

From: Outgoing Elax Centene Fax: 14073339028

To:

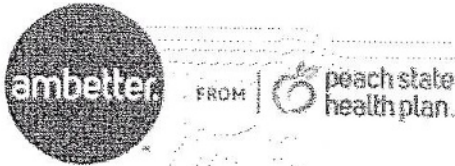
Fax: (229) 434-9828

Page: 6 of 14

03/20/2023 4:11 PM

Partial Approval

3/20



1100 Circle 75 Parkway
Suite 1100
Atlanta, GA 30339

on this patient with a nonunion of her spinal fusion, revision surgery APPROVED for the main codes 3/20

3/20/2023 4:05 PM



NOTICE OF ACTION

Para obtener ayuda para traducir o entender esta información, sírvase llamar al 1-877-687-1180 TDD/TTY 1- 877-941-9231 entre 8 a.m. y 5 p.m.

Re: Member Name: [Redacted]
Tracking Number: CEN448099

Dear [Redacted] TS

Peach State Health Plan looked at services requested for [Redacted] received on 3/15/2023 3:30 PM for coverage of Inpatient - Spinal Fusion, Lumbar. After review of the information received, the request was Reduced.

Approved: Inpatient surgery, Spinal Fusion, Lumbar, CPT code(s): [63042 - LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR] -- [22612 - ARTHRODESIS POSTERIOR/POSTEROLATERAL LUMBAR] -- [22849 - REINSERTION SPINAL FIXATION DEVICE] -- [20936 - AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION]

Denied: Additional codes requested as part of the Inpatient surgery, Spinal Fusion, Lumbar, CPT code(s): [22850 - REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION] -- [69990 - MICROSURG TQS REQ USE OPERATING MICROSCOPE] -- [76000 - FLUOROSCOPY SPX UP TO 1 HOUR PHYS/QHP TIME] -- [22830 - EXPLORATION SPINAL FUSION]

Your medical records were carefully reviewed. The request for your back surgery is partly approved. The main surgery includes multiple steps. One part of the surgery (connecting your spine bones) includes some of the other steps that were requested (using a microscope during surgery), (removing hardware from a prior surgery), and

I told my scheduler to proceed & schedule even with these codes excluded.

TS

*

(taking pictures during surgery). Your records do not show why these steps need to be billed separately. Please talk to your doctor about treatment options, they have received a copy of this letter as well.

The criteria or medical reason for this decision is GN-1002 - Medical Record Documentation - Internal Baseline Policy, OR-1008 - Lumbar Laminectomy, Discectomy, and Laminotomy - Internal Baseline Policy, OR-1004 - Lumbar Spinal Fusion - Internal Baseline Policy.

This decision was made on 3/20/2023 4:05 PM.

This decision was made by a Yu-Po Lee, MD, Orthopedic Spine Surgeon.

You, or someone you name to help you, can request a copy of criteria used in this decision. Your doctor knows about this decision. He/she can call to talk to us about this decision.

Is this reason for denial clear to anyone??

- If you disagree with this decision, you have the following option:
 - 1) You have one hundred eighty (180) days from the date on this letter to file an appeal with Peach State Health Plan.
- Once appeal decision is made; if you disagree with the decision, you have the following option:
 - 1) You may request an external Independent Medical Review (IMR) regarding this decision from MAXIMUS Federal Services, the Independent Review Organization (IRO). You have one hundred twenty (120) days from the date on the appeal decision letter to file an Independent Medical Review (IMR) request with the Independent Review Organization (IRO).

If you want your doctor or someone else to act for you, you must do this in writing. To do this, complete and return the attached "Authorized Representative Designation Form" with your request.

APPEAL:

You, your doctor, or someone that you name to act for you, can ask us to change our decision. This is called an appeal. You can ask for an appeal in writing or by calling us. If you want to appeal, you must tell us within one hundred eighty (180) days of the date on this letter. You can file an Appeal by phone, fax, or writing to us at:

Peach State Health Plan Grievance & Appeals Department
1100 Circle 75 Parkway
Suite 1100
Atlanta, GA 30339

Phone 1-877-687-1180
TDD/TTY 1-877-941-9231
Fax 1-866-532-8855

If you appeal by phone, you must also send in a written, signed appeal. The written appeal should include the following information:

- Your name
- Your member number
- A phone number where we can reach you
- Why you think we should change the decision
- Medical information to support the request

You or your doctor can ask for a specialty doctor to look at the appeal. We will give you an answer within thirty (30) calendar days of you asking for a pre-service appeal and sixty (60) calendar days for a post service appeal. If you or your doctor believe that waiting up to 30 calendar days to decide your appeal could seriously risk your life or health, including your being able to reach, keep, or get back to your maximum function, you or your doctor should tell us this when asking for an appeal. If we agree, we will make a decision sooner (within 72 hours of receiving the request) on your appeal. This is called an "expedited appeal". An expedited appeal may be filed orally. It does not have to be filed in writing. An Expedited External Review may be requested at the same time as an expedited appeal in certain situations.

