

FAX TRANSMISSION - Pages: 7 | From: COASTAL PAIN MANAGEMENT | Date: 09/18/2024 10:05 AM

**COASTAL PAIN MANAGEMENT CENTER**

715 Ocean View Boulevard, Suite 400 | Seattle, WA 98101

Phone: (206) 555-4729 | Fax: (206) 555-4730

**PRIOR AUTHORIZATION REQUEST - SPINAL CORD STIMULATOR**

<b>Patient Name:</b>	Chen, Linda K.	<b>DOB:</b>	09/30/1969
<b>Member ID:</b>	MED597382M	<b>Age:</b>	55 years
<b>Insurance:</b>	Medicare Part B - Noridian		
<b>Referring Physician:</b>	Dr. Elizabeth Park, MD	<b>NPI:</b>	1928374650
<b>Procedure Requested:</b>	Spinal Cord Stimulator Trial (CPT 63650)		
<b>Primary Diagnosis:</b>	Failed Back Surgery Syndrome with Lumbosacral Arachnoiditis (M96.1, M54.17)		

**CLINICAL SUMMARY**

55 y/o female with failed back surgery syndrome and documented lumbosacral arachnoiditis following L5-S1 fusion in 2021. Despite comprehensive conservative management including multiple medications, PT, interventional procedures, and psychological support, patient continues to experience severe chronic pain (VAS 7-8/10) with bilateral lower extremity radiculopathy. History of anxiety disorder and mild depression, both well-controlled on psychiatric medications. Psychological evaluation completed with clearance granted.

**Current Pain Level:** VAS 7-8/10 low back with bilateral leg pain

Request Date: 09/18/2024  
Submitted by: Karen Wu, NP

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## HISTORY AND PHYSICAL EXAMINATION

Date of Exam: 09/10/2024 | Physician: Elizabeth Park, MD

### CHIEF COMPLAINT:

Chronic severe low back and bilateral leg pain following spinal fusion surgery, refractory to conservative treatments.

### HISTORY OF PRESENT ILLNESS:

Ms. Chen is a 55-year-old female who underwent L5-S1 posterior lumbar interbody fusion with instrumentation in March 2021 for degenerative disc disease and spondylolisthesis. Initial post-operative recovery was complicated by persistent pain. By 6 months post-surgery, she developed worsening symptoms with MRI revealing lumbosacral arachnoiditis characterized by clumping of nerve roots.

Pain is described as constant burning and aching in the lower back with sharp shooting pains into both legs, worse on right side. Pain rated 7-8/10 on VAS. Exacerbated by sitting, standing, and walking. She reports significant limitations in daily activities including difficulty with prolonged sitting (office work), household chores, and previous exercise routine.

Patient has tried extensive conservative management without adequate relief over the past 3+ years.

### PAST MEDICAL HISTORY:

- Failed back surgery syndrome
- Lumbosacral arachnoiditis
- Degenerative disc disease
- Anxiety disorder (diagnosed 2015, well-controlled)
- Mild depression (situational, related to chronic pain)
- Hypertension (controlled)
- History of panic attacks (2019, resolved with treatment)

### SURGICAL HISTORY:

- 03/2021: L5-S1 PLIF with pedicle screw fixation
- 2018: Laparoscopic cholecystectomy

### MEDICATIONS (Current):

- Gabapentin 900mg TID
- Duloxetine 60mg daily
- Hydrocodone/APAP 10/325mg TID PRN
- Cyclobenzaprine 10mg HS PRN
- Sertraline 50mg daily (for depression/anxiety)
- Buspirone 10mg BID (for anxiety)
- Lisinopril 10mg daily

### PSYCHIATRIC HISTORY:

Patient has history of anxiety disorder diagnosed in 2015, well-controlled on sertraline and buspirone. Experienced panic attacks in 2019 during period of high work stress, resolved with therapy and medication adjustment. Developed mild situational depression related to chronic pain onset, currently treated. Followed regularly by psychiatrist Dr. James

Lin, MD. No history of psychiatric hospitalizations or suicide attempts. No current suicidal or homicidal ideation. Psychiatric conditions stable and well-managed.

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## PHYSICAL EXAMINATION:

**Vitals:** BP 126/78, HR 74, RR 16, Temp 98.6°F, Wt 142 lbs, Ht 5'4"

**General:** Well-appearing female, alert and oriented x3, mildly anxious but cooperative

### Musculoskeletal/Spine:

- Midline surgical scar L5-S1, well-healed
- Tenderness to palpation lumbosacral region
- Paraspinal muscle spasm bilaterally
- Limited lumbar ROM (flexion 35°, extension 15°)
- Positive straight leg raise bilaterally

### Neurological:

- Motor: 5/5 strength all extremities
- Sensory: Decreased sensation bilateral lower extremities in L5-S1 distribution
- Reflexes: Patellar 2+ bilaterally, Achilles 1+ bilaterally
- Gait: Slightly antalgic

## DIAGNOSTIC STUDIES:

**MRI Lumbar Spine (07/2024):** Status post L5-S1 fusion with pedicle screw fixation. Solid fusion. Findings consistent with lumbosacral arachnoiditis with clumping of cauda equina nerve roots in thecal sac. Extensive epidural fibrosis. Hardware intact without complications.

