

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 6, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001545	Date of Injury:	07/15/2011
Claim Number:	[REDACTED]	Application Received:	10/14/2014
Claims Administrator:	[REDACTED]	Assignment Date:	11/10/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	ML106-95		

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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

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

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 seeking remuneration for ML106 services performed on 05/05/2014.
- The Claims Administrator denied the service with the following rationale: 1) “Claim Denied because this is not a work related injury/illness and thus not the liability of the Workers’ Compensation Carrier.” 2) The service(s) is for a condition(s) which is not related to the covered work related injury.”
- Letter from Legal Parties dated 04/01/2014 refers to April 2, 2014 QME initial evaluation with enclosed “additional records.”
- Provider indicates ML106 performed due to supplemental record review unavailable during initial evaluation.
- April 2, 2014 initial QME report not available for IBR. As such, a comparison of ML106 and Initial QME report could not be performed and updated supplemental information could not be verified.
- 11/05/2014 fax documentation from Claims Administrator indicates Provider was reimbursed \$1,428.20 on 10/30/2014 for this issue in dispute.
- IBR unable to recommend reimbursement for ML106 as supportive documentation (Initial QME Evaluation) is not available to compare with “supplemental” ML106 reported service.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of ML106-95 is not warranted.

Date of Service: 05/05/2014							
Medical Legal Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
ML106	\$1,375.00	\$0.00	\$1,375.00	N/A	4	\$0.00	Refer to Analysis

Copy to:

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

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[REDACTED]
[REDACTED]
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