Fictional chronology example

Alex Testcase. Historical generated wording from October 20, 2026, rendered with the current application Word renderer. Before the demonstrated edit. This is not a completed physician review or a report approved for service.

The records submitted for review are summarized below in chronological sequence.

Types of encounter: M=Medical visit, N=Non-operative procedure, R=Report or letter, X=Imaging study, *=Other

02/01/2024 — R. Nguyen, M.D. — Sunrise Spine & Pain Clinic — [*] · low back, left leg: The 03/12/2024 progress note records a reported lifting incident at work on 02/01/2024 [3]. The chief complaint was low back pain radiating to the left leg after that incident [3]. (Bates LEX000101)

03/12/2024 — R. Nguyen, M.D. — Sunrise Spine & Pain Clinic — [M] · low back, left leg: At the 03/12/2024 visit, the patient reported persistent lumbar pain rated 7/10, worse with prolonged standing, and denied prior back injury [3]. Lumbar spine MRI was ordered, and the plan was to continue NSAIDs [3]. Modified duty was directed with no lifting over 10 pounds [3]. (Bates LEX000101)

03/28/2024 — S. Patel, M.D. — Bayview Imaging Center — [X] · lumbar spine, left lower extremity: MRI of the lumbar spine without contrast documented a clinical history of low back pain with left lower extremity radiculopathy. [4] Findings included an L4-L5 disc protrusion contacting the left L5 nerve root and mild degenerative disc disease at L5-S1. [4] The impression was left paracentral disc protrusion at L4-L5 and mild lumbar spondylosis. [4] (Bates LEX000102)

05/06/2024 — R. Nguyen, M.D. — Sunrise Spine & Pain Clinic — [N] · L4-L5, left L5: R. Nguyen, M.D., performed a LEFT L4-L5 transforaminal epidural steroid injection on 05/06/2024 [5]. The documented indication was L4-L5 disc protrusion with left L5 radiculopathy and failed conservative management [5]. The patient tolerated the procedure well without complications, and post-procedure pain decreased from 7/10 to 3/10 [5]. (Bates LEX000103; Bates LEX000104)

06/10/2024 — [M]: The June 10, 2024 progress note documents follow-up after an epidural injection [2]. The note reports inability to walk more than two blocks before pain, difficulty sleeping with nighttime waking, and driving limited to 20 minutes [2]. Dressing is performed without difficulty, and modified duty continues with no lifting over 10 pounds [2]. (p. 2)

06/10/2024 — R. Nguyen, M.D. — Sunrise Spine & Pain Clinic — [M]: At the June 10, 2024 follow-up, the patient reported approximately 50% relief following the May 6, 2024 epidural steroid injection, with pain now 4/10. [6] Modified duty was continued, with re-evaluation in 6 weeks. [6] (Bates LEX000104)

Undated Records

[R] · lumbar spine: Correspondence from Law Offices of North Shore Defense asks whether medical findings are consistent with a February 1, 2024 lifting incident [1]. It also asks whether a referenced March 28, 2024 MRI supports left L5 contact and whether the records document prior lumbar injury; these are questions posed by the correspondence, not independent clinical findings [1]. (p. 1)

This concludes the review of the submitted records.