



**Claimant's name: Nicola XXXXX**

**DOB: 12/10/YYYY**

**Claim Number: 13-YYYY**

**Facts based on the medical record:** I accept the following findings and reports of examining physicians.

Mr. Nicola XXXXX is a 57-year-old who was employed as a Warehouseman/Driver for Maumee Plumbing & Heating Supply Inc. On April 22, YYYY, he was trying to get the gate out of the back of the truck, but it was stuck on one side and in the process he hurt his lower back. He continued to work and sought treatment only the next day. He was seen by his family physician, Dr. XXXXX on April 23, YYYY. An X-ray of his lumbar spine was performed to evaluate his severe back pain and pain in the left buttock and radiating posteriorly in the leg. X-ray revealed, grade I spondylolisthesis at L5-S1 with suggestion of bilateral spondylolysis. There was focal, severe disc degenerative disease at L5-S1. Mild spondylotic changes were also seen in the upper and mid-lumbar region. He attempted to go to work a couple days and was unable to tolerate his work duties. On April 29, YYYY, he presented to The Toledo Clinic where he was certified to be excused from work from 4/30/YYYY to 5/13/YYYY as he was suffering from severe lumbar L5-S1 degenerative disc disease and low back pain.

On May 8, YYYY, Mr. Nicola presented to XXXXX Hospital where he was diagnosed with lumbar strain, left leg radiculopathy and temporary disability. An MRI of the lumbar spine was recommended. He was discharged on Motrin, Flexeril and Vicodin.

On June 7, YYYY, An MRI was performed to evaluate chronic low back pain radiating to left lower extremity and difficulty in ambulation. MRI revealed multilevel degenerative disease. The most significant finding was believed to reside at the L5-S1 level with disk herniation of the extrusion type and potentially sequestration type affecting the left paracentral and lateral recess distribution. As he had potentially altered vertebral numbering, this specific site was not fully assessed and it recommended that he must return for repeated sequences through this level free of charge.

On June 11, YYYY, Mr. Nicola reported feeling better. He was tolerating his work restrictions and was released to work on a modified basis. L5-S1 disc herniation was added to the already existing diagnosis list. He was referred to neurosurgery.

On August 8, YYYY, Mr. Nicola reported an increase in his pain from 2/10 to 7-8/10. He complained of occasional numbness of the first and second toes of the left foot. The Neurosurgery consult that was previously ordered, still had not been allowed. He was recommended to follow up after neurosurgery or four weeks.

On September 24, YYYY, Mr. Nicola had his final visit to XXXXX Hospital where he stated that he was not having any back pain but reported his leg being worse. His neurosurgery consult has not yet been allowed. He was recommended to follow-up in 4 weeks or sooner.