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CHI St. Luke's Health
Baylor St. Luke's Medical Center
Abdominal Transplant & Liver Disease Clinic
6620 Main St. Suite 1450
Houston, Texas 77030
Phone: 832-355-1446
Fax: 713-610-2481/713-610-2492 (Dr. Goss or Dr. Rana)

TO: UHC FROM: Katrinia Bennett
FAX: 801-938-2109 PAGES: 12 (including cover page)
PHONE: 801-938-2109 DATE: 3/24/2021
RE: Appeal Request CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

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Baylor St. Luke's Medical Center

Abdominal Transplant & Liver Disease Clinic

Hepatobiliary & Liver Transplant Surgery	Gastroenterology/Hepatology	
John Goss, M.D.	Risë Stribling, M.D.	Gagan Sood, M.D.
Christine O'Mahony, M.D.	John Vierling, M.D.	Norman Sussman, M.D.
	Khozema Hussain, MD	Saira Khaderi, M.D.
	Prasun Jalal, MD	F. Blaine Hollinger, MD

Re: Esmerita M. Sanchez DOB 9/23/1968

DOB: 3/24/2021

To whom it may concern,

Ms. Esmerita M. Sanchez is under the care of the Baylor St. Luke's liver center. She was referred to us in July of 2020 for a liver mass that was discovered during an ultrasound at Kelsey Seybold clinic in May 2020. Following her visit with us, an MRI of the abdomen was ordered as liver mass was deemed indeterminate on ultrasound. As of today, no MRI has been completed. She will need this MRI approved in order to formulate a plan of care for her liver mass. Please approve this MRI so that we do not further delay her care.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,

Line Kastrup Hinojosa, FNP

CHI BAYLOR ST. LUKE'S MEDICAL CENTER
BSLMC LIVER CLINIC
6620 MAIN STREET, SUITE 1450
HOUSTON TX 77030
Dept: 832-355-1400
Dept Fax: 713-610-2491
Loc: 832-355-1000

Esmerita M. Sanchez, DOB 9/23/1968

Interface, Rad-In - 05/29/2020 10:10 AM CDT

Clinical information: Follow up on liver,

Comment: Comparison with 10/3/2019,

Real-time ultrasonography shows the liver to be normal in size at 15.3 cm. The echogenicity of the liver is increased, consistent with diffuse fatty infiltration.

-Hypoechoic nodule in the left liver in the subcapsular region is noted. This measures 3.3 x 2.2 x 1.9 cm. This previously measured 3.1 x 3.0 x 1.7 cm.

-Cyst, simple, in the right liver measure 0.8 x 0.6 x 0.6 cm. This is stable.

The common bile duct is normal and measures 4 mm in diameter. No biliary dilatation is identified.

A new, nonmobile lesion within the gallbladder is noted. This measures 5 x 5 x 4 mm. Findings suggest polyp. This was not seen on the previous exam. No definite cholelithiasis or gallbladder wall thickening is noted.

The head and body of the pancreas are normal with limited visualization of the tail due to overlying bowel gas.

No renal cysts, masses or calculi are seen. No hydronephrosis is noted. The right kidney measures 11.9 cm in length.

Impression:

1. Stable liver lesions. Recommend follow-up for the solid nodule in the left liver. MRI of the liver without and with IV contrast can be performed for more definitive answer as clinically indicated.
2. Slightly increased echogenicity of the liver consistent with mild fatty infiltration. This may be due to medication, diabetes, obesity, hepatitis, and/or hepatocellular disease.
3. Gallbladder polyp. This measures 5 mm. Recommend follow up in 6-12 months.

Sanchez, Esmerita Macias

MRN: 06424266

Jalal, Prasun Kumar, MD Progress Notes Encounter Date: 7/22/2020
Physician Signed
Specialty: Gastroenterology

VISIT TYPE: Initial Consult

VISIT PROVIDER: Prasun K. Jalal, MD

MELD:

Computed MELD-Na score unavailable. Necessary lab results were not found in the last year.

Computed MELD score unavailable. Necessary lab results were not found in the last year.

