

COMMUNITY HEALTH SPINE CLINIC

450 S. Central Avenue | Phoenix, AZ 85004

Phone: (602) 555-3344 | Fax: (602) 555-3345

PATIENT DEMOGRAPHICS

Patient Name:	Torres, Miguel Angel
Date of Birth:	February 14, 1955
Age:	70 years
Sex:	Male
MRN:	CHSC-778934
Insurance (Primary):	Medicare Part B (MBI: 7J42K67TY89)
Insurance (Secondary):	Arizona Medicaid (AHCCCS ID: AZ8934567)
Date of Service:	October 4, 2025

CHIEF COMPLAINT

"My back and legs hurt so much I can barely walk to the bathroom. I need help."

HISTORY OF PRESENT ILLNESS

Mr. Torres is a 70-year-old Spanish-speaking male (interpreter assisted) presenting with severe lumbar spinal stenosis and progressive neurogenic claudication. He reports 20+ months of worsening lower back pain with bilateral leg pain, cramping, and weakness that severely limits ambulation. Can walk less than 50 feet before requiring rest. Pain partially relieved by sitting or leaning forward on shopping cart. Denies bowel/bladder dysfunction.

Conservative Treatment History (15 months):

- **May 2024 - August 2024:** Physical therapy 2x/week for 14 weeks at Community Rehab Center (attendance 92%, good compliance)

- **June 2024 - Present:** Naproxen 500mg BID (3 months, then discontinued - elevated creatinine), Acetaminophen 1000mg TID (ongoing), Gabapentin titrated to 600mg TID (limited efficacy)
- **July 2024:** First lumbar epidural steroid injection series (L4-L5), provided 5-6 weeks relief
- **September 2024:** Second ESI series (L3-L4, L4-L5), minimal benefit ~3 weeks
- **Ongoing:** Home exercise program, use of assistive devices (walker), activity modification

Despite comprehensive conservative management, patient's functional status continues to decline with significant impact on independence and quality of life.

PAST MEDICAL HISTORY

- Type 2 Diabetes Mellitus (HbA1c 7.4%, on insulin glargine and metformin)
- Chronic Kidney Disease Stage 3A (eGFR 52 mL/min)
- Hypertension (controlled on lisinopril)
- Peripheral neuropathy (diabetic)
- Former smoker (quit 2010, 20 pack-year history)

SOCIAL HISTORY

Retired construction worker. Lives with wife in ground-floor apartment. Primary language Spanish. Limited English proficiency. Previously independent with ADLs, now requires assistance. Unable to work part-time jobs due to pain/mobility limitations. Financial hardship due to medical expenses. Qualifies for Medicare-Medicaid dual eligible coverage.

PHYSICAL EXAMINATION

Vital Signs: BP 142/88 mmHg, HR 76 bpm, Temp 98.6°F, Weight 172 lbs, Height 5'8"

Musculoskeletal: Flattened lumbar lordosis. Tenderness to palpation bilateral lumbar paraspinals L3-S1. ROM limited: flexion 50°, extension 5° (reproduces leg symptoms).

Neurological Exam:

- Motor: 4/5 bilateral ankle dorsiflexion, 4+/5 great toe extension bilaterally, 5/5 proximal lower extremities

- Sensory: Decreased sensation bilateral L4-S1 dermatomes (difficult to distinguish from diabetic neuropathy)
- DTRs: Patellar 1+ bilaterally, Achilles absent bilaterally
- Gait: Severely antalgic, requires walker, cannot perform tandem or heel-toe walking
- Straight leg raise: Negative bilaterally

DIAGNOSTIC IMAGING

MRI Lumbar Spine without Contrast (09/20/2025):

Technique: Multiplanar multisequence imaging performed.

Findings: Severe central canal stenosis at L4-L5 level with AP canal diameter measuring 6.5mm (severely narrowed). Marked bilateral ligamentum flavum hypertrophy measuring 6-7mm thickness. Facet joint hypertrophy and arthrosis. Moderate bilateral foraminal narrowing. Grade 3 morphologic central stenosis. Additional moderate central stenosis at L3-L4. Disc desiccation and degenerative changes L2-S1. No spondylolisthesis or acute fracture.

Impression: Severe lumbar spinal stenosis, most pronounced at L4-L5 with significant ligamentum flavum contribution.

OUTCOME MEASURES

Assessment	Score	Interpretation
Oswestry Disability Index	66%	Crippled - severely limited
VAS Back Pain	8/10	Severe
VAS Leg Pain	9/10	Severe
Walking Distance	<50 feet	Severely impaired
Zurich Claudication Questionnaire	3.8/5	Severe symptoms

CLINICAL RESEARCH STUDY INFORMATION

Study Title: DIVERSE-Spine: Health Equity and PILD Outcomes in Underrepresented Populations

ClinicalTrials.gov Registry: NCT04778956

Study Design:	Prospective Randomized Controlled Trial (Section I CED)
Study Site:	Community Health Spine Clinic (Site #31)
Principal Investigator:	Maria Gonzales, MD, MPH
Study Sponsor:	Southwest Academic Medical Center
AHRQ Support:	Grant R01HS029847 (Health Disparities Research)
Enrollment Date:	September 30, 2025
Randomization Assignment:	PILD Intervention Arm
IRB Approval:	Southwest IRB #2024-0489 (approved 02/20/2024)
Informed Consent:	Obtained with certified Spanish interpreter on 09/30/2025
Device:	Vertos mild® Device System (FDA 510(k) K182474)

Special Protocol Considerations:

This study specifically addresses CED requirements for underrepresented populations per Section I(l) and I(m). Protocol explicitly discusses enrollment of Hispanic/Latino patients, dual Medicare-Medicaid eligible beneficiaries, and patients with limited English proficiency. Study includes culturally adapted consent processes, certified interpreter services, and subgroup analysis by race/ethnicity and payer status. Retention plan addresses transportation barriers and language access needs.

CLINICAL ASSESSMENT

Mr. Torres is a 70-year-old dual Medicare-Medicaid eligible male with severe symptomatic lumbar spinal stenosis confirmed by clinical examination and MRI findings. He has failed 15 months of comprehensive conservative treatment including physical therapy, multiple medication trials, and epidural steroid injections. His functional capacity is severely limited, affecting independence and quality of life.

Patient has been enrolled in the DIVERSE-Spine randomized controlled trial, which specifically addresses health equity and outcomes in traditionally underrepresented populations including Hispanic/Latino Medicare beneficiaries and dual-eligible individuals. All study requirements have been met with appropriate language-concordant consent processes.

TREATMENT PLAN

Proceed with percutaneous image-guided lumbar decompression at L4-L5 level under fluoroscopic guidance per RCT protocol. Procedure scheduled for October 21, 2025. Pre-operative medical optimization coordinated with primary care and endocrinology for diabetes management. Language-concordant post-procedure instructions prepared. Follow-up assessments per protocol at 6 weeks, 3 months, 6 months, and 12 months with validated Spanish-language outcome instruments.

PROVIDER INFORMATION

Attending Physician:	Maria Gonzales, MD, MPH
Specialty:	Interventional Spine and Pain Medicine
NPI:	4567890123
State License:	AZ-MD-67234
Date:	October 4, 2025

Electronically signed by Dr. Maria Gonzales, MD, MPH on 10/04/2025 at 14:18 MST