

ROCKVILLE ORTHOPEDIC ASSOCIATES

4521 Medical Parkway, Suite 200
Phoenix, AZ 85016
Tel: (602) 555-0198 | Fax: (602) 555-0199

PATIENT NAME: Garcia, Rosa M.	DOB: 04/17/1957
MEDICAL RECORD #: 68429-RG	DATE: September 30, 2025
PROVIDER: Dr. James Patterson, MD	INSURANCE: Medicare Part B

PRE-AUTH REQUESTED**CHIEF COMPLAINT:**

Lower back pain, difficulty standing upright, 4 weeks s/p fall

HPI:

68 yo Hispanic F presents today for eval of persistent lower back pain. Pt reports that approx 4 weeks ago (9/2/2025) she tripped over her grandson's toy and fell backward onto floor landing on her buttocks. Immediate sharp pain in lower back (L2 area). Went to ED same day - xrays showed compression fx L2. Given Rx for pain meds & told to f/u with ortho.

Since then: tried NSAIDs (ibuprofen), then tramadol, now on lowdose oxycodone. Pain currently 6/10, constant aching with sharp exacerbations with movement. Wearing back brace daily. Tried PT eval but too painful to continue exercises.

Pt states she cannot stand up straight "walks bent forward like hunchback" (pt's words). Very difficult for her - she takes care of 3 grandchildren and can no longer lift them or play with them. Sleep poor - wakes 3-4x/night when rolling over. Appetite down.

Patient very tearful during interview - states this is significantly impacting her role as primary caregiver for grandchildren. Feels she is "burden to family." High functional impact - unable to perform most ADLs independently.

PAST MEDICAL HISTORY:

- ☒ Osteoporosis - dx 2021, DEXA T-score -2.7 lumbar spine
- ☒ Hypertension - controlled
- ☒ Type 2 Diabetes - HbA1c last 7.3%
- ☒ Hypothyroidism
- ☐ No hx of cancer, no prior fractures

MEDICATIONS:

Denosumab (Prolia) 60mg SC Q6months - last dose 7/2025 Calcium
1200mg + Vit D 1000IU daily
Lisinopril 10mg daily
Metformin 1000mg BID
Levothyroxine 50mcg daily
Oxycodone 5mg Q6H PRN pain (taking 3-4x daily)
Acetaminophen 650mg QID

PHYSICAL EXAM:

VS: BP 142/86, HR 78, RR 16, T 98.3F, Wt 158#, Ht 5'2"

GEN: Pleasant Hispanic female, appears uncomfortable, posture
with forward flexion of trunk

SPINE: *Visible thoracolumbar kyphotic posture - pt unable to stand erect. TTP over L2 spinous process ++.*
Paraspinal muscles mildly tense bilaterally. ROM limited all planes 2° pain.

NEURO: Motor 5/5 BLE all groups. Sensation intact. Reflexes 2+
symmetric. SLR negative bilat. No saddle anesthesia. Gait
slow, antalgic, forward bent posture maintained.

PAIN SCORES:

Date	Location	NRS	Notes
9/2/2025	L2 region	9/10	ED visit - initial injury
9/9/2025	L2 region	7/10	PCP visit - 1 wk post
9/23/2025	L2 region	6/10	PCP visit - 3 wk post
9/30/2025	L2 region	6/10	Today - ortho eval (4 wk)

Pain has plateaued at 6/10 for past week - not improving further despite meds & brace

IMAGING:

LUMBAR SPINE XRAY (9/2/2025) - ED: L2 compression
fracture, approx 25% ant height loss

MRI L-SPINE W/O CONTRAST (9/24/2025) :**FINDINGS:**

- L2 vertebral body compression fx with bone marrow edema on STIR sequence confirming acute fracture
- Approximately 28% anterior wedge height loss
- Moderate kyphotic angulation at L1-L2 level
- No posterior element fx, no retropulsion
- Spinal canal patent, no cord compression
- Conus medullaris normal signal
- Multilevel degenerative disc/facet disease L3-S1

IMPRESSION: Acute osteoporotic compression fx L2 with edema pattern and
kyphotic deformity. No neuro compromise.

