**Initial Comprehensive Medical Evaluation**

Date: 11/05/2018

RE: 11162018 Test

DOB: 10/10/1990

1st Evaluation

**CHIEF COMPLAINTS:**

On 11/05/2018, Mr. 11162018 Test, a right-handed 28-year-old male presents for the evaluation of the injuries sustained in a motor vehicle accident which occurred on the date of 11/02/2018. The patient was seen at the RWJ located at 865 Stone Street. The patient states he was the front seat passenger of a vehicle which was involved in a driver’s side front collision. The patient states that an EMS team did not arrive at the scene. Test file The patient reports no injury to the head and no loss of consciousness. During the accident the patient reports injuries to neck, mid-back and low-back.

**HISTORY OF PRESENT ILLNES:**

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 hands. To the bilateral wrists. Neck pain is associated with weakness in arms. Neck pain is worsened with standing, lying down, working and bending.

The patient complains of mid back pain that is 4-5/10, with 10 being the worst, which is dull and achy in nature.

The patient complains of lower back pain that is 2/10, with 10 being the worst, which is dull and achy in nature.

The patient complains of worsening radiating low back pain, affecting quality of life and decreasing the activities of daily living.

**REVIEW OF SYSTEMS:**  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, episodic lightheadedness and rashes.

**PAST MEDICAL HISTORY:**  Noncontributory.

**PAST SURGICAL / HOSPITALIZATION HISTORY:**  Noncontributory.

**MEDICATIONS:**  None.

**ALLERGIES:**  No known drug allergies.

**SOCIAL HISTORY:**  The patient denies smoking, drinking and drugs. Patient works as unknown.

**PHYSICAL EXAM:**

**General:** The patient presents in an uncomfortable state.

**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 left triceps 1/2, left ankle 1/2.

**Sensory Examination:** It is intact with the following exceptions: hyperalgesia at left lateral arm (C5) and hypoesthesia at right middle finger (C7).

**Manual Muscle Strength Testing:** Is 5/5 normal with the exception of left shoulder abduction 5-/5 and left wrist flexion 3+/5.

**Cervical Spine exam:** 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 with referral to the scapula. ROM is as follows: extension is 1 degrees, normal is 50 degrees; forward flexion is 1 degrees, normal is 60 degrees; right rotation is 1 degrees, normal is 80 degrees; left rotation is 1 degrees, normal is 80 degrees; right lateral flexion is 1 degrees, normal is 50 degrees and left lateral flexion is 1 degrees, normal is 50 degrees.

There is blanching noted at the sites of the trigger points.

**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 with referral to the scapula. ROM is mildly decreased.

There is blanching noted at the sites of the trigger points.

**Lumbar Spine Examination:** Reveals tenderness upon palpation at L1-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 is 1 degrees, normal is 30 degrees; forward flexion is 1 degrees, normal is 90 degrees; right rotation is 1 degrees, normal is 30 degrees; left rotation is 1 degrees, normal is 30 degrees; right lateral flexion is 1 degrees, normal is 30 degrees and left lateral flexion is 1 degrees, normal is 30 degrees.

**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

Back pain (thoracic): M54.6

Sprain of ligaments (thoracic spine): S23.3xxA, S23.3xxD

Low back pain (Lumbago) - M54.5

Spasm of back muscles - M62.830

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

Strain (lumbar) - S39.012

Possible lumbar radiculopathy vs. entrapment syndrome vs. polyradiulopathy vs. peripheral neuropathy.

**Plan:**

**Request MRI of the cervical spine:** To rule out herniated nucleus pulposus/soft tissue injury.

**Procedure - Bilateral cervical trigger point injection under ultrasound guidance:** Because the patient presents with tender palpable taut bands/trigger points with referral patterns as noted on today’s exam, and the patient has had conservative care with several weeks of physical therapy along with anti-inflammatories, I have performed trigger point injection under ultrasound guidance on those noted trigger points. This injection should decrease pain and inflammation and assist the therapist to obtain an increase in range of motion to expedite recovery.

**Request CT Scan of the cervical spine:** To rule out herniated nucleus pulposus/soft tissue injury.

**Request thoracic trigger point injections x3:** Because the patient presents with tender palpable taut bands/trigger points with referral patterns as noted on today’s exam, and the patient has had conservative care with several weeks of physical therapy along with anti-inflammatories, I would like to request trigger point injections under ultrasound guidance on those noted trigger points. This injection should decrease pain and inflammation and assist the therapist to obtain an increase in range of motion to expedite recovery.

**Request NCV/EMG of the LE:** The patient has had conservative care for several months, the patient has also tried and failed conservative care, with not sufficient pain relief.  Given the patients MRI and physical findings, I need the lower extremity EMG/NCV to help me 1. Localize the damage 2. Help me confirm if it is acute or chronic 3. Help me see if there actually exists electrophysiologic/ neurologic element to the pain, and help me differentiate between neuromuscular disorders as well as  discogenic and non discogenic radiculopathies, peripheral neuropathies, plexopathies and entrapment syndromes, by helping me assess the suspected nerve roots and peripheral nerves.

**Procedures:** If the patient continues to have tender palpable taut bands/trigger points with referral patterns as noted in the future on examination, I will consider doing trigger point injections.

**Care:** Acupuncture, chiropractic and physical therapy. Avoid heavy lifting, carrying, excessive bending and prolonged sitting and standing.

**Goals:** To increase range of motion, strength, flexibility, to decrease pain and to improve body biomechanics and activities of daily living and improve the functional status.

**Precautions:** Universal. Patient education provided via physician, printed material and online website references.

**Follow-up:** 2-4 weeks

It is my opinion that the injuries that Mr. 11162018 Test sustained to neck, mid-back and low back are causally related to the incident that occurred on 11/02/2018 as described by the patient.



Gurbir Johal, M.D.