



Weill Cornell Internal Medicine Associates
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fax

TO: <u>delta medical</u>	FROM: Weill Cornell Internal Medicine
FAX: <u>318-413-3018</u>	PAGES: <u>7</u>
PHONE	DATE <u>04/28/25</u>
RE: <u>Janice Lva</u>	CC:

If you have any questions regarding this fax, please call us at 212-746-2900.

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Apr. 28. 2025 2:56PM No. 2079 P. 2/8
PRIOR AUTHORIZATION PRESCRIPTION REQUEST FORM FOR LUMBAR ORTHOSIS

Please Send RX Form & Pertinent Chart Notes

Fax No: (318) 413-3018

PLEASE SEND THIS FORM BACK IN 3 BUSINESS DAYS

Date of request: 04-18-2025 First: Janice Last: Luca DOB: 01-28-1944 Address: 35 Montgomery Street Apt 8C City: New York State: NY Postal Code: 10002 Patient Phone Number: 2125710028 Primary Ins: MEDICARE Policy #:7FFORT9NW29 Height: 5'3 ft Weight: 155 lbs	Physician Name: MEAGHAN COYNE, MD NPI: 1043839392 Address: 505 East 70th Street City: NEW YORK State: NY Postal code: 10021 Phone Number: 2127462900 Fax Number: 2127468127
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This patient is being treated under a comprehensive plan of care for back pain.

I, the undersigned, certify that the prescribed orthosis is medically necessary for the patient's overall well-being. This patient has suffered an injury or undergone surgery. In my opinion, the following back orthosis products are both reasonable and necessary in reference to reducing pain by restricting mobility of the trunk. My patient has been in my care regarding the diagnosis below. This is the treatment I see fit for this patient at this time. I certify that this information is true and correct.

DIAGNOSIS: Provider can simply cut off the diagnosis which they don't find appropriate

Lumbar/Lumbosacral intervertebral Disc Degeneration (M51.36)
 Other intervertebral disc degeneration, lumbosacral region (M51.37)
 Spinal Stenosis, lumbar region without neurogenic claudication (M48.061)
 Spinal Stenosis, lumbosacral region (M48.07)
 Other intervertebral disc disorders, lumbosacral region (M51.87)
 Low back pain (M54.50)
 Unspecified osteoarthritis, unspecified site (M19.90)
 Other /Explain: _____



Scan for recording

Our evaluation of the above patient has determined that providing the following back pain orthosis product will benefit this patient:

DISPENSE:

L0457: TLSO flexible provides trunk support thoracic region rigid posterior panel and soft anterior apron extends from the sacrocoxyphal junction and terminates just inferior to the scapular spine restricts gross trunk motion in the sagittal plane produces intracavitary pressure to reduce load on the intervertebral disks includes straps and closures prefabricated off-the-shelf

Length of need is 99 unless otherwise specified: _____ 6 - 99 (99= LIFETIME)

Physician Signature: Meaghan Coyne Date signed: 04/28/25

Physician Name: Meaghan Coyne MD NPI: 1043839392

Luca, Janice

MRN: 1102562415

Office Visit 4/15/2025

Provider: Coyne, Meaghan O, MD (Medicine)

Weill Cornell Internal Medicine Associates
505 East 70th Street, HT, 4th Fl
New York, New York 10021-4872



Progress Notes

Coyne, Meaghan O, MD (Attending) • Medicine • Encounter Date: 4/15/2025 • Signed

Weill Cornell Internal Medicine Associates: New Patient Visit

Language: ENGLISH

Janice Luca is a 81 year old female with a history of CVA, non-obstructive CAD, carotid stenosis, HTN, HLD, preDM, osteopenia, DOE, MDD, essential tremor, GERD, lung nodules, who presents to establish care.

Here to transfer primary care

Issues discussed today include:

#Fatigue

#DOE

- for a little more than a year has been experiencing more fatigue and DOE
- walks dog 8 blocks w/ slight incline and gets more winded than she used to
- no wheezing
- rare cough but nothing consistent
- used to be usher a few nights a week, now just does it one night a week and will feel exhausted the next day
- has seen pulm and cardiology
- pulm was Dr Blair, who has retired, last saw 9/2023
- had PFTs, stress test, echo
- wakes up very early

#Rhinitis

- new within last year
- nose always running
- no identifiable triggers
- used OTC remedies

#CVA

- incidentally noted, no deficits
- sees neuro Dr Sachdev, last saw 7/2024
- takes atorvastatin 40 mg
- takes aspirin periodically, not daily due to bruising (States she was advised to do this by cardiology)

