

# DIAGNOSTIC PAIN Jack Rentz

7800 E Orchard Road Ste 350 Greenwood Village, CO 80111-2550 Phone: (720) 598-0805 Fax: (720) 606-2905

**Theodore Angel** DOB: 09/15/1975 47 year old, male 6002 GRAPE DR COMMERCE CITY, CO 80022

(720) 461-0920 Visit Date: 08/02/2023

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**CHIEF COMPLAINT:** Back and neck

**REASON FOR VISIT: Follow up** 

## **HISTORY OF PRESENT ILLNESS:**

#### 8-2-2023:

Patient presents today for a follow up on low back pain. Patient continues having significant improvement. Patient continues doing PT and chiro sessions 1 x a week at Synergy. Patient reports taking muscle relaxers prescribed at PT. Patient has been able to do more activities without pain. He feels some tingling in the glute area with prolonged sitting. He denies having neck pain at the moment.

He denies any new symptoms or medical history changes.

#### 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

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Allergies: NKDA

Medications: Flexeril Ibuprofen

MVA: 2-23-2023.

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: 0/10 NRS (Previous Pain Level: 2)

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

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---> 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

---> 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 leg symptoms almost resolved and only notices it on long car drives for work. He is more functional and is pleased with the results thus far and is able to swing a golf club and play 18 holes. 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 in 3 months.

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. 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.

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

#### **G89.21 CHRONIC PAIN DUE TO TRAUMA**

M51.16 Intervertebral disc disorders w radiculopathy, lumbar region

M51.27 Other intervertebral disc displacement, lumbosacral region

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

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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, 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

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 3 month.

No linked medications found

PHYSICIAN: Jack B. Rentz, M.D.

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Electronically Signed: JACK RENTZ on/at 8/2/2023 9:58:37 AM