

Case Number:	CM14-0058543		
Date Assigned:	07/09/2014	Date of Injury:	05/02/2003
Decision Date:	09/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/29/2014

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 Nevada. 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 records, presented for review, indicate that this 47-year-old female was reportedly injured on May 5, 2003. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated March 25, 2014, indicated that there were ongoing complaints of neck pain radiating to the right arm and low back pain radiating to the right leg. Current medications include Gabapentin, Lidocaine, and Ultracet. The physical examination demonstrated tenderness and spasms over the cervical and lumbar spine. There was a positive straight leg raise test and decreased sensation in the right L5 and S1 dermatomes. Diagnostic imaging studies of the lumbar spine indicated a spondylolisthesis of L5 on S1 and a right-sided disc protrusion at the same level. There was also a disc bulge at L4-L5. Treatment included a right-sided carpal tunnel release, right rotator cuff repair, and a right subtalar arthroscopy. The injured employee has also participated in physical therapy and received trigger point injections, and lumbar epidural steroid injections. A request had been made for household services for eight hours per week and was not certified in the pre-authorization process on April 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Household Services 8 hours per week: 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Home Health Services Page(s): 51.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, home health services are indicated for individuals who are homebound on at least a part-time or intermittent basis. A home health aide is indicated to help the injured employee with assistance such as homemaker services like shopping, cleaning, laundry, and participation in activities of daily living. The most recent progress note, dated March 25, 2014, did not indicate that the injured employee was homebound or has difficulties performing these tasks. For this reason, this request for household services eight hours per week is not medically necessary.