



UnitedHealth Group®

9
1
0
2
1
0
8
3
1
8
4
8
3

THIS DOCUMENT WAS RECEIVED IN

APPEAL PO BOX 30432 or FAX 801-938-2100, SLC, UT-RMO WEST

FAX

03/24/2021

1528

United Health Group - West, Central and Cirrus RMO

Operated by Firstsource Solutions

1355 South 4700 West
Salt Lake City, UT 84104



UnitedHealthcare®
A UnitedHealth Group Company

**RECEIVED
VIA
FAX/FTP**

BEST COPY AVAILABLE

**DO NOT Return to the RMO for
Rescan**

9
1
0
2
1
0
8
3
1
8
4
8
3



3164 Horizon Rd #100 Rockwall, Texas 75032

FAXDate: 3/24/21

Number of pages including cover

sheet: _____

To: Eni'core

Phone:

Fax phone: 801-938-2100

CC:

From: ~~Ashley~~ DeleaPhone: 972-772-8767Fax phone: 972-772-8780REMARKS: ☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please commentRe: Ashley LenamondPlease see attached clinicalsThank you!**CONFIDENTIALITY NOTICE**

The information contained in this facsimile is privileged and confidential information. This document may contain information which is protected under 42 U.S.C., 1301. The information contained herein is intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone at 972-772-8767. Thank you.

ATL-RF-RDT-04

3/22/2021 3:52:50 PM

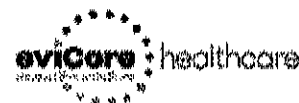
PAGE

3/007

Fax Server



eviCore healthcare on behalf of UnitedHealthcare Insurance Company
400 Buckwater Place Boulevard
Bluffton, SC 29910



Telephone: 866-889-8084
Fax: 866-889-8081

Date: 3/22/2021

CONFIDENTIAL

ASHLEY LENAMOND
9884 CR 2469
ROYSE CITY, TX 75189

Patient: ASHLEY LENAMOND
Episode ID: D151986008
Member ID: 988531148
Group #: 5P1508

Dear ASHLEY LENAMOND :

We review health care services requested for coverage under the terms of your health benefit plan to determine if they are medically necessary, as defined in your plan document. We received a request to review outpatient services for you. Based on the information submitted, we have determined that the requested service(s) is/are not medically necessary.

We have determined the following is/are not medically necessary:

Services Requested:

Procedure	Description	Units Requested	Units Denied	Modifier (if applicable)
72141	Magnetic Resonance Imaging (MRI) Cervical Spine without Contrast, a special picture study of the neck portion of the spine without injected dye	1	1	NA

Here are the details of our determination:

- Place of service: Outpatient
- Physician/health care professional: DR/Facility CRAIG LANKFORD
- Facility: HUNT REGIONAL MEDICAL CENTER
- Date of Service: Pre-Service

- Date(s) determined not to be medically necessary: 3/20/2021
- Diagnosis: M54.12 - Radiculopathy, cervical region
- The reason for our determination is: Based on United Healthcare Spine Imaging Guidelines Section(s): SP 3.1 Neck (Cervical Spine) Pain without and with Neurological Features (Including Stenosis) and 1.0 General Guidelines, we cannot approve this request. Your records show that you have neck pain. The reason this request cannot be approved is because:

One of the following must be met. —Follow up contact (in person, by phone, by mail, or by messaging) with your doctor confirmed a failed recent (within three months) six week trial of doctor prescribed treatment. Supported treatments include (but are not limited to) medications for swelling or pain, physical therapy, and/or oral or injected steroids. —You have a sign or symptom that suggests a serious underlying condition for which a trial of treatment is not needed.
- Denial Code (if applicable): Not Applicable
- Claim Amount (if applicable): Not Applicable

We reviewed the following information to make our determination: United Healthcare criteria for:

Procedure	Description
72141	Magnetic Resonance Imaging (MRI) Cervical Spine without Contrast, a special picture study of the neck portion of the spine without injected dye

This determination was rendered by eviCore healthcare on behalf of United Healthcare.

