**Medical Re-Evaluation**

Patient Name: Miguel Gavilanez

Dt. of Exam: 08/05/2019

1st Exam Dt.: 09/07/2018

Dt. of Injury: 02/06/2018

Others^ Patient has been receiving physical therapy. Patient states that there is pain relief following physical therapy.~Notes^ The patient returns for reevaluation after discharge with persistent neck pain. The patient was involved in an MVA long time ago. He underwent left shoulder surgery on 06/10/2019. He has undergone physical therapy with benefit. He states the left shoulder pain is much improved status post surgery and he denies any pain at the back of the shoulder. He complains of neck pain which is worse in the morning. He states the neck pain interferes with sleep at night. He states when he puts his neck down towards the chest, he experiences numbness and tingling around the neck and shoulder area. He has difficulty with range of motion of the neck moving from left to right and vice versa. He also reports tightness in the lower back.

**Procedures performed:**

9/28/18 - LSIA #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 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 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 complains of left shoulder pain that is 7/10, with 10 being the worst, which is sharp and shooting in nature. Left shoulder pain is worsened with raising the arm and lifting objects.

The patient complains of right shoulder pain that is 7/10, with 10 being the worst, which is sharp and shooting in nature. Right shoulder pain is worsened with raising the arm and lifting objects.

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

**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.

**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.

**Thoracic Spine Examination:** Reveals tenderness upon palpation at T1-T12 levels bilaterally with muscle spasm present.

**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.

**Left Shoulder Examination:** Reveals tenderness upon palpation of the left AC joint region with muscle spasm present at deltoid muscle and trapezius muscle. Neer's test is positive and Hawkins's test is positive.

**Right Shoulder Examination:** Reveals tenderness upon palpation of the right AC joint region with muscle spasm present at deltoid muscle and trapezius muscle. Neer's test is positive and Hawkins's test is positive.

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

**GAIT:** Normal.

**Diagnostic Studies:**

5/9/2018 - MRI of the Cervical spine reveals HNP at C3-4, C4-5, C5-6 and Left sided neural foraminal narrowing at C5-6 and left lateral recess at C4-5 and C5-6.

5/9/2018 - MRI of the left shoulder reveals Mild diffuse rotator cuff tendinosis. Mild degenerative changes at the acromioclavicular joint with a type III acromion. Mild impingement. Trace subacromial/subdeltoid bursitis. Type I SLAP tear..

The above diagnostic studies were reviewed.

**Diagnosis:**

Cervical disc herniation at C3-4, C4-5, C5-6.

Cervical Left sided neural foraminal narrowing at C5-6 and left lateral recess at C4-5 and C5-6..

Possible Cervical Radiculopathy Vs. Plexopathy Vs. Entrapment Syndrome.

Thoracic Muscle Sprain/Strain.

Lumbar Muscle sprain/strain.

Possible Lumbar disc herniation.

Possible Lumbar radiculopathy vs. entrapment syndrome vs. polyradiculopathy.

Sacroiliitis.

Bilateral shoulder sprain/strain.

Bilateral shoulder internal derangement.

**Plan:**

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

Request cervical trigger point injections x3:

**Schedule cervical epidural steroid injections** 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.

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

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

Physical therapy: Physical therapy evaluation and treatment 3 times a week for 4 weeks for cervical radiculopathy.

**Medications:**

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

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

Naproxen 500 mg one tab bid prn pain dispense #60

**Follow-up:** 2 weeks.



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