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Document Separator

Used to Separate Each Transaction

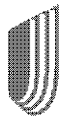
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SourceHOV, Inc
4050 South 500 West
Salt Lake City, UT 84123

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UnitedHealthcare®

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



SEMMES MURPHEY

Leaders in Brain & Spine Care

91021138700936

To:
Fax Number: 918019941083
Voice Number:

From: McCormack, Patty
Fax Number:
Voice Number: 901-522-7700

Date: May 06, 2021
Subject: FW: REQUEST TO APPEAL / Reconsider your decision
Total Pages: 46

CONFIDENTIALITY NOTE

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Memo:
Pages

REQUEST FOR AN STANDARD APPEAL

Dr. Jay McDonald (NPI# 1144532276) is requesting UHC to reconsider your decision for patient William J. Swindoll, DOB 04/18/1967 due to a denial of his procedure for a DCS 2 Lead Trial. Attached is a Letter of Medical Necessity and all clinicals needed. Please let us know when a decision will be expected. Thank you,

UHC ID# 812907870
Regarding : William J. Swindoll
DOB: 04/18/1967

Patty McCormack
Precert Specialist

[cid:image001.jpg@01D081CC.BA939510]

6325 Humphreys Boulevard

Memphis, Tennessee 38120

Phone: 901.259.8416

Fax: 901.259.0131

pmccormack@semmes-murphey.com<mailto:tlapmccormack@semmes-murphey.com>

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SEMME'S MURPHEY
Leaders in Brain & Spine Care

05/04/2021

Re: William Swindoll

United Healthcare

ID #: 812907870 Group #: 540462

Dear United Healthcare Appeals Department,

Please accept this letter as William Swindoll's appeal to United Healthcare's decision to deny coverage for his 2 lead DCS Trial procedure. It is my understanding based on your letter of denial dated 04/ that this procedure has been denied.

As you know, William Swindoll was diagnosed with Degenerative Disc Disease of the Lumbar Spine in 02/02/2021 and Lumbar Radiculopathy in 02/10/2021. Currently Dr. Jay McDonald believes that William Swindoll will significantly benefit from the DCS 2 Lead Trial. The patient has completed multiple block procedures with no long term benefit as well as multiple over the counter medications. The patient's pain has now become severe and is requiring that he reduce his daily activities and he is having great difficulty managing his work.

I feel the DCS 2 Lead Trial is necessary due to the level of pain affecting the patient's activities of daily living. The patient has also been found to not be a surgical candidate by Dr. Kevin Foley.

Based on this information, William Swindoll is asking that you reconsider your previous decision and allow coverage for the procedure I have outlined in this letter. Should you require additional information, please do not hesitate to contact our office at 901.522.7700. I will look forward to hearing from you in the near future.

Sincerely,

Dr. Jay McDonald

OPTIMUM BEHAVIORAL HEALTH, INC

Edward Amos, Ph.D.
Clinical Psychologist

Psychological consult

William Swindoll

DOB: 4.18.1967

Date of exam: 3.18.2021

Referred by: J. McDonald MD/SMC

Mr. Swindoll is a married 53 year old Mississippi farmer with chronic pain issues. He is now being evaluated for possible spinal cord stimulator trial and was sent here by Dr. McDonald for psychological screening. Session consisted of interview with focus on pain concerns, a series of self-report pain measures, brief cognitive screening and the Millon Behavioral Medicine Diagnostic. He was early for the appointment, prepared and cooperative. Consent and release forms were obtained.

He is from Northern Mississippi with high school education. He grew up on the family farm and continues to run the farm along with his brother. He says the business is doing very well and he is content with farming. He has about 5000 acres. He has been married for 21 years and has two children. He says marriage is great and the wife is very supportive, she is a speech therapist in Southaven.

He has no psychiatric history but does take Lexapro for anxiety. This started after the death of his father and she has maintained the medication. He notes his wife and children feel he functions much better on the medication. He does not smoke. Alcohol is minimal and there is no illicit drug history.

Pain is rated as "8" today, average. He is better with "alternating ice and heat, propping myself up with pillows". He is worse with "walking and standing too much". He does not think weather has much impact on his pain concerns but does think emotional stress has some negative impact. He takes hydrocodone nightly. He says he is deathly afraid of addiction and does not want to take it in the daytime in case he has to drive. He goes to the MSPTC for pain management, taking Zanaflex in addition to the hydrocodone. He has failed conservative treatment measures. He says Dr. Foley introduced the idea of SCS to him and with further investigation, as well as by his wife, he is quite interested.

