

**MAXIMUS FEDERAL SERVICES, INC.**

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



**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

June 1, 2015

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB15-0000310	IBR Case Number:	CB15-0000310
Date of Injury:	06/17/2011	Date of Injury:	06/17/2011
Claim Number:	[Redacted]		
Application	03/05/2015		
Claims	[Redacted]		
Date(s) of service:	12/05/2014 – 12/05/2014		
Provider Name:	[Redacted]		

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 \$195.00 for the review cost and \$2,500.00 in additional reimbursement for a total of \$2,695.00. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$2,695.00** 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 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 services performed on 12/05/2014.**
- Claims Administrator reimbursed the Provider \$8,813.54 of \$11,313.54 with the following rationale: “89 Units Workers Compensation Fee Schedule Adjustment.”
- CMS 1500 Form indicates the Provider billed 180 Units.
- **Title 8**, California Code of Regulations, Chapter 4.5, Division of Workers’ Compensation Subchapter 1, Administrative Director – Administrative Rules, **Article 5.6 Section 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.**
- **Authorization** from Legal Parties dated November 19, 2014 verifies Provider is the selected PQM.
- Communication from Claims Administrator, received in IBR 04/29/2015 states the following: “There is no dispute from our perspective. Our bill review **is in process of paying the bill in full** for it’s a QME evaluation.”
- Based on the aforementioned documentation, additional reimbursement is warranted for ML104.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned documentation and guidelines, additional remuneration for ML104-94 is not indicated.**

Date of Service: 08/18/2014							
Med-Legal Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
ML104	\$11,313.54	\$8,813.54	\$2,500.00	N/A	180	\$11,313.54	<b>\$2,500.00 Due Provider</b>

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