
Notice of Independent Medical Review Determination

Dated: 8/30/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/8/2013
Date of Injury: 2/22/2012
IMR Application Received: 7/15/2013
MAXIMUS Case Number: CM13-0001560

- 1) MAXIMUS Federal Services, Inc. has determined the request for Norco 325mg #unspecified **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Colace 100mg #unspecified **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Aprazolam 0.5mg #unspecified **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Cialis 10mg #unspecified **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Zolpidem 10mg #unspecified **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for 12 sessions of physical therapy for left foot, left hip, lumbar and/or sacral vertebrae (2 times a week for 6 weeks) **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for neuro cognitive testing **is not medically necessary and appropriate.**

- 8) MAXIMUS Federal Services, Inc. has determined the request for a home health aide 12 hours a day, 7 days per week **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Norco 325mg #unspecified **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Colace 100mg #unspecified **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Aprazolam 0.5mg #unspecified **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Cialis 10mg #unspecified **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Zolpidem 10mg #unspecified **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for 12 sessions of physical therapy for left foot, left hip, lumbar and/or sacral vertebrae (2 times a week for 6 weeks) **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for neuro cognitive testing **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for a home health aide 12 hours a day, 7 days per week **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the Initial Podiatric Consultation by [REDACTED], D.P.M. dated March 8, 2013.

The patient was delivering pizza when he got into a head-on collision at 15 miles an hour. The patient apparently had to be taken out of the car with [REDACTED] and was transported to the hospital. The patient had a broken hip, broken ribcage, and broken heel bone. The patient was attended to at the county [REDACTED]. The patient's injury was about a year ago. He continues to have pain and weakness in the left ankle. He continues to have pain in the left hip.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

Application for Independent Medical Review
Utilization Review Determination by [REDACTED] (dated 7/8/13)
California Medical Treatment Utilization Schedule

Medical Reports

[REDACTED]

08/01/2012; 08/02/2012; 08/03/2012;
08/04/2012; 08/5/2012

[REDACTED] MD

[REDACTED]

7/6/2012; 7/26/2012; 7/31/2012; 8/9/2012
07/16/2012-07/31/2012 ;10/01/2012-
10/15/2012; 12/31/2012-1/15/2013; 2/1/2013-
2/15/2013; 2/22/2013; 2/28/2013; 3/1/2013-
3/15/2013; 3/22/2013-3/31/2013; 5/30/13-
6/30/13
6/28/2013
10/22/2012
10/15/2012

[REDACTED]

5/14/2012, 6/19/2012, 7/3/2012, 7/5/2012,
7/11/2012; 7/16/2012; 8/9/2012; 8/21/2012;
8/24/2012; 10/24/2012; 12/19/2012; 1/2/2013;
2/13/2013; 3/15/2013; 3/21/2013; 4/17/2013;
4/19/2013; 7/1/2013; 7/8/2013; 7/19/2013

[REDACTED]

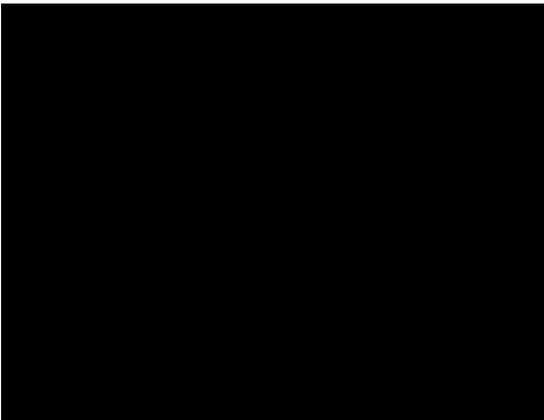
12/5/2012
9/25/2012; 1/9/13; 1/11/13; 2/28/2013; 3/7/2013;
3/25/2013; 4/5/2013; 5/3/2013
7/26/2012
06/01/2012-06/30/2012; 07/01/2012-07/31/2012;
08/01/2012-08/31/2012; 10/01/2012-10/31/2012;
11/1/2012-11/30/2012;

[REDACTED]

1/30/2013
2/11/2013
04/19/2012; 05/31/2012; 6/22/2012; 07/26/2012;
08/03/2012; 08/23/2012; 10/04/2012;
10/12/2012; 11/1/2012; 11/13/2012; 12/5/2012;
12/6/2012; 1/9/2013; 1/17/2013; 1/30/2013;
2/2/2013; 2/28/2013; 3/26/2013; 4/11/2013
5/23/2013; 6/18/2013

[REDACTED]

06/29/2012; 08/10/2012; 2/18/2013; 4/15/2013;
5/21/2012; 6/4/2012; 6/18/2012; 7/2/2012;
7/16/2012; 7/30/2012; 8/13/2012



