## 1 Patient Information

### 1 PATIENT DETAILS

**Name**
Sandra L. Weatherford

**Date of Service**
05/06/2026

**DOB**
08/19/1977

**Provider**
Dr. Adrian K. Park, MD — Pain Management / Anesthesiology

**Age / Sex**
48 / Female

**MRN**
PM-2025-4482

**Visit Type**
Follow-up + Procedure Visit — Lumbar ESI

**Pain Location / Laterality**
Lumbar spine with bilateral lower extremity radiation, left > right

## CC Chief Complaint

### 2 PRIMARY PAIN COMPLAINT

Patient presents for follow-up and scheduled lumbar epidural steroid injection (LESI). She reports worsening bilateral lower extremity radicular pain and lumbar pain over the past 4 weeks unresponsive to her current oral regimen. She states: 'The pain shoots all the way down my left leg to my foot — it wakes me up at night and I can barely walk a block. The medication isn't cutting it anymore.' On stable opioid regimen x14 months; requesting medication reassessment alongside the procedure.

## S Subjective

### 3 PATIENT-REPORTED PAIN HISTORY & INTERVAL CHANGES

### 3a ONSET & CONTEXT

Chronic low back pain since 2018 following workplace injury (warehouse supervisor — repetitive bending/lifting). MRI 2020: L4–5 and L5–S1 disc herniations. Microdiscectomy L5–S1 right (2021) — initial improvement, bilateral radicular recurrence 2022. MRI 02/2026: recurrent L4–L5 left disc herniation + residual L5–S1 changes. LESI x4 total (2022–2023, each 3–5 months benefit). Current flare began 4 weeks ago after prolonged car trip.

### 3b PAIN LOCATION & RADIATION

Primary: Lumbar L4–L5, bilateral paraspinal. Radiation: Left buttock → posterior thigh → lateral calf → dorsum left foot and great toe (L4–L5 distribution). Right: Mild posterior thigh only. Left foot: Intermittent numbness/tingling dorsum/great toe, worsening x2 weeks. No saddle anesthesia.

### 3c PAIN CHARACTER & SEVERITY

**Quality**
Sharp, shooting, burning, electric down left leg; deep aching in lumbar spine

**Average Pain Score (0–10)**
6/10

**Worst Pain Score**
9/10 — prolonged standing or sit-to-stand transitions

**Progression**
Worsening over 4 weeks; up from 4/10 average at prior visit 8 weeks ago

### 3d TIMING & PATTERN

Constant lumbar aching with intermittent radicular flares. Worst in morning (first 30–45 min). Worsens with extended standing/walking/sitting, forward flexion, Valsalva. Nocturnal disruption — waking 2–3 times/night. Slight improvement lying fetal with left knee flexed.

### 3e AGGRAVATING & RELIEVING FACTORS

**Aggravating Factors**
Prolonged sitting (>30 min), walking >1 block, forward flexion, car travel, stairs, coughing/sneezing

**Relieving Factors**
Supine with pillow under knees, TENS unit (partial), warm shower; opioids provide 50–60% relief

### 3f FUNCTIONAL IMPACT

Long-term disability — former warehouse supervisor, unable to work. Walks <1 block before stopping. Cannot sit >30 min. Drives locally only. QOL 3/10. Sleep averaging 4 hours/night. Mild depression, significant anxiety about disability. 14 lb weight loss over 6 months. ODI today: 64% (Severe; up from 58% x8 weeks).

### 3g PRIOR TREATMENTS

PT x3 courses (transient benefit). Chiropractic 2019 (worsened — d/c). Microdiscectomy L5–S1 right (2021). LESI x4 (2022–2023, 3–5 month benefit each). TENS daily (partial relief). CBT for chronic pain x12 sessions (2024, continues). Gabapentin 600 mg TID, duloxetine 60 mg, celecoxib 200 mg BID, opioid therapy x14 months. SCS discussed 2024 — deferred.

### 3h MEDICATION USE & RESPONSE

Oxycodone ER 20 mg Q12h + oxycodone IR 10 mg Q4h PRN (2–3 PRN/day; max 4 prescribed). On opioid agreement since 03/2025. No aberrant behaviors. Constipation managed with MiraLax + senna. Gabapentin 600 mg TID: 40% reduction in burning. Duloxetine 60 mg: Moderate mood and pain benefit. Celecoxib 200 mg BID: Mild axial benefit. PMP reviewed — compliant. UDS 04/08/2026: Oxycodone positive (expected), all else negative.

### 3i PERTINENT NEGATIVES

Denies new bowel/bladder dysfunction, saddle anesthesia, acute progressive leg weakness, fever, night sweats, cancer history, recent infection, IV drug use.

