

FAX TRANSMISSION

From: Orthopaedic
Center of Southern
Illinois

Subject:

Message:



Orthopaedic Center of Southern Illinois

Main Tel:618-242-3778 Main Fax:618-242-1267

PRIOR AUTHORIZATION PRESCRIPTION REQUEST FORM FOR BACK ORTHOSIS**Please Send RX Form & Pertinent Chart Notes Fax No:****PLEASE SEND THIS FORM BACK IN 3 BUSINESS DAYS**

Date: 7/22/2025	Last: Novak	Physician Name: Melanie Cross, FNP
First: Rosemary		NPI: 1093197410
DOB: 5/7/1941		Address: 4121 Veterans Memorial Dr
Address: 1589 E Radom Rd		City: Mount Vernon,
City: Ashley		State: IL
State: IL		Postal code: 62864
Postal Code: 62808		Phone Number: 6182423778
Patient Phone Number: 6182141850		Fax Number: 6182421267
Primary Ins: Policy #: 7C71UH1FR38		
Private Ins: Policy #:		
Height: 5.2 Weight: 145		

*This patient is being treated under a comprehensive plan of care for back pain.**I, the undersigned, certify that the prescribed orthosis is medically necessary for the patient's overall well-being. This patient has suffered an injury or undergone surgery. In my opinion, the following back orthosis products are both reasonable and necessary in reference to treatment of the patient's condition and/or rehabilitation. My patient has been in my care regarding the diagnosis below. This is the treatment I see fit for this patient at this time. I certify that this information is true and correct.***DIAGNOSIS:** Provider can simply cut off the diagnosis which they don't find appropriate

Lumbar/ Lumbosacral Intervertebral Disc Degeneration (M51.36)

Other intervertebral disc degeneration, lumbosacral region (M51.37)

Spinal Stenosis, lumbar region (M48.06) ~~X~~

Spinal stenosis, lumbosacral region (M48.07)

Other intervertebral disc disorders, lumbosacral region (M51.87)

Low back pain (M54.5)

Unspecified osteoarthritis, unspecified site (M19.90)

Other/Explain (Include Code): _____

*Our evaluation of the above patient has determined that providing the following back pain orthosis product will benefit this patient:***DISPENSE:****L0627 LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF**Estimated length of need (# of months): 99 6 - 99 (99= LIFETIME)**Physician Signature:** Melanie **Date:** 7/25/25**Physician Name:** Melanie Cross, FNP**NPI:** 1093197410

Progress Notes

Patient: Rosemary Novak**Account Number:** 9463**DOB:** 05/07/1941 **Age:** 84 Y **Sex:** Female**Phone:** 618-214-1850**Address:** 1589 E Radom Rd Ashley IL 62808**Provider:** Melanie Cross, FNP**IDate:** 07/14/2025**Subjective:****Chief Complaints:**

- Patient present with low back pain

HPI:

Rosemary Novak is a 84-year-old female presenting with low back pain that began few days ago. The pain is described as dull and aching, with intermittent sharp sensations localized to the lower lumbar spine. She rates the pain as 7 out of 10 at its worst. The discomfort is constant throughout the day, with worsening in the evening hours.

The pain began after lifting heavy objects, and since onset, there has been no significant improvement. Pain is aggravated by prolonged standing, bending, and sitting for extended periods. It is partially relieved by lying supine and taking ibuprofen. She denies any recent trauma, lower extremity numbness or weakness, or bowel/bladder dysfunction.

ROS:

No chest pain, No SOB but fatigued BMI ok. Urination ok.
MSK: Patient report back pain joint weakness and joint swelling

Medical History:

- Hemorrhoidectomy
- Tonsillectomy/adenoidectomy age 37.
- Cardiac cath 6/00 normal.
- colonoscopy 2010 WNL .
- Right cataractectomy July 2014 .
- Primary osteoarthritis, right hand.
- Pure hypercholesterolemia.
- Nonrheumatic mitral (valve) insufficiency.
- Fatty (change of) liver, not elsewhere classified.
- Gastro-esophageal reflux disease with esophagitis.
- Secondary osteoarthritis, unspecified hand.
- Primary osteoarthritis, right hand.
- Age-related osteoporosis without current pathological fracture..
- Mixed irritable bowel syndrome.
- laser surgery right eye 1/2019 ; Correction of cataractectomy related membrane. .
- w/u for gross hematuria dr Goldfischer 8/19: cystoscopy negative...
- Acute cystitis without hematuria.
- Headache
- Melena.
- Paroxysmal tachycardia, unspecified.
- Dry eye syndrome of unspecified lacrimal gland.
- Spinal stenosis, lumbar region

