



ATTENTION: The Bruning Law Firm

RECORD CERTIFICATION

I HEREBY CERTIFY THAT THE RECORDS ATTACHED ARE THE ONLY
RECORDS IN MY/OUR POSSESSION OR CONTROL RELATING TO
PATIENT: Jamar Little

DATED 08/12/2024

OF PAGES SENT EXCLUDING COVER SHEET 23

X Esmeralda Delgado
Signature

NO RECORD STATEMENT

I HEREBY CERTIFY THAT AFTER A DILIGENT AND THOROUGH
SEARCH I/WE FIND THERE ARE NO RECORDS PERTAINING TO
PATIENT: _____ IN OUR
POSSESSION.

X _____
Signature

"Also attached are other medical records Included that we have collected in the course of
treatment. Please note unchecked items are not billed for these services and therefore are
not included on the ION bill".

Illinois Orthopedic Network

712 North Dearborn Street Chicago,
IL 60654
Phone: 312-819-2843
Fax: 312-786-4428
E-mail:
Medicalrecords@ionorthopedics.com
Web: <http://ionorthopedics.com>

NO XRAY FILMS CERTIFICATION

I HEREBY CERTIFY THAT AFTER A DILIGENT AND THROUGH SEARCH THERE ARE NO FILM
RECORDS AVAILABLE IN OUR POSSESSION FOR:

Name : Jamar Little

DOB: 06/13/1986

Certified To: The Bruning Law Firm

Name : Esmeralda Delgado

Signature : *Esmeralda Delgado*

Date : 08/12/2024



ILLINOIS ORTHOPEDIC NETWORK, LLC

712 North Dearborn Street

Chicago, IL 60654

Fax (800) 499- 1936

INITIAL CONSULTATION NOTE

CONFIDENTIAL PATIENT INFORMATION – FOR MEDICAL USE ONLY

ATTENDING PHYSICIAN: Shoeb Mohiuddin, M.D.
PHYSICIAN ASSISTANT: Poojan Patel, PA
PATIENT NAME: Jamar Little
DOB: 06/13/1986
DOI: 04/16/2024
DOS: 05/02/2024

CHIEF COMPLAINT: Left hip pain, neck pain, low back pain, and right shoulder pain.

HISTORY OF PRESENT ILLNESS: This is a pleasant male patient who presents for initial evaluation via telephone consultation in regards to injuries sustained due to a motor vehicle accident. The patient states he was a passenger in the backseat when they were rear-ended by a semi. He states he did not seek immediate medical attention, as he had other things going on that day that he had to tend to as well as not experiencing much pain until later that night and the following day. Today, he endorses left hip pain rated 7/10, neck pain rated 7/10 that is aggravated with movement. He states his low back pain is a 9/10 and describes it radiating down his right leg and also right shoulder pain rated a 7/10. He describes his pain as worse with movement. He denies any saddle anesthesia, bowel or bladder incontinence, or lower/upper extremity radiculopathy. He is taking ibuprofen as needed.

PAST MEDICAL HISTORY: None.

PAST SURGICAL HISTORY: None.

CURRENT MEDICATIONS: Ibuprofen 800.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: The patient denies using alcohol, smoking tobacco, or other drug use. He is right-handed.

PHYSICAL EXAMINATION: Not assessed.

ASSESSMENT:

1. Left hip pain.
2. Cervicalgia.
3. Low back pain.
4. Right shoulder pain.

PLAN:

1. Initiate physical therapy 3 times a week for 4 weeks for range of motion, strengthening, and stabilization.
2. I prescribed the following medications for pain relief: Celebrex 100 mg for pain and inflammation, cyclobenzaprine 5 mg as needed for muscle spasms to be taken at bedtime, and lidocaine 5% topical

PATIENT: Little, Jamar
DOB: 06/13/1986
DOS: 05/02/2024
PAGE: 2

patches.

3. We will evaluate the patient again in 2 weeks in the office. At this time, if he continues to have worsening symptoms, we will consider further imaging.

All questions asked were thoroughly answered, and the patient is agreeable and understanding of plan.

Shoeb Mohiuddin, M.D.
Board Certified in Anesthesiology & Pain Management

/82172/2463962
D: 05/02/2024 16:59:40
T: 05/03/2024 10:12:44

☒ INITIAL CONSULTATION

☐ FOLLOW-UP

☐ SURGERY/PROCEDURE

NAME: JAMAR LITTLE		DOB: 06/13/86	DOI: 04/16/24
APPOINTMENT DATE: 05/02/24		FOLLOW-UP DATE: 2 wks 5-16-24	
DIAGNOSIS: Ⓛ Hip pain, LBP, cervicalgia, Ⓜ Shoulder pain			

RECOMMENDED TREATMENT ORDERS

SURGERY / PAIN PROCEDURE / INJECTION

- ☐ Surgery _____
- ☐ Pain Procedure _____
- ☐ Injection _____

CONSULTATION

- ☐ Orthopedics ☐ Spine ☐ Podiatry ☐ Hand/Wrist ☐ Pain Management ☐ Other _____

Note: _____

DIAGNOSTIC TESTING

- ☐ MRI ☐ CT ☐ EMG/NCV ☐ MYELOGRAM ☐ X-RAY ☐ DISCOGRAM ☐ MRI ARTHROGRAM

Other/Note: _____

REHABILITATION/PHYSICAL MEDICINE

- ☒ PT ☐ FCE ☐ Work Hardening ☐ Work Conditioning ☐ Other _____

Treatment, Duration & Frequency: **3x/wk x 4 wks**

OTHER

- ☐ SPLINT _____ ☐ DME _____

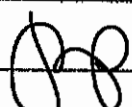
☐ MEDICAL RECORDS _____

WORK STATUS

- ☐ Continue regular work duties on _____
- ☒ Patient may NOT return to work.
- ☐ Return to limited duties on _____ with the following restrictions. (If the below restrictions cannot be accommodated, patient is to be OFF work.)

