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| Case Number: | CM14-0028423 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 07/02/2012 |
| Decision Date: | 07/24/2014 | UR Denial Date: | 02/14/2014 |
| Priority: | Standard | Application Received: | 03/06/2014 |

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 Family Medicine 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:

This injured worker's date of injury is 07/02/12. The original injury occurred while he was pulling a cart weighing about 300 lbs. The cart and its contents spilled over, which caused the worker to fall onto his back. He was examined, had x-rays and an MRI, and received physical therapy and acupuncture for his injuries. Since the original injury, this patient has received treatment for chronic hip and low back pain with radiation to the lower extremities. The diagnoses addressed in treatment include: lumbar radiculitis, lumbago, lumbar strain, and left hip bursitis/tendonitis. Medications include Norco, Naproxen, Omeprazole, and Cyclobenzaprine. The review is for a retrospective authorization of the flu vaccination 11/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO FLU VACCINATION 11/13/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Infectious Diseases (updated 06/28/13), Travel medicine, and <http://www.ncbi.nlm.nih.gov/pubmed/16777545>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Seasonal influenza vaccination in adults, author Patricia Hibberd, MD, PhD; accessed online.

Decision rationale: This patient receives treatment for chronic low back and hip pain. The seasonal flu vaccine is medically indicated for people at high risk for developing the flu, such as healthcare workers, workers in long-term care facilities, high-risk individuals, and their close contacts. High risk individuals are defined as pregnant women, elderly people, and patients with COPD. Based on the documentation, the retro authorization for the seasonal flu vaccine is not medically indicated.