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**MEDICAL NECESSITY LETTER FOR
Physical Medicine Treatment**

Date

Addressee

Re:
SSS No:
Claim No.:

Dear Claims Administrator:

This letter is to assist in obtaining pre-authorization and to request pre-approval for an advanced computerized physical medicine treatment device that uses a High Definition frequency generator (HDfg)™ to treat patients with pain. This advanced computerized physical medicine treatment device is not only used for the relief of pain, but also used as an adjunct to the early healing and return to work activities for patients. My patient has ongoing acute pain, muscle spasm, poor function, muscle weakness and atrophy.

Acute pain is recognized as up to 3-6 months by Orthopedists and the goal is to prevent a patient from having chronic pain, which is much more difficult to deal with. Acute pain usually disappears with healing and this computerized physical medicine treatment device is designed to assist in that process.

According to the American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines, Second Edition, it states; "Prolonged use of narcotic medications may cause both physiologic and psychological addiction and may reduce the body's supply of endorphins, causing depression and delayed recovery." "Pain medications are typically not useful in the sub acute and chronic phases and have been shown to be the most important factor impeding recovery of function..."

Also, ACOEM guidelines, 2nd edition on pages 105 and 106, "early recognition and effective management of pain that is out of proportion to physical damage is a critical skill in preventing excessive dysfunction, suffering, and cost." "Pain, whether acute or chronic, is the most prevalent health condition in the U.S. workforce and the most costly in terms of lost productive work time". "A patient's complaints of pain should be acknowledged." Patient and physician should be focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximum self-actualization.

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The ACOEM on page 107 goes on to state “The Seattle model hypothesizes several levels or dimensions to pain. The first level is at the cellular-chemical level and includes tissue damage, inflammation, and nociception (afferent transmission of impulses from small, thin fibers located throughout the body in peripheral nerves, which register trauma to nearby tissue). The second level is the nervous system transmission and perception (burning, aching, needles, etc.)

The third level is the response-reaction including fear, anger, and frustration with a possible affective component such as depression or suffering. The fourth level is the psycho-socio-behavioral dimension with components such as summarization, learned illness behaviors, secondary gain, malingering, and personality disorders. To understand and manage pain, the physician must be aware of these dimensions.... Pain is subjective and clinicians have no objective way of determining how much pain a patient is experiencing.”

With these ACOEM guidelines in mind this advanced computerized physical medicine treatments have the achievable goals of:

1. Alleviating pain acute or chronic
2. Ointments reduce local pain and inflammation of first level
3. Early intervention and elimination of pain to allow functional restoration
4. Aids in early mobilization and return to modified or regular work
5. Avoidance of learned illness behaviors, secondary gain, and malingering

The most common method for the development of guidelines is based on evidence and consensus. In addition, reviews, clinical decision analyses, and economic analyses are also very commonly utilized in the medical literature. Implicit in the definition of clinical practice guidelines is that they not only be systematically and scientifically developed but also should be able to assist the practitioner and patient in making real-life clinical decisions. Evidence-based guideline development provides a link between the strength of recommendations and the quality of evidence.

In developing these guidelines, all types of evidence are utilized. If an evidence-based approach failed to provide adequate levels of evidence, consensus and expert opinions have been utilized. These approaches are described for each technique.

While an evidence-based approach may seem to enhance the scientific rigor of guideline development, recommendations may not always meet the highest scientific standards. The current evidence-based medicine is defined as the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine requires the integration of individual clinical expertise with the best available external clinical evidence from systematic research. It should be emphasized that, in addition to randomized controlled trials, many other factors are significant in both clinical and policy decisions.

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These factors, such as patient preferences and resources, contribute to decisions about the care of patients. Thus, all evidence should be considered and no one sort of evidence should necessarily be the determining factor in a decision. The “**gold standard**” of randomized, placebo controlled, double blinded and independently observed prospective trials was meant to be applied only to drug trials.

