Claims correspondence

Alex Testcase | SYN-COMPLEX-002

February 15, 2024

Claim SYN-COMPLEX-002. Applicant Alex Testcase. This fictional production concerns low-back and leg symptoms. Please compare the histories of injury, the prior-history statements and the imaging. Identify missing referenced records, inconsistent dates, duplicate pages and unreadable material. Examination findings, causation, impairment and apportionment require the evaluating physician. No medical opinion is supplied by this letter.

Occupational medicine initial visit

Alex Testcase | SYN-COMPLEX-002

February 1, 2024

Alex Testcase reports low-back pain while lifting a box at work today. The box weight was not recorded. Pain is rated 6/10. No loss of consciousness or fall was reported. Examination documents lumbar tenderness and intact lower-extremity strength. Modified work is recommended. The recorded event date is February 1, 2024; another later letter supplies a different date.

Emergency department note

Alex Testcase | SYN-COMPLEX-002

February 2, 2024

Alex Testcase presents with persistent lumbar pain after the reported lifting event. No bowel or bladder change, saddle anesthesia or fever is reported. Lower-extremity strength is documented as 5/5. Lumbar radiographs show no acute fracture. The assessment is lumbar strain. Return precautions were discussed. Absence of an acute fracture does not resolve the cause of all symptoms.

Physical therapy evaluation

Alex Testcase | SYN-COMPLEX-002

February 10, 2024

Alex Testcase reports pain extending into the right thigh. Lumbar flexion is limited by pain. The therapist records difficulty with prolonged sitting and a goal of tolerating a 30-minute walk. This note names the right side. Later imaging and pain-clinic notes discuss the left leg. Do not silently substitute one side for the other.

Physical therapy daily note

Alex Testcase | SYN-COMPLEX-002

February 14, 2024

Alex Testcase completed supervised mobility and trunk-stabilization exercises. Pain before treatment was 5/10 and afterward 4/10. The patient tolerated 12 minutes of walking. There was no new neurologic complaint at this visit. Home exercises were reviewed. No work-capacity opinion beyond the treating work-status note is offered.

Physical therapy daily note

Alex Testcase | SYN-COMPLEX-002

February 21, 2024

Alex Testcase reports increased soreness after a long car trip. Pain is 6/10. Treatment consisted of graded movement and a shorter exercise session. No fall or new workplace event is described. Walking tolerance was not measured today. The therapist advised communication with the treating clinician about symptom progression.

Primary care historical review

Alex Testcase | SYN-COMPLEX-002

February 28, 2024

Alex Testcase reports a low-back episode after a household fall in 2022. The patient says those symptoms resolved before the present work event. No 2022 imaging or treatment notes accompany this statement. This is a reported prior episode, not a documented permanent impairment. It conflicts with the later unqualified denial of any prior low-back injury.

Occupational medicine follow up

Alex Testcase | SYN-COMPLEX-002

March 5, 2024

Alex Testcase denies any prior low-back injury in the history section of this note. Pain is 5/10 with intermittent left-leg tingling. The examination records no foot drop. Modified duty continues. The prior-history denial should be compared with the February 28 history rather than treated as independent proof that no earlier episode occurred.

Lumbar radiology report

Alex Testcase | SYN-COMPLEX-002

March 7, 2024

Alex Testcase. Lumbar radiographs demonstrate mild lower-lumbar degenerative changes without acute osseous abnormality. Alignment is maintained. This report does not describe MRI findings or identify the cause of symptoms. It is a separate examination from the March 28 MRI.

Lumbar MRI report

Alex Testcase | SYN-COMPLEX-002

March 28, 2024

Alex Testcase. At L4-L5 there is a left paracentral disc protrusion contacting the traversing left L5 nerve root. No severe central canal stenosis is described. Mild facet arthropathy is present. The report does not state that nerve-root contact alone establishes industrial causation. A second copy of this complete page appears later in the production.

Pain medicine consultation

Alex Testcase | SYN-COMPLEX-002

April 2, 2024

Alex Testcase reports low-back pain radiating to the left lateral leg. The clinician reviewed the March 28 MRI and discussed a left L4-L5 transforaminal injection. The history mentions a 2023 EMG, but neither its report nor a reliable result is included. Do not describe the EMG as normal or abnormal based on this reference.

