

<b>Case Number:</b>	CM14-0107092		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/11/1993
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Family and is licensed to practice in Pennsylvania. 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:

This worker sustained an injury on November 11, 1993. She has had chronic low back pain since then. She had an L4-5 discectomy on November 13, 2009 and a posterior decompression/discectomy at L3-4 and L4-5 on June 25, 2010. She has also received epidural steroid injections, physical therapy, massage therapy, acupuncture, pool therapy, psychological counseling, chiropractic, SI joint injections, trigger point injections, multiple medications, and a multi-disciplinary team program. She has had persistent back and left leg pain, numbness, and tingling. In addition to chronic low back pain she also has fibromyalgia. An MRI on December 18, 2013 demonstrated acute to subacute insufficiency fracture at L1, status post left midline laminectomy L3-4 and L4-5, large recurrent L3-4 disc herniation with moderate central canal stenosis and impingement on the left L4 root sleeve, and left sided epidural reactive changes at L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Housekeeping help; three (3) hours daily, four (4) days a week (12 hours): 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 Page(s): 51.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) guidelines medical treatment does not include homemaker services like shopping, cleaning and laundry. Therefore housekeeping cannot be considered to be medically necessary.