IMAGING COMPARISON:

Parameter	9/2/2025 (XR)	9/24/2025 (MRI)	Change
Ant Height Loss	~25%	28%	Progressed
Kyphosis	Mild	Moderate	Worsened

ROLAND MORRIS DISABILITY QUESTIONNAIRE:

Administered 9/30/2025: **SCORE 19/24**

Patient endorsed severe limitations:

- Stays at home most of time because of back
 - Walks more slowly than usual
 - Not doing jobs around house
 - Uses handrail to get upstairs
 - Lies down to rest more often
 - Has to hold onto something to get out of chair
 - Pain constant throughout day
 - Difficult to turn over in bed
 - Decreased appetite
 - Trouble putting on socks/shoes
 - Can only walk short distances
 - Sleep poorly
- + additional items (see full questionnaire in chart)

CONSERVATIVE TREATMENT (PAST 4 WEEKS):

- ✓ Analgesics: Started ibuprofen 800mg TID x 1 wk (d/c'd - GI upset)
Then tramadol 50mg TID x 2 wks (inadequate relief)
Currently oxycodone 5mg Q6H PRN (taking 3-4x daily) + APAP
- ✓ TLSO brace: Fitted 9/5/2025, wearing daily
- ✓ Activity modification: Bed rest first week, then gradual activity as tolerated. Pt unable to return to normal activities.
- ✓ PT evaluation 9/18/2025: Attempted but pt too painful to complete session. PT recommended f/u with ortho re: intervention.
- ✓ Osteoporosis mgmt: On denosumab (Prolia), last dose 7/2025, next dose due 1/2026. Ca/VitD daily. Endocrine f/u scheduled 11/2025.

LABS:

CBC: WNL (WBC 7.1, Hgb 12.8, Plt 234)
 BMP: WNL (Cr 0.9, Ca 9.4)
 ESR 22, CRP 0.8 - no evidence of infection Vitamin
 D 25-OH: 34 ng/mL (adequate)

ASSESSMENT:

1. Acute (4 week) osteoporotic compression fracture L2 vertebral body with persistent moderate-severe pain despite optimal conservative management
2. Kyphotic deformity at fracture site with progression of height loss on serial imaging
3. Severe functional disability (RDQ 19/24)
4. Osteoporosis on appropriate treatment (denosumab)

PHYSICIAN ASSESSMENT AND RECOMMENDATION:

68 yo F with documented osteoporosis who sustained acute L2 compression fx 4 weeks ago. MRI confirms acute fracture with bone marrow edema. Despite 4 weeks of appropriate conservative treatment (analgesics, bracing, activity modification), pt continues with moderate-severe pain (NRS 6/10) that has plateaued over past week without further improvement.

Imaging demonstrates >25% vertebral height loss (28%) with moderate kyphotic deformity. Serial imaging shows progression of both height loss and kyphotic angulation. Pt has severe functional impairment with RDQ score of 19 (>17 threshold), indicating significant impact on activities of daily living.

Neurological exam reassuring - no signs of cord compression or nerve root impingement.

Discussed treatment options with patient at length. Explained that continued conservative mgmt is option but given plateau in improvement, vertebroplasty may provide better pain relief and functional recovery.

Reviewed risks: cement leak, infection, bleeding, new fracture, worsening pain, rare neuro injury

Benefits: pain relief, improved function, ability to mobilize, decreased opioid use

Patient very motivated – states quality of life severely impacted, wants to be able to care for grandchildren again. Understands risks and wishes to proceed with vertebroplasty.

PLAN:

1. **REQUEST PRE-AUTHORIZATION FOR PERCUTANEOUS VERTEBROPLASTY L2**
2. Continue current analgesic regimen pending procedure
3. Continue TLSO brace for support
4. Patient on appropriate osteoporosis treatment (denosumab) - will continue per endocrinology. Next dose due 1/2026.
5. Reinforced bone health education: calcium/vit D, weight-bearing activity as tolerated, fall prevention strategies
6. Schedule procedure once insurance approval obtained
7. Post-procedure plan: mobilization protocol, wean opioids, PT for strengthening and posture training

ELECTRONICALLY SIGNED:***James Patterson, MD***

Board Certified Orthopedic Surgery

Arizona Medical License: 45678-AZ

NPI: 3692581470

Date: September 30, 2025 Time: 14:22 MST

ATTACHMENTS:

☒ MRI Report (9/24/2025) ☒ Roland Morris Disability Questionnaire ☒ Prior imaging (X-ray
9/2/2025) ☒ Lab results ☒ DEXA scan report (2021)