## O Objective

### 4 MEASURABLE & OBSERVED FINDINGS

### V VITAL SIGNS

**Temperature**
97.9°F

**Blood Pressure**
136/84 mmHg — elevated, pain-related; PCP notified

**Heart Rate**
82 bpm

**Respiratory Rate**
16 breaths/min

**Oxygen Saturation**
98% on room air

**Weight / BMI**
161 lbs (73.2 kg) / BMI 27.4

**Pain Score**
7/10 today (6/10 avg; 9/10 worst past 4 weeks)

### 4a PHYSICAL EXAMINATION

**General Appearance**
Anxious-appearing, fatigued female. Guards lumbar spine with all positional changes. Cooperative.

**Inspection of Pain Region**
Lumbar spine: No erythema, swelling, or breakdown. Mild paraspinal guarding visible bilaterally L4–S1. Well-healed midline scar L5–S1.

**Palpation / Tenderness**
Midline L4–L5 and L5–S1 deep tenderness. Bilateral paraspinal spasm, left > right. Left sciatic notch tenderness. No SI joint tenderness.

**Range of Motion**
Flexion 40° (painful with left radiation). Extension 10° (painful). Lateral flexion 20° bilateral. Rotation 30° bilateral.

**Strength**
Left EHL 3+/5 (L4). Left tibialis anterior 4/5. Left gastrocnemius 4+/5 (S1). Right lower extremity 5/5 throughout.

**Sensation**
Decreased light touch/pinprick at left dorsal foot and great toe (L4–L5). Intact S1 bilaterally. Right leg intact.

**Reflexes**
Left patellar (L4): 1+ (reduced). Right: 2+. Left Achilles (S1): 1+. Right: 2+. Bilateral Babinski: negative.

**Provocative Tests**
Left SLR: Positive at 40° — reproduces left radicular pain to foot. Crossed SLR: Positive left at 35°. Slump test: Positive left.

**Gait / Functional Testing**
Antalgic gait, reduced left stride. LEFT heel-walk: cannot maintain >3 steps (L4 weakness). Uses cane for distances (not today).

**Skin / Procedure Site**
Lumbar skin intact. Well-healed midline scar. Procedure site clean — appropriate for LESI.

## RS Pain Risk & Safety Assessment

### 5 RISK ASSESSMENT

**Opioid Risk Screening**

**PMP Review**

ORT score: 6 — Moderate risk. Female sex, depression, chronic pain. No personal/family substance abuse history.

Reviewed 05/06/2026 — opioids from this practice only, adjuvants from PCP. No early refills. No concurrent opioid Rx elsewhere.

**Urine Drug Screen Results**

04/08/2026: Oxycodone POSITIVE (expected). Benzodiazepines, cocaine, THC, methamphetamine: all NEGATIVE. Fully compliant.

**Sedation / Falls / Overdose Risk**

Moderate — opioid + gabapentin combination. Lives alone; fall precautions counseled. Naloxone to be prescribed today per AZ state guidelines.

**Medication Interactions**

Oxycodone + gabapentin: CNS depression risk — counsel no alcohol, no sedating OTCs without discussion.

**Depression / Anxiety / Substance Use**

PHQ-9 today: 12 — Moderate depression (up 2 points; attributed to pain flare). Continues duloxetine + CBT. No SI. No substance use. CBT follow-up 05/20/2026.

Overall: Moderate risk — appropriate for continued opioid therapy with current monitoring. Naloxone Rx dispensed today. No aberrant behaviors in 14 months.

## L Lab & Imaging Results

### 6 REVIEWED DATA

#### 6a IMAGING STUDIES

MRI lumbar spine without contrast (02/14/2026): L4–L5 LEFT — Large left paracentral and foraminal disc herniation with significant compression of the left L4 nerve root in the lateral recess and neural foramen. Nerve root displacement, effacement of epidural fat, annular tear. L5–S1: Post-surgical changes; small residual right protrusion, mild right S1 root contact (no significant compression). Significant facet arthropathy L4–L5 and L5–S1 bilaterally. No epidural abscess. Interval enlargement of L4–L5 herniation vs. 2023 MRI.

#### 6b LABORATORY STUDIES

UDS 04/08/2026: Compliant. LFTs (03/2026): AST 28, ALT 31 — WNL. Renal function (03/2026): Cr 0.8, GFR >90 — WNL. CBC (03/2026): WNL.

