

Case Number:	CM15-0136397		
Date Assigned:	07/24/2015	Date of Injury:	11/28/2001
Decision Date:	08/26/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of November 28, 2001. In a June 15, 2015 Utilization Review report, the claims administrator approved requests for lumbar MRI imaging and a followup visit while denying a request for housekeeping assistance at a rate of eight hours a week. The claims administrator referenced a May 19, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On May 1, 2015, the applicant was asked to continue Norco, Prilosec, Zanaflex, and Lidoderm patches. A foot brace was endorsed to ameliorate footdrop. Highly variable 5-9/10 pain complaints were reported. The applicant's work status was not detailed, although it did not appear that the applicant was working. On May 19, 2015, the applicant again reported ongoing complaints of low back pain with an associated footdrop. The applicant's work status was not detailed, although it did not appear that the applicant was working. Lumbar MRI imaging and housekeeping assistance at a rate of eight hours a week were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

One housekeeping assistant 8 hours per week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services).

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

Decision rationale: No, the request for housekeeping assistance at a rate of eight hours per week was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended on part-time or intermittent basis only to deliver otherwise recommended medical treatment to applicants who are homebound. Medical treatment does not include homemaker services such as the housekeeping assistance service being sought here, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider failed to furnish a clear or compelling rationale for provision of this service in the face of the unfavorable MTUS position on the same. Therefore, the request was not medically necessary.