

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 24, 2014

[Redacted]

IBR Case Number:	CB14-0000532	Date of Injury:	04/10/2012
Claim Number:	[Redacted]	Application Received:	04/04/2014
Claims Administrator:	[Redacted]	Assignment Date:	06/17/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	ML106		

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,

[Redacted]
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
- Negotiated contracted rates: None
- National Correct Coding Initiatives
- Other: OMFS, Medical Legal Regulations

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 is dissatisfied with reimbursement of ML 106-95.
- Provider was asked to act as a Qualified Medical Examiner on 1/12/13. Specific requests by Claims Administrator included: 1) A detailed medical history; 2) Your diagnosis; 3) Whether or not the medical findings are consistent with the original incident or injury(ies) claimed by the worker; 4) Whether or not any further treatment is reasonably necessary to cure or relieve the effects of the injury(ies). If treatment is necessary, please describe the scope and expected duration of such treatment; 5) If disability exists, is it industrially caused or aggravated; 6) If injured worker is presently temporarily disabled as a result of industrially caused or aggravated injury(ies), is it: a) temporary total? b) temporary partial? If so, state the extent of ability to work; 7) If the injured worker's condition is now permanent and stationary and ready for rating, describe; 8) Please review the attached job description/job analysis and indicate whether the injured worker's disability as a result of the industrial injury permanently precludes or is likely to preclude, the injured worker from engaging in his or her usual occupation.
- Title 8, California Code of Regulations, Chapter 4.5, Division of Workers' Compensation Subchapter 1, Article 5.6, §9795 defines ML106 as follows: Fees for supplemental medical-legal evaluations. The physician shall be reimbursed at the rate of RV 5, or his or her usual and customary fee, whichever is less, for each quarter hour or portion thereof, rounded to the nearest quarter hour, spent by the physician. Fees will not be allowed

under this section for supplemental reports following the physician's review of (A) information which was available in the physician's office for review or was included in the medical record provided to the physician prior to preparing the initial report or (B) the results of laboratory or diagnostic tests which were ordered by the physician as part of the initial evaluation. Modifier 95 - Evaluation performed by a panel selected Qualified Medical Evaluator.

- Based on review of the QME's Psychiatry Supplemental Review of Records Report M:-106-95-94, the worker did not appear to her appointment so Provider was unable to perform his own exam and evaluation. Provider documents "Time reserved for the examination and spent in part in preparing this report is 1.0 hours. In addition, 4.5 hours were spent in pre-examination record review." Information in the submitted report does mention #1 and 2 requests (from above): A detailed medical history and diagnosis. #3-8 requests were not documented in this report. Provider was not requested as an Agreed Medical Evaluator and therefore the additional value of Modifier 94 is not warranted.
- ML106 states "Fees for supplemental medical-legal evaluations." Documentation does not support an initial medical evaluation by this Provider or from any other Provider was ever established. Report submitted does not fulfill request by Claims Administrator as documentation mentions two of the eight areas completed.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on information reviewed, reimbursement of code ML106-95 is not warranted.

Date of Service: 1/12/2013						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
ML106-95	\$2483.06	\$994.23	\$1488.83	22	\$ 0.00	DISPUTED SERVICE: No Reimbursement Recommended

Copy to:

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