10/22/2012
6/18/2013
11/1/2012
11/8/2012; 11/29/2012; 12/6/2012; 12/20/2012
6/22/2012; 11/13/2012
8/3/3012

12/11/2012
3/11/2013; 3/14/2013; 3/20/2013; 3/27/2013;
3/29/2013; 4/3/2013; 4/5/2013; 4/10/2013;
5/7/2013; 5/9/2013-5/17/2013; 5/23/2013-
6/7/2013; 6/11/13-6/20/13

1) Regarding the request for Norco 325mg #unspecified:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination letter. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), page 8, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was involved in a motor vehicle accident on 2/22/2012. The employee has experienced injuries which have included: left hip pain; pain and weakness in the left ankle; sexual dysfunction; stress incontinence; incomplete bladder emptying; testicular pain; post traumatic stress disorder; depressed disorder; insomnia; posterior dislocation of the left hip; open reduction internal fixation of the left acetabulum; stable patellar and left foot fracture; fractures of the 2nd and 3rd metatarsal base; fractures of the 4th and 5th metatarsal head; fracture of the 3rd metatarsal neck; and non-displaced fracture of the sternum. The employee also developed bilateral deep vein thrombosis. Treatment noted in the medical records received and reviewed has included anticoagulation therapy, medications, household services, meal prep, shopping, and assistance with ambulation and exercise, and a Cam walker. The medical records received and reviewed indicate the employee has been prescribed Norco since at least January 2013. A new request was submitted for Norco 325mg #unspecified.

The MTUS Chronic Pain Guidelines indicate continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS Chronic Pain guideline does not recommend continued treatment if it is producing an unsatisfactory response.

There were extensive records submitted for this review, but many are handwritten and not legible. The records indicate the employee takes Norco for low back and hip pain. A medical report dated 1/17/13 indicated the employee's medications were helping, but a urine drug screen dated 1/17/13 does not show evidence of Norco use. A follow-up visit report dated 2/28/13 does not discuss the rationale for continuing the medication nor does it discuss the inconsistent drug screen findings. A medical report dated 5/23/13 recommends continuing with this medication, but another urine drug screen dated 5/23/13 again showed no evidence of Norco use. The medical records submitted and reviewed indicate the employee is not using the medication prescribed, and there is no significant change reported in his condition with or without medication. This is not a satisfactory response to treatment per the guideline. The request for Norco 325mg #unspecified is not medically necessary and appropriate.

2) Regarding the request for Colace 100mg #unspecified:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination letter. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), page 77, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was involved in a motor vehicle accident on 2/22/2012. The employee has experienced injuries which have included: left hip pain; pain and weakness in the left ankle; sexual dysfunction; stress incontinence; incomplete bladder emptying; testicular pain; post traumatic stress disorder; depressed disorder; insomnia; posterior dislocation of the left hip; open reduction internal fixation of the left acetabulum; stable patellar and left foot fracture; fractures of the 2nd and 3rd metatarsal base; fractures of the 4th and 5th metatarsal head; fracture of the 3rd metatarsal neck; and non-displaced fracture of the sternum. The employee also developed bilateral deep vein thrombosis. Treatment noted in the medical records received and reviewed has included anticoagulation therapy, medications, household services, meal prep, shopping, and assistance with ambulation and exercise, and a Cam walker. A request was submitted for Colace 100mg #unspecified.

Colace is a medication used to treat constipation. The requesting provider suggests that the employee's constipation was caused by Norco use. The MTUS Chronic Pain Guidelines recommend prophylactic treatment of constipation when using opiates. In this case, the cause of the constipation is not clear, as the urine drug screens provided for review do not show evidence of Norco use. Colace helps with constipation whether or not if it was caused by the Norco. The request for Colace 100mg #unspecified is medically necessary and appropriate.

3) Regarding the request for Aprazolam 0.5mg #unspecified:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination letter. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), page 24, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was involved in a motor vehicle accident on 2/22/2012. The employee has experienced injuries which have included: left hip pain; pain and weakness in the left ankle; sexual dysfunction; stress incontinence; incomplete bladder emptying; testicular pain; post traumatic stress disorder; depressed disorder; insomnia; posterior dislocation of the left hip; open reduction internal fixation of the left acetabulum; stable patellar and left foot fracture; fractures of the 2nd and 3rd metatarsal base; fractures of the 4th and 5th metatarsal head; fracture of the 3rd metatarsal neck; and non-displaced fracture of the sternum. The employee also developed bilateral deep vein thrombosis. Treatment noted in the medical records received and reviewed has included anticoagulation therapy, medications, household services, meal prep, shopping, and assistance with ambulation and exercise, and a Cam walker. A request was submitted for Aprazolam 0.5mg #unspecified.

