

State of California
Division of Workers' Compensation
PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

<input checked="" type="checkbox"/> Periodic Report (required 45 days after last report)	<input checked="" type="checkbox"/> Change in treatment plan	<input type="checkbox"/> Released from care
<input type="checkbox"/> Change in work status	<input type="checkbox"/> Need for referral or consultation	<input type="checkbox"/> Response to request for information
<input type="checkbox"/> Change in patient's condition	<input type="checkbox"/> Need for surgery or hospitalization	<input checked="" type="checkbox"/> Request for authorization
<input type="checkbox"/> Other:		

Patient:

Last: CARTER First: LINDA M.I.: J Sex: FEMALE DOB: 01/22/1972
 Address: 100 WEST CALIFORNIA BOULEVARD City: PASADENA State: CA ZIP: 91101
 Occupation: BUS OPERATOR SS #: ***-**-2222 Phone: (626) 555-0167
 D.O.I.: 04/11/2012

Claims Administrator:

Name: KAL-EL Claim Number: 1000-11
 Address: P.O. BOX 111 City: SANTA ROSA State: CA ZIP: 95401
 Phone: (707) 555-0167 Fax : (707) 555-0168

Employer Name: DC UNIVERSE Employer Phone: (626) 555-0101

Chief Complaints:

Neck and low back pain.

Subjective:

The patient complains of constant severe neck pain, which she rates at 8/10 on a pain scale, associated with numbness and tingling sensation radiating to the upper extremities. She states that her pain is aggravated by moving her head from side to side, and is relieved by taking ibuprofen. She also complains of constant severe low back pain which she rates at 8/10 on a pain scale, associated with numbness and tingling sensation radiating to the lower extremities. She states that her pain is aggravated by lifting heavy objects or bending, and is relieved by taking ibuprofen. The patient is having difficulty with ambulation. She is not attending any therapy at this time.

Review of Systems:

Reviewed with patient. A total of 14 systems were reviewed with no change from my previous report dated December 5, 2014 except as follows: Constitutional symptoms: The patient reports weakness and fatigue. Neurological: The patient reports numbness and tingling sensation.

Past, Family, and/or Social History:

Reviewed with patient. No change from my previous report dated December 5, 2014.

Physical Examination:

Vital Signs: Blood pressure: 120/80 mmHg; Height: 5'4"; Weight: 237.4 lbs.; BMI: 40.7.

The patient is well-nourished, well-developed, and in no acute distress. The head is normocephalic and atraumatic. Facial bones are intact without deformity or tenderness. Examination of the eyes reveals the pupils to be round and with consensual reaction to light and accommodation. External auditory canals are nontender and noninflamed. The nose is atraumatic and without deformity. Normal mucous membranes and without lesions. The neck is nontender and the trachea is located in midline. The chest is symmetrical and nontender. There is regular rate and rhythm. No murmurs, gallops, and rubs. The abdomen is soft and nontender with no organomegaly or palpable masses. The patient has an antalgic gait. The patient is alert and oriented x3. Recent and remote memory intact. The patient is pleasant and cooperative during the examination. Mood and affect are normal.

Examination of the cervical spine: The skin has no scar, ecchymosis, swelling, and laceration. There is mild torticollis to the left. The left levator scapula has swelling/inflammation. There is tenderness over the C3-C5 spinous processes bilaterally and on the left trapezius and paracervical muscles. There is restricted range of motion in all planes with flexion at 20 degrees, extension at 30 degrees, right and left rotation at 40 degrees, and right and left lateral bending at 20 degrees. Cervical compression test and Spurling's test are positive on the left.

Examination of the lumbar spine: There is a well-healed surgical scar. There is slight flattening of the lumbar lordosis. There is tenderness over the L3-S1 spinous processes and on the paralumbar muscles, bilaterally. There is restricted range of motion in all planes with flexion at 40 degrees, extension at 20 degrees, and right and left lateral bending at 20 degrees.

Neurological examination reveals intact mental status, intact cranial nerves II – XII, and intact coordination. Biceps reflex is diminished on the left with a grade of 1+. Sensory examination reveals diminished sensation over the dorsum of the hand, and sensation testing with a pinwheel is slightly abnormal over the lumbar spine.

