

Patient Name: Mickey Mouse  
Date of Birth: 01/01/1970  
Ordering Physician: Minnie Mouse  
Attending Physician: Minnie House  
MR Number: #090901

Age: 53  
Sex: M  
Report: #89917  
Room/Svc: Room F

**PROCEDURE:** XR Lumbar Spine, 4 views

**DATE:** 12/10/2021

**COMPARISON:** None available

**HISTORY:** Patient involved in a motor vehicle accident, reporting lumbar pain. Initial encounter.

**PATIENT DETAILS:** 53M

**ACCOUNT NUMBER:** 4567893

**ROOM/SERVICE:** ED

**REPORT NUMBER:** 96728622

**FINDINGS:**

- **Vertebral Alignment:** Normal lumbar curvature with satisfactory alignment of vertebral bodies.
- **Vertebral Bodies:** Demonstrate normal height and bone density. No evidence of compression fractures or pathological lesions.
- **Disc Spaces:** Intervertebral disc spaces are preserved.
- **Pedicles and Processes:** Pedicles, transverse, and spinous processes appear intact with no signs of fractures or deformities.
- **Facet Joints:** Normal facet joint alignment without signs of subluxation or degenerative changes.
- **Additional Findings:** Mild incidental age-related changes such as slight osteophytic lipping noted at L4/L5. No acute bony abnormalities.
- **Sacral Region:** S1 vertebra shows a bifid appearance, which is a congenital variant and is asymptomatic. Sacroiliac joints appear intact.
- **Others:** No visualized abnormalities in the lower thoracic vertebrae.

**IMPRESSION:**

Normal lumbar spine X-ray post-motor vehicle accident. No evidence of acute traumatic injury or significant pathology. Incidental findings of mild age-related changes, not uncommon in adults. S1 vertebral bifid appearance noted as a congenital variant. Clinical correlation recommended if symptoms persist.

## Clinical Encounter Report

**Visit Date:** 12/10/2021

**Rendering Physician:** Minnie Mouse

**Location:** Emergency Department

### Patient Information:

- **Name:** Mickey Mouse
- **Age:** 53
- **Sex:** Male
- **MR Number:** #090901

### Chief Complaint:

Patient presents with lower back pain following a motor vehicle accident.

### History of Present Illness (HPI):

The patient was involved in a motor vehicle accident earlier today. He reports persistent lower back pain since the accident. No loss of consciousness or other injuries reported.

### Review of Systems (ROS):

- **Constitutional:** No fever, chills, weight loss, or fatigue.
- **Eyes:** Denies visual loss, double vision, or eye pain.
- **ENT:** No earache, nasal congestion, sore throat, or hoarseness.
- **Cardiovascular:** Denies chest pain, palpitations, or edema.
- **Respiratory:** No shortness of breath, cough, or wheezing.
- **Gastrointestinal:** No abdominal pain, nausea, vomiting, diarrhea, or constipation.
- **Genitourinary:** Denies dysuria, frequency, or hematuria.
- **Skin:** No rashes, itching, or bruising.
- **Neurological:** Positive straight leg raise; denies headaches, dizziness, seizures, or numbness.
- **Psychiatric:** Denies anxiety, depression, or changes in sleep patterns.
- **Endocrine:** No history of diabetes or thyroid disease.
- **Hematologic/Lymphatic:** No history of bleeding disorders or anemia.
- **Allergic/Immunologic:** No known allergies or autoimmune disorders.

### Physical Examination:

- **General:** Alert, oriented, and in no acute distress.
- **Vital Signs:** Blood pressure 120/80 mmHg, Heart rate 78 bpm, Respiratory rate 16/min, Temperature 98.6°F.
- **HEENT:** Head is normocephalic/atraumatic. Pupils are equal, round, reactive to light. No nasal discharge. Oropharynx is clear.
- **Cardiovascular:** Regular rate and rhythm, no murmurs, rubs, or gallops.
- **Respiratory:** Lungs clear to auscultation bilaterally, no wheezes, crackles, or rhonchi.
- **Abdomen:** Soft, non-tender, non-distended, no guarding or rebound. Bowel sounds are normal.
- **Musculoskeletal:** Tenderness to palpation in the lower lumbar paraspinal muscles. Full range of motion with discomfort. No deformities.
- **Neurological:** Cranial nerves II-XII intact. Motor strength 5/5 in all extremities. Sensation intact.

- **Skin:** No rashes, lesions, or bruising.

