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Tracking No :

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Last Name : GORBACH

First Name : LIA

RecvDate : 04/28/2021

Arrival Date: 04/28/2021

POBox : 30573

OperID : JPS1



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**This document was
received in the Appeals
P.O. BOX 30573, Salt
Lake City, UT, or through
fax number 801-938-2109**

Member id: 938104106
Patient Name: Lia Gorbach
Patient DOB: 11/11/2003
Pre-authorization number: A119104084

To whom it may concern,

This is an urgent formal appeal regarding the prior authorization request, number A119104084, to perform corrective surgery of Lia Gorbach's severe adolescent idiopathic scoliosis which is daily giving her back pain, discomfort, and is impeding her pursuit of competitive dance and other activities normal of a girl her age.

Lia was diagnosed with Scoliosis at age 6. Her condition was closely monitored 3-4 times annually by Dr. Emans at Boston Children's Hospital. Dr. Emans recommended non-surgical techniques to try to stem the rate at which her condition worsened. Those techniques included wearing the Boston brace, wearing the Schroth brace, and attending a 12 week Schroth exercise program. Unfortunately these did not prevent her scoliosis from becoming severe. Dr. Emans and his colleague Dr. Hough recommended Lia undergo surgery to bring her spine into alignment. The surgery they recommended was spinal fusion from T5 to L1. Having researched this surgery and the potential long term consequences of it, we opted to receive a second opinion from Massachusetts General Hospital.

Dr. Grottkau of Mass General met with Lia and reviewed her medical history and her current condition. He concurred with diagnosis of severe scoliosis and the recommendation for surgical intervention. Dr. Grottkau has 30 years experience as a spinal surgeon and has performed numerous corrective surgeries using both Anterior Vertebral Tethering and Spinal Fusion procedures. Upon meeting Lia, discussing her goals, taking x-rays, and verifying she was young enough and had a sufficiently flexible spine, Dr. Grottkau said Lia would be an excellent candidate for the Anterior Vertebral Tethering procedure.

Anterior Vertebral Tethering has been performed successfully for over 10 years with excellent outcomes. Dr. Braun, also currently of Mass General, was a pioneer of the procedure and worked tirelessly to get FDA approval for it. Dr. Braun has reported that none of his patients who received AVT of the thoracic region have suffered any tether ruptures. The procedure is considerably less invasive than spinal fusion resulting in a faster recovery from the surgery and a quicker resumption of normal activity afterwards.

Drs. Braun, Grottkau, and an access surgeon, Dr. Lawler, would be attending physicians during Lia's surgery. They use three attending physicians to improve safety and efficacy to ensure the best possible outcome of the procedure. Dr. Braun uses a conservative approach to preserve the normal functioning of the spine as much as possible. This team is simply the best team at performing this procedure and we are grateful they are available to do it.

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Dr. Grottkau has provided us with these measurements taken from an x-ray of Lia's spine in February, 1, 2021:

- Left thoracic curve, T1-T6, 33 degrees.
- Right thoracic curve, T6-T12, 45-48 degrees
- Right lumbar curve, T12-L5, 36 degrees

The x-rays taken on March 4, 2021 to measure the flexibility of her spine showed:

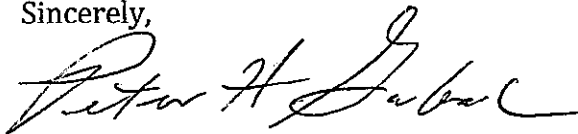
- The flexible curve for the thoracic region was 17 degrees from T6-T12.
- The Fulcrum bending curve film showed a 17 degree correction.

Anterior Vertebral Tethering preserves the spinal discs and permits motion all along the spine – both of which would be extremely beneficial to the continued pursuit of the activities Lia loves including competitive dance, stage performances (e.g., The Nutcracker), dance recitals, yoga, skiing, hiking, paddleboarding, surfing, and biking.

Conversely, spinal fusion is more invasive, has a longer recovery time, and would eliminate all range of motion in the fused region – all of which would have an adverse impact on her pursuit of competitive dance and other activities. Furthermore, spinal fusion will lead to irreparable deterioration of the discs in the fused spine and would place additional stress on the vertebrae adjacent to the fused region which may lead further complications down the road including the possibility of additional corrective procedures involving the adjacent vertebrae.