INDEPENDENT MEDICAL REVIEW (IMR):

You may file a request within 120 days of the date of this letter. Filing a request for an

Independent Review Organization (IRO) will not result in discrimination against you. For questions or assistance you may call, fax, email or write:

Maximus Federal Services
3750 Monroe Avenue, Suite 705
Pittsford, NY 14534
Phone: 1-888-866-6205
Fax: 1-888-866-6190
Email: ferp@maximus.com
www.externalappeal.com

If you have questions for Peach State Health Plan, you call us at 1-877-687-1180 or TDD/TTY 1-877-941-9231. If you or your physician wishes to discuss this decision with the reviewer, please call 1-877-687-1180, extension 57035.

Sincerely,

Yu-Po Lee, MD

From: Outgoing Efax Centene Fax: 14073339028

To:

Fax: (229) 434-9828

Page: 9 of 14

03/20/2023 4:11 PM

Orthopedic Spine Surgeon
Peach State Health Plan

Enclosure –Authorized Representative Designation Form

From: Outgoing Efax Centene Fax: 14073339028

To:

Fax: (229) 434-9828

Page: 5 of 14

03/20/2023 4:11 PM



FROM | peach state health plan

3/20/23



Mark Wolgin
619 POINTE NORTH BLOULEVARD
ALBANY, 31721

Even though I would proceed with the approved codes, why the denial?
Is there a reason on this page that I don't see?

3/20/2023 4:05 PM

TurningPoint denied your prior authorization request for your patient's services.

Dear Mark Wolgin:

Enclosed please find a copy of [redacted] denial letter for your records. TurningPoint Healthcare Solutions, LLC ("TurningPoint") reviewed the request for authorization on behalf of Peach State Health Plan. If you disagree with this adverse decision, there is an option for a peer-to-peer review before filing your appeal with the health plan. It must be requested within 5 days of the date of this decision. To exercise this option, please call our Peer-to-Peer ("P2P") Coordinator Line at (800) 581-3920.

Please provide TurningPoint with your MD Name, the case reference number, and three dates & times your doctor is available to participate in a phone conference with one of our Peer Reviewers. One of our P2P Coordinators will confirm the date and time the TurningPoint Peer Reviewer is available and schedule the call.

The 5 days applies to your notice back to us. The actual peer-to-peer discussion may take place after this period if schedules do not allow. Please note we recognize business days as Monday through Friday 8 AM-5 PM Eastern time.

You may also appeal this determination per your contract with Peach State Health Plan by sending a written appeal via mail along with supporting documentation as outlined in the appeals and grievances section of the member's denial letter.

Sincerely,

Yu-Po Lee, MD
Orthopedic Spine Surgeon

Encl(1) Member Denial Letter

Why was surgery denied?
Not clear.
No reason offered



FROM | peach state health plan.

Now, after partial approval, Full denial

TurningPoint Healthcare Solutions 3/21

BAD FAITH!

Mark Wolgin
619 POINTE NORTH BLOULEVARD
ALBANY, 31721
3/21/2023 9:13 AM

TurningPoint denied your prior authorization request for your patient's services.

Dear Mark Wolgin:

TS

Enclosed please find a copy of [redacted] denial letter for your records. TurningPoint Healthcare Solutions, LLC ("TurningPoint") reviewed the request for authorization on behalf of Peach State Health Plan. If you disagree with this adverse decision, there is an option for a peer-to-peer review before filing your appeal with the health plan. It must be requested within 5 days of the date of this decision. To exercise this option, please call our Peer-to-Peer ("P2P") Coordinator Line at (800) 581-3920.

Please provide TurningPoint with your MD Name, the case reference number, and three dates & times your doctor is available to participate in a phone conference with one of our Peer Reviewers. One of our P2P Coordinators will confirm the date and time the TurningPoint Peer Reviewer is available and schedule the call.

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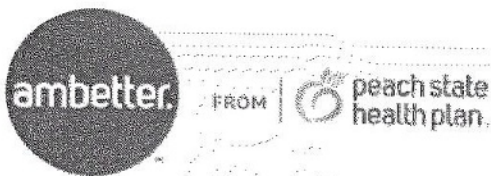
Sincerely,

Richard Gross, MD
Board Certified Orthopedic Surgeon

Encl(1) Member Denial Letter

① called 2:37 PM 3/22
3 calls, ahead
wait time 17 mins.
had to hang up to work up front

② called 2:55 PM, 1st call in que



1100 Circle 75 Parkway
 Suite 1100
 Atlanta, GA 30339

TS

Now,
 Full denial

3/21/2023 9:13 AM



NOTICE OF ACTION

Para obtener ayuda para traducir o entender esta información, sírvase llamar al 1-877-687-1180 TDD/TTY 1- 877-941-9231 entre 8 a.m. y 5 p.m.

