

PINNACLE HEALTH PLANS

Utilization Management Department
P.O. Box 99100, Silverstone, TX 75001
Phone: 1-800-555-0147 | Fax: 1-800-555-0148

PRIOR AUTHORIZATION DETERMINATION NOTICE

Auth #: PA-2026-0204-55487

Date of Determination: February 4, 2026

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

MEMBER INFORMATION

Member Name: JOHANSSON, ASTRID K.
Member ID: PHP-331-72-8899
Date of Birth: 12/03/1985
Group #: GRP-TECHSERV-2200
Plan: Pinnacle Silver HMO

SERVICE REQUESTED

Procedure: Lumbar Epidural Steroid Injection (CPT 62323)
Diagnosis: M54.5 — Low back pain; M54.41 — Lumbosacral radiculopathy
Facility: Prairie Pain Management — NPI 5551234567
Requested by: Dr. Evelyn Sato, DO — NPI 9876543210

DETERMINATION: APPROVED
 DENIED
 PARTIALLY APPROVED
 PENDED FOR ADDITIONAL INFORMATION

REASON FOR DENIAL:

The request does not meet medical necessity criteria per Pinnacle Clinical Policy CP-2024-SPINE-03. Documentation submitted does not demonstrate completion of conservative therapy for a minimum of 6 weeks, including physical therapy (minimum 6 sessions) and trial of at least two different oral analgesic/anti-inflammatory medications.

Clinical Rationale: Submitted records indicate only 2 weeks of home exercise instruction. No formal physical therapy referral documented. Only one NSAID trial documented (naproxen).

TO SATISFY THIS REQUEST, PLEASE SUBMIT:

1. Documentation of completed formal physical therapy (minimum 6 sessions over 6+ weeks)
2. Trial of second-line analgesic or muscle relaxant (in addition to naproxen)
3. Updated clinical notes documenting ongoing symptoms despite conservative treatment

Reviewed by: Dr. Howard P. Gaines, MD, MBA — Medical Director

APPEAL RIGHTS: You or the member may appeal within 180 days by contacting 1-800-555-0149.

Peer-to-peer review available M-F 8am-5pm CT. Call 1-800-555-0150 to schedule.