MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 30, 2015

[redacted]

IBR Case Number:	CB15-0002021	Date of Injury:	09/26/2012
Claim Number:	[redacted]	Application Received:	11/02/2015
Claims Administrator:	[redacted]		
Date(s) of service:	02/07/2015		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	ML104-95-25		

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: 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 only as long as payment of $4,125.00 has been reimbursed. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $195.00 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, MD, MPH
Medical Director

cc: [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: N/A
- National Correct Coding Initiatives

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 of ML 104 on date of service 02/07/2015
- Provider was requested to perform a Qualified Medical Evaluation by the Legal Parties.
- Provider's report documents: 10 hours of record review, 90 minutes of face to face time, 5 hours of report preparation time for a total of 16.5 hours or 66 units.
- Claims Administrator denied service originally. A third EOR submitted by Claims Administrator after the dispute had been filed, shows ML 104 processed with a payment to be made to Provider in the amount of $4125.00.
- If payment has been received in the amount of $4125.00, then the Claims Administrator is only responsible for the IBR fee of $195.00 to be paid to Provider.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code ML 104

Date of Service: 02/07/2015						
Physician Service						
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
ML 104	$4125.00	$0.00	$4125.00	66	$4125.00	**Refer to Analysis**

Copy to:

[redacted]

Copy to:

[redacted]