

FAX RECEIVED | FROM: Headache Center of Montana | 406-555-0912 | DATE: 09/27/2024 14:15
TO: Insurance Prior Authorization Department | PAGES: 2

HEADACHE & FACIAL PAIN CENTER

Great Falls Medical Plaza | 1245 Central Ave W, Suite 202
Great Falls, MT 59404 | Office: 406-555-0911

PATIENT: Rodriguez, Maria E. **DOB:** 05/09/1988 (36F)
MRN: HFC-2024-3358 **DATE:** 09/25/2024
INSURANCE: Medicare Part B (Disability) | ID: 7FG-MN-2947B

CC:

Severe right-sided headache, occipital region, requesting advanced treatment

HPI:

36 yo F presents w/ complaints of severe right-sided occipital headache. Patient reports pain began approximately 2 months ago in July 2024 after she bumped her head on a kitchen cabinet. Initially thought it was just a minor bump but pain has persisted and worsened over past 8 weeks.

Describes sharp, shooting pain starting at base of skull on right side, radiating up toward crown. Pain intensity varies 6-9/10, worse w/ neck movement and when touching the area. Reports tingling sensation in right occipital scalp region. Pain present daily, though intensity fluctuates. Some days better than others. Denies visual changes, nausea/vomiting, or other neurologic symptoms.

Pt saw PCP 3 weeks after onset (early August) who started her on gabapentin and ordered CT head (normal). Referred to our clinic for specialist eval.

TREATMENT TO DATE:

- **Gabapentin:** Started 300mg daily x 4 weeks ago by PCP, recently increased to 300mg BID (has been on current dose approx 10 days). Patient reports "maybe some improvement" but pain still significant.
- **Ibuprofen 800mg:** Takes PRN, provides temporary relief for few hours
- **Ice packs:** Uses regularly, helps somewhat
- **Occipital nerve block:** Performed at our clinic 3 weeks ago (9/4/24) - provided excellent relief for about 5 days, then pain gradually returned. Patient eager for more permanent solution.

Pt very anxious about pain, worried it will never go away. Has been researching online & asking about nerve stimulators.

PMH:

Anxiety disorder (on meds), GERD, s/p appendectomy 2019

MEDS:

Gabapentin 300mg BID (started recently), Sertraline 100mg daily, Omeprazole 20mg daily, Ibuprofen 800mg PRN

ALL:

NKDA

SOC/HX:

Non-smoker. Social drinker (occasional). Denies drug use. Works as hairstylist - pain making it difficult to focus at work. Single, no children. *No concerning substance issues noted in chart review*

PE:

VS: BP 124/78, HR 82, Temp 98.6F

Gen: Anxious-appearing, otherwise NAD

Head/Neck: TTP over right greater occipital nerve region. Positive Tinel's sign right GON. Neck ROM full but painful at extremes of rotation/extension. No lymphadenopathy.

Neuro: CN exam intact. Motor/sensory grossly intact. No focal deficits.

IMAGING:

CT Head w/o contrast (08/12/2024): No acute intracranial abnormality. No fracture. Normal study.

PSYCH SCREENING:

Brief screening done in office today using PHQ-9 (score: 8, mild depression) and GAD-7 (score: 12, moderate anxiety - consistent w/ known anxiety dx). Discussed pain & functional impact.

Formal comprehensive psych eval completed 9/10/2024 by Dr. Karen Walsh behavioral health integrated in our practice). Report: Patient appropriate candidate for interventional procedures from psych perspective. No substance abuse concerns. Some anxiety related to pain but manageable. Cleared for procedures. [See attached full report](#)

file:///Users/sanjana/Desktop/CMS_arizona/SYN_data/L37360/pns_record_007.html