Initial Comprehensive Medical Evaluation  
  
Date: 07/22/2025   
  
RE:  Otennia Williams   
DOB:  02/23/1955   
1st Evaluation  
  
HISTORY OF PRESENT ILLNESS:

On 07/22/2025, Ms. Otennia Williams, a right handed 70-year-old female presents for the initial evaluation of the injuries sustained in a motor vehicle accident which occurred on 09/06/2024.  The patient states she was the restrained front seat passenger of a vehicle which was involved in a rear-end collision. Airbags were not deployed. Patient did not go to the hospital.  Patient had shoulder surgery. Due to the impact, patient complains of pain in lowback.  The patient reports no injury to the head and no loss of consciousness. During the accident, the patient reports injuries to lowback.

CHIEF COMPLAINTS:

The patient complains of lower back pain that is 9/10, with 10 being the worst, which is aching, shooting, sharp, throbbing, and stabbing in nature.  Lower back pain is associated with numbness, tingling and burning. Lower back pain is worsened with stress, activity, movement, walking, sitting, standing, lifting, bending.

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: Weight loss, asthma, visual disturbance, dizzy spells, diabetes, arthritis, stomach ulcer, sinus infection.   
  
PAST SURGICAL/HOSPITALIZATION HISTORY: Fusion surgery in 2021.  
  
MEDICATIONS: Janumet, Norvasc, glipizine, Latanoprost eyedrop.  
  
ALLERGIES: Penicillin.  
  
SOCIAL HISTORY:  Patient denies smoking, drinking or illicit drug use.  
  
FAMILY HISTORY:  Arthritis.  
  
PHYSICAL EXAM:   
General: The patient presents in an uncomfortable state.  
  
Neurological Examination: The patient is alert and cooperative and responding appropriately. Cranial nerves II-XII grossly intact.  
  
Deep Tendon Reflexes:

Are 2+ and equal.

Sensory Examination:

It is intact.

Manual Muscle Strength Testing:

Testing is 5/5 normal.

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 paraspinal levels L3-S1 with referral patterns laterally to the region in a fan-like pattern. Range of motion is decreased secondary to pain.

Gait: Normal.  
  
Diagnostic Studies:    
None reviewed.  
  
Diagnoses:

Lumbago - (low back pain). - M54.5

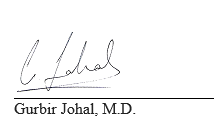
Spasm of back muscles - M62.830

Sprain of ligaments of lumbar spine, initial encounter - S33.5XXA

Strain (lumbar) - S39.012

Plan: 

1. Schedule lumbar epidural steroid injection #1: The patient has been counseled on the risks and benefits of this procedure with anesthesia and with local anesthetic. In light of the patient’s apprehension in moving forward with the procedure, patient has specifically requested anesthesia. It is my opinion based on medical literature and my experience that the anesthesia will not influence the accuracy or validity of any diagnosis achieved following the injections. It is also my belief that relying exclusively on local anesthesia raises the risks of voluntary or involuntary movement during the injection which raises the risk of neural injury. As such, there is an additional safety component which necessitates the use of anesthesia in connection with the above procedure.

Medications:  
  
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.  
  
Follow-up:  3 weeks for therapy review and OR procedure.  
  
  
Gurbir Johal, M.D.