Diagnoses:

1. <u>Left shoulder impingement.</u>	ICD-9	<u>726.2</u>
2. <u>Thoracic outlet syndrome.</u>	ICD-9	<u>353.0</u>
3. <u>Carpal tunnel syndrome.</u>	ICD-9	<u>354.0</u>
4. <u>Brachial plexus lesion.</u>	ICD-9	<u>353.0</u>
5. <u>Cervical disc herniation.</u>	ICD-9	<u>722.0</u>
6. <u>Status post left-sided L3-L4, L4-L5 laminectomy/microdiscectomy surgery, 05/04/13.</u>	ICD-9	<u>V45.89</u>
7. <u>L3-L4, L4-L5 and L5-S1 herniated nucleus pulposus and instability.</u>	ICD-9	<u>722.10; 724.6</u>
8. <u>L5-S1 degenerative disc disease.</u>	ICD-9	<u>722.52</u>
9. <u>Fibromyalgia</u>	ICD-9	<u>729.1</u>

Treatment Plan:

The patient meets all the requirements in the guidelines to warrant:

- Eight visits of aquatic therapy to the patient’s cervical and lumbar spine at a frequency of two times a week for four weeks
- MRI scan of the cervical spine
- MRI scan of the lumbar spine

1. Authorization for eight visits of **aquatic therapy** to the patient’s cervical spine and lumbar spine at a frequency of two times a week for four weeks.

Pursuant to the guideline **California Code of Regulations**, Title 8, Article 5.5.2 Medical Treatment Utilization Schedule (**MTUS**), Section 9792.20 et seq., Effective July 18, 2009, § 9792.24.2 Chronic Pain Medical Treatment Guidelines, Subdivision (a), Part 2 - Pain Interventions and Treatments, page 98, under **Physical Medicine**, "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort." Also, as per **California Code of Regulations**, Title 8, Article 5.5.2 Medical Treatment Utilization Schedule (**MTUS**), Section 9792.20 et seq., Effective July 18, 2009, § 9792.24.2 Chronic Pain Medical Treatment Guidelines, Subdivision (a), Part 2 - Pain Interventions and Treatments, page 47, under **Exercise**, "Physical therapy in warm-water has been effective and highly recommended in persons with fibromyalgia." Furthermore, as per **California Code of Regulations**, Title 8, Article 5.5.2 Medical Treatment Utilization Schedule (**MTUS**), Section 9792.20 et seq., Effective July 18, 2009, § 9792.24.2 Chronic Pain Medical Treatment Guidelines, Subdivision (a), Part 2 - Pain Interventions and Treatments, page 22, under **Aquatic therapy**, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." Also on the same page, "Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia. ... (Tomas-Carus, 2007)."

The patient meets the criteria in the guidelines:	Based on the following clinical evidence provided in the records:
<p>PHYSICAL THERAPY</p> <p>1. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort.</p>	<p>The patient has completed 15 sessions of combined pool and land therapy with improvement in range of motion, decrease pain, and is able to do more daily activities and work. [PR-2 dated 12/05/14/]</p>
<p>EXERCISE</p> <p>1. Physical therapy in warm-water has been effective and highly recommended in persons with fibromyalgia.</p>	<p>The patient is diagnosed with fibromyalgia and currently has the following symptoms: (1) Constant severe neck pain that she rates as 8/10 on a pain scale; (2) Constant severe low back pain that she rates as 8/10 on a pain scale; (3) Review of systems reveals weakness and fatigue; (4) Tenderness in the left trapezius and paracervical muscles; and (5) Tenderness in the paralumbar muscles. The above mentioned symptoms in my experience and expertise as an orthopedic surgeon, together with the applicable guidelines,</p>

	<p>mandates an aquatic therapy to the patient's cervical spine and lumbar spine.</p>
<p>AQUATIC THERAPY</p> <p>1. Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy.</p> <p>2. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity.</p> <p>3. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia.</p>	<p>The patient is not attending any therapy at this time. It was documented in the past aquatic therapy has been beneficial to her. [PR-2 dated 12/05/2014]</p> <p>The patient's height is 5'4" and she weighs 237.4 pounds. Therefore, the BMI is 40.7 which signifies obesity (BMI of 30 or greater). Also, she has difficulty with ambulation.</p> <p>The patient is diagnosed with fibromyalgia and currently has the following symptoms: (1) Constant severe neck pain that she rates as 8/10 on a pain scale; (2) Constant severe low back pain that she rates as 8/10 on a pain scale; (3) Review of systems reveals weakness and fatigue; (4) Tenderness in the left trapezius and paracervical muscles; and (5) Tenderness in the paralumbar muscles. The above mentioned symptoms in my experience and expertise as an orthopedic surgeon, is consistent with the guidelines and evidence-based medicine to support the request for aquatic therapy to the patient's cervical spine and lumbar spine.</p>

