

<b>Case Number:</b>	CM14-0172841		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/26/1996
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 63 year old female who sustained an industrial injury on 07/26/1996. Her history was significant for cervical fusion in 1994, carpal tunnel release in 1997, lumbar fusion in 1998, anterior/posterior lumbar spine fusion in 2006, hardware removal and revision of anterior/posterior lumbar spine fusion in 2007, hardware removal in 2009 and fusion at L2-3 in 2009. The clinical note from 01/06/14 was reviewed. Subjective symptoms included moderate, constant, back and right leg pain. She was not working. Pain was increased when standing in one spot. Medications included Ambien, Norco and Soma. Pertinent examination findings included abnormal and limited range of motion of lumbar spine, tenderness over lumbar paraspinous muscles, normal motor strength in bilateral lower extremities, negative bilateral straight leg raising test and negative sitting double SLR test. Diagnoses included post fusion syndrome and lumbar kyphosis. The request was for heavy housekeeping 6 hours a day, 1-2 times a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Heavy housekeeping 6 hours a day, 1-2 times a week for 6 weeks:** 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:** The employee was a 63 year old female who sustained an industrial injury on 07/26/1996. Her history was significant for cervical fusion in 1994, carpal tunnel release in 1997, lumbar fusion in 1998, anterior/posterior lumbar spine fusion in 2006, hardware removal and revision of anterior/posterior lumbar spine fusion in 2007, hardware removal in 2009 and fusion at L2-3 in 2009. The clinical note from 01/06/14 was reviewed. Subjective symptoms included moderate, constant, back and right leg pain. She was not working. Pain was increased when standing in one spot. Medications included Ambien, Norco and Soma. Pertinent examination findings included abnormal and limited range of motion of lumbar spine, tenderness over lumbar paraspinal muscles, normal motor strength in bilateral lower extremities, negative bilateral straight leg raising test and negative sitting double SLR test. Diagnoses included post fusion syndrome and lumbar kyphosis. The request was for heavy housekeeping 6 hours a day, 1-2 times a week for 6 weeks. According to MTUS, Chronic pain medical treatment guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part time or intermittent basis. 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. There is no documentation that the employee was home bound and the only home health service being requested is housekeeping. Hence the request for heavy housekeeping is not medically necessary.