

**State of California
Division of Workers' Compensation
Request for Authorization for Medical Treatment (DWC for RFA)**

This form must accompany the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or narrative report substantiating the requested treatment.

New Request Resubmission - Change in Material Facts

Expedited Review: Check box if employee faces an imminent and serious threat to his or her health

Check box if request is a written confirmation of a prior oral request.

Employee Information

Employee Name (Last, First, Middle): **Marla Del Rosario Santillan**

Date of Injury (MM/DD/YYYY): **02/22/2013** Date of Birth (MM/DD/YYYY): **3/26/1967**

Claim Number: **TWCS-1588** Employer: **PREMIER STAFFING**

Requesting Physician Information

Provider Name: **Gendelman, Vlad MD**

Practice Name: **Vlad Gendelman, Md Inc** Contact Name: **Rey De Silva**

Address: **6200 Wilshire Blvd Ste 910** City: **Los Angeles** State: **CA**

Zip Code: **90048** Phone: **(323) 933-3434** Fax Number: **323-954-8666**

Provider Specialty: **Orthopedics** NPI Number: **1336339738**

E-mail Address: **reyds@acmemmg.com**

Claims Administrator Information

Claims Administrator Name: **York Risk Services** Contact Name: **LUANN COPPEL**

Address: **P.O. Box 619079** City: **Roseville** State: **CA**

Zip Code: **95661** Phone: **(916) 745-8864** Fax Number: **(916) 783-0335**

E-mail Address: **Pending**

Requested Treatment (see instructions for guidance; attach additional pages if necessary)

Either state the requested treatment in the below space or indicate the specific page number(s) of the accompanying medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; attach additional requests on a separate sheet.

Diagnosis	ICD-Code	Procedure Requested	CPT/HCPCS Code	Other Information: (Frequency, Duration, Quantity, Facility, etc.)
See Attached	See Attached	Physical Performance-FCE	97660	
		Lumbosacral brace; Interferential Unit; Moist heat pad	L0976; E0730; E0215	
		Physical Therapy Evaluation and Treatment @ TIN: 27-0902158 Lumbar spine	97001, 99080	2 times a week for 6 weeks
		Medication Prescribed: Naproxen 550 mg #60, Omeprazole 20 mg #60, Mobic 15 mg #30.	J8499	

Treating Physician Signature:  Date of Request: **7/24/2014**

Claims Administrator/Utilization Review Organization (URO) Response

Approved Denied or modified (See Separate decision letter) Delay (See separate notification of delay)

Requested treatment has been previously denied Liability for treatment is disputed (See separate letter)

Authorization Number (if Assigned): _____ Date: _____

Authorized Agent Name: _____ Signature: _____

Phone: _____ Fax Number: _____ E-mail Address: _____

Comments:

Patient: MARIA DEL ROSARIO SANTILLAN
Patient SSN: 620-20-3894

Identification:
Specimen ID: a308367

Analyte	Method	Procedure	Flag	Result	Cutoff	Unit
Morphine	LC/MS/MS			Not detected	100	ng/mL
N-desmethyltapentadol	LC/MS/MS			Not detected	50	ng/mL
Norbuprenorphine	LC/MS/MS			Not detected	2	ng/mL
Norbuprenorphine glucuronide	LC/MS/MS			Not detected	2	ng/mL
Normeperidine	LC/MS/MS			Not detected	25	ng/mL
O-Desmethyl-cis-Tramadol	LC/MS/MS			Not detected	100	ng/mL
Oxycodone	LC/MS/MS			Not detected	100	ng/mL
Oxymorphone	LC/MS/MS			Not detected	100	ng/mL
Pentazocine	LC/MS/MS			Not detected	250	ng/mL
Tapentadol	LC/MS/MS			Not detected	50	ng/mL
Sedatives/Hypnotics						
Zolpidem	LC/MS/MS			Not detected	100	ng/mL
Stimulants/Illicit/THC						
Amphetamine	LC/MS/MS			Not detected	100	ng/mL
m-Hydroxybenzoylecgonine	LC/MS/MS			Not detected	50	ng/mL
MDA	LC/MS/MS			Not detected	100	ng/mL
MDEA	LC/MS/MS			Not detected	100	ng/mL
MDMA	LC/MS/MS			Not detected	100	ng/mL
Methamphetamine	LC/MS/MS			Not detected	100	ng/mL
Methylphenidate	LC/MS/MS			Not detected	50	ng/mL
PCP	LC/MS/MS			Not detected	5	ng/mL
Phentermine	LC/MS/MS			Not detected	100	ng/mL

Test Method Index

LC/MS/MS -

Specimens are disposed of as follows: Negatives - after 2 days; Positives - after 2months

FINAL REPORT