

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 10, 2016

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB16-0000028	Date of Injury:	04/18/2014
Claim Number:	[REDACTED]	Application Received:	01/06/2016
Assignment Date:	01/25/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	10/21/2015 – 10/21/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	95886 and 95911		

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

[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 95886 x 2: Muscle Test, Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (list separately in addition to code for primary procedure) and 95911: Nerve Conduction Studies, Nerve conduction studies; 9-10 studies submitted for Date of Service 10/21/2015.**
- The Claims Administrator's reimbursement rational indicated the following:
 - EOR, 10/23/2015, Document/Bill Control # 1010193321SW: "Service Not Authorized"
 - Electronic EOR. 12/07/2015, Claim Control #: 1010560568: "Previously Paid"
- **Authorization dated 09/03/2015**, signed by the Claims Administrator reflects the following services as "medically necessary," with "Initial Date of 09/02/2015 and "**End Date**" **09/02/2015**": "2 Units EMG/Nerve Conduction Studies for Lumbar Disc Displacement." Services Authorized the Provider to Perform the services at (refer to authorization).
- **Provided documents indicate the submitted services were not authorized for date of service 10/21/2015.**
- **Administrative Rules Article 5.5.0. § 9792.5.7.** Requesting Independent Bill Review (b) Unless as permitted by section 9792.5.12, **independent bill review shall only be conducted if the only dispute between the provider and the claims administrator is the amount of payment owed to the provider.** Any other issue, **including issues of contested liability** or the applicability of a contract for reimbursement rates under Labor Code section 5307.11 shall be resolved before seeking independent bill review.
- **Based on the aforementioned documentation and guidelines, reimbursement is not indicated for 95886 x 2 or 95911.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 95886 x 2 or 95911

Date of Service: 10/21/2015 Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
95886	\$462.00	\$0.00	\$462.00	2	\$0.00	Refer to Analysis
95911	\$588.90	\$0.00	\$588.90	1	\$0.00	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
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