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## PEER REVIEW REQUEST FORM

Date Submitted: 10/27/2022

Due Date/Time: 10/27/2022 05:00PM

Client Contact: Vera Mae Talplacido  
Phone:  
Fax:  
Email: Vera\_Talplacido@gbtpa.com

Peer Vendor: ExamWorks/NMR  
Peer Vendor eMail: clayton.langley@mitchell.com

Claimant: SHERRY ROOK

Claim #: 709882756  
DOI: 09/23/2010  
DOB: 02/10/1951  
Received Date: 10/17/2022

Employer: Center For Inquiry Inc. Cente  
Location: AIG Transition Claim - 999999  
Carrier: AIG Prop Cas Co  
Claims Examiner: DONNA LAPOINT  
Review #: 5906103  
TPA:

Requesting Provider: Michael Tworkowski, PA  
Phone: (716) 218-1000  
Specialty: Physicians Assistant

# of Requests: 0  
Jurisdiction: NY  
Review Level: NY PAR Level 2  
Review Type: Prospective UR

### Medical Records:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	UR Request	Tworkowski, Michael	2	10/17/2022	10/17/2022
2	Medical Records	Tworkowski, Michael	3	10/17/2022	10/17/2022
3	Medical Records	Tworkowski, Michael	3	10/17/2022	10/17/2022
4	Medical Records	Tworkowski, Michael	3	10/17/2022	10/17/2022
5	Medical Records	Tworkowski, Michael	2	10/17/2022	10/17/2022

Treatment Requested:	72141: Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material - MRI of the cervical spine 97164: Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent faceto-face with the patient and/or family - Physical therapy for the cervical spine (2-3 sessions per week x 8 weeks
Diagnosis:	M54.2 Cervicalgia

History of Condition:	
Source/Criteria/Ref:	New York Medical Treatment Guidelines /
Citation:	
Conclusion:	
Client Instructions	<p>Guideline Variance: Limited findings to support the need for repeat MRI. It is unclear how many prior physical therapy sessions were completed or detailed, objective and comparative physical examination finding and documentation of patient's objective response to prior physical therapy. Due to the absence of this information, medical necessity of this request is not established. This request will be sent to peer review for further evaluation.</p> <p>NYS WCB MTG Neck Injury C.1.b Magnetic Resonance Imaging (MRI)</p> <p>NYS WCB MTG Neck Injury, D.9 Treatments, D.9.a Rehabilitation Therapy, D.9.a.i Physical / Occupational Therapy, D.9.d Therapeutic Exercise</p> <p>PA Due Date/Time: 10/27/2022 5:00 PM CST</p> <p>Requesting Provider Name/Specialty: Michael Tworkowski, PA Physicians Assistant</p> <p>Compensable (Accepted) Body Part/s: NECK, BACK, LEFT SHOULDER, BILATERAL KNEES - BURNS EXPIRED</p> <p>Request: 72141: Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material - MRI of the cervical spine</p> <p>97164: Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent faceto-face with the patient and/or family - Physical therapy for the cervical spine (2-3 sessions per week x 8 weeks</p>

#### Treatment Request Details:

DOS Start Date	DOS End Date	Treatment	Description Text	CPT	Req Units	Auth Units	Body Part	Determination	Guideline
		MRI	Cervical MRI without contrast; Neck - C.1.b: Imaging Studies - MRI - Cervical Spine; 72141: Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	72141	1		Disc - Includes: spinal column cartilage, cervical segment		
		PT/OT/PMR	Physical therapy to evaluate and treat	97110	24		Disc - Includes:		

			<p>cervical spine (2-3 sessions per week x 8 weeks); Neck - D.9.a.i: Treatment - Physical/Occupational Therapy - Cervical Spine; 97164: Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent faceto-face with the patient and/or family.</p>				<p>spinal column cartilage, cervical segment</p>		
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## NMR #746860 (Pre-Referral)

