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GOLDEN GATE INTERVENTIONAL PAIN & SPINE

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PATIENT INFORMATION

NAME: Chen, Linda May
DOB: 09/03/1956 AGE: 69 years SEX: Female
MRN: GGIP-992847
MEDICARE #: 3T89M45619C
DATE OF VISIT: October 5, 2025

CHIEF COMPLAINT

Chronic lower back pain with bilateral leg symptoms limiting walking ability. Patient states conservative treatments not providing adequate relief.

HISTORY OF PRESENT ILLNESS

Ms. Chen is a 69 y.o. female with progressive symptomatic lumbar spinal stenosis over past 18 months. She describes constant dull ache in lower lumbar region (5-6/10) with intermittent sharp exacerbations (7-8/10). Bilateral lower extremity pain and numbness, right greater than left, in L3-L4 distribution. Classic neurogenic claudication pattern - walking 75-100 feet triggers severe leg cramping, heaviness, and weakness requiring her to sit or bend forward for relief. Denies bowel/bladder changes or saddle anesthesia.

Conservative Treatment Course (13 months):

9/2024-12/2024: Physical therapy at Bay Area Rehab, 2-3x/wk x 12 weeks
10/2024-3/2025: Meloxicam 15mg daily (4 months, then d/c'd - GI side effects)
11/2024-present: Gabapentin 300mg TID (escalated from 100mg TID, mod. benefit)
1/2025: Lumbar epidural steroid injection L3-L4 (relief approx. 6 weeks)
3/2025: Second ESI series L3-L4, L4-L5 (relief approx. 5 weeks)
Ongoing: Home exercise program, postural modifications, use of trekking poles for ambulation

Despite adherence to comprehensive conservative management, symptoms persist with progressive functional decline.

PAST MEDICAL HISTORY

- Osteoporosis (on Alendronate 70mg weekly, Vit D3 2000IU daily)
- Hypertension - well controlled (Amlodipine 5mg daily)
- Hypothyroidism (Levothyroxine 100mcg daily)
- GERD (Omeprazole 20mg daily)
- Osteoarthritis bilateral knees
- S/p TAH-BSO 2008 for fibroids

PHYSICAL EXAM - 10/05/2025

VITALS: BP 136/84 HR 72 T 98.4F Wt 142 lbs Ht 5'3"
GENERAL: Well-appearing Asian female, NAD at rest
SPINE: Normal thoracic curvature, decreased lumbar lordosis. TTP over L3-L5 paraspinals bilaterally. ROM: Flexion 60 degrees, extension 15 degrees (limited by pain). Lateral bending limited bilaterally.

NEUROLOGICAL:
Motor - 4+/5 right ankle dorsiflexion, 5/5 all other muscle groups LE
Sensory - Diminished light touch R L3-L4 dermatome, intact elsewhere
DTRs - Patellar 2+ bilat, Achilles 2+ bilat, plantar responses flexor
SLR - Negative bilaterally
Gait - Mildly antalgic, uses trekking poles, cannot heel-walk on right
-- clear functional impairment noted during exam --

IMAGING

MRI LUMBAR SPINE W/O CONTRAST (09/15/2025)

TECHNIQUE: Standard multiplanar imaging sequences obtained.

FINDINGS:
L2-L3: Mild disc bulge, no significant stenosis
L3-L4: MODERATE-SEVERE central canal stenosis with AP diameter 8mm. Ligamentum flavum hypertrophy 5-6mm bilaterally. Facet joint degenerative changes. Mild bilateral foraminal narrowing. Grade 2-3 morphologic stenosis.
L4-L5: Mild central stenosis, mild disc bulge
L5-S1: Minimal degenerative changes

No spondylolisthesis identified. Vertebral body heights maintained. Conus medullaris terminates at appropriate level.

IMPRESSION: Moderate-severe central canal stenosis at L3-L4 with ligamentum flavum hypertrophy as primary contributing factor.

FUNCTIONAL ASSESSMENT

Tool	Baseline Score	Date
Oswestry Disability Index	56% (Severe)	10/05/25
VAS - Back Pain	6/10	10/05/25
VAS - Leg Pain	7/10	10/05/25
Walking Tolerance	75-100 feet	10/05/25
SF-12 PCS	31	10/05/25

CLINICAL TRIAL ENROLLMENT

STUDY NAME: Randomized Trial of Minimally Invasive Lumbar Decompression versus Conservative Care
CLINICALTRIALS.GOV ID: NCT04789456
STUDY PHASE: III
STUDY TYPE: Prospective Randomized Controlled Trial (Section I CED pathway)
STUDY SITE: Golden Gate Interventional Pain & Spine (Site #14)
SITE PI: James Park, MD
STUDY SPONSOR: Pacific Spine Research Collaborative
AHRQ FUNDING: R01HS030124 (AHRQ-supported per Section 1142 of Act)
IRB: UCSF IRB #24-38901 (approved 3/8/2024)
ENROLLMENT DATE: September 28, 2025
RANDOMIZATION: PILD intervention arm (assigned 9/28/25)
INFORMED CONSENT: Signed and documented 9/28/2025
DEVICE: mild® Percutaneous Lumbar Decompression System
FDA STATUS: 510(k) cleared K182474
All eligibility criteria verified ✓

ASSESSMENT

69 y.o. female with symptomatic lumbar spinal stenosis at L3-L4 confirmed by clinical examination and MRI findings. She has undergone 13+ months of appropriate conservative therapy including PT, oral medications, and epidural steroid injections without sustained benefit. Her functional capacity remains significantly impaired with neurogenic claudication limiting ambulation to <100 feet. Quality of life notably affected.

Patient meets all inclusion criteria and has been enrolled in CMS-approved prospective randomized controlled trial comparing PILD to continued conservative management. Study protocol addresses required CED research questions regarding function, quality of life, and pain outcomes. Baseline assessments completed per protocol.

PLAN

Proceed with percutaneous image-guided lumbar decompression at L3-L4 level under fluoroscopic guidance with epidurography per RCT protocol. Procedure scheduled for 10/19/2025 at Bay Area Surgical Center. Patient to continue current medications peri-procedurally. Post-procedure follow-up visits scheduled per protocol: 6 weeks, 3 months, 6 months, 12 months with validated outcome measures and functional assessments.

PROVIDER: James Park, MD
SPECIALTY: Anesthesiology & Pain Medicine
NPI: 5678901234
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DATE/TIME: October 5, 2025 / 11:35 AM PDT

Electronically Signed: Dr. James Park 10/05/2025 11:47 PDT