

Case Number:	CM15-0023930		
Date Assigned:	02/13/2015	Date of Injury:	07/06/2012
Decision Date:	04/14/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/09/2015

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: Arizona, 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:

This 58-year-old male reported a work-related injury on 07/06/2012. According to the progress notes dated 1/15/15, the injured worker (IW) reports pain/discomfort in the legs due to varicose veins. Diagnoses include stasis dermatitis, varicose veins and chronic venous hypertension. Previous treatments include EVLT n (6/5/2014- Left GSV ablation - 5/27/14 and 6/10/14- Right GSV ablation, perforator on rt leg 6/19/14)) and stockings. The treating provider requests endoluminal laser ablation (EVLT) X 3. The Utilization Review on 01/13/2015 non-certified the request for endoluminal laser ablation (EVLT) X 3, citing Blue Cross of California Medical Policies & Clinical UM Guidelines-Treatment of Varicose Veins (Lower Extremities). The claimant had recent ultrasound in 1/5/15 that indicated successful prior GSV and SV ablations but continued reflux in the anteriorly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endoluminal Laser Ablation (EVLT) x3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation May 2011 Volume 53, Issue 5, Supplement, Journal of Vascular Surgery The care of patients with varicose veins and associated chronic venous diseases: Clinical practice guidelines of the Society for Vascular Surgery and the American Venous Forum | 2S-48S.

Decision rationale: The ODG and MTUS guidelines do not comment on endovenous ablations. According to the Journal of Vascular surgery, perforator ablation is not recommended in those with varicosities without symptoms. In this case, the claimant had successful treatment of the GSV and SSV (LSV). The claimant is wearing compression and there is no current documentation indicating symptoms or ulcers relating to reflux. In addition, anatomic segments and response to future sequential ablation are not known or provided. The request for additional vein ablation is not medically necessary at this time.