GRANDE RONDE HOSPITAL

Fax Cover Sheet

Send

TO: _____

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FROM:

Grande Ronde Hospital Walk-in Clinic
506 Fourth Street La Grande, Oregon 97850
Phone: (541) 663-3138 Fax: (541) 975-5120

Family Medicine:

Bradley Tishman, DO

RE: _____

Number of pages (including this cover sheet): _____

Thank you

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 First: France Last: Gallagher DOB: 3/20/1956 Address: 606 F Ave City: La Grande State: OR Postal Code: 97850 Patient Phone Number: 3037486360 Primary Ins: Policy #: 3DK3NC2UT81 Private Ins: Policy #: Height: 5.6 Weight: 120	Physician Name: Bradley Tishman, DO NPI: 1033783584 Address: 506 4th St City: La Grande, State: OR Postal code: 97850 Phone Number: 5416633138 Fax Number: 5419755120

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: _____ **Date:** 7/25/2025

Physician Name: Bradley Tishman, DO **NPI: 1033783584**

PRIOR AUTHORIZATION PRESCRIPTION REQUEST FORM FOR NECK ORTHOSIS

Please Send RX Form & Patient Chart Notes **Fax No: 18447369924**

PLEASE SEND THIS FORM BACK IN 3 BUSINESS DAYS

Date: 7/22/2025 First: France Last: Gallagher DOB: 3/20/1956 Address: 606 F Ave City: La Grande State: OR Postal Code: 97850 Patient Phone Number: 3037486360 Primary Ins: Policy #: 3DK3NC2UT81 Private Ins: Policy #: Height: 5.6 Weight: 120	Physician Name: Bradley Tishman, DO NPI: 1033783584 Address: 506 4th St City: La Grande, State: OR Postal code: 97850 Phone Number: 5416633138 Fax Number: 5419755120

This patient is being treated under a comprehensive plan of care for CervicalNeck pain.
I, the undersigned; certify that the prescribed orthosis is medically necessary for the patient's overall well being. This patient has arthritis. In my opinion, the following cervical 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 & correct.

DIAGNOSIS: Provider can simply cut off the diagnosis which they don't find appropriate

- Radiculopathy, Cervical Region(M54.12)
- Radiculopathy, Cervical ThoracicRegion(M54.13)
- Radiculopathy, Occipito-Atlanto- AxialRegion (M54.11)
- Cervicalgia(M54.2)
- Cervical disc disorder with myelopathy, high cervical Region(M50.01)
- Spinal stenosis, cervical Region (M48.02) X
- Other /Explain (Include Code): _____

Our evaluation of the above patient has determined that providing the following cervical orthosis product will benefit this patient:

DISPENSE:

L0174 – (Cervical, multiple post collar, occipital/mandibular supports, adjustable)

Length of need is 99 months unless otherwise specified : 99 6 - 99 (99= LIFETIME)

Physician Signature: _____ **Date:** 7/25/2025

Physician Name: Bradley Tishman, DO **NPI: 1033783584**

France Gallagher

MRN: E926757

Bradley Tishman, DO
Physician
Specialty: Family Medicine

Progress Notes
Signed

Encounter Date: 5/13/2025

Chief Complaint:

Chief Complaint
Patient presents with
Cervical back and lower back pain

History of Present Illness:
Neck Pain:
France Gallagher, a 69-year-old female, presents with a history of chronic neck pain that began several months ago. The pain is localized to the cervical spine and is described as a persistent, dull ache with occasional sharp episodes. She experiences stiffness and restricted neck mobility, particularly with head rotation and extension. The pain is aggravated by prolonged sitting and activities that require sustained neck posture. She reports mild radiation into the shoulders but denies numbness, tingling, or upper extremity weakness. She has been self-managing symptoms with over-the-counter medications and heat application, with limited relief. No imaging or formal treatment has been pursued to date.

