



Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

May 29, 2019

**The Lincoln National Life
Insurance Company**
Service Office:
PO Box 2609
Omaha, NE 68114-4066
Toll free (800) 423-2765
Toll free Fax (877) 843-3950
www.Lincoln4benefits.com

[REDACTED]

Re: Policyholder: [REDACTED]
Policy Number: [REDACTED]
Claim Number: [REDACTED]
Claimant: [REDACTED]

Dear [REDACTED]

This letter is in regard to your appeal for Long Term Disability benefits.

As part of your appeal review, your medical information was reviewed by an independent Board Certified physician. We are enclosing a copy of the report with this letter for your review prior to completion of our appeal decision.

You may wish to provide this assessment to your treating physician(s) for further review. Any additional written information or comments must be received within 21 days.

The 21-day period will expire on 6/19/2019. Please submit any written comments or documentation to us at the address in the upper right hand corner of this letter or fax it to 402-361-1460. If you will not be responding to the review, please advise us in writing immediately.

We are not making a final determination on your disability claim at this time as we want to provide you every opportunity to review our assessment and provide a response. If we do not receive a response by 6/19/2019, then we will render a decision based on the information currently in the file.

Please contact me directly at the phone number listed below with any questions you may have or email us at LFGAppeals@lfg.com.

Sincerely,

[REDACTED]

[REDACTED]

Specialist, Claims

Appeals Department – Claims Solutions Shared Services

The Lincoln National Life Insurance Company



Date: 5/20/2019
To: [REDACTED]
LINCOLN FINANCIAL GROUP
Re: [REDACTED]

Claimant: [REDACTED]
Claim #: [REDACTED]
Line of Business: Disability
Review Type: LTD
Review Level: Appeal
Advisory Report

Clinical History

This review is from a Medical Oncology perspective. The claimant is a 39 year old female who has a listed diagnosis of "diffuse astrocytoma." This review is to determine if the claimant was functionally impaired from 03/22/19 and forward. The claimant's first date of absence was noted to be 02/03/17.

The claimant was diagnosed with diffuse astrocytoma of the pons, medulla and upper cervical spinal cord. WHO grade 2, found to have an IDH1 mutation. She underwent a biopsy on 02/09/17, confirming the diagnosis, and following that was treated with combined radiation and temozolomide. Due to a severe reaction to temozolomide she was treated with six cycles of adjuvant chemotherapy with CCNU, finishing 04/11/18. She has not had any treatment since that time. Since that time her tumor has been stable in size.

On 11/07/18, she was seen by Julia Seibert, NP. She was noted to be doing well and denied any new symptoms. She noted episodes of dizziness, especially when looking down. She noted migraine headache 1-2 times/month. She noted no other symptoms. The physical examination, including neurologic examination, was unremarkable. An MRI done on 11/05/18, revealed stable non-enhancing expansile lesion involving the medulla and extending into the upper cervical spine. No treatment was recommended. She was to follow up in four months.

On 02/11/19, a letter was written summarizing a conversation about this claimant's disability between a reviewer (Dr. Samuels) and [REDACTED] (her neuro-oncologist). This letter indicated that [REDACTED] felt that the claimant had "minimal residual symptoms from her brainstem glioma". She reported difficulty with vertigo and migraines. Karnofsky performance status was assessed at 90%

On 04/12/19, she was seen by [REDACTED]. It was noted that she had difficulty with word finding, talking and putting thoughts together. She was felt unable to keep track of complicated lists or complex thoughts. She also was noted to have weakness, being unable to get up off the floor or out of the



Reliable Review Services

bathhtub without assistance. She was unable to squat or climb a ladder due to weakness and balance issues. She was also unable to carry anything because of balance issues. She noted extreme fatigue and also chronic generalized pain. She was noted to have dizziness due to permanent nystagmus and had fallen frequently. She was not very active due to these issues and [REDACTED] felt she was totally disabled.

Provider Contact Log

Date/time of call	Spoke to	Outcome/message
5/6/2019 10:15 AM CDT	[REDACTED] (receptionist)	I attempted to contact [REDACTED]. I left a detailed message noting the reason for my call and requesting a return call. My name and contact number were provided and the best time to reach me was noted. A time frame for call back was provided.
5/7/2019 3:15 PM CDT	[REDACTED] (receptionist)	I attempted to contact [REDACTED]. I left a detailed message noting the reason for my call and requesting a return call. My name and contact number were provided and the best time to reach me was noted. A time frame for call back was provided.
5/6/2019 10:22 AM CDT	[REDACTED] voicemail	The correct number is [REDACTED]. I attempted to contact [REDACTED]. I left a detailed message noting the reason for my call and requesting a return call. My name and contact number were provided and the best time to reach me was noted. A time frame for call back was provided.
5/7/2019 3:20 PM CDT	[REDACTED] voicemail	I attempted to contact [REDACTED]. I left a detailed message noting the reason for my call and requesting a return call. My name and contact number were provided and the best time to reach me was noted. A time frame for call back was provided.

Questions and Reviewer's Response

1. Please provide a review of the medical findings. Please state your findings upon review of the medical information.

In this case, the claimant was noted to have a low grade astrocytoma status post treatment in 2017 and in remission since that time. She has residual symptoms including vertigo, migraine headache, and gait instability (noted on disability form, not in the neuro-oncology office note).



