

Service Order ID:	Member:	Date of Birth:	Age:	Gender:	Member ID:	PRI-ME:
			63	Male		
SO Status:	Medical Status:	Program:	Referring Physician:	Primary Specialty:	Case Specialty:	
Open	RN Review	Commercial CIGNA SI-PPO/OAP		VERIFY	Spine Orth	
		Medical Record Required	Cigna Site of Care			
		Nurse Job Aid				

Call Center Disposition History

OB Ultrasound Medical History

Oncology Member Medical History

NotesFind | View AllFirst13 of 13Last

Note Type: INTERNAL NOTEAll Notes*Template ID:Select Note Text

*Summary: Nurse Reviewer Note

Details:

Added:

Delete

Attach a FileAdd Note or AttachmentDelete NoteDate Time StampClinical Notes History

UM Product: HI-TECH	Member: MS	Physician: MS	Facility: MS	<input type="checkbox"/> Tax IDs Match	Policy State: TX	Fund Type: Self Insured	Jurisdiction State: MS
Type: Web	Case Type: Standard	DOS:					
Expand All Collapse All CPT/ICD Activities History Clinical Advantage Saved Notes Mem. Phys. Fac Service Bottom Notes Upds							

CPT, ICD, Guideline

CPT InfoMember Rational Text

Dup	Service Group Name	Unit	CPT	Description	*Status	Rationale	Repost	Provider Language	Member Language	Modifier	BodyPart	Description		
<input type="checkbox"/>		1	72148	MRI Lumbar Spine, (spinal canal and contents); without contrast material	Pending		Repost						+	-
<input type="checkbox"/>		1	SOCCPT	SOCCPT	Approved	SOCAPP	Repost	Approved	Approved				+	-

Approve AllDeny AllDuplicate CPTStatus PendingRN-Rationale Decision ToolPost Decision

*ICD-10 Code	ICD Description		
1 M47.816	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	+	-
2 M54.51	VERTEBROGENIC LOW BACK PAIN	+	-
3 M79.18	MYALGIA, OTHER SITE	+	-

Get Default GuidelinesGuidelines RequiredChange SpecialtyCase SpecialtySpine OrthGuideline Names

▼ Activity History

	Step	Activity	Status	Start	End	Assigned Group	
<input type="checkbox"/>	10	Initiate Request	3 - Completed	08/23/2024 10:05AM	08/23/2024 10:05AM	Intake Workgroup	WEBUSER WEBUSER
<input type="checkbox"/>	20	Process Request	3 - Completed	08/23/2024 10:05AM	08/23/2024 10:05AM	Intake Workgroup	WEBUSER WEBUSE
<input type="checkbox"/>	30	RN Review	2 - Started	08/23/2024 10:05AM		RN Workgroup	
<input type="checkbox"/>	31	Notes Received	1 - Queued			RN Workgroup	
<input type="checkbox"/>	32	Notes Received	1 - Queued			RN Workgroup	
<input type="checkbox"/>	40	MD Review	1 - Queued			MD Priority Work	
<input type="checkbox"/>	50	NU Wrap Up	1 - Queued			Eliza Notification	
<input type="checkbox"/>	60	Notify Member of Decision - SilverLink	1 - Queued			NU Member Noti	

[Do Next Activity](#)
Activity:
Step Number:
[Insert Activity](#)
☐ All Activities
 [Cancel Selected Activities](#)
[Cancel Service Order](#)

▼ Member History Information

[Claims Summary](#)

1 1

Medical Status: Pending Created: 08/23/2024 Member:
 SO Status: Open Auth Start: Physician:
 Auth End: Facility: THE IMAGING CENTER

Status	CPT	Rationale
Pending	72148 MRI Lumbar Spine, (spinal canal and contents); without contrast material	
Approved	SOCAPT SOCAPT	SOCAPP Approved
ICD Version	ICD ID	
10	M47.816	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION
10	M54.51	VERTEBROGENIC LOW BACK PAIN
10	M79.18	MYALGIA, OTHER SITE

