

State of California

Department of Industrial Relations

DIVISION OF WORKERS' COMPENSATION

2025 Independent Bill Review (IBR) Report
Analysis of 2023-2024 Application
Filings

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(LWDA)**

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Introduction

In September 2012, Governor Brown signed Senate Bill (SB) 863. This reform of the workers' compensation system in California included the Second Bill Review (SBR) and the Independent Bill Review (IBR), both which went into effect January 1, 2013.

Prior to SB 863, a medical provider engaged in a billing dispute with a claims administrator was limited to filing a lien with the Workers' Compensation Appeals Board to determine entitlement to the amount initially billed, which could take years to resolve. SB 863 established SBR and IBR to decide billing disputes expediently when the only issue is the amount to be paid for the medical service or good provided.

In SBR, the medical provider seeks reconsideration of the denial or adjustment of the billed charges for the medical services or goods given to the injured worker. If the medical provider disagrees with the amount paid by a claim's administrator on a properly documented bill following the SBR decision, they may then request IBR, a non-judicial process for resolving medical treatment and medical-legal billing disputes.

A medical provider may request IBR within thirty days after the SBR decision. Upon referral by the administrative director, the Independent Bill Review Organization (IBRO) notifies the parties of the assignment and provides them with an IBR case or identification number. The IBRO assigns an independent bill reviewer to examine all documents, apply the appropriate fee schedule, and issue a written declaration within sixty days of the assignment of IBR.

For the IBRO to consider the disputed billing, the medical services or goods, or medical-legal services, must be included in a fee schedule adopted by DWC or be contained in a contract. The [Official Medical Fee Schedule](#) (OMFS) sets forth rates for ambulance fees, durable medical equipment, inpatient and outpatient hospital services, surgical centers, laboratories, pharmaceuticals, and physician services. The Labor Code allows parties to contract for reimbursement rates that are different from those in the OMFS and allows for ancillary services, including interpreter services, to be considered for IBRO review. The DWC's Medical-Legal Fee Schedule sets fees for medical-legal evaluation services.

This report examines IBR program activity in 2023 and 2024, including cases filed in 2024 and resolved in 2025.

Methodology

Maximus Federal Services, the IBRO, provides DWC with data extracted from its proprietary software. Data corresponds with information from the Final Determination Letters (FDLs) received by the filing parties. Anonymized copies of FDLs for cases decided in the current year are available on the DWC website within thirty days of their issuance ([IBR Decisions Search Tool](#)).

Results

IBR Applications Received

In 2023 and 2024, the IBRO received 3,422 and 3,958 applications respectively. IBR filings in 2023 and 2024 ranged from 741 to 1,229 per quarter.

Table 1. IBR Applications by Calendar Year (CY), 2013 to 2024

Calendar Year	Applications Filed
2024	3,958
2023	3,422
2022	3,921
2021	3,222
2020	1,873
2019	1,644
2018	1,692
2017	2,151
2016	2,385
2015	2,344
2014	2,009
2013	1,000
TOTAL	29,621

Table 2a. IBR Applications by Quarter, 2023

Quarter	Applications Filed
First Quarter	1,051
Second Quarter	806
Third Quarter	812
Fourth Quarter	753
TOTAL	3,422

Table 2b. IBR Applications by Quarter, 2024

Quarter	Applications Filed
First Quarter	741
Second Quarter	957
Third Quarter	1,031
Fourth Quarter	1,229
TOTAL	3,958

Geographic Breakdown

In 2023, nearly half (44%) of the applicants were from Los Angeles County providers, and one in five (20%) were from Central Coast providers. In 2024, nearly half (47%) were from Los Angeles County providers, and nearly one in four (23%) were from Inland Empire providers. For a list of counties by geographic region, see appendix.

Table 3. Geographic Breakdown

Geographic Region	Number of Applications Filed in 2023	Number of Applications Filed in 2024
Bay Area	295	188
Central Coast	669	616
Central Valley	46	75
Eastern Sierra Foothills	10	18
Inland Empire	614	899
Los Angeles	1,510	1,848
North State–Shasta	3	1
Sacramento Valley	166	122
Sacramento Valley North	4	1
San Diego	100	98
Unlisted/Not Available	5	92
TOTAL	3,422	3,958

Fee Schedule

The disputed billing must be covered by a fee schedule adopted by the DWC: medical services in the OMFS, evaluations under the Medical-Legal Fee Schedule, or set forth in a contract for reimbursement. The IBR application lists ten categories from which the applicant selects the fee schedule(s) for the billed services provided. Some IBR cases contain multiple fee schedule review requests. Over half of the IBR cases in 2023 and 2024 included review requests for interpreter services.

Table 4. IBR Fee Schedule, 2023 and 2024

Fee Schedule	Total Filings CY 2023	Total Filings CY 2024
Interpreter	1,735	2,598
Physician Services	622	748
Hospital Outpatient Departments and Ambulatory Surgical Centers	502	132
Medical-Legal Fee Schedule	333	272
Contract for Reimbursement Rates	117	136
Pathology and Laboratory Services	88	42
Inpatient Hospital Services	19	25

Fee Schedule	Total Filings CY 2023	Total Filings CY 2024
Durable Medical Equipment, Prosthetics, Orthotics and Supplies	3	3
Pharmaceutical	3	0
Ambulance Services	0	2
TOTAL	3,422	3,958

Procedure Codes

In addition to indicating the applicable fee schedule, IBR applicants must state the billing code of the services or goods whose payment is in dispute. Most often, this is a billing code using Current Procedural Terminology (CPT) published by the American Medical Association (AMA). Some codes represent non-physician services, such as sign language or oral interpretive services (INTERP) and certain pharmaceuticals (HCPCS)¹; others are specific to the California Code of Regulations, including progress reports by treating physicians and medical-legal evaluations performed by Qualified Medical Evaluators. Table 5 lists and describes the top ten billing codes in 2023 and 2024 IBR application filings.