- | | | | | |
|--|--|-----------------------------------|--|--|
| NO USE OF: | NO: | NO LIFTING ABOVE: | NO: | NO: |
| <input type="checkbox"/> Upper Extremities | <input type="checkbox"/> Carrying/Lifting greater than _____ lbs | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Bending/Squatting | <input type="checkbox"/> Operating Machinery |
| <input type="checkbox"/> Lower Extremities | <input type="checkbox"/> Pulling/Pushing greater than _____ lbs | <input type="checkbox"/> Chest | <input type="checkbox"/> Climbing Ladders | <input type="checkbox"/> Driving |
| <input type="checkbox"/> Left <input type="checkbox"/> Right | | <input type="checkbox"/> Knees | <input type="checkbox"/> Kneeling/Crawling | <input type="checkbox"/> Travelling |
| | | <input type="checkbox"/> Waist | <input type="checkbox"/> Stairs | |

Additional Notes: **(E)**

Provider: Shoeb Mohiuddin, MD/ Poojan Patel, PA-C 712 N Dearborn Chicago, IL 60654	
Signature: 	Date: 5-2-24



☒ **Physical** ☐ **Occupational Therapy Prescription**

Patient Name: Tamar Little Date: 5-2-24

Diagnosis: Ⓐ hip pain, cervicalgia, LBP, Ⓑ shoulder pain

Phone/Office: _____

Frequency of visits: 3 times per week for 4 weeks

☐ **EVALUATE & TREAT** ☒ **EVALUATE & TREAT** (per therapist's discretion)

EXERCISES

- ☐ Functional Exercise
- ☐ Range of Motion (ROM)
- ☐ Closed Kinetic Chain
- ☐ Progressive Resistive
- ☐ Home Exercise Program (HEP)
- ☐ Myofascial Release
- ☐ Soft Tissue Mobilization
- ☐ Neuromuscular Re-education
- ☐ Gait Training
- ☐ Balance Training
- ☐ Mechanical/Manual Training
- ☐ Orthotic Training
- ☐ Proprioceptive Training

MODALITIES

- ☐ Iontophoresis
- ☐ Traction
- ☐ Ultrasound
- ☐ Ultrasound/Cortisone
- ☐ Electrical Stimulation
- ☐ Cold/Hot Packs
- ☐ Photophoresis
- ☐ Sequential Compression
- ☐ Other: _____

SPINAL REHABILITATION

- ☐ Manual Therapy
- ☐ Spine Stabilization
- ☐ Body Mechanics
- ☐ Intermittent Cervical Traction (ICT)

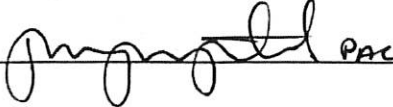
OTHER

- ☐ Work Conditioning
- ☐ Work Hardening
- ☐ Physical Reconditioning
- ☐ Functional Capacity Evaluation (FCE)
- ☐ Vestibular Training
- ☐ Aquatic Therapy
- ☐ Orthotic Fabrication
- ☐ Massage Therapy
- ☐ Activities of Daily Living (ADLs)
- ☐ Custom Splint _____

Special Instructions:

This prescription shall suffice as a letter of medical necessity.

Referring Physician: Poojan Patel MD

Physician Signature:  MD
(Required)

ILLINOIS ORTHOPEDIC NETWORK, LLC

712 North Dearborn Street

Chicago, IL 60654

Fax (800) 499- 1936

FOLLOW-UP NOTE

CONFIDENTIAL PATIENT INFORMATION – FOR MEDICAL USE ONLY

ATTENDING PHYSICIAN: Shoeb Mohiuddin, M.D.
PHYSICIAN ASSISTANT: Poojan Patel, PA
PATIENT NAME: Jamar Little
DOB: 06/13/1986
DOI: 04/16/2024
DOS: 06/18/2024

CHIEF COMPLAINT: Left hip pain, neck pain, low back pain and right shoulder pain.

HISTORY/INDICATIONS: This is a pleasant male patient who presents for followup evaluation in regards to left hip, right shoulder, neck and low back pain. He states overall he is still feeling the same and rates his pain diffusely about a 7/10. He states his low back is the worst of the pain that can range up to a 10/10. He is attending physical therapy and has been noticing improvements with this. He is also taking medications as needed.