The cognitive exam suggests he is above average intelligence. He has intact memory skills. He is verbally skilled and has no communication issues. He is more than able to fully participate in patient education. The personality profile is fairly innocuous. He has minor mood and anxiety

issues and is generally a well rounded and high functioning individual. There is nothing here to suggest poor adjustment or poor potential to medical interventions.

He scores 9 on the SOAPP measure, suggesting low potential for opiate abuse. He scores in the moderate range on the scales suggesting psychological impact on pain issues. He is below threshold on the depression scales.

He knows there is a trial for SCS and specifics such as length of trial and do's/don'ts. He knows not to get the device wet and other specifics. He is aware he needs strong functional improvement during trial to warrant implantation of the device. He is one of the higher functioning patients seen recently. He has chronic pain issues, but still works through them and manages a large business despite his issues. He is considered psychologically stable and cleared without reservations for SCS trial from a psychological standpoint.

Edward Amos PhD
Clinical Psychologist

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Jan 20 21, 02:41p

OrthoOne Sports Medicine

(901) 861 9755

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From: GFI FaxMaker

To: DLABACH, JEFF

Page 2/1

Date: 11/6/2020 1:18:16 PM

The Imaging Center

At Wolf River

7600 WOLF RIVER BOULEVARD
SUITE 100
GERMANTOWN TN 38138
Phone: (901) 312-4033
Fax: (844) 622-3087

To: JEFF DLABACH
ORTHOONE
99 MARKET CENTER DRIVE
COLLIERVILLE TN 38017
Phone: 9018619610
Fax: 9018619611

Patient Name:
MRN. #:
Phone:
DOB:
Exam Start:

WILLIAM SWINDOLL

1900095582

9014870787

04/18/1967

11/06/2020

Exam: MRI LUMBAR SPINE WO CONTRAST 72148
72148

EXAMINATION: Lumbar MRI

HISTORY: 53 years Male with a provided history of LUMBAR, DEGENERATIVE DISC DISEASE, patient indicates low back pain for 10 years with bilateral leg pain and weakness

Technique: High field nonenhanced lumbar MRI including sagittal and axial T1 and T2-weighted sequences,

Interpreting Radiologist: Alan Eisenberg, M.D.

Reference: Lumbar MRI performed January 7, 2015

Findings:

Lumbar vertebral height and alignment are normal.

L1/2: No spinal canal or foraminal compromise

L2/3: No spinal canal or foraminal compromise

L3/4: Minimal disc bulge

L4/5: Superimposed upon mild disc bulging is a small central (slightly right) protruded disc herniation, also observed previously. Mild dural sac compression, without spinal stenosis results. Mild to moderate bilateral facet degeneration is observed, and there is mild to moderate right and mild left foraminal narrowing.

L5/S1: No spinal canal or foraminal compromise, with mild bilateral facet degeneration.

Impressions: L4-5 degenerative change with small herniation, as detailed in the report.

Page 1 Printed: 11/6/2020 1:17 PM

SWINDOLL, WILLIAM

Exam: 08249470

This fax was sent with GFI FaxMaker fax server. For more information, visit: <http://www.gfi.com>

01/20/2021 2:52PM (GMT-06:00)

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Jan 20 21, 02:41p

OrthoOne Sports Medicine

(901) 861 9755

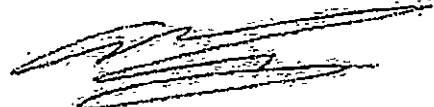
p.15

From: GFI FaxMaker To: DLABACH JEFF Page: 3/3 Date: 11/6/2020 1:18:16 PM

Name: WILLIAM SWINDOLL
MRN #: 1900095582
DOB: 04/18/1967
Exam Start: 11/06/2020
Referring Phys.: DLABACH, JEFF

This report was electronically signed by Dr. Alan Eisenberg 11/6/2020 10:50 AM
Workstation: MSIT-RR1MQPS

Interpreting Radiologist:



Alan D. Eisenberg
Signed: 11/06/2020 10:53 AM

CC:

Thank you for visiting our imaging center.