**EMG/NCS (06/2024):** Bilateral L5-S1 radiculopathy, chronic. No active denervation.

## ASSESSMENT:

**Primary Diagnosis:** Failed Back Surgery Syndrome with Lumbosacral Arachnoiditis (M96.1, M54.17, G89.29)

**Secondary Diagnosis:** Anxiety disorder (stable), Depression (stable)

55-year-old woman with FBSS and documented arachnoiditis following spinal fusion. Despite extensive conservative management, continues with severe pain and functional impairment. History of anxiety and depression are well-controlled with psychiatric care. Appropriate candidate for SCS trial.

**PLAN:** Proceed with multidisciplinary evaluation and SCS trial.

**Electronically signed by:** Elizabeth Park, MD  
**Date/Time:** 09/10/2024 13:25 PST  
**NPI:** 1928374650

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## CONSERVATIVE TREATMENT DOCUMENTATION

### **PHARMACOLOGICAL MANAGEMENT:**

Medication	Duration	Outcome
Gabapentin (titrated to 2700mg/day)	24 months (2021-2023)	Partial benefit, reduced to 2700mg due to dizziness
Pregabalin 300mg BID	10 months (2023)	No improvement over gabapentin
Duloxetine 60mg daily	Ongoing since 2022	Modest benefit for pain and mood
Amitriptyline 75mg HS	8 months (2021-2022)	Discontinued due to weight gain
Nortriptyline 50mg HS	6 months (2022)	Minimal benefit
Tramadol 50mg QID	12 months (2022)	Inadequate relief
Hydrocodone/APAP 10/325	Ongoing since 2022	Partial relief, continued
Meloxicam 15mg daily	18 months (2021-2022)	Minimal benefit

### **INTERVENTIONAL PROCEDURES:**

- **Caudal Epidural Injections:** x4 (2021-2022) - Temporary relief 2-3 weeks per injection
- **Transforaminal ESI:** L5-S1 bilateral x2 (2022) - Minimal benefit
- **Medial Branch Blocks:** L4-L5, L5-S1 (2023) - Less than 30% relief

### **PHYSICAL THERAPY:**

- Physical therapy: 28 sessions over 7 months (08/2021 - 03/2022)
- Aquatic therapy: 12 sessions (2023)
- Home exercise program: Ongoing compliance documented
- Pain limits progression in therapy

### **PSYCHOLOGICAL SUPPORT:**

- Ongoing psychiatric care with Dr. James Lin, MD
- CBT for pain and anxiety: 15 sessions (2022-2023)
- Currently on sertraline and buspirone with good effect
- Pre-implant psychological evaluation completed 08/2024

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## PSYCHOLOGICAL EVALUATION FOR SCS

Evaluator: Dr. Rachel Thompson, PhD | Date: 08/25/2024

### SPECIAL CONSIDERATIONS - PSYCHIATRIC HISTORY

Patient has documented history of anxiety disorder and mild depression. Comprehensive evaluation performed to assess psychological appropriateness for SCS candidacy given psychiatric background.

### PSYCHIATRIC HISTORY REVIEW:

- **Anxiety Disorder:** Diagnosed 2015, well-controlled on sertraline 50mg and buspirone 10mg BID
- **Panic Attacks:** Episode in 2019 during high work stress, resolved with therapy and medication adjustment
- **Depression:** Mild, situational, developed with chronic pain onset, treated with current medications
- **Current Status:** Stable, followed by psychiatrist Dr. James Lin, MD quarterly
- **No history of:** Psychiatric hospitalization, suicide attempts, psychotic symptoms, substance abuse

### CURRENT PSYCHOLOGICAL ASSESSMENT:

- **Pain Disability Index:** 46/70 (Moderate-severe)
- **Beck Anxiety Inventory:** 15/63 (Mild anxiety, within controlled range)
- **Beck Depression Inventory-II:** 17/63 (Mild depression)
- **Brief Pain Inventory:** Severity 7.5/10, Interference 7.0/10
- **Pain Catastrophizing Scale:** 21/52 (Low-moderate, favorable)

### CLINICAL PRESENTATION:

Patient presented as cooperative and engaged. Mildly anxious but appropriate given evaluation context. No acute distress. Demonstrates good insight into both her pain condition and her psychiatric history. Realistic about SCS expectations. Good coping strategies in place. Speech normal, thought process logical and goal-directed.

