MEDICAL CHRONOLOGY

Sample Work Product — Prepared by Apollo Legal Nurse Consulting, LLC

Re: John Doe (fictional composite claimant): Lumbar Disc Herniation (L4-L5) Following a Workplace Lifting Injury

Case Type: Workers' Compensation

Prepared For: [Attorney / Firm Name]

Records Reviewed: Employer First Report of Injury, Occupational Health records, Orthopedic Spine and Pain Management records, MRI report, Physical Therapy and Functional Capacity Evaluation, Utilization Review determinations, prior Chiropractic records (Bates RD-000001–RD-000212)

Note: *This chronology uses a fictional patient and fact pattern created solely to demonstrate format, level of clinical detail, and Bates-referencing style. No real patient information is used or implied.*

CHRONOLOGY OF EVENTS

Entries are listed in order of occurrence. Author identifies who documented each entry (in a case chronology, by name and credentials). Page numbers refer to Bates numbers. Comments marked "Review" highlight items that may warrant closer attention. Comments reflect legal nurse consultant observations for attorney review and are not expert opinions on the standard of care or causation.

Date	Author	Description	Page No.	Comments
03/12/24 10:00	Chiropractor	**Chiropractic Note (Prior Record)** Treated for low back stiffness after yard work. No leg pain, numbness, or weakness reported. Discharged after 4 visits; "symptoms resolved."	RD-000187	**Review:** Prior low back complaint ~23 months before the work injury. Records document full resolution and no nerve-related (radicular) symptoms; relevant to any pre-existing condition defense.
02/03/26 10:30	Shift Supervisor	**Employer First Report of Injury** Employee reports sudden low back pain radiating to the left leg while lifting a 60-lb box from floor to pallet at approximately 09:45. Incident witnessed by a coworker.	RD-000003	Mechanism, time, and witness documented the same day; supports a specific work-related incident.
02/03/26 13:15	Occupational Health Physician	**Occupational Health Clinic Note** Low back pain 7/10 radiating to left buttock and thigh. Positive straight-leg raise on the left at 40°. Strength 5/5, reflexes intact. Dx: lumbar strain with possible radiculopathy. Ibuprofen and cyclobenzaprine prescribed. Restrictions: no lifting > 10 lbs, no repetitive bending.	RD-000015	Positive straight-leg raise suggests nerve-root involvement from the first visit. Baseline strength documented as normal.
02/10/26 09:00	Occupational Health Physician	**Occupational Health Follow-up** Pain unchanged at 7/10; new numbness of the outer left calf. Patient reports employer assigned stocking duties requiring lifting of 25–30 lbs. MRI ordered; restrictions continued.	RD-000022	**Review:** Reported duties exceed the 10-lb restriction. Compare the employer's light-duty assignment records against the restrictions issued.
02/18/26 14:20	Radiologist	**MRI Lumbar Spine Report** Left L4-L5 disc extrusion contacting the left L5 nerve root. Mild multilevel degenerative disc changes L3–S1.	RD-000041	**Review:** Findings match the left L5 symptoms. Degenerative changes may be raised as pre-existing; no prior lumbar imaging located in the records produced.

