

Date:

Health plan name:

Health plan contact name:

Health plan mailing address:

Patient Name:

Subscriber ID:

Patient DOB:

Subscriber Group #:

RE: Authorization for RelieVRx®

I am writing this letter to request pre-authorization to prescribe RelieVRx for _____ . This letter provides information regarding the patient's medical history, current condition, diagnosis, and treatment rationale to support the medical necessity for in-home use of the RelieVRx virtual reality system to provide adjunctive treatment for the reduction of pain and pain interference associated with _____ . This submission also includes relevant medical records and clinical notes, as well as the supporting medical literature.

The patient is a _____ , _____ , who was first presented to my care in _____ . The patient described _____ in their _____ since _____ . Previous treatments have not adequately managed the patient's symptoms. These treatments include:

On _____ , I performed an evaluation of the patient's pain, which has been included with this prior authorization submission. The patient's pain _____ continues to have a negative impact on their health and well-being such as _____ . Since the patient fits the patient selection criteria and has not adequately responded to other measures, I recommend the FDA-authorized RelieVRx immersive virtual reality system. RelieVRx is indicated as a prescription-use immersive virtual reality system intended to provide adjunctive treatment based on cognitive behavioral therapy skills and other evidence-based behavioral methods for patients (age 18 and older) with a diagnosis of chronic lower back-pain (defined as moderate to severe pain lasting longer than three months). The device is intended for in-home use for the reduction of pain and pain interference associated with chronic lower back pain.

The patient is an ideal candidate for **(HCPCS E1905)** RelieVRx therapy given:

- M54.50** (Low back pain, unspecified) **M54.51** (Vertebrogenic Low back pain) **M54.59** (Other low back pain) _____

The patient is _____ . Over three decades of literature and clinical studies support the efficacy of virtual reality in pain management¹ and multiple double-blinded, sham-controlled clinical trials with over 1,200 patients support the efficacy of RelieVRx (2-2.2 point mean reduction in pain intensity and 2.3-2.6 point mean reduction in pain interference)^{2,3}. Attached with this letter are peer-reviewed clinical publications that demonstrate the excellent clinical outcomes of this therapy. Also attached are my clinical notes, dictations, results of diagnostic assessments, and patient history.

Sincerely, _____

1. Brea-Gómez, Torres-Sánchez, Araceli Ortiz-Rubio, et al. Virtual Reality in the Treatment of Adults with Chronic Low Back Pain: A Systematic Review and Meta-Analysis of Randomized Clinical Trials J Environ Res Public Health. 2021 Nov 11;18(22):11806. doi: 10.3390/jerph182211806. 2. Garcia LM, Birkhead BJ, Krishnamurthy P, et al. An 8-week self-administered at-home behavioral skills-based virtual reality program for chronic low back pain: double-blind, randomized, placebo-controlled trial conducted during COVID-19. J Med Internet Res. 2021;23(2):e26292. doi:10.2196/26292 3. Maddox, T, Oldstone L, Sparks C, Sackman J, et al. In-Home Virtual Reality Program for Chronic Lower Back Pain: A Randomized Sham-Controlled Effectiveness Trial in a Clinical Severe and Diverse Sample. Mayo Clin Proc Digital Health 2023;1(4):563-573