### SUBSTANCE USE SCREENING:

Denies any history of substance abuse. Takes all medications as prescribed. Recent UDS (08/20/2024) consistent with prescribed medications, negative for illicit substances. No alcohol or tobacco use.

### EXPECTATIONS AND UNDERSTANDING:

Ms. Chen demonstrates excellent understanding of SCS procedure including trial phase, realistic outcome goals (50-70% pain reduction), commitment to programming sessions, and ongoing need for multimodal pain management. She understands psychiatric medications will continue unchanged.

### SUPPORT SYSTEM:

Married 28 years, husband very supportive. One teenage daughter. Both parents living and involved. Good social support network. Active in community despite pain limitations.

### PSYCHIATRIC CONSULTATION:

Contacted Dr. James Lin, MD (treating psychiatrist) who confirms patient's psychiatric conditions are stable and well-controlled. He supports SCS trial and sees no contraindications from psychiatric standpoint. He will continue close monitoring throughout process.

**RECOMMENDATION:****CLEARANCE GRANTED for spinal cord stimulator trial.**

Despite history of anxiety disorder and mild depression, patient is psychologically appropriate for SCS. Her psychiatric conditions are WELL-CONTROLLED with current treatment and she demonstrates:

- Good psychological resilience and coping skills
- Realistic expectations about SCS outcomes
- Strong support system
- No active psychiatric crisis or instability
- Full support from treating psychiatrist
- Appropriate understanding of treatment

Recommend continued psychiatric follow-up throughout SCS process. No contraindications identified.

*Rachel Thompson*

**Rachel Thompson, PhD**  
Licensed Clinical Psychologist  
License: PSY-41526  
Date: 08/25/2024

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## PSYCHIATRY CONSULTATION LETTER

**Date:** August 28, 2024

**To:** Dr. Elizabeth Park, Pain Management

**From:** Dr. James Lin, Psychiatry

**Re:** Linda Chen, DOB 09/30/1969 - SCS Candidacy

Thank you for consulting me regarding Ms. Chen's appropriateness for spinal cord stimulator trial from a psychiatric standpoint.

I have been treating Ms. Chen since 2016 for generalized anxiety disorder and more recently for situational depression related to her chronic pain condition. Her psychiatric history includes:

- Generalized anxiety disorder diagnosed 2015
- Episode of panic attacks in 2019 during period of high occupational stress
- Mild situational depression since development of chronic pain

Ms. Chen has responded well to treatment with sertraline 50mg daily and buspirone 10mg BID. Her anxiety is well-controlled and she has not experienced panic attacks since medication adjustment in 2019. Her mood is stable with no suicidal ideation. She demonstrates good insight and coping strategies.

**From a psychiatric perspective, I see no contraindications to proceeding with spinal cord stimulator trial.** Her psychiatric conditions are stable and well-managed. She has a strong support system and demonstrates psychological resilience. I believe she is an appropriate candidate and I support this treatment approach.

I will continue to follow her closely throughout the SCS process and will coordinate care as needed.

Sincerely,

*James Lin*

**James Lin, MD**

Psychiatry

Seattle Behavioral Health



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## PHYSICIAN ASSESSMENT AND RECOMMENDATION

### CLINICAL SUMMARY:

Ms. Linda Chen is a 55-year-old female with failed back surgery syndrome and documented lumbosacral arachnoiditis following L5-S1 fusion in 2021. Despite comprehensive conservative management over 3+ years including multiple medication trials, interventional procedures, physical therapy, and psychological support, she continues to experience severe chronic pain (VAS 7-8/10) with significant functional impairment. Patient has history of anxiety disorder and mild depression, both well-controlled with psychiatric care. Psychological evaluation completed with clearance granted, and treating psychiatrist fully supports SCS candidacy.

### TREATMENT PLAN:

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

**CPT Code:** 63650

**ICD-10 Codes:** M96.1 (Postlaminectomy syndrome), M54.17 (Radiculopathy, lumbosacral), G89.29 (Chronic pain)

**Trial Duration:** 7-10 days

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

**Special Considerations:** Patient has history of anxiety disorder and depression, both well-controlled. Psychiatrist Dr. James Lin will continue care throughout SCS process. Psychiatric medications will continue unchanged.

### EXPECTED OUTCOMES:

- 50-70% reduction in pain intensity
- Improved functional capacity and quality of life
- Enhanced ability to participate in daily activities
- Potential reduction in pain medication requirements

I certify this information is accurate. I have examined this patient and believe SCS trial is medically necessary and appropriate. Patient's psychiatric conditions are well-controlled and do not contraindicate this treatment.

*Elizabeth Park MD*

09/18/2024

Date

Elizabeth Park, MD  
Pain Management Specialist  
Board Certified: Anesthesiology & Pain Medicine  
NPI: 1928374650 | License: MD-59273

This document contains confidential health information.

END OF MEDICAL RECORD - Page 7 of 7