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SOUTHWEST PAIN INSTITUTE

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PRIOR AUTHORIZATION REQUEST - SPINAL CORD STIMULATOR

Patient Name:	Rodriguez, Carlos M.	**DOB:**	04/22/1966
Member ID:	MED652847L	**Age:**	58 years
Insurance:	Medicare Part B - Noridian		
Referring Physician:	Dr. Amanda Foster, MD	**NPI:**	1987654321
Procedure Requested:	Spinal Cord Stimulator Trial (CPT 63650)		
Primary Diagnosis:	Complex Regional Pain Syndrome Type I, Right Lower Extremity (G90.50)		

CLINICAL SUMMARY

58 y/o male with CRPS Type I of right lower extremity following ankle fracture and surgical repair in July 2021. Patient has persistent severe pain, allodynia, skin changes, and functional impairment despite extensive conservative management over 3+ years. Budapest diagnostic criteria clearly met.

Current Pain Level: *VAS 8/10 right foot and ankle, constant burning quality*

Request Date: 08/28/2024
Submitted by: Rachel Kim, RN - Prior Authorization Coordinator

HISTORY AND PHYSICAL EXAMINATION

Date of Exam: 08/20/2024 | Physician: Amanda Foster, MD

CHIEF COMPLAINT:

Chronic severe pain in right foot and ankle, refractory to conservative treatment.

HISTORY OF PRESENT ILLNESS:

Mr. Rodriguez is a 58-year-old male who sustained a right ankle fracture in July 2021 when he fell from a ladder. He underwent ORIF of right bimalleolar ankle fracture with good surgical outcome and bone healing. However, approximately 3 months post-surgery, he developed progressive burning pain in his right foot that was out of proportion to the original injury. He also noted skin changes including discoloration and temperature differences.

Pain is described as constant severe burning and hypersensitivity in the right foot and ankle region. Pain intensity is 8/10 on VAS scale at baseline, with episodes up to 10/10 with any touch or pressure. He experiences significant allodynia - even light touch from clothing or bedsheets causes severe pain. The affected limb shows visible skin changes with mottled appearance and feels cooler compared to the left foot.

Functionally, Mr. Rodriguez is severely impaired. He cannot wear a shoe on the right foot, walks with a significant limp favoring the affected limb, and has difficulty with most activities of daily living. He is unable to work (was previously employed as an electrician) and requires assistance with basic household tasks.

PAST MEDICAL HISTORY:

- Complex Regional Pain Syndrome Type I (diagnosed 2021)
- Right ankle fracture s/p ORIF (2021)
- Hypertension (controlled)
- No diabetes

SURGICAL HISTORY:

- 07/2021: ORIF right bimalleolar ankle fracture
- 03/2022: Hardware removal right ankle (no improvement in CRPS)

MEDICATIONS (Current):

- Gabapentin 1800mg daily (600mg TID)
- Duloxetine 60mg daily
- Tramadol 50mg QID PRN
- Meloxicam 15mg daily
- Lisinopril 10mg daily
- Nortriptyline 25mg HS

SOCIAL HISTORY:

Former electrician, currently on disability. Married, lives with wife and adult daughter. Non-smoker, no alcohol use, denies any illicit drug use. Very motivated for pain relief.

PHYSICAL EXAMINATION:

Vitals: BP 132/84, HR 78, RR 16, Temp 98.2°F, Wt 182 lbs, Ht 5'10"

General: Alert, cooperative, appears uncomfortable

Right Lower Extremity - CRPS Findings:

- **Skin changes:** Mottled, shiny appearance of right foot; dusky discoloration compared to left
- **Temperature:** Right foot noticeably cooler to touch than left (measured 3°F difference)
- **Edema:** Mild non-pitting edema of right foot and ankle
- **Allodynia:** Severe - patient reacts to light touch with brush as extremely painful
- **Hair/nail changes:** Decreased hair growth on right lower leg; toenails thickened
- **Motor:** Reduced active range of motion right ankle due to pain and stiffness
- **Surgical scar:** Well-healed, no signs of infection

Neurological: Hyperesthesia and allodynia throughout right foot. Left lower extremity examination normal.