#Carotid Stenosis

#CAD

#HLD

- sees cardiology Dr Pena, last saw 6/2024
- last lipid panel 1/2025: Tchol 136, LDL 42, HDL 79, TG 69

#HTN

- takes valsartan 80 mg
- home BP: takes occasionally, tends to be 140/80s

#PreDM

- last A1c 1/2025: 6

#Fatigue

#MDD

- PHQ-9 of 10 today
- stress with her job
- feels like has something inside of her preventing her from doing things: wants to do things but can't get herself to do so, feels no energy
- has taking prozac, Wellbutrin, xanax
- no SI/ HI/ thoughts of self harm

#Osteopenia

- last DEXA 5/2023: worst T score -2 at right femoral neck, FRAX 10 year MOF 15.5% and hip 4.7%
- takes calcium, vitamin D, MVI

#Lung Nodules

- former smoker
- last CT chest done in 1/2025: stable 7 mm RLL nodule , 8 mm mediastinal lymph nodule (slightly increased in size)
- also with new findings c /w SRIF vs ILA vs ILD
- repeat in July 2025

The following health maintenance items were discussed today:

- mammo: done 1/17/25, normal, due 1/2026
- colonoscopy: last done 9/2024 repeat in 6 months- 1 year, deferred discussion today due to time
- DEXA: last done 5/2023
- flu: past season
- COVID: declines
- RSV/ shingles: recommended to get at pharmacy
- tdap: last done May 2022, due 2032
- pneumococcal: done, prevnar 13 in 2016 and pneumovax 23 in 2017

Past Medical History:

Diagnosis

Date

- Carotid stenosis
last carotid duplex 2024
- Chronic dyspnea
consulted pulmonologist and cardiologist, had nl PFT and negative MPI.
- Closed left hip fracture
2020, left femoral neck fracture after mechanical fracture
- Coronary artery disease, non-occlusive
Mid LAD has calcified plaque with mild-moderate stenosis (<50%). CAC 2016
- CVA (cerebral vascular accident)
Chronic infarcts noted on 2019 head CT and 2020 brain Mri
- Depression
- Essential tremor
mild, consulted neurologist
- GERD (gastroesophageal reflux disease)
mild
- History of bone density study
4/2023
- History of colonoscopy
3/2022, polyp removed by dr emmons, to repeat in

- a yr
- History of fainting
since about 2018, intermittently, usually on hot days, consulted neurologist
- History of Holter monitoring 09/2017
normal
- History of mammogram
4/2023
- HTN (hypertension)
- Hypercholesteremia
borderline
- Knee injury 03/28/2023
Right; no fracture on Xray done in ED at LMH
- Lung nodules
consulted pulmonologist; 5/23 chest CT improved from 2020
- Osteoporosis
Started on bisphosphonate 10/2019
- Prediabetes
- Screening for lung cancer
5/2023
- UTI (urinary tract infection)
- Vertigo
consulted neurologist

Past Surgical History:

Procedure	Laterality	Date
• APPENDECTOMY		1949
• BREAST BIOPSY, LEFT		2010
• BREAST BIOPSY, RIGHT	Right	1985
• CATARACT REMOVAL RIGHT INSERTION OF LENS	Right	
• CERVICAL CONE BIOPSY <i>benign</i>		1982
• LEFT TOTAL HIP ARTHROPLASTY		05/2020
• TONSILLECTOMY		

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• aspirin 81 MG Tablet Delayed Release	Take 1 tablet (81 mg) by mouth.		
• atorvastatin 40 MG Tablet	Take 1 tablet (40 mg) by mouth Daily.	90 tablet	3
• buPROPion XL (WELLBUTRIN XL) 150 MG Tablet ER 24 Hour	Take 1 tablet (150 mg) by mouth Every Morning.	90 tablet	3
• Calcium-Phosphorus-Vitamin D (CITRACAL +D3 OR)	Take by mouth.		
• Meloxicam 15 MG Tablet	Take 1 tablet (15 mg) by mouth Daily.		
• Multiple Vitamins-Minerals (MULTIVITAMIN & MINERAL OR)	Take by mouth.		
• valsartan 160 MG Tablet	Take 1 tablet (160 mg) by mouth Daily.	90 tablet	3

mg) by mouth Daily.

No current facility-administered medications for this visit.

