

Case Number:	CM14-0044722		
Date Assigned:	07/02/2014	Date of Injury:	12/29/2006
Decision Date:	09/17/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/11/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Mississippi. 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 records, presented for review, indicate that this 52-year-old individual was reportedly injured on 12/29/2006. The mechanism of injury was not listed. The most recent progress note, dated 4/17/2014, indicated that there were ongoing complaints of chronic low back pain that radiates into the bilateral lower extremities. The physical examination demonstrated cervical spine full range of motion, right wrist positive Phalen's test with numbness in the long finger. Lumbar spine had an antalgic gait using a 1 point cane, positive tenderness to palpation in the lumbosacral junction, and limited range of motion with pain. Lower extremity motor and sensory exam within normal limits. Patient does have pitting edema in the bilateral lower extremities. No recent diagnostic studies are available for review. Previous treatment included medications, bracing, and conservative treatment. A request had been made for bilateral lower extremity laser vein ablation and was not certified in the pre-authorization process on 4/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lower Extremities Endovenous Laser Vein Ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mdguidelines.com/varicose-veins>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Merck Manual. Varicose Veins.

Decision rationale: After reviewing the medical records provided, it is noted that the injured worker does have lower extremity varicose veins. Medical references state the treatment of varicose veins aims to relieve symptoms, improve the legs appearance, and in some cases prevent complications. Treatment includes compression stockings and local wound care as needed, injection therapy, and surgery are indicated for prevention of recurrent varicocele thrombosis and for skin changes. These procedures are also commonly used for cosmetic reasons. It also states laser therapy is being used experimentally by some surgeons. Regardless of treatment, new varicose veins develop, and treatment often must be maintained indefinitely. After review of the medical records provided, there is insufficient documentation to prove the necessity of this procedure as well as exhaustion and failure of all conservative therapies. This request is deemed not medically necessary.