History and Physical

Patient Name:	Andrea Quintanilla	**Visit Date:**	June 27, 2017
Patient ID:	67374	**Provider:**	Benjamin Leshin, MD
Sex:	Female	**Location:**	LA Pain Management
Birthdate:	May 14, 1968	**Location Address:**	1400 S Grand Ave Suite 707 Los Angeles, CA 900153048
		Location Phone:	(213) 839-1119

Chief Complaint

- Neck pain
- Low back pain

History Of Present Illness

Andrea Quintanilla is a 49 year old female seen in pain management consultation at the request of her physician, Osvaldo Cuevas, for back pain and neck pain. The neck pain developed gradually several years ago. It is 10/10 in severity, and has a sharp quality and radiates into the head. The pain severity is 10/10 The pain has been present for 4 years It is made worse by prolonged sitting and standing and made better by "nothing". The pain is described as feeling like aching and sharp. The pain radiates down the left leg but not past the knee.

She denies any additional symptoms. The patient has no prior history of neck or back surgery.

RECENT INTERVENTIONS:
She has been previously treated with physical therapy and chiropractic management. The physical therapy was ineffective in relieving the pain. The chiropractic treatments were ineffective.

INFORMATION REVIEWED:
The following information was reviewed: old records.

Ms. Quintanilla presents as a new pt with complaints of LBP and neck pain. Pain started when working in nursing home moving patients.

Current regimen: Acetaminophen
Prior Regimen: Duloxetine 20mg, Tylenol #3, Flexeril 10mg BID PRN
Had fatigue with Tylenol #3 and Cyclobenzaprine. Duloxetine caused itching.

Also has referral to Dr. Gary Chen of Ortho

Past Medical History

Disease Name	Date Onset	Notes
Cervical disc herniation	--	--
Cervicalgia	06/27/2017	--
Idiopathic thrombocytopenia purpura	--	--
Lumbosacral disc herniation	--	--
Thrombocytopenia	06/27/2017	--

Medication List

Name	Date Started	Instructions
acetaminophen 325 mg oral capsule		take 1 capsule by oral route
cyclobenzaprine 5 mg oral tablet		take 1 tablet (5 mg) by oral route 3 times per day

Allergy List

Allergen Name	Date	Reaction	Notes
Cyclobenzaprine	--	0006	--

Social History

Finding	Status	Start/Stop	Quantity	N tes
Non alcoholic beverage drinker	--	--/--	--	--
Non-smoker	--	--/--	--	--

Review of Systems

Constitutional
- **Denies** : fatigue, change in appetite, sleeping problems

Eyes
- **Denies** : additional symptoms, except as noted in the HPI

HENT
- **Denies** : additional symptoms, except as noted in the HPI

Cardiovascular
- **Denies** : chest pain, irregular heart beats, cardiac murmurs, additional symptoms, except as noted in the HPI

Respiratory
- **Denies** : shortness of breath, additional symptoms, except as noted in the HPI

Gastrointestinal
- **Denies** : loss of appetite, additional symptoms, except as noted in the HPI

Genitourinary
- **Denies** : urgency, additional symptoms, except as noted in the HPI

Integument
- **Denies** : rash, new skin lesions, additional symptoms, except as noted in the HPI

Neurologic
- **Denies** : seizures, additional symptoms, except as noted in the HPI

Musculoskeletal
- **Denies** : additional symptoms, except as noted in the HPI

Endocrine
- **Denies** : additional symptoms, except as noted in the HPI

Psychiatric
- **Denies** : additional symptoms, except as noted in the HPI

Heme-Lymph
- **Denies** : lymph node enlargement or tenderness, additional symptoms, except as noted in the HPI

Allergic-Immunologic
- **Denies** : additional symptoms, except as noted in the HPI

Physical Examination

Constitutional
- **Appearance** : well-nourished, well developed, alert, in no acute distress

Head
- **Cranium** :
  - **Inspection** : atraumatic, normocephalic
- **Face** :
  - **Inspection** : no facial lesions

Neck
- **Range of Motion** : cervical range of motion within normal limits

Respiratory
- **Respiratory Effort** : breathing unlabored

Cardiovascular
- **Peripheral Vascular System** :
  - **Extremities** : no edema or cyanosis noted

Musculoskeletal
- **Cervical Spine** :
  - **Inspecti n/Palpati n** : no lesions or deformities, paraspinal musculature is tender to palpation
  - **Stability** : no subluxations present
  - **Range of M ti n** : range of motion - normal flexion, ext and rotation, limited to 10deg lat bending
  - **Muscle Strength/Tone** : paraspinal muscle strength within normal limits, paraspinal muscle tone within normal

limits
    - **Tests/Signs** : Spurling's test pos for axial pain and neg for radic
  - **Thoracic Spine** :
    - **Inspection/Palpation** : no lesions or deformities, paraspinal musculature is nontender to palpation
    - **Range of Motion** : spine range of motion normal
    - **Muscle Strength/Tone** : paraspinal muscle strength within normal limits, paraspinal muscle tone within normal limits
  - **Lumbosacral Spine** :
    - **Inspection/Palpation** : no lesions or deformities, paraspinal musculature is tender to palpation
    - **Range of Motion** : spine range of motion normal
    - **Muscle Strength/Tone** : paraspinal muscle strength and tone within normal limits
    - **Tests/Signs** : kemps pos for axial pain on the left, but neg for radic b/l; seated slump neg b/l
  - **Right Upper Extremity** :
    - **Inspection** : no tenderness to palpation
    - **Joint Stability** : shoulder, elbow and wrist joint stability normal
    - **Range of Motion** : range of motion normal, no joint crepitus present, no pain with joint motion
  - **Left Upper Extremity** :
    - **Inspection** : no tenderness to palpation
    - **Joint Stability** : shoulder, elbow and wrist joint stability normal
    - **Range of Motion** : range of motion normal, no joint crepitus present, no pain with joint motion
  - **Right Lower Extremity** :
    - **Inspection** : no joint or limb tenderness to palpation, no edema present, no ecchymosis
  - **Left Lower Extremity** :
    - **Inspection** : SIJ TTP, no edema present, no ecchymosis

Skin and Subcutaneous Tissue

  - **General Inspection** : no lesions or areas of discoloration

Neurologic

  - **Mental Status Examination** :
    - **Orientation** : grossly oriented to person, place and time
    - **Speech/Language** : communication ability within normal limits, voice quality normal, articulation of speech normal
    - **Attention** : attention normal
  - **Motor Examination** :
    - **RUE Strength** : strength normal
    - **RUE Motor Function** : tone normal, muscle bulk normal, no abnormal movements noted
    - **LUE Strength** : strength normal
    - **LUE Motor Function** : tone normal, muscle bulk normal, no abnormal movements noted
    - **RLE Strength** : strength normal
    - **RLE Motor Function** : tone normal, no atrophy
    - **LLE Strength** : strength normal
    - **LLE Motor Function** : tone normal, no atrophy
  - **Reflexes** :
    - **RUE** : biceps reflex 2, triceps reflex 2, brachioradialis reflex 2, hoffmans neg
    - **LUE** : biceps reflex 2, triceps reflex 2, brachioradialis reflex 2, hoffmans neg
    - **RLE** : knee reflex 2, ankle reflex 2, Babinski downgoing
    - **LLE** : knee reflex 2, ankle reflex 2, Babinski downgoing
  - **Sensation** :
    - **Light Touch** : sensation intact to light touch and temp in extremities
    - **Vibration** : vibratory sensation intact in distal extremities
  - **Gait and Station** : normal gait, able to stand without difficulty

Psychiatric

  - **Mood and Affect** : mood anxious, affect appropriate

Assessment

- Cervicalgia 723.1/M54.2
- Thrombocytopenia 287.5/D69.6

Andrea Quintanilla was first seen by me on 6/27/17

6/27/17
Ms. Quintanilla is a 49yo fem, presenting w LBP.
-For any missing information please see new patient packet
-Discussed treatment options including PO medication, PT, PEP and interventional procedures
-A CURES/PDMP report was run today in accordance with the Medical Board of California Guidelines for Prescribing Controlled Substances for Pain. This was found to be consistent with medications prescribed through clinic providers, with no red flags, signs of abuse or aberrant behaviors. Only 3 prescriptions over the past year, all from PCP, last Tylenol #3, #60 on 3/22/17
-AVOID NSAIDS 2/2 HISTORY OF THROMBOCYTOPENIA
-Seeing Dr. Chen of Ortho
-Has auth for MRI C- and L-spine from Dr. Chen. Once completed will discuss CESI and LESI vs LMBB if appropriate; if L-spine neg consider SIJ injection
-Start trial Effexor
-Submit for TPI

Plan

Medications

- Effexor XR 37.5 mg oral capsule,extended release 24hr
  SIG: take 1 capsule (37.5 mg) by oral route once daily with food for 30 days
  DISP: (30) capsules with 0 refills
  Prescribed on 06/27/2017

Instructions

- I discussed with the patient common and serious potential side effects and risks of all medications prescribed and potential risks, benefits and alternatives to all interventional procedures planned. All of the patients stated questions were addressed. For patients who take or are prescribed potentially sedating or opiate medications they were advised against drinking alcohol in combination with their medications and cautioned not to drive or engage in potentially dangerous activities if they are feeling sedated. Patient was asked to advise me of any observed side effects of their treatment.
- Medication policies reviewed c patients; all questions addressed.
- Reminded patient to follow up with their PCP or relevant specialists for all non-pain related issues or issues which were not addressed during todays visit.
- 6/27/17 Auth and Schedule for TPI C-spine paraspinals
- 6/27/17 Auth and Schedule PHYSICAL THERAPY - GIVE HOME EXERCISE PROGRAM
- Follow-up with NP at next visit

Disposition

- Return Visit Request in/on 4 weeks +/- 2 days (95875).

Electronically Signed by: Benjamin Leshin, MD -Author on June 27, 2017 10:07:38 AM

Attn: Ruben

Final Report
MRI OF CERVICAL SPINE

PROFESSIONAL INTERPRETATION BY: SAN GABRIEL RIVER MED GRP
TECHNICAL SERVICES PROVIDED BY: SAN GABRIEL RIVER MED GRP

PATIENT NAME: ANDREA MARINA. QUINTANILLA ZUNIGA	PATIENT ID: 231465
D.O.B: May 14,1968 00:00	CENTER MRN: 231465
STUDY DATE: Jan 22,2016 19:09	REFERRING PHYSICIAN: DAVID GLADE
REPORT DATE: Jan 23,2016 15:43	APPROVED BY: Adil Mezhar MD
APPROVAL DATE: Jan 24,2016 09:50	TO CONTACT RADIOLOGIST CALL: (714) 367-4713

PROFESSIONAL INTERPRETATION REPORT

Technique: Multiplanar, multisequence MRI of the cervical spine without contrast was performed in neutral position.

Clinical History: None provided.

Surgical History: None.

Comparison: None.

RECEIVED
APR 0 5 2016
PEGASUS

Findings:

No vertebral body fracture is identified. There is no destructive bony lesion. The vertebral body heights are maintained with normal vertebral alignment. Disc heights are maintained. Bone marrow signal is normal.

There is mild disc desiccation at C2-C3 down to C7-T1. Note is made of CSF filled pituitary fossa with no definite pituitary tissue identified which may reflect empty sella. Note of prominence of the subarachnoid space in the region of the cisterna magna which may reflects a mega cisterna magna or arachnoid cyst.

C2-C3: There is no significant disc herniation. The spinal canal and neural foraminae are patent and the exiting nerve roots are normal.

C3-C4: There is a broad-based disc herniation which abuts the thecal sac. The spinal canal and neural foraminae are patent and the exiting nerve roots are normal. Disc measurement: 1.0 mm.

C4-C5: There is a broad-based disc herniation which abuts the thecal sac. There is concurrent uncovertebral joint degenerative change. Disc material and uncovertebral joint degenerative change cause narrowing of the right neural foramen with contact on the right C5 exiting nerve root. Disc measurement: 2.0 mm.