The medical records received and reviewed indicate the employee takes Aprazolam for anxiety and stress. Aprazolam is a benzodiazepine. Page 24 of the MTUS Chronic Pain Guidelines indicates benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence, and that most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety.

The records show Aprazolam was prescribed since January 2013. The MTUS Chronic Pain Guidelines do not recommend use of benzodiazepines for longer than 4 weeks. Also, the employee's urine drug screens in January and May 2013 were both negative for use of Aprazolam. There is no rationale from the provider on the inconsistencies, and no significant change in the patient's condition reported, either with or without use of Aprazolam. The documentation submitted does not support the request. The request for Aprazolam 0.5mg #unspecified is not medically necessary and appropriate.

4) Regarding the request for Cialis 10mg #unspecified:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination letter. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer determined that the California Medical Treatment Utilization Schedule (MTUS) does not address Cialis. The Expert Reviewer was unable to find a medical treatment guideline that addresses Cialis. The Expert Reviewer relied on a Federal Drug

Administration (FDA) news release regarding Cialis, dated 10/6/2011, which is a nationally-recognized professional standard that is not part of the MTUS.

Rationale for the Decision:

The employee was involved in a motor vehicle accident on 2/22/2012. The employee has experienced injuries which have included: left hip pain; pain and weakness in the left ankle; sexual dysfunction; stress incontinence; incomplete bladder emptying; testicular pain; post traumatic stress disorder; depressed disorder; insomnia; posterior dislocation of the left hip; open reduction internal fixation of the left acetabulum; stable patellar and left foot fracture; fractures of the 2nd and 3rd metatarsal base; fractures of the 4th and 5th metatarsal head; fracture of the 3rd metatarsal neck; and non-displaced fracture of the sternum. The employee also developed bilateral deep vein thrombosis. Treatment noted in the medical records received and reviewed has included anticoagulation therapy, medications, household services, meal prep, shopping, and assistance with ambulation and exercise, and a Cam walker. A request was submitted for Cialis 10mg #unspecified.

The medical records submitted and reviewed included a urology evaluation, which shows evidence of erectile dysfunction, sexual dysfunction, and testicular pain related to the industrial injury. The FDA news release references a study of Cialis for patients with both ED and high blood pressure and shows efficacy. The request for Cialis 10mg #unspecified is medically necessary and appropriate.

5) Regarding the request for Zolpidem 10mg #unspecified:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination letter. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer determined that the California Medical Treatment Utilization Schedule (MTUS) does not address the issue in dispute. The Expert Reviewer relied on the Official Disability Guidelines (ODG), Chronic Pain Chapter, Zolpidem section, which is a medical treatment guideline that is not part of the MTUS.

Rationale for the Decision:

The employee was involved in a motor vehicle accident on 2/22/2012. The employee has experienced injuries which have included: left hip pain; pain and weakness in the left ankle; sexual dysfunction; stress incontinence; incomplete bladder emptying; testicular pain; post traumatic stress disorder; depressed disorder; insomnia; posterior dislocation of the left hip; open reduction internal fixation of the left acetabulum; stable patellar and left foot fracture; fractures of the 2nd and 3rd metatarsal base; fractures of the 4th and 5th metatarsal head; fracture of the 3rd metatarsal neck; and non-displaced fracture of the sternum. The employee also developed bilateral deep vein thrombosis. Treatment noted in the medical records received and reviewed has included anticoagulation therapy, medications, household services, meal prep, shopping, and assistance with ambulation and exercise, and a Cam walker. A request was submitted for Zolpidem 10mg #unspecified.

The reporting states the patient takes Ambien (also referred to as Zolpidem) for insomnia. Ambien is a short-acting nonbenzodiazepine hypnotic approved for the short-term (usually two to six weeks) treatment of insomnia. The medical records submitted and reviewed indicate the employee was prescribed Ambien (zolpidem) for insomnia. A medical report dated 1/17/13 indicated the employee's medication was helping, but a urine drug screen dated 1/17/13 did not show evidence of Ambien use. A follow-up visit report dated 2/28/13 does not discuss the rationale for continuing the medication and does not discuss the inconsistent drug screen findings. A medical report dated 5/23/13 recommends continuing with this medication, but a urine drug screen dated 5/23/13 is again negative for Ambien use. A sleep study dated December 2012 included findings of sleep apnea and snoring.

The medical records submitted do not describe the patient's insomnia and do not reference any problems with sleeping, daytime drowsiness, or impairment from lack of restful sleep. The ODG recommends a 6 week maximum for Ambien use, and the records show the employee has been prescribed Ambien since January 2013. Continued use exceeds the guideline recommendation. The request for Zolpidem 10mg #unspecified is not medically necessary and appropriate.

