MAXIMUS Federal Services

Case Number:	CM14-0132733		
Date Assigned:	08/22/2014	Date of Injury:	10/01/2007
Decision Date:	10/23/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/19/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 injury on 10/01/07. On 08/07/14, she presented with complaints of lower back pain, which was constant, pulsating, burning, needle like, with an average intensity of 7/10. Her neck pain was described as constant, tense, tight, with an average intensity of 6/10. She has been going to Kennedy gym, which helps. She gets dizzy with bending due to pain. Her pain at night is much worse. She states it is hard to drive. Her lower back pain is worse with standing/sitting/lying. Her left sided back pain has numbness, burning sensation, and radiates down her leg. She has right leg pain, but left is greater than the right. She indicates that if she sits for long periods her leg fall asleep. On exam, she had antalgic gait. She walked unassisted. She had cervical spine flexion to 30 and extension to 20 degrees. She had decreased lateral turning bilaterally. She was tender to palpation along the cervical musculature with multiple trigger points. She had multiple trigger points and areas of spasticity located in the lower lumbar musculature bilaterally. The lumbar spine had decreased range of motion in all planes. She had 4+/5 strength in upper and lower extremities. Electromyogram/nerve conduction velocity study dated 07/28/14 revealed carpal tunnel syndrome bilaterally. Magnetic resonance imaging scan of the lumbosacral spine dated 03/22/10 revealed L4-L5 disc flattening the ventral thecal sac, bilateral facet hypertrophy ligamentum flavum thickening, and moderate to severe spinal stenosis. She has had anterior cervical fusion on 02/07/12, L4-L5 laminotomy on 06/01/10 and L4-L5 posterior spinal fusion on 08/18/11. Her current medications include Norco, Lyrica, Cymbalta, Ativan, and pain cream. She has had multiple physical therapy sessions, which helped. Diagnoses include lumbago, lumbar radiculopathy, cervicalgia and carpal tunnel syndrome, insomnia, and emotional liability.The request for home housekeeping was denied on 08/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HOUSE KEEPING: Upheld

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

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

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, home health services are recommended only for otherwise recommended medical treatment for workers 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 medical records do not show the injured worker being bed-bound. Furthermore, the requested service is not considered a medical necessity service and is not included in the home health services. The request is thus not medically necessary.