Back Pain:
The patient also reports lower back pain that has been present for approximately one year. The pain is constant and centered in the lumbar region, with episodes of increased intensity during physical activity or prolonged standing. She notes stiffness and occasional muscle tightness but denies any history of trauma, bowel or bladder dysfunction, or lower extremity sensory changes. The discomfort has interfered with daily mobility and physical tasks. She has used conservative measures such as rest and analgesics, which have provided only minimal improvement. There is no history of prior spine surgery or formal evaluation for her back symptoms.

Medical History:

Past Medical History:

Diagnosis	Date
• Ascites	
• Cirrhosis (CMS/HCC)	
• Hypertension	
• Pleural effusion	
• Postmenopausal bleeding	
• Spinal stenosis, cervical region	
• Spinal stenosis, lumbar region	

- Smoker
- Systemic hypertension 02/07/2017
- Uterine cyst
  removed 2016

Past Surgical History:

Procedure	Laterality	Date
• COLONOSCOPY	N/A	1/13/2021
• COLONOSCOPY	N/A	2/11/2020
	N/A	5/8/2017
• EGD	N/A	1/13/2021
• EGD	N/A	2/11/2020
• ESOPHAGOGASTRODUODENOSCOPY	N/A	5/7/2019
• ESOPHAGOGASTRODUODENOSCOPY	N/A	3/6/2018
• ESOPHAGOGASTRODUODENOSCOPY WITH COLONOSCOPY	N/A	12/21/2017
• ESOPHAGOGASTRODUODENOSCOPY WITH	N/A	9/1/2016

Outpatient Encounter Medications as of 7/13/2021

Medication	Sig	Dispense	Refill
• acetaminophen (TYLENOL) 500 mg tablet	Take 500 mg by mouth every 6 (six) hours as needed for Pain		
• albuterol sulfate 90 mcg/actuation aebs	Inhale 2 Puffs as directed every 6 (six) hours as needed for Other (as needed for wheezing)	1 Each	2

• senna (SENOKOT) 8.6 mg tablet	Take 1 Tablet by mouth daily		
• [DISCONTINUED] spironolactone (ALDACTONE) 100 mg tablet	Take 1 Tab by mouth daily Take 1 tablet daily	90 Tab	2
• sulfamethoxazole-trimetho prim (BACTRIM) 400-80 mg/5 mL in DEXTROSE 5 % in water (D5W) 100 mL	Inject into the vein nightly		
• sulfamethoxazole-trimetho prim (BACTRIM,SEPTRA) 400-80mg per tablet	Take one tablet po qhs through 09-23-2021, liver transplant	90 Tablet	0
• TACROLIMUS PO	Take 500 mg by mouth 2 (two) times daily. 1 tab in the am and 1 tab in the pm. Changed by transplant team in Indy		
• umeclidinium (INCRUSE ELLIPTA) 62.5 mcg/actuation	Inhale 62.5 mcg as directed daily.		
• valGANciclovir (VALCYTE) 450 mg tablet	Take 450 mg by mouth daily. 2 TABS EVERY DAY		
• vilanterol-umeclidinium (ANORO ELLIPTA) 62.5-25 mcg/actuation dsdv	Inhale as directed daily		
• vilanterol-umeclidinium (ANORO ELLIPTA) 62.5-25 mcg/actuation dsdv	Inhale as directed daily		
• VITAMIN D3 50 mcg (2,000 unit) capsule	Take 2,000 Units by mouth daily	90 Cap	5
• zinc sulfate 220 mg tab	Take 1 Tab by mouth daily	90 Tab	3

No facility-administered encounter medications on file as of 5/13/2025..

Allergies as of 05 /13/2025 - Review Complete

Allergen	Reaction	Noted
• Ciprofloxacin	Rash	
• Keflex [cephalexin]	Shortness Of Breath	
• Protonix [pantoprazole]	Hives and Rash	
• Lisinopril	Other (See Comments)	

Review of System
Review of Systems
All other systems reviewed and are negative except mention in hpi .