C5-C6. There is a diffuse disc herniation which abuts the thecal sac. There is concurrent uncovertebral joint

degenerative change. Disc material and uncovertebral joint degenerative change cause narrowing of the right neural foramen with contact on the right C6 exiting nerve root. Disc measurement: 2.0 mm.

C6-C7: There is a broad-based disc herniation which abuts the thecal sac. There is concurrent uncovertebral joint degenerative change. Disc material and uncovertebral joint degenerative change cause narrowing of the bilateral neural foramen with contact on the bilateral C7 exiting nerve roots. Disc measurement. 2.0 mm.

C7-T1: There is no significant disc herniation. The spinal canal and neural foraminae are patent and the exiting nerve roots are normal.

IMPRESSION

1. Disc desiccation at C2-C3 down to C7-T1.
2. C3-C4: Broad-based disc herniation which abuts the thecal sac. Disc measurement: 1.0 mm.
3. C4-C5: Broad-based disc herniation which abuts the thecal sac. There is concurrent uncovertebral joint degenerative change. Disc material and uncovertebral joint degenerative change cause narrowing of the right neural foramen with contact on the right C5 exiting nerve root. Disc measurement: 2.0 mm.
4. C5-C6: Diffuse disc herniation which abuts the thecal sac. There is concurrent uncovertebral joint degenerative change. Disc material and uncovertebral joint degenerative change cause narrowing of the right neural foramen with contact on the right C6 exiting nerve root. Disc measurement: 2.0 mm.
5. C6-C7: Broad-based disc herniation which abuts the thecal sac. There is concurrent uncovertebral joint degenerative change. Disc material and uncovertebral joint degenerative change cause narrowing of the bilateral neural foramen with contact on the bilateral C7 exiting nerve roots. Disc measurement: 2.0 mm.

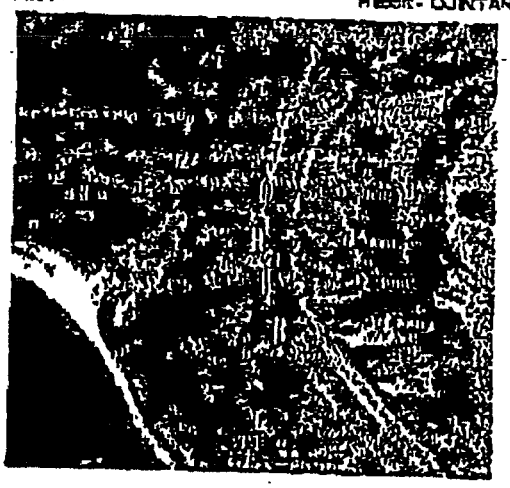
Thank you for referring this patient.

Approved and electronically signed by me on the approved date below.

Adil Mazhar MD
Jan 24,2016 09:50

To: 12095762839 From: 18186395367 Date: 04/05/16 Time: 1:23 AM Page: 06/15

1/25/2016 Header: QUINTANILLA ZUNIGA, ANDREA MARINA (2314[illegible] Jan 22 2018, 7:[illegible]



RECEIVED
APR 05 2016
FBGABJ

Progress Note

Patient Name:	Andrea Quintanilla	**Visit Date:**	August 1, 2017
Patient ID:	67374	**Provider:**	Sarun Soon, PA-C
Sex:	Female	**Location:**	LA Pain Management
Birthdate:	May 14, 1968	**Location Address:**	1400 S Grand Ave Suite 707 Los Angeles, CA 900153048
		Location Phone:	(213) 839-1119

Chief Complaint

- Neck pain
- Low back pain

History Of Present Illness

Andrea Quintanilla is a 49 year old female seen in pain management F/U for back pain and neck pain with PMH of thrombocytopenia.

The neck pain developed gradually several years ago. It is 10/10 in severity, and has a sharp quality and radiates into the head. The pain started when working in a nursing home moving patients. Heat pads have helped with the pain. Movement aggravates the pain.

The back pain severity is 10/10 The pain has been present for 4 years It is made worse by prolonged sitting and standing and made better by "nothing". The pain is described as feeling like aching and sharp. The pain radiates down the left leg but not past the knee. No numbness or tingling. No urinary/bowel changes.

Current Pain Medication:
Effexor 37.5 mg Qday.
Acetaminophen 1000mg BID - TID

Failed Medication:
Duloxetine 20mg (pruritis)
Tylenol #3 (fatigue)
Flexeril 10mg BID PRN (fatigue)

Past Intervention:
Physical therapy - reports little benefit for LBP (Patient currently going for neck pain)
Yoga, chiropractic management- reports no benefits
Patient seen Orthopedic, surgery not recommended.

Review of Systems

Constitutional
- **Denies** : fatigue, change in appetite, sleeping problems

Eyes
- **Denies** : additional symptoms, except as noted in the HPI

HENT
- **Denies** : additional symptoms, except as noted in the HPI

Cardiovascular
- **Denies** : chest pain, irregular heart beats, cardiac murmurs, additional symptoms, except as noted in the HPI

Respiratory
- **Denies** : shortness of breath, additional symptoms, except as noted in the HPI

Gastrointestinal
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Genitourinary
- **Denies** : urgency, additional symptoms, except as noted in the HPI

Integument
- **Denies** : rash, new skin lesions, additional symptoms, except as noted in the HPI

Neurologic
- **Denies** : seizures, additional symptoms, except as noted in the HPI

Musculoskeletal
- **Denies** : additional symptoms, except as noted in the HPI

End crine
- **Denies** : additional symptoms, except as noted in the HPI

Psychiatric
- **Denies** : additional symptoms, except as noted in the HPI

Heme-Lymph
- **Denies** : lymph node enlargement or tenderness, additional symptoms, except as noted in the HPI

Allergic-Immunologic
- **Denies** : additional symptoms, except as noted in the HPI

Physical Examination

Constitutional
- **Appearance** : well-nourished, well developed, alert, in no acute distress

Head
- **Cranium** :
  - **Inspection** : atraumatic, normocephalic
- **Face** :
  - **Inspection** : no facial lesions

Neck
- **Range of Motion** : cervical range of motion within normal limits

Respiratory
- **Respiratory Effort** : breathing unlabored

Cardiovascular
- **Peripheral Vascular System** :
  - **Extremities** : no edema or cyanosis noted

Musculoskeletal
- **Cervical Spine** :
  - **Inspection/Palpation** : no lesions or deformities, paraspinal musculature is tender to palpation
  - **Stability** : no subluxations present
  - **Range of Motion** : range of motion - normal flexion, ext and rotation, limited to 10deg lat bending
  - **Muscle Strength/Tone** : paraspinal muscle strength within normal limits, paraspinal muscle tone within normal limits
  - **Tests/Signs** : Spurling's test pos for axial pain and neg for radic
- **Thoracic Spine** :
  - **Inspection/Palpation** : no lesions or deformities, paraspinal musculature is nontender to palpation
  - **Range of Motion** : spine range of motion normal
  - **Muscle Strength/Tone** : paraspinal muscle strength within normal limits, paraspinal muscle tone within normal limits
- **Lumbosacral Spine** :
  - **Inspection/Palpation** : no lesions or deformities, paraspinal musculature is tender to palpation
  - **Range of Motion** : spine range of motion normal
  - **Muscle Strength/Tone** : paraspinal muscle strength and tone within normal limits
  - **Tests/Signs** : kemps pos for axial pain on the left, but neg for radic b/l; seated slump neg b/l
- **Right Upper Extremity** :
  - **Inspection** : no tenderness to palpation
  - **Joint Stability** : shoulder, elbow and wrist joint stability normal
  - **Range of Motion** : range of motion normal, no joint crepitus present, no pain with joint motion
- **Left Upper Extremity** :
  - **Inspection** : no tenderness to palpation
  - **Joint Stability** : shoulder, elbow and wrist joint stability normal
  - **Range of M tion** : range of motion normal, no joint crepitus present, no pain with joint motion

- **Right Lower Extremity** :
  - **Inspection** : no joint or limb tenderness to palpation, no edema present, no ecchymosis
- **Left Lower Extremity** :
  - **Inspection** : SIJ TTP, no edema present, no ecchymosis

Skin and Subcutaneous Tissue

- **General Inspection** : no lesions or areas of discoloration

Neurologic

- **Mental Status Examination** :
  - **Orientation** : grossly oriented to person, place and time
  - **Speech/Language** : communication ability within normal limits, voice quality normal, articulation of speech normal
  - **Attention** : attention normal
- **Motor Examination** :
  - **RUE Strength** : strength normal
  - **RUE Motor Function** : tone normal, muscle bulk normal, no abnormal movements noted
  - **LUE Strength** : strength normal
  - **LUE Motor Function** : tone normal, muscle bulk normal, no abnormal movements noted
  - **RLE Strength** : strength normal
  - **RLE Motor Function** : tone normal, no atrophy
  - **LLE Strength** : strength normal
  - **LLE Motor Function** : tone normal, no atrophy
- **Sensation** :
  - **Light Touch** : sensation intact to light touch and temp in extremities
  - **Vibration** : vibratory sensation intact in distal extremities
- **Gait and Station** : normal gait, able to stand without difficulty

Psychiatric

- **Mood and Affect** : mood anxious, affect appropriate

Assessment

- Cervicalgia 723.1/M54.2
- Thrombocytopenia 287.5/D69.6

Andrea Quintanilla was first seen by me on 8/1/17, previously seen by Dr. Leshin

8/1/17
Ms. Quintanilla is a 49yo fem, presenting w LBP.
-For any missing information please see new patient packet
-Discussed treatment options including PO medication, PT, PEP and interventional procedures
-A CURES/PDMP report was run today in accordance with the Medical Board of California Guidelines for Prescribing Controlled Substances for Pain. This was found to be consistent with medications prescribed through clinic providers, with no red flags, signs of abuse or aberrant behaviors. Only 3 prescriptions over the past year, all from PCP, last Tylenol #3, #60 on 3/22/17
- AVOID NSAIDS 2/2 HISTORY OF THROMBOCYTOPENIA
- Continue Effexor, patient stopped taking it after a few weeks when she didn't notice any change in pain. Advised patient it would take a few weeks - month before benefits are noted, and we would need to increase dosage slowly to limit SE.
- Schedule for cervical paraspinal TPI with Dr. Leshin
- AUTH and Schedule B/L SI joint injection

6/27/17
Ms. Quintanilla is a 49yo fem, presenting w LBP.
-For any missing information please see new patient packet
-Discussed treatment options including PO medication, PT, PEP and interventional procedures
-A CURES/PDMP report was run today in accordance with the Medical Board of California Guidelines for Prescribing Controlled Substances for Pain. This was found to be consistent with medications prescribed through clinic providers, with no red flags, signs of abuse or aberrant behaviors. Only 3 prescriptions over the past year, all from PCP, last Tylenol #3, #60 on 3/22/17

-AVOID NSAIDS 2/2 HISTORY OF THROMBOCYTOPENIA
-Seeing Dr. Chen of Ortho
-Has auth for MRI C- and L-spine from Dr. Chen. Once completed will discuss CESI and LESI vs LMBB if appropriate; if L-spine neg consider SIJ injection
-Start trial Effexor
-Submit for TPI

IMAGING==========
7/10/17 Lumbar MRI
- L4-L5 Facets are mildly arthritic
- L5 -S1 Mild disc degeneration, 2mm disc bulge No spinal stenosis, no neural foraminal compromise

7/14/17 Cervical MRI
- Early degenerative changes at C5-C6, C6-C7. No spinal stenosis, no neural foraminal compromise

Plan

Medications

- Effexor XR 37.5 mg oral capsule,extended release 24hr
  SIG: take 1 capsule (37.5 mg) by oral route once daily with food for 30 days
  DISP: (30) capsules with 0 refills
  Refilled on 08/01/2017

Instructi ns

- I discussed with the patient common and serious potential side effects and risks of all medications prescribed and potential risks, benefits and alternatives to all interventional procedures planned. All of the patients stated questions were addressed. For patients who take or are prescribed potentially sedating or opiate medications they were advised against drinking alcohol in combination with their medications and cautioned not to drive or engage in potentially dangerous activities if they are feeling sedated. Patient was asked to advise me of any observed side effects of their treatment.
- Medication policies reviewed c patients; all questions addressed.
- Reminded patient to follow up with their PCP or relevant specialists for all non-pain related issues or issues which were not addressed during todays visit.
- 8/1/17 Auth and Schedule for B/L SI joint injection
- Schedule for TPI C-spine paraspinals with Dr. Leshin
- Continue PHYSICAL THERAPY - GIVE HOME EXERCISE PROGRAM

Disposition

- Return Visit Request in/on 4 weeks +/- 2 days (99762).

