RIVERSIDE SPINE INSTITUTE

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PATIENT DEMOGRAPHICS

Name:	Williams, Thomas R.
DOB:	06/22/1953
Age:	72 years
Sex:	Male
Medical Record #:	RSI-293847
Insurance:	Medicare Part B (5723B89401B)
Visit Date:	October 3, 2025

PRESENTING COMPLAINT

Lower back pain with bilateral leg pain, worse with standing and walking. Patient describes "heavy, tired legs" after walking short distances. Symptoms progressively worsening over past year.

HISTORY OF PRESENT ILLNESS

Mr. Williams is a 72-year-old retired postal worker with progressive lumbar spinal stenosis. He reports chronic lower back pain radiating into both legs, predominantly the left. Pain worsens with standing, walking, and lumbar extension. Partial relief with sitting and forward flexion. He experiences bilateral leg heaviness and fatigue limiting ambulation to approximately one block before requiring rest.

Conservative management initiated March 2024:

- Physical therapy: 12 weeks (3x/week, completed 6/2024)
- Medications: Meloxicam 15mg daily (4 months), Tramadol 50mg PRN (ongoing)
- Epidural steroid injections: L3-L4 level, series completed 5/2024 and 8/2024 (transient relief 3-5 weeks)
- Home exercise program and postural modifications

Despite 12 months of comprehensive conservative therapy, symptoms continue to limit daily activities and quality of life.

PAST MEDICAL HISTORY

- Benign prostatic hyperplasia (on Tamsulosin 0.4mg daily)
- Hyperlipidemia (on Atorvastatin 20mg daily)
- Well-controlled hypertension (Amlodipine 5mg daily)
- Remote L5 vertebral compression fracture (1998, healed)

PHYSICAL EXAMINATION

BP: 138/82 mmHg

HR: 68 bpm

Weight: 182 lbs

Height: 5'10"

Musculoskeletal: Tenderness over lumbar paraspinal muscles L2-L5. Decreased lumbar lordosis. Limited extension causes increased leg symptoms. Forward flexion 70 degrees.

Neurological Examination:

- Motor: 4/5 left ankle dorsiflexion, 5/5 all other groups
- Sensory: Diminished sensation left L5 dermatome
- Reflexes: 2+ patellar bilaterally, 1+ left Achilles, 2+ right Achilles
- Gait: Slightly antalgic, uses cane for distances
- SLR: Negative bilaterally

DIAGNOSTIC STUDIES

MRI Lumbar Spine (09/12/2025):

Severe central canal stenosis at L3-L4 level with canal diameter 7mm (normal >10mm). Marked ligamentum flavum thickening measuring 6mm bilaterally. Moderate bilateral neural foraminal narrowing. Facet joint arthropathy L3-L4 and L4-L5. Disc desiccation L2-L5. No spondylolisthesis. Grade 2-3 central stenosis per morphologic grading.

Radiographs Lumbar Spine (09/12/2025):

Degenerative disc disease L2-L5 with disc space narrowing. Facet arthropathy. Old healed L5 compression fracture with maintained vertebral height. No acute abnormalities.

OUTCOME MEASURES

Measure	Score
Oswestry Disability Index	52% (Severe disability)

VAS Back Pain	6/10
VAS Leg Pain	7/10
Walking Tolerance	~100 feet with cane
SF-36 Physical Component	32 (significantly impaired)

RESEARCH STUDY PARTICIPATION

Study Title: Efficacy of PILD vs Conservative Management for LSS: A Randomized Controlled Trial

Registry: ClinicalTrials.gov NCT04523891

Study Phase: Phase III

Study Type: Prospective Randomized Controlled Trial

Study Site: Riverside Spine Institute (Site #24)

Site PI: Jennifer Martinez, MD

Enrollment Date: September 28, 2025

Randomization: PILD intervention arm

IRB Approval: Aspire IRB Pro00047823 (approved 01/15/2024)

Informed Consent: Signed 09/28/2025

Device: mild® Device System (FDA 510(k) K182474)

Sponsor: Academic Spine Research Consortium

AHRQ Support: Grant #R01HS028934

ASSESSMENT AND PLAN

Mr. Williams has symptomatic lumbar spinal stenosis at L3-L4 confirmed by clinical examination and MRI imaging. Despite 12 months of appropriate conservative treatment including physical therapy, medications, and multiple epidural steroid injections, he continues to experience significant functional limitations and reduced quality of life.

Patient has been enrolled in the prospective randomized controlled trial comparing PILD to continued conservative management. All baseline assessments have been completed per study protocol. Patient meets study inclusion criteria and has been randomized to the PILD intervention arm.

Plan: Proceed with percutaneous image-guided lumbar decompression at L3-L4 under fluoroscopic guidance per study protocol. Procedure scheduled 10/18/2025. Follow-up per protocol at 6 weeks, 3, 6, and 12 months with standardized outcome measures.

PHYSICIAN INFORMATION

Provider:	Jennifer Martinez, MD
Specialty:	Interventional Pain Medicine
NPI:	2345678901
License:	CA-A89234
Date:	October 3, 2025

Electronically signed: Dr. Jennifer Martinez, MD | 10/03/2025 15:45 PST