PHYSICAL EXAMINATION: This is a well-appearing male, awake, alert and oriented x3 in no apparent distress. EOMs intact. PERRLA. Cranial nerves are grossly intact.
Focused MSK exam of the left hip: Range of motion is within normal limits; however, he does have some discomfort noted with this. Positive FABERs on the left side.
Focused MSK exam of the neck: Range of motion is within normal limits. He has some discomfort with turning to his head to the left side. Tenderness to palpation is present over the right-sided paraspinal musculature radiating into the trapezia muscle. Mild midline tenderness as well. Negative bilateral Spurling's and negative bilateral axial loading.
Focused MSK exam of the right shoulder: Visual inspection reveals no visible deformities, wounds or lesions. He is tender to palpation along the AC joint anteriorly and some diffuse tenderness posteriorly as well. Range of motion is restricted, especially with forward flexion and abduction. Negative empty can test. Positive Hawkins.
Focused MSK exam of the low back: Range of motion is restricted with forward flexion. He has full extension and side to side rotation. Tenderness is present over bilateral paraspinal musculature in the lumbar spine. Negative bilateral straight leg raise and negative bilateral facet loading.

ASSESSMENT:

1. Left hip pain.
2. Cervicalgia.
3. Low back pain.
4. Right shoulder pain.

PATIENT: Little, Jamar

DOB: 06/13/1986

DOS: 06/18/2024

PAGE: 2

PLAN:

1. Continue physical therapy three times a week for four weeks for range of motion, strengthening and stabilization.
2. I am ordering an MRI of the cervical spine as well as the right shoulder to evaluate for any internal derangement or ligamentous injury.
3. Continue current pain regimen.
4. We will follow up in four weeks for MRI review and reevaluation.

Shoeb Mohiuddin, M.D.

Board Certified in Anesthesiology & Pain Management

/80890/2480310

D: 06/18/2024 16:16:11

T: 06/19/2024 11:57:44

☐ INITIAL CONSULTATION

☒ FOLLOW-UP

☐ SURGERY/PROCEDURE

NAME: JAMAR LITTLE		DOB: 06/13/86	DOI: 04/16/24
APPOINTMENT DATE: 06/18/24		FOLLOW-UP DATE: 7-16-24	
DIAGNOSIS: Ⓛ hip pain, cervicalgia, LBP, Ⓡ shoulder pain			

SURGERY / PAIN PROCEDURE / INJECTION

☐ Surgery

☐ Pain Procedure

☐ Injection

CONSULTATION

☐ Orthopedics ☐ Spine ☐ Podiatry ☐ Hand/Wrist ☐ Pain Management ☐ Other

Note:

DIAGNOSTIC TESTING

☒ MRI ☐ CT ☐ EMG/NCV ☐ MYELOGRAM ☐ X-RAY ☐ DISCOGRAM ☐ MRI ARTHROGRAM

Other/Note: **CSF & Ⓡ shoulder MRI**

REHABILITATION/PHYSICAL MEDICINE

☒ PT ☐ FCE ☐ Work Hardening ☐ Work Conditioning ☐ Other

Treatment, Duration & Frequency: **3x/wk x 4 wks**

OTHER

☐ SPLINT ☐ DME

☐ MEDICAL RECORDS

RECOMMENDED TREATMENT ORDERS

WORK STATUS

☐ Continue regular work duties on

☐ Patient may NOT return to work.

☐ Return to **limited duties** on with the following restrictions. (If the below restrictions cannot be accommodated, patient is to be **OFF** work.)

NO USE OF:

☐ Upper Extremities
☐ Lower Extremities
☐ Left ☐ Right

NO:

☐ Carrying/Lifting greater than ___ lbs
☐ Pulling/Pushing greater than ___ lbs

NO LIFTING ABOVE:

☐ Shoulder
☐ Chest
☐ Knees
☐ Waist

NO:

☐ Bending/Squatting
☐ Climbing Ladders
☐ Kneeling/Crawling
☐ Stairs

NO:

☐ Operating Machinery
☐ Driving
☐ Traveling

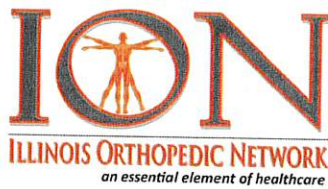
Additional Notes:

Provider: Shoeb Mohiuddin, MD/ Poojan Patel, PA-C 712 N Dearborn Chicago, IL 60654

Signature:

Date:

6/18/24



☒ **Physical** ☐ **Occupational Therapy Prescription**

Patient Name: Jamar Little Date: 6/18/24

Diagnosis: (L) hip pain, cervicalgia, LBP, (R) shoulder

Phone/Office: pain

Frequency of visits: 3 times per week for 4 weeks

☐ **EVALUATE & TREAT** ☐ **EVALUATE & TREAT** (per therapist's discretion)

EXERCISES

- ☐ Functional Exercise
- ☐ Range of Motion (ROM)
- ☐ Closed Kinetic Chain
- ☐ Progressive Resistive
- ☐ Home Exercise Program (HEP)
- ☐ Myofascial Release
- ☐ Soft Tissue Mobilization
- ☐ Neuromuscular Re-education
- ☐ Gait Training
- ☐ Balance Training
- ☐ Mechanical/Manual Training
- ☐ Orthotic Training
- ☐ Proprioceptive Training

MODALITIES

- ☐ Iontophoresis
- ☐ Traction
- ☐ Ultrasound
- ☐ Ultrasound/Cortisone
- ☐ Electrical Stimulation
- ☐ Cold/Hot Packs
- ☐ Photophoresis
- ☐ Sequential Compression
- ☐ Other: _____

SPINAL REHABILITATION

- ☐ Manual Therapy
- ☐ Spine Stabilization
- ☐ Body Mechanics
- ☐ Intermittent Cervical Traction (ICT)

OTHER

- ☐ Work Conditioning
- ☐ Work Hardening
- ☐ Physical Reconditioning
- ☐ Functional Capacity Evaluation (FCE)
- ☐ Vestibular Training
- ☐ Aquatic Therapy
- ☐ Orthotic Fabrication
- ☐ Massage Therapy
- ☐ Activities of Daily Living (ADLs)
- ☐ Custom Splint _____

Special Instructions:

This prescription shall suffice as a letter of medical necessity.

