**Medical Re-Evaluation**

Patient Name: Duncan Mcduffie

Dt. of Exam: 08/07/2019

1st Exam Dt.: 08/07/2019

Dt. of Injury:

**Chief Complaint:**

The patient complains of neck pain. The neck pain radiates to bilateral shoulder. Neck pain is associated with numbness and tingling to the bilateral shoulder. The patient was involved in a MVA accident in 09/2018. His friend was driving him home. It was a hit and run case where he was sitting on the right passenger seat with seatbelts on. The car was hit on the right side (right passenger seat). He states he felt dizzy and confused days after the accident. He went to hospital in \_\_ and was sent home on muscle relaxer. He has been taking the muscle relaxer and states it has been helping him. MRIs and EMGs were done the results of which are awaited. He has a pinched nerve. He did not obtain any x-rays at that time. He has never undergone any surgery in the past. He has seen a chiropractor and has undergone therapy. He has been experiencing pain in his neck, low back, and right shoulder with the right side being worse than the left. The neck pain radiates towards bilateral shoulders with right greater than left. He also reports having sharp pain in bilateral arms right greater than left. He is experiencing pain in his low back with walking which is radiating to lower extremities with right side worse than left. He is having numbness and tingling of bilateral arms and lower extremities with right side being worse than the left side. He states his legs fall asleep while sitting. He has difficulty lifting objects. He has an upcoming surgery scheduled for his right shoulder.

The patient complains of lower back pain. The lower back pain radiates to bilateral legs. To the bilateral legs. The patient was involved in a MVA accident in 09/2018. His friend was driving him home. It was a hit and run case where he was sitting on the right passenger seat with seatbelts on. The car was hit on the right side (right passenger seat). He states he felt dizzy and confused days after the accident. He went to hospital in \_\_ and was sent home on muscle relaxer. He has been taking the muscle relaxer and states it has been helping him. MRIs and EMGs were done the results of which are awaited. He has a pinched nerve. He did not obtain any x-rays at that time. He has never undergone any surgery in the past. He has seen a chiropractor and has undergone therapy. He has been experiencing pain in his neck, low back, and right shoulder with the right side being worse than the left. The neck pain radiates towards bilateral shoulders with right greater than left. He also reports having sharp pain in bilateral arms right greater than left. He is experiencing pain in his low back with walking which is radiating to lower extremities with right side worse than left. He is having numbness and tingling of bilateral arms and lower extremities with right side being worse than the left side. He states his legs fall asleep while sitting. He has difficulty lifting objects. He has an upcoming surgery scheduled for his right shoulder.

The patient complains of left shoulder pain.

The patient complains of right shoulder pain.

**REVIEW OF SYSTEMS:**  The patient admits to episodic lightheadedness. The patient denies seizures, chest pain, shortness of breath, jaw pain, abdominal pain, fevers, night sweats, diarrhea, bowel/bladder incontinence, double vision, hearing loss, recent weight loss 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:** It is intact.

**Manual Muscle Strength Testing:** Testing is 5/5 normal.

**Cervical Spine exam:** Cervical spine examination reveals tenderness upon palpation at C2-C7 levels bilaterally. 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.

**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.

**Left Shoulder Examination:** Reveals tenderness upon palpation of the left

**Right Shoulder Examination:** Reveals tenderness upon palpation of the right

**GAIT:** Normal.

**Diagnostic Studies:** None reviewed.

**Diagnosis:**

Cervicalgia (Neck pain) - M54.2

Sprain of ligaments of cervical spine (whiplash) - S13.4xxA, S13.4xxD

Strain of muscle, fascia, tendons (cervical) - S16.1xxA, S16.1xxD

Low back pain (Lumbago) - M54.5

Spasm of back muscles - M62.830

Sprain (lumbar) - S33.5xxA, S33.5xxD

Strain (lumbar) - S39.012

**Plan:**

Voltaren gel 1% applied b.i.d. p.r.n.

Percocet 10/325 mg b.i.d. p.r.n.

Baclofen 10 mg nightly

Request for cervical epidural steroid injection and cervical trigger point injections

Continue with physical therapy.

Follow up in 2 weeks

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**Follow-up:** 2 weeks



Gurbir Johal, M.D.