Date	Author	Description	Page No.	Comments
02/25/26 10:00	Orthopedic Spine Surgeon	**Orthopedic Consultation** Left L5 radiculopathy with great-toe extension (EHL) weakness 4/5. Recommends epidural steroid injection and physical therapy before considering surgery. States symptoms are "causally related to the 02/03/2026 lifting incident, within reasonable medical probability."	RD-000058	Treating surgeon's causation statement documented. New motor weakness (5/5 → 4/5) shows progression since the injury date.
03/04/26 08:30	Pain Management Physician	**Procedure Note** Left L4-L5 transforaminal epidural steroid injection under fluoroscopy. No complications.	RD-000071	Conservative treatment pursued before surgery.
03/09/26 11:00	Physical Therapist	**PT Initial Evaluation** Oswestry Disability Index 58% (severe disability). Plan: 2x/week for 6 weeks.	RD-000080	Baseline functional score documented for comparison with later progress.
03/23/26 10:15	Orthopedic Spine Surgeon	**Orthopedic Follow-up** Injection gave about 2 days of relief. EHL weakness now 3+/5; foot slap noted with walking. L4-L5 microdiscectomy recommended; authorization requested from the carrier.	RD-000088	**Review:** Worsening motor weakness (4/5 → 3+/5). Progressive nerve deficit is a common reason to move from conservative care to surgery.
03/25/26 16:00	Carrier UR Physician	**Utilization Review Determination** Request for L4-L5 microdiscectomy denied, citing "insufficient conservative care (less than 6 weeks of PT)."	RD-000096	**Review:** Denial does not address the documented progressive weakness. Track the appeal timeline and whether the denial delayed surgery.
03/27/26 09:30	Orthopedic Spine Surgeon	**UR Appeal Letter** Appeal submitted citing progressive motor deficit and foot slap.	RD-000101	Appeal filed 2 days after the denial.
04/08/26 13:00	Carrier UR Physician	**Appeal Determination** Appeal approved; microdiscectomy authorized.	RD-000104	**Review:** Surgery authorization took 16 days from the 03/23 request.
04/15/26 07:45	Orthopedic Spine Surgeon	**Operative Report** Left L4-L5 microdiscectomy. Large extruded disc fragment removed; L5 nerve root decompressed. No complications.	RD-000119	Operative findings are consistent with the MRI.
05/13/26 10:00	Orthopedic Spine Surgeon	**Post-operative Visit (4 weeks)** Leg pain resolved. EHL strength improving at 4/5; numbness of the outer left calf persists. Light duty: no lifting > 20 lbs. PT resumed.	RD-000141	Partial motor recovery with a remaining sensory deficit; relevant to permanency.
07/21/26 09:00	Physical Therapist (FCE)	**Functional Capacity Evaluation** Valid, consistent effort. Capable of medium work (lifting up to 50 lbs occasionally). Pre-injury job description requires lifting 60–75 lbs.	RD-000168	**Review:** Tested abilities fall below the physical demands of the pre-injury job; relevant to return-to-work and wage-loss issues.
08/04/26 10:30	Orthopedic Spine Surgeon	**Maximum Medical Improvement (MMI)** MMI declared. Permanent restrictions: no lifting > 50 lbs. Impairment rating: 10% whole person per the AMA Guides, 6th Edition.	RD-000176	**Review:** Confirm the AMA Guides edition required by the governing state's workers' compensation law, and that the rating method matches it.

SUMMARY OF KEY FINDINGS

Key findings from this timeline:

- **Specific work incident.** The injury, time, mechanism, and a witness were documented the same day (02/03/2026).
- **Prior back complaint resolved.** The 03/2024 chiropractic records show resolved low back stiffness with no nerve-related symptoms, about 23 months before the injury.
- **Progressive nerve deficit.** Great-toe extension strength declined from 5/5 (02/03) to 4/5 (02/25) to 3+/5 (03/23) before surgery.
- **Possible restriction violation.** The claimant reported lifting 25–30 lbs while restricted to 10 lbs (02/10).
- **Authorization delay.** A utilization review denial delayed surgery approval by 16 days despite documented worsening weakness.
- **Permanency.** MMI on 08/04/2026 with permanent restrictions below pre-injury job demands and a 10% whole-person impairment rating.

These records support evaluation of compensability, the reasonableness of the authorization delay, return-to-work capacity, and the accuracy of the impairment rating under the governing state’s rules.

This is a sample excerpt only. A full chronology delivered for an actual case includes complete Bates-referenced entries for every relevant record, organized and formatted to the receiving attorney's preference (chronological, source-grouped, or issue-focused).