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## ATLANTIC SPINE ASSOCIATES

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### PATIENT INFORMATION

Patient Name: Washington, Denise L.  
Date of Birth: 05/14/1958  
Age: 67 years Sex: Female  
MRN: ASA-445789  
Medicare ID: 9R56H78234G  
Date of Service: October 7, 2025

### CHIEF COMPLAINT

Chronic lower back and bilateral leg pain. Difficulty walking and standing.

### HISTORY OF PRESENT ILLNESS

Ms. Washington is a 67-year-old female presenting with progressive lumbar spinal stenosis. She reports onset of symptoms approximately 15-16 months ago. Describes constant dull lower back pain (6/10) with episodes of sharp exacerbation (8/10). Bilateral lower extremity pain, numbness, and cramping with walking, more prominent on the left side. Neurogenic claudication pattern - can ambulate approximately 80-100 feet before severe leg symptoms force her to rest. Relief obtained with sitting or forward flexion. Denies bowel/bladder dysfunction.

### Conservative Treatment History (13+ months):

- Physical therapy: 2-3x/week for 13 weeks (May-Aug 2024) at Coastal Rehab Center
- NSAIDs: Naproxen 500mg BID for 4 months (discontinued due to gastritis)
- Neuropathic pain medications: Gabapentin 300mg TID (ongoing, partial relief)
- Epidural steroid injections: Two series completed (June 2024 and September 2024), each providing 4-6 weeks improvement
- Home exercise program, activity modifications, use of cane for ambulation

Symptoms persist with continued functional limitations.

### PAST MEDICAL HISTORY

- Hypertension (controlled on Lisinopril 20mg daily)
- Type 2 Diabetes Mellitus (HbA1c 7.2%, on Metformin 1000mg BID)
- Hyperlipidemia (on Atorvastatin 40mg daily)
- Osteoporosis (on Alendronate 70mg weekly)
- Remote hysterectomy (2002)

**PHYSICAL EXAMINATION**

**Vital Signs:** BP 134/80, HR 74, Temp 98.5F, Weight 165 lbs, Height 5'6"

**General:** Alert, oriented, ambulatory with cane

**Spine:** Mild kyphotic posture. TTP lumbar paraspinals L3-S1. ROM: Flexion 55°, extension 15° (reproduces leg symptoms), lateral bending limited.

**Neurological:**

- Motor: 4/5 left ankle dorsiflexion, 5/5 remaining lower extremity groups
- Sensory: Decreased sensation left L4-L5 distribution
- Reflexes: Patellar 2+ bilaterally, Achilles 1+ bilaterally
- Gait: Antalgic, uses cane
- SLR: Negative bilaterally

**DIAGNOSTIC IMAGING**

**MRI Lumbar Spine without Contrast (09/18/2025):**

FINDINGS: Degenerative changes multilevel.

L3-L4: Severe central canal stenosis, AP diameter 7mm, marked ligamentum flavum hypertrophy 6mm bilaterally, facet arthropathy, moderate bilateral foraminal stenosis.

L4-L5: Moderate central stenosis, disc bulge, mild foraminal narrowing. No spondylolisthesis. Vertebral alignment maintained.

IMPRESSION: Severe central canal stenosis L3-L4 with ligamentum flavum hypertrophy as major contributor.

**OUTCOME MEASURES**

Assessment	Score
Oswestry Disability Index	59% (Severe)
VAS Back Pain	6/10
VAS Leg Pain	8/10
Walking Distance	80-100 feet

**CLINICAL TRIAL INFORMATION**

Study Name: Prospective Multi-Center Trial of Percutaneous  
ClinicalTrials.gov: NCT04788881  
Study Type: Prospective clinical study  
Study Site: Atlantic Spine Associates Site 12  
Principal Investigator: Dr. R. Harrison  
Enrollment: September 2025  
IRB: Coastal IRB 2024

Consent: Documented 9/28/25  
Device: mild@ System (FDA cleared K182474)

**CLINICAL ASSESSMENT**

67-year-old female with symptomatic lumbar spinal stenosis at L3-L4 confirmed by MRI. Patient has completed 13+ months of conservative therapy including physical therapy, medications, and epidural steroid injections. Functional status significantly impaired with neurogenic claudication limiting ambulation. Patient enrolled in clinical research study per protocol.

**PLAN**

Percutaneous image-guided lumbar decompression at L3-L4 level under fluoroscopic guidance per study protocol. Procedure scheduled for 10/25/2025. Follow-up per protocol at scheduled intervals.

**Provider:** Richard Harrison, MD  
**Specialty:** Interventional Pain Management  
**NPI:** 9012345678  
**Date:** October 7, 2025

*Electronically signed: 10/07/2025 14:35 EDT*