

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
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Fax: (916) 605-4280



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

July 24, 2015

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB15-0001039	Date of Injury:	04/09/2002
Claim Number:	[Redacted]	Application Received:	05/12/2015
Assignment Date:	07/15/2015		
Claims Administrator:	[Redacted]		
Date(s) of service:	03/06/2014 – 03/06/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99214-25 and WC0002		

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 \$137.05 in additional reimbursement for a total of \$332.05. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$332.05** 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
- 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 99214 Established Patient Evaluation and WC002 Primary Treating Physician Report and service performed on 03/06/2014.**
- The Claims Administrator denied reimbursement based on out of network and unauthorized service.
- Presented documentation indicates the Provider is listed as a network provider for the Claims Administrator.
- Presented documentation indicates several attempts by the Provider to the Claims Administrator to rectify denied claim.
- Signed attestation from Inured Worker on September 2, **2010** indicates Provider is the “elected Primary Treating Physician, pursuant to Labor Code 4600...”
- Opportunity to Dispute Eligibility communication sent to Claims Administrator on 06/27/2015; response not yet received.
- As the Primary treating Physician, a referral to see the Injured Worker in the offices is not required.
- Documentation of 03/05/2014 verifies 99214 level of service addressing “increased low back and tailbone pain,” with IM injection of “Depomedrol 80mg.”
- Based on the aforementioned documentation and guidelines, reimbursement is warranted for 99214 and WC002.

The table below describes the pertinent claim line information.

### DETERMINATION OF ISSUE IN DISPUTE: 99214 & WC002.

Date of Service: 03/06/2014						
Provider Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99213	\$272.00	\$0.00	\$272.00	1	\$125.14	OMFS
WC002	\$59.99	0.00	\$59.55	1	\$11.91	OMFS

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