*** MEDICAL FAX TRANSMISSION *** CONFIDENTIAL ***

TO: Medicare Part B - Noridian Healthcare Solutions
FROM: Coastal Pain & Spine Center | Dr. Martinez
FAX: (619) 555-2847 | DATE: August 20, 2024 | PAGES: 4
RE: REPEAT INJECTION - 4TH IN SERIES

Ongoing treatment for non-surgical candidate

PRIOR AUTHORIZATION REQUEST
REPEAT EPIDURAL STEROID INJECTION

Patient Name:	Eleanor H. Whitmore
Date of Birth:	02/24/1944 (80 years old)
Medicare ID:	8473M92847A
Diagnosis:	M48.06 (Lumbar spinal stenosis)
Provider:	Luis Martinez, MD
NPI:	6283749201
Request Date:	August 20, 2024

REQUESTED PROCEDURE:
CPT 62323 - Lumbar interlaminar epidural steroid injection
Level: L3-L4 interlaminar
Fluoroscopy guidance with contrast
Steroid: Dexamethasone 10mg (non-particulate)
Proposed date: September 5, 2024

NOTE: This is the 4th injection in a 12-month treatment series

COMPLETE DIAGNOSIS LIST:
M48.06 - Spinal stenosis, lumbar region (PRIMARY)
M54.17 - Radiculopathy, lumbosacral region
M99.03 - Segmental and somatic dysfunction, lumbar region
I10 - Essential hypertension
E78.5 - Hyperlipidemia
Z95.1 - Presence of aortocoronary bypass graft (CABG 2019)
Z87.891 - Personal history of nicotine dependence

PATIENT BACKGROUND:
Mrs. Whitmore is an 80-year-old retired librarian with severe lumbar spinal stenosis who has been under my care since November 2023. She presents with chronic neurogenic claudication characterized by bilateral leg heaviness, cramping pain, and progressive weakness with ambulation. Symptoms are position-dependent, worsening with lumbar extension and walking, relieved with forward flexion and sitting (classic shopping cart sign positive).

CRITICAL SURGICAL CONTEXT: Patient is NOT a surgical candidate due to significant cardiac history including prior CABG (2019), severe coronary artery disease, and age-

related surgical risk. Discussed at length with patient's cardiologist Dr. Sarah Chen and spine surgeon Dr. Robert Park - both concur that surgical decompression carries prohibitive risk. Therefore, epidural steroid injections represent the primary interventional treatment option for this patient.

CURRENT SYMPTOMS (August 2024):
- Bilateral leg pain/cramping with walking >1 block (walking tolerance varies 50-100 yards)
- Sensation of "legs giving out" after short distances
- Bilateral foot numbness and tingling
- Pain rating: 7-8/10 when symptomatic, 3/10 at rest
- Requires walker for ambulation outside home due to balance concerns and leg weakness
- Sleep disruption 3-4 nights per week
- Significant impact on independence and quality of life

COMPLETE INJECTION HISTORY & RESPONSE PATTERN

Detailed documentation of all prior injections per LCD requirements

Injection	Date	Location/Procedure	Pre-Injection Status	Post-Injection Response	Duration of Benefit
#1 (First)	Nov 14, 2023	L3-L4 ILESI Fluoro + contrast Depo-Medrol 80mg	NRS: 8/10 ODI: 64% Walking: <50 yards	**Excellent response** NRS: 2/10 ODI: 28% Walking: 3-4 blocks 72% pain reduction	**14 weeks** (Nov 14, 2023 - Feb 20, 2024) Benefit maintained >3 months
#2 (Repeat)	Feb 27, 2024	L3-L4 ILESI Fluoro + contrast Dexamethasone 10mg	NRS: 8/10 ODI: 62% Walking: <75 yards (symptoms returned)	**Good response** NRS: 3/10 ODI: 32% Walking: 2-3 blocks 62% pain reduction	**13 weeks** (Feb 27 - May 28, 2024) Benefit maintained >3 months
#3 (Repeat)	June 4, 2024	L3-L4 ILESI Fluoro + contrast Dexamethasone 10mg	NRS: 7/10 ODI: 58% Walking: <100 yards (symptoms returned)	**Good response** NRS: 3/10 ODI: 34% Walking: 2 blocks 57% pain reduction	**11 weeks** (June 4 - Aug 20, 2024) Currently waning Benefit maintained >3 months
#4 (Current Request)	Sept 5, 2024 (Proposed)	L3-L4 ILESI Fluoro + contrast Dexamethasone 10mg	NRS: 7/10 ODI: 56% Walking:	Goal: Maintain functional improvements consistent with prior responses. Anticipate 50-60% pain	

			<block current status)	reduction with 10-12 week duration based on established response pattern.

