

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 26, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001941	Date of Injury:	11/21/2013
Claim Number:	[REDACTED]	Application Received:	12/17/2014
Claims Administrator:	[REDACTED]	Assignment Date:	02/25/2014
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: 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
- Med-Legal OMFS

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 billed Med-Legal ML104-95 services, date of service 09/08/2014.**
- Claims Administrator denied reimbursement for services with the following rationale: “This is a contested claim and all medical treatment being obtained as a result of same is being denied and considered self-procured medical treatment and will not be paid at this time.”
- **Title 8**, California Code of Regulations, Chapter 4.5, Division of Workers’ Compensation Subchapter 1, Administrative Director – Administrative Rules, **Article 5.6 Section 9795.** Reasonable Level of Fees for Medical-Legal Expenses, Follow-up, Supplemental and Comprehensive Medical-Legal Evaluations and Medical-Legal Testimony. **(c)** Medical-legal evaluation reports and medical-legal testimony shall be reimbursed as follows: **ML104** Procedure Description: A comprehensive medical-legal evaluation for which **the physician and the parties agree, prior to the evaluation, that the evaluation involves extraordinary circumstances.**
- Authorization for ML104 could not be found within the documents submitted for IBR.
- IBR application confirms billed ML104 not authorized; box checked “No” for authorized services.
- Documentation does not indicate Provider is the Primary Treating Physician. Documentation does not reflect referring parties. As such, the medical necessity for the evaluation performed could not be established and a procedure code to reflect services rendered could not be identified.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned documentation and guidelines, reimbursement is not indicated for ML104-95.

Date of Service: 09/08/2014							
Med-Legal Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
ML104-95	\$2,625.00	\$0.00	\$0.00	N/A	1	\$0.00	Refer to Analysis

Copy to:

[REDACTED]
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