INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 2, 2014

Dear [Name]

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of $250.00 for the review cost and $2,312.50 in additional reimbursement for a total of $2,562.50. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $2,562.50 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

[Name]
Medical Director

cc:
DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- The original billing itemization
- Supporting documents submitted with the original billing
- Explanation of Review in response to the original bill
- Request for Second Bill Review and documentation
- Supporting documents submitted with the request for second review
- The final explanation of the second review
- Med Legal Official Medical Fee Schedule

HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. 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.

ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE:** Provider disputing $0.00 reimbursement for ML104-95 services performed on 08/19/2013.
- Claims Administrator denied services indicating: “Provider does not participate in MPN.”
- **ML104 Med. Legal Definition:** “An evaluation which requires four or more of the complexity factors…”
- **Modifier-95 Med. Legal Definition:** “Evaluation performed by a panel selected Qualified Medical Evaluator.”
- **MPN**, Multiple Provider Network, is not relevant to Authorized Medical Legal Services.
- **Authorization** dated July 23, 2013 from (Legal Parties) confirms Provider’s “QME” status as a “Panel Qualified Medical Examiner.”
- Provider is a Qualified Medical Examiner under California Labor Code Section 139.2.
- Authorization for Physician to address the following issues: Injury, Temporary Disability, Permanent and Stationary/Maximum Medical Improvement, Permanent Impairment, Causation, Apportionment, Medical Treatment, and Return to Work Status.
- Authorization provides the date and time of the Injured Worker’s pre-scheduled appointment, “Monday, August 19, 2013 at 10:00 a.m.”
- Letter of notification to Injured Worker from Legal Parties, dated July 11, 2013, informing Injured Worker of ‘Monday, August 19, 2013 at 10:00 a.m’ appointment.
• Provider addressed all issues requested.
• Abstracted Information qualifies for ML104-95 service.
• Fax to IBR from Claims Administrator dated 06/17/2014 states “invoice of (Provider) was denied in error… his bill has been approved for payment. His office has been advised of it.”
• 37 units indicated = $2,312.50 Due Provider for ML104-95 services.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned documentation and guidelines, additional reimbursement is warranted for ML104-95**

<table>
<thead>
<tr>
<th>Date of Service: 08/19/2013</th>
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<tbody>
<tr>
<td>Service Code</td>
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<tr>
<td>----------------</td>
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<tr>
<td>ML104-95</td>
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