

<b>Case Number:</b>	CM15-0221910		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	12/12/2007
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 62 year old male, who sustained an industrial injury on 12-12-07. The injured worker has complaints of back pain. There is tenderness at L1 to S1 (sacroiliac). Lumbar spine magnetic resonance imaging (MRI) revealed degenerative disc disease worst level is at L4-L5 with disc bulge, facet hypertrophy and prominent posterior epidural fat result in severe central canal stenosis. The diagnoses have included L4-L5 discogenic back pain with spondylosis, stenosis, radiculopathy with facet pain; displacement of lumbar intervertebral disc without myelopathy; lumbago and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included epidural steroid injection. The original utilization review (10-20-15) non-certified the request for a home nurse visit to assist needed modifications quantity one and lumbar myelogram quantity one.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A home nurse visit to assist needed modifications Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home health care guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

**Decision rationale:** Per MTUS CPMTG with regard to home health services: Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004) Per the guidelines, medical treatment does not include personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. No rationale necessitating home nurse visit was provided in the documentation submitted for review. The request is not medically necessary.

**Lumbar myelogram Qty: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Myelography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Myelography.

**Decision rationale:** Per the ODG guidelines regarding myelography: Not recommended except for selected indications below, when MR imaging cannot be performed, or in addition to MRI. Myelography and CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. (Slebus, 1988) (Bigos, 1999) (ACR, 2000) (Airaksinen, 2006) (Chou, 2007) Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving. (Seidenwurm, 2000) Myelography and CT Myelography have largely been superseded by the development of high resolution CT and magnetic resonance imaging (MRI), but there remain the selected indications below for these procedures, when MR imaging cannot be performed, or in addition to MRI. (Mukherji, 2009) ODG Criteria for Myelography and CT Myelography: 1. Demonstration of the site of a cerebrospinal fluid leak (postlumbar puncture headache, postspinal surgery headache, rhinorrhea, or otorrhea). 2. Surgical planning, especially in regard to the nerve roots; a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery. 3. Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord. 4. Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord. 5. Poor correlation of physical findings with MRI studies. 6. Use of MRI precluded because of: a. Claustrophobia. b. Technical issues, e.g., patient size. c. Safety reasons, e.g., pacemaker. Per the medical records submitted for review, MRI of the lumbar spine dated 1/6/15 revealed a 2-3mm disc bulge at L2- L3, 3-4mm

disc bulge at L3-L4, 4mm disc bulge at L4-L5, and 5-6mm disc bulge at L5-S1. Per progress report dated 9/9/15, it was noted that lumbar myelogram would be indicated prior to lumbar laminectomy, for which the injured worker is a candidate. However, it was noted that prior to proceeding with neurosurgical consultation surgery and laminectomy, lumbar epidural steroid injection on the right side at L4-L5 level was recommended. As the injured worker has not yet undergone neurosurgical consultation or ESI, the request is not medically necessary.