ADVANCED NEUROSURGICAL SPINE CENTER

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PRIOR AUTHORIZATION REQUEST

Repeat Therapeutic Epidural Steroid Injection

PATIENT INFORMATION

Patient Name: Michael J. Patterson

Date of Birth: 03/12/1959 (Age 65)

Member ID: AETNA-NC-8473625

Requesting Provider: Dr. Susan Chen, MD, FAANS - Neurosurgery

Provider NPI: 1928374650

Request Submitted: May 8, 2024

PROCEDURE REQUESTED

CPT Code: 64483 - Transforaminal epidural injection, lumbar, single level

Procedure Description: Fluoroscopy-guided right L4 transforaminal epidural steroid injection with contrast verification

Medication: Dexamethasone 8mg (non-particulate corticosteroid) + Lidocaine 1%

Scheduled Date: May 23, 2024

Injection Type: Repeat therapeutic injection (Third injection - see treatment history below)

DIAGNOSIS CODES

Primary: M96.1 - Postlaminectomy syndrome, not elsewhere classified

Secondary:	M51.16 - Intervertebral disc disorder with radiculopathy, lumbar region
Secondary:	M54.16 - Radiculopathy, lumbar region (right L4 distribution)
Tertiary:	M99.03 - Segmental dysfunction, lumbar region

SURGICAL HISTORY & CLINICAL CONTEXT

RELEVANT SURGICAL HISTORY:

Patient underwent L3-L4 and L4-L5 bilateral laminectomy with foraminotomy on November 15, 2023 (6 months ago) performed by Dr. Robert Williams at Carolina Surgical Hospital for severe lumbar spinal stenosis with bilateral neurogenic claudication. Initial post-operative recovery was excellent with complete resolution of bilateral leg symptoms for approximately 3 months.

Current Presentation:

Mr. Patterson is a 65-year-old retired firefighter who presents with recurrent right lower extremity radicular pain that began approximately 3 months post-operatively (February 2024). He describes sharp, shooting pain radiating from the right lower back into the anterior thigh and medial calf, consistent with L4 dermatomal distribution. Pain is accompanied by intermittent numbness in the medial aspect of the right foot and subjective weakness when climbing stairs.

Symptom Characteristics:

- Pain onset: Mid-February 2024 (approximately 3 months post-op)
- Quality: Sharp, lancinating pain with burning component
- Distribution: Right lower back → anterior thigh → medial calf → medial foot (L4 pattern)
- Current intensity: 7/10 on Numeric Rating Scale (NRS) when symptomatic
- Aggravating factors: Prolonged standing, walking >1 block, stair climbing, transitioning sit-to-stand
- Relieving factors: Lying supine, sitting with lumbar support
- Associated symptoms: Intermittent paresthesias in medial foot, perceived right quadriceps weakness
- Impact: Significant limitation in ADLs including walking dog, yard work, and recreational activities

DIAGNOSTIC IMAGING

MRI Lumbar Spine with and without contrast

Date: April 18, 2024

Facility: Charlotte Advanced Imaging

Indication: Post-laminectomy syndrome with recurrent radiculopathy

Technique: Multiplanar, multisequence MRI including post-contrast images to evaluate for postoperative changes and recurrent pathology.

Findings:

- **L3-L4:** Status post bilateral laminectomy with adequate decompression. No significant recurrent stenosis. Bilateral foramina patent.
- **L4-L5:** Status post bilateral laminectomy and foraminotomy. Adequate central canal decompression maintained. **New finding: Right paracentral/foraminal disc protrusion at L4-L5 measuring 5mm, likely representing recurrent or residual disc material. This protrusion contacts and mildly displaces the right L4 nerve root in the lateral recess and foramen.** Left foramen remains patent post-operatively.
- **L5-S1:** Mild degenerative changes, no stenosis or herniation.
- Postoperative changes including laminectomy defects at L3-L4 and L4-L5 with expected epidural scarring.
- No evidence of fluid collection, abscess, or hematoma.
- Vertebral body alignment maintained, no instability on flexion-extension views (from prior study).

Impression:

1. Post-laminectomy state L3-L4 and L4-L5 with adequate decompression
2. New/recurrent right L4-L5 paracentral disc protrusion with right L4 nerve root contact and mild displacement
3. Findings concordant with right L4 radiculopathy symptoms

PHYSICAL EXAMINATION

Examination Date: May 6, 2024

Vital Signs: BP 142/86, HR 68, BMI 29.1, Afebrile

Inspection: Well-healed surgical scar L3-L5 midline, no erythema or drainage. No spinal deformity.

Range of Motion:

- Lumbar flexion: 70° (limited compared to immediate post-op when full flexion achieved)

- Extension: 15° (reproduces right leg pain)
- Lateral bending: Right 20°, Left 25° (right limited by pain)

Palpation: Tenderness right paraspinal L4-L5 region, no midline tenderness over surgical site.