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### Comments

<b>Client Due Date</b>	10/27/2022 5:00 PMCDT
<b>Referrer</b>	Starling, Debra
<b>Referrer Phone</b>	(615) 778-5135
<b>Referrer Email</b>	debra_starling@gbtpa.com
<b>Client</b>	GALL-WC-GALL1 - GALLAGHER BASSETT - PEER REVIEWS
<b>Turnaround Type</b>	Standard
<b>Date Created</b>	10/27/2022 1:57 PMCDT
<b>Referral Type</b>	Peer Review
<b>Line of Business</b>	Work Comp
<b>Review Type</b>	Medical Necessity
<b>Review Level</b>	NY PAR Level 2
<b>Review is Addendum</b>	
<b>Review Timing</b>	Prospective UR
<b>State of Jurisdiction</b>	NY
<b>Last Name</b>	Rook
<b>First Name</b>	Sherry
<b>Claim Number</b>	709882756
<b>Gender</b>	Unknown
<b>Date of Birth</b>	2/10/1951
<b>Job Title</b>	
<b>Date of Disability/Injury</b>	9/23/2010
<b>Diagnosis(es)</b>	M54.2 Cervicalgia
<b>Previous Treatment</b>	
<b>Review Period</b>	
<b>SSN</b>	

Guideline Variance: Limited findings to support the need for repeat MRI. It is unclear how many prior physical therapy sessions were completed or detailed, objective and comparative physical examination finding and documentation of patient's objective response to prior physical therapy. Due to the absence of this information, medical necessity of this request is not established. This request will be sent to peer review for further evaluation. NYS WCB MTG Neck Injury C.1.b Magnetic Resonance Imaging (MRI) NYS WCB MTG Neck Injury, D.9 Treatments, D.9.a Rehabilitation Therapy, D.9.a.i Physical / Occupational Therapy, D.9.d Therapeutic Exercise PA Due Date/Time: 10/27/2022 5:00 PM CST Requesting Provider Name/Specialty: Michael Tworkowski, PA Physicians Assistant Compensable (Accepted) Body Part/s: NECK, BACK, LEFT SHOULDER, BILATERAL KNEES - BURNS EXPIRED Request: 72141: Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material - MRI of the cervical spine 97164: Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family - Physical therapy for the cervical spine (2-3 sessions per week x 8 weeks)

<b>Case Summary</b>	
<b>Location</b>	AIG Transition Claim - 999999
<b>Employer</b>	Center For Inquiry Inc. Cente
<b>Street</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Contact Provider(s)</b>	No
<b>Provider Specialty</b>	Physicians Assistant
<b>Provider Phone Number</b>	(716) 218-1000

Number of Questions1

Question 01

Special Requirements

Attachments

Client Uploads

No Document Attached

Documentation Reviewed

- ref.DO-00-2154-810\_10-17-2022-13-19\_5.pdf
- ref.DO-00-2154-811\_10-17-2022-13-20\_1.pdf
- ref.DO-00-2154-812\_10-17-2022-13-20\_2.pdf
- ref.DO-00-2154-814\_10-17-2022-13-20\_3.pdf
- ref.DO-00-2154-815\_10-17-2022-13-20\_4.pdf
- ref.R.doc

Reports

No Document Attached



Listed below are details of a Prior Authorization Request (PAR) that was submitted to request confirmation that the proposed treatment(s)/test(s) are based on a correct application of the Medical Treatment Guidelines. Upon identification of the claim administrator, they will be required to respond within 8 business days; parties will be notified of the outcome.

**CLAIM INFORMATION**

WCB Case #	Date of Injury	Claim Admin Claim #
G0248768	09/23/2010	709882756

**Patient Name** Rook, Sherry B

**Address** 8449 W River Shore Dr  
Niagara Falls, NY 14304

**SSN** XXX-XX-9932

**DOB** 02/10/1951

**Gender** Female

**Employer Name** Center for Inquiry Inc

**Address** 3965 Rensch Rd  
Amherst, NY 14228

**Insurer Name** Ins Co of State of Penn

**Insurer ID** W117006

**Address** 37TH FL, 1271 AVE OF THE AMERICAS  
NEW YORK, NY 10020

**Claim Admin Name** AIG Claims, Inc.

**Claim Admin ID** T100002

**Address**

**HEALTH CARE PROVIDER INFORMATION**

**Name** Tworkowski, Michael

**Address** 40 George Karl Blvd  
Williamsville, NY 14221

**Type** Physician Assistant

**WCB Auth #** PA017678-4

**NPI** 1174939425

**PRIOR AUTHORIZATION REQUEST DETAILS**

1.	<b>Body Part</b>  Other	<b>MTG Reference Code and Description</b>  Neck - C.1.b: Imaging Studies - MRI - Cervical Spine	<b>CPT Code and Description</b>  72141: Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
2.	<b>Body Part</b>  Other	<b>MTG Reference Code and Description</b>  Neck - D.9.a.i: Treatment - Physical/Occupational Therapy - Cervical Spine	<b>CPT Code and Description</b>  97164: Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.