Treating work status

Alex Testcase | SYN-COMPLEX-002

April 12, 2024

Alex Testcase may work modified duty with no lifting above 10 pounds and opportunities to change position. These restrictions apply to this dated treating note. The document does not identify permanent restrictions or maximum medical improvement. Follow up was planned in four weeks.

Medication review

Alex Testcase | SYN-COMPLEX-002

April 15, 2024

Alex Testcase reports taking an anti-inflammatory medication as directed and using a prescribed muscle relaxant at night. Daytime use caused drowsiness, so the patient reports avoiding it before driving. The record does not document an overdose or medication allergy. Exact doses are absent and should not be invented.

Procedure note

Alex Testcase | SYN-COMPLEX-002

May 6, 2024

Alex Testcase underwent a left L4-L5 transforaminal epidural steroid injection. Pain was recorded as 7/10 before the procedure and 3/10 afterward. No immediate complication was documented. Immediate improvement is not a statement of sustained benefit or permanent work capacity.

Pain medicine follow up

Alex Testcase | SYN-COMPLEX-002

May 20, 2024

Alex Testcase reports approximately 40 percent improvement since the May 6 injection, with pain now 4/10. Intermittent left-leg tingling continues. The patient has not resumed unrestricted work. The percentage is the patient-reported response at this visit and should not be replaced by the immediate post-procedure pain-score change.

Functional history

Alex Testcase | SYN-COMPLEX-002

June 10, 2024

Alex Testcase reports walking about two blocks before stopping and driving for about 20 minutes before needing a break. Dressing is independent. Sleep is interrupted by pain. No bowel or bladder change is reported. The clinician did not measure these self-reported tolerances during this visit. Modified duty continues.

Treating physician letter

Alex Testcase | SYN-COMPLEX-002

June 15, 2024

Re Alex Testcase. This letter calls the work injury date February 2, 2024. The initial occupational note calls it February 1. The letter repeats the left-sided symptoms but does not reconcile the difference in dates. Its date is the letter date, not proof that the injury occurred on either disputed day.

Undated home program

Alex Testcase | SYN-COMPLEX-002

Date not supplied

Alex Testcase. Continue the previously instructed home exercise program as tolerated. Stop and seek clinical advice for new weakness or other concerning changes. This page has no encounter date, signature date or reliable date stamp. Its position between other notes is not a reason to assign it a June visit date.

Evaluation scheduling note

Alex Testcase | SYN-COMPLEX-002

July 1, 2024

Alex Testcase is scheduled for an independent evaluation. The referral requests examination and review of the record. This administrative note contains no completed physical examination, impairment rating, apportionment percentage or maximum-medical-improvement opinion. Leave those determinations for the evaluator.

Treating follow up

Alex Testcase | SYN-COMPLEX-002

August 5, 2024

Alex Testcase reports pain 2/10 and occasional left-foot numbness. Strength is recorded as intact. Modified work continues pending reassessment. The record does not state full recovery or release to unrestricted duty. Improvement in one score should not erase the ongoing symptoms and restrictions.

Lumbar MRI report

Alex Testcase | SYN-COMPLEX-002

March 28, 2024

Alex Testcase. At L4-L5 there is a left paracentral disc protrusion contacting the traversing left L5 nerve root. No severe central canal stenosis is described. Mild facet arthropathy is present. The report does not state that nerve-root contact alone establishes industrial causation. A second copy of this complete page appears later in the production.

Low quality fax copy

Alex Testcase | SYN-COMPLEX-002

Date unreadable

Copy quality prevents reliable transcription. Obtain a better source copy.

Incomplete specialist note

Alex Testcase | SYN-COMPLEX-002

September 10, 2024

Alex Testcase. Printed page 1 of 2. The note again refers to a 2023 EMG, but the study itself is not attached. The plan continues onto a second page that is absent from this production. Do not supply a result or a follow-up plan that cannot be read from the provided page.