

Case Number:	CM15-0216679		
Date Assigned:	11/06/2015	Date of Injury:	08/11/2008
Decision Date:	12/24/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/03/2015

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: California

Certification(s)/Specialty: Family Practice

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 injured worker is a 58 -year-old male who sustained an industrial injury on 8-11-2008 and has been treated for back injury for which he had a spinal decompression in 9-2009, and superficial thrombophlebitis. Diagnoses include deep vein thrombosis. On 10-9-2015 the injured worker was seen at a vascular center as a follow up from the thrombophlebitis which had had developed in the back of his right thigh in 4-1015 and for which he had undergone vein ablation. At the visit, he reported "minimal tenderness" and no recent swelling. Objective findings were no swelling or jugular-venous distention, and a diagnostic venous ultrasound showed a blood clot in a cluster in his thigh which is stated to not have changed since 8-2015 ultrasound. Documented treatment includes the vein ablation, compression stockings, and the injured worker is trying to stop smoking. The treating physician's plan of care includes performing some "touch up" sclerotherapy for the residual small clusters of varicosities remaining in his leg "to reduce the risk of recurrent thrombotic events." A request was submitted for sclerotherapy, but denied on 10-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sclerotherapy, QTY: 1.00: Upheld

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 Overview and management of lower extremity chronic venous disease by Patrick Alguire, MD, in UpToDate.com.

Decision rationale: This patient receives treatment for chronic pain involving the lower back and superficial thrombophlebitis. The patient has failed back syndrome having undergone spinal decompression surgery in 09/2009. The patient also had vein ablation of the posterior right thigh in 04/2015. On exam, there was no tenderness in the lower extremities and no edema. The findings on ultrasound of the lower extremities are unchanged. This review addresses a request for "touch up" sclerotherapy for small clusters of varicosities of the leg in order to "reduce the risk of recurrent thrombotic events." Sclerotherapy of superficial varicosities of the legs is not medically indicated in this case, because the superficial varicose veins do not carry a risk of embolism that deep veins do. Sclerosing of superficial veins may be medically indicated in cases of chronic skin ulcers of the lower extremities which are caused by chronic venous insufficiency. Based on the documentation, sclerotherapy is not medically necessary.