***** URGENT FAX TRANSMISSION *****
TO: Anthem Blue Cross - Prior Authorization
FROM: Valley View Medical Center - Pain Clinic | Dr. Kumar
FAX: (559) 555-4782 | DATE: October 15, 2024 | TIME: 2:15 PM | PAGES: 3
URGENT - ACUTE PAIN - HERPES ZOSTER

PRIOR AUTHORIZATION REQUEST
EPIDURAL STEROID INJECTION - ACUTE INDICATION

URGENT REQUEST - ACUTE HERPES ZOSTER (SHINGLES)
Patient in severe acute pain from active shingles outbreak

Patient Name:	Barbara J. Watson
Date of Birth:	03/26/1953 (71 years old)
Member ID:	ANTHEM-CA-7482936
Provider:	Rajesh Kumar, MD - Pain Management
NPI:	9283746501
Request Date:	October 15, 2024

REQUESTED PROCEDURE:
CPT 62323 - Interlaminar epidural steroid injection, lumbar
Level: L1-L2 interlaminar approach
Fluoroscopy-guided with contrast
Medication: Dexamethasone 10mg + Lidocaine 2%
Requested date: October 21, 2024 (6 days from request)

DIAGNOSIS CODES:
B02.29 - Other herpes zoster nervous system involvement (PRIMARY)
B02.23 - Postherpetic neuralgia
G53.0 - Neuralgia and neuritis in herpes zoster (B02.2+)
M54.14 - Radiculopathy, thoracic region
R52 - Pain, unspecified

CLINICAL PRESENTATION - ACUTE HERPES ZOSTER:

Chief Complaint: Severe right-sided burning pain in thoracic region with new rash

Mrs. Watson is a 71-year-old female presenting with acute herpes zoster (shingles) affecting the right T12-L1 dermatomes. Patient developed prodromal pain in the right lower thoracic/upper lumbar region approximately 3 days prior to rash onset. Characteristic vesicular rash erupted along right T12-L1 dermatomal distribution on October 11, 2024 (4 days ago). Rash confirmed as herpes zoster by primary care physician Dr. Ellen Richardson on October 12, 2024.

Current Symptoms (4 days post-rash onset):
- Severe burning, lancinating pain in right T12-L1 dermatomal distribution
- Pain rated 9/10 on numeric rating scale - constant, unrelenting
- Allodynia - even light touch of clothing causes severe pain
- Hyperalgesia - pain out of proportion to stimulus
- Active vesicular rash along right T12-L1 dermatome (flank and upper abdomen
- Pain radiates from right posterior flank around to right upper abdomen
- Severe sleep disturbance - patient unable to sleep due to pain
- Severe functional impairment - unable to perform ADLs due to pain

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-Patient tearful and distressed during visit

Patient in extreme distress - requesting any intervention to help with pain

CURRENT TREATMENT & CLINICAL STATUS

ACUTE TREATMENT INITIATED (4 days duration):

Antiviral Therapy:
-Valacyclovir 1000mg three times daily - started October 12 by PCP
-Patient is within 72-hour window for antiviral efficacy
-Currently on day 4 of 7-day course

Pain Management (initiated by PCP, now under our care):
-Gabapentin: Started 300mg TID on Oct 12, increased to 600mg TID on Oct 14
-Hydrocodone/Acetaminophen 5/325mg: 1-2 tabs every 4-6 hours PRN (started Oct 12)
-Lidocaine 5% patches to affected area (started Oct 13)
-Capsaicin cream 0.075% (patient unable to tolerate due to severe allodynia

Response to Current Treatment:
Despite aggressive pharmacologic management for 4 days, patient reports pain remains 8-9/10 with minimal relief. Oral medications provide only slight dulling of pain for 1-2 hours. Lidocaine patches provide minimal benefit. Patient unable to tolerate topical capsaicin. Sleep remains severely disrupted. Patient describes pain as "unbearable" and "the worst pain I've ever experienced."

