**Medical Re-Evaluation**

Patient Name: Neelma Gill

Dt. of Exam: 09/09/2019

1st Exam Dt.: 09/24/2018

**Procedures performed:**

10/13/18 - Caudal w/cath#1

11/10/18 - Caud w/Cath#2

04/16/2019-EMG LE

5/4/19 - LTFE(B/L L4)

**Chief Complaint:**

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 presents today for followup evaluation of low back pain and left hip pain. She primarily has pain in bilateral hips with left being worse than the right. She states sometimes the pain radiates down the lower extremities. She describes the pain as a “weird sensation”. The patient is status post lumbar spine surgery. She has been taking tramadol 50 mg b.i.d. for pain. She also tried Soma without much benefit. She recently had a left hip x-ray done which showed left greater trochanteric sprain. She has had multiple injections in the past with minimal relief. She had seen a surgeon in the past and will be seeing Dr. Shaw. She will be going to India from October 25 to November 26.

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 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 left hip pain. The patient presents today for followup evaluation of low back pain and left hip pain. She primarily has pain in bilateral hips with left being worse than the right. She states sometimes the pain radiates down the lower extremities. She describes the pain as a “weird sensation”. The patient is status post lumbar spine surgery. She has been taking tramadol 50 mg b.i.d. for pain. She also tried Soma without much benefit. She recently had a left hip x-ray done which showed left greater trochanteric sprain. She has had multiple injections in the past with minimal relief. She had seen a surgeon in the past and will be seeing Dr. Shaw. She will be going to India from October 25 to November 26.

**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:**  High blood pressure, thyroid disease.

**PAST SURGICAL / HOSPITALIZATION HISTORY:**  C-sectionx2, cholecystectomy, left shoulder arthroscopy, total hysterectomy, laminectomy, spinal fusion.

**MEDICATIONS:**  Synthroid 150 mcg daily, Toprol XL 100 mg daily, Diovan/HCTZ 160/12.5 mg, omeprazole 40 mg, gabapentin 300 mg tid, Lipitor 10 mg daily.

**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.

**Left Shoulder Examination:** Reveals tenderness upon palpation of the left AC joint region with muscle spasm present at deltoid muscle and trapezius muscle.

**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.

**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.

**GAIT:** Normal.

**Diagnostic Studies:**

3/1/2019 - MRI of the Lumbar spine reveals Multilevel degenerative changes most notable for moderate to marked spinal stenosis at L3-4. Also noteworthy is moderate bilateral foraminal narrowing at L4-5 with probable impingement of the exiting L4 nerves bilaterally. There are small central disk herniations at T11-12 greater than T12-L1without spinal stenosis. At L2-L3, there is a right foraminal disk protrusion without significant foraminal narrowing and probably associated with mild vertebral marginal spurring. At L3-L4, there is a disk bulge traversing the posterior disk margin with bilateral facet and ligamenta flava hypertrophy resulting in moderate to marked spinal stenosis. At L4-L5, there is unroofing of the intervertebral disk as well as a mild disk bulge. Due to the decompressive laminectomy there is no spinal stenosis. The disk bulge does encroach into the neural foramina bilaterally with moderate bilateral foraminal narrowing and probable impingement of the L4 nerves bilaterally. At L5-S1, there is a mild disk bulge and slight facet and ligamentum flavum hypertrophy causing mild spinal stenosis which may in part be developmental.

4/16/2019 - LE NCV/EMG chronic left L4 radiculopathy.

The above diagnostic studies were reviewed.

**Diagnosis:**

Lumbar Multilevel degenerative changes most notable for moderate to marked spinal stenosis at L3-4. Also noteworthy is moderate bilateral foraminal narrowing at L4-5 with probable impingement of the exiting L4 nerves bilaterally. There are small central disk herniations at T11-12 greater than T12-L1without spinal stenosis. At L2-L3, there is a right foraminal disk protrusion without significant foraminal narrowing and probably associated with mild vertebral marginal spurring. At L3-L4, there is a disk bulge traversing the posterior disk margin with bilateral facet and ligamenta flava hypertrophy resulting in moderate to marked spinal stenosis. At L4-L5, there is unroofing of the intervertebral disk as well as a mild disk bulge. Due to the decompressive laminectomy there is no spinal stenosis. The disk bulge does encroach into the neural foramina bilaterally with moderate bilateral foraminal narrowing and probable impingement of the L4 nerves bilaterally. At L5-S1, there is a mild disk bulge and slight facet and ligamentum flavum hypertrophy causing mild spinal stenosis which may in part be developmental..

Lumbar Muscle sprain/strain.

Possible Lumbar disc herniation.

Possible Lumbar radiculopathy vs. entrapment syndrome vs. polyradiculopathy.

Sacroiliitis.

Left hip sprain/strain.

**Plan:**

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

Follow up in 4 weeks for medication refill and review and discussion regarding what Dr. Shaw has to say.

I would like to obtain of the shoulder. I have advised the patient that, this study should be performed immediately because if any ligamentous tears are present then we need to address the injury immediately with an orthopedic surgery consult.

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

**Medications:**

Soma 350 mg one tab bid prn dispense #60

**Follow-up:** 4 weeks.



Gurbir Johal, M.D.