**Medical Re-Evaluation**

Patient Name: Wallace Michals

Dt. of Exam: 09/10/2019

1st Exam Dt.: 06/19/2018

**Procedures performed:**

7/17/18 - LTPI #1

11/6/18 - UTox

12/1/18 - LESI

1/29/19 - UTox

2/26/19 - LESI#2(L4-5) fu

**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 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 low back pain. He has a history of lumbar facet syndrome, lumbar radiculopathy, and chronic pain syndrome. He is experiencing low back pain. He is on a stable dose of medication and denies any side effects from the medication. He denies any constipation or dizziness at current.

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:**  Leg weakness, borderline hypertension not on medications.

**PAST SURGICAL / HOSPITALIZATION HISTORY:**  Broken ankle at age 3-4..

**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 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.

**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:**

7/12/2018 - MRI of the Cervical spine reveals bulge at C4-5 and Mild multilevel degenerative changes, most notable at C6-7 without central stenosis or cord compression. Mild right foraminal narrowing at C6-7

8/16/2018 - MRI of the Lumbar spine reveals bulge at L2-3, L3-4, L4-5, L5-S1 , HNP at L3-4 and Facet degeneration at L5-S1 causing minimal degenerative spondylolisthesis. Narrowing of right neural foramen L3-4 and L5-S1

The above diagnostic studies were reviewed.

**Diagnosis:**

Cervical disc bulge at C4-5.

Cervical Mild multilevel degenerative changes, most notable at C6-7 without central stenosis or cord compression. Mild right foraminal narrowing at C6-7.

Lumbar disc bulge at L2-3, L3-4, L4-5, L5-S1.

Lumbar disc herniation at L3-4.

Lumbar Facet degeneration at L5-S1 causing minimal degenerative spondylolisthesis. Narrowing of right neural foramen L3-4 and L5-S1.

Cervicalgia (Neck pain): M54.2

Low back pain (Lumbago): M54.5

Sacroiliitis: M46.1

Bilateral knee sprain/strain.

Bilateral knee internal derangement.

**Plan:**

Recommend to take the anti-inflammatory once a day at night time.

Continue with medications to include:

Oxycodone 15 mg tablets, one tablet q6h p.r.n. pain, dispense #120 chronic pain syndrome

Baclofen 10 mg one tab bid prn dispense #60.

Meloxicam 15 mg one tab daily prn dispense #30

Recommend to take the anti-inflammatory once a day at night time.

Continue with medications to include:

Oxycodone 15 mg tablets, one tablet q6h p.r.n. pain, dispense #120 chronic pain syndrome

Baclofen 10 mg one tab bid prn dispense #60.

Meloxicam 15 mg one tab daily prn dispense #30

**Medications:**

Oxycodone 15 mg tablets, one tablet q6h p.r.n. pain, dispense #120 chronic pain syndrome

Baclofen 10 mg one tab bid prn dispense #60.

Meloxicam 15 mg one tab daily prn dispense #30

**Follow-up:** 4 weeks.



Gurbir Johal, M.D.