

DENIAL OF CLAIM NOTIFICATION

UnitedHealthcare P.O. Box 740800 Atlanta, GA 30374-0800

Date: April 15, 2026 **Member Name:** Maria Elena Rodriguez **Member ID:** UHC-884729103 **Group Number:** GRP-TX-20198 **Claim Number:** CLM-2026-0415-88472 **Date of Service:** March 28, 2026 **Provider:** Dr. James Whitfield, MD — Southwest Spine & Pain Associates **Provider NPI:** 1234567890 **Procedure Code:** CPT 72148 (MRI Lumbar Spine without Contrast) **Billed Amount:** \$2,850.00 **Allowed Amount:** \$0.00 **Member Responsibility:** \$2,850.00

Notice of Adverse Benefit Determination

Dear Maria Elena Rodriguez,

We have reviewed the claim submitted by Southwest Spine & Pain Associates for the service(s) listed above. After careful review by our medical review team, **this claim has been denied.**

Reason for Denial

Denial Code: MN-204 — Lack of Medical Necessity

The requested MRI of the lumbar spine (CPT 72148) does not meet UnitedHealthcare's Clinical Policy guidelines for medical necessity. Based on the documentation submitted, the following criteria were not satisfied:

- 1. Conservative treatment duration insufficient.** UnitedHealthcare Clinical Policy Bulletin #2024-MSK-012 requires a minimum of **six (6) weeks** of documented conservative therapy (physical therapy, NSAIDs, activity modification) prior to advanced imaging authorization. The submitted records indicate the member began physical therapy on March 10, 2026 — only **18 days** prior to the imaging request.
- 2. No documented neurological deficit.** The clinical notes do not document progressive neurological symptoms such as motor weakness, bowel/bladder dysfunction, or saddle anesthesia that would warrant expedited imaging.
- 3. No prior X-ray documentation.** Standard imaging protocol requires plain radiographs (X-ray) of the lumbar spine prior to MRI authorization unless red-flag symptoms are present.

Your Appeal Rights

You have the right to appeal this decision. To file an appeal, you or your authorized representative must submit a written request within **180 days** of the date of this notice. Your appeal should include:

- A written statement explaining why you disagree with this decision
- Any additional clinical documentation supporting medical necessity
- A letter of support from your treating physician

Appeals may be submitted to: UnitedHealthcare Appeals Department P.O. Box 740800 Atlanta, GA 30374-0800 Fax: (800) 555-0147

You may also request an **external review** by an Independent Review Organization (IRO) if your internal appeal is denied.

Important Information

- You are not required to pay the denied amount while an appeal is pending.
- You may designate an authorized representative to act on your behalf.
- You may request a copy of the clinical criteria used in this determination by calling Member Services at (800) 555-0123.

Sincerely,

Dr. Patricia Kwon, MD, MBA Medical Director, Utilization Management UnitedHealthcare of Texas

This determination was made by Dr. Patricia Kwon, MD, MBA, Board-Certified in Internal Medicine. The reviewer did not participate in the original coverage decision.

Reference: UHC Clinical Policy Bulletin #2024-MSK-012, "Advanced Imaging for Musculoskeletal Conditions," effective January 1, 2025.