

<b>Case Number:</b>	CM15-0129538		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	01/21/2014
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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, North Carolina  
 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 37 year old male, who sustained an industrial injury on 1/21/14. Initial complaints were not reviewed. The injured worker was diagnosed as having; lumbar strain; L5-S1 spondylolisthesis grade 1 to 2. Treatment to date has included bilateral L4-L5 and L5-S1 facet nerve block (2/3/15); physical therapy; medications. Diagnostics studies included MRI lumbar spine (4/17/14); X-rays lumbar spine (1/23/14; 11/25/14). Currently, the PR-2 notes dated 5/21/15 indicated the injured worker presented to this office for an orthopedic examination related to his lumbar spine. The provider notes the injured workers complains are of his lumbar strain, L5-S1 Grade I- spondylolisthesis and had a bilateral L4-5 and L5-S1 facet nerve block with only 5% response on 2/3/15. On physical examination, the provider notes thoracic spine palpation deformity with mild pain on palpation of the thoracic paraspinal musculature and spinous processes. His low back pain is increased with lumbar extension and tenderness to palpation over the bilateral L5-S1 facet joints. His sensation to light touch is intact and straight leg raise is negative bilaterally. The provider documents a MRI of the lumbar spine impression of 4/17/14 indicating L5-S1 Grade I-II spondylolisthesis, modic changes, endplate edema, moderate bilateral L5 neuroforaminal stenosis and facet arthropathy. X-rays of the lumbar spine dated 1/23/14 and 11/25/14 both indicate Grade I nearly grade 2 L5-S1 spondylolisthesis, bilateral L5-S1 facet arthropathy. The provider notes the injured worker has had an aggravation of the L5-S1 Grade I and Grade II spondylolisthesis with severe neuroforaminal stenosis along with weakness and pain. He has considered various treatment options and he has decided to proceed with surgery (Minimally invasive transforaminal lumbar interbody fusion right L5-S1). The provider is requesting authorization of home health nurse 3 visits.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health nurse, 3 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** CA MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound on a part-time "intermittent" basis, generally up to no more than 35 hours/week. Medical treatment does not include homemaker services and personal care given by home health aides. In this case, the claimant is a 37 year-old man who is undergoing a minimally invasive transforaminal lumbar interbody fusion on the right at L5-S1. There is no rationale given as to why this patient will require 3 home health nurse visits. The patient should be ambulatory immediately following surgery and should not be homebound. Home health nurse visitation is not medically necessary or appropriate.