer of the skin.

Decision rationale: The MTUS is silent regarding the use of radiation therapy to treat squamous cell cancer of the skin. According to UptoDate.com radiation therapy is an additional option for the management of primary cutaneous SCCs in older patients and those who are not surgical candidates. In this case, the patient is a 68-year-old man with multiple lesions of skin cancer. The office visit dated 2/26/14 is reviewed. The patient has a diagnosis of T2 recurrent squamous cell cancer of the occiput scalp status post surgical exision with positive margins. At this point radiation treatment is warranted. The above request is medically necessary.