



**NOTICE OF AUTHORIZATION**

Date: March 8, 2013

TOTAL PAGES: 1

156-238753

FAXED TO: 310-638-8042

Marc Arush, MD  
2499 S. Wilmington Ave.  
Compton, CA 90220

RE: Employee: Rosario Santillan  
Employer: TOWER  
Claim No: TWCS-1588  
D/Injury: 2/22/2013

Requesting physician: Dr. Arnush  
Requesting provider (if applicable):  
Received date: 3/6/13  
Authorization Date: 3/8/13  
Authorization No: -001

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:

~ Initial chiropractic treatment, 3x2 to the lumbar spine. (6/24)

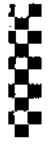
While authorization up to a total of 24 visits of chiropractic care may be provided, this contemplates that the above authorized period is reflected in this figure. Thus any visits that occurred prior to commencement of your treatment may also be reflected in this total figure. Please inquire directly from the injured worker as to any such previous visits including care with another provider.

Please be advised this certification expires on 5/15/13. 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,

Erica Troyer  
Medical Coordinator

cc: Rosario Santillan  
9431 Woodruff Ave,  
Downey, CA 90241



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