
Notice: Independent Medical Review Terminated

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

Date: 1/22/2014

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 10/3/2013
Date of Injury: 6/6/2013
Date Application Received: 10/3/2013
MAXIMUS Case Number: CM13-0045149

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]

[REDACTED]

CM13-0045149