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09/30/2025 11:17 AM | PAGES: 4

SOUTHSIDE NEUROLOGY CENTER

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PRE-AUTHORIZATION REQUEST - DEEP BRAIN STIMULATION

Date Submitted: September 30, 2025
Requested Procedure: Bilateral STN DBS for Parkinson's Disease
CPT: 61863, 61868

PATIENT DEMOGRAPHICS

Name: Thompson, Robert Allen
DOB: 08/14/1950 (Age 75 years)
Gender: Male
MRN: SNC-772841
Insurance: Medicare Part B
Medicare ID: 7HG-LM98-PQ54

DIAGNOSIS

Primary: G20 - Parkinson's Disease
Secondary: F02.80 - Dementia, unspecified severity, without behavioral disturbance
I10 - Essential hypertension
E78.5 - Hyperlipidemia

CLINICAL HISTORY

Mr. Thompson is a 75-year-old male with an 11-year history of Parkinson's disease. Initial symptoms began in 2014 with right hand tremor and progressive difficulty with movement. Diagnosis established by neurologist Dr. Patricia Martinez. Patient has been treated with multiple Parkinson's medications over the years with initial good response, but symptoms have progressed significantly.

Cardinal PD Features Present:

- Bradykinesia: marked slowing of movements bilaterally
- Rigidity: cogwheel rigidity present in all extremities
- Tremor: resting tremor, primarily right hand

Patient experiences significant "off" periods during the day when medications wear off. During these times, he has severe difficulty with mobility, freezing episodes, and requires assistance with activities of daily living. Family reports increasing difficulty managing patient at home.

MOTOR EXAMINATION

Examination Date: September 20, 2025

UPDRS Part III Motor Scores:

OFF medications: 48/132
ON medications: Not formally tested (patient unable to consistently report "on" vs "off" states)

Hoehn & Yahr Stage: Stage 3 (bilateral disease with postural instability)

Motor exam reveals bilateral bradykinesia, rigidity throughout, resting tremor right > left. Postural instability present with positive pull test. Shuffling gait with reduced arm swing bilaterally.

CURRENT MEDICATIONS

Medication	Dose	Frequency
Carbidopa-Levodopa	25/100 mg	1 tablet 4x daily
Pramipexole	0.5 mg	TID
Rasagiline	1 mg	Daily
Memantine	10 mg	BID (for dementia)
Donepezil	10 mg	Daily (for dementia)

Note: Patient reports some benefit from levodopa but family indicates patient often confused about medication timing and whether symptoms are better or worse.

Family reports patient having significant memory problems for past 3 years - getting worse

COGNITIVE ASSESSMENT**Montreal Cognitive Assessment (MOCA) - Administered 09/15/2025:**

Score: 18/30

Breakdown of deficits:

- Visuospatial/Executive: 2/5 (lost 3 points)
- Naming: 3/3 (intact)
- Attention: 3/6 (lost 3 points - significant attention deficits)
- Language: 1/3 (lost 2 points)
- Abstraction: 0/2 (lost 2 points)
- Delayed Recall: 0/5 (unable to recall any words - severe memory impairment)
- Orientation: 5/6 (lost 1 point - disoriented to date)

Clinical Mental Status Examination:

Patient alert but demonstrates significant cognitive impairment. Disoriented to date (knows year and month but not specific date). Cannot recall recent events. Impaired short-term memory - unable to remember three items after 5 minutes. Difficulty following multi-step commands. Poor insight into deficits.

During interview, patient often provides tangential responses. Frequently asks same questions repeatedly. Family member (wife) present and confirms patient has required increasing supervision at home due to forgetfulness and confusion.

NEUROPSYCHOLOGICAL EVALUATION

Date: September 18, 2025

Evaluator: Dr. Sarah Chen, PhD, Clinical Neuropsychologist

Tests Administered:

- MOCA: 18/30
- MMSE: 21/30
- Clock Drawing Test: Severely impaired
- Trail Making Test A & B: Unable to complete Part B

- Hopkins Verbal Learning Test: Severely impaired across all trials

Cognitive Domain Assessment:

Domain	Finding
Memory	Severely impaired - both immediate and delayed recall significantly below normal. Recognition also impaired.
Executive Function	Moderate-severe impairment. Unable to complete complex sequencing tasks. Poor planning abilities.
Attention	Moderately impaired sustained attention and concentration.
Language	Mild-moderate impairment with word-finding difficulties.

