

CENTRAL FLORIDA  
NEUROLOGY

Comprehensive Neurological Care  
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PRIOR AUTHORIZATION REQUEST  
Deep Brain Stimulation for Essential Tremor

Request Information

**Date Submitted:** September 29, 2025  
**Procedure:** Bilateral VIM Thalamic Deep Brain Stimulation  
**CPT Codes:** 61863 (bilateral DBS leads), 61868 (pulse generator)

Patient Demographics

**Name:** Wilson, Emily Rose  
**Date of Birth:** April 15, 1967 (Age 58)  
**Gender:** Female  
**MRN:** CFN-447821  
**Insurance:** Medicare Part B  
**Medicare ID:** 6TY-UH92-MN87

Diagnosis

**Primary:** G25.0 - Essential Tremor  
**Duration:** 6 years

Clinical History

Ms. Wilson is a 58-year-old right-handed female presenting with a 6-year history of bilateral hand tremor. Tremor onset was gradual beginning around 2019, initially affecting the right hand with progression to involve both hands over time.

The tremor is described as being present during action and when arms are extended (postural component). Tremor is most noticeable when patient attempts to eat, drink, or write. Patient reports significant functional impairment and embarrassment in social situations due to visible tremor.

Tremor Characteristics:

- Location: Bilateral hands, right worse than left
- Type: Postural and kinetic (action) tremor
- Pattern: Worse with intention/action, improves at rest
- Absent during sleep
- No tremor of head, voice, or legs

**Family History:** Mother had "shaky hands" beginning in her 60s. Consistent with autosomal dominant inheritance pattern seen in essential tremor.

**Functional Impact:** Patient reports difficulty eating soup (spills), drinking from cups without lids, writing (uses computer for all written communication), applying makeup. Works as administrative assistant and tremor affects ability to use computer mouse precisely. Quality of life significantly affected - avoids restaurants and social gatherings due to embarrassment about tremor.

## Neurological Examination

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**Examination Date:** September 22, 2025

**Mental Status:** Alert and oriented x3. Conversant, good historian. Appropriate affect.

**Cranial Nerves:** Intact. No dysarthria. Normal voice without tremor.

**Motor:** Normal strength throughout (5/5). Normal tone - no rigidity. No bradykinesia noted.

### Tremor Assessment:

- **At Rest:** No tremor observed when hands resting in lap
- **Postural:** With arms extended, prominent bilateral tremor amplitude approximately 3-4 cm, frequency approximately 6-8 Hz. Right hand tremor appears more severe than left.
- **Kinetic:** Tremor worsens with action. Finger-to-nose testing shows tremor throughout movement and at endpoint. Unable to drink from water cup without spilling. Spiral drawing shows tremulous lines.

**Severity Description:** Tremor described in chart as "severe" and "disabling" but specific tremor rating scale scoring not documented in examination notes.

**Cerebellar:** No ataxia or dysmetria beyond that attributable to tremor. Gait normal.

**No Parkinsonian Features:** No resting tremor. No rigidity. No bradykinesia. No postural instability. Normal gait with normal arm swing.

## Medication History

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Medication	Dose	Response
Propranolol	40 mg twice daily	Chart notes: "some benefit but tremor persists"

**Medication Documentation:** Patient has been on propranolol 40 mg twice daily. Chart indicates patient experiences some improvement but tremor remains functionally disabling.

## Exclusion Criteria Assessment

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**Parkinsonian Features:** Absent - no rigidity, bradykinesia, or resting tremor. Examination consistent with essential tremor, not Parkinson's disease.

**Cognitive Status:** Chart note states "cognition appears normal in office" but no formal MOCA or cognitive testing documented.

**Psychiatric:** Patient denies depression or anxiety. No substance abuse history. Social drinker (1-2 glasses wine per week).

**Structural Lesions:** Chart indicates MRI performed and "normal" but actual report not provided.

**Medical Comorbidities:** Patient has mild hypertension (controlled). No other significant medical issues. Generally healthy.

## Device Information

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**Proposed Device:** Medtronic Activa System

**FDA Status:** FDA approved for VIM thalamic stimulation for essential tremor

**Target:** Bilateral VIM (Ventral Intermediate Nucleus of Thalamus)

## Provider Information

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**Neurosurgeon:** Dr. Robert Chen, MD - Board certified neurosurgery, performs DBS procedures

**Neurologist:** Dr. Sarah Miller, MD - General neurologist seeing patient for tremor

**Facility:** Central Florida Medical Center - Hospital with neurosurgery department and DBS capability

## Clinical Assessment

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Ms. Wilson is a 58-year-old female with 6-year history of essential tremor affecting bilateral hands (right worse than left) causing significant functional impairment and affecting quality of life. Clinical examination demonstrates bilateral postural and kinetic tremor without parkinsonian features, consistent with essential tremor diagnosis.

Patient reports that tremor interferes with eating, drinking, writing, and work tasks. She avoids social situations due to embarrassment. Family history positive for tremor in mother, consistent with ET.

Patient is currently on propranolol 40 mg BID with reported partial benefit but persistent disabling tremor.