Having weighed the pros and cons of both procedures, we have determined Anterior Vertebral Tethering is the best option for our daughter. We respectfully request that you approve this procedure ASAP, while her spine is sufficiently flexible for her to be a good candidate for the procedure, and to eliminate the daily pain and discomfort she suffers with, allowing her to continue her pursuit of her goals.

Sincerely,



Peter, Kay & Lia Gorbach

OrthoNet LLC on behalf of UnitedHealthcare
5757 Plaza Drive Cypress, CA124-0129
Cypress, CA 90630



March 31, 2021

LIA GORBACH
16 STRATFORD RD
MARBLEHEAD MA 01945

Patient:	Lia Gorbach
Service Ref #:	A119104084
Member:	Peter Gorbach
Member ID:	XXXXXX4106
Plan:	ACI WORLDWIDE
Plan #:	0706596
Letter ID:	ADV002_HL_R01_HL

Dear Lia Gorbach:

We received a request to cover health care services. After review of the information submitted and your plan documents, it was determined that this service is not covered by your plan.

Requested service or care:

- Physician/health care professional: Brian Grottkau
- Place of service: Acute Hospital
- Date(s) of service: 04/19/21
- Diagnosis: M41.125 Adolescent idiopathic scoliosis, thoracolumbar region
- Claim amount: Not applicable
- Denial code: Not applicable

Description of services	
Procedure code	Procedure description
Hospitalization	
22899	Unlisted procedure, spine
22899	Unlisted procedure, spine

Clinical staff reviewed the case and made the decision based on the information submitted, your health plan, and our UnitedHealthcare Policy Surgical Treatment for Spine Pain 2021T0547Y 01/01/2021, Vertebral Body Tethering for Scoliosis 2021T0605B 02/01/2021, MCG Care Guidelines 24th Edition Musculoskeletal Surgery or Procedure GRG: SG-MS.

The services are not eligible for coverage because your plan doesn't cover unproven procedures. Your plan only covers proven procedures, which are:

- Recognized as safe and effective for the diagnosis or treatment of a specified condition and
- Based on clinical evidence published in peer-reviewed medical literature

This decision is based on information found in your plan documents in the following section:

Exclusion: Section 8 - Exclusions: What the Medical Plan Will Not Cover:

Experimental or Investigational Services or Unproven Services:

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1. Experimental or Investigational Services and Unproven Services, unless the Plan has agreed to cover them as defined in Section 14, Glossary.

This exclusion applies even if Experimental or Investigational Services or Unproven Services, treatments, devices or pharmacological regimens are the only available treatment options for your condition. This exclusion does not apply to Covered Health Services provided during a Clinical Trial for which Benefits are provided as described under Clinical Trials in Section 6, Additional Coverage Details.

Here is the specific clinical reason for our decision: Your doctor plans a surgery to treat the curve in your spine. We reviewed all the information received. We reviewed your health plan's medical criteria for the treatment of your condition and your benefit's document. Your surgeon wishes to perform a type surgery which is not currently recognized to be of general benefit by UnitedHealthcare. It is unproven under your policy. It is not covered in your policy. Please speak with your provider about options for treatment.

Remember:

- You're still responsible for your copayment, coinsurance, and deductible (when applicable).
- Your plan may have limits on how many visits or services the plan covers. Please check your plan documents.

Before getting service, it's a good idea to check your provider's network status and cost of service.

- A network provider is a doctor, health care professional, or facility (like a hospital) that has a contract with us to provide services or supplies at an agreed upon rate, so you usually pay less when you get services in network.
- Some plans have a designated or a tiered network of providers. These doctors, health care professionals, facilities, and suppliers provide health care services at the highest benefit level. If you have this type of plan, you may pay less depending on which provider you see.

If required by your plan, your primary care provider must send an electronic referral before you see a specialist. If you see a specialist without a referral, you might have to pay the full cost for services.

This is a benefit determination, not a medical decision. Only you and your doctor can decide what medical care you need.

Your **provider** can discuss this case by calling the UnitedHealthcare Peer-to-Peer Support Team at **1-800-955-7615**.

- If your provider asks for a peer-to-peer review, and the request for coverage is still denied, you can ask for an appeal.
- If you have already *started* an appeal, your provider cannot ask for a peer-to-peer review.

Can I get copies of information used to make the decision?

