

Case Number:	CM13-0004874		
Date Assigned:	01/15/2014	Date of Injury:	03/02/2000
Decision Date:	06/02/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	07/31/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 69 year-old female who sustained an injury to her low back on 3/20/00. The mechanism of injury was not provided for review. The most recent clinical note, dated 12/5/13, reported that the injured worker is status-post lumbar fusion surgery as of 4/24/13. An MRI of the lumbar spine taken on 10/30/12 revealed disc desiccation at L5-S1 with a small posterior disc protrusion that appeared to be more broad-based. The injured worker was diagnosed with lumbar facet joint syndrome as well at L4-5 and L5-S1. She continued to complain of low back pain at 7/10, which reduced to 5/10 with medication. The injured worker stated she was doing a little bit better in terms of her low back pain. She completed at least 36 physical therapy visits to date. Her current medications included Avinza, Percocet, Neurontin, Flexeril, Ambien, Topamax, and Colace. It was reported that the injured worker had adequate physical therapy for the low back and she would need to exercise on her own. The injured worker was advised to return to the clinic in four weeks for checkup.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOUSEKEEPING HELP FOUR HOURS A DAY, FIVE DAYS A WEEK FOR THREE MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS states that home health services are recommended only for patients who are homebound. The services provided must be composed of otherwise recommended medical treatments, and should generally be limited to no more than 35 hours per week. Medical treatment does not include home maker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using a bathroom when this is the only care needed. The request specifically states 'housekeeping,' which is not a medical treatment. As such, the request is not medically necessary.