FAX RECEIVED | FROM: Desert Valley Spine Center | DATE: 10/12/2025 10:18 AM | PAGES: 4

DESERT VALLEY SPINE & ORTHOPEDIC CENTER

12450 N. Desert Ridge Drive | Scottsdale, AZ 85254

Tel: (480) 555-8900 | Fax: (480) 555-8901

URGENT REVIEW

PATIENT IDENTIFICATION

NAME: Freeman, Kenneth L.
DOB: 03/28/1954 AGE: 71 years GENDER: M
MRN: DVSC-889456
MEDICARE #: 6P78N34512F
VISIT DATE: October 11, 2025

CHIEF COMPLAINT

Severe chronic lower back pain with bilateral leg symptoms. Progressive difficulty with ambulation and activities of daily living.

HISTORY OF PRESENT ILLNESS

Mr. Freeman is a 71-year-old male with progressive multilevel lumbar spinal stenosis. Symptoms began approximately 22 months ago with insidious onset of lower back pain. Over past 18-20 months, developed bilateral lower extremity radicular pain, numbness, and weakness. Classic neurogenic claudication pattern - walking 60-80 feet triggers severe bilateral leg cramping, heaviness, and fatigue requiring him to sit or lean forward for relief. Also reports difficulty standing for >10 minutes. Symptoms significantly impair his ability to perform ADLs.

Comprehensive Conservative Treatment (16+ months):

- Physical therapy: March 2024-June 2024, 3x/week x 16 weeks at Desert PT Associates
- Chiropractic care: 12 sessions over 3 months (minimal benefit)
- NSAIDs: Multiple trials - Naproxen 500mg BID (3 months), Celecoxib 200mg daily (2 months)
- Neuropathic agents: Gabapentin escalated to 900mg TID, Pregabalin 150mg BID trial
- Opioid trial: Tramadol 50mg QID (limited efficacy, discontinued)
- Epidural steroid injections: Three separate series (5/2024, 7/2024, 9/2024) at L2-3, L3-4, L4-5 levels, each providing only 3-4 weeks relief
- Acupuncture: 8 sessions (patient-funded)
- Home exercise program, use of walker for ambulation

Patient continues to experience progressive functional decline.

PAST MEDICAL HISTORY

• Type 2 Diabetes Mellitus - HbA1c 7.8% (on Metformin 1000mg BID, Glipizide 10mg BID)
• Chronic Kidney Disease Stage 3B - eGFR 38 mL/min (nephrology follow-up)
• Coronary Artery Disease - s/p stent LAD 2019 (on ASA, Plavix, Metoprolol, Atorvastatin)
• Hypertension - moderately controlled (on Metoprolol, Amlodipine)
• Peripheral Arterial Disease - claudication separate from neurogenic symptoms
• Obstructive Sleep Apnea - on CPAP
• Depression (on Duloxetine)

MEDICATIONS

Metformin 1000mg BID, Glipizide 10mg BID, ASA 81mg daily, Clopidogrel 75mg daily, Metoprolol XL 100mg daily, Amlodipine 10mg daily, Atorvastatin 80mg QHS, Gabapentin 900mg TID, Duloxetine 60mg daily, Acetaminophen 1000mg TID PRN

PHYSICAL EXAMINATION - 10/11/2025

Vitals: BP 148/92, HR 68, Temp 98.4F, Wt 208 lbs, Ht 5'10", BMI 29.8
General: Obese male, appears uncomfortable, uses walker
Cardiovascular: Regular rate/rhythm, no murmurs
Spine: Decreased lumbar lordosis, kyphotic posture. TTP bilateral paraspinals L2-S1. ROM severely limited: flexion 40°, extension <10°, lateral flexion limited.
Extremities: Diminished pedal pulses bilaterally (known PAD), no edema
Neurological:
- Motor: 4/5 bilat ankle DF, 4/5 bilat EHL, 4+/5 bilat knee ext, 5/5 proximal
- Sensory: Decreased to all modalities L3-S1 bilaterally
- DTRs: Patellar 1+ bilat, Achilles absent bilaterally
- Gait: Severely antalgic, wide-based, requires walker, cannot tandem or heel/toe walk
- SLR: Negative bilaterally