Referring Physician: Poojan Patel, PAC

Physician Signature: PP, J
(Required)



4941 North Kedzie Ave. Chicago, IL 60625
Phone: (773) 362-5011 Fax: (773) 942-7166

Patient Name:	Little, Jamar	Account Number:	397593
Referring Physician:	Mohiuddin, Shoeb M.D	Date of Birth:	06/13/1986
Procedure:	MRI OF CERVICAL W/O	Date of Study:	07/31/2024 11:15 AM

Clinical Information: Neck pain, radiculopathy.

Technique: MRI cervical spine without contrast was performed using routine protocols. Images were acquired utilizing multiple sequences in the axial and sagittal planes.

Comparison: None.

Findings:

Vertebral Body Height: Normal. No compression deformities.

Disc Height and Disc Signal: Low-grade to intermediate grade disc signal changes, mild desiccation with at most mild disc space narrowing from C4-5 through C6-7.

Cord Signal: No abnormal signal changes are demonstrated.

Alignment: Straightening of the cervical lordosis.

Bone Marrow Signal: Normal.

Craniovertebral Junction: Normal. No evidence of a Chiari malformation.

Paraspinal Soft Tissues: Normal.

Other: Normal.

Levels:

C2-3: Intervertebral disc is intact. Central canal and neuroforamen are patent. Facet joints are intact.

C3-4: Intervertebral disc is intact. Bilateral uncovertebral spurring, mild to moderate bilateral neuroforaminal stenosis. Central canal patent. Facet joints are intact.

C4-5: Intervertebral disc is intact with bilateral uncovertebral spurring and mild to moderate bilateral neuroforaminal stenosis, mild canal stenosis. Facet joints are intact.

C5-6: Less than 1 mm disc endplate borderline spur complex with peripheral endplate-uncovertebral spurring, mild bilateral neuroforaminal stenosis, at most mild canal stenosis. Facet joints are intact.

C6-7: Intervertebral disc is intact, uncovertebral spurring bilaterally with moderate right greater than left neuroforaminal stenosis. Central canal patent. Facet joints are intact.

C7-T1: Uncovertebral spurring bilaterally with moderate bilateral neuroforaminal stenosis. Intervertebral disc is intact. Central canal patent. Facet joints are intact.

CONFIDENTIALITY STATEMENT

This report is intended only for use by the referring physician, and only in accordance with law. If you received this in error, call (708) 942-6000

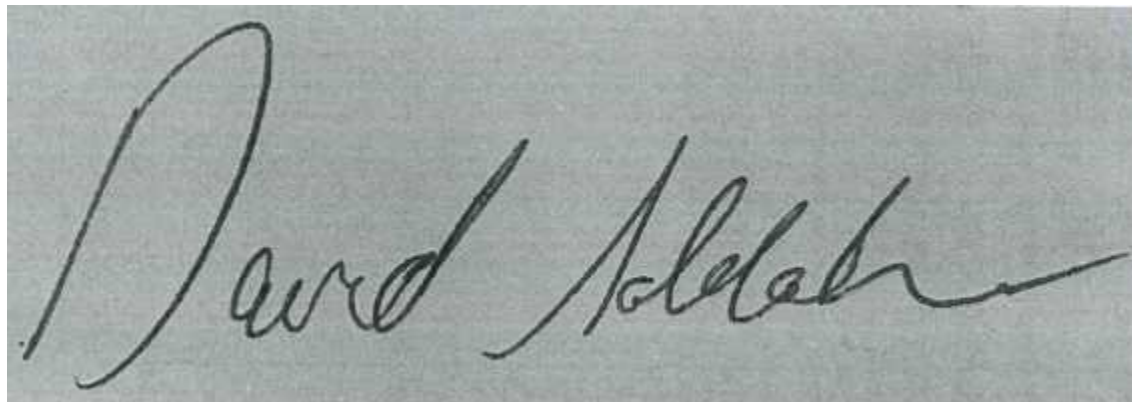
Patient Name:	Little, Jamar	Account Number:	397593
Referring Physician:	Mohiuddin, Shoeb M.D	Date of Birth:	06/13/1986
Procedure:	MRI OF CERVICAL W/O	Date of Study:	07/31/2024 11:15 AM

Final Impressions:

1. **Straightening of the cervical lordosis. Low-grade to intermediate grade disc signal changes, mild desiccation with at most mild disc space narrowing from C4-5 through C6-7.**
2. **No disc herniation in the cervical spine.**
3. **C3-4, bilateral uncovertebral spurring, mild to moderate bilateral neuroforaminal stenosis.**
4. **C4-5, bilateral uncovertebral spurring, mild to moderate bilateral neuroforaminal stenosis, mild canal stenosis.**
5. **C5-6, less than 1 mm disc endplate borderline spur complex with peripheral endplate-uncovertebral spurring, mild bilateral neuroforaminal stenosis, at most mild canal stenosis.**
6. **C6-7, uncovertebral spurring bilaterally with moderate right greater than left neuroforaminal stenosis.**
7. **C7-T1, uncovertebral spurring bilaterally with moderate bilateral neuroforaminal stenosis.**

End of Report

Referring physician: The radiologist can be reached at 800. 695. 8191 if you would like to discuss the findings.



