TEXAS NEUROSCIENCE INSTITUTE

Movement Disorders Program
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SUPPLEMENTAL DOCUMENTATION

Neuropsychological Evaluation Results

RE: SUPPLEMENTAL SUBMISSION FOR PENDING AUTHORIZATION

Original Request Date:	October 10, 2025
Supplemental Date:	October 21, 2025
Patient:	Rodriguez, Maria Isabel
DOB:	07/22/1957
MRN:	TNI-665482
Member ID:	CIG445566778

Purpose of Supplemental Submission

This document provides supplemental neuropsychological evaluation results as referenced in the initial pre-authorization request submitted October 10, 2025. The initial submission noted that formal neuropsychological testing was scheduled and results would follow.

Testing has now been completed. This supplemental submission contains comprehensive neuropsychological evaluation results to complete the assessment of Deep Brain Stimulation candidacy for Mrs. Rodriguez.

Comprehensive Neuropsychological Evaluation

Evaluation Date: October 18, 2025
Evaluator: Rachel Thompson, PhD, ABPP
Board Certified in Clinical Neuropsychology
Duration: 3.5 hours (conducted over two sessions: October 18 and October 19, 2025)

Reason for Referral

Mrs. Rodriguez is a 68-year-old Spanish-English bilingual female with 11-year history of Parkinson's disease being evaluated for Deep Brain Stimulation surgery. Neuropsychological evaluation requested to:

1. Assess current cognitive functioning across all major domains
2. Screen for dementia or significant cognitive impairment that would contraindicate DBS
3. Evaluate capacity to provide informed consent
4. Assess ability to cooperate with surgical procedure and post-operative programming
5. Establish cognitive baseline for post-operative comparison

Background and Clinical Interview

Patient presented with husband for evaluation. She was cooperative, pleasant, and well-groomed. Patient completed testing in English (her preferred language for medical contexts, though Spanish is her first language). Effort was excellent throughout testing with no evidence of symptom exaggeration or poor engagement.

Patient Report: Mrs. Rodriguez reports no significant cognitive concerns. She manages her own medications with reminders from husband (primarily due to motor fluctuations making it difficult to open bottles during "off" periods, not due to forgetting). She continues to manage household finances with her husband, drives independently, engages in social activities, reads regularly, and maintains hobbies including gardening and cooking. She reports occasional word-finding difficulties which she attributes to bilingualism and notes they have not worsened recently.

Collateral Information (Husband): Husband confirms patient remains cognitively intact. No significant memory problems, confusion, or disorientation. She occasionally asks him to repeat things due to difficulty hearing (patient has mild hearing loss), but no repetitive questioning or significant forgetfulness noted. Husband states "her mind is sharp - it's her body that doesn't work sometimes."

Tests Administered

Cognitive Domain	Tests
Global Screening	Montreal Cognitive Assessment (MOCA) Mini-Mental State Examination (MMSE)
Intellectual Function	Wechsler Adult Intelligence Scale-IV (selected subtests)
Memory	California Verbal Learning Test-3 (CVLT-3) Wechsler Memory Scale-IV Logical Memory Rey Complex Figure Test (recall)
Attention & Processing Speed	WAIS-IV Digit Span WAIS-IV Coding & Symbol Search Trail Making Test Part A

Executive Function	Trail Making Test Part B Stroop Color-Word Test Wisconsin Card Sorting Test (abbreviated) Verbal Fluency (FAS, Animals)
Language	Boston Naming Test Token Test
Visuospatial	Rey Complex Figure Test (copy) WAIS-IV Block Design
Mood	Beck Depression Inventory-II (BDI-II) Beck Anxiety Inventory (BAI)
Effort/Validity	Test of Memory Malingering (TOMM)

Test Results and Interpretation

Validity of Testing

TOMM: 50/50 on all trials. Performance indicates excellent effort and valid results. No evidence of symptom exaggeration or poor engagement.

