★★★ FAX TRANSMISSION ★★★

FROM: Mercy Hospital Inpatient Unit
FAX: (415) 555-9087
DATE: 10/05/2025

TO: Insurance Pre-Auth Dept
FAX: (800) 555-0199
PAGES: 3 (including cover)

***** URGENT - Patient hospitalized, severe pain *****

INPATIENT CONSULTATION REPORT

Patient: WILLIAMS, DOROTHY M	**DOB:** 06/22/1950
MRN: 84756291	**Admit Date:** 10/03/2025
Attending: Dr. Patricia Wong, MD	**Insurance:** Medicare A&B

CHIEF COMPLAINT:

Acute severe back pain following fall, unable to manage at home

HISTORY OF PRESENT ILLNESS:

75 yo F admitted 10/03/2025 via ED for acute severe back pain. Pt reports slipping on wet floor approximately 5 weeks ago (incident date ~8/29/2025). Initially managed at home with OTC analgesics but pain progressively worsened. Pain localized to lower thoracic/upper lumbar region, sharp & stabbing quality, 9/10 severity on numeric scale. Unable to stand upright or ambulate without severe pain. Daughter brought pt to ED when pt became unable to get out of bed without crying out in pain.

In ED, pt given IV morphine 4mg with minimal relief. Plain films showed compression deformity L1. Admitted to med-surg floor for pain control & workup. Hospitalist consulted orthopedic spine service 10/04/2025.

PAST MEDICAL HISTORY:

- Osteoporosis (dx 2019)
- Type 2 DM (A1c 7.1%)
- HTN
- Hypothyroidism
- Prior wrist fracture 2021

MEDICATIONS (HOME):

Risedronate 35mg weekly, Metformin 1000mg BID, Lisinopril 20mg daily, Levothyroxine 75mcg daily, Calcium/Vit D 600/800 daily

HOSPITAL COURSE:

10/03: Admitted, pain control w/ IV opioids initiated
10/04: MRI ordered, ortho consult placed, pain remains 9/10 despite
scheduled morphine & PO oxycodone
10/05: MRI completed - results below

PHYSICAL EXAMINATION (10/05/2025):

VS: BP 142/88, HR 82, RR 16, T 98.4F, O2 sat 96% RA

GEN: Elderly female in acute distress, tearful due to pain

SPINE: Significant TTP over T12-L2 spinous processes. Limited ROM all planes due to pain. Patient unable to sit up in bed without assistance.

NEURO: CN II-XII intact. Strength unable to fully assess due to pain but grossly 4+/5 LEs bilaterally. Sensation intact. DTRs 2+ symmetric. No clonus. Plantar reflexes downgoing bilaterally.

IMAGING:

MRI LUMBAR SPINE W/WO CONTRAST (10/04/2025):

TECHNIQUE: Multiplanar multisequence imaging obtained including sagittal T1, T2, STIR and axial T2 sequences. Post-contrast images obtained.

FINDINGS:
- Acute compression fracture L1 vertebral body with approximately 40% anterior height loss
- Bone marrow edema pattern present at L1 on STIR sequences indicating acute fracture
- No posterior element involvement
- No significant retropulsion or canal stenosis
- Spinal cord normal signal intensity, no compression
- Multilevel degenerative disc disease L3-S1, moderate
- No other acute VCFs identified

IMPRESSION: Acute osteoporotic compression fracture L1 with bone marrow edema. No canal compromise or neural compression.

CURRENT PAIN SCORES:

10/03/2025 ED arrival	10/10
10/03/2025 after IV morphine	9/10
10/04/2025 AM	9/10
10/04/2025 PM	8/10
10/05/2025 current	9/10

HOSPITAL MEDICATIONS:

Morphine sulfate 2-4mg IV q4h PRN severe pain
Oxycodone 5mg PO q6h scheduled
Acetaminophen 650mg PO q6h
(Home meds continued except risedronate held during admission)

LABS:

WBC 8.2, Hgb 12.1, Plt 245
Na 138, K 4.2, Cr 0.9, BUN 18
Ca 9.1, Alb 4.0
25-OH Vitamin D: 28 ng/mL (suboptimal)
PTH, TSH wnl per hospitalist note

ASSESSMENT & PLAN:

75F w/ known osteoporosis presenting with acute severe pain 5 weeks s/p fall. MRI confirms acute L1 compression fracture with bone marrow edema pattern consistent with acute injury timeframe. Patient experiencing severe intractable pain (NRS 9/10) requiring hospitalization & IV opioid therapy with inadequate pain relief despite maximal medical management.

Given severity of pain, inability to mobilize, acute fracture confirmed by advanced imaging with edema pattern, recommend percutaneous vertebroplasty L1 for fracture stabilization and pain control.

Patient & family counseled extensively regarding procedure including risks (cement leak, infection, bleeding, DVT/PE, new fractures) and

benefits (pain relief, mobilization, decreased opioid use). Patient understands and consents to proceed.

Endocrinology consult placed for comprehensive osteoporosis management. DEXA scan ordered. Patient/family educated on bone health, fall prevention, calcium/vitamin D supplementation (increase dose given suboptimal level).

** REQUEST URGENT PRE-AUTHORIZATION FOR VERTEBROPLASTY L1 **

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Patricia Wong, MD - Orthopedic Surgery
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Electronically signed 10/05/2025 1:15 PM PST