Allergies: No Active Allergies

Social History

- has a dog
- theater usher, very active, had to cut down hours
- has help 9-1 one day a week
- Tobacco: former

Vitals:

04/15/25 1300
BP: 145/87
Pulse: 82
Resp: 12
Temp: 37.2 °C (99 °F)
SpO2: 95%

Physical Exam

General : Comfortable in NAD
HEENT: atraumatic, EOMI, PEERL
Heart: RRR S1S2+ no MRG
Lungs: CTA B/L
Abd: Soft,
Ext: b/l no edema, NT,
Neuro A+O x 3, moving all extremities equally. non focal
Skin: No Rash

Assessment

Janice Luca is a 81 year old female with a history of CVA, non-obstructive CAD, carotid stenosis, HTN, HLD, preDM, osteopenia, DOE, MDD, essential tremor, GERD, lung nodules, who presents to establish care.

Problem List Items Addressed This Visit

Coronary artery disease involving native coronary artery of native heart with angina pectoris - Primary

Current Assessment & Plan

Plan:
C/w statin
F/u cardiology

Lung nodules

Current Assessment & Plan

Plan:
Repeat CT in July 2025

Relevant Orders

CT CHEST WITHOUT IV CONTRAST
AMB REFERRAL TO PULMONOLOGY

Prediabetes

Current Assessment & Plan

Plan:
Well controlled
Trend A1c q6 months

Depression**Current Assessment & Plan****Plan:**

Restart wellbutrin

Refer to SW for therapy

Relevant Medications

buPROPion XL (WELLBUTRIN XL) 150 MG Tablet ER 24 Hour

Other Relevant Orders

AMB INTERNAL REFERRAL TO ACN EAST LOCATIONS

Chronic cerebrovascular accident (CVA)**Current Assessment & Plan****Plan:**

C/w atorvastatin

F/u neuro

Chronic dyspnea**Current Assessment & Plan****Plan:**

Needs to see pulm given recent CT findings, suspect cause of symptoms

Other Relevant Orders

AMB REFERRAL TO PULMONOLOGY

HTN (hypertension)**Current Assessment & Plan****Plan:**

Above goal

Increase valsartan to 160

Relevant Medications

valsartan 160 MG Tablet

Rhinitis**Current Assessment & Plan****Plan:**

C.w OTC measures

Osteopenia of neck of right femur**Current Assessment & Plan****Plan:**

C/w calcium vitamin d

Advised weight bearing exercise

Repeat DEXA q3-5 years

Return in about 4 weeks (around 5/13/2025).

Meaghan Coyne, MD

Internal Medicine/ Addiction Medicine

Instructions Return in about 4 weeks (around 5/13/2025).

AVS - Outpatient (Automatic SnapShot taken 4/15/2025)

Additional Documentation

Flowsheets: Patient-Reported Data, Vitals Reassessment
 SmartForms: WCMC ACO BMI SCREENING
 Epic Visit Number: 290285479
 Encounter Reports: Pt Entered Questionnaires, Note Attribution History
 Patient Education

Communications

Letter sent to Vincent W. Ng, MD

Orders Placed

CT CHEST WITHOUT IV CONTRAST
 AMB INTERNAL REFERRAL TO ACN EAST LOCATIONS
 AMB REFERRAL TO PULMONOLOGY

Medication Renewals and Changes

As of 4/15/2025 1:45 PM

	Refills	Start Date	End Date
Added: buPROPion XL (WELLBUTRIN XL) 150 MG Tablet ER 24 Hour	3	4/15/2025	4/15/2026
Take 1 tablet (150 mg) by mouth Every Morning. - Oral			
Changed: valsartan 160 MG Tablet	3	4/15/2025	4/15/2026
Take 1 tablet (160 mg) by mouth Daily. - Oral			
Previously: 80 mg Oral Daily			

Medication List at End of Visit

As of 4/15/2025 1:45 PM

	Refills	Start Date	End Date
aspirin 81 MG Tablet Delayed Release	—		
Take 1 tablet (81 mg) by mouth. - Oral			
Patient-reported medication			
atorvastatin 40 MG Tablet	3	12/11/2024	—
Take 1 tablet (40 mg) by mouth Daily. - Oral			
buPROPion XL (WELLBUTRIN XL) 150 MG Tablet ER 24 Hour	3	4/15/2025	4/15/2026
Take 1 tablet (150 mg) by mouth Every Morning. - Oral			
Calcium-Phosphorus-Vitamin D (CITRACAL +D3 OR)	—		
Take by mouth. - Oral			
Patient-reported medication			
Meloxicam 15 MG Tablet	—	4/21/2023	—
Take 1 tablet (15 mg) by mouth Daily. - Oral			
Patient-reported medication			
Multiple Vitamins-Minerals (MULTIVITAMIN & MINERAL OR)	—		
Take by mouth. - Oral			
Patient-reported medication			
valsartan 160 MG Tablet	3	4/15/2025	4/15/2026
Take 1 tablet (160 mg) by mouth Daily. - Oral			