

Case Number:	CM13-0037348		
Date Assigned:	12/13/2013	Date of Injury:	12/01/1999
Decision Date:	01/30/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/23/2013

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 New York. 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.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 1, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; prior failed lumbar spine surgery; and extensive periods of time off of work. In a utilization review report of October 8, 2013, it is stated that the applicant's sister is helping her doing meal preparation, cleaning, laundry, dishes, grocery shopping, and transportation. The applicant is off of work. The applicant's treating provider would like her to receive home care assistance so as to facilitate said activities of daily living. Also attached is an application from the applicant's attorney dated December 2, 2013, in which a hearing before the [REDACTED] is sought, seeking 24 hours a day, 7 days a week home health care assistance followed by reevaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Services: 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: As noted on the page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, a home health services are recommended only for otherwise recommended medical treatments for those applicants who are homebound and otherwise unable to attend outpatient office visits of their own accord. However, homemaker services are specifically not covered when this is the only care needed, the MTUS goes on to note. In this case, however, the services being sought by the attending provider, including assistance with toileting, personal needs, laundry, cleaning, meal preparation, grocery shopping, doing dishes, transportation, etc., are all homemaker services which are specifically not covered, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on independent medical review.