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VALLEY PAIN CLINIC

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PRIOR AUTHORIZATION REQUEST - SPINAL CORD STIMULATOR

Patient Name:	Miller, Robert J.	DOB:	06/18/1962
Member ID:	MED684731Q	Age:	62 years
Insurance:	Medicare Part B - Noridian		
Referring Physician:	Dr. David Martinez, MD	NPI:	1654873920
Procedure Requested:	Spinal Cord Stimulator Trial (CPT 63650)		
Primary Diagnosis:	Failed Back Surgery Syndrome (M96.1)		

CLINICAL SUMMARY

62 y/o male with chronic low back and leg pain following L4-L5 fusion in 2020. Despite comprehensive conservative management including multiple medication trials, physical therapy, and interventional procedures, patient continues to experience severe pain (VAS 7/10). All physical treatment modalities documented.

Current Pain Level: VAS 7/10 back and bilateral legs

NOTE: Psychological evaluation scheduled but not yet completed at time of submission.

Request Date: 09/25/2024
Submitted by: Susan Clark, RN

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HISTORY AND PHYSICAL EXAMINATION

Date of Exam: 09/20/2024 | Physician: David Martinez, MD

CHIEF COMPLAINT:

Chronic low back and bilateral leg pain following spinal fusion, not adequately controlled with conservative treatments.

HISTORY OF PRESENT ILLNESS:

Mr. Miller is a 62-year-old male who underwent L4-L5 posterior lumbar interbody fusion with instrumentation in June 2020 for degenerative disc disease with stenosis. Initial post-operative recovery was good for approximately 8 months, but he developed recurrent pain starting around February 2021.

Current pain is described as constant aching and burning in lower back with radiation into both legs. Pain intensity averages 7/10 on VAS. Exacerbated by prolonged sitting, standing, and physical activity. He reports difficulty with work duties (construction supervisor, desk-based) and recreational activities.

Patient has undergone extensive conservative management over past 4+ years without adequate sustained relief.

PAST MEDICAL HISTORY:

- Failed back surgery syndrome
- Degenerative disc disease
- Hypertension (controlled)
- Hyperlipidemia
- Obstructive sleep apnea (uses CPAP)

SURGICAL HISTORY:

- 06/2020: L4-L5 PLIF with pedicle screw fixation
- 2018: Right knee meniscectomy

MEDICATIONS (Current):

- Gabapentin 1200mg TID
- Duloxetine 60mg daily
- Oxycodone 10mg TID PRN
- Meloxicam 15mg daily
- Cyclobenzaprine 10mg HS PRN
- Lisinopril 20mg daily
- Atorvastatin 40mg daily

SOCIAL HISTORY:

Works as construction supervisor (primarily desk work). Married, two adult children. Non-smoker, occasional alcohol use. Denies illicit drug use.

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PHYSICAL EXAMINATION:

Vitals: BP 134/86, HR 78, RR 16, Temp 98.4°F, Wt 215 lbs, Ht 5'11"

General: Well-appearing male, alert and oriented, appears stated age

Spine:

- Midline surgical scar L4-L5, well-healed
- Tenderness to palpation lumbar region
- Moderate paraspinal spasm
- Limited lumbar flexion (40°) and extension (10°)

Neurological:

- Motor: 5/5 strength all extremities
- Sensory: Mild decreased sensation bilateral L5 distribution
- Reflexes: 2+ throughout, symmetric
- Straight leg raise: Positive bilaterally at 50°

DIAGNOSTIC STUDIES:

MRI Lumbar Spine (08/2024): Status post L4-L5 fusion with instrumentation. Solid fusion. Moderate epidural fibrosis at surgical site. Hardware intact. No acute complications.

EMG/NCS (07/2024): Mild bilateral L5 radiculopathy, chronic. No active denervation.

ASSESSMENT:

Primary Diagnosis: Failed Back Surgery Syndrome (M96.1, M54.16)

62-year-old male with chronic pain following lumbar fusion. Comprehensive conservative management has provided inadequate relief. Patient is being considered for spinal cord stimulator trial.

PLAN: Continue current medications. Psychology referral placed for pre-implant evaluation. Will proceed with SCS trial authorization pending psychological clearance.

Electronically signed by: David Martinez, MD
Date/Time: 09/20/2024 10:42 MST
NPI: 1654873920

CONSERVATIVE TREATMENT DOCUMENTATION

PHARMACOLOGICAL MANAGEMENT:

Medication	Duration	Outcome
Gabapentin (titrated to 3600mg/day)	Ongoing since 2020	Partial benefit, currently at 3600mg/day
Pregabalin 300mg BID	8 months (2021-2022)	No improvement over gabapentin
Duloxetine 60mg daily	Ongoing since 2021	Modest benefit
Amitriptyline 50mg HS	6 months (2021)	Discontinued due to side effects
Hydrocodone/APAP	12 months (2020-2021)	Switched to oxycodone
Oxycodone 10mg TID	Ongoing since 2021	Partial relief
Meloxicam 15mg daily	Ongoing since 2020	Minimal benefit

INTERVENTIONAL PROCEDURES:

- **Epidural Steroid Injections:** L4-L5 transforaminal x4 (2021-2022) - Temporary relief 3-4 weeks per injection
- **Medial Branch Blocks:** L3-L4, L4-L5 bilateral (2022) - 40% relief lasting 6 weeks
- **Radiofrequency Ablation:** L3-L4, L4-L5 bilateral (2023) - 3 months partial relief

PHYSICAL THERAPY:

- Physical therapy: 24 sessions over 6 months (01/2021 - 07/2021)
- Additional PT course: 16 sessions (2023)
- Home exercise program: Patient reports good compliance

PSYCHOLOGICAL EVALUATION STATUS

Date Referral Placed: 09/05/2024

Provider: Referred to Dr. Patricia Adams, PhD

Appointment Scheduled: 10/02/2024

EVALUATION NOT YET COMPLETED

Note in chart (09/18/2024): "Will refer to psychology for pre-implant screening per protocol. Patient agreeable to appointment."

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PHYSICIAN ASSESSMENT AND RECOMMENDATION

CLINICAL SUMMARY:

Mr. Robert Miller is a 62-year-old male with failed back surgery syndrome following L4-L5 fusion in 2020. Despite comprehensive conservative management including multiple medications, interventional procedures, and physical therapy, he continues to experience chronic pain (VAS 7/10) affecting his functional capacity.

TREATMENT PLAN:

Procedure: Spinal cord stimulator trial (percutaneous lead placement)

CPT Code: 63650

ICD-10 Codes: M96.1 (Postlaminectomy syndrome), M54.16 (Radiculopathy, lumbar)

Planned Location: Outpatient surgical center

DOCUMENTATION GAP IDENTIFIED

Missing Required Documentation:

- Psychological evaluation NOT completed
- No psychological clearance letter on file
- Referral placed 09/05/2024, appointment scheduled 10/02/2024

Per LCD L36204 requirements: "Patients must undergo appropriate psychological screening" and "Patients must have undergone careful screening, evaluation and diagnosis by a multidisciplinary team prior to implantation. (Such screening must include psychological, as well as physical evaluation)."

I certify this information is accurate. Patient meets physical medicine criteria for SCS trial. Psychological evaluation is scheduled and pending completion.

David Martinez MD

09/25/2024

Date

David Martinez, MD
Pain Management Specialist
Board Certified: Anesthesiology & Pain Medicine
NPI: 1654873920 | License: MD-73582

This document contains confidential health information.

END OF MEDICAL RECORD - Page 5 of 5