Electronically Signed by: Sarun Soon, PA-C -Author on August 1, 2017 12:09:35 PM

Procedure Note

Patient Name:	Andrea Quintanilla	**Visit Date:**	August 11, 2017
Patient ID:	67374	**Provider:**	Benjamin Leshin, MD
Sex:	Female	**Location:**	LA Pain Management
Birthdate:	May 14, 1968	**Location Address:**	1400 S Grand Ave Suite 707 Los Angeles, CA 900153048
		Location Phone:	(213) 839-1119

Practice Name

Trigger Point Injection

Patient Name: Andrea Quintanilla

Preoperative Diagnosis: Myofascial Pain Syndrome
Postoperative Diagnosis: Same as above.
The patient is a 49 year old female who now returns in follow-up.

Location: Left Cervical Paraspinals Muscle X 2

Procedure:

After a discussion of risks and benefits, the patient consented. The patient was positioned in the sitting position. The area was prepped with alcohol. Using a 25-gauge needle, I localized the trigger points in the above stated region. I then injected Sensorcaine 0.25% 1.5 ml and Kenalog 40mg/ml, 0.5ml. I injected each trigger point with 1 ml. Band-aids were applied after the procedure. The patient tolerated the procedure well and was discharged in satisfactory condition.

Care Provider: Benjamin Leshin MD

Assessment

- Myofascial pain 729.1/M79.1

Plan

Orders
- Initial injection of trigger point (20553) - - 08/11/2017

Instructions
- Please refer to discharge sheet.

Dispositi n
- Call or Return if symptoms worsen or persist.

Referrals
- ID: 200106 Date: 06/30/2017 Type: Inbound
  Specialty: Pain Management

0017

Electronically Signed by: Benjamin Leshin, MD -Author on August 30, 2017 09:11:14 AM

Progress Note

Patient Name:	Andrea Quintanilla	**Visit Date:**	August 29, 2017
Patient ID:	67374	**Provider:**	Sarun Soon, PA-C
Sex:	Female	**Location:**	LA Pain Management
Birthdate:	May 14, 1968	**Location Address:**	1400 S Grand Ave Suite 707 Los Angeles, CA 900153048
		Location Phone:	(213) 839-1119

Chief Complaint

- Neck pain
- Low back pain

History Of Present Illness

Andrea Quintanilla is a 49 year old female seen in pain management F/U for back pain and neck pain with PMH of thrombocytopenia.

The neck pain developed gradually several years ago. It is 10/10 w/o med and a 5/10 with med in severity, and has a sharp quality and radiates into the head. The pain started when working in a nursing home moving patients. Heat pads have helped with the pain. Movement aggravates the pain. PEG scale 27.

The back pain severity is 10/10 and a 2/10 with med. The pain has been present for 4 years It is made worse by prolonged sitting and standing and made better by "nothing". The pain is described as feeling like aching and sharp. The pain radiates down the left leg but not past the knee. No numbness or tingling. No urinary/bowel changes.

Current Pain Medication:
Effexor 37.5 mg Qday.
Acetaminophen 1000mg BID - TID - Pain is controlled with this; however, patient would like to be pill free

Failed Medication:
Duloxetine 20mg (pruritis)
Tylenol #3 (fatigue)
Flexeril 10mg BID PRN (fatigue)

Past Intervention:
- Physical therapy - reports little benefit for LBP (Patient currently going for neck pain)
- 8/11/17 Left Cervical Paraspinals Muscle X 2 with Dr. Leshin, reports benefits for a few days
- Yoga, chiropractic management- reports no benefits
- Patient seen Orthopedic, surgery not recommended.

Review of Systems

C nstitutional
- **Denies** : fatigue, change in appetite, sleeping problems

Eyes
- **Denies** : additional symptoms, except as noted in the HPI

HENT
- **Denies** : additional symptoms, except as noted in the HPI

Cardi vascular
- **Denies** : chest pain, irregular heart beats, cardiac murmurs, additional symptoms, except as noted in the HPI

Respiratory

- **Denies** : shortness of breath, additional symptoms, except as noted in the HPI

Gastr intestinal
- **Denies** : loss of appetite, additional symptoms, except as noted in the HPI

Genit urinary
- **Denies** : urgency, additional symptoms, except as noted in the HPI

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Heme-Lymph
- **Denies** : lymph node enlargement or tenderness, additional symptoms, except as noted in the HPI

Allergic-Immunologic
- **Denies** : additional symptoms, except as noted in the HPI

Physical Examination

Constitutional
- **Appearance** : well-nourished, well developed, alert, in no acute distress

Head
- **Cranium** :
  - **Inspection** : atraumatic, normocephalic
- **Face** :
  - **Inspection** : no facial lesions

Neck
- **Range of Motion** : cervical range of motion within normal limits

Respirat ry
- **Respiratory Effort** : breathing unlabored

Cardiovascular
- **Peripheral Vascular System** :
  - **Extremities** : no edema or cyanosis noted

Musculoskeletal
- **Cervical Spine** :
  - **Inspection/Palpation** : no lesions or deformities, paraspinal musculature is tender to palpation
  - **Stability** : no subluxations present
  - **Range of Motion** : range of motion - normal flexion, ext and rotation, limited to 10deg lat bending
  - **Muscle Strength/Tone** : paraspinal muscle strength within normal limits, paraspinal muscle tone within normal limits
  - **Tests/Signs** : Spurling's test pos for axial pain and neg for radic
- **Th racic Spine** :
  - **Inspection/Palpation** : no lesions or deformities, paraspinal musculature is nontender to palpation
  - **Range of Motion** : spine range of motion normal
  - **Muscle Strength/Tone** : paraspinal muscle strength within normal limits, paraspinal muscle tone within normal limits
- **Lumbosacral Spine** :
  - **Inspection/Palpation** : no lesions or deformities, paraspinal musculature is tender to palpation
  - **Range of Motion** : spine range of motion normal
  - **Muscle Strength/Tone** : paraspinal muscle strength and tone within normal limits
  - **Tests/Signs** : kemps pos for axial pain on the left, but neg for radic b/l; seated slump neg b/l
- **Right Upper Extremity** :
  - **Inspection** : no tenderness to palpation
  - **Joint Stability** : shoulder, elbow and wrist joint stability normal
  - **Range of Motion** : range of motion normal, no joint crepitus present, no pain with joint motion
- **Left Upper Extremity** :
  - **Inspection** : no tenderness to palpation
  - **J int Stability** : shoulder, elbow and wrist joint stability normal

- **Range of Motion** : range of motion normal, no joint crepitus present, no pain with joint motion
- **Right Lower Extremity** :
  - **Inspection** : no joint or limb tenderness to palpation, no edema present, no ecchymosis
- **Left Lower Extremity** :
  - **Inspection** : SIJ TTP, no edema present, no ecchymosis

Skin and Subcutaneous Tissue

- **General Inspection** : no lesions or areas of discoloration

Neurologic

- **Mental Status Examination** :
  - **Orientation** : grossly oriented to person, place and time
  - **Speech/Language** : communication ability within normal limits, voice quality normal, articulation of speech normal
  - **Attention** : attention normal
- **Motor Examination** :
  - **RUE Strength** : strength normal
  - **RUE Motor Function** : tone normal, muscle bulk normal, no abnormal movements noted
  - **LUE Strength** : strength normal
  - **LUE Motor Function** : tone normal, muscle bulk normal, no abnormal movements noted
  - **RLE Strength** : strength normal
  - **RLE Motor Function** : tone normal, no atrophy
  - **LLE Strength** : strength normal
  - **LLE Motor Function** : tone normal, no atrophy
- **Sensation** :
  - **Light Touch** : sensation intact to light touch and temp in extremities
  - **Vibration** : vibratory sensation intact in distal extremities
- **Gait and Station** : normal gait, able to stand without difficulty

Psychiatric

- **Mood and Affect** : mood anxious, affect appropriate

Assessment

- Cervicalgia 723.1/M54.2
- Thrombocytopenia 287.5/D69.6

Andrea Quintanilla was first seen by me on 8/1/17, previously seen by Dr.

8/28/17
Ms. Quintanilla is a 49yo fem, presenting w LBP.
-For any missing information please see new patient packet
-Discussed treatment options including PO medication, PT, PEP and interventional procedures
-A CURES/PDMP report was run today in accordance with the Medical Board of California Guidelines for Prescribing Controlled Substances for Pain. This was found to be consistent with medications prescribed through clinic providers, with no red flags, signs of abuse or aberrant behaviors. Only 3 prescriptions over the past year, all from PCP, last Tylenol #3, #60 on 3/22/17
- AVOID NSAIDS 2/2 HISTORY OF THROMBOCYTOPENIA
- Continue Effexor and Acetaminophen
- AUTH and schedule C MBBB
- AUTH for PT for LBP, and PEP
- Schedule B/L SI joint injection after Cervical MBBB

8/1/17
Ms. Quintanilla is a 49yo fem, presenting w LBP.
-For any missing information please see new patient packet
-Discussed treatment options including PO medication, PT, PEP and interventional procedures
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- AVOID NSAIDS 2/2 HISTORY OF THROMBOCYTOPENIA
- Continue Effexor, patient stopped taking it after a few weeks when she didn't notice any change in pain. Advised patient it would take a few weeks - month before benefits are noted, and we would need to increase dosage slowly to limit SE.
- Schedule for cervical paraspinal TPI with Dr. Leshin
- AUTH and Schedule B/L SI joint injection

6/27/17
Ms. Quintanilla is a 49yo fem, presenting w LBP.
-For any missing information please see new patient packet
-Discussed treatment options including PO medication, PT, PEP and interventional procedures
-A CURES/PDMP report was run today in accordance with the Medical Board of California Guidelines for Prescribing Controlled Substances for Pain. This was found to be consistent with medications prescribed through clinic providers, with no red flags, signs of abuse or aberrant behaviors. Only 3 prescriptions over the past year, all from PCP, last Tylenol #3, #60 on 3/22/17
-AVOID NSAIDS 2/2 HISTORY OF THROMBOCYTOPENIA
-Seeing Dr. Chen of Ortho
-Has auth for MRI C- and L-spine from Dr. Chen. Once completed will discuss CESI and LESI vs LMBB if appropriate; if L-spine neg consider SIJ injection
-Start trial Effexor
-Submit for TPI

IMAGING==========
7/10/17 Lumbar MRI
- L4-L5 Facets are mildly arthritic
- L5 -S1 Mild disc degeneration, 2mm disc bulge No spinal stenosis, no neural foraminal compromise

7/14/17 Cervical MRI
- Early degenerative changes at C5-C6, C6-C7. No spinal stenosis, no neural foraminal compromise

Plan

Medications

- Acetaminophen Extra Strength 500 mg oral tablet
  SIG: 2 tabs PO TID, PRN pain
  DISP: (180) tablets with 1 refills
  Prescribed on 08/29/2017

- Effexor XR 37.5 mg oral capsule,extended release 24hr
  SIG: take 1 capsule (37.5 mg) by oral route once daily with food for 30 days
  DISP: (30) capsules with 1 refills
  Refilled on 08/29/2017

Instructions

- I discussed with the patient common and serious potential side effects and risks of all medications prescribed and potential risks, benefits and alternatives to all interventional procedures planned. All of the patients stated questions were addressed. For patients who take or are prescribed potentially sedating or opiate medications they were advised against drinking alcohol in combination with their medications and cautioned not to drive or engage in potentially dangerous activities if they are feeling sedated. Patient was asked to advise me of any observed side effects of their treatment.
- Medication policies reviewed c patients; all questions addressed.
- Reminded patient to follow up with their PCP or relevant specialists for all non-pain related issues or issues which were not addressed during todays visit.
- 8/29/17 Auth and Schedule for CERVICAL Medial Branch Block x6 levels with Dr. Leshin
- Continue PHYSICAL THERAPY - GIVE HOME EXERCISE PROGRAM
- **ADDENDUM 8/30/17 AUTH and Schedule for CESI under fluoro with epidurography. Note: pt will need CBC prior to injection given history of thrombocytopenia **
- 8/29/17 AUTH and Schedule Physical Therapy for Lower Back Pain, Therapeutic exercises and stretches
- 8/29/17 AUTH and Schedule PEP

Disposition

- Return Visit Request in/on 4 weeks +/- 2 days (1[illegible]

0022

Electronically Signed by: Benjamin Leshin, MD -Author on August 30, 2017 09:13:25 AM

Procedure Note

Patient Name:	Andrea Quintanilla	**Visit Date:**	August 30, 2017
Patient ID:	67374	**Provider:**	Ryan C. Peterson, MD
Sex:	Female	**Location:**	LA Pain Management
Birthdate:	May 14, 1968	**Location Address:**	1400 S Grand Ave Suite 707 Los Angeles, CA 900153048
		Location Phone:	(213) 839-1119

OUTPATIENT OPERATIVE NOTE

Pre-Operative Diagnosis: Myofascial Pain
Post-Operative Diagnosis: Myofascial Pain
Procedure Title: Trigger Point Injection of Bilateral Trapezius, Levator Scapula and Splenius Capitus Muscles
Attending Surgeon: Ryan Peterson, M.D.
Anesthesia: Local

Indications: The patient has a diagnosis of myofascial pain. The patient's history and physical exam were reviewed. The risks, benefits, and alternatives to the procedure were discussed, and all questions were answered to the patient's satisfaction. The patient agreed to proceed, and written informed consent was obtained.

