

# UK Sinha Physician, P.C.

102-31 Jamaica Ave.  
Richmond Hill, NY 11418  
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September 30, 2022

Re: Kaushal, Yogeshwar

DOB: 02/19/1974

DOA: 11/18/2019

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Mid back and low back pain.

**HISTORY OF PRESENT ILLNESS:** A 48-year-old male involved in a work-related accident on 11/18/2019. While at work, the patient was dragging something to load onto the truck and fell backwards onto a forklift and landed on the floor. EMS arrived on the scene. The patient was transported via ambulance to Northwell Health and was treated and released the same day. The patient presents today complaining of mid back and low back pain sustained in the work-related accident. The patient last attended physical therapy in December 2021.

**WORK HISTORY:** The patient is currently not working.

**PAST MEDICAL HISTORY:** Diabetes. There is previous history of MVA in 2007-2008.

**PAST SURGICAL HISTORY:** Noncontributory.

**DRUG ALLERGIES:** NO KNOWN DRUG ALLERGIES.

**MEDICATIONS:** The patient is taking Naprosyn over-the-counter.

**SOCIAL HISTORY:** The patient is a nonsmoker. The patient drinks alcohol occasionally. The patient does not take recreational drugs.

**ADL CAPABILITIES:** The patient states that he can walk for 1/2 block. He can stand for 5 minutes before he has to sit. He can sit for 5 minutes before needing to change positions secondary to pain. As a direct result of the injuries sustained in this accident, the patient states that he is unable to do the following activities: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

**REVIEW OF SYSTEMS:** Temperature taken at the time of exam was 98.6 degrees Fahrenheit.

**General:** No fever, chills, night sweats, weight gain, or weight loss.

**HEENT:** No double vision, eye pain, eye redness, decreased hearing, earache, ear ringing, nosebleeds, sore throat or hoarseness.

**Endocrine:** No cold intolerance, appetite changes or hair changes.

**Skin:** Clear, no rashes or lesions.

**Neuro:** No headaches, dizziness, vertigo or tremor.

**Respiratory:** No wheezing, coughing, shortness of breath or difficulty breathing.

**Cardiovascular:** No chest pain, murmurs, irregular heart rate or hypertension.

**GI:** No nausea, vomiting, diarrhea, constipation, jaundice or changes in bowel habits.

**GU:** No blood in urine, painful urination, loss of bladder control or urinary retention.

**Hematology:** No active bleeding, bruising, anemia or blood clotting disorders.

**Psychiatric:** No anxiety, change in sleep pattern, depression or suicidal thoughts.

**PHYSICAL EXAMINATION:** The patient's height is 5 feet 7 inches, weight is 165 pounds, and BMI is 25.8. The patient complains of low back pain and referred pain in both lower extremities up to the foot. No neurological deficits noted. It is predominantly low back pain (axial pain).

**DIAGNOSTIC TESTING:** MRI of the lumbar spine, done on 09/16/2022, shows mild straightening of lumbar. At L2-3 level, small broad-based left far lateral central disc herniation (protrusion) is present resulting in mild compression of the ventral CSF space. Moderate narrowing of left neural foramen. At L3-4 level, small broad-based central disc herniation (protrusion) is present resulting in mild compression of the ventral CSF space. Mild narrowing of neural foramina bilaterally, left greater than right. At L4-5 level, small broad-based central/left paracentral disc herniation (protrusion) is present resulting in mild compression of the ventral CSF space. Mild narrowing of right neural foramen with probable impingement of exiting nerve root and mild narrowing of left neural foramen with probable impingement of exiting nerve root.

**ASSESSMENT:**

1. Lumbar pain.
2. Lumbar disc herniations.

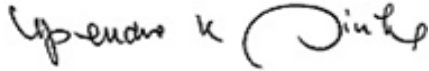
**PLAN:**

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue home exercises (PT not yet approved).
4. Avoid heavy manual work.

**IMPAIRMENT RATING:** 100%.

**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

**AFFIRMATION:** Being duly licensed to practice medicine in the state of New York, pursuant to the applicable provisions of the Civil Practice Laws and Rules, I hereby affirm under penalty of perjury that the statements contained herein are true and accurate.

A handwritten signature in black ink, appearing to read "U.K. Sinha", written over a horizontal line.

U.K. Sinha, MD, MS (Ortho), FAAOS  
Board Certified Orthopedic Surgeon

UKS/AEI

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## To Whom It May Concern

Mr. Yogeshwar Kaushal was seen in the office recently. I also reviewed the recent MRI of lumbar spine which shows multiple level disc disruption, especially L3-L4 and L4-L5. The patient complains of low back pain and referral pain in both lower extremities. No neurological deficit. Clinically, the patient has restricted painful range of motion of lumbosacral spine.

The patient has history of work-related injury on November 18, 2019, and since then, the patient is not working.

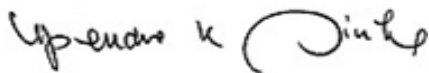
The patient had an epidural cortisone injection in 2021 which helped for a short time.

The patient has a history of car accident in 2008 but got better after conservative treatment and claims no back pain until he had injury in November 2019.

Impression: Discogenic disc disease in lumbosacral spine (mainly L3-L4, L4-L5).

Plan: Three epidural cortisone injection 2 weeks apart for lumbosacral spine. At the present time, the patient is unable to do his job.

If you have any questions, please let me know.



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Board Certified Orthopedic Surgeon

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