



— D E N V E R —

DIAGNOSTIC PAIN

Jack Rentz

7800 E Orchard Road Ste 350 Greenwood Village, CO 80111-2550

Phone: (720) 598-0805 Fax: (720) 606-2905

Theodore ' Jimmy ' Angel DOB: 09/15/1975 47 year old, male

6002 GRAPE DR

COMMERCE CITY, CO 80022

(720) 461-0920

Visit Date: 06/28/2023

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CHIEF COMPLAINT: Back and neck

REASON FOR VISIT: Procedure follow up

HISTORY OF PRESENT ILLNESS:

6-28-2023:

Patient presents today through a phone call for s/p right L5-S1 TFESI on 6-14-2023 with a 75% of relief. Over all patient reports significant improvement. Patient had severe soreness around the surgical site for a couple of days only.

He reports some pins/needles when driving. Pain has been radiating around glute area. Patient is currently doing PT and chiro 1 x a week at Synergy. He reports taking muscle relaxers as needed. Patient denies any new symptoms or medical history changes.

DIAGNOSTIC STUDIES:

MRI Lumbar spine: 4-7-2023

MRI Cervical spine: 4-7-2023

MRI Thoracic spine: 4-28-2023

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Negative for fevers or chills.

EYES: Negative for eye pain or visual changes.

E/N/T: Negative for hearing loss, sore throat, and nosebleeds.

CARDIOVASCULAR: Negative for chest pain or palpitations.

RESPIRATORY: Negative for wheezing or difficulty breathing.

GASTROINTESTINAL: Negative for abdominal pain or fecal incontinence.

GENITOURINARY: Negative for blood in urine or bladder incontinence.

MUSCULOSKELETAL: Positive for neck pain and back pain.

NEUROLOGICAL: Negative for recent seizure or speech disturbance.

PSYCHIATRIC: Negative for suicidal ideation or hallucinations.

PAST HISTORY:

MEDICAL:

PMHx:

n/a

Allergies:

NKDA

Medications:

Flexeril

Ibuprofen

MVA: 2-23-2023.

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SURGICAL:

n/a.

PAIN PROCEDURES:

n/a.

FAMILY HISTORY:

n/a.

SOCIAL HISTORY:

Alcohol Use: Social.

SMOKING STATUS:

Never smoker.

ALLERGIES (reported):

No allergies on file

CURRENT MEDICATION (reported):

Patient has no known medications

VITAL SIGNS:

Pain Level: 2/10 NRS (Previous Pain Level: 5)

Weight: 255 lbs. (Previous Weight: 255 lbs.) Height: 67 in.

BP Location: Arm

PHYSICAL EXAMINATION:

GENERAL: Well developed; Over nourished; Well groomed

EYES: EOMI; White conjunctiva

ENT: Normal external ears and nose; Hearing grossly normal

RESPIRATORY: Normal respiratory rate and pattern; No respiratory distress; No wheezing

CARDIOVASCULAR: Normal rate; Normal rhythm

GASTROINTESTINAL: Non-distended; Non-tender

PSYCHIATRIC: Mental status: alert and oriented x 3; Appropriate affect and demeanor

MUSCULOSKELETAL:

---> Gait: Normal

---> Motor: 5/5 bilateral flex/ex Hips, Knees, Ankles, Toes, Add/Ab Thighs, 5/5 bilateral flex/ex
Shoulders, Elbows, Wrists, Digits

---> Tone: Grossly normal tone in all extremities

---> Tenderness to Palpation: Low Back: Midline and Right Paramidline

---> Kemp's: (+) Right LUMBAR:

NEUROLOGICAL:

---> Cranial Nerves: 2-12 Intact

---> Sensory: Vibratory sensation decrease in Right S1 dermatome

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---> Deep Tendon Reflexes: 2+ Bilateral Knee and Ankle

---> Straight Leg Raise: Positive Right

LABS:

ASSESSMENT/DIAGNOSIS:

Jimmy is being seen today via telemedicine for eval S/P right L5-S1 TFESI. He reports 75% pain relief overall with leg symptoms almost resolved. He is more functional and is pleased with the results thus far. He is to continue with Chiro. and P.T. Discussed continued conservative care and knowing limitations and proper body mechanics. Will continue to monitor for advanced treatments &/or injections and assess for positive outcomes.

