



NOTICE OF AUTHORIZATION

Date: January 30, 2015

TOTAL PAGES:

**FAXED TO: 323-954-8666
ATTN: Vlad Gendelman, MD
Vlad Gendelman, MD
6200 Wilshire Blvd Ste 910
Los Angeles, CA 90048**

**FAXED TO:
ATTN:**

RE: Employee: Rosario Santillan	Requesting physician: Dr. Gendelman
Employer: Premier Personnel Resources, Inc.	Requesting provider (if applicable):
Claim No: TWCS-1588	Received date: 1/26/15
D/Injury: 2/22/2013	Authorization Date: 1/30/15
	Authorization No: TWCS-1588-010

Type of Review:

Expedited/Rush Concurrent Retrospective Prospective

Dear Provider:

This letter will confirm that the treatment recommendation outlined by you is authorized. Below please find the specific outline of that authorization to include description to include frequency, duration and quantity if applicable:

- Naproxen 550mg #60, Cyclobenzaprine 7.5mg #60, EMG/NCV of the Bilateral lower extremities and Consultation with Neurologist is APPROVED. This is to be scheduled with a preferred provider through the medical provider network WellComp at www.wellcomp.net or 800.544.8150. Diagnostic services have been scheduled with ADIN. For more information, contact ADIN at (866)674-6728.

Please be advised this certification expires on 4/30/2015. Should it be anticipated that you will be unable to initiate said treatment by said expiration date or should the procedure or treatment detailed above not accurately reflect what has been recommended, please contact our client services center immediately at 1-800-932-5535. If the treatment is initiated after said date, your billing for services may be subject to retrospective utilization review.

Sincerely,

Teresa Thompson
Medical Coordinator

cc: Rosario Santillan
9431 Nance Apt P,
Downey, CA 90241

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