**STATEMENT OF MEDICAL NECESSITY / SUPPORTING MEDICAL DOCUMENTATION**

Statement of Medical Necessity: 1. Requesting authorization for a Cervical MRI without contrast.  
2. Requesting authorization for physical therapy to evaluate and treat cervical spine (2-3 sessions per week x 8 weeks)

Supporting documentation was provided as a part of this request.

**PROVIDER'S ATTESTATION**

By submission of this request for prior authorization, I certify that my statements are true and correct, and I do not have a substantially similar request pending.

**Provider Name** Tworkowski, Michael

**Date** 10/17/2022

### Neurosurgery

Elad I. Levy, MD, MBA, FACS, FAHA  
Gregory J. Castiglia, MD, FACS  
Jason M. Davies, MD, PhD  
John G. Fahrbach IV, MD  
Kevin J. Gibbons, MD, FACS, FAANS  
Veetai Li, MD  
Joshua E. Meyers, MD  
Douglas B. Moreland, MD, FACS  
Jeffrey P. Mullin, MD, MBA  
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Renée Reynolds, MD, FAANS  
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Kenneth V. Snyder, MD, PhD, FAANS  
Richard M. Spiro, MD  
Michael R. Stoffman, MD, FACS, FAANS  
Gerald Zupruk, MD

October 5, 2022

**Patient Name:** Sherry B. Rook  
**Date of Birth:** 02/10/1951  
**Employer:** CENTER FOR INQUIRY  
**WC Carrier:** WC Aig  
**WCB#:** G0248768  
**CC#:** 709-882756  
**Date of Injury:** 09/23/10

**Date of Exam:** October 5, 2022

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Niagara Falls Main: (716) 218-1000  
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Fax: (716) 701-1528

### Interventional Pain Management

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Irfan Elahi, DO  
Harpeet Dhimian, DO

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### Chiropractic

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Sunjay Kapoor, DC  
Keith Hull, DC  
Andrew Wade, DC

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### Chief Complaint(s): Neck and left upper extremity symptoms

I had the pleasure of seeing Sherry for a physiatry re-evaluation on October 5, 2022.

**History/Chief Complaint:** The patient is a very pleasant 71-year-old female who presents for physiatry consultation. She was kindly referred by Dr. Pollina's neurosurgical service. The patient was unfortunately injured at work on September 23, 2010 and has been experiencing significant neck, left upper extremity, and low back symptoms. She has been following with Dr. Pollina for some time and is status post L5-S1 stabilization performed in 2015. She has recovered very well from the surgery. She denies any history of cervical spine surgery. She describes significant pain and numbness that radiate through her left upper extremity into her whole hand. She has undergone outpatient physical therapy in the past but has not trialed chiropractic care. She denies any history of cervical spine injections. Outpatient physical therapy has provided significant pain relief and functional improvement but recent attempts to obtain insurance authorization for additional sessions have been unsuccessful. As result, she feels that her condition has worsened. She currently rates her pain as a 3-4 out of 10 on the numeric rating scale. At times, her pain increases to a 9-10 out of 10. She denies focal weakness, gross loss of bowel/bladder function, or saddle anesthesia. She uses 81 mg aspirin for anticoagulation. She is following with Dr. Pollina's team on an as-needed basis at this time.

**Review of Systems:** A comprehensive review of systems was conducted including questioning on cardiovascular, respiratory, integumentary, psychiatric, genitourinary, gastrointestinal, neurologic, musculoskeletal, lymphatics and constitutional symptoms. Please refer to the history of present illness for positives and negatives. Pertinent positives include musculoskeletal and neurologic.

### Physical Examination:

General: she is awake, alert and oriented x3.

HEENT: Normocephalic, atraumatic. Lips, tongue and mucous membranes are pink



and moist.

Cardiovascular: Normal S1, S2.

Abdomen: Soft, non-distended, nontender.

