**Medical Re-Evaluation**

Patient Name: Jasmine Pinkney

Dt. of Exam: 08/06/2019

1st Exam Dt.: 03/19/2019

Dt. of Injury: 12/15/2018

**Procedures performed:**

04/16/2019-EMG LE

6/13/19 - LESI L5-S1#2

**Chief Complaint:**

The patient complains of neck pain that is 5-6/10, 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 presents today for follow-up. She is status post MVA. The patient reports having relief from physical therapy. She is complaining of worsening low back pain and rates the pain as a 8/10 at current. She reports the pain is radiating down her left lower extremity. She states the pain is bothering her at work. She is also having persistent neck pain and rates the pain as 5-6/10. She is going to physical therapy which is helping her. She ran out of medication and would like to have refills.

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 is status post MVA accident. She is complaining of worsening low back pain.

She states the pain is radiating down her left lower extremity. She states the pain is bothering her at work. She rates the low back pain as 8/10. She is going to physical therapy which is helping her. She ran out of medication and would like to have refills. Pain has been bothering at work. He has been going to therapy with benefit.

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.

**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 on the left bilaterally with muscle spasm present. The Spurling's test is positive. 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. 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.

**GAIT:** Normal.

**Diagnostic Studies:**

2/19/2019 - MRI of the Cervical spine reveals bulge at C5-6 broad-based

2/19/2019 - MRI of the Lumbar spine reveals bulge at L2-3 broad-based , HNP at L5-S1 left paracentral and Left lateral recess and left neural foraminal stenosis at L5-S1.

4/16/2019 - LE NCV/EMG is normal.

The above diagnostic studies were reviewed.

**Diagnosis:**

Cervical disc bulge at C5-6 broad-based.

Lumbar disc bulge at L2-3 broad-based.

Lumbar disc herniation at L5-S1 left paracentral.

Lumbar Left lateral recess and left neural foraminal stenosis at L5-S1..

**Plan:**

Prescription provided for Percocet 7.5/325 mg 1 tablet t.i.d. dispense #60

Urine sample today.

Continue with physical therapy.

CTPI x 1.

Follow up in 3 weeks.

Request cervical trigger point injections x3:

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

Request medial branch block L2-S1 bilateral x 1.

Request lumbar medial branch block x2, on 2 separate days at Bilateral L2-S1:

Medial branch block L2-S1 bilateral x 1.

CTPI x 1.

**Medications:**

Percocet 7.5/325 mg 1 tablet t.i.d. #60

**Follow-up:** 3 weeks.



Gurbir Johal, M.D.