Procedure in Detail: The area of the bilateral neck muscles were prepped and draped in the usual sterile manner. Trigger points were marked using a marking pen. A 25g 1 1/2 inch needles were directed toward these target points. After negative aspiration was confirmed, 1ml of a solution containing 1ml triamcinolone (40mg/cc) and 6cc 0.25% bupivacaine was injected at each level. A total of 6 injections were performed in the identified muscle(s). After the injections were completed, the procedure area was cleaned and bandages were placed at the needle insertion sites.

Disposition: The patient tolerated the procedure well and there were no apparent complications. The patient was sent home with instructions and they were told to call the office if they have any issues.

Assessment

- Myofascial muscle pain 729.1/M79.7

Plan

Orders

- Injection, trigger point, single, 3+ muscles (20553) - 729.1/M79.7 - 08/30/2017

Referrals

- ID: 210357 Date: 08/02/2017 Type: Inbound
  Specialty: Pain Management

Electronically Signed by: Ryan C. Peterson, MD -Author on August 30, 2017 09:42:04 AM

Procedure Note

Patient Name:	Andrea Quintanilla	**Visit Date:**	August 30, 2017
Patient ID:	67374	**Provider:**	Ryan C. Peterson, MD
Sex:	Female	**Location:**	LA Pain Management
Birthdate:	May 14, 1968	**Location Address:**	1400 S Grand Ave Suite 707 Los Angeles, CA 900153048
		Location Phone:	(213) 839-1119

I performed a bilateral sacroiliac joint injection under fluoroscopy today at Los Angeles Pain Management. See attached full dictated operative note.

Assessment

- Sacroiliitis 720.2/M46.1

Plan

Orders

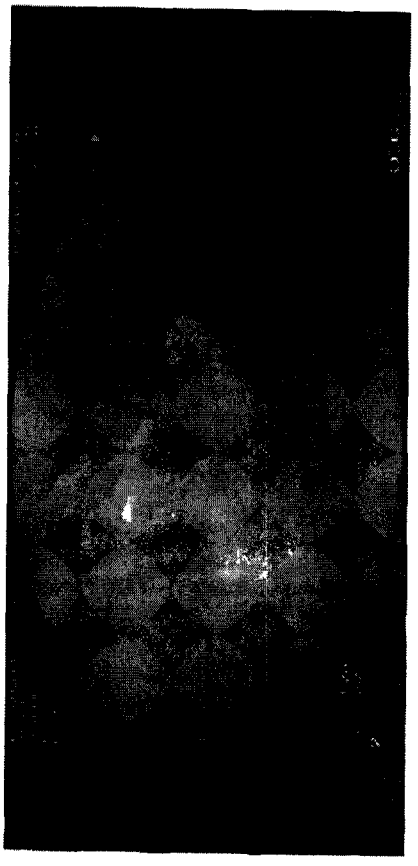
- Injection of sacroiliac joint (27096) - 720.2/M46.1 - 08/30/2017
  bilateral
- Fluoroscopic Guidance (77003) - 720.2/M46.1 - 08/30/2017

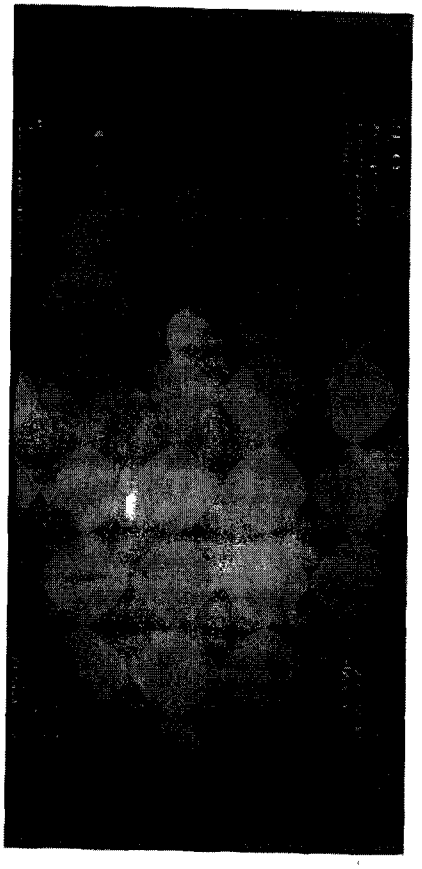
Referrals

- ID: 210357 Date: 08/02/2017 Type: Inbound
  Specialty: Pain Management

Electronically Signed by: Ryan C. Peterson, MD -Author on August 30, 2017 09:44:44 AM

QUINTANILLA, ANDREA
5-14-68





August 30, 2017

RE: QUINTANILLA, ANDREA
DOB: 05/14/68

LOS ANGELES PAIN MANAGEMENT

OPERATIVE REPORT

SURGEON:	Ryan Peterson, M.D.
ASSISTANT:	None.
PREOPERATIVE DIAGNOSIS:	Sacroiliitis.
POSTOPERATIVE DIAGNOSIS:	Sacroiliitis.
OPERATION TITLE:	1. Bilateral sacroiliac joint injection. 2. Sacroiliac arthrogram. 3. Intraoperative fluoroscopy.
ANESTHESIA:	Local.

INDICATIONS:
This patient has a diagnosis of painful sacroiliitis. The patient's history and physical exam were reviewed. The risks, benefits and alternatives to the procedure were discussed, and all questions were answered to the patient's satisfaction. The patient agreed to proceed, and written informed consent was obtained.

PROCEDURE IN DETAIL:
An intravenous line was started in the preoperative holding area. The patient was taken to the procedure room and placed in the prone position on the fluoroscopy table. Standard monitors were placed, and vital signs were monitored throughout the procedure. The area of the left sacroiliac joint was prepped and draped in the usual sterile manner.

AP fluoroscopic views were used to identify and mark the left sacroiliac joint. The fluoroscopic beam was then obliqued until the anterior and posterior margins of the joint were aligned. The inferior margin of the joint was identified and marked. The skin and subcutaneous tissues were anesthetized with 1% lidocaine. A 23-gauge x 3.5-inch spinal needle was advanced toward the identified point under fluoroscopic guidance. Once the targeted point was reached and the joint space was entered, negative aspiration was confirmed, and 1 mL of contrast was injected. The joint space was appropriately outlined. Then, after negative aspiration, a solution consisting of 3 mL 0.25% bupivacaine preservative free and 1 mL triamcinolone (40 mg/mL) was easily injected. The needle was removed with a 1% lidocaine flush. After the injections

were completed, the patient's back was cleaned and bandages were placed at the needle insertion sites.

The same procedure was repeated on the opposite side.

DISPOSITION:
The patient tolerated the procedure well and there were no apparent complications. Vital signs remained stable throughout the procedure. The patient was taken to the recovery area where written discharge instructions for the procedure were given.

Ryan C. Peterson, M.D.
RP/medsol/vnl
D: 09/05/17
T: 09/06/17

Procedure Note

Patient Name:	Andrea Quintanilla	**Visit Date:**	September 13, 2017
Patient ID:	67374	**Provider:**	Ryan C. Peterson, MD
Sex:	Female	**Location:**	LA Pain Management
Birthdate:	May 14, 1968	**Location Address:**	1400 S Grand Ave Suite 707 Los Angeles, CA 900153048
		Location Phone:	(213) 839-1119

I performed a left cervical C3-4 C4-5 C5-6 and C6-7 median branch block today at Los Angeles Pain Management. See full dictated operative note.

Assessment

- Cervical facet syndrome 723.8/M12.88

Plan

Orders

- Facet First Additional, paravertebral (64491) - 723.8/M12.88 - 09/13/2017
- Facet cerv thor second level (64492) - - 09/13/2017
- Injection of anesthetic agent around medial branch of posterior ramus of cervical spinal nerve (64490) - 723.8/M12.88 - 09/13/2017
- Fluoroscopic Guidance (77003) - 723.8/M12.88 - 09/13/2017

Referrals

- ID: 220359 Date: 08/30/2017 Type: Inbound
  Specialty: Pain Management

Electronically Signed by: Ryan C. Peterson, MD -Author on September 13, 2017 04:01:17 PM

Procedure Note

Patient Name:	Andrea Quintanilla	**Visit Date:**	September 13, 2017
Patient ID:	67374	**Provider:**	Ryan C. Peterson, MD
Sex:	Female	**Location:**	LA Pain Management
Birthdate:	May 14, 1968	**Location Address:**	1400 S Grand Ave Suite 707 Los Angeles, CA 900153048
		Location Phone:	(213) 839-1119

I performed a left cervical C3-4 C4-5 C5-6 and C6-7 median branch block today at Los Angeles Pain Management. See full dictated operative note.

Assessment

- Cervical facet syndrome 723.8/M12.88

Plan

Orders

- Facet First Additional, paravertebral (64491) - 723.8/M12.88 - 09/15/2017
- Facet cerv thor second level (64492) - 723.8/M12.88 - 09/15/2017
- Injection of anesthetic agent around medial branch of posterior ramus of cervical spinal nerve (64490) - 723.8/M12.88 - 09/15/2017
- Fluoroscopic Guidance (77003) - 723.8/M12.88 - 09/15/2017

Referrals

- ID: 220359 Date: 08/30/2017 Type: Inbound
  Specialty: Pain Management

Electronically Signed by: Ryan C. Peterson, MD -Author on September 15, 2017 04:11:24 PM

Progress Note

Patient Name:	Andrea Quintanilla	**Visit Date:**	September 26, 2017
Patient ID:	67374	**Provider:**	Sarun Soon, PA-C
Sex:	Female	**Location:**	LA Pain Management
Birthdate:	May 14, 1968	**Location Address:**	1400 S Grand Ave Suite 707 Los Angeles, CA 900153048
		Location Phone:	(213) 839-1119

Chief Complaint

- Neck pain
- Low back pain

History Of Present Illness

Andrea Quintanilla is a 49 year old female seen in pain management F/U for back pain and neck pain with PMH of thrombocytopenia. PEG scale 27

The neck pain developed gradually several years ago. It is 10/10 w/o med and a 5/10 with med in severity, and has a sharp quality and radiates into the head. The pain started when working in a nursing home moving patients. Heat pads have helped with the pain. Movement aggravates the pain.

The back pain severity is 10/10 and a 2/10 with med. The pain has been present for 4 years It is made worse by prolonged sitting and standing and made better by "nothing". The pain is described as feeling like aching and sharp. The pain radiates down the left leg but not past the knee. No numbness or tingling. No urinary/bowel changes.

