**Medical Re-Evaluation**

Patient Name: Rosalba Gonzalez

Dt. of Exam: 07/23/2019

1st Exam Dt.: 05/14/2019

Dt. of Injury:

Notes^ Patient is status post CESI C7-T1

**Procedures performed:**

5/28/19 - CTPI#1

06/11/2019 - EMG UE/LE

7/20/19 - CESI#1 C7-T1

**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 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 left 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.

**Cervical Spine exam:** Cervical spine examination reveals tenderness upon palpation at C2-8 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.

**Lumbar Spine Examination:** Lumbar spine examination reveals tenderness upon palpation atL1-S1 levels 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 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:**

4/12/2019 - MRI of the Cervical spine reveals bulge at C3-4 , HNP at C4-5, C5-6, C6-7 and C3-4 central canal stenosis. C4-5 intervertebral foraminal encroachment.

4/12/2019 - MRI of the Lumbar spine reveals bulge at L5-S1 and L5-S1 radial annular tear, left-sided foraminal encroachment and central canal stenosis. L4-5 central canal stenosis secondary to ligamentum flavum thickening.

6/11/2019 - UE NCV/EMG is normal.

6/11/2019 - LE NCV/EMG is normal.

The above diagnostic studies were reviewed.

**Diagnosis:**

Cervical disc bulge at C3-4.

Cervical disc herniation at C4-5, C5-6, C6-7.

Cervical C3-4 central canal stenosis. C4-5 intervertebral foraminal encroachment..

Lumbar disc bulge at L5-S1.

Lumbar L5-S1 radial annular tear, left-sided foraminal encroachment and central canal stenosis. L4-5 central canal stenosis secondary to ligamentum flavum thickening..

Possible Cervical Radiculopathy Vs. Plexopathy Vs. Entrapment Syndrome.

Possible Lumbar radiculopathy vs. entrapment syndrome vs. polyradiculopathy.

**Plan:**

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

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

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.

I would like to obtain of the hip. 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.

**Follow-up:** 8/20/19



Gurbir Johal, M.D.