**Pain Management Evaluation**  
**RE:**     Sandip Shirawla   
**DOB:**  04/10/1987   
**DOA:**   08/30/2023   
**DOS:**  09/02/2023   
**LOCATION:**  Ny1

***Case Type:***  NF

***Work Status:*** Not WOrking   
Dr. Joe   
p@t.com  
,

***ACTIVITIES OF DAILY LIVING*:** ~The left ankle reveals swelling noted over posterior and  lateral malleolar aspect. Tenderness to palpation noted over the Achilles tendon, medial and lateral malleolar aspects. Range of motion is limited and painful. ROM: Dorsiflexion 0/20 degrees, plantarflexion 25/50 degrees.

***PRESENT COMPLAINTS*:** CC for hip

Left ankle: Left ankle pain is 8/10, described as constant, dull, achy pain. There is swelling noted. The patient has pain with standing, walking and climbing. Worse with range of motion and improves with rest, medications, physical therapy, and ice. The patient has limited range of motions of the left ankle/foot due to pain.1233

**Degree of Disability*:*** 100%

**HISTORY:**

History.History.History.History.History.History.History.History.History.History.History.History.History.History.History.History.

***Reiview Of System:*** The left ankle reveals swelling noted over posterior and  lateral malleolar aspect. Tenderness to palpation noted over the Achilles tendon, medial and lateral malleolar aspects. Range of motion is limited and painful. ROM: Dorsiflexion 0/20 degrees, plantarflexion 25/50 degrees.

***Past Medical History:*** 1

***Past Surgical History:*** 1

***Social History:*** Social History

***Current Medication:*** 1

***Allergies:*** 1

***Occupation:*** MBA

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

***Vital:*** Vital

***Family History:*** Family History

**PHYSICAL EXAM:**   
Examination of the face and head reveals no abnormalities. Examination of the neck is supple with no JVD or palpable masses along the thyroid and other areas. Examination of the cardiovascular system reveals the heart to have a regular rate and rhythm. S1 and S2 are heard without splits. On auscultation, there are no obvious murmurs or clicks. Examination of the pulmonary system reveals both lung fields to be clear to auscultation. No rales, rhonchi or wheezes are heard. The abdomen is soft, non-tender and non-distended with bowel sounds present in all four quadrants. There is no costovertebral angle tenderness bilaterally. The radial, brachial, femoral, popliteal, dorsalis pedis and posterior tibial pulses are present bilaterally and symmetrical.

PE for Neck 1234.

PE for right hip

Lowback PE Description.

PE for hip

Lowback PE Description.

PE for hip

***NEUROLOGICAL EXAMINATION:*** 1

***DTR:*** O1

***Sensory:*** S1

***Manual Muscle Strength Testing:*** M1

***Gait:*** Test

***DIAGNOSTIC STUDIES:*** 08/03/2023 - CT-Scan of the cervical spine 1, HNP at 1.1.  
  
The above diagnostic studies were reviewed.

***DIAGNOSES:***

* M002 - Test
* M001 - NA

***RECOMMENDATIONS:***

1. **Procedure - Lumbar L4/5 Interlaminar Epidural Steroid Injection:** This was performed due to ongoing pain despite conservative measures and based on symptoms, physical exam findings, and relevant diagnostic testing, the procedure is medically appropriate and necessary.
2. **Schedule Lumbar L4/5 Interlaminar Epidural Steroid Injection.:** Due to ongoing pain despite conservative measures and based on symptoms, physical exam findings, and relevant diagnostic testing, the procedure is medically appropriate and necessary and hence scheduled.
3. **Request NCV/EMG of the UE:** 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 upper 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
4. **Schedule cervical medial branch block at x2:** The patient presents with persistent (NON-ACUTE), non-radiating cervical pain, worse with extension and side bending with a positive extension-facet loading test. Despite an attempted but overall limited success of completing the initial therapy which includes modalities and active exercises and anti-inflammatory medications, the patient continues to have neck pain. I will perform a diagnostic cervical medial branch block (anesthetic only without steroids), which will be necessary to evaluate for cervical facetogenic pain. The medial branch block injection may aid in identifying pain generators at the facet joints and if positive will determine a need for radiofrequency ablation. Imaging studies noted above. I will be performing the medial branch block at bilateral C4, C5, C6 and C7 levels. There will be 2 separate medial branch blocks done on 2 separate days as per guidelines, to confirm the diagnosis as well as to exclude false positives from proceeding to a radiofrequency ablati
5. **Request lumbar transformainal epidural steroid Injections at Left 1 levels:** 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 low back pain, I would like to request a lumbar epidural steroid injection.  This should help alleviate the radiating low back pain, and help achieve a better range of motion and functional gains.
6. **Request cervical epidural steroid injections:** 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 neck pain, I would like to request a cervical epidural steroid injection.  This should help alleviate the radiating neck pain, and help achieve a better range of motion and functional gains.
7. **Request cervical percutaneous discectomy:** Given the persistent of radiating neck pain mostly into the shoulders with base of neck numbness and tingling despite cervical epidural steroid injections. The patient has had positive MRIs, has positive physical exam, cervical epidural has helped but the pain persists, at this point the patient is a good candidate for cervical percutaneous discetomy.

* Recommend to continue PT/Chiro.
* Recommend to continue \_\_\_\_\_\_.
* Recommend to continue current medication.
* Follow-up with Orthopedics.

***Prescribed Medications:***

* M002 - Test
* M001 - NA

***Care:*** Test

***PRECAUTIONS Universal:*** Test

***Goal:*** Test

***FolloUp:*** 2 weeks 1 Day.    
   
It is my opinion that the injuries and symptoms Mr Sandip Shirawla sustained to neck,lowback,hip are causally related to the incident that occurred on 08/30/2023 as described by the patient.