

Case Number:	CM13-0028472		
Date Assigned:	11/01/2013	Date of Injury:	06/08/2004
Decision Date:	03/04/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 61 year old male who sustained a work-related injury on 6/8/04. The listed diagnoses per [REDACTED] are failed back surgery syndrome, lumbar radiculopathy, lumbar facet arthropathy, right-sided sacroiliac joint dysfunction, and depression. According to the progress report dated 9/19/13, the patient complains of right lower back pain, and right lower extremity pain. He describes his pain as sharp, dull/aching, throbbing, pins and needles, stabbing, numbness, stinging, cramping, weakness, and spasm. The pain rating is 6-7/10 for good days, and 10/10 for worse days. Objective findings show that inspection and palpation of cervical and thoracic spine is normal. There is severe tenderness over right lower lumbar area and sacroiliac joint. The patient is positive for straight leg raise for the right side at 35°. Range of motion is limited due to severity of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for housekeeping four hours once a week: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with right lower back pain and right lower extremity pain. The treating physician is requesting housekeeping for four hours once a week to assist the patient with simple tasks such as grocery shopping or maintaining his home. The progress report dated 8/29/13 shows the patient is caring for himself, as his ex-wife is now caring for her ill parents; however, he feels he needs help with grocery shopping, housekeeping and mowing the lawn. The Chronic Pain Medical Treatment Guidelines recommend home health services for patients who are home-bound, on a part-time or intermittent basis; however, medical treatment does not include homemaker services like shopping, cleaning, and laundry. Given that medical treatment services do not include what is asked by the treating physician, the request is not certified.