

FAX TRANSMISSION - Pages: 7 | From: METRO PAIN CLINIC | Date: 09/03/2024 9:42 AM

**METROPOLITAN PAIN & WELLNESS CLINIC**

4567 Main Street, Suite 850 | Salt Lake City, UT 84111  
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**PRIOR AUTHORIZATION REQUEST - SPINAL CORD STIMULATOR**

<b>Patient Name:</b>	Washington, Debra A.	<b>DOB:</b>	11/08/1957
<b>Member ID:</b>	MED739265P	<b>Age:</b>	67 years
<b>Insurance:</b>	Medicare Part B - Noridian		
<b>Referring Physician:</b>	Dr. Michael Thompson, MD	<b>NPI:</b>	1765432109
<b>Procedure Requested:</b>	Spinal Cord Stimulator Trial (CPT 63650)		
<b>Primary Diagnosis:</b>	Diabetic Polyneuropathy with Chronic Pain (E11.42)		

**CLINICAL SUMMARY**

67 y/o female with Type 2 Diabetes Mellitus x15 years, now with severe diabetic peripheral neuropathy of bilateral lower extremities. Patient experiences constant severe burning pain in both feet (VAS 7-8/10) despite optimal diabetic control (A1C 6.9%) and comprehensive conservative management over 4+ years. Significant functional impairment affecting mobility and quality of life.

**Current Pain Level:** VAS 7-8/10 bilateral feet, constant burning/tingling

*DM well controlled - important for healing. Tried everything for neuropathy pain. Good candidate. Psych cleared. - MT 9/3*

**Request Date:** 09/03/2024  
**Submitted by:** Lisa Anderson, PA-C

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## HISTORY AND PHYSICAL EXAMINATION

Date of Exam: 08/28/2024 | Physician: Michael Thompson, MD

### CHIEF COMPLAINT:

Severe chronic pain in both feet secondary to diabetic neuropathy, unresponsive to multiple treatments.

### HISTORY OF PRESENT ILLNESS:

Mrs. Washington is a 67-year-old woman with longstanding Type 2 Diabetes Mellitus diagnosed 15 years ago. Over the past 4-5 years, she has developed progressive painful diabetic peripheral neuropathy affecting both lower extremities, primarily the feet. Pain is described as severe constant burning sensation with intermittent sharp shooting pains, rated 7-8/10 on VAS scale. Pain is worse at night, interfering significantly with sleep. She also experiences numbness and tingling in the feet.

Functionally, Mrs. Washington has significant limitations. Walking is limited to short distances (less than 1 block) due to pain. She has difficulty standing for more than 10-15 minutes. Previously active with gardening and community volunteering, she has had to give up these activities. Sleep is severely disrupted with average 3-4 hours per night due to pain.

Her diabetes is well-controlled with current A1C of 6.9%. She is followed by endocrinology and is compliant with diabetes management. She has tried numerous medications for neuropathic pain without adequate relief.

### PAST MEDICAL HISTORY:

- Type 2 Diabetes Mellitus x15 years (well-controlled)
- Diabetic peripheral neuropathy x4+ years
- Hypertension (controlled)
- Hyperlipidemia (controlled)
- Diabetic retinopathy (mild, stable)
- Osteoarthritis bilateral knees

### SURGICAL HISTORY:

- Cholecystectomy (2015)
- Right knee arthroscopy (2018)
- No foot surgeries

### MEDICATIONS (Current):

- Metformin 1000mg BID
- Insulin glargine 24 units HS
- Pregabalin 300mg BID (maximum dose)
- Duloxetine 60mg daily
- Gabapentin 800mg TID (added to pregabalin for synergy)
- Nortriptyline 50mg HS
- Tramadol 50mg QID PRN
- Lisinopril 20mg daily
- Atorvastatin 40mg daily
- Aspirin 81mg daily

### SOCIAL HISTORY:

Retired teacher. Widowed, lives alone but has supportive adult children nearby. Non-smoker. No alcohol use. Very compliant with medical care.

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## PHYSICAL EXAMINATION:

**Vitals:** BP 128/76, HR 72, RR 16, Temp 98.6°F, Wt 165 lbs, Ht 5'5", BMI 27.5

**General:** Well-appearing female, alert and oriented, NAD at rest

### Lower Extremity Examination:

- **Inspection:** No foot ulcers, no deformities, toenails trimmed appropriately
- **Skin:** Dry skin both feet, no erythema, no wounds
- **Vascular:** Dorsalis pedis pulses 2+ bilaterally, posterior tibial pulses 2+ bilaterally, capillary refill less than 2 seconds, no edema
- **Monofilament testing:** Decreased sensation to 10g monofilament on plantar surface both feet (unable to feel in multiple locations)
- **Vibration:** Decreased vibration sense at great toes bilaterally (128 Hz tuning fork)
- **Temperature:** Decreased temperature discrimination bilateral feet
- **Pinprick:** Decreased pinprick sensation bilateral feet in stocking distribution
- **Motor:** 5/5 strength bilateral lower extremities, able to stand on toes and heels (limited by pain)
- **Reflexes:** Ankle reflexes absent bilaterally, knee reflexes 1+ bilaterally
- **Gait:** Slow, cautious gait, using walker for stability

## DIAGNOSTIC STUDIES:

**EMG/NCS (07/2024):** Severe sensorimotor polyneuropathy, bilateral lower extremities. Findings consistent with diabetic polyneuropathy. No evidence of radiculopathy or focal entrapment.