Skin: Intact. Normal skin turgor. No clubbing, cyanosis or edema.

Lymphatics: No cervical lymphadenopathy.

Neuromusculoskeletal: There is decreased range of motion of the cervical spine in all fields without evidence of Lhermitte or foraminal closure sign. There is tenderness to palpation of the cervical paraspinal and trapezius muscles with focal trigger point tenderness. There is full strength of the upper extremities 5 out of 5 bilaterally. Sensation to light touch is decreased on the left in a C8 dermatomal distribution, otherwise intact throughout the upper extremities. There is no evidence of Hoffmann sign or clonus.

Psychiatric: Judgement and cognition appear to be within normal limits.

Date: 10/05/2022

Was the patient queried about tobacco behavior? ☒ Yes ☐ No

**Does the patient currently use tobacco?** **Tobacco Use:** Patient has never smoked - (4/12/2022).. (Cigarette Use). (Cigars). (Pipe). (Smokeless Tobacco). (Electronic Cigarette)

**Review of Diagnostic Studies:** Cervical spine MRI performed May 27, 2020 at Dent imaging Center report and images reviewed. There is loss of disc height with central stenosis most notably at C5-6 and C6-7. There is at least mild to moderate bilateral foraminal narrowing at these levels. There is no evidence of signal change within the cervical spinal cord.

**Impression:** The patient is a very pleasant 71-year-old female who unfortunately sustained injuries to her cervical and lumbar spine regions following a work injury on September 23, 2010. She is status post L5-S1 stabilization performed by Dr. Pollina in 2015. Her chief complaint is neck pain and left upper extremity pain and numbness that course into her whole hand in the setting of bilateral foraminal stenosis with a component of central stenosis most notably at C5-6 and C6-7.

**Diagnosis:** Other cervical disc displacement at C6-C7 level, Radiculopathy, cervical region, Spondylosis without myelopathy or radiculopathy, cervical region

### **Recommendations:**

1. I am recommending the patient obtain an updated cervical spine MRI so that we can assess for progression of her central stenosis at C5-6 and C6-7. Her most recent imaging is greater than 2 years old. Updated imaging is medically necessary and appropriate as she has undergone extensive conservative treatment including use of oral NSAIDs, activity modification, home exercises, and outpatient physical therapy. Despite this, her symptoms do persist. The updated cervical spine MRI will be used to inform fluoroscopic-guided intervention recommendations.
2. I am also requesting insurance authorization for additional outpatient physical therapy. She understands that the goal of treatment is to improve range of motion and ability to perform activities of daily living including cooking and cleaning. Therapy is also intended to reduce pain.
3. She will continue home exercises and activity modification.
4. We will plan on seeing the patient for routine repeat evaluation in approximately 3 months and more recommendations will come at that time. They were instructed to contact us immediately if their condition worsens or symptoms change in any way and we would be happy to see them sooner.

This patient was seen in consultation with Dr. Jafar Siddiqui.

Thank you for allowing me to participate in Sherry's care. If you have any questions or concerns

regarding this patient, please do not hesitate to contact me at your earliest convenience.

WCB Case Number (if known): G0248768  
Insurer Case Number: 709-882756  
Date of Injury/Onset of Illness: 09/23/10  
Provider's NPI Number: 1174939425  
WCB Authorization Number: PA017678-4  
WCB Rating Code: PHYAS

Is patient working?

☐ Yes ☒ No

In your opinion, was the incident that the patient described the competent medical cause of this injury/illness?

☒ Yes ☐ No

Are the patient's complaints consistent with her history of the injury/illness?

☒ Yes ☐ No

Is the patient's history of the inj/illness consistent with your obj findings?

☒ Yes ☐ No ☐ N/A

What is the percentage (0-100%) of temporary impairment?

100 %

Sincerely,

 PA-C

Electronically signed by Michael Tworowski, PA-C on 10/05/2022

cc: Kevin Hughes II MD

This document was dictated and electronically signed using Dragon Naturally Speaking software. We have done our best to correct any electronic transcription errors.