Physical Exam

Visit Vitals

BP	110/58
Pulse	77
Temp	97 °F (36.1 °C)
Ht	5'6 (1.706 m)
Wt	120 lb 6.4 oz (54.43
LMP	kg) 01/07/2008
SpO2	96%
BMI	31.52 kg/m²

Physical Exam
Vitals reviewed.
Constitutional:
Appearance: Normal appearance.
HENT:
Head: Normocephalic and atraumatic.
Nose: Nose normal.
Mouth/Throat:
Mouth: Mucous membranes are moist.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Pulses: Normal pulses.
Pulmonary:
Effort: Pulmonary effort is normal.
Musculoskeletal:
Cervical back: Tenderness over the posterior cervical region with limited range of motion due to pain; Spurling's test is negative and distraction relieves pain, supporting cervical instability.
Lower back: Tenderness over the lower back with limited range of motion due to pain; no neurological deficits noted, gait is stiff, findings consistent with lumbar instability.
Skin:
General: Skin is warm.
Neurological:
General: No focal deficit present.
Mental Status: She is alert.

Neck Examination:
Inspection of the cervical region reveals appropriate alignment without visible deformity, swelling, skin discoloration, or surgical scars. Mild postural abnormalities are noted, including forward head carriage and

slight elevation of the shoulders bilaterally, suggestive of chronic muscular tension. No cervical lymphadenopathy or visible muscle atrophy is present.

Palpation demonstrates diffuse tenderness over the posterior cervical paraspinal musculature and the upper trapezius muscles bilaterally. Focal tenderness is noted at the C5–C7 spinous processes. No step-offs, bony abnormalities, or subcutaneous masses are appreciated. Muscle tone is increased, and mild tension is present. There is no crepitus, subluxation, or localized warmth to suggest active inflammation or infection.

Range of motion is moderately limited in all planes due to pain and stiffness. Flexion is limited to approximately 30 degrees, extension to 20 degrees, and lateral rotation and side bending are reduced bilaterally, more on the right. Active movement reproduces discomfort, especially with extension and right rotation.

Neurological examination of the upper extremities is within normal limits. Muscle strength is 5/5 in bilateral deltoids, biceps, triceps, wrist extensors, and intrinsic hand muscles. Deep tendon reflexes are symmetrical: biceps (C5–C6), brachioradialis (C6), and triceps (C7) are all 2+. Sensory testing to light touch and pinprick is intact in all dermatomes from C5 through T1. No evidence of myelopathic signs such as Hoffmann's sign, Babinski reflex, or clonus.

Special tests include a Spurling's maneuver, which is negative, indicating no radicular reproduction of symptoms. Cervical distraction test results in partial relief of pain, suggesting a mechanical or facet-related etiology. Shoulder abduction test is negative. No vertebral artery insufficiency signs are noted with head rotation or extension.

Impression: Findings are consistent with chronic cervical strain with possible segmental instability and postural dysfunction, without objective evidence of cervical radiculopathy or myelopathy at this time.

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, gastrocnemius, 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 and Plan
Frances was seen today for results.

Diagnoses and all orders for this visit:

Spinal stenosis, cervical region - M48.02

Dispense cervical orthosis L0174 for cervical spine instability.
Bracing is medically necessary due to clinical findings of segmental instability, muscular tension, reduced range of motion, and associated postural dysfunction.
Patient is ambulatory and requires external stabilization of the cervical spine to improve head and neck posture, reduce pain, and support functional activities of daily living.
Patient demonstrates potential for functional improvement and symptom reduction with the use of the cervical orthosis.

Spinal stenosis, cervical 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.

Return in about 6 months (around 11/13/2025), Pain management

Electronically Signed by
Bradley Tishman, DO
05/13/2025

Office Visit on 5/13/2025 *Note shared with patient*