IME-with-Analysis Intake History Report for Dale Thornton

Age: 54 | **Gender**: Male | **Date of Injury**: 2024-03-17

Disclaimer: This report documents patient-reported history for evaluation purposes only. The documentation sections do not contain clinical diagnoses, causation determinations, or treatment recommendations. The analysis sections (under "Analysis Sections (Pending Provider Review)") carry their own disclaimer and are provided as a decision-support resource for the reviewing provider, who maintains complete responsibility for all clinical conclusions.

Chief Complaint

- Ongoing low back pain since a work injury in March 2024, persisting despite surgery and other treatments.
- Difficulty returning to work due to persistent back pain.
- Functional limitations in lifting, bending, sitting, standing, and recreational activities.

Patient Perspective

The patient’s primary concern is persistent low back pain that has not resolved since his work injury, despite undergoing surgery and following medical advice. He feels frustrated by his inability to return to his previous level of function and work, despite his efforts in treatment and counseling. He hopes to recover enough to return to work but is concerned about making his condition worse if he pushes too hard.

Injury

On March 17, 2024, while working at Palmetto Distribution Services, the patient sustained an acute injury to his low back while manually lifting cartons weighing approximately 65–70 pounds. During the third or fourth lift, he experienced a sudden, sharp pain in his low back radiating into his right buttock, posterior thigh, and calf. No other areas were involved. At the time, he was standing in front of a pallet, lifting cartons to a cart on his left, turning with his feet rather than twisting at the waist. He reported the injury to his supervisor within 30 minutes and was taken to urgent care by a coworker.

Clinical Course

At urgent care, lumbar spine X-rays were performed and showed no fracture. He was prescribed naproxen and methocarbamol and advised to take three days off work. Persistent pain, especially in the right leg, led to a visit with his family doctor, Dr. Park, on March 21, 2024, who added gabapentin, continued anti-inflammatory medication, and ordered physical therapy and an MRI. The MRI on April 8, 2024, revealed a right-sided L4-L5 herniated disc compressing the nerve root, along with degenerative changes at other levels. Physical therapy began in mid-May 2024, providing some relief for back pain but not for leg pain.

He received two lumbar epidural steroid injections (May and July 2024), with partial, temporary relief from the first and less benefit from the second. In October 2024, he underwent a right L4-L5 microdiscectomy, which resolved his leg pain but left persistent low back pain. Postoperatively, he continued physical therapy and had a repeat MRI on March 2, 2025, which showed no recurrent herniation and a free nerve root. Nerve block injections in May 2025 were ineffective. He continues regular follow-up with Dr. Park (primary care), Dr. Okafor (psychiatry), and weekly counseling.

A two-day functional capacity evaluation (FCE) at MetroFCE was completed in April 2026, with full effort reported but results not yet explained to him. No EMG or additional imaging has been performed. He has not returned to work since May 2025.

Clinical Summary

Healthcare Providers:
Dr. Park (primary care, Carolina Family Medicine, last seen March 2026)
Dr. Whitford (surgeon, last seen March 17, 2026)
Dr. Okafor (psychiatrist, last seen April 2026)
Counselor (weekly, name not recalled)
Dr. Chen (pain management, last seen May 2025)

Diagnostic Studies:
- Lumbar spine X-rays (urgent care, March 2024): no fracture
- Lumbar MRI (April 8, 2024): right L4-L5 herniated disc, nerve compression, degenerative changes
- Repeat lumbar MRI (March 2, 2025): no new herniation, nerve root free
- Functional Capacity Evaluation (MetroFCE, April 2026): full effort, results not explained

Treatments:
- Medications: naproxen (discontinued), methocarbamol, gabapentin, ibuprofen, sertraline, atorvastatin
- Physical therapy (multiple courses, 2024–2025)
- Epidural steroid injections (May and July 2024)
- Microdiscectomy at L4-L5 right (October 2024)
- Nerve block injections (May 2025)
- Psychiatric care and counseling (since January 2025)

Future Care Plans:
Regular follow-up with Dr. Park and Dr. Okafor, and weekly counseling; no further surgery or injections planned.

Upcoming Appointments:
Regular visits with Dr. Park and Dr. Okafor; weekly counseling.