Current Pain Medication:
Effexor 37.5 mg Qday.
Acetaminophen 1000mg BID - TID - Pain is controlled with this (4-5 hours of relief); however, patient would like to be pill free

Failed Medication:
Duloxetine 20mg (pruritis)
Tylenol #3 (fatigue)
Flexeril 10mg BID PRN (fatigue)

Past Intervention:
- Physical therapy - reports little benefit for LBP (Patient currently going for neck pain)
- 9/13/17 - left cervical C3-4 C4-5 C5-6 and C6-7 median branch block with Dr. Peterson, reports no benefit
- 8/30/17 - TPI cervical and neck with Dr. Peterson, reports no benefit
- 8/30/17 - Bilateral SI joint injection with Dr. Peterson, reports no benefit
- 8/11/17 Left Cervical Paraspinals Muscle X 2 with Dr. Leshin, reports benefits for a few days
- Yoga, chiropractic management- reports no benefits
- Patient seen Orthopedic, surgery not recommended.

Review of Systems

Constituti nal
- **Denies** : fatigue, change in appetite, sleeping problems

Eyes
- **Denies** : additional symptoms, except as noted in the HPI

HENT

- **Denies** : additional symptoms, except as noted in the HPI

Cardiovascular
- **Denies** : chest pain, irregular heart beats, cardiac murmurs, additional symptoms, except as noted in the HPI

Respiratory
- **Denies** : shortness of breath, additional symptoms, except as noted in the HPI

Gastrointestinal
- **Denies** : loss of appetite, additional symptoms, except as noted in the HPI

Genitourinary
- **Denies** : urgency, additional symptoms, except as noted in the HPI

Integument
- **Denies** : rash, new skin lesions, additional symptoms, except as noted in the HPI

Neurologic
- **Denies** : seizures, additional symptoms, except as noted in the HPI

Musculoskeletal
- **Denies** : additional symptoms, except as noted in the HPI

Endocrine
- **Denies** : additional symptoms, except as noted in the HPI

Psychiatric
- **Denies** : additional symptoms, except as noted in the HPI

Heme-Lymph
- **Denies** : lymph node enlargement or tenderness, additional symptoms, except as noted in the HPI

Allergic-Immunologic
- **Denies** : additional symptoms, except as noted in the HPI

Physical Examination

Constitutional
- **Appearance** : well-nourished, well developed, alert, in no acute distress

Head
- **Cranium** :
  - **Inspection** : atraumatic, normocephalic
- **Face** :
  - **Inspection** : no facial lesions

Neck
- **Range of Motion** : cervical range of motion within normal limits

Respiratory
- **Respiratory Effort** : breathing unlabored

Cardiovascular
- **Peripheral Vascular System** :
  - **Extremities** : no edema or cyanosis noted

Musculoskeletal
- **Cervical Spine** :
  - **Inspection/Palpation** : no lesions or deformities, paraspinal musculature is tender to palpation
  - **Stability** : no subluxations present
  - **Range of Motion** : range of motion - normal flexion, ext and rotation, limited to 10deg lat bending
  - **Muscle Strength/Tone** : paraspinal muscle strength within normal limits, paraspinal muscle tone within normal limits
  - **Tests/Signs** : Spurling's test pos for axial pain and neg for radic
- **Thoracic Spine** :
  - **Inspection/Palpation** : no lesions or deformities, paraspinal musculature is nontender to palpation
  - **Range of Motion** : spine range of motion normal
  - **Muscle Strength/Tone** : paraspinal muscle strength within normal limits, paraspinal muscle tone within normal limits
- **Lumbosacral Spine** :
  - **Inspection/Palpation** : no lesions or deformities, paraspinal musculature is tender to palpation
  - **Range of Motion** : spine range of motion normal
  - **Muscle Strength/Tone** : paraspinal muscle strength and tone within normal limits
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- **Right Upper Extremity** :
  - **Inspecti n** : no tenderness to palpation
  - **Joint Stability** : shoulder, elbow and wrist joint stability normal

        - **Range of Moti n** : range of motion normal, no joint crepitus present, no pain with joint motion
    - **Left Upper Extremity** :
        - **Inspecti n** : no tenderness to palpation
        - **Joint Stability** : shoulder, elbow and wrist joint stability normal
        - **Range of Motion** : range of motion normal, no joint crepitus present, no pain with joint motion
    - **Right Lower Extremity** :
        - **Inspection** : no joint or limb tenderness to palpation, no edema present, no ecchymosis
    - **Left Lower Extremity** :
        - **Inspection** : SIJ TTP, no edema present, no ecchymosis

Skin and Subcutaneous Tissue

- **General Inspection** : no lesions or areas of discoloration

Neurologic

- **Mental Status Examination** :
    - **Orientation** : grossly oriented to person, place and time
    - **Speech/Language** : communication ability within normal limits, voice quality normal, articulation of speech normal
    - **Attention** : attention normal
- **M tor Examination** :
    - **RUE Strength** : strength normal
    - **RUE Motor Function** : tone normal, muscle bulk normal, no abnormal movements noted
    - **LUE Strength** : strength normal
    - **LUE Motor Function** : tone normal, muscle bulk normal, no abnormal movements noted
    - **RLE Strength** : strength normal
    - **RLE Motor Function** : tone normal, no atrophy
    - **LLE Strength** : strength normal
    - **LLE Motor Function** : tone normal, no atrophy
- **Sensation** :
    - **Light Touch** : sensation intact to light touch and temp in extremities
    - **Vibration** : vibratory sensation intact in distal extremities
- **Gait and Station** : normal gait, able to stand without difficulty

Psychiatric

- **M od and Affect** : mood anxious, affect appropriate

Assessment

- Cervicalgia 723.1/M54.2
- Thrombocytopenia 287.5/D69.6

Andrea Quintanilla was first seen by me on 8/1/17, previously seen by Dr. Leshin

9/26/17
- AVOID NSAIDS 2/2 HISTORY OF THROMBOCYTOPENIA
- Continue Effexor and Acetaminophen
- AUTH for PT for LBP and neck pain and back pain, Holding off on PEP due to company issues

8/28/17
Ms. Quintanilla is a 49yo fem, presenting w LBP.
-For any missing information please see new patient packet
-Discussed treatment options including PO medication, PT, PEP and interventional procedures
-A CURES/PDMP report was run today in accordance with the Medical Board of California Guidelines for Prescribing Controlled Substances for Pain. This was found to be consistent with medications prescribed through clinic providers, with no red flags, signs of abuse or aberrant behaviors. Only 3 prescriptions over the past year, all from PCP, last Tylenol #3, #60 on 3/22/17
- AVOID NSAIDS 2/2 HISTORY OF THROMBOCYTOPENIA
- Continue Effexor and Acetaminophen
- AUTH and schedule C MBBB
- AUTH for PT for LBP, and PEP
- Schedule B/L SI joint injection after Cervical MBBB

8/1/17
Ms. Quintanilla is a 49yo fem, presenting w LBP.
-For any missing information please see new patient packet
-Discussed treatment options including PO medication, PT, PEP and interventional procedures
-A CURES/PDMP report was run today in accordance with the Medical Board of California Guidelines for Prescribing Controlled Substances for Pain. This was found to be consistent with medications prescribed through clinic providers, with no red flags, signs of abuse or aberrant behaviors. Only 3 prescriptions over the past year, all from PCP, last Tylenol #3, #60 on 3/22/17
- AVOID NSAIDS 2/2 HISTORY OF THROMBOCYTOPENIA
- Continue Effexor, patient stopped taking it after a few weeks when she didn't notice any change in pain. Advised patient it would take a few weeks - month before benefits are noted, and we would need to increase dosage slowly to limit SE.
- Schedule for cervical paraspinal TPI with Dr. Leshin
- AUTH and Schedule B/L SI joint injection

6/27/17
Ms. Quintanilla is a 49yo fem, presenting w LBP.
-For any missing information please see new patient packet
-Discussed treatment options including PO medication, PT, PEP and interventional procedures
-A CURES/PDMP report was run today in accordance with the Medical Board of California Guidelines for Prescribing Controlled Substances for Pain. This was found to be consistent with medications prescribed through clinic providers, with no red flags, signs of abuse or aberrant behaviors. Only 3 prescriptions over the past year, all from PCP, last Tylenol #3, #60 on 3/22/17
-AVOID NSAIDS 2/2 HISTORY OF THROMBOCYTOPENIA
-Seeing Dr. Chen of Ortho
-Has auth for MRI C- and L-spine from Dr. Chen. Once completed will discuss CESI and LESI vs LMBB if appropriate; if L-spine neg consider SIJ injection
-Start trial Effexor
-Submit for TPI

IMAGING==========
7/10/17 Lumbar MRI
- L4-L5 Facets are mildly arthritic
- L5 -S1 Mild disc degeneration, 2mm disc bulge No spinal stenosis, no neural foraminal compromise

7/14/17 Cervical MRI
- Early degenerative changes at C5-C6, C6-C7. No spinal stenosis, no neural foraminal compromise

Plan

Instructions

- I discussed with the patient common and serious potential side effects and risks of all medications prescribed and potential risks, benefits and alternatives to all interventional procedures planned. All of the patients stated questions were addressed. For patients who take or are prescribed potentially sedating or opiate medications they were advised against drinking alcohol in combination with their medications and cautioned not to drive or engage in potentially dangerous activities if they are feeling sedated. Patient was asked to advise me of any observed side effects of their treatment.
- Medication policies reviewed c patients; all questions addressed.
- Reminded patient to follow up with their PCP or relevant specialists for all non-pain related issues or issues which were not addressed during todays visit.
- 9/26/17 AUTH and Schedule PHYSICAL THERAPY for chronic neck pain and back pain 2x12 weeks - GIVE HOME EXERCISE PROGRAM

Disposition

- Return Visit Request in/on 8 weeks +/- 2 days (106680).

Electronically Signed by: Sarun Soon, PA-C -Author on September 26, 2017 11:59:07 AM

NAME: QUINTANILLA, ANDREA
D.O.B: 5-14-1998
D.O.S: 9-13-2017

September 13, 2017

RE: QUINTANILLA, ANDREA
DOB: 05/14/68

LOS ANGELES PAIN MANAGEMENT

OPERATIVE REPORT

SURGEON:	Ryan Peterson, M.D.
ASSISTANT:	None.
PREOPERATIVE DIAGNOSIS:	Cervical facet arthropathy.
POSTOPERATIVE DIAGNOSIS:	Cervical facet arthropathy.
OPERATION TITLE:	1. Left C3-C4, C4-C5, C5-C6, C6-C7 facet median branch nerve blocks. 2. Intraoperative fluoroscopy.
ANESTHESIA:	Local.

INDICATIONS:
The patient has a working diagnosis of painful cervical facet arthropathy. The patient's history and physical exam were reviewed. The risks, benefits and alternatives to the procedure were discussed, and all questions were answered to the patient's satisfaction. The patient agreed to proceed, and written informed consent was obtained.

PROCEDURE IN DETAIL:
An intravenous line was started in the preoperative holding area. The patient was taken to the procedure room and placed in the prone position on the fluoroscopy table. Standard monitors were placed, and vital signs were monitored throughout the procedure. The area of the cervical spine was prepped and draped in the usual sterile manner.

AP fluoroscopic views were used to identify and mark the mid articular pillars of the C3-C4, C4-C5, C5-C6, C6-C7 levels on the left side. The skin and subcutaneous tissues in these areas were anesthetized with 1% lidocaine. 23-gauge 3.5-inch spinal needles were directed toward the target points until bone was contacted. At this point, lateral fluoroscopic views were obtained, and the needle tips were advanced to the centroid of the facets at each level. After negative aspiration was confirmed, 1 mL of 0.25% bupivacaine with epinephrine 1:200,000 mixed with 40 mg of triamcinolone was injected at each level. The needles were removed, and the patient's neck was cleaned. Bandages were placed over the points of needle insertion.

DISPOSITION:
The patient tolerated the procedure well, and there were no apparent complications. Vital signs remained stable throughout the procedure. The patient was taken to the postoperative recovery area where written discharge instructions for the procedure were given.

