

<b>Case Number:</b>	CM15-0017346		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	02/25/1980
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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:

This is a 59 year old female with an industrial injury dated 02/25/1980. The documented injuries are to her low back and to her neck. On 12/01/2014 she presented for follow up. She stated Neurontin was easing her radicular symptoms 'quite a bit.' Physical exam revealed lumbosacral paraspinous tenderness and pain with extension of low back. Straight leg raises were positive bilaterally. She presented again on 12/26/2014 for follow up reporting her pain as 5/10. She continued to receive benefit from Neurontin and denied side effects. Prior treatments include cervical fusion, 3 surgeries in her low back, acupuncture, epidural steroid injections and medications. Diagnoses were cervical radiculopathy, lumbar spine radiculopathy and failed back syndrome, lumbar. On 01/08/2015 utilization review issued a decision of non-certification for 4 weeks coverage: housekeeping services. Medicare Benefits Manual (Rev. 144, 05/06/2011) Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services) was cited. MTUS does not provide recommendations for the use of housekeeping services in the management of chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Housekeeping services for 4 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual

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

**Decision rationale:** This patient is status post lumbar fusion in 2010, lumbar laminectomy in 2006 and cervical fusion in 2005. The patient currently complains of low back pain that radiates into the lower extremities with numbness into her right leg and foot. The patient is being treated with opiate medications for pain and Lexapro for depressions. The current request is for 4 weeks of housekeeping services. Regarding home services, the MTUS page 51 states that they are recommended only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis generally up to no more than 35 hours per week. According to the progress report dated 9/22/14, the treating physician recommended a house keeper for heavy cleaning. There was no physical examination on this date, or any discussion regarding the medical necessity. Physician examination from 9/11/14 noted mild limitation in range of motion in the cervical and lumbar spine. Cervical spine revealed 1+ tenderness and the back exam showed no tenderness. The patient reported diminution to pin over the first, second, third and fourth fingers bilaterally. In this case, there are no significant physical findings that would require a home healthcare aide. There are no discussions regarding the patient's specific functional needs that would require assistance and the medical justification for the deficits. MTUS recommends home health care assistance for patients that require medical treatment and that are homebound. Furthermore, the treating physician is asking for homemaker services only, with no other medical care needed at home. This request is not medically necessary.