**Initial Comprehensive Medical Evaluation**

Date: 07/22/2019

RE: Miguel Alvarez

DOB: 2/17/1986

1st Evaluation

**CHIEF COMPLAINTS:**

On 07/22/2019, Mr. Miguel Alvarez, a right-handed 33-year-old male presents for the evaluation of the injuries sustained in a motor vehicle accident which occurred on the date of 04/30/2019. The patient was seen at the Edison, NJ Office located at . The patient reports no injury to the head and no loss of consciousness. During the accident the patient reports injuries to neck and low-back.

**HISTORY OF PRESENT ILLNES:**

**REVIEW OF SYSTEMS:**

**PAST MEDICAL HISTORY:**  Noncontributory.

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

**MEDICATIONS:**  None.

**ALLERGIES:**  No known drug allergies.

**SOCIAL HISTORY:**  The patient denies drinking. Patient works as unknown.

**PHYSICAL EXAM:**

**General:** The patient presents in an uncomfortable state.

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

**Sensory Examination:**

The patient complains of worsening radiating low back pain, affecting quality of life and decreasing the activities of daily living.

**GAIT:** Normal

**Diagnostic Studies:** None reviewed.

**Diagnosis:**

Possible lumbar radiculopathy vs. entrapment syndrome vs. polyradiulopathy vs. peripheral neuropathy.

**Plan:**

Schedule NCV/EMG of the UE:

Request Bilateral lumbar trigger point injections x3:

**Schedule NCV/EMG of the LE:** The patient has had conservative care for several months, the patient has also tried and failed conservative care, with not sufficient pain relief.  Given the patients MRI and physical findings, I need the lower extremity EMG/NCV to help me 1. Localize the damage 2. Help me confirm if it is acute or chronic 3. Help me see if there actually exists electrophysiologic/ neurologic element to the pain, and help me differentiate between neuromuscular disorders as well as  discogenic and non discogenic radiculopathies, peripheral neuropathies, plexopathies and entrapment syndromes, by helping me assess the suspected nerve roots and peripheral nerves.

**UTox:** Urine sample was taken and sent to lab for analysis.

**Procedures:** If the patient continues to have tender palpable taut bands/trigger points with referral patterns as noted in the future on examination, I will consider doing trigger point injections.

**Medications:**

Voltaren 1% gel apply bid to affected area prn dispense 100 g tube

Naproxen 500 mg one tab bid prn pain dispense #60

**Care:** Acupuncture, chiropractic and physical therapy. Avoid heavy lifting, carrying, excessive bending and prolonged sitting and standing.

**Goals:** To increase range of motion, strength, flexibility, to decrease pain and to improve body biomechanics and activities of daily living and improve the functional status.

**Precautions:** Universal. Patient education provided via physician, printed material and online website references.

**Follow-up:** 4 weeks.

It is my opinion that the injuries that Mr. Miguel Alvarez sustained to neck and low back are causally related to the incident that occurred on 04/30/2019 as described by the patient.



Gurbir Johal, M.D.