

Case Number:	CM15-0212966		
Date Assigned:	11/02/2015	Date of Injury:	02/10/2009
Decision Date:	12/14/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/29/2015

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 60 year old female who sustained an industrial injury on 02-10-2009. Medical records indicated the worker was treated for chronic low back pain and failed back surgery syndrome with radiculopathy into the right lower extremity. According to a 03-31-2015 pain consultation note, she has numbness and tingling in the right lateral leg and foot. She has difficulty walking and difficulty with prolonged sitting or standing and has to frequently shift positions. In the provider notes of 09-03-2005, the worker is seen for pain in the groin and lower abdomen, and pain radiating down her leg. The physician notes that she has symptoms of genitofemoral neuralgia with positive response after genitofemoral nerve (GFN) blocks and neurolytic nerve phenol injections. She is noted to have anxiety and depression related to her physical issues. Her examination revealed "exquisite tenderness" over the lateral right pubic bone, where the GFN courses, reproducing the pain to the inner thigh. She had tenderness with palpation over the right sacroiliac joint and low back, and authorization was requested for orthopedic and psych referrals. She had approval for a spinal cord stimulator trial. At the time of her exam on 09-03-2015 she was on multiple prescriptions and had a signed pain management agreement with confirmatory urine tests to monitor compliance. There was no evidence of impairment, abuse, diversion or hoarding. In the psych report of 09-09-2015, she was experiencing a loud ringing in the ear and vertigo. She reported one episode of dizziness and falling. In the notes of 09-25-2015, the worker complains of chronic pain in the groin and lower abdomen with pain radiating down her leg. She was also diagnosed with a right inguinal hernia with ongoing abdominal pain. The treatment plan is for a second surgical repair of the hernia

area which is pending. The practitioner requests 12 weeks of housekeeping assistance at six hours, once per week due to her inability to carry laundry up and down the stairs from her home, clean her home, carry groceries and trash up and down from her home, and participate in all activities which require lifting and carrying, bending, cleaning and any physically demanding activity. A request for authorization was submitted for Housekeeping Services, 6 Hr. per Day, Once Weekly. A utilization review decision 09-30-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Housekeeping Services, 6 Hr/Day, Once Weekly: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. The patient does not appear homebound as the patient attends office visits independently without person assist. There is no specific deficient performance issue evident as it is reported the patient has no documented deficiency with the activities of daily living. It is unclear if there is any issue with family support. Reports have unchanged chronic symptoms without clear progressive neurological deficits identified for home therapy. Submitted reports have not demonstrated support per guidelines criteria for treatment request. The Housekeeping Services, 6 Hr/Day, Once Weekly is not medically necessary and appropriate.