Current Symptoms

The patient currently experiences persistent low back pain, primarily on the right side but sometimes across the lower back. The pain is described as dull and aching, rated 4/10 at rest, increasing to 6/10 after prolonged sitting, and up to 7/10 with bending. There is no current leg pain, numbness, or tingling since about four weeks after surgery. Pain is aggravated by bending, sitting or standing for extended periods, lifting over 15 pounds, riding in the car, and cold damp weather. Relief is achieved with walking short distances, changing position, lying with knees bent, heat, ibuprofen, and physical therapy stretches. He denies weakness, balance problems, or bladder/bowel issues since surgery.

Functional Status

The patient reports significant limitations in daily activities due to back pain. He can lift or carry about 15 pounds before pain starts, compared to 50 pounds or more before the injury. Bending or stooping is limited to a few seconds before pain, whereas previously he had no difficulty. He requires help with vacuuming, mopping, laundry, and most yard work, which he previously did independently. Sitting and standing are limited to about 45 minutes before pain increases; previously, there were no such limits. He can climb a flight of stairs using a handrail, but descending is uncomfortable; stairs were not a problem before. Driving is limited to 15–20 minutes before needing to stop, compared to hours before injury. He has stopped bowling and hiking, which he previously did regularly, and must modify woodworking activities.

Self-care: No limitations reported.

Mobility: Difficulty with bending, stooping, and prolonged walking or standing.

Lifting / carrying: Limited to 15 pounds; previously 50+ pounds.

Sleep: Wakes 2–3 times nightly due to back discomfort; sleeps 5–6 hours per night.

Work duties: Unable to perform forklift operator duties due to lifting and sitting requirements; unable to return to work since May 2025.

Recreational / hobby: Stopped bowling and hiking; woodworking modified.

Driving: Limited to 15–20 minutes at a time.

Past Medical History

Hospitalizations: No hospital admissions reported except for outpatient back surgery in October 2024.

Surgeries:
- Tonsillectomy (childhood)
- Microdiscectomy at L4-L5 right (October 2024)

Major Illnesses: High cholesterol, prediabetes.

Prior Injuries: Occasional low back stiffness (few times per year, 2010–2018), treated with chiropractic adjustments; no missed work, claims, imaging, or prior leg pain.

Psychiatric History: Adjustment disorder with depressed mood (diagnosed January 2025, treated by Dr. Okafor and counselor).

Allergies: Penicillin (rash), minor seasonal allergies.

Medications and Supplements:
- Sertraline 100 mg daily
- Atorvastatin 20 mg daily
- Ibuprofen 600 mg up to three times daily as needed
- Gabapentin 300 mg at bedtime
- No supplements or vitamins

Review of Systems

- **General health**: Did not indicate
- **Fatigue or sleep problems**: Wakes 2–3 times nightly due to back discomfort; sleeps 5–6 hours per night; started after injury

Not indicated: Skin issues, Headaches, Dizziness/vertigo, Vision/eye problems, Hearing/ear problems, Nasal/sinus issues, Mouth/throat problems, Neck pain/swollen glands, Cough/breathing problems, Chest pain/tightness, Palpitations/irregular heartbeat, Leg swelling, Digestive issues, Urination/sexual difficulties, Muscle/joint problems (other), Numbness/tingling/weakness/tremors.

- **Mood changes/anxiety/depression**: Adjustment disorder with depressed mood, ongoing symptoms
- **Diabetes/thyroid symptoms**: Did not indicate
- **Bleeding/anemia**: Did not indicate
- **Allergies/immune system**: Penicillin allergy, seasonal allergies

Family History

- Father had type 2 diabetes and died of a heart attack at age 71.
- Mother has high blood pressure, alive at 76.
- Brother is healthy.
- No family history of back problems, chronic pain, cancer, or substance issues.

Personal and Social History

Living situation: Lives in a single-story home in Bluffton, SC, with wife Karen.

Tobacco use: Smokes about one pack of cigarettes per day since age 20; attempted quitting twice.

Alcohol use: Drinks one or two beers on weekends; negative responses to all CAGE questions.

Drug use: Never used recreational drugs.

Diet: Typical Southern cooking; acknowledges need to lose weight.

Physical activity: Walks dog about half a mile daily, home stretches, woodworking in garage.

Source of income: Receiving temporary total disability through workers' compensation.

Military service: U.S. Army, 1991–1995, wheeled-vehicle mechanic, Specialist (E-4), honorable discharge.

