

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 27, 2016

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0002208	Date of Injury:	08/23/2013
Claim Number:	[REDACTED]	Application Received:	11/30/2015
Assignment Date:	01/25/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	01/07/2015 – 01/07/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	ML104-95		

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 \$937.50 in additional reimbursement for a total of \$1,132.50.

A detailed explanation of the decision is provided later in this letter \$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: [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 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 disputing reimbursement for ML104 services submitted for date of service 01/07/2015.**
- The Claims Administrator denied service with the following rationale: “The Patient cannot be identified as having a claim against this Claims Administrator.”
- The Claims Administrator’s Name and address and Claim # listed on State Generated QME Panel Strike Out list is reflected in the QME report.
- QME Panel Strike Out lists are generated by the Claims Administrator.
- Communication dated 08/05/2014, indicates Provider is the Panel selected QME;
 - 01/07/2015 Appointment is indicated; type of Med-Legal appointment and criteria, not indicated.
- Aforementioned documentation does not indicate a list of Medical Evaluation Directives or the nature of the Contested Claim.
- History of Contested Claim, other than dictated report by Provider, not submitted for IBR.
- ML104 requires a “mutual agreement” between the Claims Administrator and the Applicant’s Representative for Extraordinary Services and a direct request for “causation.”
- Documentation reflecting the Claims Administrator and/or Legal Parties’ **request for an evaluation involving extraordinary circumstances** (ML104) not received for IBR.

- QME Strike Out List addressed to the Applicant’s Attorney does not reflect need for ML104 Extraordinary Circumstances; the directives for this level of exam is not indicated and cannot be determined, inferred or implied by the Strike Out correspondence.
- **Evaluation Documentation compared to ML104 OMFS “4 or more complexity factors” requirement:**
 - (1) 2 or more hours Face-to-Face time – **Criteria Met**, Page 17 of QME Report, the Provider States “**2 hours.**”
 - (2) 2 or more hours Record Review – **Criteria Not Met**, Page 17 of QME Report, Provider states, “**2 hours(s) and 30 minutes.**”
 - (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 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**
 - Page 17 of QME Report, the Provider indicates “**6.5 hours**” spent producing report, including editing, and case (medical) research.”
 1. **Unable to determine exact time spent on research.**
 2. **Citation page/index not documented.**
 - (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 as copy of request not received for IBR.**
 - **Directive from Claims Administrator/Legal Parties not received.**
 - **Unable to verify discovery of “bona fide issue of medical causation” as past history or directive from Claims Administrator/Legal parties was not available for review.**
 - (7) Apportionment – **Criteria Met page 15 of QME report.**
 - (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.**