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4941 North Kedzie Ave. Chicago, IL 60625
Phone: (773) 362-5011 Fax: (773) 942-7166

Patient Name:	Little, Jamar	Account Number:	397593
Referring Physician:	Mohiuddin, Shoeb M.D	Date of Birth:	06/13/1986
Procedure:	MRI OF CERVICAL W/O	Date of Study:	07/31/2024 11:15 AM

Signature Text: Saldanha, David F M.D.

Electronically Signed by:

Saldanha, David F M.D.

CONFIDENTIALITY STATEMENT

This report is intended only for use by the referring physician, and only in accordance with law. If you received this in error, call (708) 942-6000



4941 North Kedzie Ave. Chicago, IL 60625
Phone: (773) 362-5011 Fax: (773) 942-7166

Patient Name:	Little, Jamar	Account Number:	397593
Referring Physician:	Mohiuddin, Shoeb M.D	Date of Birth:	06/13/1986
Procedure:	MRI OF R/SHOULDER W/O	Date of Study:	07/10/2024 7:00 PM

Clinical Information: pain

Study Technique: routine protocols utilizing multiple sequences in the axial/coronal/sagittal planes

ROTATOR-CUFF TENDONS

Supraspinatus: intact with normal thickness and normal signal, no tear

Infraspinatus: intact with normal signal

Subscapularis: intact with normal signal

Teres minor: intact

BICEPS & LABRUM

Biceps tendon: intact

Labrum: grossly intact

BONES & JOINTS

Humeral head & Glenoid: intact with normal shape/contour; normal marrow signal, no focal bony lesion

Gleno-humeral joint: preserved and in alignment; no significant arthritis or effusion

Acromio-clavicular joint: preserved and in alignment; no significant arthritis. Distal acromion curved (type II).

OTHER

Bursae: none

Muscles: normal size and signal

IMPRESSION = UNREMARKABLE MRI SHOULDER

Signature Text: Pai, Eugene M.D.

Electronically Signed by:

Pai, Eugene M.D.

CONFIDENTIALITY STATEMENT

This report is intended only for use by the referring physician, and only in accordance with law. If you received this in error, call (708) 942-6000

ILLINOIS ORTHOPEDIC NETWORK, LLC

712 North Dearborn Street

Chicago, IL 60654

Fax (800) 499- 1936

FOLLOW-UP NOTE

CONFIDENTIAL PATIENT INFORMATION – FOR MEDICAL USE ONLY

ATTENDING PHYSICIAN: Shoeb Mohiuddin, M.D.
NURSE PRACTITIONER: Dan Clemente, NP-C
PATIENT NAME: Jamar Little
DOB: 06/13/1986
DOI: 04/16/2024
DOS: 08/06/2024

CHIEF COMPLAINT: Neck pain, right upper extremity pain with paresthesias, low back pain, right shoulder pain, left hip pain.

HISTORY/INDICATIONS: This is a pleasant Spanish-speaking male who presented for followup evaluation in the clinic in regard to injuries sustained from an MVA dated 04/16/2024. The patient was last evaluated by my colleagues, Poojan Patel, PA, on 06/18/2024 wherein an MRI of the cervical spine and MRI of the right shoulder was ordered. This was done and will be discussed in today's encounter. The patient continues to report left hip pain that is constant. This is rated as 7/10 in pain intensity. This radiates to the left leg. This is aggravated by movement. The patient also continues to have low back pain with a 7/10 intensity. This is constant and radiates to the left leg with some paresthesias. This is aggravated by movement. The patient also continues to have neck pain with a 4/10 intensity. This is constant. It is pain that radiates to the left upper extremity, likely following the C8 and C7 dermatomes with numbness and tingling also along this dermatome. This is also aggravated by movement. Lastly, the patient is complaining of right shoulder pain that is constant. There is numbness and tingling along this area. The pain radiates to the arm. This is aggravated by movement. The patient denies any other symptoms, any other focal neurological deficits such as weakness, numbness, tingling, gait instability, bowel or bladder issues, saddle anesthesia, etc, other than what was reported above.

