**Medical Re-Evaluation**

Patient Name: Wilson Guzman

Dt. of Exam: 08/16/2019

1st Exam Dt.: 07/09/2018

**Procedures performed:**

1/14/19 - UTox

2/1/19 - UTox

**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.

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 evaluation of his low back. He has a history of chronic pain syndrome, lumbar facet syndrome, and failed back syndrome. He has been having persistent low back pain and rates the pain as a 9/10 on a pain scale. He has had a heart attack due to which he is unable to undergo any interventions for his back as he is on blood thinners. He has been taking medications for 2 weeks. He wears a back brace. He has undergone a low back surgery on 02/17/2017.

The patient complains of left knee pain that is 7/10, with 10 being the worst, which is sharp, shooting, dull and achy 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, shooting, dull and achy 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:**  Hypertension, heart attack, blood in stools, arthritis.

**PAST SURGICAL / HOSPITALIZATION HISTORY:**  Low back surgery 2/17/2017, knee surgery 4/10/2013.

**MEDICATIONS:**  Oxycodone/APAP q8h, metoprolol once a day, losartan once a day, aspirin once a day, clopidogrel once a day, atorvastatin once a day, zolpidem qhs, tramadol HCl 50 mg, meloxicam 7.5 mg, hydroxizine pamoate 50 mg capsule,.

**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 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 bilaterally with muscle spasm present. 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 Knee Examination:** Reveals tenderness upon palpation of the left peripatellar region. McMurray's test is positive and Valgus test is positive. 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. McMurray's test is positive and Valgus test is positive. ROM is as follows: extension was -5 and is -5 degrees and forward flexion was 110 and is 110 degrees.

**GAIT:** Normal.

**Diagnostic Studies:** None reviewed.

**Diagnosis:**

Cervical Muscle Sprain/Strain.

Possible Cervical Disc Herniation.

Possible Cervical Radiculopathy Vs. Plexopathy Vs. Entrapment Syndrome.

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 knee sprain/strain.

Bilateral knee internal derangement.

**Plan:**

Request for lumbar facet injection L3-S1 bilaterally.

Script for physical therapy for low back.

Meds refills for 2 weeks to include oxycodone 15 mg b.i.d. p.r.n. #30 tablets.

Urine toxicology ordered.

Follow up in 2 weeks.

**Request lumbar medial branch block #2 at Bilateral L3-S1:** 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.

Request for lumbar facet injection (LMBB2) to L3-S1 bilaterally.

Script for physical therapy for low back.

Urine toxicology ordered.

Medication refilled for 2 weeks.

**Medications:**

Refill given for 2 weeks to include oxycodone 15 mg one tablet bid prn dispense #30

**Follow-up:** 2 weeks.



Gurbir Johal, M.D.