Stressors: None reported.

Occupational History

The patient is not currently working and last worked in May 2025, when an attempt to return to his regular forklift operator job resulted in a flare-up of back pain and removal from work on May 14, 2025. Prior to that, he performed light duty as a receiving clerk from February 24, 2025, to May 2025. His usual job as a forklift operator at Palmetto Distribution Services (since 2014; with the company since 2009) involved lifting up to 50 pounds occasionally, 25 pounds frequently, prolonged sitting, standing, walking, bending, twisting, and exposure to vibration. This is a workers' compensation claim, and he is receiving temporary total disability benefits. He has no prior work injury claims. His highest education is a high school diploma, and he previously served in the U.S. Army and worked as a heavy equipment mechanic and in warehouse/distribution roles.

Current work status: Not working; off work since May 14, 2025.

Job title (current): Forklift operator, Palmetto Distribution Services.

Job title (at injury): Same as current.

Job demands: Lifting up to 50 pounds, frequent lifting of 25 pounds, prolonged sitting, standing, walking, bending, twisting, vibration.

Work history: With employer since 2009, forklift operator since 2014; prior Army and mechanic experience.

Date last worked: 2025-05-14.

Date returned to work: Light duty from 2025-02-24 to 2025-05-14.

Work restrictions: Unable to perform regular duties due to lifting and sitting limitations.

Workers' comp / disability: Yes, receiving temporary total disability.

Workplace exposures: Lifting, vibration, bending, twisting.

Timeline

Date	Time from Injury	Event Description
2024-03-17	Day 0	Work injury: acute low back and right leg pain while lifting cartons
2024-03-17	Same day	Urgent care visit: lumbar X-rays (no fracture), naproxen, methocarbamol, 3 days off
2024-03-21	4 days post	Family doctor (Dr. Park): gabapentin added, PT and MRI ordered
2024-04-08	3 weeks post	Lumbar MRI: right L4-L5 herniated disc, nerve compression
2024-05-XX	~2 months post	Started physical therapy (mid-May)
2024-05-XX	~2 months post	First lumbar steroid injection: partial relief
2024-07-XX	~4 months post	Second lumbar steroid injection: less relief
2024-10-XX	~7 months post	Microdiscectomy at L4-L5 right: leg pain resolved, back pain persisted
2025-02-24	~11 months post	Returned to light duty as receiving clerk
2025-03-02	~11.5 months post	Repeat lumbar MRI: no new herniation, nerve root free
2025-05-XX	~14 months post	Nerve block injections: no benefit
2025-05-14	~14 months post	Attempted return to regular forklift job; back pain flare, taken off work
2026-03-17	~2 years post	Last surgeon visit (Dr. Whitford): surgery held up, no further surgical options
2026-04-XX	~2 years, 1 month	Last psychiatrist visit (Dr. Okafor)
2026-04-XX	~2 years, 1 month	Two-day FCE at MetroFCE: full effort, results not explained

Date	Time from Injury	Event Description
Current	2 November 2026	Persistent low back pain, ongoing functional limitations, regular follow-up

Case Summary

Dale Thornton is a 54-year-old male who sustained an acute low back injury at work on March 17, 2024, while lifting heavy cartons, resulting in immediate low back pain radiating into the right leg.

Initial management included urgent care evaluation, medications, and time off work. MRI revealed a right L4-L5 herniated disc with nerve compression. Despite physical therapy and two lumbar steroid injections, his leg pain persisted until he underwent a right L4-L5 microdiscectomy in October 2024, which resolved the leg pain but left ongoing low back pain.

Postoperatively, he continued physical therapy and had a repeat MRI showing no recurrent herniation. Nerve block injections provided no benefit. He attempted to return to work on light duty and then full duty but was unable to sustain work due to persistent back pain. He has not worked since May 2025 and is receiving workers' compensation.

Current symptoms include chronic low back pain (4–7/10), worsened by lifting, bending, sitting, standing, and driving, with significant limitations in daily and recreational activities. He is under regular care with primary care, psychiatry, and counseling for adjustment disorder with depressed mood. Past history includes high cholesterol, prediabetes, and remote mild back stiffness without prior claims or missed work.

