

**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:      | CB15-0002026            | Date of Injury:       | 06/20/1992 |
| Claim Number:         | [Redacted]              | Application Received: | 11/02/2015 |
| Claims Administrator: | [Redacted]              |                       |            |
| Date(s) of service:   | 06/23/2014 – 06/23/2014 |                       |            |
| Provider Name:        | [Redacted]              |                       |            |
| Employee Name:        | [Redacted]              |                       |            |
| Disputed Codes:       | 64633-RT and 64634-RT   |                       |            |

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 and \$503.73 in additional reimbursement for a total of \$698.73. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$698.73** 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: [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

## 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 64633 Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint, and 64634 Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure) performed on 06/23/2014.**
- Final EOR indicates the Claims Administrator's denial rational "the service(s) is for a condition(s) which is not related to the covered work related injury."
- Opportunity to Dispute Communicated to Claims Administrator on 11/03/2015; response not yet received.
- Contractual Agreement received for IBR shows "lesser of PPO fee schedule or the OMFS." Contract does not show a rate for billed codes. Reimbursement based on OMFS.
- Provider billed codes on a CMS 1500 with Place of Service '24'.
- Authorization received shows "Determination: 1. Recommend prospective request for 1 Cervical Radiofrequency Ablation for the Right C3-C5, as an Outpatient between 5/9/2014 and 6/23/2014 be certified"
- Operative Report submitted documents Right C3, C4 and C5 neurotomy under fluoroscopic guidance.
- **Based on the aforementioned documentation and guidelines, reimbursement for 64633 and 64634 is indicated.**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 64633 & 64634**

| <b>Date of Service:</b> 06/23/2014<br>Hospital Outpatient |                        |                     |                       |              |                                   |                                     |
|-----------------------------------------------------------|------------------------|---------------------|-----------------------|--------------|-----------------------------------|-------------------------------------|
| <b>Service Code</b>                                       | <b>Provider Billed</b> | <b>Plan Allowed</b> | <b>Dispute Amount</b> | <b>Units</b> | <b>Workers' Comp Allowed Amt.</b> | <b>Notes</b>                        |
| 64633                                                     | \$800.00               | \$1,350.37          | \$387.85              | 1            | \$387.85                          | <b>\$387.85<br/>Due to Provider</b> |
| 64634                                                     | \$400.00               | \$0.00              | \$115.88              | 1            | \$115.88                          | <b>\$115.88 Due to<br/>Provider</b> |

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]