When providing this service, specific parameter bioelectric impulses in the high frequency range are delivered to the patient, as opposed to low frequency physical therapy (like a T.E.N.S. home unit) devices utilizing 1-250 pulses per second and intensities of 1-20 mA. This High Definition frequency generator (HDfg)™ uses high frequencies (8,300 pulses per second and above) that produces a rapid, alternating polarity frequencies producing profound effects to accomplish a non-invasive, safe and effective, in treating pain. This treatment provides long-term pain relief by releasing endorphins from the central nervous system and producing a numbing sensation and a potent relief of pain to the patient.

High Definition frequency generator (HDfg)™ is able to stimulate peripheral nerves for the management of various types of acute and chronic pain syndromes. As an analgesic, this medical device inhibits pain and allows for cell membrane to repair, improves cell metabolism, blood supply and proliferation, and inhibits the pain by sustained reactive depolarization.

THIS MEDICAL DEVICE IS FDA CLEARED FOR THE FOLLOWING CLINICAL USAGE

- ❖ Stimulate peripheral nerves for the purpose of providing pain relief and to
- ❖ Stimulate motor nerves for the purpose of muscle rehabilitation
- ❖ Adjunctive treatment of post-traumatic pain syndromes
- ❖ Management and symptomatic relief of chronic (long-term) **INTRACTABLE PAIN**
- ❖ Adjunctive treatment in the management of post-surgical pain problems
- ❖ Relaxation of muscle spasms
- ❖ Prevention or retardation of tissue atrophy
- ❖ Increasing local blood circulation
- ❖ Muscle re-education
- ❖ Immediate post-surgical stimulation of calf muscles to prevent venous thrombosis
- ❖ Maintaining or increasing range of motion

MEDICAL DEVICE CLINICAL BENEFITS

- ❖ It is non-toxic, safe and effective, and has minimal side effects with high patient compliance and satisfaction.

Patient Current Complaint and Previous Treatment History

Jane Doe has a history of back and leg pain. She states she has constant pain that is a “7” on a scale of 1 to 10. Previous treatment has included anti-inflammatory medications and other pain management narcotics.

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Recommended Treatment Plan

I am recommending pain management treatments using this advanced computerized physical medicine treatment for the patient. A series of 15 treatments is anticipated. We will be administering 5 procedures during the first week of treatment with emphasis on some mild functional rehabilitation, which I will re-evaluate the patient's condition to determine patient outcome. Physical medicine treatment equipment are successful when the patient experiences an increase in activity and a decrease in the pain level by 50%.

Once the patient's pain has been reduced to a negligible level, the second phase of treatment will begin. Advanced physical medicine treatments will then be initiated at a three time per week frequency for a period of 2-3 weeks, with the emphasis on continued pain reduction again a re-evaluating will be performed to determine the patient's progress and need for further treatment.

Upon re-evaluation, if it is documented that the patient's pain level has been reduced to a negligible level and an increased flexibility and range of motion has been achieved, I will recommend the patient begin the third phase of treatment. This will consist of referring the patient to a physical therapist and / or chiropractic physician, for continued pain resolution, normalization of range of motion, neuromuscular re-education, and overall muscle strengthening. Treatments are typically carried out two to three times per week with a re-evaluation of the patient's condition performed after every five (5) office visits.

Please find attached a copy of the physical medicine treatment form for Jane Doe showing the outcome of one treatment only. Should you have further questions or require additional patient information please contact my office.

Respectfully

Donald A. Sample, M.D.
F.A.A.O.S.
Diplomate, American Board of Orthopedic Surgery
Specializing in Surgery and Disorders of the Spine

DAS: mt/pr

Today's Date:
Dated this _____ day of _____, 201X
at Big City, USA

Please let this fax transmittal serve as a request for authorization for physical medicine treatments including but not limited to the above procedure. This request is made pursuant to Labor Code 4600 and Title 8, CCR 9792.6 (c)(1)(2) and Rule 9785(b). Please provide written authorization within seven (7) working days as required by CCR 9792. When responding to this request for authorization, please take into consideration that any denial of request for authorization must include a written explanation of the basis of the denial and can only be made by a fully licensed (unrestricted) physician with proper education, training and experience. Our specialty is that of Pain Management and Orthopedics and we expect a physician with expertise within this specialty.