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NORTHERN SPINE & PAIN CENTER

2340 Hospital Drive, Building C | Billings, MT 59101
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PRIOR AUTHORIZATION REQUEST - SPINAL CORD STIMULATOR

Patient Name:	Patterson, James R.	**DOB:**	02/15/1953
Member ID:	MED482916N	**Age:**	71 years
Insurance:	Medicare Part B - Noridian		
Referring Physician:	Dr. Steven Rodriguez, MD	**NPI:**	1456789012
Procedure Requested:	Spinal Cord Stimulator Trial (CPT 63650)		
Primary Diagnosis:	Failed Back Surgery Syndrome, Multiple Prior Surgeries (M96.1)		

CLINICAL SUMMARY

71 y/o male with complex failed back surgery syndrome following FOUR prior lumbar surgeries over 8 years. Despite multiple surgical interventions, comprehensive pain management, and extensive conservative treatments, patient continues to experience severe chronic pain (VAS 8-9/10) with radiculopathy. No further surgical options per neurosurgery consultation. This represents a true last-resort case.

Current Pain Level: *VAS 8-9/10 back and bilateral legs*

Surgical History: *4 lumbar surgeries (2016, 2017, 2019, 2021) - all provided only temporary relief*

Complex case - 4 surgeries, all failed. No more surgical options per Dr. Kim neurosurg. Truly last resort. Extensive fibrosis. Pt understands lower success rate. Good candidate otherwise. - SR 9/12

Request Date: 09/12/2024
Submitted by: Patricia Moore, RN

HISTORY AND PHYSICAL EXAMINATION

Date of Exam: 09/05/2024 | Physician: Steven Rodriguez, MD

CHIEF COMPLAINT:

Chronic severe back and leg pain following multiple failed spinal surgeries.

HISTORY OF PRESENT ILLNESS:

Mr. Patterson is a 71-year-old male with an 8+ year history of progressive low back pain and bilateral lower extremity radiculopathy. His surgical history is complex:

- **March 2016:** L4-L5 microdiscectomy for herniated disc - initial good relief lasting 6 months
- **November 2017:** L4-L5 posterior lumbar interbody fusion (PLIF) with instrumentation for recurrent herniation and instability - relief lasted approximately 12 months
- **June 2019:** Extension of fusion to L3-L4 for adjacent segment disease - minimal improvement, only 3-4 months relief
- **March 2021:** Revision surgery with hardware removal and replacement due to pseudarthrosis at L4-L5 - no significant improvement in pain

Despite all surgical interventions, patient's pain has progressively worsened. Current pain is constant, severe (8-9/10 VAS), described as burning and aching in lower back with sharp shooting pains into both legs (worse right, L5 distribution). Pain significantly limits all activities. Patient uses walker for ambulation, limited to less than 50 feet before needing to rest.

PAST MEDICAL HISTORY:

- Failed back surgery syndrome
- Degenerative disc disease
- Chronic pain syndrome
- Hypertension (controlled)
- Hyperlipidemia
- Chronic kidney disease Stage 3A (stable)
- Depression (related to chronic pain)

MEDICATIONS (Current):

- Gabapentin 2400mg daily (800mg TID)
- Duloxetine 60mg BID (120mg total daily)
- Hydrocodone/APAP 10/325mg QID
- Cyclobenzaprine 10mg TID PRN
- Meloxicam 15mg daily
- Lisinopril 20mg daily
- Atorvastatin 40mg daily
- Sertraline 100mg daily

PHYSICAL EXAMINATION:

Vitals: BP 138/82, HR 74, RR 16, Temp 98.4°F, Wt 198 lbs, Ht 5'11", BMI 27.6

General: Elderly male appearing stated age, uses walker, appears uncomfortable

Spine Examination:

- Long midline surgical scar L3-S1, well-healed
- Tenderness to palpation entire lumbar region
- Marked paraspinal muscle spasm bilaterally
- Severely limited lumbar ROM (flexion 15°, extension 5°)
- Difficulty with sit-to-stand transfer

Neurological Examination:

- Motor: 5/5 UE bilaterally; LE 4/5 right EHL and tibialis anterior, 4+/5 left
- Sensory: Decreased sensation right L5 dermatome
- Reflexes: Patellar 1+ bilaterally, Achilles absent bilaterally
- Straight leg raise: Positive bilaterally at 30° right, 40° left
- Gait: Antalgic, requires walker for safety

IMAGING REVIEW:

MRI Lumbar Spine (08/2024): Status post multilevel fusion L3-S1 with extensive instrumentation. Solid fusion noted at all levels. Extensive epidural fibrosis particularly at L4-L5 and L5-S1. Moderate spinal stenosis at L2-L3 (above fusion). No hardware failure. No acute complications.

EMG/NCS (07/2024): Chronic bilateral L5 radiculopathy, right worse than left. Chronic denervation changes. No active denervation. Findings consistent with failed back surgery syndrome.

Imaging shows extensive fibrosis - typical for multiple surgeries. Fusion solid at least. Hardware intact. Complex anatomy for lead placement but doable. - SR

NEUROSURGERY CONSULTATION (08/2024):

Consultant: Dr. Linda Kim, MD, Neurosurgery

Assessment: "Patient with failed back surgery syndrome after 4 prior operations. Imaging shows solid fusion with extensive epidural fibrosis. No further surgical options recommended. Patient is not a candidate for additional decompression or revision surgery given extensive scarring and previous surgical failures. Would recommend consideration of neuromodulation."

ASSESSMENT:

Primary Diagnosis: Failed Back Surgery Syndrome, Multiple Prior Surgeries (M96.1, M54.16, G89.29)

71-year-old male with complex FBSS following 4 lumbar surgeries. No further surgical options. Extensive conservative management has failed. Patient meets criteria for SCS trial as true last resort option.

PLAN: Appropriate candidate for spinal cord stimulator trial. Patient counseled regarding potentially lower success rate given complex anatomy and extensive fibrosis.

Electronically signed by: Steven Rodriguez, MD
Date/Time: 09/05/2024 14:20 MST
NPI: 1456789012

CONSERVATIVE TREATMENT HISTORY

EXTENSIVE MEDICATION TRIALS (2016-2024):

Medication	Duration	Outcome
NSAIDs (multiple types)	Multiple trials 2016-2020	Minimal benefit, GI side effects
Gabapentin (up to 3600mg/day)	Ongoing since 2017	Partial benefit, currently 2400mg/day
Pregabalin 600mg/day	12 months (2018-2019)	No improvement over gabapentin
Duloxetine (titrated to 120mg/day)	Ongoing since 2018	Modest benefit, continued
Amitriptyline 100mg HS	10 months (2017-2018)	Intolerable side effects
Nortriptyline 75mg HS	14 months (2019-2020)	Minimal benefit
Tramadol 400mg/day	18 months (2017-2019)	Inadequate relief
Hydrocodone/APAP 10/325	Ongoing since 2019	Partial relief, at maximum dose
Lidocaine patches	Multiple 3-month trials	No significant benefit
Cyclobenzaprine, Tizanidine	Multiple trials	Minimal benefit for spasm

INTERVENTIONAL PROCEDURES:

- **Epidural Steroid Injections:** Multiple series over 8 years (10+ total injections) - Decreasing effectiveness with each series, last series (2023) provided less than 2 weeks relief
- **Medial Branch Blocks:** L1-L2, L2-L3 bilateral (2022) - Less than 30% relief
- **Radiofrequency Ablation:** L2-L3 bilateral (2022, 2023) - Each provided 2-3 months partial relief
- **Caudal Epidurals:** x3 (2021-2022) - Minimal benefit

PHYSICAL THERAPY AND REHABILITATION:

- Physical therapy: 60+ sessions total across multiple courses (2016-2024)
- Most recent course: 20 sessions (01/2024-04/2024) - Minimal improvement
- Aquatic therapy: 16 sessions (2022) - Limited by pain
- Home exercise program: Compliant but severely limited by pain
- Pain significantly restricts participation in therapy

PSYCHOLOGICAL SUPPORT:

- Ongoing psychiatric care for depression related to chronic pain
- CBT for pain management: 16 sessions (2021-2022)
- Currently on sertraline for depression
- Pre-implant psychological evaluation 08/2024 - CLEARED with notation of chronic pain adaptation

PSYCHOLOGICAL EVALUATION

Evaluator: Dr. Patricia Green, PhD | Date: 08/20/2024

EVALUATION SUMMARY:

Mr. Patterson is a 71-year-old male evaluated for SCS candidacy. He has lived with severe chronic pain for over 8 years following multiple spinal surgeries. Demonstrates significant chronic pain adaptation but maintains realistic outlook.