Reliable Review Services

2. Based on the medical findings, please provide a description of the claimant's impairments, and how these would translate into functional limitations or medically appropriate restrictions from 3/22/2019 and forward.

A. For any outlined functional limitations and/or medically appropriate restrictions, please specify from and to dates to which the limitations and/or restrictions apply.

B. Please provide the maximal physical capacities the claimant retains and can safely perform at with specific from and to dates.

Based on the medical findings, this claimant:

- cannot work at unprotected heights
- cannot climb ladders
- can walk and stand for up to 30 minutes without rest
- There is no limitation in sitting. She can push/pull without restriction
- can lift/carry up to 10 pounds (due to vertigo/balance issues)
- can squat occasionally

She has no other apparent restrictions or limitations.

There was a significant discrepancy between [REDACTED] and [REDACTED] descriptions of this claimant. Given this claimant's history, however, severe ongoing physical limitations such as described in [REDACTED] office note would not be expected. That degree of functional impairment was not described in neuro-oncology office notes nor was it described in disability forms completed by them, or in Dr. Ansstas's conversation with Dr. Samuels, the prior disability reviewer. The above restrictions and limitations are related to vertigo and balance impairment, along with her intermittent headaches.

3. Are the restrictions or limitations placed upon the claimant's physical / functional activities by the attending physician(s) reasonable and consistent with the medical findings? Please explain.

As noted above, I am generally in agreement with Dr. Ansstas's assessment as documented in records. [REDACTED] assessment is not in line with that and cannot be supported by provided documentation.

Assessment/Rationale

The claimant, in this case, was diagnosed with a low-grade astrocytoma and was treated with biopsy followed by combined chemotherapy and radiation and then six months of adjuvant chemotherapy. She has remained in remission since. She has ongoing symptoms of vertigo, balance impairment and also occasional headaches. As noted above, while there is significant discrepancy between assessments by [REDACTED] and [REDACTED], based on her history and notably based on lack of recurrence since completion of therapy, the above restrictions and limitations can be supported, but total disability [REDACTED]



cannot be supported.

The opinion above is based on the information available for review and held to a reasonable degree of clinical accuracy. I attest that I have no relationship or association with the claimant who is the subject of this independent review. I also attest that I have no substantial personal or financial relationship with the treating provider(s) and/or treatment facility(ies), I have no financial interest in the insurer or claim administrator and my opinion(s) were not influenced by compensation received for my services.

I hereby submit this attestation that I have complied, to the highest degree possible, with the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the standards decreed thereunder.

[Redacted]

[Redacted]

Board Certified
 Medical Oncology
 Hematology
 Internal Medicine
 Hospice & Palliative Medicine

[Redacted]

Documents Sent for Review

Document Date	Document Type	Document Source
05/24/2017 to 05/01/2019	Chronological Activity List	
02/03/2017, 04/12/2018	Office Visit Progress Notes	[Redacted], MD
04/01/2019, 04/25/2019	Appeal Letters	Claimant
02/13/2019	PDA Medical File Review	[Redacted] MD
02/11/2019	Confirmation of Telephone Encounter	[Redacted], MD
not dated	Lincoln Financial Group Long Term Disability Claim Form Physician's Statement	[Redacted] MD
02/22/2017, 04/12/2017, 05/10/2017, 07/11/2018, 11/07/2018, 11/17/2018	Progress Notes	[Redacted], MD
11/05/2018	MRI Brain with/without Contrast	[Redacted] MD
02/21/2017, 03/10/2017, 03/20/2017, 03/27/2017,	Lab Results	Washington University

[Redacted]

[Redacted]



Reliable Review Services

04/03/2017, 04/12/2017, 05/10/2017, 07/26/2017, 11/07/2018, 11/17/2018		
05/08/2017, 04/11/2018	MRI Brain with/without Contrast	[REDACTED], MD
08/24/2018	Lincoln Financial Group Abilities Form	[REDACTED] MD
08/15/2018	Lincoln Financial Group insured's Supplementary Statement	not signed
07/23/2018, 08/15/2018	Lincoln Financial Group Authorization For Release of Information	Claimant
08/15/2018	Lincoln Financial Group Treating Medical Professionals	Claimant
07/26/2017	MRI Brain with/without Contrast	[REDACTED] MD
02/09/2017	Surgical Pathology Results	Barnes Jewish Hospital
07/26/2017	Office Visit Notes	[REDACTED], MD
02/21/2017, 05/09/2017	Office Visit Notes	[REDACTED], MD
02/09/2017	Operative Report	[REDACTED], MD
02/02/2017	MRI Cervical Spine with/without Contrast	[REDACTED], MD
02/02/2017	MRI Brain with/without Contrast	[REDACTED], MD
09/20/2017	Invoice	[REDACTED]
09/12/2017	Lincoln Financial Group Attending Physician Statement	[REDACTED], MD
06/29/2017	Long Term Disability Claim Employee's Statement	Claimant
not dated	Occupational Description	no provider
02/03/2017	Certification of Health Care Provider	[REDACTED], MD
05/12/2017	Long Term Disability Claim Employer's Statement	[REDACTED]
05/12/2017	Long Term Disability Claim Job Analysis	[REDACTED]
08/02/2017, 09/08/2017, 04/25/2019	E-Mails	
not dated	Letter	Lincoln Financial Group