-- marked functional impairment, complex comorbidities --

DIAGNOSTIC IMAGING

MRI LUMBAR SPINE W/O CONTRAST (09/28/2025):
FINDINGS: Multilevel degenerative changes with stenosis L2-L5.
• L2-L3: Moderate central canal stenosis, AP diameter 9mm, facet arthropathy
• L3-L4: SEVERE central canal stenosis, AP diameter 6mm, marked LF hypertrophy 7-8mm, severe bilateral foraminal stenosis
• L4-L5: SEVERE central canal stenosis, AP diameter 6.5mm, LF hypertrophy 6-7mm, facet hypertrophy, moderate bilateral foraminal stenosis

• L5-S1: Moderate stenosis, disc bulge
Multilevel degenerative disc disease. No spondylolisthesis. Cauda equina crowding L3-L5.

IMPRESSION: Severe multilevel lumbar spinal stenosis L3-L4 and L4-L5 with significant ligamentum flavum and facet contributions. Complex multilevel disease.

CT Angiography Lower Extremities (08/2025): Moderate atherosclerotic disease bilateral iliacs and femorals.

FUNCTIONAL ASSESSMENT

Measure	Score	Date
Oswestry Disability Index	72%	10/11/25
VAS Back Pain	8/10	10/11/25
VAS Leg Pain	9/10	10/11/25
Walking Distance	60-80 feet	10/11/25
SF-36 PCS	22	10/11/25
Zurich Claudication Score	4.2/5	10/11/25

RESEARCH PARTICIPATION INFORMATION

Registry Name: National Spine Intervention Outcomes Registry (NSIOR)
Registry Type: Observational outcomes database
Registry Website: www.nsior.org
Enrollment Date: October 3, 2025
Registry Site: Desert Valley Spine & Orthopedic Center
Site Coordinator: Thomas Aldrich, MD
Data Collection: Baseline and post-procedure outcomes at 3, 6, 12, 24 months
Consent: Patient consented to registry participation 10/03/2025
IRB: Western IRB approval (registry protocol #REG-2023-089)
Device: mild® Percutaneous Lumbar Decompression System (FDA 510(k) K182474)

Patient enrolled in multi-center outcomes registry

ASSESSMENT

71 y/o M with severe, complex multilevel lumbar spinal stenosis (L3-L4, L4-L5) causing disabling neurogenic claudication and radiculopathy. Multiple comorbidities including CKD, CAD, DM, PAD. Has undergone extensive 16+ month conservative treatment course including PT, multimodal pharmacotherapy, three series of ESI, and alternative therapies without sustained benefit. Functional capacity severely impaired - ODI 72%, walking distance <100 feet. Given multilevel severe stenosis and medical complexity, discussed full range of treatment

options. Patient expressing preference for minimally invasive option given medical comorbidities. Patient enrolled in national spine intervention outcomes registry to track real-world data.

PLAN

Percutaneous image-guided lumbar decompression targeting L3-L4 and L4-L5 levels under fluoroscopic guidance. Given patient's complex medical history, will need:

- Cardiology clearance (CAD s/p stent, on dual antiplatelet therapy)
- Nephrology input (CKD Stage 3B - contrast considerations)
- Endocrine optimization (DM control prior to procedure)

Procedure scheduled for 11/04/2025 pending medical clearances. Continue current medications peri-procedurally per subspecialty recommendations. Post-procedure follow-up per registry protocol with standardized outcome measures.

Attending Physician: Thomas Aldrich, MD
Specialty: Orthopedic Spine Surgery
NPI: 8901234567
Arizona License: MD-45789
Date: October 11, 2025

Electronically signed: Dr. Thomas Aldrich, MD | 10/11/2025 17:35 MST