▼ Clinical Advantage

[View/Edit Survey](#)
[Call Tier2 PRI-ME/ Update Survey Status](#)
Eligible N In Worklist:
 Survey:
 P4/ PRI-ME Tier 1: Normal
 PRI-SM/Survey Status:
 PRI-ME Tier 2:

[Notes](#)

Visit Note - August 23, 2024

PMS ID: Sex: DOB: Phone: MFM

Allergies

Reviewed August 23, 2024.
No known drug allergies

Medications

Reviewed August 23, 2024.
chronemine glucocorticoid 0.12 %
Mucous membrane - Mouthwash
amiodipine 10 mg Oral - tablet
atorvastatin 10 mg Oral - tablet
baclofen 20 mg Oral - tablet
Dexlenti 00 mg Oral - capsule biphasic
delayed release
Flomax 0.4 mg Oral - capsule
fentanyl 20 mg Oral - tablet
methocarbamol 500 mg Oral - Dose:
1 tablet Frequency: tid
Pepcid 40 mg Oral - tablet
hydrocortisone 0.125 mg
Sublingual - Tablet, Sublingual

Medical History

Other

Musculoskeletal

History

Osteoarthritis

Musculoskeletal

Family History

Hypertension

Musculoskeletal

Surgery

Prosthetic arthroplasty of bilateral hip

Surgical History

Other

Social History

Reviewed August 23, 2024.
Smoking status - Never smoker

ROS

Provider reviewed on Aug 23, 2024.

A focused review of systems was performed including Allergic/Immunologic, Cardiovascular, Gastrointestinal (G.I.), Integumentary, Musculoskeletal, Neurological, Psychiatric, and Respiratory and was notable for joint stiffness, frequent urination, and anxiety.

No Joint Pain, No Joint Swelling, No Unsteady Gait, No Numbness, No Tingling, No Immunosuppression, No Chest Pain, No Shortness Of Breath, And No Depression.

Chief Complaints:

- back symptoms
- back symptoms

Page 1

HPI: This is a 63 year old male who:

- is being seen for evaluation of back symptoms. Onset or Duration: 1 year. The patient reports back and leg symptoms of equal intensity. Symptoms began gradually without specific injury. At their worst, symptoms are rated as 8 out of 10. Symptoms include numbness or tingling, radiating pain, and weakness. The patient reports having unsteadiness when walking. Symptoms are aggravated by all activities. He has had the following diagnostic studies: x-rays.
- is being seen for evaluation of back symptoms. Onset or Duration: 2 years. The patient reports back and leg symptoms of equal intensity. Symptoms began gradually without specific injury. At their worst, symptoms are rated as 9 out of 10. Symptoms include numbness or tingling, radiating pain, and weakness. The patient reports having unsteadiness when walking. Symptoms are aggravated by all activities. Symptoms were not helped by: rest, cold, heat, muscle relaxants, and physical therapy. He has had the following diagnostic studies: x-rays.

Patient presents with complaints of lumbar back pain with radiation to his 8 legs. He denies bowel/bladder incontinence or saddle anesthesia. He completed PT last year but has continued a HEP from the physical therapist for the past 8 months. He takes aleve and backofen at home.

Vitals:

Date	Taken By	B.P.	Pulse	Resp.	O2 Sat.	Temp.	Ht.	Wt.	BMI	BSA
08/23/24	Cooley, Roxanne						72.0 in*		0	0
08/23	FIO2									
Date	Taken By	B.P.	Pulse	Resp.	O2 Sat.	Temp.	Ht.	Wt.	BMI	BSA
08/23/24	Cooley, Roxanne							209.0 lbs	0	0
08/23	FIO2									

* Patient Reported

Exam:

TL-Spine and Hip

Gait: normal gait

Posture: Normal Posture

Right Iliopsoas: **Strength: 5**

Left Iliopsoas: **Strength: 5**

Right Hip Abduction: **Strength: 5**

Left Hip Abduction: **Strength: 5**

Right Hip Adduction: **Strength: 5**

Left Hip Adduction: **Strength: 5**

Right Quadriceps: **Strength: 5**

Left Quadriceps: **Strength: 5**

Right Hamstring: **Strength: 5**

Left Hamstring: **Strength: 5**

Right EHL: **Strength: 5**

Left EHL: **Strength: 5**

Right Tibialis Anterior: **Strength: 5**

Left Tibialis Anterior: **Strength: 5**

Right Plantar Flexion: **Strength: 5**

Left Plantar Flexion: **Strength: 5**

Data Reviewed:

1 Review of prior external note(s) from each unique source (Records reviewed) and 1 Ordering of each unique test (Order MRI - Spine - Lumbar MRI WO contrast (CPT: 72148))

Tests

Order Plain X-ray/Interpretation

The following images were ordered and obtained:

SPINE/PELVIS/CHEST

Spine/Pelvis/Chest: 2-3 Views, L-spine | 1-2 Views, Pelvis

BILATERAL, Initial: Lumbar, 2-3 views; CPT 72100 and Pelvis, 1-2 views; CPT 72170

INTERPRETATION(S)

Findings:

• AP and lateral L-spine x-rays reviewed in clinic today shows well maintained alignment and disc spaces with age appropriate degeneration. Spondylosis throughout. Adequate lumbar lordosis noted. L1 compression fracture. No fractures or lytic lesions noted.

Impression/Plan:

1. Lumbar Radiculopathy

Radiculopathy, lumbar region (M54.16)

Associated diagnoses: Musculoskeletal Pain, Chronic Low Back Pain, and Spondylosis, Lumbar

Plan: Recommendations.

The following recommendations were made during the visit:

We had a long discussion today regarding his chronic low back pain with radiation to B legs despite a HEP. After reviewing his x-ray, exam, and symptoms, I believe he is suffering from lumbar radiculopathy. I explained the natural history. I also noted a L1 compression fracture but since patient denies TTP of his lumbar back or recent trauma, I do not believe that the fracture is acute but rather chronic. I recommend a lumbar MRI to evaluate for pathology of the spinal cord and nerve roots. I also recommend gabapentin. He voiced understanding and agreement. I will order a lumbar MRI and he will RTC to discuss the results. We will discuss further treatment options based on the MRI.

Plan: Records reviewed.

Office Notes: reviewed previous office notes

Plan: Prescription Medication Management.

Continue Regimen: Continue with current prescription medication regimen.

Plan: Prescription.

gabapentin 300 mg capsule PO

Sig: take one tablet by mouth at night

Quantity: 30 Capsule Refills: 1

Plan: Order MRI - Spine.

Protocol - Lumbar: Spine - Lumbar MRI WO contrast (CPT: 72148)

Indication: Lumbar Radiculopathy - M54.16, M79.18, M54.51, M47.816

Visit Note - March 17, 2023

Allergies

No known drug allergies

Medications

ibuprofen 10 mg Oral - granules in packet
Dexlans 60 mg Oral - capsule biphasic delayed release
Flomax 0.4 mg Oral - capsule
Lehopri 20 mg Oral - tablet
Pepod 40 mg Oral - tablet

Medical History

Other

Musculoskeletal History

Osteoarthritis

Musculoskeletal Family History

Hypertension

Musculoskeletal Surgery

Prosthetic arthroplasty of bilateral hips

Surgical History

Other

Social History

Smoking status - Unspecified

ROS

Provider reviewed on Mar 17, 2023.

A focused review of systems was performed including Allergic / Immunologic, Cardiovascular, Genitourinary (G.U.), Integumentary, Musculoskeletal, Neurological, Psychiatric, and Respiratory and was notable for joint stiffness, frequent urination, and anxiety.

No Joint Pains, No Joint Swelling, No Unsteady Gait, No Numbness, No Tingling, No Immunosuppression, No Chest Pain, No Shortness Of Breath, And No Depression.

