**Medical Re-Evaluation**

Patient Name: Christopher Depugh

Dt. of Exam: 08/13/2019

1st Exam Dt.: 07/16/2019

Dt. of Injury: 11/19/2018

Notes^ low back pain.

**Chief Complaint:**

The patient complains of lower back pain that is 8/10, with 10 being the worst, which is sharp in nature. The lower back pain radiates to bilateral legs. Lower back pain is associated with numbness and tingling to the left leg. Lower back pain is worsened with sitting, standing, lying down, movement activities and climbing stairs. The patient presents today for followup evaluation of his low back pain. He was last seen 4 weeks ago. He has been having persistent low back pain bilaterally with left side being worse than the right. The pain is radiating down his lower extremities and he is having numbness and tingling to the left lower extremity. He was put on Naproxen, muscle relaxer, and baclofen and states the medications have helped a little bit. He has been attending physical therapy with mild benefit.

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 hip pain.

The patient complains of right hip pain.

**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:**  Noncontributory.

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

**MEDICATIONS:**  None.

**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.

**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. Leg raised exam is positive at left.

Left straight leg raise positive.

**Left Hip Examination:** ROM is as follows: flexion was 30 and is 30 degrees; internal rotation was 10 and is 10 degrees and external rotation was 10 and is 10 degrees.

**Right Hip Examination:** ROM is as follows: flexion was 30 and is 30 degrees; internal rotation was 10 and is 10 degrees and external rotation was 10 and is 10 degrees.

**GAIT:** Normal.

**Diagnostic Studies:**

11/19/2018 - CT Scan of the Cervical spine is normal.

11/19/2018 - CT Scan of the brain: Bilateral zygomatic arch deformities suggestive of indeterminate age fractures..

11/19/2018 - X-rays of the lumbar spine: Disc space narrowing and degenerative changes, with end plate osteophyte formation at L3-4 and L4-5..

The above diagnostic studies were reviewed.

**Diagnosis:**

Lumbar Muscle sprain/strain.

Possible Lumbar disc herniation.

Possible Lumbar radiculopathy vs. entrapment syndrome vs. polyradiculopathy.

Sacroiliitis.

Bilateral hip sprain/strain.

**Plan:**

of the Lumbar spine to rule out herniated nucleus pulposus/soft tissue injury.

Continue with physical therapy.

No med refills today.

Consider small interventional procedure to include lumbar transforaminal epidural steroid injection.

We will order an EMG study (bilateral lower back).

Request lumbar epidural steroid injection:

Continue with physical therapy. No med refills today. Req LESI L4-L5.

**Medications:**

Naproxen 500 mg one tab bid prn pain dispense #60

Baclofen 10 mg one tablet qhs p.r.n. dispense #30

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

**Follow-up:** 4 weeks



Gurbir Johal, M.D.