PHYSICAL EXAMINATION: This is a pleasant male who is sitting in the exam room in no moderate distress. He appears to be nontoxic. His breathing is regular and nonlabored. Abdomen is nondistended. Head is normocephalic and atraumatic. Alert and oriented x3. Glasgow Coma Scale is 15. Cranial nerves II-XII are grossly intact. Extraocular movements are intact. Visual inspection of the left hip, the thoracolumbar area, posterior neck, and the right shoulder does not show any obvious ecchymosis, erythema, or swelling. There is, however, minimal-to-moderate tenderness to palpation on the midline along maybe from C6 to C7 area. There is also facet and paraspinal pain along the right more than the left area along this area. The patient has limited range of motion, especially rotation and lateral bending, right more than the left, and also hyperextension. The patient is lightly positive on Spurling on the right side, negative on the left. No Lhermitte's sign. The patient also has diffuse pain of the right shoulder, although reports this is minimal. The patient has seemingly stable range of motion but maybe having some pain on overhead motion of the right upper extremity and also abduction. Neer test, Hawkins' test,

PATIENT: Little, Jamar
DOB: 06/13/1986
DOS: 08/06/2024
PAGE: 2

and drop can test elicited some pain but overall stable. The patient also has low back pain that is most noticeable on the L4-S1 area bilaterally along the facet and paraspinal area. The patient has limited range of motion, especially forward flexion and rotation and lateral bending bilaterally. There is pain elicited when straight leg raising, right more than the left. Kemp's test also elicited pain that goes to the right lower extremity. To note, patient reports that he has a chronic numbness and tingling. The pain radiates to the left leg to note and with associated paresthesias. Kemp's test and also the straight leg raising elicited pain on the left leg, minimal on the right. To note, the patient has a chronic numbness and tingling on the left foot but seemingly after the incident, there is now numbness, tingling, and shooting pain from the back going down to the left leg. The patient's bilateral upper extremities and bilateral lower extremities are 5/5 throughout, except maybe on the right grip and right hand intrinsics, which is 4+/5 secondary to pain and paresthesias. Again, the patient reports pain and numbness and tingling along the right C8 and C7 dermatomes and some numbness and tingling on the left hand as well.

DIAGNOSTIC FINDINGS: I reviewed the MRI of the cervical spine dated 07/31/2024, which shows straightening of the cervical lordosis with mild-to-moderate bilateral neural foraminal stenosis at C3-C4, mild-to-moderate bilateral neural foraminal stenosis and mild canal stenosis at C4-C5, mild bilateral neural foraminal stenosis at C5-C6 with mild central canal stenosis. There is also bilateral moderate right greater than left neural foraminal stenosis at C6-C7 and bilateral moderate neural foraminal stenosis at C7-T1.

The MRI of the shoulder was read as unremarkable MRI shoulder, with intact biceps tendon and labrum with no signs of any rotator cuff tendon tears.

ASSESSMENT:

1. Cervicalgia.
2. Cervical radiculopathy.
3. Low back pain.
4. Right shoulder pain.
5. Left hip pain.

PLAN: Discussed in detail the MRI cervical spine findings, which shows varying degrees of neural foraminal stenosis and central canal stenosis. Given the patient's MRI findings and reported symptoms and physical exam findings, discussed the possibility of doing a C7-T1 cervical epidural steroid injection. Indication, risks, benefits, and alternatives were discussed with the patient. The patient wants to proceed. Thus, the patient will be referred to pain doctor to be evaluated for a possible C7-T1 cervical epidural steroid injection. The MRI of the shoulder is overall within normal limits, which was explained to the patient. Will also order MRI lumbar spine to evaluate any acute pathology such as ligamentous injury, soft tissue injury, nerve impingement, or occult fractures, etc, that be contributory to the patient's continued symptoms. Will also order bilateral lower extremity EMG because of the patient's report of chronic left foot paresthesias but now with new lumbar radicular symptoms. Will continue physical therapy to be done two to three times a week for four weeks to help with stretching, stabilization, range

PATIENT: Little, Jamar
DOB: 06/13/1986
DOS: 08/06/2024
PAGE: 3

of motion, and pain reduction modalities. The patient will also continue to take the previously prescribed medication for pain. The patient will follow up post injection. Instructed the patient to seek immediate medical attention, especially if worsening of symptoms or new focal neurological deficits, such as weakness, numbness, tingling, gait instability, bowel or bladder issues, saddle anesthesia, etc. The patient will follow up also once the MRI lumbar and EMG studies are done for discussion and further treatment plan.

All questions asked were thoroughly answered. The patient verbalized understanding and agreement.

This note was created using voice dictation and may include inadvertent errors.

Shoeb Mohiuddin, M.D.
Board Certified in Anesthesiology & Pain Management

/82036/2496960
D: 08/06/2024 16:00:55
T: 08/07/2024 05:41:14

☐ INITIAL CONSULTATION

☒ FOLLOW-UP

☐ SURGERY/PROCEDURE

NAME: JAMAR LITTLE		DOB: 06/13/86	DOI: 04/16/24
APPOINTMENT DATE: 08/06/24		FOLLOW-UP DATE: 9-18-24 4 weeks	
DIAGNOSIS: (1) CERVICAL DISC (2) CERVICAL RADICULOPATHY (3) LBP, (4) (R) SHOULDER PAIN (5) (L) HIP PAIN			

SURGERY / PAIN PROCEDURE / INJECTION

☐ Surgery

☒ Pain Procedure

C7-T1 CESI.

