

Case Number:	CM14-0123411		
Date Assigned:	09/03/2014	Date of Injury:	10/24/2011
Decision Date:	09/26/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/04/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 58-year-old male with a 10/24/11 date of injury. At the time (7/8/14) of request for authorization for 8 sessions of Endovenous chemical ablation, with ultrasonic guidance, there is documentation of subjective (lower extremities problem with varicosities) and objective (extensive varicosities in the bilateral lower extremities) findings, imaging findings (duplex scan (6/26/14) report revealed occlude perforator, negative DVT), current diagnoses (varicose veins, stasis dermatitis), and treatment to date (compression stockings, medications, and Endovenous chemical ablation (DOS 3/11/14), and Endovenous laser therapy of incompetent perforator vein (DOS 6/19/14)). The number of previous Endovenous chemical ablation cannot be determined. In addition, there is no documentation of condition/diagnoses (with supportive subjective/objective findings for which Endovenous chemical ablation is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF ENDOVENOUS CHEMICAL ABLATION, WITH ULTRASONIC GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA CLINICAL POLICY BULLETIN.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.aetna.com.

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guidelines identifies documentation of a condition/diagnoses (with supportive subjective/objective findings for which Endovenous chemical ablation is indicated (such as 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 (EVLT)): Incompetence at the saphenofemoral junction or saphenopopliteal junction is documented by Doppler or duplex ultrasound scanning, and all of the following criteria are met: Documented reflux duration of 500 milliseconds (ms) or greater in the vein to be treated; and vein size is 4.5 mm or greater in diameter (not valve diameter at junction); and Saphenous varicosities result in any of the following: Intractable ulceration secondary to venous stasis; or more than 1 episode of minor hemorrhage from a ruptured superficial varicosity; or a single significant hemorrhage from a ruptured superficial varicosity, especially if transfusion of blood is required; or Saphenous varicosities result in either of the following, and symptoms persist despite a 3-month trial of conservative management (e.g., analgesics and prescription gradient support compression stockings): Recurrent superficial thrombophlebitis; or severe and persistent pain and swelling interfering with activities of daily living and requiring chronic analgesic medication), as criteria necessary to support the medical necessity of Endovenous chemical ablation, with ultrasonic guidance. In addition, Medical Treatment Guidelines identifies that liquid or foam sclerotherapy (Endovenous chemical ablation) is medically necessary as an 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 and who are being treated or have previously been treated by one or more of the procedures noted above for incompetence (i.e., reflux) at the saphenofemoral junction or saphenopopliteal junction; that Sclerotherapy is considered cosmetic for treatment of veins less than 2.5 mm in diameter and for all other indications; and that ultrasound- or radiologically guided or monitoring techniques are of no proven value when performed solely to guide the needle or introduce the sclerosant into the varicose veins. Furthermore, Medical Treatment Guidelines identifies that 1 to 3 injections are necessary to obliterate any vessel, and 10 to 40 vessels, or a set of up to 20 injections in each leg, may be treated during one treatment session; that up to two sets of injections of sclerosing solution in multiple veins in each affected leg (i.e., a total of four sets of injections if both legs are affected) are considered medically necessary; and additional sets of injections of sclerosing solution are considered medically necessary for persons with persistent or recurrent symptoms. Within the medical information available for review, there is documentation of diagnoses of varicose veins, stasis dermatitis. In addition, there is documentation of previous Endovenous chemical ablation and Endovenous laser therapy of incompetent perforator vein. However, there is no documentation of the number of previous treatments to determine if guidelines has already been exceeded or will be exceeded with the additional requests. In addition, there is no documentation of condition/diagnoses (with supportive subjective/objective findings for which Endovenous chemical ablation is indicated. Therefore, based on guidelines and a review of the evidence, the request for 8 sessions of Endovenous chemical ablation, with ultrasonic guidance is not medically necessary.