**Vascular Studies - Lower Extremity Arterial Doppler (06/2024):** Normal arterial flow bilaterally. ABI 1.05 right, 1.02 left. No evidence of peripheral arterial disease.

### Recent Labs (08/2024):

- A1C: 6.9% (well-controlled)
- Fasting glucose: 118 mg/dL
- Vitamin B12: 485 pg/mL (normal)
- Thyroid function: Normal
- Comprehensive metabolic panel: WNL

**Diabetic Foot Exam (08/2024):** No active ulcers, no calluses, no deformities. Adequate perfusion. Podiatry following.

*No foot ulcers - good! Pulses intact. DM control excellent. Neuropathy severe but vascular status OK for implant. Ready to proceed.*

## ASSESSMENT:

**Primary Diagnosis:** Painful Diabetic Peripheral Neuropathy, Bilateral Lower Extremities (E11.42)

67-year-old woman with Type 2 DM and severe painful diabetic neuropathy despite excellent glycemic control and comprehensive conservative management. All appropriate medications tried without adequate relief. Significant functional impairment and poor quality of life.

**PLAN:** Appropriate candidate for spinal cord stimulator trial.

**Electronically signed by:** Michael Thompson, MD  
**Date/Time:** 08/28/2024 16:45 MST  
**NPI:** 1765432109

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## CONSERVATIVE TREATMENT DOCUMENTATION

### **PHARMACOLOGICAL MANAGEMENT:**

Medication	Duration/Dose	Outcome
Gabapentin (titrated to 2400mg/day)	18 months (2020-2022)	Partial benefit, reduced to 800mg TID due to sedation
Pregabalin (titrated to 600mg/day)	Ongoing since 2022	Better than gabapentin, continued at 300mg BID
Duloxetine 60mg daily	Ongoing since 2021	Modest benefit, continued
Venlafaxine 225mg daily	8 months (2020-2021)	Discontinued due to elevated BP
Amitriptyline (titrated to 75mg HS)	10 months (2020-2021)	Intolerable side effects (dry mouth, urinary retention)
Nortriptyline (titrated to 50mg HS)	Ongoing since 2021	Better tolerated, minimal benefit for pain
Tramadol 50mg QID	Ongoing since 2020	Mild benefit for breakthrough pain
Topical capsaicin 0.075%	6 months (2021)	Initial burning intolerable, discontinued
Lidocaine patches 5%	12 months (2022-2023)	Minimal benefit
Alpha-lipoic acid 600mg daily	12 months (2021-2022)	No benefit

### **DIABETES MANAGEMENT:**

- Endocrinology co-management - Dr. Sarah Kim, MD
- A1C consistently below 7.0% for past 3 years
- Tight glycemic control maintained
- Continuous glucose monitor used
- Diabetes self-management education completed

### **PHYSICAL THERAPY:**

- Physical therapy: 18 sessions over 4 months (03/2023 - 07/2023)
- Focus on balance, gait training, fall prevention
- Therapeutic exercises for lower extremity strength
- Limited progression due to pain severity
- Home exercise program provided, patient compliant

### **PODIATRY CARE:**

- Regular podiatry visits every 3 months
- Diabetic shoe fitting with custom orthotics
- Nail care and foot maintenance
- No history of foot ulcers

### **PSYCHOLOGICAL INTERVENTIONS:**

- Pain psychology: 8 sessions with Dr. Robert Wilson, PhD (2023)
- CBT for chronic pain and sleep hygiene

- Pre-implant psychological evaluation completed 08/2024 - CLEARED

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## PSYCHOLOGICAL EVALUATION

Evaluator: Robert Wilson, PhD | Date: 08/22/2024

### EVALUATION SUMMARY:

Mrs. Washington is a pleasant 67-year-old woman who presented for pre-SCS psychological evaluation. She was cooperative, engaged, and demonstrated excellent understanding of the procedure and realistic expectations.