☐ Injection

CONSULTATION

☐ Orthopedics

☐ Spine

☐ Podiatry

☐ Hand/Wrist

☐ Pain Management

☐ Other

Note:

DIAGNOSTIC TESTING

☒ MRI

☐ CT

☒ EMG/NCV

☐ MYELOGRAM

☐ X-RAY

☐ DISCOGRAM

☐ MRI ARTHROGRAM

Other/Note:

MRI LUMBAR, BILATERAL IE ENL

REHABILITATION/PHYSICAL MEDICINE

☒ PT

☐ FCE

☐ Work Hardening

☐ Work Conditioning

☐ Other

Treatment, Duration & Frequency:

2-3x / a week

OTHER

☐ SPLINT

☐ DME

☐ MEDICAL RECORDS

☐ Continue regular work duties on

☐ Patient may NOT return to work.

☐ Return to limited duties on

with the following restrictions. (If the below restrictions cannot be accommodated, patient is to be OFF work.)

NO USE OF:

☐ Upper Extremities

☐ Lower Extremities

☐ Left ☐ Right

NO:

☐ Carrying/Lifting greater than ___ lbs

☐ Pulling/Pushing greater than ___ lbs

NO LIFTING ABOVE:

☐ Shoulder

☐ Chest

☐ Knees

☐ Waist

NO:

☐ Bending/Squatting

☐ Climbing Ladders

☐ Kneeling/Crawling

☐ Stairs

NO:

☐ Operating Machinery

☐ Driving

☐ Traveling

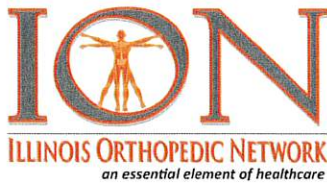
Additional Notes:

Provider: Shoeb Mohiuddin, MD / Dan Clemente, NP-C 712 N Dearborn Chicago, IL 60654

Signature:

Date:

8/6/24



☒ **Physical** ☐ **Occupational Therapy Prescription**

Patient Name: Jamar Little Date: 8/6/24

Diagnosis: Cervicalgia, Cervical radiculopathy, LBP,
shoulder pain, @ hip pain

Phone/Office: _____

Frequency of visits: 2 - 3 times per week for 4 weeks

☐ **EVALUATE & TREAT** ☐ **EVALUATE & TREAT** (per therapist's discretion)

EXERCISES

- ☐ Functional Exercise
- ☐ Range of Motion (ROM)
- ☐ Closed Kinetic Chain
- ☐ Progressive Resistive
- ☐ Home Exercise Program (HEP)
- ☐ Myofascial Release
- ☐ Soft Tissue Mobilization
- ☐ Neuromuscular Re-education
- ☐ Gait Training
- ☐ Balance Training
- ☐ Mechanical/Manual Training
- ☐ Orthotic Training
- ☐ Proprioceptive Training

MODALITIES

- ☐ Iontophoresis
- ☐ Traction
- ☐ Ultrasound
- ☐ Ultrasound/Cortisone
- ☐ Electrical Stimulation
- ☐ Cold/Hot Packs
- ☐ Photophoresis
- ☐ Sequential Compression
- ☐ Other: _____

SPINAL REHABILITATION

- ☐ Manual Therapy
- ☐ Spine Stabilization
- ☐ Body Mechanics
- ☐ Intermittent Cervical Traction (ICT)

OTHER

- ☐ Work Conditioning
- ☐ Work Hardening
- ☐ Physical Reconditioning
- ☐ Functional Capacity Evaluation (FCE)
- ☐ Vestibular Training
- ☐ Aquatic Therapy
- ☐ Orthotic Fabrication
- ☐ Massage Therapy
- ☐ Activities of Daily Living (ADLs)
- ☐ Custom Splint _____

Special Instructions:

This prescription shall suffice as a letter of medical necessity.

Referring Physician: Dan Clemente, MD-C

Physician Signature: DC, Jr
(Required)

Illinois Orthopedic Network

712 North Dearborn Street Chicago,
IL 60654
Phone: 312-819-2843
Fax: 312-786-4428
E-mail:
Medicalrecords@ionorthopedics.com
Web: <http://ionorthopedics.com>

ATTENTION: The Bruning Law Firm

BILLING CERTIFICATION

I HEREBY CERTIFY THAT THE BILLING RECORD ATTACHED IS THE ONLY AND MOST RECENTLY AVAILABLE BILLING RECORDS IN MY/ OUR POSSESSION OR CONTROL RELATION TO

PATIENT: Jamar Little

DATED: 08/ 12/ 2024

OF PAGES SENT EXCLUDING COVER SHEET 2

X *Esmeralda Delgado*

NO BILLING CERTIFICATION

WHILE WE HAVE RECORDS ON THIS PATIENT, ILLINOIS ORTHOPEDIC NETWORK DOES NOT HANDLE THE BILLING FOR THE PROVIDER SPECIFIED, YOU WILL HAVE TO GET IN CONTACT WITH THE APPROPRIATE OFFICE.

