

<b>Case Number:</b>	CM14-0002755		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	09/07/1993
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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, and is licensed to practice in Texas. 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 whose date of injury is September 7, 1993. On this date boxes fell on her at work. The injured worker is noted to be status post lumbar laminectomy x 3. Pain pump management report dated December 5, 2013 indicates the injured worker complains of pain in the lower back and right leg. Treatment to date includes nerve blocks/injections, epidural steroid injections, chiropractic treatment, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) and medication management. Assessment notes lumbar radiculopathy, lumbar degenerative disc disease, lumbar facet arthropathy, failed back surgery syndrome, myofascial pain syndrome, chronic pain, depressive disorder and anxiety disorder. The injured worker's pump was refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED HOUSEKEEPING ONE TIME PER WEEK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, HOME HEALTH SERVICES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HOME HEALTH SERVICES, page 51.

**Decision rationale:** Based on the clinical information provided, the request for continued housekeeping one time per week is not recommended as medically necessary. California Medical Treatment Utilization Schedule (CAMTUS) guidelines support home health care for injured workers who are homebound on a part time or intermittent basis. The submitted records fail to establish that this injured worker is homebound. California Medical Treatment Utilization Schedule (CAMTUS) guidelines report that 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. The request for continued housekeeping one time per week is not medically necessary and appropriate.