

Case Number:	CM13-0065781		
Date Assigned:	01/03/2014	Date of Injury:	12/29/2006
Decision Date:	06/09/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/13/2013

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 Internal Medicine 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 is a 51 year old female who was injured on 12/29/2006. She had a blood pressure monitor fall on her back while she was flexed. She has developed over time ongoing right leg radicular pain and radiculopathy in what appears to be the S1 distribution. Prior treatment history has included fusion at L5-S1, spinal cord stimulation, and therapy. A physiologic venous study was obtained on 10/04/2013 revealing great saphenous vein insufficiency bilaterally of 2 to 3 seconds with a dilated great saphenous vein to 5.6 mm on the right. The saphenopopliteal junction is insufficient on the right of 2 seconds leading to insufficient tributary varicosities. Infectious disease consultation dated 08/26/2013 indicates the patient's history is reviewed. Evaluation is consistent with venous stasis. She does not have cellulitis or infection. Weight loss of 100 pounds is recommended. On 09/03/2013, the patient is diagnosed to have bilateral venous stasis, dermatitis superimposed on peripheral vascular disease. There is no evidence of infection; Weight loss has been recommended again. Vascular Surgery/Vein specialist consultation follow-up dated 11/05/2013 reports the patient is complaining of poor circulation, more specifically, she says bilateral lower extremities are painful. Her right leg, in particular in the ankle region, has become more painful. Her leg is heavy, feels fatigued, and occasional swelling when she is on her feet for any period of time. She has burning pain which she relates temporally to a time after a lumbar fusion in 2009. She denies any claudication symptoms. Her medications are ibuprofen, Prevacid, Cymbalta, Atenolol, and Opana. On exam, there is no edema bilaterally. Her pulses are 2+ and palpable in radial, brachial, carotid, femoral, popliteal, dorsalis pedis and posterior tibial arteries without bruits bilaterally. There are some skin changes with some hyper pigmentation in the anteromedial bilateral ankles, right greater than the left. She has very superficial varicosities that appear to be nearly on the verge of spontaneous

bleeding as they have very thin overlying skin in the anteromedial ankles bilaterally, right greater than left.

IMR ISSUES, DECISIONS AND RATIONALES

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

ENDOVENOUS LASER ABLATION RLE: Upheld

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 Chapter Ankle & Foot.

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

Decision rationale: CA MTUS and ODG are silent. According to the Other medical Treatment Guideline literature, varicose veins are a common condition, and in most, varicose veins do not cause symptoms other than poor cosmetics. Varicose vein surgery is one of the most commonly performed cosmetic procedures in the United States. Most varicose veins do not require medical treatment. However, in some cases, circulation may be hindered to cause swelling of the ankle/foot, discomfort, tingling sensation and feeling of heaviness. For most people with varicose veins, wearing specially fitted elastic stockings is all that is needed. The stockings should be carefully fitted to the individual, providing the most pressure in the lowest part of the leg. The stockings should be put on when first arising in the morning, preferably before getting out of bed. Exercise such as walking or cycling also helps promote better circulation from the lower part of the body. Resting with the legs elevated will help promote circulation; in contrast, sitting with the legs crossed can aggravate the condition. The medical records do not demonstrate these interventions have been utilized. According to the referenced guidelines, based on the treatment history, physical examination findings, and diagnostic study results documented in the medical records, this patient does not meet the criteria to be candidate for the proposed procedure. Therefore the request is not medically necessary.