MAXIMUS Federal Services

Case Number:	CM15-0020909		
Date Assigned:	02/10/2015	Date of Injury:	08/23/2013
Decision Date:	04/01/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/03/2015

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: Physical Medicine & Rehabilitation

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 38 year old female, who sustained an industrial injury on 08/23/2013. She has reported subsequent neck, back and lower extremity pain and was diagnosed with neck, thoracic and lumbosacral sprain, sciatica and median neuritis. Treatment to date has included oral pain medication, physical therapy and chiropractic therapy. In a progress note dated 01/16/2015, the injured worker complained of continued low back pain radiating to the leg with stiffness and weakness. The injured worker was noted to be unable to do excessive twisting or bending, squatting or kneeling. The physician noted that housekeeping services were recommended as it was causing severe aggravation of the injured worker's symptoms. A request for authorization of housekeeping 4 hours/week x 6 weeks was made. On 01/22/2015, Utilization Review non-certified a request for housekeeping 4 hours/week x 6 weeks, noting that there was no documentation that the injured worker was bed-ridden, home bound or otherwise non-ambulatory and no objective findings upon examination that would support the request. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

House keeping 4 hours a week for 6 weeks: 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 Home health services Page(s): 51.

Decision rationale: The patient is a 38 year old female who presents with unrated lower back pain which radiates into the right lower extremity, exacerbated by twisting or bending. The patient's date of injury is 08/23/13. Patient has no documented surgical history directed at this complaint. The request is for HOUSEKEEPING 4 HOURS A WEEK FOR 6 WEEKS. The RFA is dated 01/16/15. The requesting progress note dated 01/15/15 does not include any physical examination findings, only a review of the patient's status and documentation of improvement following chiropractic treatment. The patient's current medication regimen is not provided. Diagnostic imaging was not included, though progress note dated 01/14/14 describes undated MRI findings: "some degeneration, but no large herniation. There is slight foraminal stenosis at the lumbar spine at the L4-L5." Patient is classified as temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 51 for Home health services states: "Recommended only for otherwise recommended medical treatment for patients who are home bound, 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. "In regards to the request for a weekly housekeeper to assist this patient in maintaining a healthy and clean living space, guidelines do not support the issuance of a home aide solely for the purpose of cleaning. The patient does present with chronic pain, but there is no evidence of inability to do simple house chores. There is no neurologic deficit that would inhibit the patient's ability to do house work. MTUS does not consider homemaker services medical treatments, either. The request IS NOT medically necessary.