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PACIFIC PAIN & SPINE SPECIALISTS

1845 NW Medical Plaza Drive, Suite 300 | Portland, OR 97209
Phone: (503) 555-0147 | Fax: (503) 555-0148

PRIOR AUTHORIZATION REQUEST - SPINAL CORD STIMULATOR

Patient Name:	Thompson, Margaret L.	**DOB:**	03/12/1961
Member ID:	MED847392K	**Age:**	63 years
Insurance:	Medicare Part B - Noridian		
Referring Physician:	Dr. Robert Chen, MD	**NPI:**	1234567890
Procedure Requested:	Spinal Cord Stimulator Trial (CPT 63650)		
Primary Diagnosis:	Failed Back Surgery Syndrome with Radiculopathy (M96.1, M54.16)		

CLINICAL SUMMARY

63 y/o female with chronic low back and bilateral leg pain status post L4-L5, L5-S1 laminectomy and fusion (2019). Patient continues to experience severe radicular pain despite comprehensive conservative management. Pain significantly impacts daily functioning and quality of life.

Current Pain Level: *VAS 8/10 low back, 7-8/10 bilateral legs*

Request Date: 09/15/2024
Submitted by: Jennifer Martinez, RN - Care Coordinator

HISTORY AND PHYSICAL EXAMINATION

Date of Exam: 09/08/2024 | Physician: Robert Chen, MD

CHIEF COMPLAINT:

Chronic intractable low back and bilateral lower extremity pain, refractory to conservative treatment.

HISTORY OF PRESENT ILLNESS:

Mrs. Thompson is a 63-year-old woman with a 5-year history of progressive low back pain and bilateral leg pain. She underwent L4-L5, L5-S1 posterior lumbar interbody fusion with instrumentation in March 2019 for degenerative disc disease and spinal stenosis. Initial post-operative recovery was unremarkable, but she developed persistent and worsening pain approximately 6 months post-surgery.

Pain is described as constant burning and shooting sensation in the lower back radiating into both legs, worse on the right (L5 distribution). Pain intensity ranges from 7-9/10 on VAS scale. Pain is exacerbated by standing, walking, and sitting for prolonged periods. She reports significant functional impairment with inability to perform household activities, gardening (previous hobby), or walk more than 1-2 blocks without severe pain.

PAST MEDICAL HISTORY:

- Lumbar degenerative disc disease
- Failed back surgery syndrome
- Hypertension (controlled)
- Type 2 Diabetes Mellitus (well-controlled, A1C 6.8%)
- Hypothyroidism

SURGICAL HISTORY:

- 03/2019: L4-L5, L5-S1 PLIF with pedicle screw instrumentation
- 11/2020: Revision surgery - hardware adjustment and decompression
- 2015: Cholecystectomy

MEDICATIONS (Current):

- Gabapentin 900mg TID
- Duloxetine 60mg daily
- Hydrocodone/Acetaminophen 10/325mg QID PRN (taking 3-4 times daily)
- Cyclobenzaprine 10mg HS PRN
- Metformin 1000mg BID
- Lisinopril 20mg daily
- Levothyroxine 75mcg daily

Pt very frustrated w/ pain. Has tried everything - meds, PT, injections, even revision surgery. Good candidate otherwise. Psych stable. Should proceed with SCS trial. - RC 9/8

PHYSICAL EXAMINATION:

Vitals: BP 128/82, HR 76, RR 16, Temp 98.4°F, Wt 168 lbs, Ht 5'4"

General: Alert, oriented x3, appears stated age, in moderate discomfort

Musculoskeletal/Spine:

- Well-healed midline lumbar surgical scar
- Tenderness to palpation over L4-S1 region
- Paraspinal muscle spasm bilaterally
- Limited lumbar range of motion (flexion 30°, extension 10°)
- Antalgic gait observed

Neurological Examination:

- Motor: 5/5 strength bilateral upper extremities; Lower extremities 4+/5 right EHL and tibialis anterior, 5/5 left
- Sensory: Decreased sensation to light touch in right L5 distribution
- Reflexes: Patellar 2+ bilaterally, Achilles 1+ bilaterally, Babinski negative
- Straight leg raise: Positive on right at 40°, negative on left
- Patrick test: Negative bilaterally

REVIEW OF IMAGING AND DIAGNOSTIC STUDIES:

MRI Lumbar Spine (07/18/2024): Status post L4-L5, L5-S1 fusion with pedicle screw fixation. Solid fusion noted. Moderate epidural fibrosis at L5-S1. No hardware complications. Mild spinal stenosis at L3-L4 (not surgical). No nerve root compression identified.

