

Case Number:	CM14-0073036		
Date Assigned:	07/16/2014	Date of Injury:	02/22/1998
Decision Date:	09/19/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/20/2014

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 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 injured worker is a 57-year-old female who was reportedly injured on February 22, 1998. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 25, 2014, indicates that there are ongoing complaints of low back pain with radicular symptoms. The physical examination demonstrated tenderness over the lower back and neck. There were hypoactive deep tendon reflexes and a negative straight leg raise test. There was a decreased sensation throughout the lower extremities. Diagnostic imaging studies show a lumbar disc herniation at L5 - S1. Previous treatment includes participation in gym exercise and a home exercise program. A request was made for housekeeping services 60 hours per month and was not certified in the pre-authorization process on May 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Housekeeping Services, 6-8 Hours/Month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute. Low Back-Lumbar & Thoracic (Acute and Chronic).

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 of 127.

Decision rationale: According to the medical records, the injured employee is participating in gym exercise, home exercise and walks a mile and a half four days each week. Considering these abilities, it is unclear why housekeeping services to assist the injured employee could possibly be needed. As such, this request for housekeeping services 68 hours per month is not medically necessary per MTUS Guidelines.