Postoperative pain relief was significant when compared with preoperative facet pain testing.

Ryan C. Peterson, M.D.
RP/medsol/vnl
D: 09/30/17
T: 10/01/17

Westchester
Advanced Imaging Center
A RadNet Imaging Center

Westchester Advanced Imaging
8540 S. Sepulveda Blvd. Suite 111
Los Angeles, CA 90045
Phone: (310) 645-9050
Fax: (310) 216-2683

QUINTANILLA, ANDREA
MRN: 9862309
DOB: 05-14-1968 Sex: F
Phone:(626) 493-7981

Date of Service: 07-14-2017

Ordered By

GARY CHEN, MD
1513 S GRAND AVE, STE 208
LOS ANGELES CA, 90015

FAX: (213) 765-8181

EXAM: MRI CERVICAL SPINE WITHOUT CONTRAST

HISTORY: Pain

TECHNIQUE: Sagittal and axial sequences as per protocol

COMPARISON: None available.

FINDINGS: Spinal alignment is maintained. There is no fracture or subluxation. No focal cord lesion is evident.

The C2-3 level is normal. The C3-4 level is normal. The C4-5 level is normal.

At C5-6 there is a 2 mm diffuse posterior disc bulge producing mild central stenosis but no cord compromise. The neural foramina are patent and there is early facet arthropathy more on the right.

At C6-7 there is no significant abnormality with early disc degeneration but no central stenosis or foraminal compromise. C7-T1 level appears normal.

IMPRESSION: Early degenerative changes at C5-6 and to a lesser extent at C6-7. No significant spinal stenosis. Note no neural foraminal compromise. Minimal facet arthropathy

End of diagnostic report for accession: 11014745
Dictated: 07-18-2017 5:32:31 PM
Dictated By: Greenberg, Stephen, MD
Signed By: Greenberg, Stephen, MD 07-18-2017 5:32:31 PM

Confidential

9/25/2017 DiagnosticReport

Westchester
Advanced Imaging Center
A RadNet Imaging Center

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8540 S. Sepulveda Blvd. Suite 111
Los Angeles, CA 90045
Phone: (310) 645-9050
Fax: (310) 216-2683

QUINTANILLA, ANDREA
MRN: 9862309
DOB: 05-14-1968 Sex: F
Phone:(626) 493-7981

Date of Service: 07-10-2017

Ordered By

GARY CHEN, MD
1513 S GRAND AVE, STE 208
LOS ANGELES CA, 90015

FAX: (213) 765-8181

EXAM: MRI LUMBAR SPINE WITHOUT CONTRAST

HISTORY: Low back pain
Neck pain and back pain x 3-4 yrs
no specific injury no surgery

TECHNIQUE: Multiplanar imaging using a Hitachi Open 1.2 Tesla high-field strength MR scanner was performed. Sequences include sagittal T1 and T2, sagittal STIR, axial T1 and T2 weighted images.

COMPARISON: None available.

FINDINGS: This dictation is based on the assumption that there are five lumbar type vertebrae. Marrow signal is unremarkable. The visualized lower spinal cord and the conus are normal. There is no evidence of acute compression fracture or neoplasm. There is a normal lumbar lordosis. There is mild scoliosis.

There is disc degeneration with mild loss of disc height at L5-S1. The other discs are normal in height. There is no evidence of instability.

The retroperitoneum is unremarkable. Aorta is non aneurysmal. Paraspinous soft tissues are normal.

Levels:

T12-L1: The canal and foramina are large. The disc is tall. The facets are unremarkable.

L1-2: The canal and neural foramina are large. The disc is normal height. The facets are unremarkable.

L2-3: The canal and neural foramina are large. The disc is tall. The facets are unremarkable.

L3-4: The canal and neural foramina are large. The disc is tall. The facets are unremarkable.

L4-5: The canal and the neural foramina are patent. The disc is tall. Facets are mildly arthritic.

L5-S1: There is disc degeneration with mild loss of disc height at L5-S1. There is a 2 mm broad disc bulge. The canal and the neural foramina are patent. The lateral recesses are large. The L5 and S1 the roots are normal in size and normal signal. Facets are mildly arthritic.

The upper sacrum it is unremarkable. Limited view of the SI joints is unremarkable.

IMPRESSION:

L4-5:Facets are mildly arthritic.

L5-S1: There is disc degeneration with mild loss of disc height at L5-S1. There is a 2 mm broad disc bulge. Facets are mildly arthritic.

End of diagnostic report for accession: 10957729
Dictated: 07-12-2017 11:31:45 AM
Dictated By: Watanabe, Alyssa T, MD
Signed By: Watanabe, Alyssa T, MD 07-12-2017 11:31:45 AM

Procedure Note

Patient Name:	Andrea Quintanilla	**Visit Date:**	October 11, 2017
Patient ID:	67374	**Provider:**	Ryan C. Peterson, MD
Sex:	Female	**Location:**	LA Pain Management
Birthdate:	May 14, 1968	**Location Address:**	1400 S Grand Ave Suite 707 Los Angeles, CA 900153048
		Location Phone:	(213) 839-1119

I performed a cervical translaminar epidural injection with catheter to right C3-4 under fluoroscopy and local anesthesia today at Los Angeles Pain Management. See attached dictated operative note.

Assessment

- Cervical disc disorder with radiculopathy of cervicothoracic region 723.4/M50.13
- Cervicalgia 723.1/M54.2

Plan

Orders

- Cervical myelogram (72240) - 723.4/M50.13, 723.1/M54.2 - 10/12/2017
- Epidurography (72275) - 723.4/M50.13, 723.1/M54.2 - 10/12/2017
- Injection(s), including indwelling catheter placement, continuou (62325) (62325) - 723.4/M50.13, 723.1/M54.2 - 10/12/2017

Referrals

- ID: 220351 Date: 08/30/2017 Type: Inbound
  Specialty: Pain Management

Electronically Signed by: Ryan C. Peterson, MD -Author on October 12, 2017 10:58:28 AM

October 11, 2017

RE: QUINTANILLA, ANDREA
DOB: 05/14/68

LOS ANGELES PAIN MANAGEMENT

OPERATIVE REPORT

SURGEON:	Ryan Peterson, M.D.
ASSISTANT:	None.
PREOPERATIVE DIAGNOSES:	1. Cervical radiculopathy. 2. Cervical degenerative disc disease.
POSTOPERATIVE DIAGNOSES:	1. Cervical radiculopathy. 2. Cervical degenerative disc disease.
OPERATION TITLES:	1. Cervical translaminar epidural injection with intermittent catheter to right C3-C4 level. 2. Right C3-C4 myelogram. 3. Epidurogram. 4. Fluoroscopy supervision of the cervical spine.
ANESTHESIA:	Local.

INDICATIONS:
This patient suffers from moderate to severe pain due to cervical spine disease. The patient's history and physical exam were reviewed. The risks, benefits and alternatives to the procedure were discussed, and all questions were answered to the patient's satisfaction. The patient agreed to proceed, and written informed consent was obtained.

PROCEDURE IN DETAIL:
The patient was brought into the procedure room and placed in the prone position on the fluoroscopy table. Standard monitors were placed, and vital signs were observed throughout the procedure. The area of the cervicothoracic spine was prepped with Betadine x3 and draped in a sterile manner. Cervical epidural injection: The C7-T1 interspace was identified and marked under AP fluoroscopy. The skin and the subcutaneous tissues in the area were anesthetized with 1% lidocaine. A 17-gauge Tuohy epidural needle was directed toward the interspace using paramedian approach under fluoroscopic guidance until the ligamentum flavum was engaged near the midline of the vertebra. From this point, a hanging-drop technique with saline was used to identify

entrance of the needle into the epidural space. Once the drop of saline was drawn into the needle, negative aspiration was confirmed, and contrast solution was injected. Epidurogram: The following finding was obtained: Clear epidurogram was noted up to the level of C3. A continuous catheter was inserted into the epidural space using fluoroscopic guidance. The catheter was directed to the right C3-C4 level. Cervical myelogram: Contrast solution was injected into the catheter and the following finding was obtained: Clear myelograms could be seen on the right at C3 and C4.

Then, after negative aspiration, a solution consisting of 2 mL triamcinolone (40 mg/mL), and 4 mL preservative-free saline was easily injected. The needle and catheter were removed with a 1% lidocaine flush. The patient's neck was cleaned and a bandage was placed over the needle insertion site.

DISPOSITION:
The patient tolerated the procedure well, and there were no apparent complications. Vital signs remained stable throughout the procedure. The patient was taken to the recovery area where written discharge instructions for the procedure were given.

Ryan C. Peterson, M.D.
RP/medsol/mjs
D: 10/13/17
T: 10/14/17

Progress Note

Patient Name:	Andrea Quintanilla	**Visit Date:**	November 14, 2017
Patient ID:	67374	**Provider:**	Dana Boutros, PA
Sex:	Female	**Location:**	LA Pain Management
Birthdate:	May 14, 1968	**Location Address:**	1400 S Grand Ave Suite 707 Los Angeles, CA 900153048
		Location Phone:	(213) 839-1119

Chief Complaint

- Neck pain
- Low back pain

History Of Present Illness

Andrea Quintanilla is a 49 year old female presenting for follow up for back pain and neck pain with PMH of thrombocytopenia.

Neck pain developed gradually several years ago. It is 10/10 w/o med and a 5/10 with med in severity, and has a sharp quality and radiates into the head. Patient has spasms throughout the day and is having difficulty sleeping at night. The pain started when working in a nursing home moving patients. Heat pads have helped with the pain. Movement aggravates the pain.

Back pain severity is 10/10 and a 2/10 with med. Patient states that she is having difficulty sleeping at night due to the pain. The pain has been present for 4 years It is made worse by prolonged sitting and standing and made better by "nothing". The pain is described as feeling like aching and sharp. The pain radiates down the left leg but not past the knee. No numbness or tingling. No urinary/bowel changes.

Current Pain Medication:
-Effexor 37.5 mg Qday.
-Acetaminophen 1000mg BID- Pain is controlled with this (4-5 hours of relief); Patient reports rash and using Hydrocortisone cream
*No NSAIDs due to Hx of thrombocytopenia

Failed Medication:
Duloxetine 20mg (pruritis)
Tylenol #3 (fatigue)
Flexeril 10mg BID PRN (fatigue)

Past Intervention:
- Physical therapy - reports little benefit for LBP (Patient currently going for neck pain), next session is today at 3:30pm, compliant with HEP
-10/11/17 CESI with Dr. Peterson, reports no benefit, relief lasted 30 min
- 9/13/17 - left cervical C3-4 C4-5 C5-6 and C6-7 median branch block with Dr. Peterson, reports no benefit,
- 8/30/17 - TPI cervical and neck with Dr. Peterson, reports no benefit
- 8/30/17 - Bilateral SI joint injection with Dr. Peterson, reports no benefit
- 8/11/17 Left Cervical Paraspinals Muscle X 2 with Dr. Leshin, reports benefits for a few days
- Yoga, chiropractic management- reports no benefits
- Patient seen Orthopedic, surgery not recommended.

