

Case Number:	CM14-0169841		
Date Assigned:	10/20/2014	Date of Injury:	12/14/2002
Decision Date:	03/23/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/14/2014

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. 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: New York
Certification(s)/Specialty: Internal Medicine

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 60 year old male, who sustained an industrial injury on December 14, 2002. He has reported low back, and bilateral knee injury. The diagnoses have included lower leg joint pain, chronic pain syndrome, varicose veins, diabetes, and lumbar spine sprain. Treatment to date has included medications. Currently, the IW complains of low back, and bilateral knee pain. He reports having difficulty with ambulation. The records indicate a venous Doppler was completed and show ineffective veins. He reports pain and a heavy feeling in the legs. On October 9, 2014, Utilization Review non-certified endovascular laser treatment to the bilateral legs, as an outpatient, based on non-MTUS guidelines. On October 13, 2014, the injured worker submitted an application for IMR for review of endovascular laser treatment to the bilateral legs, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endovascular laser treatment to the bilateral legs, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Davis-Christopher Textbook of surgery, 12th edition, David C. Sablston Jr., W.B. Saunders Company, 1981

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014- Endovascular laser treatment for varicose veins

Decision rationale: There is no documentation provided necessitating the requested endovascular laser procedure. Per the reviewed literature, varicose veins are initially treated with conservative measures. These can yield some non-durable symptomatic relief for reflux and varicose veins. The endovenous treatment of varicose veins may be medically necessary when there are persistent symptoms interfering with activities of daily living in spite of conservative/non-surgical management. These symptoms include aching, cramping, burning, itching and/or swelling during activity or after prolonged standing, significant recurrent attacks of superficial phlebitis or hemorrhage from a ruptured varix. It may also be indicated if there is ulceration from venous stasis where incompetent varices are a contributing factor and symptomatic incompetence of the great or small saphenous veins. Per the documentation there is no history of recurrent phlebitis or ulcerations. The enrollee also has medical conditions of osteoarthritis, diabetes and peripheral neuropathy which may contribute to bilateral leg heaviness. There is no documentation indicating that a trial of conservative, non-operative treatment has failed. This would include mild exercise, avoidance of prolonged immobility, periodic elevation of legs, and compressive stockings. Medical necessity for the requested procedure has not been established. The requested procedure is not medically necessary. The patient's anatomy is amenable to endovenous ablation.