Page 2 Printed: 11/6/2020 1:17 PM

SWINDOLL, WILLIAM

Exam: 08249470

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01/20/2021 2:52PM (GMT-06:00)

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Semmes-Murphey Clinic

6325 Humphreys Blvd Memphis, TN 38120
(901) 522-7700 Fax: (901) 522-2600

April 15, 2021

Page 1
Office Visit

William J Swindoll

Male DOB: 04/18/1967 PID: 145386

Home: (901) 487-0787

Ins: Master / United Healthcare

02/10/2021 - Office Visit: New

Provider: Jay McDonald MD

Location of Care: Semmes-Murphey Clinic

History of Present Illness

Referred by: Kevin Foley, MD

History from: patient

Reason for visit: new referral/Stim Evaluation

Chief Complaint: low back and right lower extremity pain

The patient is a 53-year-old male referred to me from Dr. Foley for evaluation for a spinal cord stimulator. He has a longstanding history of chronic low back pain with radiation into the bilateral lower extremities. He says it has been going on for 10 years or more, but about six months ago it became significantly worse. There has been no inciting event. It has gotten worse over time. Pain score is a 7/10, described as sharp, shooting, burning, aching, stabbing, weakness, stiffness, and dull. It radiates down the posterior aspect of both legs to the knees, and then into the right groin as well. Worse with bending, but basically everything causes problems. Even just rolling around in bed at night causes severe pain and he wakes up. He says it is somewhat better with ice. He has tried Flexeril, gabapentin, oxycodone, physical therapy, several nerve blocks, acupuncture, chiropractic care. Nothing has given relief. He is under a pain management contract with Dr. McCoy. He denies any bowel or bladder incontinence or saddle anesthesia. He is on no blood thinners.

Past Medical History:

Reviewed and updated today:

Patient's past medical history includes Migraines,
Anxiety
Kidney Stones
Sleep Apnea - CPAP
Gastric Reflux
Skin Cancer-nose

Past Surgical History:

Reviewed history from 02/02/2021 and no changes required:

elbow, both knees were scoped last year
Knee Arthroscopy - Bilateral , x 2 Left Elbow torn ligament , Right elbow torn tendon, kidney stone
Tonsillectomy, 2019 Left shoulder torn bicep

Social History Summary:

Patient has never smoked.

Patient is a former smokeless tobacco user.

Alcohol Use: N

Drug Use: N

Regular Exercise: N

Religion Affecting Care: N

Marital Status: Married

Children:

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April 15, 2021

Page 2
Office Visit

William J Swindoll

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Home: (901) 487-0787

Ins: Master / United Healthcare

Occupation: Farmer
No pending lawsuits
No recent travel outside US

Social History Reviewed: 02/10/2021

Previous Social History:

Patient has never smoked.
Alcohol Use: N
Drug Use: N
Regular Exercise: N
Religion Affecting Care: N
Marital Status: Married
Right Handed
Occupation: Farmer

Family History Summary:

Family History Reviewed: 02/10/2021

Family History of Stroke for Mother - Entered On: 2/3/2021
Family History of Diabetes for Mother - Entered On: 2/3/2021
Family History of Cancer for Mother, mother- colon cancer - Entered On: 2/3/2021
Family History of Hypertension for Father - Entered On: 2/3/2021
Family History of Cancer for Father, father-throat - Entered On: 2/3/2021
Family History of Alzheimer?s for Father - Entered On: 2/3/2021
Family History of Alcoholism for Father - Entered On: 2/3/2021

Vital Signs:

Patient Profile: 53 Years Old Male

CC: low back and right lower extremity pain

Height: 70 inches

Weight: 250 pounds

BMI: 35.87

Pulse rate: 63 / minute

BP Sitting: 167 / 93

Cuff size: right wrist

Patient in pain? Yes

Location: low back and right lower extremity

Intensity: 6

Type: aching

No Known Allergy.

