**Medical Re-Evaluation**

Patient Name: Edward Thompson

Dt. of Exam: 08/16/2019

1st Exam Dt.: 07/27/2018

**Procedures performed:**

9/18/18 - LTPI #1

9/22/18 - Caudal w/cath #1

10/27/18 - Caudal w/cath #2

3/23/19 - INB(T10, T11, T12)

**Chief Complaint:**

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 followup evaluation of his back pain and medication refills. He recently underwent low back surgery and this was his 3rd surgery. He states his back is still bothering him and he describes the back pain as an "awkward achy" pain which pops. He also experiences some pain with walking. He is unable to sit for prolonged period of time and has to get up and take a walk to get rid of the pain. His sciatica has been worsening in the buttocks region. He is on stable dose of medications to include oxycodone, morphine sulfate, and Flexeril today.

**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:**  Surgery to free up pinch nerve in March 2017. In June 2017, fusion.

**MEDICATIONS:**  Oxycodone 20 mg qid, oxycontin 30 mg bid, Flexeril 10 mg tid, Ambien 10 mg once a day, Zolpidem 10 mg, Cyclobenzaprine 10 mg.

**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.

**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.

**GAIT:** Normal.

**Diagnostic Studies:**

2/13/2019 - MRI of the Lumbar spine reveals bulge at L2-3 minimal, L4-5 , HNP at L4-5 and Mild degenerative findings without significant stenosis. Mild facet hypertrophy at L1-2 and L3-4. Mild bilateral foraminal stenosis at L3-4.

3/5/2018 - CT Scan of the lumbar spine: Since the prior examination, the patient is status post left-sided pedicle screw fixation at L3-4. There is no evidence of hardware malfunction There is osseous bridging of the anterior margin of the disc space on both the left and right side. Again demonstrated is bilateral pars defects at both L2 and L3. At both L4-5 and L5-S1 there are Dallas grade 3 tears. At L2-3 there is a Dallas grade 1 tear unchanged from the previous study..

The above diagnostic studies were reviewed.

**Diagnosis:**

Lumbar disc bulge at L2-3 minimal, L4-5.

Lumbar disc herniation at L4-5.

Lumbar Mild degenerative findings without significant stenosis. Mild facet hypertrophy at L1-2 and L3-4. Mild bilateral foraminal stenosis at L3-4..

Thoracic Muscle Sprain/Strain.

Back pain (thoracic): M54.6

Low back pain (Lumbago): M54.5

Sacroiliitis: M46.1

**Plan:**

Refilled his medications today.

Continue with medical management.

Wait for spine surgery to okay physical therapy.

Request percutaneous electrical nerve stimulation.

Follow up on 09/16/2019 in Edison.

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**Medications:**

Refills given for:

Flexeril 10 mg one tab bid prn dispense #60

Morphine sulfate ER 30 mg one tab bid dispense #60 tabs

Oxycodone 30 mg tablets, one tablet q6h. p.r.n. pain, dispense #120 chronic pain syndrome

**Follow-up:** 09/16/2019



Gurbir Johal, M.D.