

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

October 30, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB15-0001738	Date of Injury:	05/27/2014
Claim Number:	[REDACTED]	Application Received:	09/28/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	05/07/2015 – 05/07/2015		
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 additional remuneration for ML104-95 services submitted for 05/07/15 date of service.**
- The Claims Administrator's denial of service in full is based on accepted body parts.
- QME report reviewed by IBR Professional DC. Review indicated some, but not all, of the areas denied by the Claims Administrator to be relevant to the Med-Legal case.
- The QME report does not specify the timing involved in **each** area of the body; time spent cannot be extrapolated from the body of the report. Without the documentation of time spent on each accepted, and non-accepted, body part, the total units relevant to the Med-Legal Evaluation (including report) cannot be determined.
- **Based on the aforementioned documentation, additional reimbursement cannot be formulated.**

The table below describes the pertinent claim line information.

### DETERMINATION OF ISSUE IN DISPUTE: ML104-95

Date of Service: 05/07/2015 Med-Legal						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
ML104-95	\$8,625.00	2,500.00	\$6,125.00	138	\$2,500.00	<b>Refer to Analysis</b>

Copy to:

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

Copy to:

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