Initial Consult Date: July 22, 2020

PROVIDERS:

Referring Physician	PCP	Other Provider:
Sidiq, Homayon, MD 2727 Holcombe Blvd 3rd Fl Houston, TX 77025 Ph: 713-442-0000 Fax: 713-442-0678	No primary care provider on file. No primary provider on file. Ph: None Fax: None	

CHIEF COMPLAINT: Liver Mass

REASON FOR CONSULTATION: Dr. Sidiq Homayon referred this patient for consultation to assess liver mass and to assist in developing a plan for management and treatment.

SOURCE OF INFORMATION: Review of past medical records, interview and physical examination.

HISTORY OF PRESENT ILLNESS:

- Esmerita Macias Sanchez is a 51 y.o. Hispanic female with elevated liver enzymes whose workup found fatty liver and liver lesions per ultrasound in Oct 2019.
- Other medical history: HLD; HTN, DM, obesity, hiatal hernia, GERD, esophageal spasm, chronic neck pain (on baclofen and gabapentin), and benign thyroid nodule.
- Liver enzyme elevation noted in Oct 2019, presumed secondary to fatty liver and rosuvastatin. Statin was stopped, liver enzymes improved.
- She was on atorvastatin in 2016, d/c'd due to myalgias, changed to rosuvastatin in 2017, but stopped in Oct 2019 due to elevated liver enzymes. She is now on colesevelam for HLD.
- Reports fatty liver diagnosis since 2017 and "liver spot."
- She works at a bank.
- No family history of liver disease.

Labs reviewed:

(07/01/2020): Alb 4.5; Tbili 0.7; D Bili 0.16; ALP 115; AST 60; ALT 95; AFP 4.2

(11/11/2019): Na 143; Cr 0.83; Alb 4.8; Tbili 0.7; ALP 104; AST 96; ALT 156; Chol 211; TG 95; HDL 53; LDL 139;

(11/11/2019): A1C 6.2

(10/02/2019): Alb 4.6; Tbili 0.5; ALP 132; AST 141; ALT 157; ASMA 12; A1AT 130; AMA <1:10; ANA (-); HAV IgM (-); HBsAg (-); HBc IgM (-); Anti-HCV (-); AFP 4.8; Ferritin 654; Ceruloplasmin 29

(09/30/2019): Hgb 13.7; Plt 270; Na 141; Cr 0.79; ALT 123; A1C 6.6; TSH 1.19; T4 free 1.09

LIVER DISEASE COMPLICATIONS:

- No prior ascites, jaundice, encephalopathy, or varices.

CURRENT SYMPTOMS OF LIVER DISEASE:

- Abdominal pain - RUQ sharp pain radiating to the back, intermittent, usually with meals
- Joint pain - hands
- Sicca symptoms
- No Abdominal Pain, Joint Swelling, Rash, or Pruritus

LIVER DISEASE RISK FACTORS:

- Alcohol (1 every 2-3 months) last drink July 2020
- Obesity, diabetes, hyperlipidemia, metabolic syndrome
- No daily alcohol, injection drugs, cocaine, tattoos, or piercings

INVESTIGATIONS:

- U/S (05/29/2020): Fatty liver. Hypoechoic nodule in the subscapular region 3.3 x 2.2 x 1.9 cm. Simple cyst in right liver 0.8 x 0.6 x 0.6cm. 5mm gallbladder polyp, no cholelithiasis or wall thickening. Normal pancreas.
- U/S (10/03/2019): Hepatomegaly 16 cm, diffusely fatty liver. 3.1 x 1.7 x 3.0 cm focal hypoechoic area in the left lobe. 6 x 7 mm hypoechoic focus, probably a cyst, in right lob. Normal gallbladder, CBD 4mm.
- U/S (2017): CD and report requested
- MRI (06/19/2020): 7mm lobulated T2 bright structure in segment IVb of the liver. Near diffuse hepatic steatosis. T1 bright, T2 dark 3 cm lesion in left hepatic lobe .
- EGD (2017): normal per patient report
- Colonoscopy (2015): normal per patient report

VACCINATION STATUS:

- (07/22/2020): HAV IgG (+); Anit-HBs <8

PAST MEDICAL HISTORY

She has a past medical history of Anemia, Hyperlipidemia, Hypertension, and Type II diabetes mellitus (HCC).

PAST SURGICAL HISTORY

She has a past surgical history that includes Knee arthroscopy; meniscus repair (Left, 06/2017); Tonsillectomy; Tubal ligation (2001); and aspiration thyroid (2018).

