

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

August 28, 2015

██████████
████████████████████
████████████████████

IBR Case Number:	CB15-0001274	Date of Injury:	01/11/2008
Claim Number:	██████████	Application Received:	08/06/2015
Assignment Date:	08/25/2015		
Claims Administrator:	████████████████████		
Date(s) of service:	02/23/2015 – 02/23/2015		
Provider Name:	████████████████████		
Employee Name:	████████████████████		
Disputed Codes:	64635		

Dear ██████████

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 \$526.82 in additional reimbursement for a total of \$721.82. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$721.82** 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: ██████████
████████████████████████████████████████

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
- PPO Contract: 98%

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 additional remuneration for **64635 Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, single facet joint service performed on 02/23/2015.**
- The Claims Administrator reimbursement rational based on: “allowance reduced per contractual agreement.”
- Partial Contractual Agreement submitted for IBR indicates “98% of the State Workers’ Compensation or (Claims Administrator) PPO schedule.”
- Re-printed EOR, post-date 4/01/2015 submitted by Claims Administrator reflects region “7,” reflects **correct reimbursement**. Document Control Number: 5120150311068815. Check Date & Check Number not submitted for IBR.
- Re-printed EORs x3 submitted by Provider reflect region “18,” reflects incorrect reimbursement.
 - 3 of 3 EORs post-date 06/28/2015, Document Control Number: 5120150529021457 reflects most recent explanation of charges below OMFS/PPO reimbursement.
- For services rendered on or after September 1, 2014 - APC relative weight x adjusted conversion factor x 1.010 workers’ compensation multiplier, pursuant to Section 9789.30(aa). See Section 9789.39(b) for the APC relative weight by date of service.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is warranted for 64635.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 64635

Date of Service: 02/23/2015 Hospital Outpatient						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
64635	\$2,053.42	\$2,012.35	\$578.67	1	\$2,539.17	PPO – Reimbursed Amount = \$562.82 Due Provider Refer to Analysis

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