

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

April 22, 2015

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

<b>IBR Case Number:</b>	CB15-0000098	<b>Date of Injury:</b>	04/09/1996
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	01/22/2015
<b>Claims Administrator:</b>	[REDACTED]	<b>Assignment Date:</b>	02/23/2015
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	J1170-KD (NDC 38779073105) and J3490-KD (NDC 38779196806)		

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. 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
- Official Medical Fee Schedule
- National Drug Code Directory

## 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 full remuneration for medications J1170-KD (NDC 38779073105) and J3490-KD (NDC 38779196806) injected into Pain Pump 08/29/2014.**
- Claims Administrator denied reimbursement based on the following rationale: “Service not provided or authorized by designated (network/primary care) providers.”
- Authorization from Claims Administrator dated June 10, 2014 presented for IBR indicates the following procedures as authorized for refilling of Pain Pump (**medications are not included in the RVU’s for these procedures**):
  - 62368 Analyze sp inf pump w/reprog
  - 95972 Analyze sp inf pump w/reprog
  - 95991 Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump.
  - 96530 Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)
  - 96522 Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic
- Authorization from Claims Administrator dated June 10, 2014 indicates the following (pill form) medication as “Modified” and Authorized:
  - Dilaudid 8mg Qty: 90
- Pain Pump Management report reflects Dilaudid 8mg po (**by mouth**) q4-6h prn.

