

\*\*\* FACSIMILE TRANSMISSION \*\*\*

FROM: Sunrise Medical Group - Pain Management  
FAX NUMBER: (503) 555-8821  
TO: Insurance Pre-Authorization Department  
FAX NUMBER: (800) 555-CERT  
DATE: October 18, 2025  
PAGES: 2 (including cover)  
RE: Pre-Auth Request - Vertebroplasty

**PATIENT INFORMATION**

NAME: RODRIGUEZ, MARIA L	DOB: 02/28/1952
MRN: 85-2947-MLR	DATE OF CONSULT: 10/18/2025
PROVIDER: Dr. Thomas Berkeley, MD	INSURANCE: Medicare Part B

**CHIEF COMPLAINT:**

Chronic lower back pain, requesting vertebroplasty for L1 fracture

**HISTORY:**

73 yo F presents requesting vertebroplasty for L1 compression fx.  
Per pt report, she fell at home approx 4 months ago (June 2025).  
She went to urgent care at that time where xrays showed L1 compression  
fx. Was given pain meds and told to follow up with PCP.

Pt states pain was severe initially (8-9/10) but improved over first  
6-8 weeks with rest and medications. Currently rates pain 7/10, describes  
as constant aching in lower back. Pain worse with standing, bending.

Pt saw advertisement for vertebroplasty online and is requesting this  
procedure. She states "I heard it can fix my fracture and take away the  
pain." Pt has been frustrated with ongoing pain and functional limitations.

**PAST MEDICAL HISTORY:**

- Osteoporosis (dx 2020)
- Type 2 diabetes
- Hypertension
- Degenerative disc disease L4-5, L5-S1
- Osteoarthritis bilateral knees
- Obesity

**MEDICATIONS:**

Alendronate 70mg weekly, Calcium/VitD daily, Metformin 1000mg BID,  
Lisinopril 20mg daily, Ibuprofen 600mg TID PRN, Tramadol 50mg BID PRN

**PHYSICAL EXAM:**

VS: BP 152/88, HR 84, BMI 32

GENERAL: Obese female, NAD, ambulates independently

SPINE: Mild thoracolumbar kyphosis. Diffuse tenderness to palpation  
over lower thoracic and lumbar spine L1-L5 region (not point tender).

ROM limited by pain and body habitus.

NEURO: Grossly intact. Strength 5/5 LEs. Sensation intact. DTRs 2+.  
No focal deficits noted.

**IMAGING:**

**L-SPINE XRAY (6/15/2025) - URGENT CARE:**

L1 compression deformity, chronic appearing. Multilevel DDD.

**MRI LUMBAR SPINE (10/10/2025) - ORDERED BY PCP:**

**FINDINGS:**

- L1 vertebral body compression deformity with approx 30% height loss
- NO bone marrow edema on STIR sequences
- Chronic appearance of fracture
- Moderate degenerative disc disease L4-L5 with disc bulge and moderate central canal stenosis
- Severe degenerative disc disease L5-S1 with disc desiccation, facet arthropathy, and moderate bilateral neural foraminal stenosis
- Mild multilevel facet arthropathy

IMPRESSION: Chronic L1 compression fracture without evidence of acute bone marrow edema. Multilevel lumbar degenerative changes most severe at L4-5 and L5-S1.

**REVIEW OF OLD RECORDS:**

Obtained records from PCP. Documentation shows:

- Initial injury 6/12/2025 (16 weeks ago = 4 months)
- Pt seen in urgent care 6/15/2025
- F/u with PCP 6/22/2025, 7/10/2025, 8/15/2025
- Pain improved significantly by 8 weeks per PCP notes
- Recent visit 10/1/2025 - pt requesting "that cement procedure"

**PAIN ASSESSMENT:**

6/15/2025	9/10	Urgent care - initial injury
6/22/2025	8/10	PCP f/u - 1 week post
7/10/2025	5/10	PCP f/u - 4 weeks post
8/15/2025	4/10	PCP f/u - 9 weeks post
10/1/2025	6/10	PCP visit - 16 weeks post
10/18/2025	7/10	Today - pain mgmt eval

**LABS:**

WBC 8.9, Hgb 12.4, normal metabolic panel, ESR 28, CRP 1.2  
(mildly elevated inflammatory markers - ? related to obesity, OA)