

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 11, 2016

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0002264	Date of Injury:	08/06/2012
Claim Number:	[REDACTED]	Application Received:	12/10/2015
Assignment Date:	01/06/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	03/11/2013 – 03/11/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	E1399-LL		

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

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 E1399-LL Electron Wave Form provided to Injured Worker on 03/11/2013.**
- The Claims Administrator denied reimbursement as unauthorized service.
- Second EOR dated **12/31/2015** presented by Claims Administrator for IBR indicates “not authorized during Utilization and Review Process” and requests Provider to Contact UR Unit.
- AME report, dated September 15, 2015, presented by Provider indicates “Use of a TENS unit and/or electrical stimulation **may be indicated** on a home basis. **The simplest model should be provided.**”
- The Claims Administrator’s acknowledgement regarding the AME report and the type of TENS Unit authorized was not received for IBR. Since there are other Providers and Vendors that dispense TENS Units, given the documentation for this review, it is not known if this Provider was authorized by the Claims Administrator to dispense a TENS Unit to the Injured Worker.
- Authorization directly from the Claims Administrator is required pursuant to **Labor Code § 4610.**
- **Based on the aforementioned documentation and guidelines, reimbursement is not indicated for E1399-LL.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 90853

Date of Service: 03/11/2013						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers’ Comp Allowed Amt.	Notes
E1399-LL	\$100.00	\$0.00	\$100.00	1	\$0.00	Refer to Analysis

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