Re: Member Name: [Redacted]
 Tracking Number: CEN447428 IP3418671040

Dear [Redacted]

Peach State Health Plan looked at services requested for [Redacted] received on 3/14/2023 2:07 PM for coverage of Outpatient - Spinal Fusion, Lumbar. After review of the information received, the request was Denied.

You have asked for low back surgery. Your request can not be approved. Your medical records for review were not received. We tried to get the records needed to make a medical necessity decision. (Attempt 1: 3/14/23 6:12PM by phone, Attempt 2: 3/14/23 6:14PM by fax, Attempt 3: 3/20/23 11:13AM by fax, Attempt 4: 3/21/23 8:46AM by phone). We need more information about your diagnosis and planned surgery. This information needs to include your, imaging scans, test results, office notes, surgical plan. It also needs to include your doctor's plan for the specific instrumentation that will be used. Your records do not have these things. Please talk with your doctor about treatment options. A copy of this letter went to your doctor.

ALL Clinicals
 had been
 faxed in.
 What else
 can we
 provide?

The criteria or medical reason for this decision is GN-1002 - Medical Record Documentation - Internal Baseline Policy.

This decision was made on 3/21/2023 9:13 AM.

This decision was made by a Richard Gross, MD, Board Certified Orthopedic Surgeon.

Full Clinicals Submitted

03/08/2023 09:30 AM

Location: Albany Bone & Joint Clinic PC

Patient #: 361520

DOB: [REDACTED]

Marital status: Divorced / Language: English / Race: Black or African American / Ethnicity: Not Hispanic or Latino

Gender: Female

History of Present Illness

Patient words: LLM: Pt here today for test results of CT myelogram lumbar spine 2/23/23 PPMH. Pain and cramps are worse since her last visit 1/3/23. She is taking 2 Ascomp and Flexeril, which are not helping at all. Pt would like rx for Soma, which she has taken in the past.

Current symptoms: lower back pain and tail bone pain, numbness in RLE, R foot pain plantar aspect that radiates to the back of the heel. Cramps in RLE. Pain worse with prolonged standing and walking. Has a pillow to sit on while at work.

Medication: Ascomp with Codeine, not helping. Cyclobenzaprine, not helping. Wants rx for Soma. GA PDMP checked.

Imaging: X-ray, MRI, CT (PPMH 11/23/22), CT myelogram lumbar spine 2/23/23 PPMH

Treatment: home exercises, podiatry

Surgery: R approach min invasive TLIF L5S1, revision approach to R discectomy (PPMH 4/27/22).

Work: Medical Assistant Clay County Medical

MW: Pt feels like her back pain is getting worse with cramps in R thigh and occas tingling to R foot. Feels like there is a vice grip on R calf that will wake pt out of her sleep. Pt has been considering her options and wants to proceed with revision surgery.

The patient is a 52 year old female presenting to discuss diagnostic procedure results.

Allergies

oxyCODONE-Acetaminophen *ANALGESICS - OPIOID* [Drug allergy]
HYDROcodone-Acetaminophen *ANALGESICS - OPIOID* [Drug allergy]
Clindamycin HCl *ANTI-INFECTIVE AGENTS - MISC.* [Drug allergy]

