

Case Number:	CM14-0161366		
Date Assigned:	10/06/2014	Date of Injury:	06/17/2014
Decision Date:	12/22/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/01/2014

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 New York. 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 claimant is a 41 year old female who sustained an industrial injury on 06/18/2014. The mechanism of injury was not provided for review. Her diagnoses include concussion, neck sprain and headache. She complains of headache and neck pain. On physical exam there was tenderness of the neck muscles with spasm. There were no neurologic abnormalities. Treatment has included medications, physical therapy, and referral to a neurologist and acupuncture. The treating provider has requested a vaccination with tetanus toxoid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vaccination with tetanus toxoid: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Diseases Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Disease TD vaccine

Decision rationale: Per the ODG guidelines a tetanus booster is indicated every ten years to protect against tetanus and diphtheria, though newer vaccines that have proven efficacious also

prevent pertussis, and should therefore be considered in conjunction with or instead of the tetanus vaccine. The documentation does not indicate evidence of an open wound that required tetanus prophylaxis. The medical necessity for the requested item has not been established. The requested item is not medically necessary.