2. Authorization for an MRI scan of the cervical spine.

Pursuant to the guideline **California Code of Regulations, Title 8, Article 5.5.2 Medical Treatment Utilization Schedule (MTUS), Section 9792.20 et seq., Effective July 18, 2009, § 9792.21 Medical Treatment Utilization Schedule, Subdivision (c), page 2, "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10."** **ODG Treatment in Workers Comp (2013), Eleventh Edition, Procedure Summary – Neck and Upper Back, page 1197, under Magnetic Resonance imaging (MRI), "In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability." Also, "MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment. ... MRI is the test of choice for patients who have had prior back surgery. (Bigos, 1999) (Bey, 1998) (Volle, 2001) (Singh, 2001) (Colorado, 2001)"**

The patient meets the criteria in the guidelines:	Based on the following clinical evidence provided in the records:
<p>1. In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice.</p>	<p>The patient has the following signs and symptoms that suggest ligamentous instability: (1) Constant severe neck pain that she rates as 8/10 on a pain scale; (2) Examination of the cervical spine reveals mild torticollis to the left; (3) Tenderness over the C3-C5 spinous processes, bilaterally; (4) Examination of the cervical spine reveals restricted range of motion in all planes; and (5) Left levator scapula has swelling/inflammation. Therefore, an MRI scan of the cervical spine is the appropriate medical procedure under the applicable guidelines in determining whether the patient has ligamentous instability.</p>

<p>2. MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability.</p>	<p>Aside from suspected ligamentous instability, the patient also has clear-cut neurological findings based on the following findings in the examination of the cervical spine: (1) Constant severe neck pain associated with numbness and tingling sensation radiating to the upper extremities; (2) Mild torticollis to the left; (3) Cervical compression test and Spurling's test are positive to the left; (4) Biceps reflex is diminished with a grade of 1+; and (5) Dorsum of the hand has diminished sensation. An MRI scan of the cervical spine is the appropriate procedure that complies with the guidelines.</p>
<p>3. MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment.</p>	<p>The patient shows the following physiologic evidence, which indicate tissue insult and nerve impairment: (1) Pain to the neck is aggravated by moving her head from side to side; (2) Cervical compression test and Spurling's test are positive to the left; (3) Biceps reflex is diminished with a grade of 1+; and (4) Dorsum of the hand has diminished sensation. Also, the patient is diagnosed with brachial plexus lesion. Therefore, an MRI scan of the cervical spine is valuable for the patient under the applicable guidelines.</p>
<p>4. MRI is the test of choice for patients who have had prior back surgery.</p>	<p>The patient is status post left-sided L3-4, L4-5 laminectomy/microdiscectomy surgery from May 4, 2013.</p>

3. Authorization for an MRI scan of the lumbar spine.

Pursuant to the guideline **California Code of Regulations, Title 8, Article 5.5.2 Medical Treatment Utilization Schedule (MTUS), Section 9792.20 et seq., Effective July 18, 2009, § 9792.21 Medical Treatment Utilization Schedule, Subdivision (c), page 2, "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10."** **ODG Treatment in Workers' Comp 2013, Eleventh Edition, Procedure Summary – Low Back, pages 893-894, MRIs (magnetic resonance imaging), "Recommended for indications below. MRI's are test of choice for patients with prior back surgery. ... Magnetic resonance imaging has also become the mainstay in the evaluation of myelopathy." Furthermore, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition. ...**

<p>The patient meets the criteria in the guidelines:</p>	<p>Based on the following clinical evidence provided in the records:</p>
<p>1. MRI's are test of choice for patients with prior back surgery.</p> <p>2. Magnetic resonance imaging has also become the mainstay in the evaluation of myelopathy.</p>	<p>The patient is status post left-sided L3-4, L4-5 laminectomy/microdiscectomy surgery from May 4, 2013.</p> <p>The patient has the following signs and symptoms: (1) Constant severe low back pain that she rates as 8/10 on a pain scale and the pain is aggravated by lifting heavy objects or bending; (2) Difficulty with ambulation; (3) Examination of the lumbar spine reflects slight flattening of the lumbar lordosis; (4) Tenderness over the L3-S1 spinous processes, bilaterally; and (5) Examination of the lumbar spine reveals restricted range of motion in all planes. The above mentioned signs and symptoms in my experience and expertise as an orthopedic surgeon, together with the applicable guidelines, mandate an MRI scan of the lumbar spine in the evaluation of myelopathy.</p>