Shellfish

Seafood

Pollens

Penicillins

NSAIDs

Dust

Past Medical History

CHRONIC RIGHT-SIDED LOW BACK PAIN WITH RIGHT-SIDED SCIATICA

H/O SPINAL SURGERY; R microdisc L5S1 Dr. Maddox, Eufala

ACQUIRED TIGHT ACHILLES TENDON, RIGHT

BODY MASS INDEX (BMI) OF 29.0 TO 29.9 IN ADULT

PLANTAR FASCIITIS, RIGHT

LUMBAR RADICULOPATHY, RIGHT; S1

PSEUDOARTHROSIS OF LUMBAR SPINE; probable, L5S1

MRI / LUMBAR SPINE PAIN *INSURANCE*****

LUMBOSACRAL DISC HERNIATION; recurrent

FORAMINAL STENOSIS OF LUMBOSACRAL REGION

AFTERCARE FOLLOWING OTHER SURGERY OF MUSCULOSKELETAL SYSTEM; 4/27/22- PPMH R approach

min invasive TLIF L5S1, revision approach to R discectomy

RADICULAR SYNDROME OF RIGHT LEG

Family History

Hypertension

Heart Disease

Cancer

Social History

Work-Related Injury; No

Occupation; Certified Medical Assistant

Never smoker

Handedness; right

Alcohol use; does not drink

Medication History

Ascomp-Codeine (50-325-40-30MG capsule, 1 (one) Oral three times daily, as needed, Taken starting 06/10/2022) Active. (Note to patient: do not lose your medicines as, if they are lost or stolen, there is very little chance they will be replaced early.)
Medi-Laxx (8.6-50MG tablet, 1 TAB-CAP Oral, Taken starting 04/29/2022) Active. (Qty: 60)
tizANidine HCl (4MG capsule, 4 MG Oral, Taken starting 04/28/2022) Active. (Qty: 30)
Pantoprazole Sodium (40MG tablet, delayed, 40 MG Oral, Taken starting 04/22/2022) Active.
hydroCHLORothiazide (12.5MG tablet, 12.5 MG Oral, Taken starting 04/22/2022) Active.
Protonix (40MG tablet, delayed, Oral) Active.
cloNIDine HCl (0.1MG tablet, Oral) Active.
Treleq Ellipta (100-62.5-25MCG/INH Blister, With I, Inhalation) Active.
Medications Reconciled.

Pregnancy/Birth

Pregnant no

Other Problems

High blood pressure

Esophagitis

Drug Dependence; no

Chronic Obstructive Lung Disease

Past Surgical

Right L5-S1 Hemilaminotomy/Disectomy

Hysterectomy; 01/1997

4/27/22-PPMH-R approach min invasive TLIF L5S1, revision approach to R disectomy

Gallbladder Surgery; 02/2018

Diagnostic Studies

2/23/23 CT Myelogram L spine PPMH (02/23/2023); Sagittal: Suggested partial potential bridging bone between the pedicle screws on the right side at L5-S1. No disc bulge noted at L4-5. Ventral aspect thecal sac is indented more on the right than the left but no frank nerve compression noted. On the right side, some bone graft is growing caudal to the exiting L5 nerve root.

Axial: Screws do not have medial breach. The spacers slightly to the right of midline. Patient is facedown in these images.

Coronal views show on the right side and some thin amounts of bridging bone on the right side in the interspace or lateral bone graft does not show solid fusion.

CT IMPRESSION:

An implant is present bw the L5 and S1 vertebral bodies. Metallic rods and pedicle screws are present securing L5-S1. Findings consistent with laminectomies involving L5 are present. There is an area of soft tissue and adipose tissue. Some osseous hypertrophy is present at the L5-S1 level producing some foraminal stenosis which is more pronounced on the right.

IR myelogram IMPRESSION:

Postoperative changes are present L5-S1 level. There is an indentation the anterior aspect of the thecal sac at the L5-S1 level which could be due to scar tissue or other etiology.

CT lumbar PPMH (04/14/2022); sag: degen L5S1 with calcified disc

axial: prev R laminot appears to be on cranial end S1

4/30/20-FLOWERS HOSPITAL- MRI LUMBAR (04/30/2020); T2 sag: L5S1 shows disc herniation 5-6mm but discs cranial to L5 within normal limits.

axial: L5S1 has large HNP slightly to R of midline 5-6mm and about 13mm wide with compression of traversing R S1 root

T1 parasag: mild to mod bilat foram stenosis L5S1.

Radiologist Impression:

L5-S1 large central and rightward disc protrusion with significant mass effect.

CT Lumbar (PPMH) (11/23/2022); IMPRESSION: no evidence of acute fractures or acute subluxations. post changes at l5-s1, consistent with fusion, laminectomy and disectomy. no gross ct evidence of complication. note: extensive beam hardening on the right at this level, lowers the sensitivity for evaluation of the righ l5 neural foramen.

03/25/22- OAI LUMBAR (03/25/2022); T2 sag: L5S1 has large HNP R paracentral

axial: L5S1 has R paracentral HNP with poster bulge about 5mm with mod bilat facet arthrosis.
T1 parasag: Mod bilat foram stenosis.

Radiologist Impression:

L5-S1 suggestion of previous right laminotomy. 6mm central to right recess caudally migrating disc herniation compresses right and abuts left descending S1nerve roots. Moderate facet hypertrophy. Compression of both exiting L5 nerve roots.

Review of Systems

General Not Present- Chills, Fatigue and Night Sweats.

Skin Present- Rash. Not Present- Change in Wart/Mole, Excessive Sweating, Itching and Skin Color Changes.

Respiratory Present- Cough. Not Present- Dyspnea.

Cardiovascular Not Present- Chest Pain, Difficulty Breathing Lying Down, Pain in legs when walking, Palpitations and Swelling of Extremities.

Gastrointestinal Not Present- Abdominal Pain, Diarrhea, Hepatitis, Nausea and Vomiting.

Female Genitourinary Not Present- Difficulty starting urinary system, Flank Pain, Frequency, Kidney stones and Painful Urination.