EMG/NCS (08/22/2024): Findings consistent with chronic right L5 radiculopathy. No evidence of active denervation. Left side normal.

ASSESSMENT AND PLAN:

Primary Diagnosis: Failed Back Surgery Syndrome with Chronic Radiculopathy (M96.1, M54.16, G89.29)

This is a 63-year-old woman with chronic intractable pain following lumbar fusion surgery. Despite maximal conservative management including multiple medication trials, physical therapy, psychological support, and revision surgery, she continues to experience severe pain that significantly impacts her quality of life and functional capacity.

PLAN: Patient is an appropriate candidate for spinal cord stimulator trial. Will proceed with multidisciplinary evaluation and trial stimulation per protocol.

Electronically signed by: Robert Chen, MD
Date/Time: 09/08/2024 14:32 PST
NPI: 1234567890

DOCUMENTATION OF CONSERVATIVE TREATMENTS

PHARMACOLOGICAL MANAGEMENT (Failed/Inadequate Response):

Medication	Duration	Result/Reason Discontinued
Ibuprofen 800mg TID	6 months (2019-2020)	Minimal relief, GI upset
Meloxicam 15mg daily	4 months (2020)	Inadequate pain control
Gabapentin (titrated to 2700mg/day)	18 months (2020-2022)	Partial relief only, sedation at higher doses
Pregabalin 300mg BID	8 months (2022)	No improvement over gabapentin, weight gain
Amitriptyline 75mg HS	5 months (2021)	Minimal benefit, dry mouth, constipation
Duloxetine 60mg daily	Ongoing since 2022	Partial relief only, continued
Tramadol 50mg QID	6 months (2021)	Inadequate relief, nausea
Hydrocodone/APAP 10/325	Ongoing since 2020	Partial relief, requires 3-4x daily dosing

INTERVENTIONAL PROCEDURES:

- **Epidural Steroid Injections (ESI):** L5-S1 transforaminal ESI x3 (05/2020, 07/2020, 10/2020) - Temporary relief lasting 2-3 weeks only
- **Medial Branch Blocks:** L3-L4, L4-L5 bilateral (03/2021) - Negative response, less than 20% relief
- **Caudal Epidural Injection:** (12/2021) - Minimal benefit
- **Revision Surgery:** Hardware adjustment and decompression (11/2020) - No significant improvement in pain

PHYSICAL THERAPY AND REHABILITATION:

- Physical therapy: 24 sessions over 6 months (01/2020 - 07/2020) at Northwest Rehab Center - Limited improvement, unable to progress due to pain
- Aquatic therapy: 12 sessions (08/2021 - 10/2021) - Minimal benefit
- Home exercise program: Ongoing compliance documented, limited by pain
- TENS unit trial: Used for 4 months (2021) - No significant relief

BEHAVIORAL HEALTH INTERVENTIONS:

- Cognitive Behavioral Therapy for pain: 12 sessions with Dr. Lisa Patterson, PhD (2021-2022) - Helpful for coping but pain remains severe
- Pain psychology consultation: Completed 06/2024 - Cleared for device implantation
- Currently utilizing relaxation techniques and mindfulness practices

PSYCHOLOGICAL EVALUATION FOR SCS CANDIDACY

Evaluator: Sarah Morrison, PsyD | Date: 08/29/2024

REASON FOR REFERRAL:

Pre-implantation psychological evaluation for spinal cord stimulator trial per insurance requirements and standard of care.

EVALUATION METHODS:

- Clinical interview (90 minutes)
- Pain Disability Index (PDI)
- Beck Depression Inventory-II (BDI-II)
- Brief Pain Inventory (BPI)
- Pain Catastrophizing Scale (PCS)

CLINICAL PRESENTATION:

Mrs. Thompson presented as cooperative and engaged throughout the evaluation. She demonstrated good insight into her condition and realistic expectations regarding SCS therapy. No evidence of significant cognitive impairment. Speech was clear and thought process was logical and goal-directed.

