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Pain Management Follow up

RE:	Tra-Von Dubois
DOB:	04/03/1984
DOA:	09/07/2025
WCB#:	G4201960
DOS:	12/05/2025
LOCATION:	White Plains, NY office

Dr. Marc Habif
77 Tarrytown Rd
White Plains, NY 10607

DEGREE OF DISABILITY: 50%.
WORK STATUS: Working.

The patient is status post PT. Patient reports 80% symptom improvement for 1-2 days. Discussed results of EMG/NCV of lower extremities. Discussed risks and benefits of EMG/NCV of upper extremities, and the patient is willing to proceed. The patient is doing PT 3x a week.

ACTIVITIES OF DAILY LIVING AFFECTED:
Patient's ability to perform activities of daily living:
Personal hygiene, grooming, dressing, toileting - able to perform with difficulty, requires extra time.
Walking, transferring, ambulating - able to perform with difficulty, can walk and sit for 10 minutes, patient reports dull and sharp pain.
Eating independently - able to perform.
Cook, clean, maintain households - able to perform with difficulty, limits what he does.
Shop for food - cannot perform, needs help.
Sleeping - with difficulty, wakes up 2-3x/night.

PRESENT COMPLAINTS:
The patient complains of neck pain that is 8-9/10, with 10 being the worst, which is intermittent, sharp, shooting, throbbing, and achy in nature. Neck pain radiates to bilateral arms, forearms, hands, and wrists. Neck pain is associated with numbness and tingling to bilateral arms, forearms, hands, and wrists. Neck pain worsens with looking up and looking down.

The patient complains of lower back pain that is 10/10, with 10 being the worst, which is constant, sharp, shooting, throbbing, dull, and achy in nature. Lower back pain radiates to bilateral hips, thighs, knees, legs, ankles, and feet. Lower back pain is associated with numbness and tingling to hips, thighs, knees, legs, ankles, and feet. Lower back pain worsens with sitting, standing, bending forward, bending backwards, sleeping, twisting right, twisting left, and lifting. The patient complains of worsening radiating lower back pain, affecting quality of life and decreasing the activities of daily living.

HISTORY:
On 09/19/2025, Mr. Tra-Von Dubois, a right-handed # age-year-old male presents for the evaluation of the injuries sustained in a work related incident which occurred on 09/07/2025. Patient states that he works in the Deli. He slashed his right middle finger on a sharp edge of the kitchen sink drain. He was being escorted out of the kitchen area by his supervisor. As he was leaving, he slipped on some oil residue on the floor and fell. He fell backwards and hit his neck and back against a metal table. Due to the impact, he injured his neck and back. The patient had a loss of consciousness, but the duration is unknown. He went to White Plains Hospital by himself the same day the accident occurred. At the hospital, prescription was given for Tylenol, Motrin, cyclobenzaprine, antibiotics, and hot and cold packs. He had a previous accident and injured his left hand middle finger and has completely recovered. During the accident, the patient reports injuries to the neck and lower back.

REVIEW OF SYSTEMS: The patient admits to headaches, muscle spasms, dizziness, sleep issues/difficulty and anxiety/depression. The patient denies chest pain/shortness of breath, abdominal pain, nausea, ringing in ears, bladder incontinence, bowel incontinence and seizure history.

PAST MEDICAL HISTORY: Noncontributory.
PAST SURGICAL HISTORY: Noncontributory.
SOCIAL HISTORY: The patient denies smoking, drinking and drugs.
MEDICATIONS: Tramadol.
ALLERGIES: NO KNOWN DRUG ALLERGIES.

PHYSICAL EXAM:
REFLEX EXAMINATION: Deep tendon reflexes are 2+ and equal with the following exceptions: Right triceps 1+/2, left biceps 1+/2, right brachioradialis 1+/2, left ankle 1+/2, right ankle 1+/2.

SENSORY EXAMINATION: It is intact to light touch with the exception of hypoesthesia at left lateral forearm, thumb, index (C6) hypoesthesia at left dorsum of the foot (L5).

MOTOR EXAMINATION: Muscle strength is 5/5 normal.

CERVICAL SPINE EXAMINATION: Reveals tenderness upon palpation at C2-7 levels bilaterally with muscle spasms present.

LUMBAR SPINE EXAMINATION: Reveals tenderness upon palpation at L1-S1 levels bilaterally with muscle spasm present. ROM is measured using handheld goniometer.

	ROM	**Normal**		**Left**	**Right**	**Normal**
Forward Flexion	30	90	Rotation	30	30	60
Extension	15	40				

GAIT: Normal.

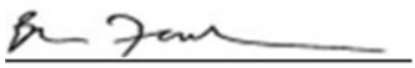
DIAGNOSTIC STUDIES:
10/07/2025 - MRI of the cervical spine reveals disc bulges at C6-7, HNP at C2-3 through C5-6. Neural foraminal narrowing at C3-4, C4-5, C5-6. Facet hypertrophy at C5-6. Central spinal stenosis at C5-6.
10/07/2025 - MRI of the lumbar spine reveals HNP at L3-4.
12/05/2025 - UE NCV/EMG reveals left C6 radiculopathy.
10/24/2025 - LE NCV/EMG reveals bilateral L3-4 radiculopathy.

The above diagnostic studies were reviewed.

DIAGNOSES:
Lumbar herniated nucleus pulposus at L3-4 - M51.26
Lumbar strain/sprain of ligaments of lumbar spine, subsequent encounter - S33.5XXD
Lumbar spondylosis - M47.816
Lumbar radiculopathy - M54.16
Lumbago - (Lower back pain) - M54.5
Cervical disc bulges at C6-7.
Cervical herniated nucleus pulposus at C2-3 through C5-6.
Cervicalgia (Neck pain) - M54.2
Cervical sprain of ligaments, subsequent encounter - S13.4XXD
Cervical radiculopathy - M54.12
Cervical dorsopathy/facet syndrome - M53.82
Cervical disc displacement, mid-cervical - M50.22

RECOMMENDATIONS:
1. **SCHEDULE LUMBAR EPIDURAL STEROID INJECTION AT L3/4:** Given today's finding and the fact that the patient has had conservative therapy with not enough functional gain and persistent pain for several months, and given the diagnostic results, as well as the fact that the patient continues to have radiating lower back pain, I will schedule the patient for a lumbar epidural steroid injection. This should help alleviate the radiating lower back pain and help achieve a better range of motion and functional gains. Risks and benefits discussed, all questions answered. Patient is advised to discontinue NSAIDs 5 days prior to scheduled injection. Patient advised to be NPO after midnight. Needs authorization.
2. **DIAGNOSTIC PROCEDURE: EMG/NCV OF THE UE:** Given the patients MRI and physical findings, EMG/NCV is indicated in order to diagnose and anatomically localize nerve injury; confirm if the injury is acute or chronic; observe neurologic element to nerve injury; diagnose peripheral and motor nerve injuries; plexopathies and entrapment syndromes.
3. Recommend to continue PT.

FOLLOW-UP: 2-4 weeks.



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