FAX TRANSMISSION
To: Prime Health Insurance - Prior Auth Dept
From: Spine & Pain Center | Fax: (555) 234-5678
Date: 03/14/2024 | Pages: 4 | URGENT - Prior Auth Request

PRIOR AUTHORIZATION REQUEST
EPIDURAL STEROID INJECTION

Patient Name:	Robert M. Thompson
Date of Birth:	08/22/1971
Member ID:	PMH8847362
Requesting Provider:	David Chen, MD
NPI:	1234567890
Date of Request:	03/14/2024

PROCEDURE REQUESTED:

CPT 64483 - Transforaminal epidural injection, lumbar or sacral, single level
Planned approach: Fluoroscopy-guided right L5 TFESI with contrast
Requested date: 03/28/2024

CLINICAL DIAGNOSIS:

M51.16 - Intervertebral disc disorder with radiculopathy, lumbar region
M54.16 - Right lower limb radiculopathy **HISTORY**

OF PRESENT ILLNESS:

Mr. Thompson is a 52 y/o male construction supervisor presenting with 8-week history of progressive right leg pain radiating from lower back down posterior thigh to lateral calf and foot. Pain began after lifting heavy equipment at work. Describes sharp, burning sensation in L5 distribution. Reports numbness in dorsal foot and great toe weakness. Pain rated 8/10 on numeric rating scale. Significant impact on work duties and sleep. Unable to stand >30 minutes or walk >2 blocks without severe symptoms.

CONSERVATIVE TREATMENT HISTORY:

- NSAIDs (ibuprofen 600mg TID) - 6 weeks, minimal relief• Gabapentin 300mg TID - 4 weeks, partial relief of burning sensation
- Physical therapy - 8 sessions over 5 weeks, <30% improvement
- Home exercise program with McKenzie protocol - ongoing
- Activity modification - light duty at work

Patient reports conservative care has provided insufficient relief for return to full duties.

CLINICAL EXAMINATION FINDINGS

PHYSICAL EXAMINATION (03/12/2024):
Vital Signs: BP 132/84, HR 76, BMI 28.3

Musculoskeletal:

- Lumbar ROM: Limited flexion (fingertips to mid-shin),extension limited by pain
- Positive straight leg raise right at 45° (reproduces radicular symptoms)
- Left SLR negative
- Tenderness to palpation paraspinal L4-S1 right > left

Neurological:
- Motor: Right EHL 4/5, tibialis anterior 4+/5, gastroc/soleus 5/5
- Sensory: Decreased light touch dorsal foot right (L5dermatomal pattern)
- Reflexes: Patellar 2+ bilaterally, right Achilles 1+(diminished), left 2+
- Negative Babinski bilaterally

Clinical findings consistent with L5 radiculopathy

FUNCTIONAL ASSESSMENT:
Oswestry Disability Index (ODI) - 03/12/2024: 54% (Severe disability)
- Pain intensity: 4/5
- Personal care: 3/5
- Lifting: 4/5
- Walking: 3/5
- Sitting: 2/5
- Standing: 4/5
- Sleeping: 4/5
- Social life: 3/5• Traveling: 3/5
- Employment/homemaking: 5/5

DIAGNOSTIC IMAGING:

MRI Lumbar Spine (without contrast) - 02/28/2024

Imaging Center: Regional Diagnostic Radiology

FINDINGS:
- L5-S1: Large right paracentral/foraminal disc herniationmeasuring 8mm AP × 6mm transverse. Moderate compression of right L5 nerve root within lateral recess and foramen. Disc material contacts and displaces nerve root. Moderate central canal stenosis.
- L4-L5: Mild diffuse disc bulge, no significant stenosis or nerve compression
- L3-L4: Normal
- No evidence of spinal cord compression
- Vertebral body heights preserved

IMPRESSION: Right L5-S1 paracentral disc herniation with right L5 nerve root compression, concordant with clinical presentation of L5 radiculopathy.

TREATMENT PLAN

PHYSICIAN ASSESSMENT AND RECOMMENDATION:

Mr. Thompson presents with classic L5 radiculopathy secondary to documented L5-S1 disc herniation with nerve root compression on MRI. Clinical examination confirms L5 dermatomal sensory changes and motor weakness. His symptoms have persisted for 8 weeks despite appropriate conservative management including medications, physical therapy, and activity modification. Functional capacity is severely limited (ODI 54%) with significant impact on work and daily activities.

Patient is appropriate candidate for fluoroscopy-guided transforaminal epidural steroid injection at right L5 level. Procedure aims to reduce nerve root inflammation and provide pain relief to allow more effective participation in physical therapy and functional restoration program. Patient has been educated on procedure risks, benefits, and alternatives. He understands this is part of comprehensive treatment plan including ongoing physical therapy and home exercise program. Procedure will be performed with fluoroscopic guidance and contrast to ensure accurate needle placement. Non-particulate steroid (dexamethasone 10mg) will be used given

improvedsafety profile. Patient not on anticoagulation and has no contraindications to procedure.

PLAN:

1. Fluoroscopy-guided right L5 transforaminal epidural steroidinjection
2. Continue physical therapy 2x/week focusing on corestabilization
3. Continue home exercise program
4. Maintain gabapentin 300mg TID
5. Follow-up 2 weeks post-procedure to assess response
6. Measure pain scale and ODI at follow-up for outcomeassessment
7. If <50% improvement at 3 months, will reassess for additionalinterventions

MEDICAL NECESSITY STATEMENT:

This procedure is medically necessary for treatment of documented L5 radiculopathy with concordant imaging findings and clinical examination after failure of appropriate conservative care. Patient cannot perform essential work functions and requires intervention to reduce pain and improve function.

Electronically signed by: David Chen, MD Board Certified Physical Medicine & Rehabilitation
Date/Time: 03/14/2024 14:23
David Chen