

Case Number:	CM14-0001288		
Date Assigned:	01/10/2014	Date of Injury:	11/07/2007
Decision Date:	08/19/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/03/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 is a 41 year old female with a work injury dated 11/7/07. The diagnoses include low back pain with left leg symptoms; history of prior laminectomy at L4-5 with multilevel degenerative disc disease, epidural fibrosis, foraminal stenosis facet arthropathy; neuropathic pain; history of nonindustrial medical problems, including obesity, diabetes, hyperlipidemia, degenerative disc disease in both knees, hypertension, history of elevated liver enzymes, currently stable. Under consideration is a request for home health care in-home cleaning service once per week for twelve weeks. There is a primary treating physician (PR-2) document dated 11/20/13 that states that the patient states has been having severe pain of a stabbing nature along the left side of her back. She states it radiates in her left hip and into her leg. She uses her TENS unit, which she finds helpful in decreasing dependence on pain medication. She alternates with Tylenol and Tramadol for pain. She uses 2 lidocaine patches daily to help decrease burning pain in her left gluteal region. She has tried Tricyclic antidepressants in the past for this type of pain and has failed them. She has tried both Elavil and Pamelor. She has also tried Lyrica without improvement of symptoms. She finds the Lidoderm patches are the most helpful. She is medically retired, on Social Security Disability. On physical exam she is afebrile. Blood pressure is 116/68, pulse 72, respirations 12. Pupils are equal round and reactive to light. Thyroid is midline and not enlarged. Throat is non-injected. Lungs are clear. Heart has a regular rate and rhythm without murmurs. Abdomen is soft, nontender, and non distended. Positive bowel sounds are heard throughout. Lower extremities are without pedal edema. There are + 1 distal pulses equally. Her lower back exam reveals loss of lordotic curvature. There is palpable muscle spasm in the lumbar trunk. She can only forward flex to 30 degrees, extend to about 5 degrees with back pain. Right/left SLRs are both 80 degrees, causing her left sided back pain. She reports

altered sensory loss in the left lateral calf and bottom of her foot. She exhibits an absent deep tendon reflex in the left ankle today, +1 on the right, + 1 in the knees. Sensation remains altered to light touch and pinprick in the left lateral calf and bottom of her foot. She exhibits difficulty trying to ambulate on her toes and heels with the left lower extremity today.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE IN-HOME CLEANING SERVICE ONCE PER WEEK FOR TWELVE WEEKS: 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: Home health care in-home cleaning service once per week for twelve weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines states that home health is recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per Medical treatment does not include homemaker services like cleaning, when this is the only care needed. The documentation does not indicate what medical treatment is needed for this patient. The documentation does not indicate that she is homebound. The request for home health care in-home cleaning service once per week for twelve weeks is not medically necessary.