

<b>Case Number:</b>	CM13-0041113		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/01/2003
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 & 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 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 patient reported a date of injury of 04/01/2003. The patient complains of low back pain. She had right-sided sciatica about 10 days ago but over this past weekend had left sided sciatica. She rates her pain 8/10. Her current medications include: morphine, Cymbalta, ibuprofen, docussate, bisacodyl, and acetaminophen. The patient reports improved sleep, averaging 6 hours daily. The exam shows her gait is antalgic and she ambulates with a single point cane. There is no thought disorder or perceptual disturbance. Reflexes are brisk at the knees and right ankle with trace reflex at the left ankle. The utilization review denied the request on 09/26/2013. The physician is requesting maid services 1 hour 3 times a week and home maker services 4 hours for 2 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAID ONE HOUR THREE TIMES A WEEK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

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

**Decision rationale:** This patient presents chronic low back pain. The physician is requesting maid services for 1 hour 3 times a week. The MTUS Guidelines page 51 on Home Health Services recommends this service for patients who are home-bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services such as shopping, cleaning, and laundry, and personal care given by home health aides such as bathing, dressing, and using the bathroom when this is the only care needed. The report dated 08/29/2013 documents that the patient has difficulty standing for longer than 20 minutes and has been demanding the help of friends to do her shopping. In addition, she has difficulty performing tasks such as carrying items, light cleaning, housework and laundry. In this case, the patient does not appear to be home-bound. The patient is able to ambulate with the use of a cane. Furthermore, she is needing assistance for home maker services like shopping and housework which is not considered medical treatment by the MTUS guidelines. The request for maid service for 1 hour 3 times a week is not medically necessary and appropriate.

**HOME MAKER FOUR HOURS FOR TWO WEEKS:** 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 HOME HEALTH SERVICES Page(s): 51.

**Decision rationale:** This patient presents chronic low back pain. The physician is requesting home maker services for 4 hours for 2 weeks. The MTUS Guidelines page 51 on Home Health Services recommends this service for patients who are home-bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services such as shopping, cleaning, and laundry, and personal care given by home health aides such as bathing, dressing, and using the bathroom when this is the only care needed. The report dated 08/29/2013 documents that the patient has difficulty standing for longer than 20 minutes and has been demanding the help of friends to do her shopping. In addition, she has difficulty performing tasks such as carrying items, light cleaning, housework and laundry. In this case, the patient does not appear to be home-bound. The patient is able to ambulate with the use of a cane. Furthermore, she is needs assistance for home maker services like shopping and housework which is not considered medical treatment by the MTUS guidelines. The request for home maker services for 4 hours for 2 weeks is not medically necessary and appropriate.