

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

June 18, 2015

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

IBR Case Number:	CB15-0000540	Date of Injury:	04/16/2013
Claim Number:	██████████	Application Received:	04/09/2015
Assignment Date:	April 27, 2015		
Claims Administrator:	██████████		
Date(s) of service:	12/09/2014 – 12/09/2014		
Provider Name:	██████████		
Employee Name:	██████████		
Disputed Codes:	ML104		

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: 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: ██████████  
████████████████████

## 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 billed Medical Legal Examination Services ML104 for date of service 12/9/2014.
- Claims Administrator based reimbursement for services on “Claim/service lacks information needed for adjudication.” Provider reimbursed ML103.
- Components of ML104 -94 services appear to be disputed by the Claims Administrator.
- Med Legal OMFS ML104 criteria when compared to abstracted information provided on the **Fee Disclosure** and **QME Report** revealed the following:
  1. Two or more hours of face-to-face time by the physician with the injured worker. **Criteria Met.**
  2. Two or more hours of record review **Criteria Met**
  3. Two or more hours of medical research by the physician. **Criteria Not Met**
  4. Four or more hours spent on any combination of **two (2) complexity** factors (1)-(3), which shall count as two complexity factors.
    - Any complexity factor in (1), (2), or (3) used to make this combination shall not also be used as the third required complexity factor. **Criteria Met = 2 Factors**
  5. Six or more hours spent on any combination of three complexity factors (1)-(3), which shall count as three complexity factors. **Criteria Not Met**
  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. **Criteria Not Met.**