FAMILY HISTORY

Her family history includes Diabetes in her brother, brother, mother, and sister; Epididymitis in her father; Heart disease in her brother; Hypertension in her brother, brother, brother, father, and mother; Stroke in her father.

SOCIAL HISTORY

She reports that she has never smoked. She has never used smokeless tobacco. She reports that she drinks alcohol. She reports that she does not use drugs.

MEDICATIONS

She has a current medication list which includes the following prescription(s): atenolol, baclofen, chlorpheniramine, colesevelam, fluticasone propionate, gabapentin, hydrochlorothiazide, and omeprazole.

ALLERGIES: She is allergic to oxytocin.

REVIEW OF SYSTEMS:

GENERAL: Positive for fatigue and Negative for fever, chills, sweats, anorexia (loss of appetite) and weight loss
EYES: Negative for: blurring, vision loss, eye pain, vision change and yellowing of eyes
ENT: Negative for: earache, ringing in ears, nosebleeds, sore throat and mouth sores
CV: Positive for: chest pain at rest and Negative for: chest pain with exercise, palpitations (rapid or irregular beating of the heart), syncope (passing out), difficulty breathing with exertion and leg swelling
RESP: Negative for: cough, difficulty breathing at rest, shortness of breath, history of sleep apnea and sleeping during the day
GI: Negative for: nausea, vomiting without blood, vomiting with blood, diarrhea, constipation, change in bowel habits, abdominal pain, blood in stool, bloating, indigestion/heartburn, difficulty swallowing, pain with swallowing and taste change
GU: Negative for: loss of bladder control, pain with urination, blood in urine, urinary frequency, amenorrhea, abnormal vaginal bleeding, decreased libido and increased urination
MS: Positive for: joint pain and Negative for: back pain, joint swelling, muscle cramps and arthritis
DERM: Negative for: rash, itching and hair loss
NEURO: Negative for: numbness/tingling, seizures, tremors, dizziness, frequent falls, headaches and difficulty walking
PSYCH: Negative for: depression, anxiety, decreased concentration, suicidal ideation, hallucinations, paranoia, confusion, insomnia and emotional instability
ENDO: Positive for: polydipsia and Negative for: excessive hunger and excessive weight change
HEME: Negative for: abnormal bruising, bleeding and enlarged lymph nodes
ALLERGY: Positive for: seasonal allergies and Negative for: hives

PHYSICAL EXAMINATION:

BP (l) 163/95 (Patient Position: Sitting) | Pulse 58 | Temp 97.5 °F (36.4 °C) (Oral) | Resp 18 | Ht 1.575 m (5' 2") | Wt 84 kg (185 lb 3.2 oz) | SpO2 98% | BMI 33.87 kg/m²

General: well developed, obese female in no acute distress
Skin: no vascular spiders, no vitiligo, no rash, no excoriations, no xanthomata
Head: normocephalic, no wasting of temporalis or masseter musculature
Eyes: PERRLA, EOMs intact, anicteric sclerae, no arcus corneae
Mouth/Throat: normal lips without telangiectasias, normal tongue papillae, dentition in good repair, braces in place
Neck: supple, midline trachea, no thyromegaly, no jugular venous distension, no carotid bruits
Lymph Nodes: no palpable cervical, supraclavicular, or axillary lymphadenopathy
Chest: no spinal or renal angle tenderness, no chest wall abnormality, no kyphosis or scoliosis
Lungs: clear to auscultation
Heart: regular rate and rhythm, normal S1Fatt and S2, no murmur, gallop or rub
Abdomen: soft, nondistended, nontender, no palpable liver or spleen, no ascites, no bruit, normal bowel sounds
Musculoskeletal: no muscle tenderness or masses
Extremities: no cyanosis, clubbing, edema, palmar rubor, or Dupuytren contracture
Pulses: intact in upper extremities, intact in lower extremities
Neurological: no asterixis or tremor
Psychiatric: normal mental status examination, normal affect

IMPRESSION AND RECOMMENDATION:

Liver lesion
Liver lesion reported on ultrasound on Oct 2019 and confirmed by MRI on June 2020. Patient reports fatty liver and "liver spot" diagnosed by ultrasound in 2017, we have requested the CD and report for this imaging. Abdominal MRI report is not consistent with hepatocellular carcinoma with the absence of hyper-enhancement, washout, and enhancing capsule. Said MRI will be presented to our radiology conference for review.