Chief Complaint: F/U Low Back Pain evaluated on February 9, 2023

HPI: This is a 62 year old male who is following up for Low Back Pain (Vertebrogenic low back pain) on the lumbar spine. He was seen on February 9, 2023, at which time Order Plain X-ray/interpretation was performed and he was treated with PT Rx - Lumbar Spine.

The patient presents for further evaluation and management.

Vitals:

Date	Taken By	B.P.	Pulse	Resp.	O2 Sat.	Temp.	Ht.	Wt.	BMI	BSA
03/17/23 08:25	White, Victoria		78		98.0%		72.0 in	208.0 lbs	28.2	2.2
	FIO2									

* Patient Reported

Exam:

Lower Extremity

Right lower extremity exam notable for the following:

Full range of motion at the hip without pain; normal strength with hip testing; no tenderness palpation; neurovascular intact

Left lower extremity exam notable for the following:

Full range of motion at the hip without pain; normal strength with hip testing; no tenderness palpation; neurovascular intact

Impression/Plan:

1. Low Back Pain

Problem Addressed: Stable chronic illness

Vertebrogenic low back pain (M54.51)

located on the lumbar spine.

Associated diagnoses: Intervertebral Disc Degeneration, Lumbosacral Region (Stable chronic illness) and Lumbar Radiculopathy (Stable chronic illness)

Plan: Counseling - Low Back Pain.

Musculoskeletal Care: I discussed with the patient the importance of keeping your back and stomach muscles strong, using good posture, learning the safest way to lift heavy objects, and learning to manage stress. I discussed with the patient that bedrest longer than a day or two is generally not recommended. Exercise programs that are focused on weight loss, cardiovascular conditioning, stretching, and trunk strengthening appear to be the most helpful at alleviating low back pain. Activity modification was stressed as an important means of preventing reinjury. The patient was advised that physical therapy may be useful in some cases.

Expectations: There are many causes of low back pain including sprain/strain, arthritis, fracture, and tumor. There are many types of treatment for low back pain. The type of treatment rendered depends on the cause of the low back pain. Physical examination and radiographic work-up are important initial steps during work-up. It may take several weeks to months for low back pain to resolve, and it is not uncommon for the condition to recur.

Contact Office if low back pain worsens, if you develop numbness or tingling in your legs or buttocks, or if you notice any change in your bowel or bladder control.

Medication Counseling

Acetaminophen : Acetaminophen is a drug that is commonly used as a pain reliever. The maximum daily dose is 4 grams. The dosing for a child is based on the child's age and weight. Since acetaminophen is metabolized by the liver, any drug that affects the liver can change the level of acetaminophen in your body. The potential for acetaminophen to damage the liver is increased if it is used with alcohol. Acetaminophen may increase the blood thinning effect of coumadin. Long term administration of acetaminophen with coumadin should be discussed with your physician. Side effects from acetaminophen are uncommon. The most serious effect is liver damage if used in large doses. The patient verbalized understanding of the proper use and possible adverse effects of acetaminophen. All of the patient's questions and concerns were addressed.

Muscle Relaxants : I discussed with the patients that muscle relaxants can cause dizziness or drowsiness. The patient was advised to avoid driving until they are familiar with any side effects of these drugs.

After counseling the patient, we decided on the following plan: Conservative Management

Plan: Additional Notes.

Patient Specific Notes: Patient presents today complaining of low back pain. He reports physical therapy did help. He is on a muscle relaxer on a daily basis. This is more for his severe GERD disease also. He is not on

Visit Note - March 17, 2023

PMS ID: Sex: DOB: Phone: MRN:

any gabapentin but he does not want to start that now. Overall he has improved we will see him back as needed. He does not want to proceed with an MRI at this time.

Plan: Separate and Identifiable Documentation.

patient is in agreement with plan of care if symptoms worsen of change they will come back to clinic soon
Patient will continue per plan with home therapy

Follow up PRN

Electronically Signed By: NP-BC, 03/17/2023 08:45 AM CDT