### Neurosurgery

Elad I. Levy, MD, MBA, FACS, FAHA  
Gregory J. Castiglia, MD, FACS  
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Adnan H. Siddiqui, MD, PhD, FACS, FAHA  
Kenneth V. Snyder, MD, PhD, FAANS  
Richard M. Spiro, MD  
Michael R. Stoffman, MD, FACS, FAANS  
Gerald Zupruk, MD

April 12, 2022

**Patient Name:** Sherry B. Rook  
**Date of Birth:** 02/10/1951  
**Employer:** CENTER FOR INQUIRY  
**WC Carrier:** WC Aig  
**WCB#:** G0248768  
**CC#:** 709-882756  
**Date of Injury:** 09/23/10  
**Date of Exam:** 04/12/22

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### Interventional Pain Management

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Irfan Elahi, DO  
Harpeet Dhiman, DO

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### Chiropractic

Jonathan P. Beck, DC  
Sunjay Kapoor, DC  
Keith Hull, DC  
Andrew Wade, DC

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### Chief Complaint: [f/u ]

**History:** Sherry B. Rook presented in office for follow up . [ Sherry was seen in the office today for follow up. Unfortunately, she has not noticed any substantial relief since we last saw her. She notes decreased range of motion of her neck despite continuing to work with a home exercise program. Once again, her updated imaging in the form of a cervical MRI was denied through Workmen's Comp. And previously formal physical therapy was denied. Thus she continues to work with a home exercise program on a daily basis. Unfortunately, notes an overall decline in her condition over the last 4 months. She has noticed a decline in her range of motion especially with rotation over her left shoulder. She has ongoing pain in her neck that radiates into bilateral shoulders, right greater than left, and into her upper extremities. And also notes worsening paresthesias in bilateral hands since we last saw her. As you are aware, she was involved in a work-related injury in 2010 and has ongoing cervical and lumbar complaints associated with it. As you are aware, she is a prior patient of ours who underwent an ALIF at L5-S1 in 2015. She overall is doing well after her ALIF. She ongoing chronic low back pain but denies radicular symptoms. She takes Tylenol as needed for pain with minimal improvement. She denies frank upper or lower extremity weakness. Denies fever and chills. Denies loss of bowel or bladder control. No saddle paresthesias.

**Medications:** Vit B 12, Aspirin, Nystatin, Diclofenac Sodium  
04/12/22

**Allergies:** Penicillin  
02/24/14

**Review of Systems:** [Negative]

**Physical Examination:** [ ] This is a 71 year old female patient well developed and well nourished, sitting comfortably in the exam room in no acute distress. She is oriented to person, place, and time. She has a normal affect. She has a normal gait

and station of the bilateral lower extremities. There is no tenderness to palpation of the lumbar spine and paraspinal muscles. ROM of the lower extremities is intact, negative Patricks maneuver, negative straight leg raise. Strength is 5/5 in all muscle groups of the bilateral lower extremities. Patellar and Achilles deep tendon reflexes are 2+ bilaterally. Sensation is intact to pinprick touch diffusely. There is no edema present in their bilateral lower extremities.

**Review of Imaging:** [ ] No updated imaging available for us to review today.

**Impression and Plan:** [Sherry unfortunately has increased axial neck pain along with decreased range of motion of her cervical spine despite continuing to work with her home exercise program on a regular daily basis. Her Workmen's Comp. is not approving updated advanced imaging of her cervical spine despite a decline in her symptoms since her last imaging from 2020. And they have declined formal physical therapy for her cervical complaints despite her pain and progressive symptoms. Also concerning is that most recently per a letter that she received from Workmen's Comp. its stated that they contacted our office several times, speaking to individuals at our office and leaving a message. However, we have no documented phone calls that came into our office during those times. And all of our phone calls come directly into a call center at our office and are answered and documented directly within the chart. At this point we do recommend an evaluation by interventional pain management for consideration of physiatry intervention such as injections since she has failed to improve despite the home exercise program. We will see her back in our office on as-needed basis, and will follow up with IPM in the meantime. However, she has any increased pain, questions or concerns and contact the office back that time.

Patient and proposed treatment plan discussed with Dr. Pollina.]