Neurological Examination:

Parameter	Right Lower Extremity	Left Lower Extremity
Motor Strength		
Hip Flexion (L2-L3)	5/5	5/5
Quadriceps/Knee Extension (L4)	4+/5 (mild weakness)	5/5
Tibialis Anterior (L4-L5)	5/5	5/5
EHL (L5)	5/5	5/5
Gastrocnemius (S1)	5/5	5/5
Sensory	Decreased light touch medial foot/ankle (L4)	Intact all dermatomes
Reflexes		
Patellar (L4)	1+ (diminished)	2+
Achilles (S1)	2+	2+

Special Tests:

- Straight Leg Raise: Positive right at 50° (reproduces radicular pain)
- Femoral Nerve Stretch: Positive right (reproduces anterior thigh pain)
- Patrick's/FABER Test: Negative bilaterally

FUNCTIONAL ASSESSMENT

Oswestry Disability Index (ODI) - Administered May 6, 2024:
Score: 52% (Severe Disability)

Domain	Score	Notes
Pain Intensity	4/5	Severe pain limiting function
Personal Care	2/5	Slow but independent
Lifting	4/5	Cannot lift >10 lbs
Walking	4/5	Limited to 1-2 blocks
Sitting	2/5	Can sit with support
Standing	4/5	Cannot stand >20 minutes
Sleeping	3/5	Disturbed by pain
Social Life	3/5	Restricted activities
Traveling	4/5	Difficult >30 minutes
Employment/Recreation	5/5	Unable to engage

Comparison to Pre-Injection Baseline (see prior treatment history): ODI has increased from 26% (minimal disability) immediately post-surgery to current 52%, representing significant functional decline with symptom recurrence.

CONSERVATIVE TREATMENT & PRIOR INJECTIONS

PRIOR EPIDURAL STEROID INJECTION HISTORY:

Injection #	Date	Procedure	Response & Duration
First Injection	September 12, 2023	Right L4-L5 TFESI (pre-operative, for initial stenosis symptoms)	**70% pain reduction, lasted 6 weeks** before surgery. Allowed patient to complete pre-surgical optimization and physical therapy.
Second Injection	March 5, 2024	Right L4 TFESI (for recurrent post-op symptoms)	**65% pain reduction for 8 weeks**. NRS improved from 8/10 to 3/10. ODI improved from 58% to 28%. Effect began wearing off in late April 2024.

Current Request	May 23, 2024 (proposed)	Right L4 TFESI (repeat for symptom recurrence)	Goal: Provide sustained pain relief to allow continued conservative management and avoid revision surgery

Time Interval Analysis:

- First injection: September 12, 2023
- Second injection: March 5, 2024 (174 days / ~5.8 months after first)
- Third injection (proposed): May 23, 2024 (79 days / ~2.6 months after second)
- **Total timeframe: 3 injections over 8.4 months - within LCD frequency guidelines**

Current Conservative Management (Ongoing):

Modality	Details	Duration
Physical Therapy	Specialized post-surgical rehabilitation with McKenzie method and core stabilization	3x per week since March 2024 (9 weeks), total 27 sessions
Home Exercise Program	Daily lumbar stabilization exercises, nerve glides, gentle stretching	Daily since February 2024
Medications	Gabapentin 600mg TID (neuropathic pain) Meloxicam 15mg daily (anti-inflammatory) Acetaminophen 650mg TID PRN	Gabapentin: 12 weeks Meloxicam: 10 weeks
Activity Modification	Avoiding prolonged standing/walking, using assistive devices for longer distances	Ongoing since symptom onset

RATIONALE FOR REPEAT INJECTION

Mr. Patterson has demonstrated clear, documented benefit from his previous epidural steroid injection on March 5, 2024, with 65% pain reduction and significant functional improvement (ODI 58% → 28%) that lasted 8 weeks. This response duration exceeds the minimum 3month benefit criterion for repeat injections in many guidelines.

His current recurrent symptoms are directly attributable to the newly identified right L4-L5 disc protrusion seen on the April 2024 MRI, which represents interval progression since his postoperative imaging. Clinical examination confirms L4 radiculopathy with objective findings including diminished quadriceps strength (4+/5), reduced patellar reflex, and dermatomal sensory changes.

Patient continues active participation in physical therapy (3x per week) and comprehensive home exercise program. He is motivated to avoid revision surgery and wishes to maximize conservative treatment options. Given his documented positive response to the previous injection and the clear anatomical basis for his current symptoms, repeat injection is appropriate and medically necessary.

Alternative Treatment Considerations:

- **Revision Surgery:** Patient is not currently a surgical candidate per neurosurgical assessment. Symptoms not severe enough to warrant repeat decompression at this time. Conservative management preferred.
- **Oral Corticosteroids:** Less targeted, higher systemic side effects, not appropriate for localized nerve root inflammation.
- **Continued Conservative Care Alone:** Already optimized for 12+ weeks with insufficient improvement (ODI 52%).

PROCEDURE DETAILS

Proposed Technique:

- Fluoroscopy-guided right L4 transforaminal approach
- Contrast injection (Omnipaque 240) to confirm epidural spread and rule out vascular uptake
- Real-time fluoroscopic visualization in AP and lateral views
- Injection of dexamethasone 8mg (non-particulate steroid for safety) mixed with 1mL lidocaine 1%
- Post-procedure monitoring for 30 minutes

Facility: Advanced Neurosurgical Spine Center - Accredited Ambulatory Surgery Center
Accreditation: AAAHC Certified, Medicare-approved

Electronically Signed:
Susan Chen, MD, FAANS
Board Certified - Neurological Surgery
Date/Time: May 8, 2024 at 2:15 PM EST
NPI: 1928374650

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