

**\*\*\* FAX TRANSMISSION \*\*\***

TO: BlueCross BlueShield Prior Authorization  
FROM: BackCare Medical Group | Fax: (214) 555-9821  
DATE: 04/05/2024 | PAGES: 3

Please review - patient requesting treatment

**AUTHORIZATION REQUEST**  
**LUMBAR EPIDURAL STEROID INJECTION**

**Patient:** Patricia A. Williams  
**DOB:** 06/15/1968 (55 years)  
**Insurance ID:** BCBS-TX-4729384  
**Provider:** James Martinez, MD  
**Provider NPI:** 2847593021  
**Date of Request:** April 5, 2024

**REQUESTED PROCEDURE:**

CPT Code: 62323

Lumbar epidural steroid injection

~~L3-L4~~ **L4-L5 level**

Proposed date: April 22, 2024

**DIAGNOSIS CODES:**

M54.5 - Low back pain

M54.50 - Low back pain, unspecified

**PATIENT HISTORY:**

Mrs. Williams is a 55-year-old administrative assistant presenting with chronic lower back pain for the past 10 weeks. She reports the pain started gradually without any specific injury or event. The pain is described as a dull, constant ache across the lower back region, rated 6 out of 10 on a visual analog scale. She states the pain is worse with prolonged sitting at her desk and improves slightly with movement. Patient denies any leg pain, numbness, tingling, or weakness. No bowel or bladder changes reported.

**PRIOR TREATMENTS:**

- Ibuprofen 400mg three times daily for 6 weeks - some relief
- Cyclobenzaprine 10mg at bedtime for muscle spasm - helps with sleep
- Physical therapy 6 visits over 4 weeks
- Heat therapy and stretching at home

**Patient reports ongoing pain despite above treatments**

**EXAMINATION & IMAGING**

**PHYSICAL EXAM (04/03/2024):**

General: Alert, comfortable appearing

Vital signs: BP 128/78, Pulse 72, BMI 31.2

Back examination:

- Tenderness to palpation over L4-L5 paraspinal region bilaterally
- Range of motion: Flexion limited to 60 degrees due to pain
- Extension and lateral bending mildly limited
- No visible deformity or muscle spasm noted

**Neurological:**

- Lower extremity strength 5/5 throughout all muscle groups
- Sensation intact to light touch bilateral lower extremities
- Reflexes: Patellar 2+/2+, Achilles 2+/2+, symmetric
- Straight leg raise test: Negative bilaterally (no radicular pain)
- Gait: Normal, antalgic gait not observed

**IMAGING STUDY:**

MRI Lumbar Spine (no contrast)

Date: March 20, 2024

Facility: Dallas Imaging Associates

**IMPRESSION:**

1. Multilevel degenerative disc disease L3-L4 through L5-S1
2. Mild disc bulge at L4-L5, no herniation identified
3. Mild facet arthropathy L4-L5 and L5-S1
4. Central canal and neural foramina patent at all levels
5. No evidence of nerve root compression or spinal stenosis
6. Vertebral body heights and alignment normal

**TREATMENT PLAN****CLINICAL ASSESSMENT:**

Mrs. Williams presents with chronic mechanical low back pain that has persisted for 10 weeks. MRI demonstrates degenerative changes at multiple levels but without significant disc herniation or nerve compression. Physical examination is notable for paraspinal tenderness and reduced range of motion but without neurological deficits or radicular symptoms. Her pain appears to be primarily axial in nature without radiation into the lower extremities.

**PROPOSED TREATMENT:**

Patient has tried conservative measures including NSAIDs, muscle relaxants, and physical therapy with only partial improvement. We are recommending a fluoroscopy-guided lumbar epidural steroid injection at the L4-L5 level to help reduce inflammation and provide pain relief. This will allow the patient to better participate in physical therapy and hopefully return to normal work activities without discomfort.

**PROCEDURE PLAN:**

- Fluoroscopy-guided epidural injection
- L4-L5 interlaminar approach
- Injection of corticosteroid medication
- Outpatient procedure at our facility

*Will use fluoroscopy for guidance*

**FOLLOW-UP PLAN:**

- Continue physical therapy exercises
- Maintain current medications as needed
- Follow-up appointment 3 weeks post-injection
- Re-evaluate treatment response and adjust plan accordingly

*Respectfully submitted,*

*James Martinez, MD  
Pain Management Specialist  
BackCare Medical Group  
Signed: 04/05/2024 3:45 PM  
**J. Martinez***

**CONTACT INFORMATION:**

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