

Date: [Date]

[Referring Physician Name]

[Clinic/Department]

[Address]

RE: Provocative Discography Assessment / Interventional Consultation

Patient Name: [Patient Name]

Date of Birth: [DOB]

Procedure Date: [Procedure Date]

Dear [Physician Name],

I had the pleasure of evaluating [Patient Name] for a provocative discography assessment to investigate suspected discogenic low back pain. The following is a summary of the clinical findings and procedural results.

Clinical Indications:

The patient presents with chronic, axial low back pain refractory to conservative management, including physical therapy and epidural injections. The goal of this assessment was to identify the specific symptomatic level(s) prior to considering surgical intervention or advanced regenerative therapies.

Procedure Summary:

Under fluoroscopic guidance and sterile conditions, the following levels were cannulated: [List Levels, e.g., L3-L4, L4-L5, L5-S1]. Contrast medium was injected into the nucleus pulposus of each disc to assess morphology and pressure-related pain response.

Discographic Findings:

- **Level [Level 1]:** [Internal derangement grade]. Pressure: [PSI]. Pain Response: [Negative/Positive]. Concordance: [N/A or % Concordant].
- **Level [Level 2]:** [Internal derangement grade]. Pressure: [PSI]. Pain Response: [Negative/Positive]. Concordance: [N/A or % Concordant].
- **Level [Level 3 - Control]:** [Internal derangement grade]. Pressure: [PSI]. Pain Response: [Negative].

Assessment:

The assessment confirms [Concordant/Non-concordant] pain at the [Level] disc. This correlates with the patient's typical daily pain symptoms and structural abnormalities noted on prior MRI imaging. The control level remained asymptomatic during provocation.

Plan and Recommendations:

Based on these findings, the following steps are recommended:

1. [Recommendation 1: e.g., Surgical consultation for fusion or replacement]
2. [Recommendation 2: e.g., Evaluation for intradiscal procedures]
3. [Recommendation 3: e.g., Continued functional restoration]

Thank you for the opportunity to participate in this patient's care. Please contact my office if you have any questions regarding this assessment.

Sincerely,

[Your Name, MD/DO]
[Interventional Pain Management/Radiology]
[Contact Information]