

ABC INSURANCE COMPANY

Medical Review Department
987 Insurance Plaza, Corporate City, ST 98765
Phone: (555) 888-0000 | Fax: (555) 888-0001

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NOT A REAL MEDICAL RECORD

MEDICAL NECESSITY REVIEW / UTILIZATION REVIEW

REQUEST DENIED

This utilization review has determined that the requested medical services are NOT MEDICALLY NECESSARY and are therefore DENIED for payment under the current policy.

CLAIMANT INFORMATION

Name: John A. Doe
(FICTIONAL)
DOB: 01/15/1985
Policy Number: WC-123456789
Claim Number: CL-2025-789456
Date of Loss: 07/30/2025
Review Date: 12/15/2025

REVIEW INFORMATION

Reviewing Physician: Dr. Cost Saver, MD
Review Type: Prospective Utilization Review
Request Source: Dr. Patricia Painfree, MD
Request Date: 12/10/2025
Review Completion: 12/15/2025

REMINDER: FICTITIOUS TESTING DOCUMENT

TREATMENT REQUESTS UNDER REVIEW

The following medical services were submitted for pre-authorization review:

1. Additional Physical Therapy:

- Request: 12 additional PT sessions (3x/week for 4 weeks)
- CPT Codes: 97110, 97112, 97116, 97140
- Estimated Cost: \$2,400
- Provider: General Teaching Hospital Rehabilitation Services

2. Repeat MRI Lumbar Spine:

- Request: MRI L-spine with and without contrast
- CPT Code: 72158
- Estimated Cost: \$3,200
- Justification: "To assess progression of disc herniation"

3. Epidural Steroid Injection (Repeat):

- Request: L4-L5 transforaminal epidural steroid injection
- CPT Code: 64483
- Estimated Cost: \$1,800
- Previous injection: 09/25/2025 (provided temporary relief)

4. Psychological Counseling:

- Request: 8 sessions individual psychotherapy
- CPT Code: 90834
- Estimated Cost: \$1,200
- Justification: "Depression and anxiety related to chronic pain"

Total Requested Treatment Cost: \$8,600

MEDICAL RECORDS REVIEWED

Comprehensive review of medical documentation was conducted, including:

- Initial emergency department records and imaging
- All surgical reports and post-operative notes
- Complete specialist consultation reports (6 specialists)

- Physical therapy evaluations and progress notes (12 weeks)
- All diagnostic studies (X-rays, MRI, EMG/NCS)
- Pain management consultation and injection records
- Functional capacity evaluation results
- Independent medical examination reports (2)
- Neuropsychological evaluation
- Vocational rehabilitation assessment

Total Records Reviewed: 247 pages of medical documentation

Review Period: 07/30/2025 through 12/10/2025 (20 weeks)

CLINICAL SUMMARY

Mr. Doe sustained injuries in a motor vehicle accident on 07/30/2025, including left hip fracture (surgically repaired), cervical strain, and lumbar strain. He has received extensive medical treatment over 20+ weeks including:

- Surgical repair of hip fracture with excellent healing
- 36 physical therapy sessions to date
- Multiple specialist consultations
- One epidural steroid injection
- Comprehensive diagnostic workup
- Pain management with multimodal approach
- Neuropsychological evaluation
- Functional capacity evaluation

Current Status (per recent medical records):

- Hip fracture healed without complications
- Able to ambulate independently with occasional cane use
- Pain levels improved from initial 9/10 to current 4-6/10
- Functional capacity evaluation shows light work capacity
- No evidence of ongoing acute pathology requiring intervention

MEDICAL NECESSITY DETERMINATION

Review Criteria Applied:

This review was conducted using evidence-based medical necessity criteria, including:

- National medical guidelines for post-traumatic rehabilitation
- American College of Occupational and Environmental Medicine (ACOEM) guidelines
- Workers' Compensation Medical Treatment Guidelines
- Peer-reviewed literature on treatment duration and outcomes

Specific Findings:

1. Additional Physical Therapy - DENIED

- Claimant has completed 36 PT sessions over 12 weeks
- Medical literature supports 6-12 weeks of PT for similar injuries
- Recent progress notes show plateau in functional improvement
- No evidence of significant ongoing functional gains
- Treatment has exceeded reasonable and customary duration

2. Repeat MRI Lumbar Spine - DENIED

- Initial MRI (09/15/2025) showed mild disc protrusion
- No indication of progressive neurological deterioration
- EMG/NCS shows only mild radiculopathy with good prognosis
- Repeat imaging not indicated without significant clinical change
- Does not meet criteria for repeat advanced imaging

3. Repeat Epidural Steroid Injection - DENIED

- Previous injection (09/25/2025) provided only temporary relief
- Medical guidelines suggest 2-3 injections maximum per year
- Limited evidence supporting repeated injections for this condition
- Functional improvements achieved through conservative measures
- Risk-benefit ratio does not support additional invasive procedures

4. Psychological Counseling - DENIED

- While psychological impact is acknowledged, extensive evaluation completed
- Neuropsychological evaluation did not recommend ongoing psychotherapy
- Symptoms appear reactive rather than requiring specialized treatment

- Community resources available for stress management
- Not directly related to compensable workplace injury

ALTERNATIVE RECOMMENDATIONS

Instead of the requested treatments, the following approaches are recommended:

1. Home Exercise Program:

- Continue independently with exercises learned in PT
- Patient education materials provided
- Self-directed conditioning program

2. Return to Work Focus:

- Functional capacity evaluation shows ability for light work
- Gradual return-to-work program with accommodations
- Work conditioning through actual job duties

3. Pain Self-Management:

- Continue current oral medications as prescribed
- Patient education on chronic pain management
- Activity modification and pacing strategies

4. Community Resources:

- Support groups for chronic pain management
- Community recreation programs for fitness
- Employee assistance program counseling if available

MAXIMUM MEDICAL IMPROVEMENT

Based on review of all available medical evidence, it is the opinion of this reviewer that the claimant has reached Maximum Medical Improvement (MMI) as of 12/15/2025. Factors supporting this determination include:

- 20+ weeks post-injury with plateau in objective improvement
- Surgical fracture repair healed without complications

- Soft tissue injuries resolved to expected baseline
- Extensive conservative treatment completed
- Functional capacity evaluation demonstrates work capacity
- No evidence of ongoing pathology requiring active treatment
- Independent medical examinations support MMI determination

Recommended Actions:

- Close active medical treatment phase
- Proceed with permanent disability evaluation if indicated
- Focus on return-to-work planning and implementation
- Consider claim closure for medical benefits

APPEAL RIGHTS

The claimant and treating physician have the right to appeal this utilization review decision. Appeal procedures include:

Internal Appeal Process:

- Written appeal must be submitted within 30 days of this notice
- Include additional medical documentation supporting request
- Independent physician review will be conducted
- Appeal decision rendered within 15 business days

External Appeal Process:

- Available after completion of internal appeal
- Conducted by independent review organization
- Final and binding determination

Appeal Contact Information:

ABC Insurance Company
Appeals Department
PO Box 12345, Corporate City, ST 98765
Phone: (555) 888-0100

REVIEWER CERTIFICATION

I have personally reviewed all submitted medical records and request documentation. This utilization review determination is based on established medical necessity criteria and evidence-based medicine guidelines.

Medical Reviewer: Dr. Cost Saver, MD

Date: 12/15/2025

Board Certification: Physical Medicine & Rehabilitation

License #: PMR-123123 (FICTIONAL)

Review Experience: 8 years utilization review, 500+ cases annually

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