FAX TRANSMISSION
FROM: Metropolitan Spine Center | TO: Medicare Records
DATE: 10/09/2025 | PAGES: 4 | FAX: (312) 555-9876

METROPOLITAN SPINE & PAIN CENTER

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OCT 09 2025

PATIENT INFORMATION

Patient: Henderson, Barbara Ann
DOB: 11/08/1959 Age: 65 yrs Sex: F
MRN: MPC-447821
Medicare ID: 8934C45672C
Date: October 7, 2025

CHIEF COMPLAINT

Chronic lower back pain with bilateral lower extremity radiculopathy and neurogenic claudication. Symptoms severely limiting mobility and ADLs despite 18 months conservative management.

HISTORY OF PRESENT ILLNESS

Mrs. Henderson is a 65 y/o female with progressive multilevel lumbar spinal stenosis. Onset of symptoms approximately 24 months ago with gradual worsening. She describes constant dull lumbar pain (6-7/10) with superimposed sharp pain episodes (8-9/10). Bilateral leg pain, R>L, with numbness/tingling extending from buttocks to feet. Classic neurogenic claudication - can only walk 40-60 feet before severe leg cramping forces her to sit/lean forward for relief.

Conservative Treatment Timeline (18 months):

- 4/2024-7/2024: Physical therapy 3x/wk x 14 weeks (Lakeside PT)
- 5/2024-9/2024: NSAIDs trial - Ibuprofen 800mg TID (d/c gastropathy)
- 6/2024-present: Gabapentin escalated to 900mg TID (partial relief)
- 7/2024: Lumbar ESI series #1 - L2-3, L3-4, L4-5 (relief ~6 weeks)
- 8/2024-10/2024: Home exercise program, aquatic therapy
- 9/2024: Lumbar ESI series #2 - L3-4, L4-5 (relief ~4 weeks)
- 10/2024: Duloxetine 60mg daily added for neuropathic pain

Patient failed to achieve sustained improvement. Symptoms continue to deteriorate.

PAST MEDICAL HISTORY

• Type 2 Diabetes Mellitus - HgbA1c 7.1% (on Metformin ER 1000mg BID)
• Coronary Artery Disease - s/p PCI LAD 2021 (on ASA, Plavix, Atorvastatin)
• Hypertension - controlled (on Lisinopril/HCTZ 20/12.5mg daily)
• Chronic Kidney Disease Stage 2 (eGFR 73)
• Hypothyroidism (on Synthroid 88mcg daily)
• Obesity - BMI 31.2

MEDICATIONS

Metformin ER 1000mg BID, ASA 81mg daily, Clopidogrel 75mg daily, Atorvastatin 40mg QHS, Lisinopril/HCTZ 20/12.5mg daily, Levothyroxine 88mcg daily, Gabapentin 900mg TID, Duloxetine 60mg daily, Tramadol 50mg Q6H PRN

PHYSICAL EXAMINATION - 10/07/2025

Vitals: BP 144/86, HR 78, Temp 98.2F, Wt 189 lbs, Ht 5'6", BMI 31.2
General: Obese female, NAD at rest, obvious discomfort with position changes
Spine: Mild thoracolumbar kyphosis. TTP lumbar paraspinals L2-S1. ROM: flexion 45°, extension 10° (limited, reproduces leg sx). Lat flexion limited bilaterally.
Neuro:
- Motor: 4/5 R ankle DF, 4/5 L EHL, 5/5 proximal LE bilat
- Sensory: Decreased to LT R L4-S1, L L5-S1 distributions
- DTRs: Patellar 2+ bilat, Achilles 1+ bilat, Babinski negative
- SLR negative bilaterally
- Gait: antalgic, wide-based, uses walker, cannot tandem/heel walk
-- significant functional impairment noted --

IMAGING STUDIES

MRI L-Spine w/o contrast (09/22/2025):
FINDINGS: Multilevel degenerative changes L2-L5.
• L2-L3: Moderate central stenosis, mild b/l foraminal stenosis
• L3-L4: SEVERE central canal stenosis (AP diameter 6mm), marked ligamentum flavum hypertrophy 7mm, moderate b/l foraminal stenosis, grade 3 stenosis
• L4-L5: SEVERE central canal stenosis (AP diameter 7mm), LF hypertrophy 6mm, facet arthropathy, mild R foraminal stenosis
• L5-S1: Mild central stenosis, disc bulge
No spondylolisthesis. Conus normal. Cauda equina crowding L3-L5.
IMPRESSION: Severe multilevel lumbar spinal stenosis, worst L3-L4 and L4-L5

FUNCTIONAL ASSESSMENT SCORES

Measure	Score	Date
ODI	64%	10/07/25
VAS Back	7/10	10/07/25
VAS Leg	8/10	10/07/25
Walking distance	40-60 ft	10/07/25
SF-36 PCS	28	10/07/25
EQ-5D	0.42	10/07/25

CLINICAL RESEARCH STUDY ENROLLMENT

Study: Post-RCT Longitudinal Outcomes Study for PILD in Lumbar Spinal Stenosis
ClinicalTrials.gov: NCT04667123
Study Type: Prospective Longitudinal Study (Section II CED pathway)
Site: Metropolitan Spine & Pain Center, Site #09
Principal Investigator: David Kumar, MD, PhD
Enrollment Date: October 1, 2025
Prior RCT: Patient met criteria for parent RCT (NCT04112389, completed 12/2023)
Device: Vertos mild® System, FDA 510(k) K182474
IRB: Western Institutional Review Board #1-1347892-1 (approved 6/12/2024)
Informed Consent: Obtained and signed 10/01/2025
AHRQ Support: Consistent with Section 1142 requirements
All study eligibility criteria confirmed ✓

ASSESSMENT

65 y/o F w/ severe multilevel (L2-L5) lumbar spinal stenosis, worst at L3-L4 and L4-L5, with disabling neurogenic claudication and radiculopathy. Complex case given multilevel disease and significant comorbidities (DM, CAD, CKD). Despite 18 months extensive conservative therapy including PT, multiple medications, ESI series x2, and activity modifications, pt continues to decline functionally. Imaging confirms severe stenosis with marked ligamentum flavum hypertrophy contributing to canal compromise.

Patient enrolled in CMS-approved prospective longitudinal study following completion of parent RCT. Study protocol maintains inclusion/exclusion criteria from original RCT and addresses required outcomes per CED framework.

PLAN

Proceed with percutaneous image-guided lumbar decompression (PILD) targeting L3-L4 and L4-L5 levels per study protocol. Fluoroscopic guidance with epidurography to confirm levels. Procedure scheduled 10/24/2025 at Metropolitan Surgical Center. Post-procedure follow-up per longitudinal study protocol: 6 weeks, 3mo, 6mo, 12mo, 24mo with validated outcome measures. Continue current medications peri-procedurally with cardiology clearance given CAD history.

Provider: David Kumar, MD, PhD
Specialty: Interventional Spine & Pain Management
NPI: 3456789012
Date: October 7, 2025

Electronically signed: Dr. David Kumar 10/07/2025 16:22 CST