

# PINNACLE HEALTH PLANS

Utilization Management Department  
P.O. Box 99100, Silverstone, TX 75001  
Phone: 1-800-555-0147 | Fax: 1-800-555-0148  
[www.pinnaclehealthplans.example.com](http://www.pinnaclehealthplans.example.com)

## PRIOR AUTHORIZATION DETERMINATION NOTICE

Auth #: PA-2026-0128-55321

Date of Determination: January 30, 2026

TO: Whispering Pines Family Medicine / Fax: (555) 867-5309  
ATTN: Dr. Evelyn Sato, DO

### MEMBER INFORMATION

Member Name: DELACROIX, THOMAS R.  
Member ID: PHP-882-44-6712  
Date of Birth: 09/22/1971  
Group #: GRP-MEDWEST-4400  
Plan: Pinnacle Gold PPO

### SERVICE REQUESTED

Procedure: MRI Lumbar Spine without Contrast (CPT 72148)  
Diagnosis: M54.5 — Low back pain; M51.16 — Lumbar disc degeneration  
Facility: Crestview Imaging Center — NPI 1234567890  
Requested by: Dr. Evelyn Sato, DO — NPI 9876543210  
Date of Service: On or before 03/01/2026

### DETERMINATION:

APPROVED

DENIED

PARTIALLY APPROVED

PENDED FOR ADDITIONAL INFORMATION

### NOTES:

Authorization valid for 60 days from date of determination.

One (1) MRI Lumbar Spine without contrast approved at Crestview Imaging Center.

Pre-certification does not guarantee payment. Benefits subject to plan terms.

Reviewed by: Lisa Chang, RN — Utilization Review Coordinator

Medical Director: Dr. Howard P. Gaines, MD, MBA

If you disagree with this determination, you or the member may file an appeal within 180 days.

Appeal requests: Pinnacle Health Plans, Attn: Appeals Dept, PO Box 99200, Silverstone, TX 75001 Fax: 1-800-555-0149