

Case Number:	CM13-0049058		
Date Assigned:	12/27/2013	Date of Injury:	06/28/2010
Decision Date:	02/21/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/07/2013

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 Surgery 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:

This is a 44 year-old female with a 6/28/2010 industrial injury claim. She has been diagnosed with lumbar DDD; lumbar facet arthropathy; lumbar spinal stenosis; thoracic pain. The IMR application shows a dispute with the 10/7/13 UR denial for 4 hours of household help per week. The UR letter is from [REDACTED], and based on the 9/24/13 medical report. The 9/24/13 report from [REDACTED] states that this was his 2nd request for 4-hours of household help, but there is no description of what type of help is requested, or why. The prior report from [REDACTED] is dated 9/5/13 and reports the patient attempting to get on social security disability. [REDACTED] requests household help but there was no rationale. He states the patient needs surgery, but there was no description of what type of surgery. [REDACTED] 8/27/13, 7/30/13, 7/2/13, 6/4/13, 5/8/13, 4/12/13 and 4/10/13 reports were reviewed, but there is no discussion of what type of surgery he believes the patient needs.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 hours of household help per week: Upheld

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

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

Decision rationale: MTUS specifically states: "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 no reporting discussion of what type of household help the patient wants, or why it is needed. The request is not in accordance with MTUS guidelines.