

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/27/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Laser treatment full face 96922; Dental blocks x 2 and topical anesthetic 99070; Laser machine rental 99070

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., board certified in Plastic and Reconstructive Surgery, practicing in a metropolitan area for over 30 years with extensive experience with laser skin treatment as well as other modalities of cosmetic surgery, tattoo treatment, and reconstructive surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Workers' Comp Services, 7/26/10, 8/24/10

Ambulance Service 4/25/10

Hospital 4/25/10

Hospital 4/25/10

Eye Associates 5/10/10

M.D. 6/7/10, 5/5/10

ODG, Burns

ODG, Pain

ODG, Eye

PATIENT CLINICAL HISTORY SUMMARY

This patient sustained a facial burn and injury with the explosion of a pipeline on xx/xx/xx. He was treated for the initial injury and burns and possible damage to his eye. These areas healed, but there was a traumatic tattoo residue on the left side of the face with some unspecified degree of scarring due to the burn healing. The note of 05/05/10 by Dr. noted that the staining pigment was apparently rust. The proposed treatment was to reduce the traumatic tattooing with laser treatment (unspecified type) under local and topical anesthesia on an outpatient basis.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

The proposed laser treatment did not specify whether this was laser used for tattoo removal or whether it was laser used for laser peel, which would remove the surface of the healed area by vaporizing it, and depending on skin appendages (hair follicles and sweat glands) to regenerate theoretically a less damaged layer of skin. The theory of tattoo removal with neodymium YAG or other lasers for different colors depends on the pigment being an organic material, which will absorb appropriate to wave length and waves of light causing the pigment to vaporize or at least fragment.

The vaporized pigment usually explodes out of the skin in a microburst, relieving the skin of the pigment, or if the pigment is fragmented, perhaps the fragments are small enough that foreign body giant cells can absorb them and remove them to lymphatics or elsewhere. Unfortunately, metallic residue such as rust does not vaporize with the various lasers used for organic tattoo pigment removal. The laser peel, usually done with a carbon dioxide laser, vaporizes the surface cells. In the case of wrinkled skin, this may smooth and improve the texture of the skin with healing. In a scarred area, however, the skin appendages (hair follicles and sweat glands) may or may not be present to assist in healing. Therefore, there would be the potential to add additional scar where scar was already present.

The ODG does not address this procedure. Having no explanation from the provider as to the logic of the proposed treatment, and having a background of using lasers on many tattoos for many years, I am unable to support this as a medically necessary treatment. The reviewer finds that medical necessity does not exist for Laser treatment full face 96922; Dental blocks x 2 and topical anesthetic 99070; Laser machine rental 99070.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A

DESCRIPTION)

**[] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE A DESCRIPTION)**