

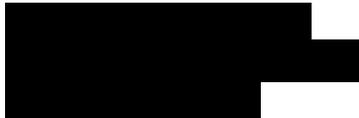
MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 12, 2016



| | | | |
|-----------------------|-------------------------|-----------------------|------------|
| IBR Case Number: | CB15-0002307 | Date of Injury: | 04/08/2011 |
| Claim Number: | [REDACTED] | Application Received: | 12/21/2015 |
| Claims Administrator: | [REDACTED] | | |
| Date(s) of service: | 05/19/2015 – 05/19/2015 | | |
| Provider Name: | [REDACTED] | | |
| Employee Name: | [REDACTED] | | |
| Disputed Codes: | 64493-LT | | |

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, MD MPH

Medical Director

cc: [REDACTED]

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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
- National Correct Coding Initiatives
- Other: OMFS Physician's Fee Schedule

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 is requesting additional reimbursement for CPT 64493-LT.
- Provider billed bilateral 64493LT and 64493-RT.
- Claims Administrator reimbursed the Provider the for 64493-RT, and denied 64493-LT with the following rationale: Documentation does not support the level of service billed.
- The Operative Report did not substantiate the billed procedures (bilateral 64493). Procedures Performed listed "Bilateral L3 Facet nerve blocks-(CPT 64493). Operative Report did not list a bilateral facet nerve block at L3.
- Authorization listed "Units/Days/ Quantity Requested: 2" and "Units/Day/Quantity Certified: 1"
- Reimbursement is not recommended for CPT 64493-LT.

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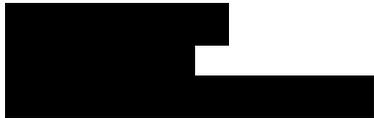


The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement is not recommended for CPT 64493-LT

| Date of Service 5/19/2015 | | | | | | | |
|----------------------------------|------------------------|---------------------|-----------------------|-----------------------|-------------------------|-----------------------------------|--|
| Physician Services | | | | | | | |
| Service Code | Provider Billed | Plan Allowed | Dispute Amount | Assist Surgeon | Multiple Surgery | Workers' Comp Allowed Amt. | Notes |
| 64493-LT | \$2625.84 | \$0.00 | \$374.85 | N/A | N/A | \$0.00 | DISPUTED SERVICE: See Analysis. |
| 64493-RT | \$ 2625.64 | \$ 749.68 | N/A | N/A | N/A | N/A | NOT A DISPUTED SERVICE: |

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