Analysis Sections (Pending Provider Review)

The following sub-sections contain the system's analytical synthesis of patient-reported information for use by the reviewing provider. They are NOT clinical diagnoses, treatment recommendations, causation determinations, or final case dispositions. All clinical decisions remain the sole responsibility of the reviewing provider, who must independently verify all historical information and conduct a comprehensive evaluation.

Potential Diagnoses

- **Lumbar disc herniation, L4-L5, right** (ICD-10: M51.26): Supported by MRI findings, right-sided radicular pain, and surgical intervention.
- **Chronic low back pain, post-lumbar discectomy** (ICD-10: M54.50): Persistent low back pain after surgical resolution of radiculopathy.
- **Adjustment disorder with depressed mood** (ICD-10: F43.21): Diagnosed by psychiatrist, ongoing treatment.
- **Nicotine dependence** (ICD-10: F17.210): Ongoing daily cigarette use.
- **Hyperlipidemia, unspecified** (ICD-10: E78.5): On atorvastatin.
- **Prediabetes** (ICD-10: R73.03): Patient-reported diagnosis.
- **Allergy to penicillin** (ICD-10: Z88.0): Rash with exposure.

Comorbidities

The patient’s comorbidities include hyperlipidemia, prediabetes, and nicotine dependence, all of which may influence recovery and overall health. He also has an adjustment disorder with depressed mood, which may impact pain perception, motivation, and functional outcomes. No other significant comorbidities were identified from the reported history.

Case Discussion

The clinical picture is of a work-related lumbar disc herniation with initial radiculopathy, treated with conservative measures and ultimately microdiscectomy. The surgery resolved the radicular symptoms but left persistent axial low back pain, a common postoperative scenario. The absence of recurrent herniation on repeat MRI and lack of response to nerve blocks suggest a chronic pain syndrome, possibly with a mechanical or degenerative component.

Functional limitations are substantial, affecting lifting, bending, sitting, standing, driving, and recreational activities. The patient’s inability to return to work despite multiple interventions and full effort on FCE raises questions about chronic pain management, rehabilitation potential, and permanent work restrictions. Psychological overlay is present but appears to be managed with ongoing psychiatric care.

Differential considerations include failed back surgery syndrome, facet arthropathy, and myofascial pain. The lack of neurologic deficits or recurrent radiculopathy is notable. The reviewing provider should consider the interplay of physical and psychological factors, comorbidities, and occupational demands in determining impairment and work capacity.

Document Review Recommendations

Review all relevant medical records and documents, which may include:

- Urgent care records (March 2024)
- Dr. Park (Carolina Family Medicine) office notes (March 2024–present)
- Lumbar spine X-ray and MRI reports (March–April 2024, March 2025)

- Physical therapy records (2024–2025)
- Pain management records (Dr. Chen, May–July 2024, May 2025)
- Surgical records (Dr. Whitford, October 2024; follow-up through March 2026)
- Psychiatric and counseling notes (Dr. Okafor, January 2025–present)
- Functional Capacity Evaluation (MetroFCE, April 2026)
- Workers' compensation claim file and return-to-work documentation

Physical Examination Recommendations

Conduct a comprehensive physical examination appropriate to the clinical presentation, following AMA Guides to the Evaluation of Permanent Impairment and other authoritative references. The examination should include, as clinically indicated:

Initial assessment: Vital signs, general appearance, pain behaviors, gait observation

Focused examination: Inspection of lumbar spine, palpation for tenderness/spasm, range of motion (flexion, extension, lateral bending), resisted trunk movements, special tests for nerve root tension

Neurological evaluation: Lower extremity strength, sensation, reflexes, straight leg raise, assessment for residual radiculopathy

Functional testing: Lifting/carrying simulation, sit/stand tolerance, stair climbing, work simulation tasks

Documentation: Objective measurement techniques, testing positions, reproducibility of findings, compliance with AMA Guides

Synopsis

The patient's history is consistent with a resolved right-sided lumbar radiculopathy following microdiscectomy, with persistent chronic low back pain and significant functional limitations. The main clinical questions are the etiology of ongoing pain, the extent of permanent impairment, and safe work capacity given the physical demands of his prior occupation.

Key factors for the provider's review include the absence of recurrent herniation on imaging, lack of neurologic deficits, and the interplay of chronic pain and psychological factors. The patient's motivation to return to work is high, but functional limitations are substantial. The reviewing provider should assess for maximum medical improvement, permanent restrictions, and the need for ongoing care.