

Case Number:	CM13-0054271		
Date Assigned:	12/30/2013	Date of Injury:	08/25/1998
Decision Date:	03/12/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 25, 1998. Thus far, the patient has been treated with the following: Analgesic medications, including Norco and Motrin; muscle relaxants, including Flexeril; attorney representation; and extensive periods of time off of work. In a Utilization Review Report of October 17, 2013, the claims administrator denied a request for four hours of home health services, citing non-MTUS ODG Guidelines. In an August 4, 2013 Medico-Legal Report, it is stated that a housekeeper would help the patient perform housework, perform bathing, standing, moving about the house, and doing household chores. It is stated that four hours a day would represent the minimum needed treatment and that this would help the applicant keep his house clean and help him bathe himself.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 hours of home service: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines; Low Back

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

Decision rationale: As noted on Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, homemaker services such as shopping, cleaning, laundry, and personal care such as that being proposed here are specifically not covered when this is the only care being sought. In this case, this service is, indeed, the only care being sought. Therefore, the request is not certified as Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines specifically excludes homemaker services such as cleaning, dressing, bathing, etc. as a stand-alone service.