If you were required but did not get a referral from your primary physician for this service, your coverage may be at a lower level.

Please note that the information in this letter is not a treatment decision. Treatment decisions are made between you and your physician. Coverage for these services is subject to the terms and conditions of your health benefit plan including exclusions, limitations, conditions and patient eligibility. You are responsible for deductibles, coinsurance, copayments and items not covered by the plan. Payment is based on the submitted claim, the actual health care services you received, and your plan benefit language when the services are provided. If you have questions about expected claim payment, please visit myuhc.com or call Customer Care at the toll-free number listed on your member ID card.

In the event that your physician or health care professional (provider) continues to disagree with this non-coverage decision, he/she may call to discuss this case with our clinical reviewer; however this will be accepted and processed as an oral appeal. He/she may call the United Healthcare Clinical Request Line at: 1-866-889-8054.

If you don't agree with our decision, you have the following options:

Member options

1. You, your physician or your health care professional have the right to request the information we reviewed to make this coverage decision free-of-charge. This includes reasonable access to and copies of all documents, records, health benefit plan provisions, internal rules, guidelines and protocols and any other relevant information. Please mail your request for this information and a copy of this letter to:
United Healthcare Central Escalation Unit, ATTN: Document Requests, 4316 Rice Lake Road, Duluth, MN 55811.
2. You have the right to be represented by someone else regarding this decision. To have someone else represent you, call us at the toll-free number on your member ID card and we will send you the form needed to designate another representative.
3. You or your representative may accept our decision as it stands.
4. You or your representative may request a grievance or an appeal.

The following information is helpful to us when reviewing a grievance or an appeal:

- A written grievance or appeal request asking us to reconsider our decision
- The specific coverage decision you would like 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:

United Healthcare Appeals Unit
P.O. Box 30573
Salt Lake City, UT 84130-0573
Fax: (801) 938-2100
Expedited (urgent) appeal fax: (801) 934-1083

The person who reviews your appeal will not be the person, or a subordinate of that person, who made the original decision.

You, or your authorized representative, may file a grievance (if you belong to a HMO or have an EPO plan) or request an appeal (if you have an insurance plan) within 180 calendar days of receiving this letter. If you don't comply with these requirements, you may forfeit your right to challenge a denial or rejection. Inquiring about the appeals/grievance process does not change the time frame to submit an appeal. When we receive a grievance/appeal request, we review it within 15 calendar days for services not yet received and within 30 calendar days for services already received. We will notify you in writing of our decision.

Expedited Internal Appeals

An expedited or urgent grievance/appeal may be available if the patient's medical condition is such that the time required to complete a standard grievance/appeal would reasonably be expected to seriously jeopardize life, health or ability to regain maximum function. If we confirm that an expedited grievance/appeal is needed, we will complete the review within 72 hours of receiving the grievance/appeal request and any additional information.

To request an expedited (urgent) grievance/appeal:

Expedited (urgent) appeal fax: (801) 994-1083

Telephone: Call Customer Care at the toll-free number listed on your member ID card.

You may request an expedited external review at the same time as requesting an expedited internal appeal for urgent care.

Standard External Review

If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

Expedited External Review

An expedited external review may be available to you if the medical condition (1) is such that the time needed to complete an expedited internal grievance/appeal or standard external review could seriously jeopardize the patient's life, health or ability to regain maximum function; or (2) concerns an admission, availability of care, continued stay, or health care item or service for which the patient received emergency services, but have not been discharged from a facility. If we confirm that an expedited grievance/appeal is needed, you will receive a decision within 72 hours of receiving the grievance/appeal request and any additional information.

To arrange an expedited grievance/appeal, please call Customer Care at the toll-free number listed on your member ID card or fax your grievance/appeal request to the UnitedHealthcare Appeals Unit at (801) 994-1083.

You will be provided more information about the external review process at the time we receive your request.