PSYCHOMETRIC RESULTS:

- **PDI:** Score 42/70 (Moderate disability)
- **BDI-II:** Score 18/63 (Mild to moderate depression, situational)
- **BPI Pain Severity:** Average 7.5/10
- **BPI Interference:** Average 7.2/10 (significant interference with daily activities)
- **PCS:** Score 24/52 (Moderate catastrophizing, within acceptable range)

SUBSTANCE USE HISTORY:

No history of alcohol or illicit drug abuse. Currently taking opioid medication as prescribed without evidence of aberrant behavior. Last urine drug screen (08/15/2024) consistent with prescribed medications, negative for illicit substances.

PSYCHIATRIC HISTORY:

Patient reports mild situational depression related to chronic pain and functional limitations. No prior psychiatric hospitalizations. No history of suicide attempts. Denies current suicidal or homicidal ideation. No history of psychotic symptoms.

UNDERSTANDING AND EXPECTATIONS:

Mrs. Thompson demonstrates excellent understanding of SCS therapy, including:

- Trial phase nature and purpose
- Realistic goal of 50-70% pain reduction (not complete elimination)
- Commitment to post-implant programming and follow-up
- Possibility of trial failure or complications
- Ongoing need for multimodal pain management

SUPPORT SYSTEM:

Married for 38 years with strong spousal support. Two adult children living nearby. Active in church community. Good social support network.

SUMMARY AND RECOMMENDATION:

Mrs. Thompson is psychologically appropriate for spinal cord stimulator trial. She demonstrates:

- Realistic expectations about outcomes
- Good coping strategies and psychological resilience
- No active untreated psychiatric disorder
- No substance abuse issues
- Strong motivation and support system
- Appropriate understanding of treatment

CLEARANCE GRANTED for SCS trial implantation.

Sarah Morrison

Sarah Morrison, PsyD
Licensed Clinical Psychologist
License: PSY-29847
Date: 08/29/2024

PAIN MANAGEMENT FOLLOW-UP NOTES

Visit Date: 07/22/2024

Provider: Dr. Robert Chen, MD

Interval: Patient continues with severe pain despite maximum medical management. VAS 8/10 back, 7/10 bilateral legs. Pain limits ambulation to less than 5 minutes. Unable to perform ADLs independently. Functional capacity significantly impaired.

Current medications: Gabapentin 900mg TID, Duloxetine 60mg daily, Hydrocodone/APAP 10/325mg QID (taking 3-4x daily), muscle relaxant PRN

Assessment: Failed back surgery syndrome with chronic radiculopathy refractory to conservative management. Patient has exhausted reasonable non-invasive options.

Plan: Discussed spinal cord stimulator as next treatment option. Patient interested and appropriate candidate. Will obtain psychological clearance and proceed with insurance authorization.

Visit Date: 05/14/2024

Provider: Dr. Robert Chen, MD

Interval: Patient reports no improvement with current regimen. Pain unchanged. Attempted to increase gabapentin to 1200mg TID but developed significant sedation and dizziness. Reduced back to 900mg TID.

Exam: Antalgic gait, limited ROM lumbar spine, positive SLR right, neurologically stable

Assessment: Chronic intractable pain, inadequate response to pharmacotherapy

Plan: Continue current medications. Patient declining further injections given poor prior response. Will consider neuromodulation options at next visit.

Visit Date: 03/11/2024

Provider: Maria Gonzalez, NP

Pain levels: Back 7-8/10, legs 7/10. No significant change from prior visits.

Medication review: Compliance good. No side effects currently. Opioid agreement reviewed and signed. UDS scheduled.

Functional status: Patient rates disability at 8/10. Cannot work, limited household activities, requires assistance with shopping and heavy chores.

Plan: Continue current regimen. Follow-up Dr. Chen 2 months.

PAIN DIARY SUMMARY (August 2024):

Parameter	Average	Range
Back Pain (VAS 0-10)	7.8	6-9
Leg Pain (VAS 0-10)	7.2	5-8
Sleep Quality (1-10)	4.1	2-6

Parameter	Average	Range
Daily Function (1-10)	3.5	2-5

MULTIDISCIPLINARY TEAM CONFERENCE NOTE

Conference Date: 09/05/2024

PARTICIPANTS:

- Dr. Robert Chen, MD - Pain Management Physician
- Dr. Sarah Morrison, PsyD - Clinical Psychologist
- Maria Gonzalez, NP - Pain Management Nurse Practitioner
- Lisa Tran, PT, DPT - Physical Therapist
- Jennifer Martinez, RN - Care Coordinator

CASE PRESENTATION:

63-year-old female with 5+ year history of chronic intractable pain following L4-L5, L5-S1 fusion. Failed comprehensive conservative management including multiple medication trials, physical therapy, interventional procedures, behavioral health interventions, and revision surgery.