Medications:**Taking**

- PARoxetine HCl ER 25 MG Tablet Extended Release 24 Hour 1 tablet in the morning Orally Once a day
- Losartan Potassium 25 MG Tablet 1 tablet Orally Once a day
- Atorvastatin Calcium 10 MG Tablet take 1 tablet by mouth once daily

Medication List reviewed and reconciled with the patient

Allergies:

- Vibramycin: nausea, vomiting
- Levaquin: sister had vomiting
- Cipro: vomiting
- Piroxicam: rash

Patient name: Rosemary Novak, DOB: 05/07/1941, Account No: 9463

Objective:

Vitals: Temp: 95.0 F, HR: 91 /min, BP: 147/92 mm Hg, Ht: 62.4 in, Wt: 145 lbs, BM: 31.00 Index, Oxygen sat %: 97 % Ht-cm: 160.02, Wt-kg: 79.38.

Physical Examination:

neck WNL

lungs clear. Prominent left apical lobe noted in supraclavicular area (old finding) . heart RR no murmur rub or gallop abdomen WNL

legs no edema.

Musculoskeletal: The patient exhibits tenderness in the lower back with restricted range of motion secondary to pain. Gait appears stiff, though no neurological deficits are present. Overall findings are indicative of lumbar instability.

Back examination**Inspection:**

Observation of the lumbar region reveals normal spinal alignment without visible deformity, scoliosis, or step-offs. There is no evidence of swelling, ecchymosis, skin discoloration, or surgical scars. Postural evaluation reveals an increased lumbar lordosis and anterior pelvic tilt, suggestive of chronic muscular imbalance. No visible atrophy of the paraspinal or gluteal musculature is noted.

Palpation:

Palpation reveals diffuse tenderness over the lumbar paraspinal muscles and bilateral quadratus lumborum. Focal tenderness is elicited over the L4-L5 and L5-S1 spinous processes. No palpable step-offs, bony abnormalities, or subcutaneous masses are appreciated. Muscle tone is increased in the lumbar extensors, and myofascial tightness is present. No localized warmth, crepitus, or signs of acute inflammation or infection are observed.

Range of Motion:

Lumbar range of motion is moderately limited in all directions due to pain and stiffness. Flexion is limited to approximately 40 degrees, extension to 15 degrees, and lateral bending and rotation are reduced bilaterally, more on the left. Active movement reproduces discomfort, particularly with extension and left lateral bending.

Neurological Examination:

Neurological examination of the lower extremities is within normal limits. Muscle strength is 5/5 in bilateral iliopsoas, quadriceps, hamstrings, tibialis anterior, gastrocnenius, and intrinsic foot muscles. Deep tendon reflexes are symmetrical: patellar (L4) and Achilles (S1) are 2+ bilaterally. Sensory testing to light touch and pinprick is intact in all dermatomes from L2 through S2. No signs of upper motor neuron involvement such as Babinski reflex, clonus, or hyperreflexia.

Special Tests:

Straight leg raise (SLR) test is negative bilaterally, with no reproduction of radicular symptoms. Slump test is negative. Prone instability test is positive, indicating potential segmental instability. FABER (Patrick's) test is negative, ruling out significant sacroiliac joint involvement. No signs of cauda equina syndrome such as saddle anesthesia or bowel/bladder dysfunction are present.

Impression:

Findings are consistent with chronic lumbar strain with postural dysfunction and possible segmental instability, without clinical evidence of lumbar radiculopathy, neurogenic claudication, or myelopathy at this time.

Assessment/Plan:**Spinal stenosis, lumbar region - M48.06**

- Dispense L0627 lumbar-sacral orthosis (LSO) for lower back instability.
- Bracing is medically necessary due to findings of lumbar instability, muscle tension, decreased range of motion, and impaired functional mobility.
- Patient is ambulatory and requires external lumbar stabilization to reduce pain, support posture, and enhance functional capacity during activities of daily living.
- Patient demonstrates potential for functional improvement and reduction of symptoms with consistent use of the orthosis.

Follow Up:

Return in about 6 month for pain management

Care Plan:

Use an orthopedic back brace L0627 for pain management

Problems:

Spinal stenosis of lumbar region

Patient name: Rosemary Novak, DOB: 05/07/1941, Account No: 9463



Electronically signed by Melanie Cross, FNP on 07/14/2025 at 10:30 AM

Sign off status: Completed

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Progress Notes Melanie Cross, FNP

Date: 07/14/2025