Musculoskeletal: Antalgic gait, weight-bearing primarily on left leg. Ankle range of motion limited on right.

BUDAPEST DIAGNOSTIC CRITERIA FOR CRPS - DOCUMENTED:

Patient meets Budapest clinical criteria for CRPS Type I:

- **Continuing pain** disproportionate to inciting event (ankle fracture)
- **Sensory:** Allodynia and hyperesthesia present
- **Vasomotor:** Temperature asymmetry and skin color changes present
- **Sudomotor/edema:** Edema present
- **Motor/trophic:** Decreased range of motion, hair and nail changes present
- Criteria met in 3+ categories at time of diagnosis and currently

DIAGNOSTIC STUDIES:

Three-phase bone scan (11/2021): Increased uptake in right foot and ankle in delayed phase, consistent with CRPS

X-ray right ankle (07/2024): Hardware removed, bone healing complete, no acute fracture

MRI right ankle (06/2024): No acute osseous abnormality. Mild soft tissue edema. Post-surgical changes.

EMG/NCS (05/2024): No evidence of peripheral neuropathy. Normal nerve conduction studies.

ASSESSMENT:

Primary Diagnosis: Complex Regional Pain Syndrome Type I, Right Lower Extremity (G90.50)

This is a 58-year-old male with well-documented CRPS Type I affecting his right lower extremity for over 3 years. Despite comprehensive conservative management including multiple medication trials, extensive physical therapy, sympathetic nerve blocks, and psychological support, he continues to experience severe intractable pain with significant functional impairment.

PLAN: Patient is an appropriate candidate for spinal cord stimulator trial.

Electronically signed by: Amanda Foster, MD
Date/Time: 08/20/2024 11:15 MST

NPI: 1987654321

CONSERVATIVE TREATMENT DOCUMENTATION

PHARMACOLOGICAL MANAGEMENT:

Medication	Duration	Outcome
Gabapentin (titrated to 1800mg/day)	Ongoing since 2021	Partial benefit, continued at current dose
Pregabalin 300mg BID	6 months (2022)	No improvement over gabapentin, discontinued
Duloxetine 60mg daily	Ongoing since 2022	Partial benefit, continued
Amitriptyline 50mg HS	8 months (2021-2022)	Intolerable side effects (sedation, dry mouth)
Nortriptyline 25mg HS	Ongoing since 2022	Better tolerated than amitriptyline, minimal benefit
Tramadol 50mg QID	Ongoing since 2021	Mild benefit for breakthrough pain
Meloxicam 15mg daily	Ongoing since 2021	Minimal benefit
Topical lidocaine patches	12 months (2022-2023)	Unable to tolerate due to allodynia
Topical ketamine cream 10%	6 months (2023)	No significant benefit

INTERVENTIONAL PROCEDURES:

- **Lumbar Sympathetic Blocks:** Series of 4 blocks performed (12/2021, 01/2022, 02/2022, 03/2022) - Provided 30-40% pain relief lasting 2-3 weeks per block, effect diminished with repeated blocks
- **Chemical Sympathectomy considered** but deferred due to limited duration of benefit from blocks

PHYSICAL THERAPY AND REHABILITATION:

- Physical therapy: 32 sessions over 8 months (10/2021 - 06/2022) at Arizona Rehab Center
- Focus on desensitization, graded motor imagery, mirror therapy
- Aquatic therapy: 12 sessions (07/2022 - 09/2022)
- Home exercise program: Patient compliant but limited by pain and allodynia
- Occupational therapy: 8 sessions for ADL training and adaptive equipment

PSYCHOLOGICAL INTERVENTIONS:

- Pain psychology evaluation and treatment: 10 sessions with Dr. Mark Stevens, PhD (2022)
- Cognitive Behavioral Therapy for chronic pain management
- Pre-implant psychological evaluation completed 08/2024 - CLEARED for SCS trial
- Currently utilizing relaxation techniques and stress management

OTHER MODALITIES TRIED:

- TENS unit: Used for 6 months (2022) - No benefit
- Vitamin C supplementation (prevention/treatment)
- Calcitonin nasal spray: 3-month trial (2022) - No benefit

- Bisphosphonate therapy: 6-month trial (2022) - No benefit

PSYCHOLOGICAL EVALUATION FOR SCS

Evaluator: Jennifer Martinez, PsyD | Date: 08/15/2024

EVALUATION SUMMARY:

Mr. Rodriguez presented for pre-implantation psychological evaluation. He was cooperative throughout the 90-minute assessment and demonstrated good understanding of the SCS procedure and realistic expectations.

