

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

June 4, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB15-0000364	Date of Injury:	12/31/2003
Claim Number:	[REDACTED]	Application	03/09/2015
Assignment Date:	04/06/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	09/26/2014 – 09/26/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	95913		

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,

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
- AMA CPT 2014, Appendix J
- 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 full remuneration for 95913 nerve conduction studies; 13 or more studies, performed on 09/26/2014.**
- Claims Administrator denied the service with the following rationale: “The documentation does not support the level of service billed. Reimbursement was made for a code that is supported by the documentation submitted with the billing.” Reimbursed as **95912** Nerve conduction studies; 11-12 studies.
- Documentation when compared to AMA CPT Code Book, **Appendix J**, supports the following nerves:
  - Median (1-5)
  - Ulnar (1-4)
  - Radial (1-4)
  - Dorsal branch or “Dorsal Cutaneous” not indicated.
- Documentation reflects bilateral upper extremities of Median, Ulnar & Radial nerves.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated for 95913.**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 95913**

<b>Date of Service:</b> 09/26/2014							
<b>Physician Services</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Assist Surgeon</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
95913	\$686.90	\$266.04	\$95.86	N/A	1	\$266.04	OMFS

Copy to:

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