MIDWEST PAIN AND SPINE CENTER

2300 Childrens Way, Suite 400 | Nashville, TN 37232

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PATIENT INFORMATION

Patient Name:	Anderson, Robert James
Date of Birth:	04/12/1952
Age:	73 years
Gender:	Male
MRN:	MPSC-556712
Insurance:	Medicare Part B (1K67N89347D)
Date of Service:	October 9, 2025

CHIEF COMPLAINT

Chronic lower back pain with bilateral leg pain limiting mobility.

HISTORY OF PRESENT ILLNESS

Mr. Anderson is a 73-year-old retired accountant presenting with progressive lumbar spinal stenosis over the past 16 months. He describes chronic lower back pain (6/10) with bilateral lower extremity pain, numbness, and weakness. Symptoms worsen with standing and walking more than 100 feet. Relief obtained with sitting and forward flexion. Classic neurogenic claudication pattern present.

Conservative Treatment History (14 months):

- Physical therapy: 3 sessions per week for 14 weeks (March-June 2024)
- NSAIDs: Ibuprofen 800mg TID for 5 months, then Meloxicam 15mg daily (ongoing)
- Neuropathic pain medications: Gabapentin 300mg TID (current)
- Epidural steroid injections: Two series completed (April 2024 and July 2024), each providing 4-6 weeks of relief
- Home exercise program and activity modifications

Patient reports persistent symptoms. Symptoms interfere with daily activities and quality of life.

PAST MEDICAL HISTORY

- Hypertension (controlled on Lisinopril 20mg daily)
- Type 2 Diabetes Mellitus (HbA1c 6.9%, on Metformin 1000mg BID)
- Hyperlipidemia (on Atorvastatin 40mg daily)
- Benign prostatic hyperplasia (on Finasteride 5mg daily)

PHYSICAL EXAMINATION

Vital Signs: BP 138/82, HR 70, Temp 98.6°F, Weight 192 lbs, Height 5'11"

General: Well-appearing male in no acute distress

Musculoskeletal: Tenderness to palpation over lumbar paraspinal muscles L3-L5. Decreased lumbar lordosis. Limited extension reproduces leg symptoms. Forward flexion to 65 degrees.

Neurological Examination:

- Motor: 4/5 bilateral ankle dorsiflexion, 5/5 all other lower extremity muscle groups
- Sensory: Decreased sensation bilateral L4-L5 dermatomes
- Reflexes: Patellar 2+ bilaterally, Achilles 1+ bilaterally
- Gait: Mildly antalgic, uses walking stick for longer distances
- Straight leg raise: Negative bilaterally

DIAGNOSTIC IMAGING

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

FINDINGS: Severe central canal stenosis at L4-L5 level with AP diameter measuring 7.5mm. Marked ligamentum flavum hypertrophy measuring 6mm bilaterally. Facet joint arthropathy and hypertrophy contributing to canal narrowing. Moderate bilateral foraminal narrowing. Disc desiccation at L3-L4 and L4-L5 with posterior disc bulging. No spondylolisthesis. Vertebral body heights preserved.

IMPRESSION: Severe lumbar spinal stenosis at L4-L5 with significant ligamentum flavum contribution.

X-Ray Lumbar Spine (09/18/2025):

Degenerative changes L3-L5 with disc space narrowing. Facet arthropathy. No acute fracture or subluxation.

FUNCTIONAL ASSESSMENT

Assessment	Score
Oswestry Disability Index	54% (Severe disability)
VAS Back Pain	6/10
VAS Leg Pain	7/10
Walking Distance	Approximately 100 feet
SF-36 Physical Component Score	33

ASSESSMENT

73-year-old male with symptomatic lumbar spinal stenosis at L4-L5 confirmed by clinical examination and MRI findings. He has undergone 14 months of comprehensive conservative treatment including physical therapy, medications, and epidural steroid injections. Functional capacity remains significantly impaired with neurogenic claudication limiting ambulation and affecting quality of life.

Given the severity of stenosis and failed conservative management, discussed treatment options including open decompressive laminectomy and minimally invasive approaches. Patient expresses preference for percutaneous image-guided lumbar decompression due to its minimally invasive nature.

PLAN

Percutaneous image-guided lumbar decompression (PILD) at L4-L5 level under fluoroscopic guidance. Procedure to be performed as outpatient at Midwest Surgical Center. Pre-operative medical clearance to be obtained. Device: mild® Percutaneous Lumbar Decompression System (FDA-cleared). Procedure scheduled for October 28, 2025. Post-procedure follow-up at 2 weeks, 6 weeks, 3 months, and 6 months with functional outcome assessments.

PROVIDER INFORMATION

Attending Physician: Michael Stevens, MD

Specialty: Pain Medicine and Anesthesiology

NPI: 6789012345

License: TN-MD-34567

Date: October 9, 2025

Electronically signed: Dr. Michael Stevens, MD | 10/09/2025 16:20 CST