

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



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**Notice: Independent Medical Review Terminated**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Date: 1/22/2014

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 10/7/2013  
Date of Injury: 9/19/2010  
Date Application Received: 10/15/2013  
MAXIMUS Case Number: CM13-0041888

Dear Mr./Mrs. [REDACTED]

Your request for Independent Medical Review (IMR) has been terminated due to one of the following reasons.

- The requesting party withdrew the application for IMR
- A settlement was reached between the interested parties
- The Claims Administrator authorized the requested treatment
- A change in circumstances has eliminated the need for IMR.

If you have any questions regarding your case termination, please contact us at the phone number listed above.

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: [REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]

CM13-0041888