PACIFIC NORTHWEST INTERVENTIONAL PAIN

2847 SW Cedar Hills Blvd, Suite 120, Portland, OR 97225
Tel: 503-555-0723 | Fax: 503-555-0724

PT: Wilson, Rebecca S. **DOB:** 11/04/1971 (52F) **MRN:** PNW-2024-5612
DOS: 09/26/2024 **Provider:** Dr. S. Kumar

PRESENTING PROBLEM:

52F w/ chronic cervicogenic headaches x 2 years, refractory to standard management

HISTORY:

Ms Wilson reports onset of headaches Nov 2022 after rear-end MVA. Describes pain starting at base of skull bilaterally, radiating up to vertex and sometimes to temples. Pain typically 7-8/10, worse with neck movement, prolonged sitting/computer work. Assoc w/ neck stiffness & muscle tension. Occur 18-20 days/month. No aura. Photophobia & phonophobia present during severe episodes.

Initial eval by PCP & neurology ruled out sinusitis, TMJ, intracranial pathology. Dx: cervicogenic HA.

PREVIOUS TREATMENTS:

- NSAIDs (ibuprofen, naproxen) - minimal relief
- Triptans (sumatriptan 100mg) - ineffective for this type of HA
- Muscle relaxants (cyclobenzaprine) x 3 months
- Gabapentin titrated to 900mg TID x 5 months - insufficient
- Amitriptyline 50mg qhs x 4 months - d/c'd 2° side effects
- PT x 8 weeks (completed June 2023) - limited improvement
- Chiropractic adjustments x 12 visits - temporary relief only
- Occipital nerve blocks: performed 4 separate times
  - 1st series: March 2023 (bilateral GON) - relief ~2-3 weeks
  - 2nd series: June 2023 (bilateral GON/LON) - relief ~3 weeks
  - 3rd series: Oct 2023 (bilateral GON) - relief <2 weeks
  - 4th series: Feb 2024 (bilateral GON) - minimal relief <10 days

PMH:

SOC HX:

- MVA 11/2022 w/ whiplash
- HTN (controlled)
- Hyperlipidemia
- GERD

MEDICATIONS:

Gabapentin 600mg TID
Lisinopril 10mg daily
Atorvastatin 20mg qhs
Omeprazole 20mg daily
Sumatriptan 100mg PRN

ALLERGIES:

NKDA

Non-smoker. Occ social drinker (1-2 glasses wine/week). **Denies illicit drug use.** Married, works as accountant. HS pain causing difficulty w/ computer work & concentration. On modified work schedule.

FAM HX:

Father - CAD, stroke
Mother - migraines
Sister - chronic pain

ROS:

Constitutional: denies fever/chills/wt loss. Fatigue 2° to chronic pain/poor sleep.
HEENT: (+) headaches as described. Denies vision changes, tinnitus.
Neuro: (+) HA, neck stiffness. Denies weakness, numbness, seizures.
Psych: Some frustration w/ chronic pain. Denies depression/SI/HI.
All other systems reviewed & negative.

PHYSICAL EXAM:

VS: BP 128/82, HR 74, RR 16, Temp 98.3F, Wt 156 lbs
Gen: A&O x3, NAD
Head/Neck: NC/AT. Tenderness to palp over bilateral occipital nerves (greater & lesser) & upper cervical paraspinals. (+) Tinel's sign at GON bilaterally. ROM limited at extremes 2° pain. No lymphadenopathy.
Neuro: CN II-XII intact. Motor 5/5 UE/LE bilat. Sensation intact. DTRs 2+ symmetric.

DIAGNOSTICS:

MRI C-spine (01/15/2024): Mild degenerative disc disease C5-C6, C6-C7. No significant central canal or foraminal stenosis. No cord compression or myelomalacia.
MRI Brain (12/10/2023): Normal. No masses, bleeds, or acute pathology.
X-ray C-spine (12/05/2023): Mild degenerative changes. Alignment WNL.

PSYCH EVALUATION:

Date: 9/1/2024 **Evaluator:** Linda Morrison, PhD, Licensed Psychologist
Comprehensive eval completed. Pt cooperative, appropriate affect. BDI-II score: 14 (minimal depression). BAI score: 10 (minimal anxiety). Pain catastrophizing scale WNL. **No evidence substance abuse** - confirmed via interview & collateral info. Good support system (spouse, family). Realistic expectations re: neuromodulation. Has engaged in pain psychology tx & utilizes coping strategies. CLEARED for PNS trial. Recommends continued behavioral pain mgmt.

ASSESSMENT & PLAN:

DX: G44.841 - Cervicogenic headache, right side
G44.842 - Cervicogenic headache, left side
M54.2 - Cervicalgia

52F w/ 2-year hx chronic cervicogenic HAs, onset after MVA/whiplash injury. Conservative mgmt including medications, PT, chiropractic, and occipital nerve blocks has provided inadequate sustained relief. HS pain causing significant impact on work & QOL.

Discussed peripheral nerve stimulation targeting bilateral occipital nerves as next treatment option. Explained trial procedure, risks (infection, lead migration, inadequate relief), benefits (potential significant pain reduction), alternatives (continued medical mgmt, other interventions). Pt educated re: realistic expectations - may not eliminate all HAs but goal is meaningful reduction in frequency/intensity.

Educational handouts provided. All questions answered. Pt expresses understanding & desire to proceed.

PLAN:
→ Proceed w/ PNS trial - bilateral occipital nerves (GON ± LON)
→ Percutaneous lead placement, outpatient ASC
→ 5-7 day trial w/ external generator
→ Pain diary during trial
→ F/U 10 days post-placement to assess results & remove leads
→ If trial demonstrates ≥50% improvement → permanent implant consideration
→ Continue current meds during trial

PHYSICIAN RECOMMENDATION:

Authorization requested for: **CPT 64555** (Percutaneous implantation neurostimulator electrodes; peripheral nerve) - Bilateral occipital nerves

Physician: Sunita Kumar, MD (Pain Medicine, Anesthesiology)
NPI: 4567890123

Signature: S. Kumar MD **Date:** 9/26/24