**Medical Re-Evaluation**

Patient Name: Mamerto Ablola

Dt. of Exam: 09/09/2019

1st Exam Dt.: 06/24/2019

Dt. of Injury: 02/13/2019

Notes^ Patient is status post CESI#1(C7-T1)

**Procedures performed:**

6/29/19 - LESI(Lt. L4-5)#1

8/24/19 - CESI#1(C7-T1)

9/9/19 - CTPI #1

**Chief Complaint:**

The patient complains of neck pain that is 7/10, with 10 being the worst, which is sharp and shooting in nature. Neck pain is associated with numbness and tingling. Neck pain is worsened with sitting, standing and lying down. The patient presents today for followup evaluation of low back pain and neck pain. He is status post lumbar epidural steroid injection in the past and has had 60% relief from the injection. He is still experiencing low back pain radiating towards the upper thigh. He is having left arm pain. He reports his neck pain has improved.

The patient complains of lower back pain that is 8/10, with 10 being the worst, which is sharp in nature. Lower back pain is associated with numbness and tingling Lower back pain is worsened with sitting, standing, lying down, movement activities and climbing stairs. The patient presents today for follow up of low back pain. He is status post lumbar epidural steroid injection in the past and has had 60% relief from the injection. He is still experiencing low back pain radiating towards the upper thigh. He is having left arm pain. He reports improvement in his neck pain since the onset.

The patient has been counseled on the risks and benefits of this procedure with anesthesia and with local anesthetic. In light of the patient’s apprehension in moving forward with the procedure, patient has specifically requested anesthesia. It is my opinion based on medical literature and my experience that the anesthesia will not influence the accuracy or validity of any diagnosis achieved following the injections. It is also my belief that relying exclusively on local anesthesia raises the risks of voluntary or involuntary movement during the injection which raises the risk of neural injury. As such, there is an additional safety component which necessitates the use of anesthesia in connection with the above procedure.

**REVIEW OF SYSTEMS:**  The patient denies seizures, chest pain, shortness of breath, jaw pain, abdominal pain, fevers, night sweats, diarrhea, blood in urine, bowel/bladder incontinence, double vision, hearing loss, recent weight loss, episodic lightheadedness and rashes.

**PAST MEDICAL HISTORY:**  Diabetes.

**PAST SURGICAL / HOSPITALIZATION HISTORY:**  Noncontributory.

**MEDICATIONS:**  Invokana, losartan, \_\_\_\_\_\_\_\_\_.

**ALLERGIES:**  No known drug allergies.

**Physical Examination:**

**Neurological Exam:** Patient is alert and cooperative and responding appropriately. Cranial nerves II-XII grossly intact.

**Deep Tendon Reflexes:** Are 2+ and equal.

**Sensory Examination:** .

**Manual Muscle Strength Testing:** Testing is 5/5 normal.

**Cervical Spine exam:** Cervical spine examination reveals tenderness upon palpation at C2-8 levels on the left bilaterally with muscle spasm present. ROM is as follows: extension was 10 and is 10 degrees; forward flexion was 30 and is 30 degrees; right rotation was 10 and is 10 degrees; left rotation was 10 and is 10 degrees; right lateral flexion was 10 and is 10 degrees and left lateral flexion was 10 and is 10 degrees.

**Lumbar Spine Examination:** Lumbar spine examination reveals tenderness upon palpation atL1-S1 levels bilaterally with muscle spasm present. ROM is as follows: extension was 10 and is 10 degrees; forward flexion was 30 and is 30 degrees; right rotation was 10 and is 10 degrees; left rotation was 10 and is 10 degrees; right lateral flexion was 10 and is 10 degrees and left lateral flexion was 10 and is 10 degrees.

**GAIT:** Normal.

**Diagnostic Studies:**

5/8/2019 - MRI of the Cervical spine reveals HNP at C3-4, C4-5, C6-7, T1-2 and Severe foraminal stenosis on the left exacerbated by uncinated hypertrophy

5/8/2019 - MRI of the Lumbar spine reveals bulge at L1-2, L2-3, L3-4, L5-S1 and L4-5 moderate central stenosis and bilateral foraminal stenosis with a stable 3 mm grade 1 anterolisthesis without pars defects. Bilateral forminal stenosis wtihout central stenosis at L1-2, L2-3, L3-4, L5-S1.

The above diagnostic studies were reviewed.

**Diagnosis:**

Cervical disc herniation at C3-4, C4-5, C6-7, T1-2.

Cervical Severe foraminal stenosis on the left exacerbated by uncinated hypertrophy.

Lumbar disc bulge at L1-2, L2-3, L3-4, L5-S1.

Lumbar L4-5 moderate central stenosis and bilateral foraminal stenosis with a stable 3 mm grade 1 anterolisthesis without pars defects. Bilateral forminal stenosis wtihout central stenosis at L1-2, L2-3, L3-4, L5-S1..

**Plan:**

CTPI x1 today.

LMBB L2-S1 bilaterally at a different date.

Follow up in 4 weeks.

Schedule cervical trigger point injections x3:

Procedure - Bilateral cervical trigger point injection under ultrasound guidance:

CPTI x1 today.

Lumbar medial bundle branch block x2 to L2 to S1 bilaterally.

Follow up in 4 weeks.

Schedule lumbar medial branch block x2, on 2 separate days at Bilateral L2-S1:

CPTI x1 today.

Lumbar medial bundle branch block x2 to L2 to S1 bilaterally.

Follow up in 4 weeks.

**Follow-up:** 10/14/19.



Gurbir Johal, M.D.