

January 2024

To Whom It May Concern:

I am writing this letter to share my journey with workers' compensation insurance. In 1998, I was injured on the job causing a permanent debilitating injury. I was awarded medical benefits so I thought I would be OK. I had no idea the battle that lie ahead of me.

My first doctor prescribed pain medication, steroid injections, and physical therapy. After waiting for approvals, I started. After two rounds of therapy, insurance stopped the physical therapy. Saying since I wasn't cured, there was no point. Same with the injection. Well they have a number scale if it doesn't remove the pain level above 7 longer than they think/deem it should so they stopped it (but any relief is better than none). So after a period of time that doctor said he could no longer help me so he referred me to pain management. So instead of help now, I would only be managed.

Now I'm in pain management. This doctor puts me on different meds. I'm on pain medication, muscle relaxers, and Nsaids. Then insurance decides to stop one of these and another one needs pre-authorization. And it takes 14 days until I get the medication waiting for authorization. Mind you I have to go to the doctor every month just to get the script to wait for authorization for the same script. Then insurance once again decides they will no longer pay for so the doctor changes the medication again. So I'm on new medication. It doesn't work and the doctor tells me insurance won't pay for anything else so I have to go back on the other medication—the one that didn't work. I said that didn't make any sense so the doctor suggested we try the TENS machine along with the medication I was still on. So we tried that. It gave me some relief but not enough. Back surgery was suggested but I'm not interested in such an invasive procedure that doesn't necessarily give positive results. My doctor then suggested surgical injections. After explaining the procedure, it was worth the try. We did them and they made a big difference. I would receive them every three months and take the oral medication monthly/daily as prescribed, and it made a world of difference. And what does the insurance do? They stop the surgical injections. Why? Because they didn't cure me. They know there is nothing that will cure me. They know my injury is degenerative. And instead of facilitating me, my medical condition to be the best it can be they're letting it go, letting it get worse maybe with the thought that at some point there will be nothing that can be done. The insurance company then in turn tells me and my doctor that I should use the TENS machine that was deemed not sufficient six plus years ago to address my pain. So while trying to figure out alternatives, my doctor orders a replacement TENS machine. Insurance denies that not once, not twice, but three times. Then I have to get my attorney involved to get it approved and even after that, they didn't want to pay for it in full.

Equipment they had already approved and paid for, equipment they denied another procedure for. Make it make sense.

They require pre-authorization unnecessarily. They deny treatment previously approved and proven effective. They withhold medication ordered by the Judge. They stop medication abruptly that should be tapered. All of this is taking extreme tolls on my mind and body. I'm a mother, a grandmother, a great-grandmother, and a widow. I'm a human being. I'm not just a number or a statistic.

After 26 years of suffering

26 years of fighting

26 years of pain **PLEASE HELP** – Allyson Braxton