

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
Sacramento, CA 95813-8006  
Fax: (916) 605-4280

**Independent Bill Review Medical/Legal Final Determination Reversed**

7/23/2014

MCL Health Management  
8502 E. Chapman Ave #391  
Orange, CA 92869

IBR Case Number:	CB13-0000796	Date of Injury:	7/17/2007
Claim Number:	[REDACTED]	Application Received:	11/27/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	2/28/2013 – 2/28/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	ML104		

Dear [REDACTED]:

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 12/20/2013, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$0.00, for a total of \$335.00.**

**Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:**

The following evidence was used to support the decision:

- 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
- Medical Legal Fee Schedule in effect July 1<sup>st</sup>, 2006

**Supporting Analysis:**

The dispute regards the payment amount for Medical-Legal services (ML104 94 units). The Provider billed \$5,875.00, was reimbursed \$500.00 and is requesting an additional reimbursement of \$5,375.00. The Claims Administrator reimbursed \$500.00 on the initial explanation of review (EOR) and denied any further reimbursement on the second EOR.

The Provider sent MAXIMUS a letter dated 1/22/2014, indicating the Claims Administrator reimbursed the Provider an additional amount of \$5,375.20 for the billed Medical-Legal services on date of service 2/28/2013. The additional payment by the Claims Administrator was issued after the Independent Bill Review case was received by MAXIMUS. The IBR application was received on 11/27/2013. The additional payment of \$5,375.20 was issued on or after 12/20/2013.

**ML104 - Comprehensive Medical-legal Evaluation Involving Extraordinary**

Circumstances. The physician shall be reimbursed at the rate of RV 5, or his or her usual and customary hourly fee, whichever is less, for each quarter hour or portion thereof, rounded to the nearest quarter hour, spent by the physician for any of the following:

- (1) An evaluation which requires four or more of the complexity factors listed under ML 103; in a separate section at the beginning of the report, the physician shall clearly and concisely specify which four or more of the complexity factors were required for the evaluation, and the circumstances which made these complexity factors applicable to the evaluation. An evaluator who specifies complexity factor (3) must also provide a list of citations to the sources reviewed, and excerpt or include copies of medical evidence relied upon.
- (2) An evaluation involving prior multiple injuries to the same body part or parts being evaluated, and which requires three or more of the complexity factors listed under ML 103, including three or more hours of record review by the physician;
- (3) A comprehensive medical-legal evaluation for which the physician and the parties agree, prior to the evaluation, that the evaluation involves extraordinary circumstances. When billing under this code for extraordinary circumstances, the physician shall include in his or her report (i) a clear, concise explanation of the extraordinary circumstances related to the medical condition being evaluated which justifies the use of this procedure code, and (ii) verification under penalty of perjury of the total time spent by the physician in each of these activities: reviewing the records, face-to-face time with the injured worker, preparing the report and, if applicable, any other activities

The Provider billed a total of 94 units for ML104. The report documented total of 23.5 hours of time spent on the following activities: 2 hours of history (face-to-face); 8.5 hours of record review; and 13 hours of report preparation activities. Reimbursement is warranted for the billed Medical-Legal code ML104 (94 units).

Based on the documentation submitted, additional reimbursement was warranted for the Official Medical-Legal Fee Schedule code ML104. The Provider indicated the disputed amount was paid in full by the Claims Administrator. Due to the disputed amount was paid in full prior to the IBR Final Determination decision the only amount due by the Claims Administrator is the IBR application fee of \$335.00.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
ML104	94	\$5,375.00	\$5,875.00	\$5,875.00	\$0.00	OMFS

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for Medical-Legal code ML104 (\$0.00) for a total of \$335.00.

***The Claims Administrator is required to reimburse the provider \$335.00 within 45 days of date on this notice per section 4603.2 (2a). This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f).***

Sincerely,

██████████, RHIT

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