

Case Number:	CM15-0100911		
Date Assigned:	06/03/2015	Date of Injury:	09/07/1993
Decision Date:	07/01/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 54 year old female, who sustained an industrial injury on September 7, 1993. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbar radiculopathy, lumbar degenerative disc disease, lumbar facet arthropathy, failed back surgery syndrome, myofascial pain syndrome, chronic pain, depressive disorder recurrent episode, moderate, and anxiety disorder. Treatment to date has included psychotherapy, a home exercise program, stretches, moist heat, an intrathecal pain pump, and medications including topical pain, oral opioid pain, injectable opioid, non-narcotic pain, and muscle relaxant. On May 4, 2015, the injured worker complains of low back pain, which is described as sharp, dull/aching, throbbing, stabbing, numbness, electrical/shooting, burning, stinging, and spasm. Her current pain rating is 1/10 on a good day and 5/10 on a bad day. Cold, activity, sitting, standing, and walking aggravates the pain. The pain is helped by lying down, rest, heat, quiet, medication, and massage. The physical exam revealed pain across the lower back along the lumbar 5-sacral 1 facet joints on extension, decreased flexion and extension, right sciatic notch tenderness, positive bilateral straight leg raise (back only), an antalgic and weak gait, bilateral lumbar spasm, decreased extensor hallucis longus muscle strength of the bilateral lower extremities, decreased dorsiflex muscle strength of the right lower extremity, no evidence of decreased sensation, and normal bilateral lower extremities reflexes, except for the right ankle reflex was decreased. The treatment plan includes a request for a housekeeper.

IMR ISSUES, DECISIONS AND RATIONALES

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

Housekeeping, unspecified frequency and duration: 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 Home health services Page(s): 51.

Decision rationale: The requested Housekeeping, unspecified frequency and duration, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 51, Home health services, note that 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." The injured worker has low back pain, which is described as sharp, dull/aching, throbbing, stabbing, numbness, electrical/shooting, burning, stinging, and spasm. Her current pain rating is 1/10 on a good day and 5/10 on a bad day. Cold, activity, sitting, standing, and walking aggravates the pain. The pain is helped by lying down, rest, heat, quiet, medication, and massage. The physical exam revealed pain across the lower back along the lumbar 5-sacral 1 facet joints on extension, decreased flexion and extension, right sciatic notch tenderness, positive bilateral straight leg raise (back only), an antalgic and weak gait, bilateral lumbar spasm, decreased extensor hallucis longus muscle strength of the bilateral lower extremities, decreased dorsiflex muscle strength of the right lower extremity, no evidence of decreased sensation, and normal bilateral lower extremities reflexes, except for the right ankle reflex was decreased. The treating physician has not documented what specific medical non- homemaker home health services are being requested nor their medical necessity. The criteria noted above not having been met, Housekeeping, unspecified frequency and duration is not medically necessary.