#### 6c OTHER DIAGNOSTICS

EMG/NCS (09/2025, Dr. Marcus Hill — Neurology): Left L4–L5 radiculopathy confirmed — left tibialis anterior denervation potentials, reduced left peroneal CMAP amplitude. No peripheral neuropathy. ODI today: 64% (Severe). PHQ-9 today: 12 (Moderate depression).

## A Assessment

### 7 PAIN-FOCUSED CLINICAL INTERPRETATION

Ms. Weatherford is a 48-year-old female with complex chronic pain — LEFT L4–L5 RADICULOPATHY confirmed clinically (positive SLR 40°, crossed SLR 35°, EHL weakness 3+/5, left patellar reflex reduced, L4 dermatomal sensory deficit) and on MRI (large left paracentral/foraminal herniation with nerve root compression) and EMG/NCS. Currently in significant flare (ODI 64%, avg pain 6–7/10) likely precipitated by prolonged car travel. Concurrent chronic lumbar pain from facet arthropathy L4–S1. Post-surgical stable L5–S1 changes without acute right radiculopathy. Moderate opioid risk — compliant 14 months, PHQ-9 12, no aberrant behaviors. Pain classification: Mixed neuropathic (burning, dermatomal, radicular) + nociceptive (axial, facet) + possible central sensitization. Functional impairment: Severe (ODI 64%), occupationally disabled. Surgical candidacy for repeat microdiscectomy L4–L5 or SCS trial — both referrals placed today.

## P Plan

### 8 PAIN MANAGEMENT STRATEGY

#### 8a MEDICATION PLAN

Continue oxycodone ER 20 mg Q12h + oxycodone IR 10 mg Q4h PRN (max 4/day). Increase gabapentin to 800 mg TID (from 600 mg) — titrate for radicular neuropathic pain. Continue duloxetine 60 mg, celecoxib 200 mg BID, MiraLax + senna. Prescribe naloxone 4 mg intranasal x2 kits (AZ state requirement). Opioid agreement reviewed and re-signed. Next refill: 06/03/2026.

#### 8b NON-PHARMACOLOGIC TREATMENTS

Aquatic PT referral — 2x/week x6 weeks (less provocative than land-based). Continue daily TENS. CBT follow-up (Dr. Vega) 05/20/2026. Sleep hygiene counseling. Graduated activity plan post-LESI.

### 8c INTERVENTIONAL PROCEDURES

LESI PERFORMED TODAY: Left L4–L5 interlaminar approach under fluoroscopic guidance. Prone position, chlorhexidine prep, 25g spinal needle to epidural space (loss of resistance). Epidurogram confirmed excellent left-sided spread, no intravascular injection. Injected: methylprednisolone 80 mg + 0.25% bupivacaine 5 mL + NS 4 mL = 10 mL total. No complications. Recovery x30 min — vitals stable, no new neuro deficit. Discharged ambulatory.

### 8d MONITORING & SAFETY

PMP reviewed — compliant. UDS next at 06/03/2026 follow-up. Naloxone dispensed today. BP 136/84 — PCP notified. Gabapentin increase: counsel on drowsiness, no driving for 48h after dose change.

### 8e PATIENT EDUCATION & REFERRALS

LESI expectations: 3–7 days for full steroid effect; increased pain x24–72h expected; no driving today; avoid strenuous activity x48h. SCS evaluation: Referral to Dr. Priya Singh, PhD (Pain Psychology) for SCS psychological clearance. Neurosurgery: Referral to Dr. Yamamoto for L4–L5 repeat microdiscectomy consultation 05/28/2026. Red flags: New weakness, bowel/bladder dysfunction, saddle anesthesia → ER immediately.

## F Follow-Up

### 9 REASSESSMENT GOALS

**Follow-Up Schedule**

4-week follow-up 06/03/2026 — LESI response, opioid refill, gabapentin titration, PHQ-9, UDS. SCS psych eval within 3 weeks. Neurosurgery 05/28/2026. Aquatic PT first session 05/09/2026. CBT 05/20/2026.

### TIME DOCUMENTATION & BILLING

**Total Time**

58 minutes

**E/M Level**

99214 — Established patient, moderate complexity

**Counseling / Coordination Time**

18 minutes

**Basis for Billing**

Medical Decision Making — Moderate Complexity

**Primary ICD-10 Code**

M51.16 — Intervertebral disc degeneration, lumbar region

**Secondary ICD-10 Code(s)**

G54.4 — Lumbosacral root disorders; M47.816 — Spondylosis with radiculopathy, lumbar; F32.1 — MDD, moderate

**PROVIDER NAME**

Adrian K. Park, MD

**CREDENTIALS**

MD — Pain Management / Anesthesiology | Board Certified

**DATE & TIME**

05/06/2026, 2:15 PM