Fatty liver

She fits the criteria for metabolic syndrome based on obesity, HTN, HLD, and DM. A 5% weight loss or exercise alone in NAFLD is shown to decrease hepatic steatosis. She is on atenolol and hydrochlorothiazide for HTN, she was advised to contact her PCP as her BP has been elevated per her diary log and this visit. She is currently on colessevelam for HLD. She is not on pharmacotherapy for DM. These comorbidities places her at high risk for CVD and stroke. Extensive counseling done on lifestyle changes and she verbalized understanding. Education provided.

Elevated liver enzymes in hepatocellular pattern since September 2019. She was on rosuvastatin at that time, it has since been discontinued and liver enzymes have improved. Other etiology is fatty liver. Workup for acute hepatitis, autoimmune and genetic diseases were negative. We will do more comprehensive testing to rule out other genetic and viral causes of liver disease.

Serological tests completed today determined the presence of immunity to hepatitis A. She has low immunity to hepatitis B. Should she require immunosuppression, it is recommended that she receive a booster shot or the whole hepatitis B vaccination series. This can be done at her preferred pharmacy.

I saw and evaluated the patient. I have reviewed the notes, history and physical examination, assessments and plan, and/or procedures performed by Fellow, I concur with the above documentation of Esmerita Macias Sanchez.
NAFLD. liver lesion. Will review the MRI in radiology.

You were seen in our clinic for a liver mass.
We will review your MRI with our radiology team to see if this is benign or cancer.
Your liver enzymes are elevated, we will do comprehensive blood work to rule out other causes for this.
You have fatty liver.
As discussed, our goal is for you to lose 5% of your body weight (approximately 10 lbs.) in the next 4-6 months.
Start exercising for at least 30mins per day.

Control your portions, try to cut down your normal portions by 1/3.

Reduce your intake of sugar:

Simple carbohydrates (sweets) including sugar, sweetened drinks, fruit juice, sodas, cookies, cake, and donuts.

Complex carbohydrates including potatoes, rice, and products made of wheat or corn (e.g. Bread, corn bread, pasta).

We recommend you get a FibroScan. This is free of charge and is done once a week in our clinic. Call Paula at 713-924-8241 to schedule.

We will see you back in 3 months.

CONTACT NUMBERS

For urgent or time-sensitive matters during or outside of business hours, call (832) 355-1400.

For all other questions or concerns during normal business hours, call (832) 355-8379.

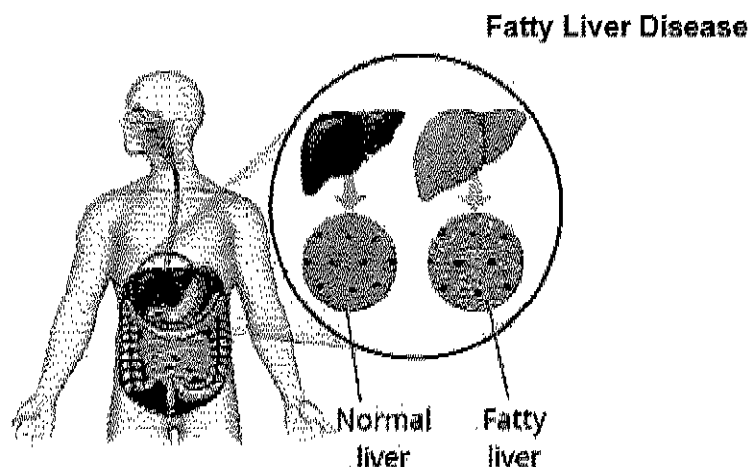
To fax records, results, or other documents: (713) 610-2481.

To schedule ultrasound, MRI, CT scan, liver biopsy, or other procedures:

(832) 355-0000, option #3

To schedule an office visit:

(832) 355-1495



Fatty liver disease occurs when too much fat has built up in your liver cells. Fatty liver disease is also called hepatic steatosis or steatohepatitis. The liver removes harmful substances from your bloodstream and produces fluids that your body needs. It also helps your body use and store energy from the food you eat.

In many cases, fatty liver disease does not cause symptoms or problems. It is often diagnosed when tests are being done for other reasons. However, over time, fatty liver can cause inflammation that may lead to more serious liver problems, such as scarring of the liver (*cirrhosis*) and liver failure.

