

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



Notice of Assignment and Request for Information

March 26, 2014

IMR Case Number:	GM13-0003624	Date of Injury:	03/20/2006
Claims Number:	900120052398	UR Denial Date:	07/18/2013
Priority:	STANDARD	Application Received:	07/26/2013
Employee Name:			
Provider Name:			
Treatment(s) in Dispute Listed on IMR Application:			
RETROSPECTIVE REQUEST FOR 1 URINALYSIS DRUG SCREENING			

Dear Parties:

The California Department of Industrial Relations Division of Workers' Compensation has assigned MAXIMUS Federal Services to conduct an independent medical review for the above case.

Injured Workers or their Appointed Representatives: You may submit any documents in support of your request for medical items or services. If you choose to do so, the documents must be received by MAXIMUS Federal Services within 20 days from the date of this notice.

Claims Administrators: You must provide MAXIMUS Federal Services with copies all of the documents listed on Attachment A (enclosed) within 15 days of the date of this notice if provided by mail, or within 12 days of the date of this notice if provided electronically.

How to submit documents:

- (1) Facsimile to (916) 605-4270;
- (2) U.S. Postal Service mail; or
- (3) Delivery Service:

04 / 07 / 2 For U.S. Postal Service Use
MAXIMUS Federal Services
Independent Medical Reviews
P.O. Box 138009
Sacramento, CA 95813-8009

For Delivery Service Use
MAXIMUS Federal Services
Independent Medical Reviews
625 Coolidge Drive, Suite 150
Folsom, CA 95630-3198

BOTH PARTIES: PLEASE BE SURE TO INCLUDE THE MAXIMUS CASE NUMBER WITH EACH DOCUMENT SUBMISSION. FAILURE TO DO SO MAY DELAY THE IMR PROCESS.

PLEASE ALSO NOTE: Copies of any documents provided to MAXIMUS Federal Services must also be provided concurrently to the other Interested Parties, except that documents previously provided to a party need not be provided again. A list of all of the documents submitted to MAXIMUS Federal Services must be provided to the other Interested Parties, whether or not copies of those items are also being provided:

What Happens Next? Once the deadline for submitting documents has passed, MAXIMUS Federal Services will conduct a review of the documents submitted to verify that all of the required documents have been received. The complete case file will then be sent for an independent medical review by a doctor. In almost all cases, MAXIMUS Federal Services will send you a letter with this doctor's decision within **45 days** from the date of this notice.

Additional information regarding the independent medical review process is available online at <http://www.dir.ca.gov/dwc/IMR.htm>

encl.

**ATTACHMENT A:
DOCUMENTS THAT MUST BE SUBMITTED BY THE CLAIMS ADMINISTRATOR**

04 / 07 / 2014

(1) A copy of all of the employee's medical records, within one year prior to the date of the request for authorization, in the possession of the employer or under the control of the employer relevant to each of the following:

- (A) The employee's current medical condition;
- (B) The medical treatment being provided by the employer;
- (C) The disputed medical treatment requested by the employee; and
- (D) A copy of any other relevant documents or information used by the employer or its utilization review organization in determining whether the disputed treatment should have been provided, and any statements by the employer or its utilization review organization explaining the reasons for the decision to deny, modify, or delay the recommended treatment on the basis of medical necessity.

(2) Other relevant documents:

- (A) A copy of all reports of the employee's treating physician relevant to the employee's current medical condition, including those that are specifically identified in the request for authorization or in the utilization review determination.
- (B) A copy of the adverse determination by the claims administrator notifying the employee and the employee's treating physician that the disputed medical treatment was denied or modified.
- (C) A copy of all information, including correspondence, provided to the employee by the claims administrator concerning the utilization review decision regarding the disputed treatment.
- (D) A copy of any materials the employee or the employee's provider submitted to the claims administrator in support of the request for the disputed medical treatment.
- (E) A copy of any other relevant documents or information used by the claims administrator in determining whether the disputed treatment should have been provided, and any statements by the claims administrator explaining the reasons for the decision to deny, modify, or delay the recommended treatment on the basis of medical necessity.
- (F) The claims administrator's response to any additional issues raised in the employee's application for independent medical review.

Pursuant to California Labor Code Section 4610.5(i), failure to submit all required documents could result in the assessment of administrative penalties up to \$5000.00.

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Federal Services



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