

CLINICAL MEDICAL REPORT

Lumbar Spine Imaging Request

Patient Name:	Robert James Wilson
Date of Birth:	March 15, 1965 (59 years old)
MRN:	MR-458729
Date of Visit:	November 03, 2025
Requesting Physician:	Dr. Michael Anderson, MD
Specialty:	Orthopedic Surgery

CHIEF COMPLAINT

Chronic lower back pain with radicular symptoms to left lower extremity

HISTORY OF PRESENT ILLNESS

Patient is a 59-year-old male presenting with 8-month history of chronic lower back pain with radiation to the left leg. Patient reports pain worse with bending and prolonged sitting. Pain is 7/10 in severity. Has tried conservative therapy including:

Conservative Treatment Completed (8 weeks documented):

- Physical Therapy: 2x/week for 6 weeks (completed October 2025) - Exercises, stretching, core strengthening
- Chiropractic Care: 1x/week for 4 weeks (completed September 2025) - Spinal manipulation
- Home Exercise Program: Continuing daily - stretching, walking
- Anti-inflammatory medication: Ibuprofen 600mg twice daily
- Activity modification: Avoiding heavy lifting

Despite conservative therapy lasting 8 weeks (exceeding policy requirement of 6 weeks), patient continues to experience persistent pain and reports pain has WORSENED during past 2 weeks. Patient now has onset of left foot weakness and numbness in last 3 days. Given worsening symptoms and neurologic changes, MRI imaging is medically necessary to rule out nerve root compression or disc herniation.

PHYSICAL EXAMINATION

Vital Signs:	BP 138/85, HR 78, RR 16, Temp 98.6°F
General:	59-year-old male, alert and oriented

Neurologic:	Left lower extremity weakness (4/5), diminished sensation L4-L5 distribution
Reflexes:	Diminished left knee reflex, normal right
SLR Test:	Positive left, reproduces pain with radiation
Motor:	Left foot dorsiflexion weakness, unable to walk on tiptoes left side

IMAGING INDICATION

MRI Lumbar Spine is medically necessary to evaluate:

- Chronic lower back pain with failed conservative therapy (8 weeks completed)
- New onset left lower extremity neurologic symptoms (weakness, numbness)
- Rule out nerve root compression, disc herniation, or spinal stenosis
- Worsening symptoms despite compliance with conservative treatment
- Physical exam findings consistent with L4-L5 radiculopathy

ASSESSMENT AND PLAN

Diagnosis: Chronic lower back pain with left-sided radiculopathy, failed conservative therapy

Plan:

1. MRI Lumbar Spine with and without contrast
2. If imaging shows significant pathology, consider spine specialist referral
3. May need epidural steroid injection or surgical evaluation if confirmed nerve compression

Dr. Michael Anderson, MD

Orthopedic Surgery

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