Past Medical History

Cervical disc herniation; Cervicalgia; Idiopathic thrombocytopenia purpura; Lumbosacral disc herniation; Myofascial pain; Thrombocytopenia

Medication List

acetaminophen 325 mg oral capsule; Acetaminophen Extra Strength 500 mg oral tablet; cyclobenzaprine 5 mg oral tablet; Effexor XR

37.5 mg oral capsule,extended release 24hr

Allergy List
Cyclobenzaprine

Social History
Non alcoholic beverage drinker; Non-smoker

Review of Systems
Constitutional
- **Denies** : fatigue, change in appetite, sleeping problems

Eyes
- **Denies** : additional symptoms, except as noted in the HPI

HENT
- **Denies** : additional symptoms, except as noted in the HPI

Cardi vascular
- **Denies** : chest pain, irregular heart beats, cardiac murmurs, additional symptoms, except as noted in the HPI

Respirat ry
- **Denies** : shortness of breath, additional symptoms, except as noted in the HPI

Gastr intestinal
- **Denies** : loss of appetite, additional symptoms, except as noted in the HPI

Genitourinary
- **Denies** : urgency, additional symptoms, except as noted in the HPI

Integument
- **Denies** : rash, new skin lesions, additional symptoms, except as noted in the HPI

Neurologic
- **Denies** : seizures, additional symptoms, except as noted in the HPI

Musculoskeletal
- **Denies** : additional symptoms, except as noted in the HPI

Endocrine
- **Denies** : additional symptoms, except as noted in the HPI

Psychiatric
- **Denies** : additional symptoms, except as noted in the HPI

Heme-Lymph
- **Denies** : lymph node enlargement or tenderness, additional symptoms, except as noted in the HPI

Allergic-Immunologic
- **Denies** : additional symptoms, except as noted in the HPI

Vitals

Date	Time	BP	Position	Site	L\R	Cuff Size	HR	RR	TEMP(F)	WT	HT	BMI kg/m^2	BSA m^2	O2 Sat	HC
11/14/2017	10:45 AM	118/78	Sitting				87 - R								

Physical Examination
C nstitutional
- **Appearance** : well-nourished, well developed, alert, in no acute distress

Head
- **Cranium** :
  - **Inspection** : atraumatic, normocephalic
- **Face** :
  - **Inspection** : no facial lesions

Neck
- **Range of Motion** : cervical range of motion within normal limits

Respirat ry
- **Respiratory Eff rt** : breathing unlabored

Cardiovascular
- **Peripheral Vascular System** :
  - **Extremities** : no edema or cyanosis noted

Musculoskeletal
- **Cervical Spine** :
  - **Inspection/Palpation** : no lesions or deformities, paraspinal musculature is tender to palpation
  - **Stability** : no subluxations present
  - **Range f M tion** : range of motion - normal flexion, ext and rotation, limited to 10deg lat bending
  - **Muscle Strength/Tone** : paraspinal muscle strength within normal limits, paraspinal muscle tone within normal limits
  - **Tests/Signs** : Spurling's test pos for axial pain and neg for radic
- **Th racic Spine** :
  - **Inspection/Palpation** : no lesions or deformities, paraspinal musculature is nontender to palpation
  - **Range of Motion** : spine range of motion normal
  - **Muscle Strength/Tone** : paraspinal muscle strength within normal limits, paraspinal muscle tone within normal limits
- **Lumbosacral Spine** :
  - **Inspection/Palpation** : no lesions or deformities, paraspinal musculature is tender to palpation
  - **Range of Motion** : spine range of motion normal
  - **Muscle Strength/Tone** : paraspinal muscle strength and tone within normal limits
  - **Tests/Signs** : kemps pos for axial pain on the left, but neg for radic b/l; seated slump neg b/l
- **Right Upper Extremity** :
  - **Inspection** : no tenderness to palpation
  - **Joint Stability** : shoulder, elbow and wrist joint stability normal
  - **Range of Motion** : range of motion normal, no joint crepitus present, no pain with joint motion
- **Left Upper Extremity** :
  - **Inspection** : no tenderness to palpation
  - **Joint Stability** : shoulder, elbow and wrist joint stability normal
  - **Range of Motion** : range of motion normal, no joint crepitus present, no pain with joint motion
- **Right Lower Extremity** :
  - **Inspection** : no joint or limb tenderness to palpation, no edema present, no ecchymosis
- **Left Lower Extremity** :
  - **Inspection** : SIJ TTP, no edema present, no ecchymosis

Skin and Subcutaneous Tissue
- **General Inspection** : no lesions or areas of discoloration

Neurol gic
- **Mental Status Examination** :
  - **Orientation** : grossly oriented to person, place and time
  - **Speech/Language** : communication ability within normal limits, voice quality normal, articulation of speech normal
  - **Attention** : attention normal
- **M t r Examination** :
  - **RUE Strength** : strength normal
  - **RUE Motor Function** : tone normal, muscle bulk normal, no abnormal movements noted
  - **LUE Strength** : strength normal
  - **LUE Motor Function** : tone normal, muscle bulk normal, no abnormal movements noted
  - **RLE Strength** : strength normal
  - **RLE Motor Function** : tone normal, no atrophy
  - **LLE Strength** : strength normal
  - **LLE Motor Function** : tone normal, no atrophy
- **Sensation** :
  - **Light Touch** : sensation intact to light touch and temp in extremities
  - **Vibration** : vibratory sensation intact in distal extremities
- **Gait and Station** : normal gait, able to stand without difficulty

Psychiatric
- **M od and Affect** : mood anxious, affect appropriate

Assessment

- Cervicalgia 723.1/M54.2
- Thrombocytopenia 287.5/D69.6

Andrea Quintanilla was first seen by me on 11/14/17, previously seen by PA Soon and Dr. Leshin

11/14/17
-CURES checked. No report.
-No aberrant behavior

-Due to spasms, patient will be placed on Robaxin 500mg TID prn
-Rx: Acetaminophen 500mg q8hr prn, Robaxin 500mg TID prn, and Effexor 37.5mg QDay
-Lidocaine 5% through ABC pharmacy
-Continue PT
-F/U 4 weeks

9/26/17
- AVOID NSAIDS 2/2 HISTORY OF THROMBOCYTOPENIA
- Continue Effexor and Acetaminophen
- AUTH for PT for LBP and neck pain and back pain, Holding off on PEP due to company issues

8/28/17
Ms. Quintanilla is a 49yo fem, presenting w LBP.
-For any missing information please see new patient packet
-Discussed treatment options including PO medication, PT, PEP and interventional procedures
-A CURES/PDMP report was run today in accordance with the Medical Board of California Guidelines for Prescribing Controlled Substances for Pain. This was found to be consistent with medications prescribed through clinic providers, with no red flags, signs of abuse or aberrant behaviors. Only 3 prescriptions over the past year, all from PCP, last Tylenol #3, #60 on 3/22/17
- AVOID NSAIDS 2/2 HISTORY OF THROMBOCYTOPENIA
- Continue Effexor and Acetaminophen
- AUTH and schedule C MBBB
- AUTH for PT for LBP, and PEP
- Schedule B/L SI joint injection after Cervical MBBB

8/1/17
Ms. Quintanilla is a 49yo fem, presenting w LBP.
-For any missing information please see new patient packet
-Discussed treatment options including PO medication, PT, PEP and interventional procedures
-A CURES/PDMP report was run today in accordance with the Medical Board of California Guidelines for Prescribing Controlled Substances for Pain. This was found to be consistent with medications prescribed through clinic providers, with no red flags, signs of abuse or aberrant behaviors. Only 3 prescriptions over the past year, all from PCP, last Tylenol #3, #60 on 3/22/17
- AVOID NSAIDS 2/2 HISTORY OF THROMBOCYTOPENIA
- Continue Effexor, patient stopped taking it after a few weeks when she didn't notice any change in pain. Advised patient it would take a few weeks - month before benefits are noted, and we would need to increase dosage slowly to limit SE.
- Schedule for cervical paraspinal TPI with Dr. Leshin
- AUTH and Schedule B/L SI joint injection

6/27/17
Ms. Quintanilla is a 49yo fem, presenting w LBP.
-For any missing information please see new patient packet
-Discussed treatment options including PO medication, PT, PEP and interventional procedures
-A CURES/PDMP report was run today in accordance with the Medical Board of California Guidelines for Prescribing Controlled Substances for Pain. This was found to be consistent with medications prescribed through clinic providers, with no red flags, signs of abuse or aberrant behaviors. Only 3 prescriptions over the past year, all from PCP, last Tylenol #3, #60 on 3/22/17
-AVOID NSAIDS 2/2 HISTORY OF THROMBOCYTOPENIA
-Seeing Dr. Chen of Ortho
-Has auth for MRI C- and L-spine from Dr. Chen. Once completed will discuss CESI and LESI vs LMBB if appropriate; if L-spine neg consider SIJ injection
-Start trial Effexor
-Submit for TPI

IMAGING==========
7/10/17 Lumbar MRI
- L4-L5 Facets are mildly arthritic
- L5 -S1 Mild disc degeneration, 2mm disc bulge No spinal stenosis, no neural foraminal compromise

7/14/17 Cervical MRI
- Early degenerative changes at C5-C6, C6-C7. No spinal stenosis, no neural foraminal compromise

Plan

Medicati ns

- Robaxin 500 mg oral tablet
  SIG: take 1 tablet by oral route 3 times a day as needed for 30 days
  DISP: (90) tablets with 0 refills
  Prescribed on 11/14/2017

- Acetaminophen Extra Strength 500 mg oral tablet
  SIG: 2 tabs PO TID, PRN pain
  DISP: (180) tablets with 0 refills
  Refilled on 11/14/2017

- Effexor XR 37.5 mg oral capsule,extended release 24hr
  SIG: take 1 capsule (37.5 mg) by oral route once daily with food for 30 days
  DISP: (30) capsules with 0 refills
  Refilled on 11/14/2017

Instructions

- I discussed with the patient common and serious potential side effects and risks of all medications prescribed and potential risks, benefits and alternatives to all interventional procedures planned. All of the patients stated questions were addressed. For patients who take or are prescribed potentially sedating or opiate medications they were advised against drinking alcohol in combination with their medications and cautioned not to drive or engage in potentially dangerous activities if they are feeling sedated. Patient was asked to advise me of any observed side effects of their treatment.
- Medication policies reviewed c patients; all questions addressed.
- Reminded patient to follow up with their PCP or relevant specialists for all non-pain related issues or issues which were not addressed during todays visit.
- Due to spasms, patient will be placed on Robaxin 500mg TID prn-Rx: Acetaminophen 500mg q8hr prn, Robaxin 500mg TID prn, and Effexor 37.5mg QDay. Lidocaine 5% through ABC pharmacy

Disposition

- Return Visit Request in/on 4 weeks +/- 2 days (113428).

Electr nically Signed by: Dana Boutros, PA -Author on November 14, 2017 11:09:24 AM

Progress Note

Patient Name:	Andrea Quintanilla	**Visit Date:**	December 12, 2017
Patient ID:	67374	**Provider:**	Elizabeth Garcia,
Sex:	Female	**Location:**	LA Pain Management
Birthdate:	May 14, 1968	**Location Address:**	1400 S Grand Ave Suite 707 Los Angeles, CA 900153048
		Location Phone:	(213) 839-1119

Chief Complaint

- Neck pain
- Low back pain

History Of Present Illness

Last seen 11/14/17 by Dana Boutros PA.

SH: care taker for elderly.
FU for back pain and neck pain with PMH of thrombocytopenia. Patient reports having long menstrual periods.

Neck pain x years, gradual onset. 10/10 w/o med and a 5/10 w med, sharp quality and radiates into the head and down L arm to the wrist. Constant spasms throughout the day and is having difficulty sleeping at night. Heat pads have helped with the pain. Movement aggravates the pain.
- Has never seen Neuro, would like to.

Back pain x 4 years, gradual onset. 10/10 w/o med and a 2/10 w/med, is sharp, acing and radiates down the left leg but not past the knee and up the L thorax. No numbness or tingling. No urinary/bowel changes. Patient states that she is having difficulty sleeping at night due to the pain. Worse by prolonged sitting and standing and made better by "nothing".

Current Pain Medication:
-Acetaminophen 1000mg BID- Pain is controlled with this (4-5 hours of relief); Patient reports rash and using Hydrocortisone cream. Patient not sure it is causing the rash.
*No NSAIDs due to Hx of thrombocytopenia, took an occasional motrin.

Has not tried Chlorzoxazone (not covered) or Flexeril 5mg.

Failed Medication:
-Effexor 37.5 mg Qday (stopped d/t dizziness)
-Methocarbamol (dizziness)
-Duloxetine 20mg (pruritis)
-Tylenol #3 (fatigue)
-Flexeril 10mg BID PRN (fatigue)

Past Intervention:
- Physical therapy - reports little benefit for LBP and Neck, compliant with HEP, would like more.
-10/11/17 CESI with Dr. Peterson, reports no benefit, relief lasted 30 min
- 9/13/17 - left cervical C3-4 C4-5 C5-6 and C6-7 median branch block with Dr. Peterson, reports no benefit,
- 8/30/17 - TPI cervical and neck with Dr. Peterson, reports no benefit
- 8/30/17 - Bilateral SI joint injection with Dr. Peterson, reports no benefit previously, would like to try again.
- 8/11/17 Left Cervical Paraspinals Muscle X 2 with Dr. Leshin, reports benefits for a few days
- Yoga, chiropractic management- reports no benefits
- Patient seen Orthopedic, surgery not recommended.

