**Medical Re-Evaluation**

Patient Name: Rena Brown

Dt. of Exam: 08/09/2019

1st Exam Dt.: 03/09/2018

**Procedures performed:**

8/4/18 - LESI#1(L4-5)

9/7 - CTPI #1, Utox

9/25/18 - CESI#1(C7-T1)

9/28/18 - Utox

10/26/18 - UTox

1/11/19 - UTox

2/9/19 - CESI#2(C7-T1)

3/9/19 - LTFE#1(L4-5)

5/4/19 - LFB#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. The neck pain radiates to bilateral shoulder and bilateral arms. Neck pain is associated with numbness and tingling to the bilateral hands. Neck pain is worsened with sitting, standing, lying down and movement activities. The patient is status post MVA on 05/26/2019.She has been experiencing neck pain but states it has been improving.

The patient complains of lower back pain that is 8/10, with 10 being the worst, which is sharp, dull and achy in nature. The lower back pain radiates to bilateral side, bilateral hips and bilateral legs. Lower back pain is associated with numbness and tingling to the bilateral legs. Lower back pain is worsened with sitting, standing, lying down, movement activities and climbing stairs. The patient presents today for reevaluation of low back pain. The patient has been having neck, low back, and right knee issues. She is status post MVA on 05/26/2019. She underwent lumbar epidural steroid injection and has had 60% improvement of the lumbar spine.

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.

The patient complains of left knee pain that is 7/10, with 10 being the worst, which is sharp, shooting, dull and achy in nature. Left knee pain is worsened with walking, climbing stairs and squatting.

The patient complains of right knee pain that is 7/10, with 10 being the worst, which is sharp, shooting, dull and achy in nature. Right knee pain is worsened with walking, climbing stairs and squatting. The patient presents today for reevaluation of low back, neck and right knee. The patient has been having neck, low back, and right knee issues. She is status post MVA on 05/26/2019. She is still experiencing right knee pain but is less edematous. She wears knee brace when she goes out but removes it when she is at home.

**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:**  Hypertension, arthritis, stomach ulcers.

**PAST SURGICAL / HOSPITALIZATION HISTORY:**  Two C-sections.

**MEDICATIONS:**  Lisinopril 10 mg, loratadine, methadone 10 mg, Nicoderm 7 mg, oxycodone 15 mg, Tizanidine 4 mg..

**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 with the exception of right triceps 1/2 and left triceps 1/2.

**Sensory Examination:** Is checked by pinprick. It is intact.

**Manual Muscle Strength Testing:** Testing is 5/5 normal with the exception of right shoulder abduction 5-/5, left shoulder abduction 5-/5, right shoulder flexion 5-/5, left shoulder flexion 5-/5, right hip flexion 5-/5 and left hip flexion 5-/5.

**Cervical Spine exam:** Cervical spine examination reveals tenderness upon palpation at C2-8 levels on the left. The Spurling's test is positive. The Cervical Distraction test is positive. There are palpable taut bands / trigger points at bilateral levator scapulae, bilateral trapezius and bilateral posterior scalenes. 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.

Cervical spine muscle spasm right trapezius; less on left.

ROM is limited.

**Lumbar Spine Examination:** Lumbar spine examination reveals tenderness upon palpation atL1-S1 levels bilaterally with muscle spasm present. Trigger points with palpable taut bands were noted at bilateral para spinal level L3-S1 with referral patterns laterally to the region in a fan-like pattern. 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. Leg raised exam is positive bilaterally and Braggard's test is positive bilaterally.

**Left Knee Examination:** Reveals tenderness upon palpation of the left peripatellar region. McMurray's test is positive and Valgus test is positive. ROM is as follows: extension was -5 and is -5 degrees and forward flexion was 110 and is 110 degrees.

**Right Knee Examination:** Reveals tenderness upon palpation of the right peripatellar region. McMurray's test is positive and Valgus test is positive. ROM is as follows: extension was -5 and is -5 degrees and forward flexion was 110 and is 110 degrees.

**GAIT:** Normal.

**Diagnostic Studies:**

3/22/2017 - MRI of the Cervical spine reveals HNP at C3-4, C4-5 and moderate canal stenosis at C4-5. Mild central canal narrowing at C3-4.

3/22/2017 - MRI of the Lumbar spine reveals HNP at L5-S1 and left facet arthropathy at L5-S1

3/23/2017 - MRI of the left knee reveals minimal chondromalacia of the patellofemoral compartment..

3/23/2017 - MRI of the right knee reveals mild chondromalacia of the patellofemoral compartment..

4/25/2019 - X-rays of the lumbar spine is normal..

4/25/2019 - X-rays of the left foot is normal..

The above diagnostic studies were reviewed.

**Diagnosis:**

Cervical disc herniation at C3-4, C4-5.

Cervical moderate canal stenosis at C4-5. Mild central canal narrowing at C3-4..

Lumbar disc herniation at L5-S1.

Lumbar left facet arthropathy at L5-S1.

Cervicalgia (Neck pain): M54.2

Low back pain (Lumbago): M54.5

Bilateral knee sprain/strain.

Bilateral knee internal derangement.

**Plan:**

Refilled his medications today to include:

Oxycodone 1 tablet t.i.d. #90

Methadone 10 mg 1 tablet t.i.d. #90

Gabapentin 300 mg t.i.d. #90

Continue with physical therapy.

Follow up in 4 weeks for med refills.

LESI x 2 to L5-S1 area.

Refilled his medications today to include:

Oxycodone 1 tablet t.i.d. #90

Methadone 10 mg 1 tablet t.i.d. #90

Gabapentin 300 mg t.i.d. #90

Continue with PT.

Follow up in 4 weeks for med refills.

Request lumbar epidural steroid injection:

Request right knee intra-articular injection.

Refilled his medications today.

Oxycodone 1 tablet t.i.d. #90.

Methadone 10 mg 1 tablet t.i.d. #90.

Gabapentin 300 mg t.i.d. #90.

Continue with physical therapy.

Follow up in 4 weeks for med refills.

**Request right knee intra-articular steroid injection x3:** I am requesting 3 intra-articular steroid injections under ultrasound guidance of the right knee. The patient has been receiving physical therapy for several weeks and had an MRI of the right knee as shown above. The patient still has stiffness and occasional locking which we are hoping will subside after the set of three hylangan injections. The ultrasound will aid in assuring that the needle indeed enters the intra-articular space. In an effort to avoid surgery, this injection should decrease inflammation and pain which will aid the physical therapist in achieving and maintaining the conditioned increase in the range of motion and overall expedite recovery.

Requested right knee intra-articular injection.

LESI x 2 to L5-S1.

Refilled her medications today.

**Medications:**

Refilled his medications to include:

Methadone 10 mg one tab tid dispense #90

Oxycodone 20 mg tablets, one tablet tid p.r.n. pain, dispense #90

Gabapentin 300 mg tid, dispense #90.

**Follow-up:** 4 weeks for medication refills plus OR..



Gurbir Johal, M.D.