Jimmy is a 47 yom that presents today following a motor vehicle accident on 2-23-2023. Patient reports constant shooting pain on the right side of his low back with numbness radiating down to his right foot. Neck and mid-back pain responded to conservative care. Low back pain has not responded fully or sufficiently to several months of conservative care treatments, including physical therapy, chiropractic, home exercise, NSAIDs and other medications.

MRI Lumbar Spine - L4-5, L5-S1 facet effusions, L5-S1 right subarticular recess narrowing with mild compression of the descending S1 nerve root

MRI Cervical Spine - mild annular bulging C4-7.

MRI Thoracic Spine - Unremarkable.

Reviewed the results of the patient's MRIs in detail with 3D model for educational purposes. Some of the findings may be chronic, but the MVA certainly may have exacerbated any underlying issues. Symptoms, exam, and MRI findings correlate with L5-S1 discogenic pain. We discussed treatment options to include conservative therapies, medications and injections. Discussed L5-S1 TFESI for diagnostic/therapeutic purposes. Injection reviewed again with the patient including risks, benefits, alternatives and expectations. All questions were answered and he was in agreement with the treatment plan.

It is my opinion, within a reasonable degree of medical certainty, that the objective and quantitative findings as described above and additionally in the patient file, include physical bodily damage and limitations which are a direct result of the injury caused on 2/23/23. The injuries are consistent with the patient's reported history of the collision

G89.11 Acute pain due to trauma

M54.12 Radiculopathy, cervical region

M54.2 Cervicalgia

S13.4XXD Sprain of ligaments of cervical spine, subsequent encounter

S16.1XXD Strain of muscle, fascia and tendon at neck level, subs

M47.896 Other spondylosis, lumbar region

M51.26 Other intervertebral disc displacement, lumbar region

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M54.16 Radiculopathy, lumbar region

M62.830 Muscle spasm of back

S33.5XXD Sprain of ligaments of lumbar spine, subsequent encounter

S39.012D Strain of muscle, fascia and tendon of lower back, subsG89.11 - ACUTE PAIN DUE TO TRAUMA

M54.12 - RADICULOPATHY, CERVICAL REGION

M54.2 - CERVICALGIA

S13.4XXD - SPRAIN OF LIGAMENTS OF CERVICAL SPINE, SUBSEQUENT ENCOUNTER

S16.1XXD - STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, SUBS

M47.896 - OTHER SPONDYLOSIS, LUMBAR REGION

M51.26 - OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION

M54.16 - RADICULOPATHY, LUMBAR REGION

M62.830 - MUSCLE SPASM OF BACK

S33.5XXD - SPRAIN OF LIGAMENTS OF LUMBAR SPINE, SUBSEQUENT ENCOUNTER

S39.012D - STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, SUBS

PLAN:

RADIOLOGY:

Reviewed prior imaging:

---> MRI: Cervical Spine (no contrast)

---> MRI: Thoracic Spine (no contrast)

---> MRI: Lumbar Spine (no contrast)

REFERRALS:

---> Continue Physical Therapy/ Chiropractic care

PROCEDURES TO CONSIDER: (The patient may benefit from the following procedures in the future, depending on the outcome of today's plan):

(Right)

---> Lumbar Epidural Steroid Injection TFESI L5-S1 Dx Lumbar Radiculopathy M54.16, Lumbar Disc Displacement M51.26, 64483

DISCUSSIONS / RECOMMENDATIONS:

---> Risk and benefits of the injections discussed.

--->Activity modification for wellness and improved function

FOLLOW-UP:

Return to clinic in 1 month.

No linked medications found

PHYSICIAN PRESENCE ATTESTATION: Jack B. Rentz, M.D. was physically present in the office suite and immediately available to render assistance during the patient encounter and/or saw the patient along with the mid-level provider.

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Electronically Signed: Don Fresques on/at 6/28/2023 10:46:42 AM

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