ASSESSMENT RESULTS:

- **Pain Disability Index:** 48/70 (Severe disability)
- **Beck Depression Inventory-II:** 16/63 (Mild depression, situational)
- **Brief Pain Inventory:** Pain severity 8.2/10, Interference 8.5/10
- **Pain Catastrophizing Scale:** 22/52 (Acceptable range)

SUBSTANCE USE:

Denies any history of alcohol or substance abuse. Takes medications as prescribed. Recent urine drug screen (08/10/2024) consistent with prescribed medications, negative for illicit substances.

PSYCHIATRIC HISTORY:

Mild reactive depression related to chronic pain and disability. No prior psychiatric hospitalizations. Denies suicidal or homicidal ideation. No history of psychotic symptoms. Patient demonstrates good insight and coping strategies.

EXPECTATIONS AND UNDERSTANDING:

Mr. Rodriguez demonstrates excellent understanding of SCS therapy including trial phase, realistic goals (50-70% pain reduction rather than complete elimination), and commitment to follow-up. He understands this is not a cure but a management tool.

SUPPORT SYSTEM:

Married for 32 years with strong spousal support. Adult daughter lives nearby and assists with care. Good family support network. Active in church community.

RECOMMENDATION:

Mr. Rodriguez is psychologically appropriate for spinal cord stimulator trial. He demonstrates realistic expectations, good coping skills, no contraindications, and strong support system. CLEARANCE GRANTED.

Jennifer Martinez

Jennifer Martinez, PsyD
Licensed Clinical Psychologist
License: PSY-18245
Date: 08/15/2024

PHYSICIAN ASSESSMENT AND RECOMMENDATION

CLINICAL SUMMARY:

Mr. Carlos Rodriguez is a 58-year-old male with Complex Regional Pain Syndrome Type I of the right lower extremity diagnosed in 2021 following right ankle fracture and surgical repair. He meets Budapest clinical diagnostic criteria for CRPS. Despite over 3 years of comprehensive conservative management including multiple medications, sympathetic nerve blocks, extensive physical therapy, and psychological support, he continues to experience severe intractable pain (VAS 8/10) with significant allodynia and functional impairment.

TREATMENT PLAN:

Procedure: Spinal cord stimulator trial (percutaneous lead placement, lower extremity coverage)

CPT Code: 63650 (Percutaneous implantation of neurostimulator electrode array)

ICD-10 Diagnosis Code: G90.50 (Complex regional pain syndrome I, unspecified)

Planned Location: Outpatient surgical center

Trial Duration: 7-10 days

Success Criteria: At least 50% pain reduction and/or functional improvement per LCD L36204. Given CRPS may show lower initial improvement, longer observation period may be considered. If trial successful, proceed with permanent implantation.

Post-Trial Management: Continue current medication regimen. Multidisciplinary follow-up maintained.

EXPECTED OUTCOMES:

SCS has demonstrated effectiveness for CRPS Type I in published literature. Expected outcomes include:

- 50-70% reduction in pain intensity
- Improved functional capacity and mobility
- Reduced allodynia
- Enhanced quality of life and ability to return to modified activities
- Potential reduction in medication requirements

I certify that the above information is accurate and complete. I have personally examined this patient and believe spinal cord stimulator trial is medically necessary and appropriate for treatment of his CRPS.

Amanda Foster MD

08/28/2024

Date

Amanda Foster, MD
Pain Management Specialist
Board Certified: Anesthesiology & Pain Medicine
NPI: 1987654321 | License: MD-72849

END OF MEDICAL RECORD - Page 6 of 6