Table 5. Top Procedure Codes, 2023 and 2024 (combined)

Code	Source	Description	Count
T1013	HCPCS	Sign language or oral interpretive services, per 15 minutes	3,741
INTERP	Interpreter	Interpretive services	605
99214	CPT	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination	225
ML201	Med-Legal	Missed Appointment for a Comprehensive or Follow-Up Medical-Legal Evaluation.	177
97799	CPT	Unlisted physical medicine/rehabilitation service	156
62284	CPT	Injection procedure for myelography and/or computed tomography, lumbar	137
96130	CPT	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	132

¹ Healthcare Common Procedure Coding System, developed by the Centers for Medicare and Medicaid.

Code	Source	Description	Count
99358	CPT	Prolonged evaluation and management service before and/or after direct patient care; first hour	125
ML203	Med-Legal	Fees for Supplemental Medical-Legal Evaluations.	104
99070	CPT	Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	97

Note: CPT = Current Procedural Terminology; HCPCS = non-physician services, such as sign language or oral interpretive services and certain pharmaceuticals; Med-Legal = Medical-Legal evaluation services.

Case Dispositions

In 2023 and 2024, approximately one in four IBR applications were ineligible for review. Ineligibility factors include requests made past the thirty-day window after the second review decision, requests made prior to the completion of a second review, and requests made without payment of the required fee of \$180.

Among the filings that were reviewed and received a case determination, 95% of the cases were overturned in 2023, meaning the IBRO determined that the medical provider was due additional reimbursement after review of the billing and fee schedule, including reimbursement of the IBR filing fee. In 2024, 93% of the cases were overturned.

Table 6. IBR Case Dispositions in CY 2023 and CY 2024

Case Disposition	Total for 2023	Percentage of 2023 Total	Total for 2024	Percentage of 2024 Total
Overtured	2,792	62.42%	2,795	82.67%
Upheld	146	3.26%	215	6.36%
Withdrawn	87	1.95%	79	2.34%
Ineligible	1,448	32.37%	291	8.64%
Total	4,473	100.00%	3,380	100.00%

Case Decisions Issued

In 2023 and 2024, the IBRO implemented additional quality control measures for the adjudication of case determinations that added to the time between the assignment of a case and its determination. Of the 5,948 case determinations issued in the reporting period, all but two were issued within the sixty-day statutory timeframe.

Table 7. IBR Case Decisions Issued per Quarter, Average Number of Days to Decision

Quarter	Number of Decisions Issued for 2023 and/or 2024 Filings	Average Number of Days, Assignment to Decision
First Quarter 2023	662	48
Second Quarter 2023	726	46
Third Quarter 2023	766	51
Fourth Quarter 2023	784	47
First Quarter 2024	719	47
Second Quarter 2024	688	43
Third Quarter 2024	738	45
Fourth Quarter 2024	865	50

Additional Reimbursement

Overtured IBR case decisions for applications filed in 2023 and 2024 resulted in award to the providers totaling \$7.7 million. This amount includes the repayment of the filing fees for these cases.

For the 5587 overtured cases in which additional payment for the good or service was warranted, award amounts ranged from \$180 to under \$676,000, depending on the fee schedules, services rendered, and coding complexities included in the billing disputes. The median award amount for 2023 and 2024 filings was \$440.

Conclusion

Now in its fourteenth year, IBR continues to provide a streamlined process for resolving billing disputes over payments of medical and medical-legal services and goods in the workers' compensation system. During 2023 and 2024, on average, the IBRO received approximately 307 applications per month, and between January and December 2025, the average per month was 397, higher than in previous years.

IBR case decisions must be issued within sixty days of their assignment to an IBRO reviewer. Cases during 2023 and 2024 were resolved in an average of 47 days. Apart from two cases, IBR cases issued met the statutory time requirement.

In 2023, additional payment was found to be owed in 95% of the reviewed IBR cases. In 2024, additional payment was found to be owed in 93% of the reviewed cases. For the 2023 and 2024 overtured IBR cases, medical providers received \$7.7 million in reimbursement for services and goods, including the filing fees. Billing for Interpreter Services was the most submitted and overtured category, leading to the second largest dollar amounts awarded. The largest dollar amounts awarded were from IBR applications submitted seeking reimbursement under the Contract for Reimbursement Rate category.

Appendix: Geographic Regions

Region	Counties
Bay Area	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, and Ventura
Central Valley	Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare
Eastern Sierra Foothills	Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, and Tuolumne
Inland Empire	Imperial, Orange, Riverside, and San Bernardino
Los Angeles	Los Angeles
North State/Shasta	Del Norte, Humboldt, Lake, Lassen, Mendocino, Modoc, Plumas, Shasta, Sierra, Siskiyou, and Trinity
Sacramento Valley–North	Butte, Colusa, Glenn, Sutter, Tehama, and Yuba
Sacramento Valley–South	Sacramento and Yolo
San Diego	San Diego