

APEX HEALTH SOLUTIONS

Utilization Management Department

PO Box 45990 | Hartford, CT 06101

Phone: 1-800-555-0199 | Fax: 1-888-555-0122

**DATE:** November 29, 2025

TO:

John Doe

123 Maple Avenue

Atlanta, GA 30301

PROVIDER: Dr. Sarah Smith, MD (Orthopedics)

MEMBER ID: AHS-998877665

GROUP ID: GRP-112233

CLAIM/REFERENCE #: CLM-2025-449-XB

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## NOTICE OF ADVERSE BENEFIT DETERMINATION

Dear John Doe,

We are writing to give you information about a request for services submitted by your provider, Dr. Sarah Smith. We have reviewed the request for coverage of the medical service listed below.

Decision:

Based on the terms of your health benefit plan and the clinical information submitted, coverage for the requested service is DENIED.

This decision does not mean you cannot receive the service. It means that Apex Health Solutions will not pay for the service. You and your provider may decide to proceed with the service at your own expense, or you may appeal this decision.

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## Service Details

- **Service Requested:** MRI Lumbar Spine w/o Contrast

- **CPT Code:** 72148
- **Diagnosis Code:** M54.5 (Low Back Pain)
- **Date of Request:** November 27, 2025

## Reason for Denial

Our Medical Directors review requests based on **Apex Clinical Policy Bulletin #RAD-044 (Imaging of the Spine)**.

To approve coverage for an MRI of the Lumbar Spine for non-traumatic low back pain, your medical records must document **ALL** of the following:

1. Presence of "Red Flag" symptoms (e.g., cauda equina syndrome, history of cancer, severe progressive neurological deficit); **OR**
2. Failure of at least six (6) weeks of physician-supervised conservative treatment.  
Conservative treatment is defined as:
  - Physical therapy or chiropractic care; AND
  - Prescription strength anti-inflammatory medications (NSAIDs) or oral steroids.

Clinical Rationale:

The clinical documentation submitted by Dr. Smith indicates that you presented with low back pain starting two weeks ago. The notes indicate you have been advised to rest and use over-the-counter ibuprofen. There is no documentation of severe neurological deficits, history of malignancy, or completion of a six-week course of physical therapy.

Because the conservative treatment requirement has not been met, the request is considered **Not Medically Necessary** at this time.

**Reviewer:** This case was reviewed by James Miller, MD (Board Certified: Diagnostic Radiology) on Nov 29, 2025.

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## How to Appeal This Decision

If you disagree with this decision, you have the right to ask for an appeal. You may submit additional information (such as physical therapy logs or new clinical notes) that may help us change our decision.

Standard Appeal

You must file your appeal within 180 days from the date of this letter.

- **By Mail:** Send a written request to the Appeals Department at the address listed above.
- **By Phone:** Call Member Services at the number on the back of your ID card.

### **Expedited (Urgent) Appeal**

If your provider believes that waiting for a standard appeal (which can take up to 30 days) could seriously jeopardize your life, health, or ability to regain maximum function, you may request an expedited appeal. We will respond to expedited appeals within 72 hours.

### **External Review**

If we deny your internal appeal, you may be eligible for an Independent External Review by a third-party organization not affiliated with Apex Health Solutions.

### **Availability of Documents**

You have the right to receive, free of charge, reasonable access to and copies of all documents, records, and other information relevant to this claim for benefits. This includes the specific Clinical Policy Bulletin #RAD-044 cited above. Please contact Member Services to request these documents.

Sincerely,

Utilization Management Team

Apex Health Solutions

*CC: Dr. Sarah Smith, MD*