**Diagnosis:** Cervicalgia, Radiculopathy, cervical region

**WCB Case Number (if known):** G0248768  
**Insurer Case Number:** 709-882756  
**Date of Injury/Onset of Illness:** 09/23/10  
**Provider's NPI Number:** 1598047904  
**WCB Authorization Number:** PA015248-8  
**WCB Rating Code:** PHYAS

Is patient working?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
In your opinion, was the incident that the patient described the competent medical cause of this injury/illness?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are the patient's complaints consistent with her history of the injury/illness?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the patient's history of the inj/illness consistent with your obj findings?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
What is the percentage (0-100%) of temporary impairment?	100 %

Thank you very much for allowing me to participate in the ongoing care of this patient.

Sincerely,

A handwritten signature in black ink, appearing to read "Cheryl L. Owczarzak".

Electronically signed by Cheryl L. Owczarzak, PA-C on 04/13/2022 at 10:54 am

cc David Thomas MD

This document was dictated and electronically signed using Dragon Naturally Speaking software. We have done our best to correct any electronic transcription errors.

### Neurosurgery

Elad I. Levy, MD, MBA, FACS, FAHA  
Gregory J. Castiglia, MD, FACS  
Jason M. Davies, MD, PhD  
John G. Fahrbach IV, MD  
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Kenneth V. Snyder, MD, PhD, FAANS  
Richard M. Spiro, MD  
Michael R. Stoffman, MD, FACS, FAANS  
Gerald Zupruk, MD

March 1, 2022

**Patient Name:** Sherry B. Rook  
**Date of Birth:** 02/10/1951  
**Employer:** CENTER FOR INQUIRY  
**WC Carrier:** WC Aig  
**WCB#:** G0248768  
**CC#:** 709-882756  
**Date of Injury:** 09/23/10  
**Date of Exam:** 03/01/22

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### Interventional Pain Management

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Irfan Elahi, DO  
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**Chief Complaint:** [follow up ]

**History:** Sherry B. Rook presented in office for follow up . [ Sherry was seen in the office today for follow up. She continues to work with a home exercise program that was set up. And she does so on a daily basis. Unfortunately, notes the overall decline in her condition since we last saw her 3 months ago. She has noticed a decline in her range of motion especially with rotation over her left shoulder. She has ongoing pain in her neck that radiates into bilateral shoulders, right greater than left, and into her upper extremities. And also notes worsening paresthesias in bilateral hands since we last saw her. As you are aware, she was involved in a work-related injury in 2010 and has ongoing cervical and lumbar complaints associated with it. As you are aware, she is a prior patient of ours who underwent an ALIF at L5-S1 in 2015. She overall is doing well after her ALIF. She ongoing chronic low back pain but denies radicular symptoms. She has not had any updated imaging studies. She takes Tylenol as needed for pain with minimal improvement. She denies frank upper or lower extremity weakness. Denies fever and chills. Denies loss of bowel or bladder control. No saddle paresthesias.

**Medications:** Vit B 12, Aspirin, Nystatin, Diclofenac Sodium  
08/19/21

**Allergies:** Penicillin  
02/24/14

**Review of Systems:** [ Depression ]

**Physical Examination:** [This is a 70 year old female patient well developed and well nourished, sitting comfortably in the exam room in no acute distress. She is oriented to person, place, and time. Normal station of bilateral upper and lower extremities. No tenderness to palpation of cervical spine. ROM of cervical spine .substantially decreased especially with rotation over th left shoulder. ROM of the bilaterally upper extremities is intact. 5/5 strength in all muscle groups in the bilateral upper extremities. Brachioradialis and biceps deep tendon reflexes are 2+.

Sensation is intact to pinprick touch throughout the bilateral upper extremities.]

**Review of Imaging:** [No updated imaging available for us to review today.]

**Impression and Plan:** [ Sherry was last seen in 3 months ago his nose and overall decline over the last several months despite continuing working with a home exercise program on a daily basis. She notes not only increased pain in her neck and shoulders decreased range of motion in her cervical rotation and increased paresthesias in her upper extremities. Once again, we recommend obtaining an updated cervical MRI to further evaluate etiology of her symptoms. We will see her back in the office after completion of the imaging to discuss future recommendations such as a trial of injection therapy. She also has chronic waistline back pain. If she has any increased pain, questions or concerns and contact the office back at that time.

Patient and proposed treatment plan discussed with Dr. Pollina.]