ASSESSMENT RESULTS:

- **Pain Disability Index:** 54/70 (Severe disability)
- **Beck Depression Inventory-II:** 24/63 (Moderate depression, chronic)
- **Brief Pain Inventory:** Pain severity 8.5/10, Interference 9.0/10
- **Pain Catastrophizing Scale:** 28/52 (Moderate, acceptable range)

CLINICAL PRESENTATION:

Patient presented with depressed mood, which is chronic and related to longstanding pain and disability. Despite this, he demonstrates good coping strategies developed over years of pain management. Realistic in expectations. No cognitive deficits. Engaged throughout evaluation.

PSYCHIATRIC HISTORY:

Depression diagnosed 2018, related to chronic pain and disability. Currently treated with sertraline 100mg daily with good effect. Followed by psychiatrist. No history of psychotic symptoms, suicide attempts, or hospitalizations. Denies current SI/HI. Depression is chronic but well-managed.

SUBSTANCE USE:

No history of substance abuse. Takes opioid medication as prescribed without aberrant behaviors. Recent UDS (08/15/2024) consistent with prescribed medications, negative for illicit substances. No alcohol use.

EXPECTATIONS AND UNDERSTANDING:

Mr. Patterson demonstrates excellent understanding of SCS therapy. He is aware this is a last-resort option given his complex surgical history. Understands success rates may be lower given extensive fibrosis and complex anatomy. Realistic goal of 50% pain reduction. Understands trial phase and commitment required. Has researched procedure thoroughly.

SUPPORT SYSTEM:

Married for 45 years. Wife is primary caregiver and very supportive. Three adult children, two live locally. Good family support network. Previously very active, now limited by pain.

SPECIAL CONSIDERATIONS:

Patient has chronic depression related to pain but it is well-controlled. He has developed good chronic pain adaptation over 8+ years. Given his complex history and lack of other options, he is appropriate for SCS trial. May need continued psychiatric support throughout process.

RECOMMENDATION:

CLEARANCE GRANTED for SCS trial. Patient is psychologically appropriate despite chronic pain-related depression. He demonstrates realistic expectations, good coping, strong support, and no contraindications. Recommend continued psychiatric follow-up.

Patricia Green

Patricia Green, PhD
Licensed Clinical Psychologist
License: PSY-33912
Date: 08/20/2024

MULTIDISCIPLINARY CONFERENCE

Conference Date: 09/08/2024

PARTICIPANTS:

- Dr. Steven Rodriguez, MD - Pain Management
- Dr. Linda Kim, MD - Neurosurgery (via phone)
- Dr. Patricia Green, PhD - Psychology
- Patricia Moore, RN - Pain Management Nurse
- Tom Wilson, PT, DPT - Physical Therapist

DISCUSSION:

Dr. Rodriguez: Complex case. Patient has undergone 4 lumbar surgeries over 8 years, all providing only temporary relief. Extensive conservative management failed. Currently on maximum medical management. Meets all criteria for SCS trial. This is truly a last-resort case.

Dr. Kim (Neurosurgery): From surgical standpoint, there are no further options. Fusion is solid. Extensive epidural fibrosis makes additional surgery high-risk with low likelihood of benefit. Patient has failed all surgical approaches. SCS is reasonable next step. Should be counseled that lead placement may be technically challenging given anatomy.

Dr. Green (Psychology): Patient cleared from psychological standpoint. Has chronic depression but well-controlled. Demonstrates good coping despite years of severe pain. Realistic expectations. Understands this is complex case with potentially lower success rate. Strong support system. No contraindications.