### ASSESSMENT RESULTS:

- **Pain Disability Index:** 44/70 (Moderate-severe disability)
- **Beck Depression Inventory-II:** 15/63 (Minimal to mild depression)
- **Brief Pain Inventory:** Pain severity 7.5/10, Interference 7.8/10
- **Pain Catastrophizing Scale:** 18/52 (Low, favorable)
- **Insomnia Severity Index:** 19/28 (Moderate insomnia secondary to pain)

### CLINICAL PRESENTATION:

Patient presented with normal mood and affect. Good insight into her condition. No cognitive deficits noted. Demonstrates strong coping skills and resilience despite chronic pain. Good support system.

### SUBSTANCE USE:

Denies any history of substance abuse. Takes all medications as prescribed. Recent UDS (08/15/2024) consistent with prescribed medications, negative for illicit substances. No alcohol use.

### PSYCHIATRIC HISTORY:

No history of psychiatric disorders, hospitalizations, or suicide attempts. Denies current mood disorder beyond mild situational frustration with pain limitations. No suicidal or homicidal ideation. Sleep disturbance related to pain.

### EXPECTATIONS:

Mrs. Washington has realistic expectations. Understands trial nature, knows complete pain elimination is unlikely, goal is 50-70% reduction. Committed to follow-up and programming. Understands risks and benefits.

### SUPPORT SYSTEM:

Widowed but has excellent family support. Two adult children live locally and are very involved. Active in church. Strong social network despite activity limitations.

### RECOMMENDATION:

**Mrs. Washington is an excellent candidate for SCS trial. No psychological contraindications. Strong coping skills, realistic expectations, good support. CLEARANCE GRANTED.**

*Robert Wilson*

Robert Wilson, PhD  
Licensed Clinical Psychologist



License: PSY-24681  
Date: 08/22/2024

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## MULTIDISCIPLINARY TEAM CONFERENCE

Conference Date: 08/30/2024

### **PARTICIPANTS:**

- Dr. Michael Thompson, MD - Pain Management
- Dr. Sarah Kim, MD - Endocrinology
- Dr. Robert Wilson, PhD - Psychology
- Lisa Anderson, PA-C - Pain Management
- Maria Garcia, RN - Care Coordinator

### **DISCUSSION:**

**Dr. Thompson:** Patient has severe painful diabetic neuropathy despite excellent glycemic control. All appropriate medications tried at therapeutic doses. Significant functional impairment. Meets all criteria for SCS trial.

**Dr. Kim (Endocrinology):** Diabetes well-controlled, A1C 6.9%. No active foot ulcers. Good wound healing capacity. Vascular studies normal. From endocrine standpoint, she is appropriate candidate. Will continue close monitoring.

**Dr. Wilson (Psychology):** Psychological evaluation completed. No contraindications. Excellent coping, realistic expectations, strong support. Cleared for procedure.

**PA Anderson:** Conservative treatments exhausted. PT completed. Medications optimized. Documentation complete.

### **CONSENSUS:**

Multidisciplinary team unanimously recommends proceeding with SCS trial. Patient meets all medical and psychological criteria. Diabetes control excellent which is favorable for healing. Will proceed with authorization.

Documented by: Maria Garcia, RN  
Date: 08/30/2024

Reviewed by: *Michael Thompson* Michael Thompson, MD

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## PHYSICIAN ASSESSMENT AND RECOMMENDATION

### CLINICAL SUMMARY:

Mrs. Debra Washington is a 67-year-old woman with Type 2 Diabetes Mellitus for 15 years and severe painful diabetic peripheral neuropathy affecting bilateral lower extremities for over 4 years. Despite excellent glycemic control (A1C 6.9%) and comprehensive conservative management including multiple neuropathic pain medications at maximum tolerated doses, physical therapy, and psychological support, she continues to experience severe intractable burning pain (VAS 7-8/10) with significant functional limitations and sleep disruption.

### TREATMENT PLAN:

**Procedure:** Spinal cord stimulator trial (percutaneous lead placement)

**CPT Code:** 63650

**ICD-10 Code:** E11.42 (Type 2 diabetes mellitus with diabetic polyneuropathy)

**Planned Location:** Outpatient surgical center

**Trial Duration:** 7-10 days

**Success Criteria:** At least 50% pain reduction and/or functional improvement per LCD L36204

**Special Considerations:** Diabetes well-controlled. No active foot ulcers. Normal vascular studies. Endocrinology will continue co-management throughout trial and permanent implant process.

### EXPECTED OUTCOMES:

- 50-70% reduction in neuropathic pain intensity
- Improved sleep quality
- Enhanced mobility and functional capacity
- Improved quality of life
- Potential reduction in medication requirements

I certify that this information is accurate. I have examined this patient and believe SCS trial is medically necessary and appropriate for her diabetic neuropathy pain.

*Michael Thompson MD*

09/03/2024

Date

Michael Thompson, MD  
Pain Management Specialist  
Board Certified: Anesthesiology & Pain Medicine  
NPI: 1765432109 | License: MD-61482

This document contains confidential health information.

END OF MEDICAL RECORD - Page 7 of 7