

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 1, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0001052	Date of Injury:	04/26/2012
Claim Number:	[Redacted]	Application Received:	07/25/2014
Claims Administrator:	[Redacted]	Assignment Date:	10/16/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	ML104-95		

Dear [Redacted]

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 \$937.50 in additional reimbursement for a total of \$1,187.50. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$1,187.50 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,

[Redacted]

Medical Director

cc: [Redacted]
[Redacted]

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 Services, date of Service May 9, 2013.**
- Claims Administrator denied ML104 services stating “services not authorized.”
- Authorization for Med-Legal services from (Legal Parties) dated 02/18/2013, addressed to the Provider authorizing examination of Injured Worker as the “Qualified Medical Examiner,” for date of service, “April 02, 2013.”
- Correspondence from (Legal Parties) dated “March 26, 2013, reflects a re-scheduled appointment date for Med-Legal exam; rescheduled date “April 02, 2013.”
- Date Med-Legal Services Rendered as reflected on the QME Report: May 09, 2013.
- **OMFS Med-Legal Modifier -95 Description: Qualified Medical Examiner**
- **ML104 Complexity Factors 1 – 10 of 10** Compared to May 09, 2013 QME Report under heading “Time Spent”:
 - (1) Two or more hours of face-to-face time by the physician with the injured worker. **Provider Indicates, “39 minutes.” Criteria Not Met**
 - (2) Two or more hours of record review by the physician. **Provide Indicates, “10 hours 15 minutes.” Criteria Met**

(3) Two or more hours of medical research by the physician. Must also provide a list of citations to the sources reviewed, and excerpt or include copies of medical evidence relied upon: **Criteria Not Met**

(4) Four or more hours spent on **any combination of two** of the complexity factors (1) (3) which shall **count as two complexity factors**. Any complexity factor in (1) (2) or (3) used to make this combination shall **not** be used as the third required complexity factor. **Criteria Met for 2 complexity factors total for 1 -4.**

(5) Six or more hours spent on any combination of **three complexity** factors (1)-(3), which shall count as three complexity factors. **Criteria Not Met**

(6) Addressing the issue of medical causation, upon written request: **Criteria Met**
 Authorization from (Legal Parties), dated 2/18/2013, requests the Provider to utilize the “State of California and the AMA Guides to the Evaluation of Permanent Impairment, 5th edition.”

(7) Apportionment: **Criteria Not Met**

(8) Medical Monitoring of an employee following a toxic exposure to chemical mineral or biological substances. **Criteria Not Met**

(9) A psychiatric or psychological evaluation which is the primary focus of the medical-legal evaluation. **Criteria Not Met**

(10) Addressing the issue of denial or modification of treatment by the Claims Administrator following utilization review under Labor Code section 4610. **Criteria Not Met.**

- Abstracted information from QME report does not meets the Complexity Factor requirement for ML104 service code.
- Based on the aforementioned guidelines and documentation, the QME report meets the criteria for ML103-95 services.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: ML104-95

Date of Service: May 09, 2013							
Med-Legal Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assistant Surgeon	Units	Workers’ Comp Allowed Amt.	Notes
ML104-95	\$2,687.50	\$0.00	\$2,687.50	N/A	43	\$937.50	Complexity Factors met for ML103-95 Service

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