Global Cognitive Screening

Montreal Cognitive Assessment (MOCA): 27/30

- Visuospatial/Executive: 4/5 (lost 1 point on cube drawing - mild tremor affected precision)
- Naming: 3/3
- Attention: 6/6
- Language: 3/3
- Abstraction: 2/2
- Delayed Recall: 4/5 (recalled 4/5 words spontaneously)
- Orientation: 6/6

MMSE: 29/30 (lost 1 point on pentagons - tremor affected drawing)

Interpretation: Both screening measures within normal limits. MOCA score of 27 is solidly in normal range (cutoff typically 26). Minimal point losses attributable to motor factors (tremor affecting drawing) rather than cognitive deficits.

Intellectual Functioning

Estimated Full-Scale IQ: 104 (Average range, 61st percentile)

Performance consistent with patient's educational background (high school graduate with some college). No evidence of intellectual decline from premorbid level.

Memory

Test	Performance	Interpretation
CVLT-3 Immediate Recall (Trials 1-5)	T-score: 52	Average (53rd percentile)
CVLT-3 Short Delay Free Recall	T-score: 54	Average (66th percentile)
CVLT-3 Long Delay Free Recall	T-score: 53	Average (62nd percentile)
CVLT-3 Recognition	T-score: 55	Average (69th percentile)
WMS-IV Logical Memory I (Immediate)	Scaled score: 11	Average (63rd percentile)
WMS-IV Logical Memory II (Delayed)	Scaled score: 10	Average (50th percentile)

Interpretation: Memory functions across both verbal and visual modalities are solidly within normal limits for age. Immediate and delayed recall are both average. Recognition memory intact. No evidence of encoding or consolidation deficits. Pattern entirely inconsistent with dementia.

Attention and Processing Speed

Test	Performance	Interpretation
Digit Span Forward	Scaled score: 10	Average
Digit Span Backward	Scaled score: 11	Average
WAIS-IV Coding	Scaled score: 8	Low Average (motor slowing contributory)
Trail Making Test Part A	38 seconds	Average for age

Interpretation: Sustained attention and working memory are intact. Processing speed mildly reduced on motor-dependent task (Coding) likely due to bradykinesia and tremor rather than cognitive slowing. Trail Making A time is average, suggesting cognitive processing speed preserved.

Executive Function

Test	Performance	Interpretation
Trail Making Test Part B	82 seconds (0 errors)	Average for age
Stroop Interference	T-score: 52	Average
WCST Categories	5/6 categories achieved	Average
WCST Perseverative Errors	Within normal limits	No perseveration

Phonemic Fluency (FAS)	42 words (T-score: 51)	Average
Semantic Fluency (Animals)	19 words	Average

Interpretation: Executive functions are well-preserved. Mental flexibility, inhibitory control, abstract reasoning, planning, and problem-solving all within normal limits. No perseveration or rigid thinking. Verbal fluency average for age.

Language

Boston Naming Test: 56/60 (93rd percentile) - Above average
Token Test: No errors - Auditory comprehension intact
Spontaneous Speech: Fluent, grammatically correct, appropriate content

Interpretation: Language functions preserved. Confrontation naming is actually above average. No aphasia, anomia, or language comprehension deficits.

Visuospatial Function

Rey Complex Figure Copy: 34/36 (adequate) - Minor imprecision due to tremor
WAIS-IV Block Design: Scaled score 10 (average)

Interpretation: Visuospatial and visuoconstructional abilities intact. Minor imprecision on complex drawing attributable to motor factors (tremor) rather than visuospatial deficits.

Mood and Psychiatric

Beck Depression Inventory-II (BDI-II): Score 11 (Minimal depression)
Beck Anxiety Inventory (BAI): Score 8 (Minimal anxiety)

Patient endorsed mild frustration with physical limitations from Parkinson's disease but no significant depressive symptoms. Sleep and appetite normal. Energy level appropriate given PD motor symptoms. No anhedonia, hopelessness, or suicidal ideation. Anxiety minimal.

