

Case Number:	CM13-0046382		
Date Assigned:	12/27/2013	Date of Injury:	11/02/2008
Decision Date:	04/30/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported a date of injury of 11/02/2008. The listed diagnosis per [REDACTED] is limb pain. According to report dated 07/30/2013 by [REDACTED], the patient is status post endovenous ablation of left calf ulcer (06/01/2013). He presents with continued complaints of severe pain in his legs. Physical examination revealed extensive lipodermatosclerosis in the left leg, with large tributary veins that are present within the lipodermatosclerosis. The veins and entire leg is tender. This report provides an addendum which reads, patient underwent a duplex ultrasound that shows venous insufficiency with dilatation and reflux in the left leg including the small saphenous, perforator and tributary veins. The physician is requesting approval for bilateral Sclerotherapy as the patient has varicose veins with 1+ edema and lipodermatosclerosis of the left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT LEG SCLEROTHERAPY: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin Number: 0050 Varicose Veins.

Decision rationale: This patient presents with complaints of severe pain in his legs. The physician is requesting bilateral sclerotherapy for patient's extensive scarring, lipodermatosclerosis and continued pain. The ACOEM, MTUS and ODG guidelines do not discuss Sclerotherapy. However, Aetna Clinical Policy Bulletin Number: 0050 has the following under Varicose Veins, "Aetna considers liquid or foam sclerotherapy (endovenous chemical ablation) medically necessary adjunctive treatment of symptomatic saphenous veins, varicose tributaries, accessory, and perforator veins 2.5 mm or greater in diameter for persons who meet medical necessity criteria for varicose vein treatment in section I above and who are being treated or have previously been treated by one or more of the procedures noted in section I above for incompetence (i.e., reflux) at the saphenofemoral junction or saphenopopliteal junction." Section I has the following, "Aetna considers the following procedures medically necessary for treatment of varicose veins when the following criteria are met: great saphenous vein, accessory saphenous vein, or small saphenous vein ligation / division / stripping, radiofrequency endovenous occlusion (VNUS procedure), and endovenous laser ablation of the saphenous vein (ELAS) (also known as endovenous laser treatment (EVL))." In this case, Aetna specifies that perforator veins need to be 2.5mm or Final Determination Letter for IMR Case Number [REDACTED] greater in diameter to meet the necessity criteria for this treatment. Although the physician does not provide the diameter of the veins that are to be treated, they are described as large, and the patient has edema with pain. Recommendation is for authorization.