Musculoskeletal Present- Back Pain, Muscle Aches and Muscle Cramps. Not Present- Exposure to Tuberculosis, Falling Down, Joint Pain, Joint Stiffness, Joint Swelling, Limited Joint Motion, Muscle Weakness, Painful Breathing, Poor Balance, Sudden Weakness and Unusual or Severe Headaches.

Neurological Not Present- Decreased Memory, Fainting, Numbness, Seizures, Stroke and Tremor.

Endocrine Not Present- Frequent urination, Heat or cold intolerance and Recent weight changes.

Hematology Not Present- Anemia, Blood Clots in Legs, Easy Bruising and Past transfusion.

All other systems negative

Physical Exam

The physical exam findings are as follows:

General

Mental Status - Alert.

Orientation - Oriented X3.

Build & Nutrition - Well nourished and Well developed.

Posture - Note: more upright, not wearing any brace.

NAD

Peripheral Vascular

Both upper extremities warm and well perfused.

Both lower extremities warm and well perfused.

Neurologic

Sensory

Light Touch - Intact - Globally.

Motor

Strength - 5/5 normal muscle strength - Note: Motor strength for lower extremities (values given for right/left) on five point scale, within normal limits unless otherwise indicated below: Iliopsoas: 5/5 Quadriceps: 5/5 Tibialis Anterior: 5/5 Ext Hallucis Longus: 5/5 Gastrosoleus: 5/5.

General Assessment of Reflexes

Upper Extremities - Note: Reflexes symmetric. **Lower Extremities** - Note: Reflexes symmetric 2+ at knees, not obtainable at ankles bilat. No hyperreflexia.

Coordination - Romberg sign negative, No Impairment of tandem walking. Note: No impairment of walking on heels. No impairment of walking on toes.

Gait - Note: Gets up slowly with antalgia favoring right.

Musculoskeletal

Spine/Ribs/Pelvis

Thoracic (Dorsal) Spine: Inspection and Palpation - Tenderness. - none.

Lumbosacral Spine: Inspection and Palpation - Tenderness. - mild (No spasm palpated. Pos facet loading maneuvers. Operative wounds healed including prev small midline wound and recent TLIF wounds.) . **Swelling** - none.

Lumbosacral Spine - Functional Testing - Straight Leg Raising Test positive (on right) .

Lower Extremity - Note: Bilat Achilles tightness with max DF with knees extended still about neg 5 degrees on right, to neutral on left. With force to plantar foot, ankle can be brought to barely neutral on right.

Tender R plantar heel.

Pt demonstrates property Achilles stretch technique.

Assessment & Plan

PSEUDOARTHROSIS OF LUMBAR SPINE S32.009K L5S1 L5S1

Current Plans:

- Referred to Orthopaedic Surgery ***INSURANCE***, (Orthopaedic Surgery)
- Surgery Scheduled

LUMBAR RADICULOPATHY, RIGHT M54.16 S1 S1

Current Plans:

CHRONIC RIGHT-SIDED LOW BACK PAIN WITH RIGHT-SIDED SCIATICA M54.41

Current Plans:

BODY MASS INDEX (BMI) OF 29.0 TO 29.9 IN ADULT Z68.29

Current Plans:

- How to access health information online
- PDMP information checked
- Exercise to Stay Healthy: Brief Version *: cardiovascular fitness

Patient has been considering her options for literally months. She has been continuing to have more pain with discomfort from her back down to the right leg with cramping feeling and she feels her condition is characterized by worsening.

We reviewed her CT myelogram, and although she may have some small amount of bone from the fusion site compressing the ventral aspect of the L5 nerve root, there is not any significant L4 V nerve compression that would warrant any revision going up to a higher level. However she also had evidence of pseudoarthrosis at L5-S1 with only scant amount of bone connecting L5 and S1. There is no evidence of hardware loosening fortunately and also no medial breach of the screws.

I discussed with the patient the options on many visits. She has decided she would like to go ahead with revision surgery so a booking slip was filled out.

Revision decompression L5S1 R 63042, L5S1 HW removal and exploration of fusion 22850, 22930, revision fusion L5S1 22612, 22849, 69990, 76000, 20936

Medtronic/Gary

BMP

Neuromonitoring

no med clearance needed

Has chairback brace

Wants asap

PPMH 4 hrs, 1-2 nights

The risks were outlined to include, but are not limited to, bleeding, infection, nerve or blood vessel damage, need for reoperation, problems with anesthesia, or spine-related risks including adjacent organ injury, spinal fluid leak, potential malposition of hardware, and even paralysis and death. Also problems that can occur later include adjacent level degeneration or problems with the spinal hardware (if implanted), and there is no guarantee of success. The patient is also advised that products may be used in an off label fashion as deemed appropriate for their particular case, and these products might include bone morphogenetic protein (BMP) and allograft (donor) bone. The patient voices understanding and agrees to proceed.