PATIENT: _____

DATED: ____/____/____

X _____

ILLINOIS ORTHOPEDIC NETWORK

712 N DEARBORN ST, CHICAGO IL 60654

P: (312)796-9483

Statement

Statement Date	Chart Number	Page
8/12/2024	LITJA003	1

Patient Information	Insurance Information
<div>Patient: JAMAR LITTLE</div> <div>Address: 6529 EBERHART</div> <div>City: CHICAGO, IL 60637</div> <div>DOB: 06/13/1986</div> <div>Attorney: BRUNING LAW FIRM</div> <div>Address: 555 WASHINGTON AVE STE 600A</div> <div>City: ST LOUIS, MO 63101</div>	<div>SELF PAY</div> <div>DOI: 4/16/2024</div> <div>Case: PIC DOI 4/16/24</div> <div>Adjuster:</div> <div>Phone:</div> <div>Fax:</div>

DOS	CPT	Mod.	Procedure	Units	Charges	Paid	Adj.	Balance
5/2/2024	98968		PA TELEMED 21-30MINS	1	\$137.46	\$0.00	\$0.00	\$137.46
6/18/2024	99213		Established Patient Office visit; 15 min	1	\$243.70	\$0.00	\$0.00	\$243.70
8/6/2024	99213		Established Patient Office visit; 15 min	1	\$243.70	\$0.00	\$0.00	\$243.70

Total Charges	Total Payments	Total Adjustments	Balance Due
\$624.86	\$0.00	\$0.00	\$624.86

MRI LINCOLN IMAGING

PO BOX 75750 CHICAGO IL 60675-5750

P: (312) 761-4463

Statement

Statement Date	Chart Number	Page
8/12/2024	LITJA000	1

Patient Information	Insurance Information
<p>Patient: JAMAR LITTLE Address: 6529 EBERHART City: CHICAGO, IL 60637 DOB: 06/13/1986</p> <p>Attorney: BRUNING LAW Address: 555 WASHINGTON AVE STE 600A City: ST LOUIS, MO 63101</p>	<p>SELF PAY</p> <p>DOI: 4/16/2024 Case: PIC DOI 4/16/24</p> <p>Adjuster: Phone: Fax:</p>

DOS	CPT	Mod.	Procedure	Units	Charges	Paid	Adj.	Balance
7/10/2024	73221	RT	MRI UPPER EXT W/O CONTRAST	1	\$3,000.00	\$0.00	\$0.00	\$3,000.00
7/31/2024	72141		MRI CERVICAL SPINE W/O CONTRAST	1	\$3,000.00	\$0.00	\$0.00	\$3,000.00

Total Charges	Total Payments	Total Adjustments	Balance Due
\$6000.00	\$0.00	\$0.00	\$6,000.00



ATTENTION: The Bruning Law Firm

RECORD CERTIFICATION

I HEREBY CERTIFY THAT THE RECORDS ATTACHED ARE THE ONLY RECORDS IN MY / OUR POSSESSION OR CONTROL RELATING TO

PATIENT: Jamar Little

DATED: 08/12/2024

OF PAGES SENT EXCLUDING COVER SHEET 1

X Emeralda Delgado
Signature

NO RECORD STATEMENT

I HEREBY CERTIFY THAT AFTER A DILIGENT AND THOROUGH SEARCH I/WE FIND THERE ARE NO RECORDS PERTAINING TO

PATIENT: _____ IN OUR POSSESSION

X _____
Signature

Midwest Specialty Pharmacy LLC

712 N Dearborn St Ste 3A
Chicago, IL 60654-3846
(312) 690-4585

Patient Account Summary

Print Date: 8/12/2024
To: 1/1/2017 12:00 AM
From: 8/12/2024 12:00 AM

A/R Collections Details

LITTLE, JAMAR, DOB 06/13/1986, PIC DOI 04/16/2024

6529 S Eberhart Ave
Chicago, IL 60637-3205
(773) 397-9225

PIC DOI 04/16/2024

Claim ID:

Insurance: SIGNED LIEN ON FILE

Current Balance: \$1,614.62
Last Payment On:
Last Payment Amount: \$0.00

LITJA003

Attorney: BRUNING LAW

LITTLE, JAMAR, DOB 06/13/1986, PIC DOI 04/16/2024 (Acct #:27761)

Date	Description	Qty	Prescriber	Total	Payments Applied	Balance Due
05/03/2024	140700-00 - JAMAR LITTLE - Lidocaine 5% Patch NDC: 00603188016	15	Poojan Patel, PA-C	\$261.20	\$0.00	\$261.20
05/03/2024	140701-00 - JAMAR LITTLE - Cyclobenzaprine 5 Mg Tablet NDC: 52817033050	60	Poojan Patel, PA-C	\$177.65	\$0.00	\$177.65
05/03/2024	140699-00 - JAMAR LITTLE - Celecoxib 100 Mg Capsule NDC: 50228015705	30	Poojan Patel, PA-C	\$238.00	\$0.00	\$238.00
06/04/2024	140701-01 - JAMAR LITTLE - Cyclobenzaprine 5 Mg Tablet NDC: 52817033050	60	Poojan Patel, PA-C	\$177.65	\$0.00	\$177.65
06/04/2024	140699-01 - JAMAR LITTLE - Celecoxib 100 Mg Capsule NDC: 33342015615	30	Poojan Patel, PA-C	\$237.72	\$0.00	\$237.72
06/04/2024	140700-01 - JAMAR LITTLE - Lidocaine 5% Patch NDC: 65162079108	15	Poojan Patel, PA-C	\$261.20	\$0.00	\$261.20
07/03/2024	140700-02 - JAMAR LITTLE - Lidocaine 5% Patch NDC: 00603188016	15	Poojan Patel, PA-C	\$261.20	\$0.00	\$261.20

Amount Paid Including Returns: \$0.00 Balance Due: \$1,614.62