Past Medical History

Cervical disc herniation; Cervicalgia; Idiopathic thrombocytopenia purpura; Lumbosacral disc herniation; Myofascial pain; Thrombocytopenia

Medication List

acetaminophen 325 mg oral capsule; Acetaminophen Extra Strength 500 mg oral tablet; cyclobenzaprine 5 mg oral tablet; Effexor XR 37.5 mg oral capsule,extended release 24hr; Robaxin 500 mg oral tablet

Allergy List

Cyclobenzaprine

Social History

Non alcoholic beverage drinker; Non-smoker

Review of Systems

C nstitutional
- **Denies** : fatigue, change in appetite, sleeping problems

Eyes
- **Denies** : additional symptoms, except as noted in the HPI

HENT
- **Denies** : additional symptoms, except as noted in the HPI

Cardi vascular
- **Denies** : chest pain, irregular heart beats, cardiac murmurs, additional symptoms, except as noted in the HPI

Respiratory
- **Denies** : shortness of breath, additional symptoms, except as noted in the HPI

Gastr intestinal
- **Denies** : loss of appetite, additional symptoms, except as noted in the HPI

Genitourinary
- **Denies** : urgency, additional symptoms, except as noted in the HPI

Integument
- **Denies** : rash, new skin lesions, additional symptoms, except as noted in the HPI

Neur l gic
- **Denies** : seizures, additional symptoms, except as noted in the HPI

Muscul skeletal
- **Denies** : additional symptoms, except as noted in the HPI

Endocrine
- **Denies** : additional symptoms, except as noted in the HPI

Psychiatric
- **Denies** : additional symptoms, except as noted in the HPI

Heme-Lymph
- **Denies** : lymph node enlargement or tenderness, additional symptoms, except as noted in the HPI

Allergic-Immunologic
- **Denies** : additional symptoms, except as noted in the HPI

Vitals

Date	Time	BP	Position	Site	L\R	Cuff Size	HR	RR	TEMP(F)	WT	HT	BMI kg/m^2	BSA m^2	O2 Sat	HC
12/12/2017	08:42 AM	123/76	Sitting				61 - R								

Physical Examination

C nstitutional
- **Appearance** : well-nourished, well developed, alert, in no acute distress

Head
- **Cranium** :
  - **Inspection** : atraumatic, normocephalic
- **Face** :
  - **Inspection** : no facial lesions

Neck
- **Range f Motion** : cervical range of motion within normal limits

Respiratory

- **Respiratory Eff rt** : breathing unlabored

Cardi vascular

- **Peripheral Vascular System** :
  - **Extremities** : no edema or cyanosis noted

Muscul skeletal

- **Cervical Spine** :
  - **Inspection/Palpation** : no lesions or deformities, paraspinal musculature is tender to palpation
  - **Stability** : no subluxations present
  - **Range of Motion** : range of motion - normal flexion, ext and rotation, limited to 10deg lat bending
  - **Muscle Strength/Tone** : paraspinal muscle strength within normal limits, paraspinal muscle tone within normal limits
  - **Tests/Signs** : Spurling's test pos for axial pain and neg for radic
- **Th racic Spine** :
  - **Inspection/Palpation** : no lesions or deformities, paraspinal musculature is nontender to palpation
  - **Range of Motion** : spine range of motion normal
  - **Muscle Strength/Tone** : paraspinal muscle strength within normal limits, paraspinal muscle tone within normal limits
- **Lumbosacral Spine** :
  - **Inspection/Palpation** : no lesions or deformities, paraspinal musculature is tender to palpation
  - **Range of Motion** : spine range of motion normal
  - **Muscle Strength/Tone** : paraspinal muscle strength and tone within normal limits
- **Right Upper Extremity** :
  - **Inspection** : no tenderness to palpation
  - **Joint Stability** : shoulder, elbow and wrist joint stability normal
  - **Range of Motion** : range of motion normal, no joint crepitus present, no pain with joint motion
- **Left Upper Extremity** :
  - **Inspection** : no tenderness to palpation
  - **Joint Stability** : shoulder, elbow and wrist joint stability normal
  - **Range of Motion** : range of motion normal, no joint crepitus present, no pain with joint motion
- **Right Lower Extremity** :
  - **Inspection** : no joint or limb tenderness to palpation, no edema present, no ecchymosis
- **Left Lower Extremity** :
  - **Inspection** : SIJ TTP, no edema present, no ecchymosis

Skin and Subcutaneous Tissue

- **General Inspection** : no lesions or areas of discoloration

Neurol gic

- **Mental Status Examination** :
  - **Orientation** : grossly oriented to person, place and time
  - **Speech/Language** : communication ability within normal limits, voice quality normal, articulation of speech normal
  - **Attention** : attention normal
- **M tor Examination** :
  - **RUE Strength** : strength normal
  - **RUE Motor Function** : tone normal, muscle bulk normal, no abnormal movements noted
  - **LUE Strength** : strength normal
  - **LUE Motor Function** : tone normal, muscle bulk normal, no abnormal movements noted
  - **RLE Strength** : strength normal
  - **RLE Motor Function** : tone normal, no atrophy
  - **LLE Strength** : strength normal
  - **LLE Motor Function** : tone normal, no atrophy
- **Sensation** :
  - **Light Touch** : sensation intact to light touch and temp in extremities
- **Gait and Station** : normal gait, able to stand without difficulty

Psychiatric

- **Mood and Affect** : mood anxious, affect appropriate

Assessment

- Cervicalgia 723.1/M54.2
- Thrombocytopenia 287.5/D69.6

12/12/17
-CURES checked. No report.
-Trial Flexeril 5mg TID

0051

-Rx: Acetaminophen 1000mg TID prn.
-Dc'd Effexor 37.5mg d/t SE
-Lidocaine 5% through ABC pharmacy
-Auth more PT
-Auth another SIJ injection
-Auth eval by Neurologist
-F/U 4 weeks

11/14/17
-CURES checked. No report.
-No aberrant behavior
-Due to spasms, patient will be placed on Robaxin 500mg TID prn
-Rx: Acetaminophen 500mg q8hr prn, Robaxin 500mg TID prn, and Effexor 37.5mg QDay
-Lidocaine 5% through ABC pharmacy
-Continue PT
-F/U 4 weeks

9/26/17
- AVOID NSAIDS 2/2 HISTORY OF THROMBOCYTOPENIA
- Continue Effexor and Acetaminophen
- AUTH for PT for LBP and neck pain and back pain, Holding off on PEP due to company issues

8/28/17
Ms. Quintanilla is a 49yo fem, presenting w LBP.
-For any missing information please see new patient packet
-Discussed treatment options including PO medication, PT, PEP and interventional procedures
-A CURES/PDMP report was run today in accordance with the Medical Board of California Guidelines for Prescribing Controlled Substances for Pain. This was found to be consistent with medications prescribed through clinic providers, with no red flags, signs of abuse or aberrant behaviors. Only 3 prescriptions over the past year, all from PCP, last Tylenol #3, #60 on 3/22/17
- AVOID NSAIDS 2/2 HISTORY OF THROMBOCYTOPENIA
- Continue Effexor and Acetaminophen
- AUTH and schedule C MBBB
- AUTH for PT for LBP, and PEP
- Schedule B/L SI joint injection after Cervical MBBB

8/1/17
Ms. Quintanilla is a 49yo fem, presenting w LBP.
-For any missing information please see new patient packet
-Discussed treatment options including PO medication, PT, PEP and interventional procedures
-A CURES/PDMP report was run today in accordance with the Medical Board of California Guidelines for Prescribing Controlled Substances for Pain. This was found to be consistent with medications prescribed through clinic providers, with no red flags, signs of abuse or aberrant behaviors. Only 3 prescriptions over the past year, all from PCP, last Tylenol #3, #60 on 3/22/17
- AVOID NSAIDS 2/2 HISTORY OF THROMBOCYTOPENIA
- Continue Effexor, patient stopped taking it after a few weeks when she didn't notice any change in pain. Advised patient it would take a few weeks - month before benefits are noted, and we would need to increase dosage slowly to limit SE.
- Schedule for cervical paraspinal TPI with Dr. Leshin
- AUTH and Schedule B/L SI joint injection

6/27/17
Ms. Quintanilla is a 49yo fem, presenting w LBP.
-For any missing information please see new patient packet
-Discussed treatment options including PO medication, PT, PEP and interventional procedures
-A CURES/PDMP report was run today in accordance with the Medical Board of California Guidelines for Prescribing Controlled Substances for Pain. This was found to be consistent with medications prescribed through clinic providers, with no red flags, signs of abuse or aberrant behaviors. Only 3 prescriptions over the past year, all from PCP, last Tylenol #3, #60 on 3/22/17
-AVOID NSAIDS 2/2 HISTORY OF THROMBOCYTOPENIA
-Seeing Dr. Chen of Ortho
-Has auth for MRI C- and L-spine from Dr. Chen. Once completed will discuss CESI and LESI vs LMBB if appropriate; if L-spine neg consider SIJ injection

-Start trial Effexor
-Submit for TPI

IMAGING==========
7/10/17 Lumbar MRI
- L4-L5 Facets are mildly arthritic
- L5 -S1 Mild disc degeneration, 2mm disc bulge No spinal stenosis, no neural foraminal compromise

7/14/17 Cervical MRI
- Early degenerative changes at C5-C6, C6-C7. No spinal stenosis, no neural foraminal compromise

Plan

Medications

- cyclobenzaprine 5 mg oral tablet
  SIG: take 1 tablet (5 mg) by oral route 3 times per day for 30 days
  DISP: (90) tablet with 0 refills
  Prescribed on 12/12/2017

- Acetaminophen Extra Strength 500 mg oral tablet
  SIG: 2 tabs PO TID, PRN pain
  DISP: (180) tablets with 0 refills
  Refilled on 12/12/2017

- chlorzoxazone 500 mg oral tablet
  SIG: take 1 tablet (500 mg) by oral route 3 times per day for 30 days
  DISP: (90) tablets with 0 refills
  Discontinued on 12/12/2017

- Effexor XR 37.5 mg oral capsule,extended release 24hr
  SIG: take 1 capsule (37.5 mg) by oral route once daily with food for 30 days
  DISP: (30) capsules with 0 refills
  Discontinued on 12/12/2017

- Robaxin 500 mg oral tablet
  SIG: take 1 tablet by oral route 3 times a day as needed for 30 days
  DISP: (90) tablets with 0 refills
  Discontinued on 12/12/2017

Instructi ns

- I discussed with the patient common and serious potential side effects and risks of all medications prescribed and potential risks, benefits and alternatives to all interventional procedures planned. All of the patients stated questions were addressed. For patients who take or are prescribed potentially sedating or opiate medications they were advised against drinking alcohol in combination with their medications and cautioned not to drive or engage in potentially dangerous activities if they are feeling sedated. Patient was asked to advise me of any observed side effects of their treatment.
- Medication policies reviewed c patients; all questions addressed.
- Reminded patient to follow up with their PCP or relevant specialists for all non-pain related issues or issues which were not addressed during todays visit.
- 12/12/17 REQUEST AUTH for another B/L SI joint injection
- 12/12/17 REQUEST AUTH for more PHYSICAL THERAPY for chronic neck pain and back pain 2x12 weeks - GIVE HOME EXERCISE PROGRAM
- 12/12/17 REQUEST AUTH for eval of radiating head and neck pain by neurologist.

Disposition

- Return Visit Request in/on 4 weeks +/- 2 days (117300).

Electr nically Signed by: Elizabeth Garcia, -Author on December 12, 2017 11:41:02 AM

Patient Name: Andrea Quintanilla

End of Patient Record