Since the patient does not need formal medical clearance, hopefully her surgery can be approved expeditiously. I noted for that I have had trouble with her insurance company with getting insurance approval for needed surgeries and hopefully we will not run in that roadblock on this occasion.

Wednesday, March 22, 2023

Patient can continue to get her pain medicines from her primary care doctor and once I do surgery again I will take over for the postoperative management time.

A copy of this note is given to the patient. They are advised that if they have any questions, they can call my (Julia) assistant Lee Ann at 229-903-3455. The patient

Time spent including review of the images: 30 minutes.



Mark A. Wolgin MD

Phoebe Putney Memorial Hosp.
Phoebe Putney Memorial
417 Third Avenue
Albany, GA 31701

Cat Scan Report
Signed

Patient: [REDACTED]
DOB: [REDACTED]
Age/Sex: [REDACTED]
Loc: P.RAD
Attending Dr: Mark A Wolgin MD

MR#: MP01183924
Acct: AP2002291578
ADM Date: 02/23/23
Discharge Date: 02/23/23

Ordering Physician: Wolgin, Mark A MD
Date of Service: 02/23/23
Procedure(s): CT lumbar spine w con
Accession Number(s): A0002970864P

cc: Wolgin, Mark A MD~

CT lumbar spine w con
Tabitha Stamper Stamper
52 years
9/14/1970
MP01183924
A0002970864P
2/23/2023 8:30 AM
Mark A Wolgin, MD
Mark A Wolgin, MD
229-883-4707^APH^^229^883-4707

HISTORY:

M54:16 Radiculopathy, lumbar region

COMPARISON:

None

FINDINGS:

1.5mm contiguous images were obtained through the lumbar spine. Images were also reformatted in oblique, coronal and sagittal planes from the axial images.

No abnormalities of the spinal cord are identified.

No significant abnormalities are identified at the T12-L1 level.

No significant abnormalities are identified at the L1-L2 level.

No significant abnormalities are identified at the L2-L3 level.

No significant abnormalities are identified at the L3-L4 level.

Department: Imaging
Report# 0224-00409
Status: Signed
Site: PPMH

Phoebe Putney Memorial Hosp.
Patient: [REDACTED]
Acct: AP2002291578
Status: Signed

2

No significant abnormalities are identified at the L4-L5 level.

An implant is present between the L5 and S1 vertebral bodies. Metallic rods and pedicle screws are present securing L5-S1. Findings consistent laminectomies involving L5 are present. There is an area of soft tissue prominence posterior to the L5-S1 disc space which may be due to scar tissue and adipose tissue. Some osseous hypertrophy is present at the L5-S1 level producing some foraminal stenosis which is more pronounced on the right.

IMPRESSION:

An implant is present between the L5 and S1 vertebral bodies. Metallic rods and pedicle screws are present securing L5-S1. Findings consistent with laminectomies involving L5 are present. There is an area of soft tissue prominence posterior to the L5-S1 disc space which may be due to scar tissue and adipose tissue. Some osseous hypertrophy is present at the L5-S1 level producing some foraminal stenosis which is more pronounced on the right.

Dictated By: Church, Clifford E MD
Signed By: Church, Clifford E MD

02/24/23 1454

DD/DT: 02/24/23-1443
TD/TT: 02/24/23-1443

Transcriptionist: Clifford E Church, MD

Department: Imaging
Report# 0224-00409
Status: Signed
Site: PPMH

02/24/23 1454

02/24/23 1454

Phoebe Putney Memorial Hosp.
Phoebe Putney Memorial
417 Third Avenue
Albany, GA 31701

Interventional Radiology Rpt
Signed

Patient: [REDACTED]
DOB: [REDACTED]
Age/Sex: [REDACTED]
Loc: P.RAD
Attending Dr: Mark A Wolgin MD

MR#: MP01183924
Acct: AP2002291578
ADM Date: 02/23/23
Discharge Date: 02/23/23

Ordering Physician: Wolgin, Mark A MD
Date of Service: 02/23/23
Procedure(s): IR myelogram spine lumbosacral
Accession Number(s): A0002970863P

cc: Wolgin, Mark A MD~

IR myelogram spine lumbosacral

[REDACTED]
MP01183924
A0002970863P
2/23/2023 8:00 AM
Mark A Wolgin, MD
Mark A Wolgin, MD
229-883-4707^PH^^229^883-4707

MP01183924
AP2002291578
02/23/23
Date: 02/23/23

HISTORY:

M54.16 Radiculopathy, lumbar region

COMPARISON:

None

FINDINGS:

The study was performed by Steve Henshaw, RRA, under my personal supervision.

Informed consent was obtained for a lumbar myelogram from the patient.

