MAXIMUS Federal Services

Case Number:	CM14-0025661		
Date Assigned:	06/13/2014	Date of Injury:	01/20/2001
Decision Date:	07/23/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/28/2014

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 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 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 62 year old female who was injured on 01/20/2001 while she slipped on a wet floor and caught herself on a chair sustaining injuries to her neck, bilateral upper extremities and low back. Prior treatment history has included epidural steroid injections on 08/07/2013 and also had Toradol injection. Medications include, Cymbalta, Lidoderm patches, Gabapentin and Vicodin. She had conservative treatment which includes physical therapy and aquatic therapy as well as work activity restriction and a rolling walker. There are no documented surgeries. Diagnostic studies reviewed include an MRI dated 04/03/2013 revealing an L4-L5 disc bulge measuring 1.3 mm in neutral, 1.3 mm in flexion and 2.7 mm in extension, mild bilateral facet degenerative change as well as bilateral mild ligamentum flavum hypertrophy, causes L5-S1 spondylolisthesis grade II of L5-S1 due to bilateral spondylosis, no significant disc herniation, however mild spinal canal stenosis, moderate bilateral neural foraminal narrowing and moderate bilateral recess stenosis is visualized, mild bilateral facet degenerative change as well as bilateral mild ligamentum flavum hypertrophy. A progress report 12/12/2013 documented the patient with complaints of low back pain. Objective findings on examination reveal there is tenderness about the lower lumbar paravertebral musculature. She ambulates with the aid of a walker. Forward flexion is 45 degrees, extension 10 and lateral bending to 30 degrees. Diagnoses are Grade 2 spondylolisthesis L5-S1, extreme morbid obesity, lumbar radiculopathy and psychological diagnoses. Utilization report dated 02/12/2014 reviewed the request for Housekeeping Assistance 10 hours per week. The request was denied due to home health services are recommended only for medical treatment for patients who are home bound part time or on an "intermittent" basis no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning and laundry.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOUSEKEEPING ASSISTANCE: 10 HOURS PER WEEK: Upheld

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

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

Decision rationale: According to California MTUS guidelines, Home Health Services are, "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." This is a request for 10 hours per week of housekeeping assistance for a 62 year old female injured on 1/20/01 with chronic low back pain and morbid obesity. However, after review of the medical records, the patient is not homebound. She does not require home-based medical treatment. Housekeeping services are not recommended by guidelines. The patient receives assistance with ADL's from her daughter and daughter-in-law. Medical necessity is not established.