Other member rights

If your plan is governed by the Employee Retirement Income Security Act (ERISA), you may have the right to file a civil action under ERISA if all required reviews of your claim have been completed.

Availability of Consumer Assistance/Ombudsman Services

There may be other resources available to help you understand the appeals process. If your plan is governed by ERISA, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272). If your plan is not governed by ERISA, you can contact the Department of Health and Human Services Health Insurance Assistance Team at 1-888-393-2789.

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
- Need this letter in another format like large print

ATL-RF-RDT-04

3/22/2021 3:52:50 PM

PAGE

7/007

Fax Server

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.

Sincerely,



Dolly Razdan, MD
Medical Director
eviCore healthcare on behalf of United Healthcare
Board Certified in: Radiation Oncology

Copy to: DR/Facility CRAIG LANKFORD

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 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.

Texas Back Institute - Rockwall

3164 Horizon Road Suite 100 Rockwall, TX 75032-6695

9727728767 Fax: 9727728780

Print Date: March 16, 2021

Page 1

Office Visit

Ashley Lenamond

Female DOB: 12/10/1976

Time: 11:00 am 03/16/2021

03/15/2021 - Office Visit**Provider: Craig B Lankford MD****Location of Care: Texas Back Institute - Rockwall****Chief Complaint:**

neck and right arm pain

History of Present Illness:

44-year-old right-handed female with off and on right-sided neck and arm pain since June 2020. She improved last fall but then flared up again late this winter and is been going to chiropractic with modest improvement but symptoms are still persistent. Symptoms are in a right C7 pattern. No arm weakness no symptoms on the left side. She has been receiving massage, manipulation and topical modalities. She works as a customer service manager from home for a medical software support company.

Pain Scale:

Neck pain: 5 \ 10

Arm pain: 9 \ 10

Mid back pain: 0 \ 10

Leg pain: 0 \ 10

Low back pain: 1 \ 10

What do you want to happen as a result of this visit?

relief from pain, hopefully can see what the actual issue is

How and when did your problem begin?

It comes and goes

Do you have any of the following problems?

Is your pain worse at night? yes

Does your pain awaken you from sleep? yes

Does coughing affect your pain? no

Do your legs tire/hurt if you walk too far? no

Bladder Control (urine):

No problem

Bowel Control:

No problem

How does each of the following affect your pain?

Sitting: Worse

Walking: No change

Lying down: Worse

Rising from chair: No change

Physical activity: Worse

Heat: Don't know

Cold: Better

Massage: Better

Current Back/Neck Pain**Have you ever had the following for your CURRENT back/neck pain:**

Chiropractic care No change

Texas Back Institute - Rockwall

3184 Horizon Road Suite 100 Rockwall, TX 75032-6695

9727728767 Fax: 9727728780

Print Date: March 16, 2021

Page 2

Office Visit

Ashley Lenamond

Female DOB: 12/10/1976

SSN: 123-45-6789

Phys: UHO/GP/EP/1508

Have you ever had surgery on your back or neck?

No

For your current back/neck pain, please mark the boxes for the timeframe that any of the following tests were done:

X-rays 6 to 12 months

GENERAL MEDICAL HISTORY

Past Medical History:

ADHD

List any major surgery you have had, other than on your back or neck:

Mastopexy, abdominoplasty

Medications:

VALIUM 10 MG ORAL TABLET (DIAZEPAM) 1 tablet by mouth 1 hour prior to procedure, Repeat another 1 tablet 30 minutes prior only if needed.; Route: ORAL

GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) 1-2 QHS; Route: ORAL

VYVANSE CAPSULE (LISDEXAMFETAMINE DIMESYLATE CAPS)

FAMILY MEDICAL HISTORY

Mother: Alive

Age: 68

Father: Alive

Age: 73

Number of living brothers/sisters: 3

SOCIAL HISTORY

Marital Status: Married

Education: High School

Smoking Status:

never smoker

Alcohol:

Beer: no

Wine: no

""Hard"" drinks: no

Frequency of drinking: rarely

Do you have a history of heavy drinking? no

Effect of your back/neck pain on your lifestyle:

I describe my home setting as supportive of me during this time. yes

I describe my work setting as supportive of me during this time. yes

My pain has affected my interaction with my family and friends. no

The changes in my lifestyle due to my problem have been difficult for me. no

Texas Back Institute - Rockwall

3164 Horizon Road Suite 100 Rockwall, TX 75032-6695

9727728767 Fax: 9727728780

Print Date: March 16, 2021

Page 3

Office Visit

Ashley Lenamond

Female DOB: 12/10/1976

31657

In: UHC/Gr: 6P/1500

What is your ability to enjoy life? Excellent**Please indicate your current work status:**

Working full time

Before having back or neck pain, did you normally work:

full time

What is your usual occupation?

Customer Service Manager

Do you like your work situation?

yes

Is there anything we have failed to ask that you believe is important for us to know?

no

REVIEW OF SYSTEMS**General:** none**Cardiac:** none**Respiratory:** none**Gastrointestinal:** none**Genitourinary:** none**Bones/Joints:** stiffness, wrist/hand pain**Skin:** none**Nervous System:** none**Mental Health:** none**Endocrine:** none**Hematologic/Oncologic:** none**Physical Exam****Vital Signs:**

Vital Signs Entered By: Vanesica Fox MA (March 15, 2021 2:08 PM)

Height: 64 inches

Weight: 160 pounds

BMI: 27.56

Temp: 98.1 degrees F tympanic

Pulse rate: 92 / minute

BP sitting: 144 / 89

Ashley Lenamond is alert oriented and cooperative. She appears approximately her stated age. She is sitting comfortably. She does not have difficulty acquiring a full, upright position when getting out of the chair. She is 5ft. 4in. in height and weighs 160lbs with a overweight build. There are no gross skin abnormalities on the trunk or extremities, no visible areas of redness or erythema, petechiae, purpura, or ecchymosis. No visible scar on area of interest. She stands erect. Her gait is balanced. Her pelvis is level with the floor. Her shoulders are level with the floor.

Cervical spine alignment is neutral. Levator scapulae, trapezius, scalenus muscles are non-tender with no evidence of spasm or trigger point. Occipital area is non-tender. Spinous processes are non-tender. Cervical range of motion is normal in all directions and painful. Spurlings is positive on the right and negative on the left.

Texas Back Institute - Rockwall
3164 Horizon Road Suite 100 Rockwall, TX 75032-6695
9727728767 Fax: 9727728780

Print Date: March 16, 2021

Page 4
Office Visit

Ashley Lenamond
Female DOB: 12/10/1976 601657 Ins: UHC @ 16P/1606

Upper extremities strength is symmetrically present in all upper extremity muscle groups. Upper extremities reflexes are symmetrically present and normal. Light touch is normal for all cervical dermatomes.

Upper Extremities Exam

No gross deformity in the upper extremities bilaterally. Patient demonstrates non-tender, active, passive and unrestricted range of motion of the shoulders, elbows, wrists and hands. There is no lymphedema of the upper extremities or cyanosis and clubbing of the fingers.

Lower Extremity

Pulses:

Right radial pulse is Present and left radial pulse is Present.

Radiology / Imaging review:

X-Ray review:

X-ray performed in office today
prior cervical x-ray reviewed from 6/30/2020 which shows cervical disc space narrowing C5-6 C6-7 with endplate changes.

Assessment for Today's Visit:

44-year-old female with greater than 6 months of intermittent right-sided neck and radicular arm pain, C 7 pattern
C5-6 C6-7 degenerative spondylosis on the x-ray
Symptoms persist in spite of treatment with chiropractic physical therapy and related modalities

Underlying diagnosis of ADHD

PMP consistent for the Vyvanse prescribed by Dr. Bellinger

Plan for today's visit:

Options are discussed. She would like to maintain conservative approach. She would be interested in an injection. She would like to minimize medication if at all possible.