Fatty liver is associated with insulin resistance, increased body fat, high blood pressure (*hypertension*), and high cholesterol. These are features of metabolic syndrome and increase your risk for stroke, diabetes, and heart disease.

What are the causes?

This condition may be caused by:

- Drinking too much alcohol.
- Poor nutrition.
- Obesity.
- Cushing's syndrome.
- Diabetes.
- High cholesterol.
- Certain drugs.
- Poisons.
- Some viral infections.
- Pregnancy.

What increases the risk?

You are more likely to develop this condition if you:

- Abuse alcohol.
- Are overweight.
- Have diabetes.
- Have hepatitis.
- Have a high triglyceride level.
- Are pregnant.

What are the signs or symptoms?

Fatty liver disease often does not cause symptoms. If symptoms do develop, they can include:

- Fatigue.
- Weakness.
- Weight loss.
- Confusion.
- Abdominal pain.
- Nausea and vomiting.
- Yellowing of your skin and the white parts of your eyes (*jaundice*).
- Itchy skin.

How is this diagnosed?

This condition may be diagnosed by:

- A physical exam and medical history.
- Blood tests.
- Imaging tests, such as an ultrasound, CT scan, or MRI.
- A liver biopsy. A small sample of liver tissue is removed using a needle. The sample is then looked at under a microscope.

How is this treated?

Fatty liver disease is often caused by other health conditions. Treatment for fatty liver may involve medicines and lifestyle changes to manage conditions such as:

- Alcoholism.
- High cholesterol.
- Diabetes.
- Being overweight or obese.

Follow these instructions at home:



- **Do not** drink alcohol. If you have trouble quitting, ask your health care provider how to safely quit with the help of medicine or a supervised program. This is important to keep your condition from getting worse.
- Eat a healthy diet as told by your health care provider. Ask your health care provider about working with a diet and nutrition specialist (*dietitian*) to develop an eating plan.
- Exercise regularly. This can help you lose weight and control your cholesterol and diabetes. Talk to your health care provider about an exercise plan and which activities are best for you.
- Take over-the-counter and prescription medicines only as told by your health care provider.
- Keep all follow-up visits as told by your health care provider. This is important.

Contact a health care provider if:

You have trouble controlling your:

- Blood sugar. This is especially important if you have diabetes.
- Cholesterol.
- Drinking of alcohol.

Get help right away if:

- You have abdominal pain.
- You have jaundice.
- You have nausea and vomiting.
- You vomit blood or material that looks like coffee grounds.
- You have stools that are black, tar-like, or bloody.

Summary

- Fatty liver disease develops when too much fat builds up in the cells of your liver.
- Fatty liver disease often causes no symptoms or problems. However, over time, fatty liver can cause inflammation that may lead to more serious liver problems, such as scarring of the liver (*cirrhosis*).
- You are more likely to develop this condition if you abuse alcohol, are pregnant, are overweight, have diabetes, have hepatitis, or have high triglyceride levels.
- Contact your health care provider if you have trouble controlling your weight, blood sugar, cholesterol, or drinking of alcohol.

This information is not intended to replace advice given to you by your health care provider.

Make sure you discuss any questions you have with your health care provider.

Document Released: 02/02/2007 Document Revised: 09/26/2018 Document Reviewed: 09/26/2018

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Diet for Metabolic Syndrome

Metabolic syndrome is a disorder that includes three or more of the following conditions:

- Abdominal obesity, as seen in a large waist circumference.
- Too much sugar (*glucose*) in your blood.
- High blood pressure (*hypertension*).
- Higher-than-normal amount of fat (*lipids*) in your blood.
- Lower-than-normal level of "good" cholesterol (HDL).

Keeping an active lifestyle and following a healthy diet plan can help you manage your condition. These changes can also help to prevent the development of conditions that are associated with metabolic syndrome, such as diabetes, heart disease, and stroke.

Following a heart-healthy diet can help you to lower your risk of heart disease and improve metabolic syndrome. A heart-healthy diet includes lean proteins, healthy fats, nuts, and plenty of fruits and vegetables. Along with regular exercise, a healthy diet:

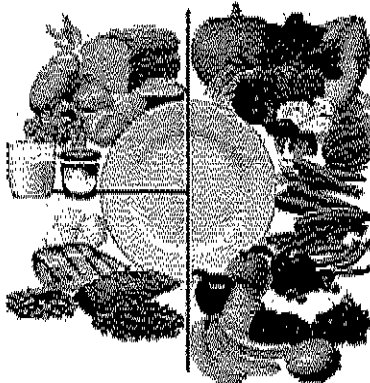
- Helps to improve the way the body uses insulin.
- Helps with weight loss. A common goal for people with this condition is to lose 7–10% or more of their starting weight.

