**Medical Re-Evaluation**

Patient Name: Yolanda Crandoll

Dt. of Exam: 08/09/2019

1st Exam Dt.: 05/24/2018

**Procedures performed:**

7/17/18 - Lumbar Facet Inj #1

8/20/18 - Lumbar Facet Inj (L3-S1)#2

9/24/18 - LRFA(L3-S1)

3/21/19 - CESI(T1-2)

5/16/19 - CESI#2

**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. She reports improvement in neck pain. She essentially has undergone a thoracic epidural injection with 50% relief. She is on stable dose medications which will be refilled today.

The patient complains of mid back pain that is 7/10, with 10 being the worst, which is dull and achy in nature. Mid-back pain is worsened with lying down, movement activities and bending.

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 follow up. She is having persistent low back pain and has used heating pad in the past with minimal benefit. She has a history of cervical spine surgery, left shoulder surgery, chronic low back pain, and lumbar radiculopathy. She wears a spinal brace at all times. She is on stable dose medications which will be refilled today.

The patient complains of left shoulder pain that is 7/10, with 10 being the worst, which is shooting and achy in nature. Left shoulder pain is worsened with raising the arm and lifting objects. She is having shoulder pain and discomfort. She has had multiple surgeries and injections to her shoulder from another physician.

**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:**  Asthma, hepatitis, arthritis, ear infections, high blood pressure, heart attck, urinary tract infection, blood in urine, psychiatric illness.

**PAST SURGICAL / HOSPITALIZATION HISTORY:**  Left knee surgery in 2013, shoulder surgery x2 in 2011 and 2016, hernia surgery x2 in 1985 and 2013, C-section x4 in 1990, 1993, 1997, 2003, neck surgery in 2011, gallbladder removed in 1998.

**MEDICATIONS:**  Calcitonin 1 spray alternating nostrils, lansoprazole 30 mg one a day, atorvastatin 10 mg one at bedtime, olmesartan/amlodipine/hydrochlorothiazide 20/5/12/5 mg one a day, Prozac 40 mg one a day, Vicodin ES 7.5/300 mg, albuterol 2 puffs as needed.

**ALLERGIES:**  Penicillin.

**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.

**Thoracic Spine Examination:** Reveals tenderness upon palpation at T1-T12 levels bilaterally with muscle spasm present. Trigger points with palpable taut bands were noted at bilateral rhomboids, bilateral trapezius and bilateral serratus posterior superior. ROM is mildly decreased.

**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 Shoulder Examination:** Reveals tenderness upon palpation of the left AC joint and glenohumeral region with muscle spasm present at deltoid muscle and trapezius muscle. Neer's test is positive and Hawkins's test is positive. ROM is as follows: abduction was 165 and is 165 degrees; flexion was 145 and is 145 degrees; external rotation was 40 and is 40 degrees and internal rotation was 35 and is 35 degrees.

**GAIT:** Normal.

**Diagnostic Studies:**

10/23/2017 - MRI of the Cervical spine reveals bulge at C3-4, C7-T1

6/28/2018 - MRI of the Lumbar spine reveals bulge at L3-4, L4-5 and Mild bilateral facet hypertrophy at L5-S1. Mild bilateral neuroforaminal stenosis at L3-4 and L4-5. Mild multilevel lumbar spondylosis not significantly changed from 12/7/15.

10/20/2017 - MRI of the left shoulder reveals surgical resection of the peripheral acromion probably of a portion of the distal clavicle is observed. Although metallic postsurgical change largely obscure some details, there is no full-thickness tear of the rotator cuff. Supraspinatus tendinopathy previously demonstrated is no longer evident but there are partial thickness bursal side tears above. Artifact limits assessment..

11/7/2018 - UE NCV/EMG reveals chronic bilateral C6 radiculopathy..

10/23/2017 - CT Scan of the left shoulder: The patient has an os acromiale on the right side. On the left hand side, there is evidence of prior acromioplasty and clavicle resection. There may have been resection of an os acromiale. There is an elongated segment of ossification (measuring 15 x 1O x 5 mm) which is located 1.6 cm anterior lateral to the remainder of the acromion. This most represents a portion of the acromion or heterotopic ossification. Thinned central fibers of the deltoid insert on this ossification..

6/28/2018 - X-rays of the lumbar spine AP and lateral with bending views: Disc space narrowing L5-S1. Osteoarthritic changes lower lumbar spine. Accentuated lumbar lordosis. Flexion and extension lateral views demonstrate no evidence of instability and normal flexion and extension mobility..

The above diagnostic studies were reviewed.

**Diagnosis:**

Cervical disc bulge at C3-4, C7-T1.

Lumbar disc bulge at L3-4, L4-5.

Lumbar Mild bilateral facet hypertrophy at L5-S1. Mild bilateral neuroforaminal stenosis at L3-4 and L4-5. Mild multilevel lumbar spondylosis not significantly changed from 12/7/15..

Cervicalgia (Neck pain): M54.2

Thoracic Muscle Sprain/Strain.

Back pain (thoracic): M54.6

Lumbar Muscle sprain/strain.

Possible Lumbar disc herniation.

Possible Lumbar radiculopathy vs. entrapment syndrome vs. polyradiculopathy.

Low back pain (Lumbago): M54.5

Sacroiliitis: M46.1

Bilateral shoulder sprain/strain.

Bilateral shoulder internal derangement.

**Plan:**

Medications refilled today to include:

Gabapentin 600 mg one tab tid dispense #90

Oxycodone 10 mg tablets, one tablet tid p.r.n. pain, dispense #90

Nucynta 50 mg one tab tid dispense #90

Baclofen 10 mg one tab bid prn dispense #60

She is a candidate for medical marijuana program and will be contacted by the office for this.

Continue with medications.

Follow up in four weeks.

Refilled her medications to include oxycodone, Baclofen, gabapentin, Nucynta.

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Continue with medications.

Follow up in 4 weeks.

Refilled her medications.

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Continue with medications

Follow up in 4 weeks.

Continue her medications Meds refilled.

**Medications:**

Medications refilled today to include:

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Oxycodone 10 mg tablets, one tablet tid p.r.n. pain, dispense #90

Nucynta 50 mg one tab tid dispense #90

Baclofen 10 mg one tab bid prn dispense #60

**Follow-up:** 4 weeks.



Gurbir Johal, M.D.