Summary and Diagnostic Impressions

Cognitive Status: Mrs. Rodriguez's neuropsychological evaluation reveals **cognitive functioning solidly within normal limits for age across all assessed domains.** Specific findings include:

- Global cognition: MOCA 27/30, MMSE 29/30 (both normal)
- Memory: Average performance on all measures of immediate and delayed recall
- Attention: Intact
- Executive function: Preserved across multiple measures
- Language: Above average
- Visuospatial: Intact (minor motor effects on drawing)

There is NO evidence of dementia or significant cognitive impairment. The pattern of performance is entirely normal for a healthy 68-year-old and shows no features suggestive of neurodegenerative cognitive decline.

Minor reductions in performance on some motor-dependent tasks (e.g., Coding, figure drawing) are clearly attributable to motor symptoms of Parkinson's disease (bradykinesia, tremor) rather than cognitive deficits.

Capacity and DBS Candidacy Assessment

Decisional Capacity: Mrs. Rodriguez demonstrates full capacity to provide informed consent for medical procedures. She understands the nature of DBS surgery, can articulate risks and benefits in her own words, appreciates how the decision applies to her situation, and can rationally compare options.

Ability to Cooperate with DBS: Patient has intact cognitive abilities that will allow her to:

- ✓ Cooperate during awake neurosurgical procedure
- ✓ Follow instructions during intraoperative testing
- ✓ Participate meaningfully in post-operative programming sessions
- ✓ Accurately report symptom changes to guide stimulator adjustments
- ✓ Manage post-operative care and follow-up

Cognitive Function would NOT interfere with:

- ✓ Ability to benefit from DBS therapy
- ✓ Participation in programming and medication adjustments
- ✓ Reporting outcomes and symptom changes
- ✓ Compliance with post-operative care

Conclusions and Recommendations

NEUROPSYCHOLOGICAL CLEARANCE FOR DEEP BRAIN STIMULATION SURGERY

Mrs. Rodriguez demonstrates normal cognitive functioning without evidence of dementia or significant cognitive impairment. She does NOT meet exclusion criteria related to cognitive function.

She is APPROVED and CLEARED for DBS candidacy from a neuropsychological perspective.

Patient has excellent cognitive capacity to consent to surgery, cooperate with all aspects of the awake procedure, participate in post-operative programming, and benefit from DBS therapy. There are no cognitive contraindications to proceeding with Deep Brain Stimulation.

Baseline Documentation

These results provide well-documented cognitive baseline that will be valuable for post-operative comparison should any cognitive changes be suspected. Current testing shows solidly normal function across all domains.

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Rachel Thompson, PhD, ABPP
Board Certified Clinical Neuropsychologist
Texas Neuroscience Institute
Date: October 21, 2025

Addendum from Movement Disorder Neurologist

Date: October 21, 2025
From: Lisa Martinez, MD - Movement Disorders Neurology

This supplemental neuropsychological evaluation completes the pre-authorization documentation for Mrs. Rodriguez. As detailed in the comprehensive report above, formal neuropsychological testing confirms normal cognitive function (MOCA 27/30) with no evidence of dementia or cognitive impairment that would contraindicate DBS or interfere with her ability to benefit from the procedure.

All criteria for bilateral STN DBS are now fully documented and met:

- ✓ Diagnosis of idiopathic PD with cardinal features
- ✓ Advanced disease (UPDRS 51 OFF, Hoehn & Yahr Stage 3)
- ✓ Excellent L-dopa responsiveness (63% improvement, clear ON periods)
- ✓ Persistent disabling symptoms despite optimal medical therapy
- ✓ Willingness and ability to cooperate
- ✓ NO cognitive impairment/dementia (now formally documented)
- ✓ All exclusion criteria absent
- ✓ FDA-approved device, qualified providers/facility

Patient is an excellent candidate for bilateral STN DBS.

Lisa Martinez, MD
Movement Disorders Neurology
Date: October 21, 2025