

Case Number:	CM13-0048872		
Date Assigned:	04/04/2014	Date of Injury:	03/17/2001
Decision Date:	06/09/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/15/2013

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 and is licensed to practice in Illinois. 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 53-year-old female who reported an injury on 03/17/2001 due to lifting a bag of cat litter. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included chiropractic care, physical therapy, epidural steroid injections, multiple medications, Toradol injections, housekeeping assistance, a TENS unit, anterior interbody fusion at the L4-5 and L5-S1, and a spinal cord stimulator trial. The injured worker was evaluated on 10/21/2013. It was documented that the injured worker had pain ranging from 5/10 to 7/10 of the lumbar and left hip region. It was documented that the injured worker had mild difficulty moving, however, appeared to be ambulating reasonably well. Physical findings included decreased range of motion of the lumbar spine secondary to pain with decreased sensation in the L5 distribution and S1 distribution with decreased knee reflexes bilaterally and an absent ankle reflex on the left. The injured worker's diagnoses included failed back syndrome, thoracic or lumbosacral neuritis/radiculitis, coccydynia, mood disorder, and sleep disorder. The injured worker's treatment plan included a Toradol injection, medications, and continued weekly housekeeping secondary to chronic lumbar spine pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONCE WEEKLY HOUSE KEEPING: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule does not classify homemaker services like shopping, cleaning, laundry and personal care as a medical treatment. Additionally, home healthcare services are only supported by guideline recommendations for patients who are homebound on a part time or intermittent basis. The clinical documentation submitted for review does not provide any evidence that the patient is homebound. Additionally, there is no documentation that the injured worker requires medical treatment that would be provided by a home health care provider. Housekeeping is not considered a medically necessary service. The request is not supported. As such, the requested for once weekly housekeeping is not medically necessary or appropriate.