On the scout images, the patient has 5 lumbar vertebra. The spine presents a normal curvature. An implant is present between the L5 and S1 vertebral bodies. Metallic rods and pedicle screws are present securing L5-S1..

The patient was prepped and draped in the usual manner. 1% lidocaine was used for local anesthesia.

Using aseptic technique and fluoroscopic guidance, a 22 gauge needle was placed into the thecal sac the level of L4-L5.

Department: Imaging
Report# 0224-00128
Status: Signed
Site: PPMH

MP01183924
AP2002291578
02/23/23
Date: 02/23/23

MP01183924
AP2002291578
02/23/23
Date: 02/23/23

Phoebe Putney Memorial Hosp.
Patient: [REDACTED]
Acct: AP2002291578
Status: Signed

2

15 cc of Omnipaque-180 myelographic contrast was injected into the thecal sac.

There is an indentation the anterior aspect of thecal sac at the L5-S1 level which could be due to scar tissue or other etiology.

IMPRESSION:

Postoperative changes are present L5-S1 level. There is an indentation the anterior aspect of the thecal sac at the L5-S1 level which could be due to scar tissue or other etiology.

The fluoro time was 0.9 minutes.

7 spot images were made and 3 additional radiographs were made.

Clifford Church
2/24/2023 8:41 AM

Dictated By: Church, Clifford E MD
Signed By: Church, Clifford E MD

02/24/23 0851

DD/DT: 02/24/23 0841
TD/TT: 02/24/23 0841

Transcriptionist: Clifford E Church, MD

Department: Imaging
Report# 0224-00128
Status: Signed
Site: PPMH

4/23 0651

4/23 0851

D

| | | | |
|--------------|------------|---------------------|------------------------------|
| Patient Name | [REDACTED] | Case ID | 26427751 |
| Patient DOB | [REDACTED] | Referring Physician | Paul Michas, MD |
| Exam Date | 03/25/2022 | Exam Description | MR Lumbar Spine w/o Contrast |

HISTORY: Chronic low back and right leg pain increasing since January 2021.

TECHNICAL FACTORS: Cor Loc, Sag Se T1, Sag Fse T2, Ax 3D HYCE, Ax Se T1, Sag FSTIR.

COMPARISON: None.

FINDINGS: Nominal dextroscoliosis. No fracture seen. Minor disc space narrowing at L5-S1. The conus terminates at L1.

L1-2: Minor facet hypertrophy with no neural compression.

L2-3: Minor facet hypertrophy with no neural compression.

L3-4: Minor spondylotic disc displacement and facet hypertrophy with no compressive abnormality.

L4-5: 2mm diffuse disc bulge and minor facet hypertrophy with minor bilateral foramen stenosis.

L5-S1: Suggestion of previous right laminotomy. 6mm central to right recess caudally migrating disc herniation compresses right and abuts left descending S1 nerve roots. Moderate facet hypertrophy. Compression of both exiting L5 nerve roots.

Visualized sacroiliac joints unremarkable.

No hydronephrosis. No aortic aneurysm retroperitoneal adenopathy.

CONCLUSION:

L5-S1 suggestion of previous right laminotomy. 6mm central to right recess caudally migrating disc herniation compresses right and abuts left descending S1 nerve roots. Moderate facet hypertrophy. Compression of both exiting L5 nerve roots.

Thank you for the opportunity to provide your interpretation.

Pamela L. Caslowitz, MD

Pamela Caslowitz, MD

A: PC/lw 03/28/2022 5:29 PM

T: LW 03/28/2022 5:15 PM



ORTHOIMAGING

ORTHOPAEDIC ASSOCIATES



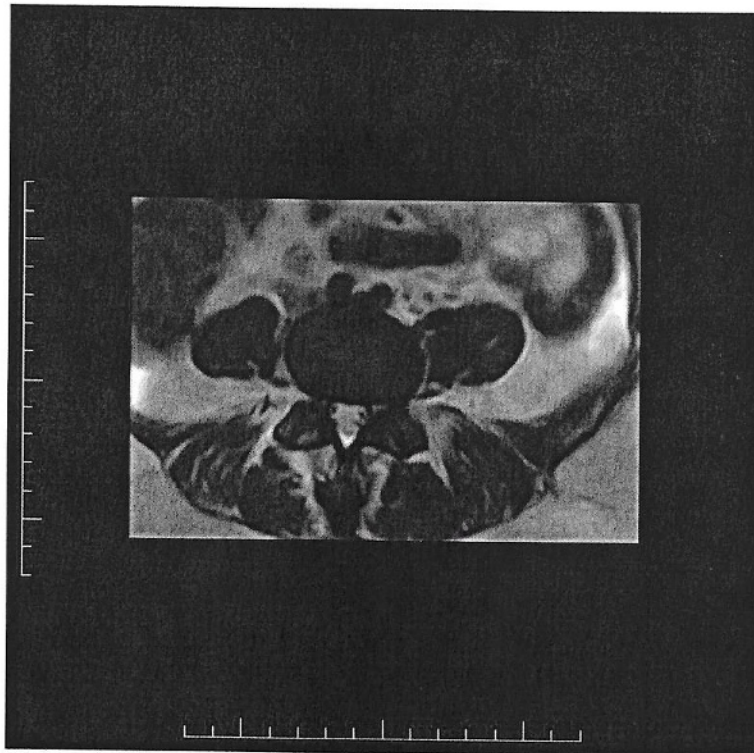
Case # 26427751 - MR Lumbar Spine w/o Contrast - 03/25/2022