RATIONALE FOR EARLY INTERVENTION:
Acute herpes zoster represents a unique clinical scenario where early aggressive pain management with epidural steroid injection has been shown to reduce the risk of developing postherpetic neuralgia (PHN). Literature supports early intervention within the first 1-2 weeks of rash onset to potentially prevent or minimize chronic PHN development. Patient is currently day 4 post-rash, making this an optimal window for intervention.

PHYSICAL EXAMINATION (October 15, 2024):
Vitals: BP 158/94 (elevated due to pain), HR 92, Temp 98.8F, BMI 24.6

General: Patient appears in significant distress, moving very carefully, protective of right side

Dermatologic:
-Active vesicular rash in right T12-L1 dermatomal distribution
-Rash extends from right posterior flank around to right upper abdomen
-Multiple grouped vesicles on erythematous base - classic zoster appearance
-Some vesicles showing early crusting
-Area of distribution: approximately 15cm vertical × 10cm horizontal
-No lesions crossing midline (classic dermatomal pattern
-Surrounding skin shows erythema and hypersensitivity

Sensory Examination:
-Severe allodynia in affected dermatome - patient unable to tolerate even gentle touch
-Hyperalgesia present
-Adjacent dermatomes (T11, L2) - normal sensation

Pain Distribution:
-Follows classic T12-L1 dermatomal pattern
-Right-sided only, does not cross midline

- Burning, lancinating quality
- Constant baseline pain 8/10 with episodic shooting pains to 10/10

IMAGING & TREATMENT PLAN

IMAGING STUDIES:
No recent lumbar spine imaging on file. Imaging not clinically indicated for acute herpes zoster diagnosis, which is made clinically based on characteristic dermatomal rash and pain pattern. Epidural injection will be performed under fluoroscopic guidance to ensure accurate needle placement at appropriate level (T12-L1 region via L1-L2 interlaminar approach).

This is an urgent medical situation requiring prompt intervention

PROPOSED PROCEDURE DETAILS:
- Fluoroscopy-guided lumbar interlaminar epidural steroid injection
- L1-L2 interlaminar approach to target T12-L1 nerve roots
- Contrast injection to confirm epidural spread
- Dexamethasone 10mg (non-particulate steroid for safety)
- Lidocaine 2% 3-4mL for immediate pain relief
- Procedure to be performed at Valley View Medical Center Pain Clinic (AAAHC accredited)
- Post-procedure monitoring 30 minutes

Goals of Intervention:
1. Immediate pain relief through local anesthetic effect
2. Reduction of neural inflammation through corticosteroid
3. Potential prevention or minimization of postherpetic neuralgia
4. Allow patient to resume ADLs and restore sleep
5. Facilitate more effective use of oral medications

ONGOING MANAGEMENT PLAN:
- Continue valacyclovir as prescribed (3 more days remaining)
- Continue gabapentin 600mg TID, may increase to 900mg TID based on response
- Continue opioid analgesics as needed for breakthrough pain
- Continue lidocaine patches
- Close follow-up 1 week post-procedure
- Monitor for development of postherpetic neuralgia
- Additional interventions as needed based on response

Note: Standard physical therapy is not appropriate for acute herpes zoster as this is an acute viral infection with nerve inflammation, not a mechanical or degenerative spine condition. Treatment focuses on antiviral therapy, pain control, and prevention of chronic complications.

Respectfully and urgently submitted,

Rajesh Kumar, MD
Board Certified Pain Medicine and Anesthesiology
Valley View Medical Center - Pain Clinic
R. Kumar MD

Date: October 15, 2024, 2:10 PM PST
NPI: 9283746501

Contact for urgent questions:
Direct line: (559) 555-4780
Fax: (559) 555-4782
Email: rkumar@valleyviewpain.com

Please expedite approval - patient in severe distress