<p>3. Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition.</p>	<p>The patient currently complains of constant severe low back pain which she rates as 8/10 on a pain scale, associated with numbness and tingling sensation radiating to the lower extremities. The pain is aggravated by lifting heavy objects or bending, and the patient has difficulty with ambulation. On examination of the lumbar spine, there is tenderness over the L3-S1 spinous processes and in the paralumbar muscles, bilaterally. There is restricted range of motion in all planes. Neurological examination reveals biceps reflex is diminished on the left with a grade of 1+. Sensory examination indicates diminished sensation over the dorsum of the hand, and sensation testing with a pinwheel is slightly abnormal over the lumbar spine. Also, the patient is diagnosed with brachial plexus lesion. The above mentioned findings indicate the patient may have severe progressive neurological impairment or signs or symptoms indicating a serious or specific underlying condition. Therefore, an MRI scan of the lumbar spine is the appropriate medical procedure that is consistent with the guidelines and evidence-based medicine.</p>
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Work Status: This patient has been instructed to:

Remain off-work until 02/16/2015. The patient is temporarily totally disabled.

Return to *modified* work on _____ with the following restrictions or limitations: _____.

Return to full duty on _____ with no limitations or restrictions.

Primary Treating Physician: (original signature, do not stamp) Date of Exam: 01/12/2015

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.

Signature:	<u>Bruce Wayne</u>	Cal. Lic. #:	<u>A11111</u>
Executed at:	<u>San Jose, CA</u>	Date:	<u>01/12/2015</u>
Name:	<u>Bruce Wayne, M.D.</u>	Specialty:	<u>Orthopedic Surgeon</u>
Address:	<u>1111 Forest Avenue, Suite 1111, San Jose CA 95101</u>	Phone:	<u>(408) 555-0111</u>

**State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA**

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request		<input type="checkbox"/> Resubmission – Change in Material Facts		
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
Employee Information				
Name (Last, First, Middle): CARTER, LINDA J.				
Date of Injury (MM/DD/YYYY): 04/11/2012		Date of Birth (MM/DD/YYYY): 01/22/1972		
Claim Number: 1000-11		Employer: DC UNIVERSE		
Requesting Physician Information				
Provider Name: BRUCE WAYNE, M.D.				
Practice Name: AVENGERS MEDICAL CENTER		Contact Name: PENNY MONEY		
Address: 1111 FOREST AVENUE, SUITE 1111		City: SAN JOSE		State: CA
ZIP Code: 95101	Phone: (408) 555-0133	Fax Number: (408) 555-0166		
Provider Specialty: ORTHOPEDIC SURGERY		NPI Number: 111-222-33-44		
E-mail Address:				
Claims Administrator Information				
Claims Administrator Name: KAL-EL		Contact Name: THOR ODINSON		
Address: P.O. BOX 111		City: SANTA ROSA		State: CA
ZIP Code: 95401	Phone: (707) 555-0167	Fax Number: (707) 555-0168		
E-mail Address:				
Requested Treatment (see instructions for guidance; attached additional pages if necessary)				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnoses (Required)	ICD Code (Required)	Service/Good Requested (Required)	CPT/HCPC Code (If known)	Other Information: (Frequency, Duration Quantity, Facility, etc.)
Shoulder impingement; Thoracic outlet syndrome; Carpal tunnel syndrome; Brachial plexus lesion; Cervical disc herniation; Status post left-sided L3-4, L4-5 laminectomy/microdiscectomy surgery, 05/04/13; Lumbar spine post-surgical pain; L3-4, L4-5 and L5-S1 herniated nucleus pulposus and instability; L5-S1 degenerative disc disease	726.2; 353.0; 354.0; 353.0; 722.0; V45.89; 724.2; 722.10; 724.6; 722.52	Aquatic therapy		Eight visits of aquatic therapy to the cervical and lumbar spine at a frequency of two times a week for four weeks
Requesting Physician Signature: <u>Bruce Wayne</u>				Date: 01/12/2015
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)				
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):		Date:		
Authorized Agent Name:		Signature:		
Phone:	Fax Number:	E-mail Address:		
Comments:				

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Practice Name: AVENGERS MEDICAL CENTER			Contact Name: PENNY MONEY	
Address: 1111 FOREST AVENUE, SUITE 1111			City: SAN JOSE	State: CA
ZIP Code: 95101	Phone: (408) 555-0133		Fax Number: (408) 555-0166	
Provider Specialty: ORTHOPEDIC SURGERY			NPI Number: 111-222-33-44	
E-mail Address:				
Claims Administrator Information				
Claims Administrator Name: KAL-EL			Contact Name: THOR ODINSON	
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Requesting Physician Signature: <u>Bruce Wayne</u>				Date: 01/12/2015
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)				
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Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

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Requesting Physician Signature: <u>Bruce Wayne</u>				Date: 01/12/2015
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Comments:				