Orthopaedic Associates
MRI
IAC Accredited Facility
PROSCAN
Reading Services
03/25/2022



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ORTHOIMAGING

ORTHOPAEDIC ASSOCIATES



Case # 26427751 - MR Lumbar Spine w/o Contrast - 03/25/2022



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o Contrast - 03/25/2022

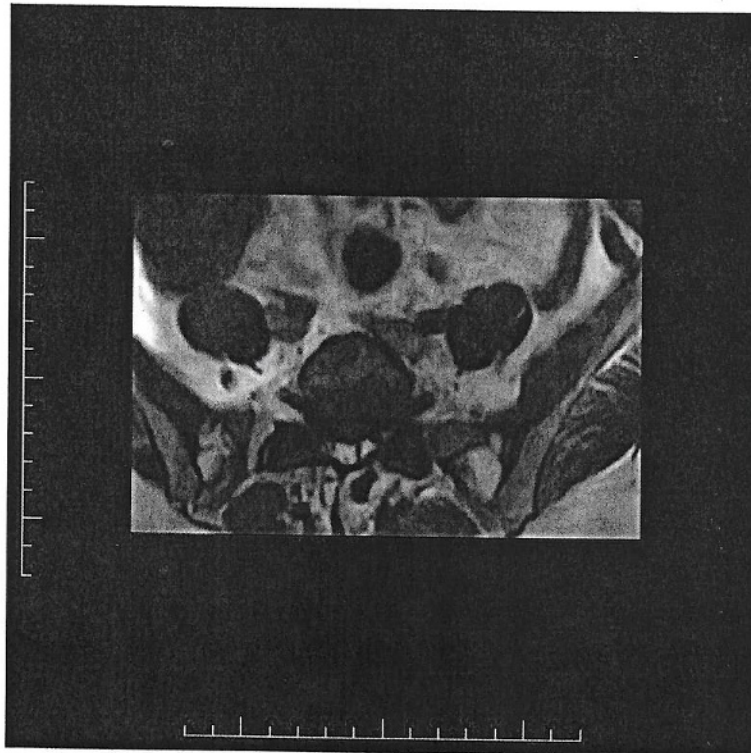
PROSCAN
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Reading Services

HP LaserJet 400 MFP M425dn

Fax Confirmation

Mar-20-2023 4:54PM

| Job | Date | Time | Type | Identification | Duration | Pages | Result |
|------|-----------|-----------|------|----------------|----------|-------|--------|
| 1368 | 3/20/2023 | 4:53:05PM | Send | 7683889 | 1:08 | 1 | OK |



THOMAS M. DARDEN, JR., M.D., A.A.O.S., F.A.C.S.
PAUL A. MICHAS, M.D., A.A.O.S., F.A.C.S.
JAMES S. MASON, D.O., F.A.O.A.O.
MARK A. WOLOJIN, M.D., A.A.O.S., F.A.C.S.
MELISSA M. LAWRENCE, D.O.
DR. COLBY L. FAGIN, MD
DR. KONSTANTIN TSYMBALOV, DO

DATE OF APPOINTMENT: 3/20/23
APPOINTMENT TIME: _____

Dear Dr. _____
Our patient _____ scheduled for
surgery on TBD at DPMH
hospital. Dr. Wolgin will be performing a
Revision Fusion + Decompression. We are requesting that you complete
medical evaluation and perform the following tests:

- CBC (WITH DIFF)
- SMA 18
- URINALYSIS (MICRO AND C&S)
- CHEST X-RAY
- EKG

Please remember to notify your patient of any medications (especially blood thinners or aspirin) that need to be discontinued until after surgery.

Please fax the results along with a NARRATIVE REPORT to (229) 434-9828 as soon as possible so the doctor can go over these with the patient prior to surgery. If you have any questions, please do not hesitate to call me at (229) 903-3442.

Sincerely,
Melissa James
Surgical Coordinator



THOMAS M. DARDEN, JR., M.D., A.A.O.S., F.A.C.S.
 PAUL A. MICHAS, M.D., A.A.O.S., F.A.C.S.
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