RN Moore: All documentation complete. Patient education provided. He understands trial process and has realistic expectations. Opioid management appropriate. No compliance issues.

PT Wilson: Patient has maxed out physical therapy benefit. Severely limited by pain. Cannot progress further without improved pain control. SCS may allow return to more active rehabilitation.

CONSENSUS:

Multidisciplinary team unanimously agrees Mr. Patterson is appropriate for SCS trial. This represents a true last-resort case with no further surgical or conservative options. Complex anatomy may affect success rate, but patient has been counseled and understands. All criteria met. Recommend proceeding with authorization.

Team consensus: Proceed. Last resort case. All agree no other options. Complex but worth trying. - SR 9/8

Documented by: Patricia Moore, RN
Date: 09/08/2024
Reviewed by: Steven Rodriguez, MD

NEUROSURGERY CONSULTATION LETTER

Date: August 28, 2024

To: Dr. Steven Rodriguez, Pain Management

From: Dr. Linda Kim, Neurosurgery

Re: James Patterson, DOB 02/15/1953

Thank you for referring Mr. Patterson for neurosurgical consultation regarding his failed back surgery syndrome.

As you know, Mr. Patterson has undergone four previous lumbar surgeries including initial discectomy, fusion at L4-L5, extension to L3-L4, and revision with hardware replacement. His most recent MRI demonstrates solid fusion with extensive epidural fibrosis, particularly at L4-L5 and L5-S1 levels.

I have reviewed his imaging in detail and examined the patient. Unfortunately, I do not believe there are any further surgical options that would provide meaningful benefit. The extensive scarring and fibrosis make additional decompressive surgery extremely high-risk with very low likelihood of improvement. In fact, further surgery could potentially worsen his pain.

My recommendation is that Mr. Patterson is NOT a candidate for additional spinal surgery. Given his severe ongoing pain despite maximum medical management, I would support consideration of spinal cord stimulation as a neuromodulation option. While his complex anatomy may make lead placement more challenging, this represents a reasonable next step given the lack of other alternatives.

Please feel free to contact me if you have any questions.

Sincerely,

Linda Kim

Linda Kim, MD, FAANS
Neurosurgery
Northern Spine & Pain Center

PHYSICIAN ASSESSMENT AND RECOMMENDATION

CLINICAL SUMMARY:

Mr. James Patterson is a 71-year-old male with complex failed back surgery syndrome following FOUR lumbar surgeries over 8+ years (discectomy 2016, PLIF L4-L5 2017, extension to L3-L4 2019, revision 2021). Despite all surgical interventions and comprehensive conservative management including multiple medication classes at maximum tolerated doses, extensive physical therapy, numerous interventional procedures, and psychological support, he continues to experience severe intractable pain (VAS 8-9/10). Neurosurgery consultation confirms no further surgical options available. This represents a true last-resort case.

TREATMENT PLAN:

Procedure: Spinal cord stimulator trial (percutaneous lead placement)

CPT Code: 63650

ICD-10 Codes: M96.1 (Postlaminectomy syndrome), M54.16 (Radiculopathy, lumbar), G89.29 (Chronic pain)

Trial Duration: 7-10 days

Success Criteria: At least 50% pain reduction and/or functional improvement per LCD L36204

Special Considerations: Complex spinal anatomy with extensive epidural fibrosis may affect lead placement. Patient has been counseled that technical challenges may affect success rate. Patient understands and accepts this. No further surgical options available per neurosurgery.

EXPECTED OUTCOMES:

- 50-70% reduction in pain (may be lower given complexity)
- Improved functional capacity and mobility
- Enhanced quality of life
- Potential reduction in opioid requirements
- Ability to return to physical therapy

I certify this information is accurate. I have examined this patient and believe SCS trial is medically necessary as a last-resort treatment for his complex FBSS. No other treatment options remain.

Steven Rodriguez MD

09/12/2024

Date

Steven Rodriguez, MD
Pain Management Specialist
Board Certified: Anesthesiology & Pain Medicine
NPI: 1456789012 | License: MD-88429

END OF MEDICAL RECORD

END OF MEDICAL RECORD - Page 8 of 8