Functional Assessment:

Wife reports patient requires supervision with medications (often forgets whether he took them), cannot manage finances, gets lost in familiar places, needs reminders for basic hygiene, cannot follow complex conversations.

DSM-5 Criteria for Major Neurocognitive Disorder (Dementia):

- A. Evidence of significant cognitive decline from previous level in multiple domains (memory, executive function, attention) - **MET**
- B. Cognitive deficits interfere with independence in everyday activities - **MET** (requires supervision for medications, finances, ADLs)
- C. Not occurring exclusively in context of delirium - **MET**
- D. Not better explained by another mental disorder - **MET**

DIAGNOSIS: MAJOR NEUROCOGNITIVE DISORDER (DEMENTIA), MILD-MODERATE SEVERITY

Likely etiology: Parkinson's Disease Dementia vs. Lewy Body Dementia

Assessment regarding DBS candidacy:

Patient's degree of cognitive impairment raises significant concerns for DBS candidacy. Cognitive deficits would likely interfere with:

1. Ability to cooperate reliably during awake neurosurgery
2. Ability to participate meaningfully in post-operative programming sessions
3. Ability to accurately report symptom changes to guide programming
4. Ability to manage device-related care and follow-up

Additionally, cognitive impairment may worsen following DBS surgery, particularly with bilateral procedures. Patient's baseline dementia represents significant risk factor for cognitive decline post-operatively.

Neuropsych: "Significant dementia present - would NOT recommend for DBS"

IMAGING

MRI Brain (08/30/2025):

Moderate generalized cerebral atrophy with ventricular enlargement, beyond what would be expected for age. Moderate periventricular and subcortical white matter changes. No acute stroke or mass lesion. Basal ganglia demonstrate some atrophy but no focal lesions.

LEVODOPA RESPONSE

Chart documentation indicates patient has been on carbidopa-levodopa for 11 years with some reported benefit. However, formal "on-off" assessment not completed as patient unable to consistently identify when

in "on" vs "off" state due to cognitive limitations.

Family reports medications "seem to help some" but difficult to assess given patient's overall functional decline. Patient unable to reliably describe motor symptom fluctuations.

FUNCTIONAL STATUS

Schwab & England ADL Scale: Estimated 40-50% (requires assistance with most activities)

Patient requires significant assistance from wife for:

- Medication management (wife administers all medications)
- Financial management
- Meal preparation
- Transportation
- Complex ADLs

Wife reports feeling overwhelmed with caregiving duties. She is 73 years old with her own health issues and finding it increasingly difficult to manage patient's care needs.

DEVICE INFORMATION

Proposed Device: Medtronic Percept PC

FDA Status: Approved for PD

Proposed Target: Bilateral STN

PROVIDER INFORMATION

Neurosurgeon: Dr. Michael Roberts, MD - Board certified, 12 years experience

Neurologist: Dr. Patricia Martinez, MD - Movement disorder specialist, 10 years experience

Facility: Southside Medical Center - Established DBS program

CLINICAL ASSESSMENT

Mr. Thompson presents with advanced Parkinson's disease with documented motor features including bradykinesia, rigidity, and tremor. UPDRS motor score demonstrates significant disability (48 in off state). Patient has been on multiple Parkinson's medications for years.

However, patient has developed significant cognitive impairment meeting diagnostic criteria for dementia. MOCA score of 18/30 with particular deficits in memory (0/5 on delayed recall), attention, and executive function. Comprehensive neuropsychological testing confirms diagnosis of major neurocognitive disorder (dementia) of mild-moderate severity. Patient requires supervision for medications, finances, and complex activities.

Cognitive impairment poses substantial challenges for DBS candidacy including ability to cooperate during surgery, participate in programming, and report symptom changes. Neuropsychologist expressed concerns that cognitive status would interfere with ability to benefit from DBS.

Family motivated for procedure hoping it will reduce overall care burden. Wife overwhelmed with caregiving.

Patricia Martinez, MD

Neurology

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