6) Regarding the request for 12 sessions of physical therapy for left foot, left hip, lumbar and/or sacral vertebrae (2 times a week for 6 weeks):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination letter. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 98-99, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was involved in a motor vehicle accident on 2/22/2012. The employee has experienced injuries which have included: left hip pain; pain and weakness in the left ankle; sexual dysfunction; stress incontinence; incomplete bladder emptying; testicular pain; post traumatic stress disorder; depressed disorder; insomnia; posterior dislocation of the left hip; open reduction internal fixation of the left acetabulum; stable patellar and left foot fracture; fractures of the 2nd and 3rd metatarsal base; fractures of the 4th and 5th metatarsal head; fracture of the 3rd metatarsal neck; and non-displaced fracture of the sternum. The employee also developed bilateral deep vein thrombosis. Treatment noted in the medical records received and reviewed has included anticoagulation therapy, medications, household services, meal prep, shopping, and assistance with ambulation and exercise, and a Cam walker. The employee has already been approved for and received at least 12 physical therapy sessions. A new request was submitted for 12 sessions of physical therapy for left foot, left hip, lumbar and/or sacral vertebrae (2 times a week for 6 weeks).

The MTUS Chronic Pain Guidelines recommend up to 10 visits of PT for myalgia, neuralgia, or radiculitis. The employee has already received at least 12 physical therapy sessions, which exceeds the guideline recommended amount. A progress note dated 3/29/13 indicated the employee's condition had improved, although a follow-up note dated 4/11/13 indicated the employee's condition had worsened with physiotherapy. The employee has already received more than the guideline recommended number of physical therapy sessions, and the records indicate the employee's condition did not improve. The request for 12 sessions of physical therapy for left foot, left hip, lumbar and/or sacral vertebrae (2 times a week for 6 weeks) is not medically necessary and appropriate.

7) Regarding the request for neuro cognitive testing:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination letter. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 100-102, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was involved in a motor vehicle accident on 2/22/2012. The employee has experienced injuries which have included: left hip pain; pain and weakness in the left ankle; sexual dysfunction; stress incontinence; incomplete bladder emptying; testicular pain; post traumatic stress disorder; depressed disorder; insomnia; posterior dislocation of the left hip; open reduction internal fixation of the left acetabulum; stable patellar and left foot fracture; fractures of the 2nd and 3rd metatarsal base; fractures of the 4th and 5th metatarsal head; fracture of the 3rd metatarsal neck; and non-displaced fracture of the sternum. The employee also developed bilateral deep vein thrombosis. Treatment noted in the medical records received and reviewed has included anticoagulation therapy, medications, household services, meal prep, shopping, and assistance with ambulation and exercise, and a Cam walker. A request was submitted for neuro cognitive testing.

The MTUS Chronic Pain Guidelines indicate psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. The medical records submitted and reviewed indicate the employee had a psychological evaluation before December 2012 and continued with psychotherapy with monthly reports through 5/3/2013. There was no request for authorization or progress report(s) submitted that explains the rationale for a new evaluation. Also, there is no indication that this is a retrospective request. The documentation submitted does not support the request. The request for neuro cognitive testing is not medically necessary and appropriate.

8) Regarding the request for a home health aide 12 hours a day, 7 days per week:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination letter. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), page 51, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was involved in a motor vehicle accident on 2/22/2012. The employee has experienced injuries which have included: left hip pain; pain and weakness in the left ankle; sexual dysfunction; stress incontinence; incomplete bladder emptying; testicular pain; post traumatic stress disorder; depressed disorder; insomnia; posterior dislocation of the left hip; open reduction internal fixation of the left acetabulum; stable patellar and left foot fracture; fractures of the 2nd and 3rd metatarsal base; fractures of the 4th and 5th metatarsal head; fracture of the 3rd metatarsal neck; and non-displaced fracture of the sternum. The employee also developed bilateral deep vein thrombosis. Treatment noted in the medical records received and reviewed has included anticoagulation therapy, medications, household services, meal prep, shopping, and assistance with ambulation and exercise, and a Cam walker. A request was submitted for a home health aide 12 hours a day, 7 days per week.

The MTUS Chronic Pain Guidelines indicate home health service are recommended only for patients who are homebound, on a part-time or intermittent basis, and 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 submitted and reviewed indicate the employee has been receiving home health services since July 2012. A medical note dated 4/11/2013 indicates the employee was still receiving home health care at this time, and included "homemaker" services not recommended in the guidelines. The current request includes homemaker services which are not recommended by the guidelines. Also, the request is for home health services up to 84 hours per week, which exceeds the guideline recommendation of 35 hours per week. The request does not meet guideline requirements. The request for a home health aide 12 hours a day, 7 days per week is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dj

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.