She is having some difficulty sleeping at night therefore I recommend a trial of gabapentin 300 mg 1-2 at night. Discussed possible side effects. She will trial that see how she does.

In addition we will obtain a cervical MRI. She does note claustrophobia and therefore will prescribe Valium 10 mg

Texas Back Institute - Rockwall
3164 Horizon Road Suite 100 Rockwall, TX 75032-6695
9727728767 Fax: 9727728780

Print Date: March 16, 2021

Page 5
Office Visit

Ashley Lenamond
Female DOB: 12/10/1976 Age: 44 314357 Line: UHC (Ref: 6P1508)

30 minutes to 1 hour prior to the diagnostic.

Follow-up thereafter and we will discuss right-sided C7 epidural injection.

New Medications for today's visit:

Valium 10 mg oral tablet (Diazepam) 1 tablet by mouth 1 hour prior to procedure; Repeat another 1 tablet 30 minutes prior only if needed.

Gabapentin 300 mg oral capsule (Gabapentin) 1-2 QHS

Vyvanse capsule (Lisdexamfetamine dimesylate caps)

Problems added in today's visit:

Other cervical disc degeneration, mid-cervical region, unspecified level (ICD10-M50.320)

Radiculopathy, cervical region (ICD-723.4) (ICD10-M54.12)

Orders for today's visit:

Added new Service order of Ofc Vst - New - Extended (CPT-99204) - Signed

Added new Test order of MRI, Spine: Cervical (CPT-MRICERV) - Signed

Patient Instructions:

Referred to PCP for BP management.

Problems:

Problems were reviewed with the patient during this visit.

Medications:

Medications were reviewed with the patient during this visit.

Carbon Copy to the following:

Primary Care Physician: Richard Bellinger MD

Referring Physician: Christopher Cummings, DC

Medications:

VALIUM 10 MG ORAL TABLET (DIAZEPAM) 1 tablet by mouth 1 hour prior to procedure, Repeat another 1 tablet 30 minutes prior only if needed. #1[Tablet] x 0

Route: ORAL

Entered by: Vanesica Fox MA

Authorized by: Craig B Lankford MD

Electronically signed by: Craig B Lankford MD on 03/15/2021

Method used: Electronically to
CVS/pharmacy #10635* (retail)

Texas Back Institute - Rockwall
3164 Horizon Road Suite 100 Rockwall, TX 75032-6695
9727728767 Fax: 9727728780

Print Date: March 16, 2021

Page 6
Office Visit

Ashley Lenamond
Female DOB: 12/10/1976

476 W 1-30
Royse City, TX 75189
Ph: (972) 635-2470
Fax: (972) 635-2456

Note to Pharmacy: Route: ORAL; SAVINGS FOR NON-COVERED MEDICATIONS-For claims;
BIN:003585 PCN:ASPROD1 Group:AME08 ID:DR258880;

Questions: MedImpact (877)489-6402

RxID: 1931439775474300

GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) 1-2 QHS #60[Capsule] x 0

Route:ORAL

Entered by: Vanesica Fox MA

Authorized by: Craig B Lankford MD

Electronically signed by: Craig B Lankford MD on 03/15/2021

Method used: Electronically to
CVS/pharmacy #10635* (retail)
476 W 1-30
Royse City, TX 75189
Ph: (972) 635-2470
Fax: (972) 635-2456

Note to Pharmacy: Route: ORAL; SAVINGS FOR NON-COVERED MEDICATIONS-For claims;
BIN:003585 PCN:ASPROD1 Group:AME08 ID:DR258880;

Questions: MedImpact (877)489-6402

RxID: 1931439719469940

This document was prepared with the use of Dragon Speech Recognition technology and proofread. Minor recognition errors could still escape appropriate correction. If a word or a phrase is confusing and out of context, please don't hesitate to call us for clarification at 972 606 5000.

]

Electronically signed by Craig B Lankford MD on 03/15/2021 at 3:19 PM