

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 10/30/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	6/2/2000
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0005209

- 1) MAXIMUS Federal Services, Inc. has determined the request for housekeeping 16 hrs/month **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for housekeeping 16 hrs/month **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The patient is a 57-year-old female who reported an injury on 06/02/2000. The patient reports chronic neck, back and left lower extremity pain. The clinical note dated 11/06/2012 indicated that the patient's pain was rated at 10/10 without medications and a 3/10 with medications. Clinical findings included decreased left sensation in the L3, L4, L5 and S1 dermatomes. The clinical note dated 10/18/2012 indicated that the patient had a good response from a previous sacroiliac joint injection, and that an additional injection would be ordered. An MRI of the lumbar spine dated 04/08/2013 revealed that moderately severe spinal stenosis at the L3-4 level and moderate disc space narrowing and degenerative changes seen at the L5-S1 with a small disc bulge but no evidence of nerve root compromise. The clinical note dated 04/17/2013 indicated that the patient had foot drop and required assistive devices to complete her activities of daily living. It was noted that the patient was paying out of pocket for home care for ADLs and house keeping. Physical findings included diminished sensation in the C5, C6, C7, L4, L5, and S1 dermatomes. Nurse note on 05/14/2013 states that the patient requests assistance with home maintenance; however, is not considered homebound. An MRI of the cervical spine dated 05/22/2013 revealed that there was multilevel spondylosis and facet arthropathy with intervertebral disc degenerative changes, an osteophyte ridge without evidence of stenosis at the C3-4 level, an osteophyte ridge with mild left neural foraminal stenosis at the C4-5 level, and an osteophyte ridge with mild to moderate bilateral neural foraminal stenosis at the C5-6 level. The patient received a transforaminal epidural injection bilaterally at the L3-4 and L4-5 level on 06/03/2013. The clinical note dated 06/13/2013 indicates that the patient received 80% relief of pain in her right lower extremity. A cervical epidural steroid injection was requested. The patient received a cervical epidural steroid injection on 07/08/2013.

**Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for housekeeping 16 hrs/month:****Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Home health services, which is a part of the California Medical Treatment Utilization Schedule, and the Official Disability Guidelines (ODG), Home health services, which is a Medical Treatment Guideline (MTG) that is not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), Home Health Services, pg. 51, which is part of the MTUS.

**Rationale for the Decision:**

Chronic Pain Medical Treatment Guidelines recommend home health service for patients who are homebound on a part-time or intermittent basis, and does not recommend homemaker services or personal care given by home health aides. Medical records submitted and reviewed does not provide evidence that the employee is homebound or that the employee is unable to complete homemaker services and personal care activities without assistance. **The request for housekeeping 16 hrs/month is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.