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SPOKANE PAIN CENTER

4521 N Division St, Suite 305 | Spokane, WA 99207 | Ph: (509) 555-3820

SPINAL CORD STIMULATOR - PRE-AUTHORIZATION REQUEST

| | | | |
|----------------------------|--|-------------|---------------------|
| Patient: | ANDERSON, SARAH T. | DOB: | 01/12/1977 (Age 48) |
| Insurance: | Medicare Part B ID: MED527849R | | |
| Ordering Physician: | Dr. Jennifer Wilson, MD | NPI: | 1847392650 |
| Diagnosis: | Lumbar Radiculopathy Post-Microdiscectomy (M54.16, M51.26) | | |
| Procedure: | SCS Trial - CPT 63650 | | |
| Request Date: | 09/27/2024 | | |

CLINICAL INDICATION:

48 y/o female s/p L5-S1 microdiscectomy (01/2024) with persistent right leg pain. V AS 7/10. Tried conservative treatments for 6 months post-op without adequate relief. Requesting SCS trial for pain management.

Recent surgery - only 8 mo ago. Tried some meds & PT but maybe too soon? Check if adequate conservative tx.
- JW 9/27

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HISTORY OF PRESENT ILLNESS & EXAMINATION

Provider: Jennifer Wilson, MD | **Date:** 09/22/2024

Ms. Anderson is a 48-year-old woman who presented with acute lumbar disc herniation in late 2023. Conservative management attempted initially but symptoms worsened. She underwent L5-S1 microdiscectomy in January 2024. Post-operatively, she has had persistent right lower extremity radicular pain.

Timeline:

- December 2023: Acute onset severe right leg pain after lifting heavy box at work
- January 2024: MRI showed large L5-S1 disc herniation, L5 nerve root compression
- January 28, 2024: L5-S1 microdiscectomy performed by Dr. Thomas Reynolds
- Post-op course: Initial improvement in leg pain for 2-3 weeks, then recurrence
- Current (September 2024): 8 months post-op, persistent pain despite treatments

Current Symptoms: Right leg pain rated 7/10, shooting from buttock down posterior leg to foot. Worse with sitting and forward bending. Also has low back pain 5/10. Pain limits work activities (office manager) and daily functioning.

PHYSICAL EXAM:

| | |
|------------------|---|
| Vitals: | BP 118/74, HR 72, BMI 26.3 |
| Spine: | Well-healed surgical scar L5-S1. TTP lumbar paraspinals. ROM limited flexion 45° |
| Neuro: | Motor 5/5 all groups. Diminished sensation right L5 distribution. SLR+ right at 35° |
| Reflexes: | Achilles reflex reduced right, patellar symmetric |

IMAGING: MRI lumbar spine (08/2024): Post-surgical changes L5-S1. Small residual/recurrent disc at L5-S1 with mild right lateral recess stenosis. No large herniation. Some epidural scarring.

ASSESSMENT: Persistent radiculopathy following microdiscectomy. Post-laminectomy syndrome, early. Pain not adequately controlled with conservative measures tried to date.

TREATMENT HISTORY - POST-OPERATIVE (JAN 2024 - SEPT 2024)

Duration of Conservative Treatment: 6 months post-operatively (March 2024 - September 2024)

MEDICATIONS TRIED:

| Medication | Duration | Max Dose Reached? |
|------------------------|--------------------------|---|
| Ibuprofen 800mg TID | 4 weeks (March 2024) | Yes - d/c due to GI upset |
| Gabapentin | Ongoing since April 2024 | Currently 900mg/day (300mg TID) - NOT titrated to max |
| Hydrocodone/APAP 5/325 | Ongoing since Feb 2024 | Taking 2-3 tablets daily PRN |

PHYSICAL THERAPY:

- Initial post-op PT: 4 sessions (February 2024) - basic mobility and wound care
- Outpatient PT: 8 sessions at Spokane Rehab (May - June 2024)
- Total: 12 PT sessions over 4 months

INTERVENTIONAL PROCEDURES:

NONE performed. No epidural steroid injections, nerve blocks, or other interventional pain procedures attempted.

PSYCHOLOGICAL EVALUATION:

Completed 09/15/2024 by Dr. Mark Stevens, PhD - Patient cleared from psychological standpoint. No contraindications identified.

Psych cleared but treatment history short. Only 8 mo post-op. Meds not optimized. No injections tried. Might be too early for SCS? - JW

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PSYCHOLOGICAL EVALUATION SUMMARY

Evaluator: Mark Stevens, PhD | **Date:** 09/15/2024

Assessment Results: Patient cooperative, realistic expectations, no psychiatric history, no substance abuse. Pain Disability Index 38/70. BDI-II 14/63 (minimal depression). Good support system.

Recommendation: From psychological standpoint, patient is appropriate candidate for SCS trial. CLEARANCE GRANTED.

Mark Stevens

Mark Stevens, PhD | License: PSY-28419 | Date: 09/15/2024

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PHYSICIAN RECOMMENDATION & PLAN

Physician: Jennifer Wilson, MD | **Date:** 09/27/2024

Summary: 48-year-old female with persistent radiculopathy 8 months following L5-S1 microdiscectomy . Pain significantly impacts function. Conservative treatments tried include medications, physical therapy , and psychological support. Patient meets psychological criteria. Requesting SCS trial.

Requested Procedure: Spinal cord stimulator trial, CPT 63650

ICD-10: M54.16 (Radiculopathy , lumbar), M51.26 (Lumbar disc displacement)

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I certify this information is accurate. Patient has good functional prognosis with additional conservative care.

Jennifer Wilson MD

Jennifer Wilson, MD
Board Certified: Anesthesiology & Pain Medicine
NPI: 1847392650

09/27/2024

Date

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