

Case Number:	CM15-0140362		
Date Assigned:	07/30/2015	Date of Injury:	08/05/2013
Decision Date:	09/02/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/20/2015

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 30-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 5, 2013. In a Utilization Review report dated July 17, 2015, the claims administrator failed to approve a request for a house cleaning service. The claims administrator referenced an RFA form received on July 9, 2015, along with an associated progress note of June 24, 2015 in its determination. The applicant's attorney subsequently appealed. On May 27, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant was on Soma, Motrin, Prilosec, Percocet, and Neurontin, it was reported. The applicant was placed off of work, on total temporary disability. The applicant was ambulating without aid of assistive devices, it was acknowledged, but did exhibit a slightly antalgic gait. On an RFA form dated July 9, 2015, housecleaning services were sought, seemingly without any supporting rationale or progress notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 House cleaning services (duration and frequency unspecified), related to chronic lumbar injury, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Title 8, effective July 18, 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back & lumbar & thoracic.

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

Decision rationale: No, the request for housecleaning services 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 only to deliver otherwise recommended medical treatment to applicants who are home bound. Medical treatments not, however, include the homemaker services such as the house cleaning/ housekeeping services in question here. No clinical progress notes and/or narrative commentary were attached to the July 9, 2015 RFA form to augment the same and/or essentially offset the unfavorable MTUS position on the article at issue, it was further noted. Therefore, the request was not medically necessary.