

Case Number:	CM14-0021151		
Date Assigned:	05/07/2014	Date of Injury:	11/07/2007
Decision Date:	07/09/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/20/2014

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 Medicine and is licensed to practice in North Carolina. 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 with a reported date of injury of 11/07/2007. The patient has the diagnoses of chronic low back pain, lumbar spondylosis with radiculitis, depression, anxiety, history of bilateral vascular necrosis of the hips and status post dorsal column stimulator implantation and removal due to postoperative infection. Treatment modalities have included pain medication, surgery, psychiatry, and physical therapy. Treatment notes dated 11/14/13 from the treating physician states the patient continues to have chronic low back pain with radiation to the lateral left leg and having pain in the thoracic spine. Physical exam notes slow gait with no peripheral edema. The treatment plan was for continued medication, psychiatric treatment, pain psychology, Biofreeze, functional restoration program evaluation and TENS unit

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 A WEEK FOR 12 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Home Health Services Page(s): 51.

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

Decision rationale: The California MTUS makes the following recommendation concerning home health services in the setting of chronic pain treatment: 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 week. 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 (CMS, 2004). There is no indication from the medical notes that the patient is home bound. In addition, the California MTUS clearly does not allow for home cleaning as services to be provided by home health. The request is thus not medically necessary.