



## UTILIZATION REVIEW (UR) TRIGGERS

### **Physical Therapy, Chiropractic, Massage & Acupuncture**

- Initial PT/OT exceeding 24 visits and additional 36 visits if post-surgery
- Initial Chiropractic visits exceeding 24 visits
- Initial Acupuncture 24 visits per accepted body part
- Massage
- Gym membership – in excess of \$500 or one year
- Work Hardening/Work Conditioning, functional capacity evaluations
- Biofeedback
- All Non-Medical exercise or treatment programs including:
  - Reflexology
  - Aerobics
  - Personal Trainers
  - Aquatics – Over 6 visits
  - Pilates

### **Testing**

Diagnostic testing to include:

- Myelogram
- Discogram
- ECSWT Extracorporeal Shockwave Therapy
- Arthogram ( MRI w/dye, GAD or MRA)
- Video Fluoroscopy
- ECSWT – Extracorporeal Shockwave Therapy
- Repeat CT Scan, EEG and EMG/Nerve Conduction Studies

Repeat MRIs with no clear objective findings, prior to one year same body part as initial MRI

### **Pain Management**

- All Epidurals
- Experimental Treatment
- Chronic pain management/interdisciplinary pain programs
- Morphine pumps implanted pumps
- Facet Nerve Blocks, and Selective Nerve Root Blocks
- Chemonucleolysis
- Detox Programs
- All Spinal Cord Stimulators
- External and Implantable Bone growth stimulators

COUNTY OF LOS ANGELES CHIEF EXECUTIVE OFFICE



RISK MANAGEMENT BRANCH

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**Pain Management (Continued)**

Pain Pumps  
Prolotherapy  
Botox  
Synvisc, Hyalagen, or Supartz injections  
IDET (Intradiscal Electrothermal Therapy)  
Radiofrequency lesioning of any nerve (RFA)

**Surgeries & Hospitalizations**

All of the following

- In/out-patient surgeries
- In-patient hospitalizations/or length of stay
- Concurrent Reviews for all extended stays
- Skilled nursing facility/rehab/step down or transitional
- Home health care

**Prescriptions**

All of the following:

- Prescriptions for life style drugs, such as Viagra and compounded medication
- All IV or IM Antibiotics and SQ administered in the Home
- Over the counter medications (OTC) exceeding \$200 or if not medically substantiated.

**Other**

All of the following:

- Weight loss programs;
- Durable Medical Equipment, on-going rentals for DME or supplies over \$350.00
- Dental Services including dental care or dental appliances
- All non-medical home services
- Home modifications
- Home exercise equipment- \$500
- Mattresses
- Vehicles or vehicle modifications
- All treatment that exceeds or are not recommended in MTUS/ACOEM/ODG.

***“For additional information please refer to labor code 4610 to explain UR and employers.”***