

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

March 3, 2016

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB16-0000166	Date of Injury:	12/03/2001
Claim Number:	[REDACTED]	Application Received:	02/04/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	09/08/2015 – 09/08/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	J3490-KD x 2 (NDC 38779196806 and 38779052409) J1170-KD (NDC 38779073105) and J0735-KD (NDC 38779056104)		

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.

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**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
- Red-Book
- Official Medical Fee Schedule
- Authorization – Expired

## 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 J3490-KD x 2 (NDC 38779196806 and 38779052409), J1170 (NDC 38779073105), J0735 (NDC 38779056104) for date of service 09/08/2015.**
- **EOR's 10/23/2015 and 01/07//2016 indicate \$0.00 fee schedule allowance.**
- **Authorization dated 06/8/2015 indicates the following:**
  - Pump Refill, Adjustment, Programming, and Office Visits 9 days authorized.
  - Certification Number 103721501
  - Begin Date: 06/08/2015
  - **Expiration Date: 07/23/2015**
  - Initial request of 12 days requested, 9 authorized with the following determination: "After review of the medical information submitted, a portion of the requested treatment is approved but the **remaining treatment is denied.**"
- Submitted NDC's require Authorization for services. Submitted Authorization is 47 days past the stated deadline.
- **Based on the aforementioned documentation and guidelines, reimbursement is not indicated for compounded medication J3490-KD x 2 (NDC 38779196806 and 38779052409), J1170 (NDC 38779073105), J0735 (NDC 38779056104).**

The table below describes the pertinent claim line information.