You, your doctor, health care professional, or a person you trust to represent you, such as a family member (authorized representative) may ask to see any information we used to make this decision. This information is free of charge and includes:

- Documents
- Records

- Health benefit plan provisions
- Internal rules
- Guidelines and protocols
- Any other relevant information



Mail your request for this information and a copy of this letter to:

UnitedHealthcare Central Escalation Unit
Appeal Document Requests
P.O. Box 30573
Salt Lake City, UT 84130-0573

What if I don't agree with this decision?

1. You or your authorized representative may accept our decision as it stands.
2. You or your authorized representative may request an appeal.

What is an appeal?

An appeal is a formal way of asking us to review a coverage decision.

Who can file an appeal?

You, your doctor, health care professional, or authorized representative can file an appeal.

- This person must have your written approval to make appeals for you.
- To have someone else represent you, call the toll-free member number on your health plan ID card, and we'll send you a form.

How long do I have to file an appeal?

You have 180 days from the time you receive this letter to send an appeal request. If you don't send the appeal on time, you may lose your right to appeal the decision.

We'll review your appeal and give you a decision within 30 days for services you haven't received yet and within 60 days for services you have received. This is known as a standard appeal.

What if my situation is urgent?

If your situation is urgent, you can request an urgent appeal. If your request is approved, we'll review your appeal within 72 hours. You may ask for an urgent external review to be completed at the same time as an internal urgent appeal.

Generally, an urgent situation means your health may be in serious jeopardy or, in your doctor's opinion, you may have pain that cannot be adequately controlled while you wait for a decision on your appeal.

How do I file an appeal?

The following information is what we need to review an appeal:

- A written appeal request asking us to reconsider our decision
- The specific coverage decision you want us to review
- An explanation of why the requested service should be considered for coverage
- Any additional information that supports your position
- A copy of this letter

Mail or fax this information to:

UnitedHealthcare Appeals Unit
P.O. Box 30575
Salt Lake City, UT 84130-0575

Standard appeal fax: 1-801-938-2100

Urgent appeal fax: 1-801-994-1083

Or call the toll-free member number listed on your health plan ID card.

Please tell us why your request is urgent.

We'll send you a letter that explains our decision about your appeal and what you can do if you don't agree.

The person who reviews your appeal will not be the same person, or work for the person, who made the original decision.

What if I still think this service should be covered?

You may be able to ask for an external review.

What is an external review?

An external review is when a health care professional outside of the insurance company reviews the denial and issues a final decision.

You will get more information about the external review process when we receive your appeal request.

Are there other resources that can help me understand the appeal process?

There may be other resources available to help you understand the appeal process. For questions about your rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272). Your state consumer assistance program may also be able to assist you at:

Health Policy Commission
Office of Patient Protection (OPP)
50 Milk Street, 8th Floor
Boston, MA 02109
Toll-free telephone: 1-800-436-7757
Website: <http://www.mass.gov/hpc/opp>
Email: HPC-OPP@state.ma.us

Other member rights

You may have the right to file a civil action under ERISA if all required reviews of your claim have been completed.

Contact us if you:

- Have questions about our decision
- Need help filing an appeal
- Need an interpreter to help you to understand the information in your language

The company does not treat members differently because of sex, age, race, color, disability, or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability, or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the member toll-free phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free: 1-800-368-1019 or TTY Toll-free: 1-800-537-7697

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue. SW
Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免費會員熱線電話號碼。

XIN LUU Ý: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

- Need this letter in another format like large print

We're here to help

Please call the toll-free member number on your health plan ID card Monday through Friday, 8 a.m. to 8 p.m. local time. TTY users dial 711.

You can also visit justplainclear.com for help with definitions and medical terms.

Sincerely,
Edison P. McDaniels, MD
Medical Director

Copy to: Brian Grottkau
Copy to: Massachusetts General Hospital

Enclosure: *Non-Discrimination Notice*

ASO Prior Auth Adverse
Revised: 4/19

Visit myuhc.com® to access the cost estimator tool, view your claims, Health Statements and Explanation of Benefits, look up benefits, update account information, find a doctor or facility, or to learn more about healthy living. Registration is easy and gives you access to useful tools and information to help you take charge of your health and health care.



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Bedford MA 01945

TO:

United Healthcare Central Escalation Unit
Appeal Document Requests
P.O. Box 30573
Salt Lake City UT 84130-0573

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A. Signature

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☐ Agent

☐ Addressee

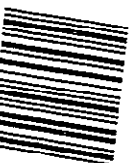
B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No



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