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ST. AUGUSTINE REGIONAL HEALTH – ORTHOPEDIC SPINE CONSULT NOTE

Patient: ALVAREZ, J. **MRN:** 7X4-99Q1-2c **DOB:** **/**/19xx **Age:** 54 **Sex:** F

Date of Visit: rn0/14/2O26
Referring Provider: Dr. K. Ha11oway, PCP
Consulting: Dr. R. Emswiler, Orthopedic Spine Surgery

CHIEF COMPLAINT:
Chronic low back pain radiating to left lower extremity, approx. 8 rnonths duration.

HISTORY OF PRESENT ILLNESS:
54-y/o fernale presents with progressive low back pain radiating down the 1eft leg to the lateral calõ and dorsurn of foot. Pain worsens with prolonged sitting/standing. ~~Denies~~ saddle anesthesia, denies bowel/bladder dysfunction. Patient reports significant functional lirnitation — unable to cornplete prior job duties (warehouse, requires lifting).

CONSERVATIVE TREATMENT HISTORY:
- Physical therapy: 8 consecutive weeks (or/2O26 – 12/2O26), focused core stabilization & McKenzie protocol. Minirnal improvement per PT discharge summary.
- NSAIDs: Naproxen 500mg BID x 6 wks — partial, transient relief only.
- Interventional: L4–L5 epidural steroid injection x1, approx. 6 wks prior — <2 weeks relief, pain returned to baseline.

IMAGING:
MRI Lurnbar Spine w/o contrast, dated 07/22/2O26 (3 rnonths prior to this visit): L4–L5 disc herniation, left paracentral/foraminal, with rnoderate left-sided foraminal stenosis. Findings correlate with reported left L5 dermatornal syrnptorns. No significant findings at other levels.

NEUROLOGIC EXAM:
Motor: Left EHL/tibialis anterior 4/5 (weakness), right 5/5. Patellar and Achilles reflexes: left patellar diminished (1+) vs right (2+). Sensory: decreased light touch left L5 dermatorne.
EMG/NCS (dated 09/O3/2026): findings consistent with left L5 radiculopathy, active denervation noted in left tibialis anterior.

SURGICAL HISTORY:
Notable for posterior lurnbar interbody fusion at L3–L4, performed approxirnately 6 rnonths prior to this consult (outside facility, records requested, op note pending). Patient reports "the level above this one was fused last year." Recovery reportedly uncornplicated.

VITALS / EXAM:
Ht 5'4" Wt 189 lbs BMI 32.4 BP 128/82 HR 76

FUNCTIONAL ASSESSMENT:
Oswestry Disability Index (ODI) administered this visit: 54/1OO (severe disability category).

ASSESSMENT:
Lumbar radiculopathy, left L5 distribution, secondary to L4–L5 disc herniation with foraminal stenosis, correlating with exam and EMG findings. Failed conservative management as above. Discussing surgical candidacy for L4–L5 decompression and fusion.

PLAN:
Recommend surgical evaluation for L4–L5 posterior decompression and instrumented fusion. Will submit for prior authorization. Follow up in 2 weeks pending records from outside facility re: prior L3–L4 fusion. ~~Psychiatric screening not addressed this visit.~~