

Case Number:	CM13-0022997		
Date Assigned:	12/11/2013	Date of Injury:	08/08/2003
Decision Date:	02/11/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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 patient is a 53 year old female with a DOI of 8/5/2003. She is diagnosed with post lumbar laminectomy pain syndrome, L3-4 fusion, postop incisional flank hernia and possible groin hernia, left shoulder impingement, narcotic dependency and hemangiomas with liver and renal masses. The patient is prescribed norco, soma, tizanidine, ambien, and aciphex. Also, there is a request for pain psychology consult in her 8/6/13 PTP report. The PTP told the UR agent that the consult was due to the patient's chronic pain condition and increased use of pain meds and the possibility the patient may benefit from a multidisciplinary setting such as FRP.. The patient is also to be followed by a hernia specialist. Maid service was requested due to the patient's ortho issues, weakness and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maid service one (1) time a week for three (3) months: Upheld

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

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

Decision rationale: 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. There is evidence that this patient has ortho issues that may make it difficult for her to do her household activities. However, maid service is not a medical request and MTUS chronic pain does not include cleaning, laundry etc that would be included in maid services. Therefore, it is not medically necessary.

Psychological evaluation and treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluation Page(s): 100.

Decision rationale: MTUS page 100 of the chronic pain guides clearly state that psychological evaluations are beneficial, especially in chronic pain cases. There is indication the patient is becoming more dependent on pain medications. Although the patient still has medical issues that need to be addressed such as the hernia(s), an evaluation is appropriate to get a better understanding of the patient's condition and potential for recovery, even before other issues are resolved. Therefore, as guides recommend this evaluation, it is medically necessary.