PATIENT MEDICAL RECORD — SUMMARY CHART

Patient Demographics

Field	Value
Name	Maria Elena Rodriguez
DOB	September 14, 1973 (Age 52)
Sex	Female
MRN	SW-2024-08821
Insurance	UnitedHealthcare — UHC-884729103
PCP	Dr. James Whitfield, MD — Southwest Spine & Pain Associates
Referring Provider	Self-referred

Chief Complaint

"My lower back pain has gotten much worse over the last 3 months. The pain shoots down my left leg and I can barely stand for more than 10 minutes at work."

History of Present Illness (HPI)

Ms. Rodriguez is a 52-year-old female presenting with a **3-month history of progressive lumbar pain** with left-sided radicular symptoms. She describes the pain as a constant, deep ache in the lower back (L4-L5 region) rated **7/10** at rest and **9/10** with prolonged standing or walking. The pain radiates down the posterior aspect of the left thigh to the lateral calf.

Aggravating factors: Prolonged standing (>10 minutes), bending, lifting, sitting >30 minutes **Alleviating factors:** Lying supine, ice packs, ibuprofen (partial, temporary relief) **Functional impact:** Unable to perform full duties as a retail cashier. Has missed 8 workdays in the past month. Reports difficulty sleeping due to pain (averaging 4 hours/night).

Prior Treatment History (Last 12 months)

Date	Treatment	Provider	Outcome
Jan 2026	OTC Ibuprofen 400mg TID × 4 weeks	Self-directed	Minimal relief
Feb 5, 2026	Office visit — initial evaluation	Dr. Whitfield	Diagnosis: Lumbar radiculopathy, prescribed Meloxicam 15mg daily
Feb 12, 2026	Lumbar X-ray (AP & Lateral)	Radiology Associates	**Findings: Mild degenerative disc disease L4-L5, mild facet arthropathy, no fracture, no listhesis**

Mar 3, 2026	Follow-up visit — worsening symptoms	Dr. Whitfield	Added Gabapentin 300mg TID, referred to PT
Mar 10, 2026	Physical therapy evaluation	ProMotion PT	Started PT program: core stabilization, McKenzie protocol, lumbar traction
Mar 14, 2026	PT session #2	ProMotion PT	Tolerated exercises; no improvement
Mar 18, 2026	PT session #3	ProMotion PT	Reports increased pain with extension exercises; modified program
Mar 21, 2026	PT session #4	ProMotion PT	Left leg numbness worsening; PT recommends imaging
Mar 25, 2026	Follow-up visit	Dr. Whitfield	New symptom: left foot drop noted on exam. Ordered MRI lumbar spine
Mar 28, 2026	**MRI lumbar spine (CPT 72148)**	Southwest Imaging Center	**PERFORMED — CLAIM DENIED**

Physical Examination (March 25, 2026)

Vitals: BP 138/84, HR 78, BMI 29.2

Musculoskeletal:

- Lumbar spine: Tenderness to palpation over L4-L5 spinous processes and left paraspinal muscles
- Range of motion: Flexion limited to 40° (normal 60°), extension limited to 10° (normal 25°)
- Positive left straight-leg raise (SLR) at 35°
- Negative right SLR

Neurological:

- **Motor:** Left tibialis anterior 3+/5 (dorsiflexion weakness — LEFT FOOT DROP), left EHL 4/5. Right lower extremity 5/5 throughout.
- **Sensory:** Decreased light touch over left L5 dermatome (lateral calf, dorsum of foot)
- **Reflexes:** Left Achilles reflex diminished (1+), right Achilles reflex normal (2+)
- **Gait:** Antalgic, mild steppage gait on left

Assessment:

1. Lumbar radiculopathy, left L5 distribution, with progressive motor deficit (foot drop)
2. Degenerative disc disease, L4-L5
3. Failed conservative management (medication + physical therapy)

Medications

Medication	Dose	Frequency	Start Date
Meloxicam	15 mg	Daily	Feb 5, 2026
Gabapentin	300 mg	TID	Mar 3, 2026

Ibuprofen	400 mg	PRN (discontinued)	Jan 2026

Relevant Past Medical History

- Hypertension (controlled on Lisinopril 10mg)
- Gestational diabetes (2005, resolved)
- No prior spine surgery
- No history of malignancy
- No recent trauma or infection

Social History

- Occupation: Retail cashier (standing 6-8 hrs/shift)
- Non-smoker
- No alcohol or drug use
- Lives with husband and 2 adult children
- No workers' compensation claim

Provider Notes

Dr. Whitfield, March 25, 2026:

> *MRI is medically necessary and urgent. Patient now presents with objective motor deficit (left foot drop, tibialis anterior 3+/5) and progressive radiculopathy despite 7 weeks of conservative management including physical therapy, NSAIDs, and gabapentin. The foot drop is a new finding as of today and represents a red-flag neurological deficit that warrants immediate advanced imaging to rule out significant disc herniation or canal stenosis requiring surgical intervention. Delay in imaging risks permanent neurological damage. X-ray obtained on Feb 12 showed degenerative changes but cannot evaluate soft tissue pathology. MRI is the standard of care in this clinical scenario per AAN, NASS, and ACR Appropriateness Criteria guidelines.*