

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 21, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001705	Date of Injury:	03/28/2014
Claim Number:	[REDACTED]	Application Received:	09/23/2015
Assignment Date:	10/13/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	05/19/2015 – 05/19/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	ML104-94		

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
- OMFS Med-Legal

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 (submitted) ML104 – 94 services performed on 05/19/2015.**
- EOR's indicate ML104-94 services down-coded to ML102 as the criteria for "Causation" and "Apportionment" had not been met.
- **Title 8, § 9793 (g)(2) The report is obtained at the request of a party or parties, the administrative director, or the appeals board** for the purpose of proving or disproving a contested claim and addresses the disputed medical fact or facts specified by the party, or parties or other person who requested the comprehensive medical-legal evaluation report. Nothing in this paragraph shall be construed to prohibit a physician from addressing additional related medical issues.
- **Definition ML104 Paragraph (3) A comprehensive medical-legal** evaluation for which the physician and the parties agree, prior to the evaluation, that the evaluation involves extraordinary circumstances.
- **Definition ML103/ML104 (6) (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.
- Documentation received for IBR includes 42 pages relating to case.
- Med-Legal Report reflects "20 minutes" face-to-face, "2 or more hours" completes the first complexity factor for ML103 & ML104.
- Authorization for ML104 -94 services not revived for IBR.
- The need for a Med-Legal Evaluation service, including request for **Causation**, could not be established without documentation from requesting "**party or parties.**"
- **Based on the aforementioned documentation and guidelines, ML104-94 service is not indicated.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: ML104-94

Date of Service: 05/19/2015 Med-Legal						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
ML104-94	\$9,921.88	\$1,171.88	\$8,750.00	1	\$1,171.88	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]