

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Sacramento, CA 95813-8006
Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 1, 2015

██████████
██████████████████
██████████████████

IBR Case Number:	CB15-0001452	Date of Injury:	01/21/2014
Claim Number:	██████████	Application Received:	08/25/2015
Assignment Date:	09/18/2015		
Claims Administrator:	██████████		
Date(s) of service:	04/28/2015 – 04/28/2015		
Provider Name:	██████████████████		
Employee Name:	██████████		
Disputed Codes:	ML104		

Dear ██████████

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 \$195.00 for the review cost and \$937.50 in additional reimbursement for a total of \$1,132.50. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$1,132.50** 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: ██████████
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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 OMFS

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 additional remuneration for billed Med-Legal ML104-94 services, date of service 04/28/2015.**
- Claims Administrator denied reimbursement for services with based “deferred” liability.
- Correspondence from Legal Parties, dated 04/21/2015 authorizes Provider to perform a “comprehensive medical-legal evaluation,” referencing **CCR 9793 (c) (2)**.
- **CCR 9793 (c)** "Comprehensive medical-legal evaluation" means an evaluation of an employee which (A) results in the preparation of a narrative medical report prepared and attested to in accordance with Section 4628 of the Labor Code, any applicable procedures promulgated under Section 139.2 of the Labor Code, and the requirements of Section 10606 and (B) is either:
 - (1) performed by a Qualified Medical Evaluator pursuant to subdivision (h) of Section 139.2 of the Labor Code, or
 - (2) performed by a Qualified Medical Evaluator, Agreed Medical Evaluator, or the primary treating physician for the purpose of proving or disproving a contested claim, and which meets the requirements of paragraphs (1) through (5), inclusive, of subdivision (h).
- **CCR § 9795** Reasonable Level of Fees for Medical-Legal Expenses, Follow-up, Supplemental and Comprehensive Medical-Legal Evaluations and Medical-Legal Testimony. (c) Medical-legal evaluation reports and medical-legal testimony shall be reimbursed as follows: **ML104** Procedure Description: A comprehensive medical-legal evaluation for which **the physician and the parties agree, prior to the evaluation, that the evaluation involves extraordinary circumstances.**

- **Evaluation Documentation compared to ML104 OMFS “4 or more complexity factors” requirement:**
 - (1) **2 or more hours** Face-to-Face time – **Criteria Met**, Provider States “1 hour 45min + “15 min.”
 - (2) 2 or more hours Record Review – **Criteria Met**, Provider states, “4 hours 30 min.”
 - (3) Two or more hours of medical research by the physician;
 - Med. Legal OMFS, “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” **Criteria Not Met** – in accordance with § 9793 (j): "Medical research" is the investigation of medical issues. It includes investigating and reading medical and scientific journals and texts. "Medical research" does not include reading or reading about the *Guides for the Evaluation of Permanent Impairment* (any edition), treatment guidelines (including guidelines of the American College of Occupational and Environmental Medicine), the Labor Code, regulations or publications of the Division of Workers' Compensation (including the *Physicians' Guide*), or other legal materials.
 - (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 also be used as the third required complexity factor.” **Criteria Not Met**
 - (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) Causation – “Addressing the issue of medical causation, **upon written request** of the party or parties requesting the report, or if a bona fide issue of medical causation is discovered in the evaluation.” **Criteria Not Met.**
 - Authorization indicates comprehensive exam.
 - Med-Legal OMFS ML104: “A comprehensive medical-legal evaluation for which the physician and the parties agree, prior to the evaluation, that the evaluation involves extraordinary circumstances,”
 - ML104 Comprehensive Exam, unless directly requested, causation is included in the comprehensive exam. **CCR § 10606**, “cause of disability” must be included in Med-Legal Reports.
 - (7) Apportionment – **Criteria Met**
 - (8) For dates of injury before December 31, 2012 where the evaluation occurs on or before June 30, 2013, addressing the issue of medical monitoring of an employee following a toxic exposure to chemical, mineral or biologic substances; **Criteria Not Met**
 - (9) A psychiatric or psychological evaluation which is the primary focus of the medical-legal evaluation. **Criteria Not Met**
 - (10) For dates of injury before December 31, 2012 where the evaluation that occurs on or before June 30, 2013, addressing the issue of denial or modification of treatment by the claims administrator following utilization review under Labor Code section 4610. Date of QME 04/28/2015. **Criteria Not Met**
- **Three (3) Complexity Factors** abstracted from QME Report.
- **Based on the aforementioned documentation and guidelines, criteria not met for ML104, recommend reimbursement for ML103.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: ML104

Date of Service: 04/28/2015							
Med-Legal Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
ML104 As ML103	\$2,062.50	\$0.00	\$2,062.50	N/A	1	\$937.50	ML103 Service Refer to Analysis

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