

\*\*\* FACSIMILE TRANSMISSION \*\*\* URGENT REQUEST \*\*\*

TO: United Healthcare - Prior Authorization Department  
FROM: QuickCare Pain Clinic | Dr. Thompson | Fax: (512) 555-7643  
DATE: June 3, 2024 | TIME: 11:47 AM | PAGES: 2

Please expedite - patient in severe pain

**PRIOR AUTHORIZATION REQUEST**  
**LUMBAR EPIDURAL INJECTION**

**URGENT - Patient unable to work**

**Patient Name:** Rodriguez, Carlos E.  
**DOB:** 11/19/1982 (41 years old)  
**Member ID:** UHC-TX-2847392  
**Ordering Provider:** James Thompson, DO  
**NPI:** 3847562091  
**Date:** June 3, 2024

**REQUESTED PROCEDURE:**

CPT 64483 - Transforaminal epidural steroid injection, lumbar, single level  
Level: Right L5-S1

Fluoroscopy guided with contrast

Requested date: June 12, 2024

**DIAGNOSIS:**

M51.16 - Intervertebral disc disorder with radiculopathy, lumbar  
M54.16 - Radiculopathy, lumbar region  
M51.36 - Other intervertebral disc degeneration, lumbar region

**CHIEF COMPLAINT:**

Mr. Rodriguez is a 41 y/o construction foreman presenting with severe right leg pain and lower back pain. Patient reports the pain started suddenly on May 20, 2024 (2 weeks ago) when he was lifting heavy materials at a job site. Describes sharp shooting pain down right leg from buttock to foot. Rates pain 9/10. Pain is constant and significantly interfering with his ability to work. He is the primary income earner for his family and needs to return to work as soon as possible.

**SYMPTOM DETAILS:**

- Pain radiates from right lower back into right buttock, posterior thigh, lateral calf, and lateral foot
- Numbness and tingling in right lateral foot and small toe
- Weakness noted when trying to stand on toes on right foot
- Pain worse with sitting, bending, lifting
- Cannot sleep due to pain
- Unable to perform job duties

Patient very distressed, requesting immediate intervention

**TREATMENTS TO DATE:**

Patient has been treating with the following since symptom onset approximately 2 weeks ago:

- Ibuprofen 800mg three times daily - started May 21 (prescribed by urgent care)
- Cyclobenzaprine 10mg at bedtime for muscle spasm - started May 21

- Ice and heat therapy at home - using daily
- Relative rest - has been off work since May 22

**Patient tried PT but only went to 2 sessions because pain too severe**

Physical therapy: Referred May 24, attended initial evaluation May 27 and one follow-up May 31. Patient reports exercises make pain worse and he cannot tolerate therapy sessions. PT recommended he see pain specialist for more aggressive treatment before continuing therapy.

## **EXAMINATION & IMAGING**

### **PHYSICAL EXAM (June 3, 2024):**

Vitals: BP 148/92 (elevated likely due to pain), HR 88, BMI 32.1

Patient appears uncomfortable, shifting positions frequently.

#### **Lumbar Spine:**

- Significant paraspinal muscle spasm right > left
- Tenderness L5-S1 region, worse on right
- ROM: Flexion limited to 40 degrees due to pain, extension limited
- Positive straight leg raise right at 30 degrees (severe pain)
- Left SLR negative

#### **Neurological:**

- Motor: Right ankle plantar flexion 4/5, otherwise 5/5 throughout
- Sensory: Decreased sensation right lateral foot and 5th toe (S1 distribution)
- Reflexes: Right Achilles diminished 1+, left 2+, patellar 2+ bilateral
- Gait: Antalgic, favoring right leg

**Exam consistent with S1 radiculopathy right side**

### **IMAGING:**

MRI Lumbar Spine (without contrast)

Date: May 29, 2024

Facility: Austin Diagnostic Imaging

### **IMPRESSION:**

1. Large right paracentral disc herniation at L5-S1 with significant mass effect on right S1 nerve root. Disc measures approximately 9mm in AP dimension with superior migration into right lateral recess and foramen.
2. Moderate compression/displacement of right S1 nerve root
3. Left lateral recess and foramen unremarkable
4. L4-L5 shows mild degenerative changes, no significant stenosis
5. No evidence of cauda equina compression

**RADIOLOGIST COMMENT:** Findings correlate with acute right S1 radiculopathy. Clinical correlation recommended.

### **PAIN ASSESSMENT:**

Numeric Pain Rating Scale: 9/10 (at rest), 10/10 (with movement)

Brief Pain Inventory completed June 3, 2024

- Pain interferes with general activity: 9/10
- Pain interferes with work: 10/10
- Pain interferes with sleep: 9/10
- Pain interferes with enjoyment of life: 9/10

### **TREATMENT PLAN:**

Given the severity of Mr. Rodriguez's symptoms, the clear anatomical correlation between his clinical presentation and MRI findings (large L5-S1 disc herniation with S1 nerve root compression), and his inability to tolerate physical therapy due to pain severity, I am recommending a fluoroscopy-guided transforaminal epidural steroid injection at the right L5-S1 level.

The injection will be performed with contrast to ensure proper placement and will include dexamethasone (non-particulate steroid) for safety. The goal is to reduce nerve root inflammation and pain to allow the patient to participate more effectively in physical therapy and conservative rehabilitation.

This is an acute presentation with significant functional impairment. The patient is unable to work or perform basic daily activities. Earlier intervention is warranted given the severity and acute nature of his condition.

**POST-INJECTION PLAN:**

- Resume physical therapy within 1 week of injection
- Continue NSAIDs as needed
- Home exercise program
- Follow-up in 2 weeks to assess response
- If inadequate response, will consider referral to spine surgeon

Patient needs this urgently to return to work and support family

Respectfully submitted,

James Thompson, DO  
Pain Management  
QuickCare Pain Clinic  
**J. Thompson DO**

Date: June 3, 2024, 11:45 AM

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