**Diagnosis:** Cervicalgia

**WCB Case Number (if known):**G0248768  
**Insurer Case Number:** 709-882756  
**Date of Injury/Onset of Illness:**09/23/10  
**Provider' s NPI Number:** 1598047904  
**WCB Authorization Number:** PA015248-8  
**WCB Rating Code:** PHYAS

Is patient working?

☐ Yes ☒ No

In your opinion, was the incident that the patient described the competent medical cause of this injury/illness?

☒ Yes ☐ No

Are the patient's complaints consistent with her history of the injury/illness?

☒ Yes ☐ No

Is the patient's history of the inj/illness consistent with your obj findings?

☒ Yes ☐ No ☐ N/A

What is the percentage (0-100%) of temporary impairment?

100 %

Thank you very much for allowing me to participate in the ongoing care of this patient.

Sincerely,



Electronically signed by Cheryl L. Owczarzak, PA-C on 03/01/2022 at 1:07 pm

cc        David Thomas MD

This document was dictated and electronically signed using Dragon Naturally Speaking software. We have done our best to correct any electronic transcription errors.





# DENT

## IMAGING CENTERS

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**PATIENT: SHERRY B ROOK**

DOB: 2/10/1951

**EXAM DATE: 5/27/2020**

**Referring: JOHN POLLINA MD KATHERINE RINEHART PA-C DENT IMAGING TOWER DAVID THOMAS MD**

**PROCEDURE: MRI OF THE CERVICAL SPINE**

**TECHNIQUE:** An MRI scan of the cervical spine was obtained utilizing T1 weighted, T2 weighted and STIR sequences in the sagittal plane. The study also included T2 weighted sequence in the axial plane.

**MODALITY:** The study is of good quality.  
3T Siemens Verio

**COMPARISON:** None.

**INDICATIONS:** Cervical radiculopathy.

### FINDINGS:

There is moderate reduction of intervertebral disc height at C5-C6 and advanced reduction of disc height at C6-C7. Spondylotic spurring is also seen. The remaining disc heights are preserved. There is no gross anterolisthesis or retrolisthesis. The vertebral body heights are preserved. Mild facet arthropathy is seen. The craniocervical junction appears grossly unremarkable. There is an area of short T1 and long T2 within the T3 vertebral body.

C2-C3: The central canal and neural foramen are grossly patent.

C3-C4: There is posterior disc bulging that encroaches upon the thecal sac without any meaningful canal stenosis. The neural foramen are grossly patent.

C4-C5: The central canal and neural foramen are grossly patent.

C5-C6: There is a broad-based posterior disc protrusion that causes mild canal narrowing. Uncovertebral joint osteophyte/disc protrusion complexes cause mild to moderate neuroforaminal encroachment left greater than right.

C6-C7: There is a broad-based posterior disc protrusion that causes mild canal narrowing. Uncovertebral joint osteophyte/disc protrusion complexes cause mild to moderate neuroforaminal encroachment right greater than left.

## Continued Report - Page 2 of 2

**PATIENT: SHERRY B ROOK**

DOB:2/10/1951

**EXAM DATE: 5/27/2020**

Referring: JOHN POLLINA MD KATHERINE RINEHART PA-C DENT IMAGING TOWER DAVID THOMAS MD

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C7-T1: The neural foramen and central canal are grossly patent.

The visualized portion the spinal cord appears to be of normal caliber and signal intensity. No areas of cord compression are seen.

The paravertebral structures appear grossly unremarkable. There is a dominant left vertebral artery with hypoplastic right vertebral artery.

### CONCLUSION:

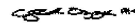
1. At C5-C6 there is degenerative disc disease with broad-based posterior disc protrusion that causes mild canal narrowing. There is also mild to moderate neuroforaminal encroachment left greater than right described above.
2. At C6-C7 there is degenerative disc disease with broad-based posterior disc protrusion causing mild canal stenosis. There is mild to moderate neuroforaminal encroachment right greater than left described above.
3. Intraosseous hemangioma T3 vertebral body.
4. Mild straightening of the cervical lordotic curvature which could be the result of paravertebral muscle spasm.



Thomas Pfiffner, MD, DC, DACBR

Dictated by: Thomas Pfiffner, MD, DC, DACBR on 5/28/2020 at 9:12

Approved by: Thomas Pfiffner, MD, DC, DACBR on 5/28/2020 at 9:21



Electronically signed by Cheryl Owczarzak