- For example, a person who starts at 300 lb (136 kg) and loses 30 lb (13.6 kg) has lost 10% of his or her starting weight.

What are tips for following this plan?

- Use the glycemic index (GI) to plan your meals. The index tells you how quickly a food will raise your blood sugar. Choose foods that have low GI values. Those foods raise blood sugar more slowly.
- Keep track of how many calories you eat and drink. Consuming the right amount of calories will help you achieve a healthy weight.
- Consider following a Mediterranean diet. This diet includes lots of vegetables, lean meats or fish, whole grains, fruits, and healthy oils and fats.
- Use more herbs and spices to add flavor to your food instead of using butter and salt (*sodium*).
- Try to eat fish 1–2 times a week.
- Choose a variety of fruits, vegetables, and other recommended foods.

What foods can I eat?



Fruits

Berries. Apples. Oranges. Peaches. Apricots. Plums. Grapes. Mango. Papaya. Pomegranate. Kiwi. Cherries.

Vegetables

Lettuce. Spinach. Leafy greens, including kale, chard, collard greens, and mustard greens. Peas. Beets. Cauliflower. Cabbage. Broccoli. Carrots. Green beans. Tomatoes. Squash. Eggplant. Peppers. Onions. Cucumbers. Brussels sprouts. Sweet potatoes. Yams. Beans. Lentils.

Grains

Stone-ground whole wheat. Pumpnickel bread. Whole-grain bread, crackers, tortillas, cereal, and pasta. Unsweetened oatmeal. Bulgur. Barley. Quinoa. Brown rice or wild rice.

Meats and other proteins

Seafood and shellfish. Lean meats. Poultry. Tofu. Nuts and seeds.

Dairy

Low-fat or fat-free dairy products, such as milk, yogurt, and cheese.

Fats and oils

Avocado. Canola or olive oil. Nuts and nut butters. Seeds. Tahini.

Beverages

Water. Low-fat milk. Milk alternatives, like soy milk or almond milk. Real fruit juice.

Seasonings and condiments

Low-sugar or sugar-free ketchup, barbecue sauce, and mayonnaise. Mustard. Relish. Herbs. The items listed above may not be a complete list of foods and beverages you can eat. Contact a dietitian for more information.

What foods are not recommended?

Meats and other proteins

Red meat.

Fats and oils

Saturated fats, such as butter, shortening, and palm oil.

Beverages

Alcohol. Sweetened drinks, such as iced tea and soda.

Other foods

Fried foods. Sweets. Salty foods.

The items listed above may not be a complete list of foods and beverages you should avoid.

Contact a dietitian for more information.

Summary

- Metabolic syndrome is a combination of conditions such as abdominal obesity, high blood sugar, high blood pressure, and unhealthy levels of cholesterol. Metabolic syndrome raises your risk of developing heart disease, diabetes, and stroke.
- Following a heart-healthy diet can help you lower your risk of heart disease and improve metabolic syndrome. This diet includes lean proteins, healthy fats, nuts, and plenty of fruits and vegetables.
- Along with regular exercise, following a healthy diet can help your body use insulin better and help you lose weight.
- A common goal for people with metabolic syndrome is to lose 7–10% of their starting weight.

This information is not intended to replace advice given to you by your health care provider.

Make sure you discuss any questions you have with your health care provider.

Document Released: 05/03/2016 Document Revised: 07/15/2019 Document Reviewed:

10/19/2018

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Orders Placed This Encounter

Procedures

- Comprehensive Metabolic Panel
- Bilirubin, direct
- CBC with platelet count + automated diff
- Hepatitis A antibody, IgG
- Hepatitis B surface antibody
- Hepatitis B core antibody, total
- Hepatitis C antibody
- Iron, TIBC, % sat. (without ferritin)
- Ferritin
- Celiac Disease Panel

ParxAnn Marie Dunn, PA

Office Visit

on

7/22/2020