



VITAL IMAGING

REQUEST FOR AUTHORIZATION

TEL: (800) 400-9MRI | FAX: (800) 400-9118

San Diego | Santa Ana | Riverside | Indio | Bellflower | Los Angeles | Winnetka | Bakersfield | Fresno | Oxnard | Santa Barbara | Santa Maria | San Jose | Hayward | Pleasanton

Patient Last Name _____ First Name _____ Phone _____

Date of Birth _____ Date of Injury _____ SSN _____

Workers' Compensation Personal Injury Other

ANATOMY

NERVES | SPINE

- CERVICAL
THORACIC
LUMBAR
BRACHIAL PLEXUS
LUMBOSACRAL PLEXUS
SCIATIC NERVE

MUSCULOSKELETAL

- L R SHOULDER
L R HUMERUS
L R ELBOW
L R FOREARM
L R WRIST
L R HAND
L R HIP
L R FEMUR
L R KNEE
L R TIBIA/FIBULA
L R ANKLE
L R FOOT
L R TMJ

BRAIN/BODY

- BRAIN
BRAIN WITH MR ANGIO
PARANASAL SINUSES
SELLA/PITUITARY
ORBITS
NECK
CHEST
ABDOMEN
PELVIS
OTHER

STUDY

- STANDARD POSITIONAL WT-BEARING MRI
LIMITED POSITIONAL WT-BEARING MRI
SINGLE-POSITION MRI
ANATOMICAL IMPAIRMENT MEASUREMENTS (AiM) REPORT
X-RAY

OPTIONS

- RIGHT/LEFT LATERAL BENDING STUDIES
GADOLINIUM
CONTRAST MR ARTHROGRAM
MOTION TRACKING/KINEMATIC
OTHER (CT, US, etc.)

REASONS

- NECK PAIN
MID BACK PAIN
LOW BACK PAIN
DEGENERATIVE DISEASE
DISC BULGE/HERNIATION
RADICULOPATHY
NUMBNESS/TINGLING
NERVE ROOT INJURY
SHOULDER INJURY
SPRAIN/STRAIN
KNEE INJURY
EXTREMITY PAIN
AMA IMPAIRMENT RATING ANALYSIS (AiM + PATHOLOGY)
OTHER

INTERNAL USE ONLY

Appt Date

Appt Time

Appt Location

If ordered by the Primary Treating Physician, as part of the treatment plan, authorization for the designated diagnostic test(s) are being requested under Labor Code Section 4610. As the PTP, as defined by Title 8, Calif. Code of Regs. Sec. 9785, the undersigned is submitting this Request via facsimile within 5 days after the injured worker's exam. If no response is received after 5 working days of a Decision "to modify, deny, or delay" the treatment, under the "Utilization Review" statute, Labor Code Sec. 4610(e), the PTP will have the testing completed. This treatment is reasonably necessary for the care of the injured worker, pursuant to Labor Code Sec. 4600 and the evidence based guidelines promulgated by the A.D. in the MTUS. Further, under Sandhagen v. WCAB (2004) 69CCC1452, the PTP should be notified if any dispute about the treatment is being referred to the AME/QME process, pursuant to Labor Code Sect. 4062(a). If no Notification is received the treatment will be considered approved.

Referrer's Name

Referrer's Signature

Date

Referrer's Facility Address

Telephone No.