ALTMAN AND BLISTEN
(818)995-3419
UR FAX:

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

Gordon & Gordon
(310)276-7004

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.

☐ New Request ☐ Resubmission -- Change in Material Facts
☐ Expedited Review: Check box if employee faces an imminent and serious threat to his or her health. D.O.S: 4/28/2022
☐ Check box if request is a written confirmation of a prior oral request.

Employee Information

Name: RAMIREZ, Norma	
DOI: 6/19/2021 , , CT: -- CT: --	Date of Birth MM/DD/YYYY): 12/07/1968
Claim Number: 189559257-001	Employer: Mc Donnlds

Requesting Physician Information

Name:	Arthur Harris M.D.		
Practice Name:	Arthur Harris M.D.	Contact Name: UR Dept. Rosie	
Address:	3800 E Cesar E Chavez Ave	City: Los Angeles	State: CA
Zip Code:	90063	Phone: 323-264-6296	Fax Number: (323) 267-0268
Specialty:	Orthopedic Surgeon	NPI #: 1841341807	TIN #: 95-4895183
Utilization Review Department E-mail Address:	urdepartment@atlantishealthmgmt.com		

Claims Administrator Information

Company Name:	Broadspire	Contact Name:	
Address:	P.O. Box 14352	City: LEXINGTON	State: KY
Zip Code:	40512	Phone:	Fax Number: (770)777-6447
E-mail Address:			

Requested Treatment (see instructions for guidance, attached additional pages if necessary)

List each specific requeted 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 seperate sheet if the space below is insufficient.

Diagnosis (Required)	ICD Code (Required)	Service/Good Requested (Required)	CPT/HCPCS	Other Information: (Frequency, Duration, Quantity, etc.)
Sprain of ligaments of lumbar spine, subsequent encounter	S33.5XXD	Request to continue		
Radiculopathy, lumbar region	M54.16	physical therapy to		2x3
Unspecified sprain of right hip, subq enc	S73.101D	the Lumbar Spine.		
Unspecified sprain of left hip, subq enc	S73.102D			

Request denied. Lumbar spine is not an accepted body part

☐ (if checked off) We are requesting authorization for the use of an interpreter.

Requesting Physician Signature: Date: 05-10-22

Claims Administrator/Utilization Review Organization (URO) Response

☐ Approved ☐ Denied or Modified (See separate decision letter) ☐ Delay (See separate notification of delay)
☐ Requested treatment has been previously denied ☐ Liability for treatment is disputed (See separate letter)

Authorization Number (if assigned):		Date: 05/19/2022
Authorized Agent Name:		Signature
Phone: 628-333-7906	Fax Number: 859-550-2170	E-Mail Address: marie_krueger@choosebroadspire.com