INJECTION INTERVAL ANALYSIS:
2023 Injection #1: November 14,
1. Injection #2: February 27, 2024 (105 days / 15 weeks after #
2. Injection #3: June 4, 2024 (97 days / 14 weeks after #
3. Injection #4 (proposed): September 5, 2024 (93 days / 13 weeks after #

TOTAL TIMEFRAME: 4 injections over 42 weeks (9.7 months)
Average interval between injections: 98 days (14 weeks)

All injections performed >3 months apart, each providing >50% relief for >3 months

PATTERN OF CONSISTENT POSITIVE RESPONSE:
Mrs. Whitmore has demonstrated reproducible, significant clinical benefit from each epidural injection with pain reduction of 57-72% and functional improvement (ODI improvement of 30-36 percentage points) lasting 11-14 weeks per injection. Each injection has provided relief exceeding 3 months before symptom recurrence, meeting criteria for repeat injection. Patient experiences consistent return of symptoms when injection effect wears off, with NRS returning to 7-8/10 and ODI to 56-64%.

CURRENT CLINICAL STATUS & EXAMINATION

PHYSICAL EXAMINATION (August 18, 2024):
Vitals: BP 138/82, HR 68, BMI 24.8, Temp 98.2F

General: Alert, oriented, ambulatory with walker, moves slowly and carefully

Lumbar spine:
- Mild limitation of ROM in all planes
- Extension significantly limited and reproduces leg symptoms
- Forward flexion provides symptomatic relief
- Tenderness bilateral paraspinal L3-S

Neurological (at rest):
- Motor: 5/5 all muscle groups bilateral lower extremities
- Sensory: Mild decreased sensation bilateral feet (symmetric
- Reflexes: Patellar 1+ bilateral, Achilles trace bilateral (age-appropriate

POST-AMBULATION EXAMINATION (after 2-minute walk):
- Bilateral lower extremity weakness develops: quadriceps 4/5 bilateral
- Patient reports significant increase in leg pain and heaviness
- Gait becomes more shuffling and cautious
- Symptoms resolve within 3-4 minutes of sitting and forward flexion
- Classic neurogenic claudication pattern

FUNCTIONAL ASSESSMENT (August 18, 2024):
Numeric Rating Scale (NRS): 7/10 when symptomatic (walking), 3/10 at rest

Oswestry Disability Index (ODI): 56% (Severe Disability)
5Pain intensity: 4/
ꞁPersonal care: 2/5 (slow but independent
ꞁLifting: 5/5 (cannot lift anything
ꞁWalking: 5/5 (requires walker, <1 block
ꞁSitting: 1/5 (can sit comfortably
ꞁStanding: 4/5 (cannot stand >15 minutes
ꞁSleeping: 3/5 (pain interferes moderately
ꞁSocial life: 4/5 (very restricted
ꞁTraveling: 5/5 (minimal, pain prevents
ꞁRecreation: 5/5 (unable to participate

MOST RECENT IMAGING:
MRI Lumbar Spine (updated) - July 10, 2024
Facility: San Diego Imaging Center

FINDINGS (unchanged from prior 11/2023 study):
ꞁL2-L3: Moderate central canal stenosis (8mm AP diameter
-L3-L4: Severe central canal stenosis (6mm AP diameter), marked facet hypertrophy, ligamentum flavum thickening, moderate bilateral foraminal narrowing
-L4-L5: Moderate central canal stenosis, mild foraminal narrowing bilateral
-L5-S1: Mild degenerative changes
ꟊGrade 1 degenerative spondylolisthesis L3 on L

IMPRESSION: Severe multilevel lumbar spinal stenosis, most pronounced at L3-L4, with neurogenic claudication. No interval worsening since November 2023.

ONGOING CONSERVATIVE CARE & RATIONALE

CURRENT COMPREHENSIVE CONSERVATIVE MANAGEMENT:

Physical Therapy: Ongoing 2x per week since November 2023 (42 weeks, 84 sessions total)
ꞁFlexion-based exercises (Williams protocol
-Aquatic therapy 1x per week for low-impact conditioning
-Core stabilization program
-Posture and body mechanics training
ꞁBalance and fall prevention exercises (critical for elderly patient

Home Exercise Program: Daily compliance, >40 weeks duration
ꞁStationary bike 10-15 minutes daily (flexed position
-Gentle lumbar flexion stretches
-Lower extremity strengthening

Medications (stable regimen):
-Gabapentin 300mg TID (neuropathic pain) - 38 weeks
-Acetaminophen 650mg TID (daily anti-inflammatory) - ongoing
ꞁMeloxicam 15mg daily PRN (flare-ups only, <3x per week due to cardiac history

Assistive Devices:

- Rolling walker for outdoor ambulation (improves safety and provides forward flexion support)
- Raised toilet seat, grab bars (home safety modifications

CARE COORDINATION:

PCP Dr. Ellen Foster notified of ongoing injection therapy >12 months per LCD requirement

Primary care physician Dr. Ellen Foster was notified on August 18, 2024 regarding ongoing epidural injection therapy extending beyond 12 months. Dr. Foster reviewed case and concurs with treatment plan given patient's non-surgical status and consistent positive response. Joint decision made to continue injection therapy as medically necessary and most appropriate treatment modality for this patient.