

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 23, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001922	Date of Injury:	02/02/2012
Claim Number:	[REDACTED]	Application Received:	12/12/2014
Claims Administrator:	[REDACTED]	Assignment Date:	01/21/2015
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	ML104		

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 \$1,687.50 in additional reimbursement for a total of \$1,937.50. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$1,937.50 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,

Paul Manchester, M.D., M.P.H.

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 seeking remuneration for ML104 Med Legal services provided to Injured Worker on 09/18/2014.
- Claims Administrator denied services with the following rationale: “No Reimbursement was made for the E/M services as the documentation does not support a separate significant identifiable E&M service performed with other services provided. Plan Procedures not followed.”
- Total Billed Charges: \$1,687.50
- Provider Reimbursed: \$0.00
- **Article 5.6 Medical-Legal Expenses and Comprehensive Medical-Legal Evaluations §9793 (h)** "Medical-legal expense" means any costs or expenses incurred by or on behalf of any party or parties, the administrative director, or the appeals board for X-rays, laboratory fees, other diagnostic tests, medical reports, medical records, medical testimony, and as needed, interpreter's fees, for the purpose of proving or disproving a contested claim. The cost of medical evaluations, diagnostic tests, and interpreters is not a medical-legal expense unless it is incidental to the production of a comprehensive medical-legal evaluation report, follow-up medical-legal evaluation report, or a supplemental medical-legal evaluation report and all of the following conditions exist:
 - (1) The report is prepared by a physician, as defined in Section 3209.3 of the Labor Code.
 - (2) The report is obtained at the request of a party or parties, the administrative director, or the appeals board for the purpose of proving or disproving a contested claim and addresses the disputed medical fact or facts specified by the party, or parties or other person who

requested the comprehensive medical-legal evaluation report. Nothing in this paragraph shall be construed to prohibit a physician from addressing additional related medical issues

- **Letter of Authorization** from (Legal Party) dated 08/13/2014, addressed to “Panel Qualified” Provider, confirming the request for a “comprehensive narrative report” addressing the following issues:
 1. Diagnosis, Bases and Causation
 2. Temporary Disability
 3. Permanent and Stationary/Maximum Medical Improvement Status
 4. Permanent Disability
 5. Apportionment
 6. Future Medical Care
 7. Return to Work Issues.
- Authorization for “any additional testing” also provided in letter.
- Date of Actual Patient Exam: 09/18/2014 as reflected on examination report.
- Submitted Service Date on CMS 1500 form: 09/18/2014
- **QME Documentation compared to ML104 OMFS criteria reflects “4 or more complexity factors” have been met.**
- Correspondence received from Claims Administrator 01/06/2015 indicates dispute “informally resolved.” However, EOR within aforementioned correspondence does not indicate payment made to Provider. Additionally, correspondence from the Provider regarding settlement of dispute not yet received during IBR.
- ML104 Time Factors:
 - Face to Face: .75 hours = 3 Units
 - Record Review: 6 Hours = 24 Units

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned guidelines and documentation, reimbursement is warranted and recommended for ML104.

Date of Service: 09/18/2014							
Med. Legal Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers’ Comp Allowed Amt.	Notes
ML104	\$1,687.50	\$0.00	\$1,687.50	N/A	24	\$1,687.50	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]