Vitals Entered By: LaWonda Thomas MA (February 10, 2021 10:38 AM)

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April 15, 2021

Page 3
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Ins: Master /-United Healthcare

Current Medications:

MICARDIS 40 MG ORAL TABLET (TELMISARTAN) one tablet po daily; Route: ORAL
TIZANIDINE HCL 4 MG. ORAL CAPSULE (TIZANIDINE HCL) 1 Cap. po daily; Route: ORAL
ROPINIROLE HCL 0.25 MG ORAL TABLET (ROPINIROLE HCL) 1 Tab po daily; Route: ORAL
OXYCODONE HCL CAPSULE (OXYCODONE HCL CAPS) 1 Cap po as needed for pain
ESCITALOPRAM OXALATE 10 MG ORAL TABLET (ESCITALOPRAM OXALATE) 1 Tab po daily; Route: ORAL
GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) 1 Cap po daily; Route: ORAL

Current Allergies:

No known allergies

MIPS Quality Measures

G8484 : Did not receive flu shot or previously receive, no reason given.
G8427 : EP attests to documenting in the chart they obtained, updated, or reviewed the patient's current medications
G8753 : Most recent systolic blood pressure greater than or equal to 140 mmHg
G8755 : Most recent diastolic blood pressure greater than or equal to 90 mmHg
G8417 : BMI is documented above normal parameters and a F/U plan is documented. Patient is to follow up with PCP or specialist for nutrition counseling.
1036F : Non-user of tobacco

Physical Exam:

General: He is awake, alert, oriented x3, well-developed male in no acute distress. HEENT: Normocephalic, atraumatic. Pupils equal, round, and reactive to light. Hearing normal to voice. CV: No clubbing, no cyanosis, no edema. Pulmo: Nonlabored breathing. Abdomen: Soft, nontender, nondistended. Musculoskeletal: Straight leg raise is positive on the right, negative on the left. He is tender at the lumbar paraspinals. Lumbar facet loading signs are positive bilaterally. Nontender at the SI joints. Motor is 5/5 in the bilateral lower extremities. Neuro: Sensation intact to lower extremities. Psych: Mood, affect, and judgment are all appropriate.

Neurodiagnostic Assessment

I reviewed the MRI of the lumbar spine, and I do not see any reason why we could not place stimulator leads in the typical fashion. He does have, at L4-5, a disc herniation, facet degeneration, and foraminal narrowing.

New Problems:

Pre-procedural laboratory examination (ICD-V72.63) (ICD10-Z01.812)
Chronic pain syndrome (ICD-338.4) (ICD10-G89.4)

New medications:

MICARDIS 40 MG ORAL TABLET -- one tablet po daily

Orders:

G8753 Most recent systolic blood pressure \geq 140mmhg

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April 15, 2021

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G8755 Most recent diastolic blood pressure \geq 90mmhg
G8427-LIST CUR MEDS W/DOSAGES DOC BY PROV
G8417 BMI documented above normal limits & E/U plan is documented
G8484 FLU IMMUN NOT ORD/ADM RSN NOT GIVEN
1036F: CURRENT TOBACCO NON-USER
99204 Ofc Vst, New Level IV

Refer Neuropsych. Eval

Comments: Who: Dr. Amos

Metabolic Panel, Basic

CBC with Differential

PTT

PT w/INR

Impression:

1. Chronic pain syndrome with failed conservative treatment measures. He has also seen two surgeons in the past, most recently Dr. Foley, and he is not a surgical candidate.
2. Lumbar radiculopathy.

Plan:

1. At this point, I think he would benefit from a spinal cord stimulator. I showed him the model. We discussed the trial of the implant. The risk of bleeding, infection, headaches, nerve damage, and after our discussion, he wants to proceed with this. If his trial is successful, we will plan to do the implant with Dr. Foley.
2. We will set up a psych evaluation and a preoperative workup and get this started as soon as possible.
3. As noted above, he is getting pain medication under contract through Dr. McCoy.

Patient Education:

Patient was given Educational handouts in office today by McDonald MD, Jay

Process Orders

Check Orders Results:

EMR-Link Labs: ABN not required for this insurance.

Tests Sent for requisitioning (February 12, 2021 12:21 PM):

02/10/2021: EMR-Link Labs -- Metabolic Panel, Basic [CPT-80048] (signed)

02/10/2021: EMR-Link Labs -- CBC with Differential [Q6399x,L005009] (signed)

02/10/2021: EMR-Link Labs -- PTT [CPT-85730] (signed)

02/10/2021: EMR-Link Labs -- PT w/INR [CPT-85610] (signed)

Electronically signed by Jay McDonald MD on 02/19/2021 at 9:23 AM

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April 15, 2021

Page 5
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