TEAM DISCUSSION SUMMARY:

Dr. Chen: Patient meets all medical criteria for SCS trial. Diagnosis of failed back surgery syndrome with chronic radiculopathy well-documented. Conservative treatments exhausted over 4+ years. Pain significantly impacts quality of life and functional capacity. Recent imaging confirms solid fusion without hardware complications. No surgical options available.

Dr. Morrison: Psychological evaluation completed 08/29/2024. Patient demonstrates appropriate expectations, no active psychiatric contraindications, no substance abuse issues. Strong support system. Cleared for device implantation from psychological standpoint.

NP Gonzalez: Patient compliant with treatment regimen. Opioid therapy managed appropriately without aberrant behaviors. Regular UDS negative for illicit substances. Pain medication effectiveness has plateaued despite optimization attempts.

Lisa Tran, PT: Patient completed physical therapy program with limited benefit due to pain severity. Functional capacity significantly restricted - unable to walk more than 5 minutes, difficulty with basic ADLs. Home exercise program compliance good but limited by pain. Further PT unlikely to provide additional benefit without improved pain control.

RN Martinez: Patient education regarding SCS completed. Patient verbalizes understanding of trial process, realistic expectations, and commitment to follow-up. Insurance verification completed - meets coverage criteria per LCD L36204.

TEAM CONSENSUS DECISION:

The multidisciplinary team unanimously agrees that Mrs. Thompson is an appropriate candidate for spinal cord stimulator trial based on the following:

- Diagnosis of failed back surgery syndrome with chronic radiculopathy (covered indication)
- Comprehensive conservative treatment failures over 4+ years
- Psychological clearance obtained
- No medical contraindications
- Realistic expectations and strong support system
- Significant functional impairment despite maximum medical management
- SCS represents appropriate next step in pain management algorithm

PLAN:

- Proceed with prior authorization for SCS trial
- Patient education materials provided
- Schedule trial pending insurance approval
- Continue current medications during authorization process
- Follow-up in clinic in 2 weeks or sooner if issues arise

Documented by: Jennifer Martinez, RN
Date: 09/05/2024

Reviewed and co-signed by: *Robert Chen* Robert Chen, MD

PHYSICIAN ASSESSMENT AND RECOMMENDATION

CLINICAL SUMMARY:

Mrs. Margaret Thompson is a 63-year-old woman presenting with chronic intractable pain secondary to failed back surgery syndrome following L4-L5, L5-S1 posterior lumbar interbody fusion performed in March 2019. Despite comprehensive conservative management over the past 5 years, including multiple medication trials, physical therapy, interventional procedures, behavioral health support, and revision surgery, she continues to experience severe pain (VAS 7-8/10) that significantly impairs her functional capacity and quality of life.

TREATMENT PLAN:

Procedure: Spinal cord stimulator trial (percutaneous lead placement)

CPT Code: 63650 (Percutaneous implantation of neurostimulator electrode array)

ICD-10 Diagnosis Codes: M96.1 (Postlaminectomy syndrome), M54.16 (Radiculopathy, lumbar region), G89.29 (Other chronic pain)

Planned Location: Outpatient surgical center

Trial Duration: 7-10 days

Success Criteria: At least 50% pain reduction and/or significant functional improvement per LCD L36204. If trial successful, will proceed with permanent implantation.

Post-Trial Management: Continue current medication regimen during trial. Adjust based on trial results. Multidisciplinary follow-up maintained.

EXPECTED OUTCOMES:

Based on current evidence, SCS therapy has shown effectiveness for failed back surgery syndrome with radiculopathy. Anticipated outcomes include:

- 50-70% reduction in pain intensity
- Improved functional capacity and activities of daily living
- Potential reduction in opioid medication requirements
- Enhanced quality of life

I certify that the above information is accurate and complete to the best of my knowledge. I have personally examined this patient and believe spinal cord stimulator trial is medically necessary and appropriate for the treatment of her condition.

Robert Chen MD

09/15/2024

Date

Robert Chen, MD
Pain Management Specialist
Board Certified: Anesthesiology & Pain Medicine
NPI: 1234567890 | License: MD-58392

END OF MEDICAL RECORD - Page 8 of 8