**Diagnostic Tests:**

- Lumbar spine X-ray: No acute abnormalities, mild age-related changes.
- **Laboratory Results:**
  - **Complete Blood Count (CBC):**
    - White Blood Cell (WBC) count:  $6.0 \times 10^3/\mu\text{L}$  (normal range:  $4.5\text{--}11.0 \times 10^3/\mu\text{L}$ )
    - Red Blood Cell (RBC) count:  $4.8 \times 10^6/\mu\text{L}$  (normal range:  $4.7\text{--}6.1 \times 10^6/\mu\text{L}$  for males)
    - Hemoglobin (Hgb): 14.2 g/dL (normal range: 13.8-17.2 g/dL for males)
    - Hematocrit (Hct): 42% (normal range: 40.7-50.3% for males)
    - Mean Corpuscular Volume (MCV): 87 fL (normal range: 80-96 fL)
    - Mean Corpuscular Hemoglobin (MCH): 29 pg (normal range: 27-33 pg)
    - Mean Corpuscular Hemoglobin Concentration (MCHC): 33 g/dL (normal range: 31-37 g/dL)
    - Platelet count:  $250 \times 10^3/\mu\text{L}$  (normal range:  $150\text{--}450 \times 10^3/\mu\text{L}$ )
    - Neutrophils: 60% (normal range: 40-70%)
    - Lymphocytes: 30% (normal range: 20-40%)
    - Monocytes: 7% (normal range: 2-8%)
    - Eosinophils: 3% (normal range: 1-4%)
    - Basophils: 0% (normal range: 0-2%)
    - Comprehensive Metabolic Panel (CMP): Normal.
  - Erythrocyte Sedimentation Rate (ESR): Normal.
  - C-Reactive Protein (CRP): Normal.
  - Prothrombin Time (PT): 11.0 seconds (normal range: 9.5-13.5 seconds).
  - International Normalized Ratio (INR): 1.0 (normal range: 0.8-1.2).
  - Partial Thromboplastin Time (PTT): 30 seconds (normal range: 25-35 seconds).

**Assessment/Plan:**

- **Diagnosis:** Suspected lumbar strain with possible nerve root irritation secondary to motor vehicle accident.
- **Management:** Prescribed NSAIDs and muscle relaxants. Advised rest, heat/cold therapy, and physical therapy referral.
- **Follow-up:** Recommended follow-up with primary care or spine specialist if symptoms persist or worsen.

**Disposition:**

- Discharged home with pain management and follow-up instructions.

**Provider:** Minnie Mouse, MD

**Signature:** MINNIE MOUSE (eSignature)



## Primary Care Follow-Up Encounter

Date: [04/21/2023]

Patient: Mickie Mouse

MR Number: #090901

### Encounter Summary:

- **Chief Complaint:** Persistent lower back pain.
- **History of Present Illness:** The patient presents with ongoing lower back pain, which has not significantly improved despite conservative management including NSAIDs since 12/10/21, muscle relaxants, and weeks of physical therapy.
- **Review of Systems:** Updated to capture any new symptoms or changes in the patient's overall health.

### Review of Systems (ROS):

- **Constitutional:** No fever, chills, weight loss, or fatigue.
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### Physical Examination:

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- **Respiratory:** Lungs clear to auscultation bilaterally, no wheezes, crackles, or rhonchi.
- **Abdomen:** Soft, non-tender, non-distended, no guarding or rebound. Bowel sounds are normal.
- **Musculoskeletal:** Tenderness to palpation in the lower spine over ?facet joints. Slight limited range of motion due to discomfort. No deformities.
- **Neurological:** Cranial nerves II-XII intact. Motor strength 5/5 in all extremities. Sensation intact.
- **Skin:** No rashes, lesions, or bruising.

### Assessment:

- Chronic lower back pain, possibly related to facet joint pathology, unresponsive to conservative treatment.
- Repeated presentations to primary care with lower back pain since MVA.

**Plan:**

- **MBB:** Suggest trying MBB to pinpoint pain-causing nerves. Involves anesthetic injection near key nerves. Risks explained. **RFA:** If MBB helps, think about RFA for longer relief. Will talk through risks.
- Continue NSAIDs and physical therapy.
- **Follow-Up:** Book a check-up post-MBB to decide next steps, possibly RFA.

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**Medication**

| <b>Medication</b>   | <b>Prescribed</b> | <b>Start Date</b> |
|---|-------------------|-------------------|
| Aspirin 75mg  | 09/03/10          | 09/03/10          |
| Bisoprolol 10mg   | 11/02/12          |                   |
| Celecoxib   | 12/10/21          | 12/10/21          |
| Ventolin Evohaler 100<br>micrograms (salbutamol<br>sulfate) | 03/15/05          | 03/15/05          |

### Vaccination Schedule

- HepB #1: 01/01/1970
- HepB #2: 02/15/1970
- DTaP #1: 03/01/1970
- Hib #1: 03/01/1970
- IPV #1: 03/01/1970
- PCV #1: 03/01/1970
- RV #1: 03/01/1970
- DTaP #2: 05/01/1970
- Hib #2: 05/01/1970
- IPV #2: 05/01/1970
- PCV #2: 05/01/1970
- RV #2: 05/01/1970
- DTaP #3: 07/01/1970
- Hib #3: 07/01/1970
- PCV #3: 07/01/1970
- RV #3: 07/01/1970
- HepB #3: 08/15/1970
- IPV #3: 12/01/1970
- Influenza: Annually starting 10/01/1970
- Hib #4: 01/15/1971
- MMR #1: 04/01/1971
- PCV #4: 04/01/1971
- Varicella #1: 04/01/1971
- HepA #1: 06/01/1971
- DTaP #4: 07/01/1971
- DTaP #5: 01/01/1974
- IPV #4: 01/01/1974
- MMR #2: 01/01/1974
- Varicella #2: 01/01/1974
- Tdap: 01/01/1981
- HPV: Series starting 01/01/1981
- MCV: 01/01/1982
- MCV booster: 01/01/1986