Initial Comprehensive Medical Evaluation  
  
Date: 04/28/2025  
  
RE:     Geneva Trotman  
DOB:  02/16/1988   
Location:  Riverhead  
Case Type:  NF   
1st Evaluation  
  
Degree of Disability:   
Work Status:   
  
HISTORY:

On 04/28/2025, Ms. Geneva Trotman, a right-handed 37-year-old female presents for the evaluation of the injuries sustained in a motor vehicle accident which occurred on 04/11/2025. The patient states she was the restrained driver of a vehicle which was involved in a collision. The patient was the driver of a vehicle that was involved in driver’s side front collision. The patient reports no injury to the head and no loss of consciousness. She is complaining of headaches as a result of the accident. The headaches started after the accident and are persistent. The headaches are associated with nausea and dizziness. The headaches are left parietal, right parietal, left temporal, right temporal and occipital. During the accident the patient reports injuries to neck and low-back.

CHIEF COMPLAINTS: The patient complains of neck pain that is 9/10, with 10 being the worst, which is sharp, dull and achy in nature. The neck pain radiates to bilateral shoulders and bilateral scapulae. Neck pain is associated with numbness and tingling to the bilateral hands, bilateral 1st digit, bilateral 2nd digits, bilateral 3rd digits, bilateral 4th digits and bilateral 5th digits. Neck pain is worsened with lying down, movement activities, bending and twisting.

The patient complains of lower back pain that is 6/10, with 10 being the worst, which is sharp, dull, intermittent, and achy in nature. The lower back pain radiates to bilateral sides, bilateral buttocks and bilateral hips. Lower back pain is worsened with sitting, standing, lying down, movement activities, bending and lifting.

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:  Noncontributory.  
  
MEDICATIONS: None.   
  
ALLERGIES: No known drug allergies.  
  
SOCIAL HISTORY: Unknown.  
  
PHYSICAL EXAMINATION:   
General: The patient presents in an uncomfortable state.  
  
Neurological Examination:  
  
Deep Tendon Reflexes:   
  
Sensory Examination:   
  
Manual Muscle Strength Testing:

General: The patient presents in an uncomfortable state.

Cervical Spine Examination: Reveals tenderness upon palpation at C2-C7 levels bilaterally. The Spurling's test is positive. The cervical distraction test is positive. There are palpable taut bands/trigger points at bilateral levator scapulae, bilateral trapezius and bilateral posterior scalenes with referral to the scapula. ROM is as follows: Extension is 20 degrees, normal is 50 degrees; forward flexion is 45 degrees, normal is 60 degrees; right rotation is 40 degrees, normal is 80 degrees; left rotation is 50 degrees, normal is 80 degrees; right lateral flexion is 25 degrees, normal is 50 degrees and left lateral flexion is 20 degrees, normal is 50 degrees.

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. ROM is as follows: Extension is 10 degrees, normal is 30 degrees; forward flexion is 80 degrees, normal is 90 degrees; right rotation is 20 degrees, normal is 30 degrees; left rotation is 20 degrees, normal is 30 degrees; right lateral flexion is 10 degrees, normal is 30 degrees and left lateral flexion is 15 degrees, normal is 30 degrees. Straight leg raise exam is positive bilaterally and sacral notch tenderness is positive bilaterally.

GAIT: .  
  
Diagnostic Studies: None reviewed.   
  
Diagnoses:

* Occipital headaches.
* Cervicalgia (Neck pain) - M54.2.
* Sprain of ligaments of cervical spine (whiplash) - S13.4xxA.
* Strain of muscle, fascia, tendons (cervical) - S16.1xxA.
* Low back pain (Lumbago) - M54.5.
* Spasm of back muscles - M62.830.
* Sprain (lumbar) - S33.5xxA.
* Strain (lumbar) - S39.012.

Plan:

1. Procedure - Bilateral greater occipital nerve blocks under ultrasound guidance: Because the patient presents with severe occipital headaches, the patient did get occipital nerve blocks.
2. Procedure - Bilateral lesser occipital nerve blocks under ultrasound guidance: Because the patient presents with severe occipital headaches, the patient did get occipital nerve blocks.
3. Procedure - Trigger point injection of the Bilateral trapezius muscles under ultrasound guidance: Because the patient presents with tender palpable taut bands/trigger points with referral patterns as noted on today's exam, and the patient has had conservative care with several weeks of physical therapy along with anti-inflammatories, I have performed trigger point injection under ultrasound guidance on those noted trigger points.  This injection should decrease pain and inflammation and assist the therapist to obtain an increase in range of motion to expedite recovery.
4. Procedure - Trigger point injection of the Bilateral trapezius muscles under ultrasound guidance: Because the patient presents with tender palpable taut bands/trigger points with referral patterns as noted on today's exam, and the patient has had conservative care with several weeks of physical therapy along with anti-inflammatories, I have performed trigger point injection under ultrasound guidance on those noted trigger points.  This injection should decrease pain and inflammation and assist the therapist to obtain an increase in range of motion to expedite recovery.

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, and flexibility, to decrease pain and to improve body biomechanics and activities of daily living and improve the functional status.  
  
Precautions: Universal.  
  
Follow-up: 2-4 weeks.  
  
It is my opinion that the injuries and symptoms Ms. Geneva Trotman sustained to Neck and lowback are causally related to the incident that occurred on 04/11/2025 as described by the patient.

Procedure Report: Bilateral Greater Occipital Nerve Block  
  
Diagnosis: M54.81 Occipital neuralgia, CPT 64405, 64450.  
  
Indications: Severe bilateral occipital pain.  
  
Patient's occipital area was palpated bilaterally, then an ultrasound was used to identify location of greater occipital nerve. Alcohol was applied topically to the skin. Using a 30-gauge needle (aspirating during insertion), 3 cc of a mixture of Kenalog, 2% lidocaine and 0.5% Marcaine (1 cc, 1 cc, 1 cc respectively drawn up into syringe) was injected bilaterally (directing needle to center, left and right of painful focus). Pressure with a gauze pad was held briefly upon the site of puncture to minimize bleeding and to further spread anesthetic subcutaneously.  
  
1 cc Kenalog 40 mg, 1 cc 2% lidocaine and 1 cc 0.5% Marcaine  
  
The mixture was injected after aspiration was negative for blood or air. The ultrasound machine was also used to visualize the medication going past the adipose tissue and into the muscles to avoid any vulnerable areas such as arteries, veins and nerves. The patient tolerated the procedure well with no adverse events. This medication was evenly distributed between the above muscles.  
  
COMPLICATIONS: None.

                              Procedure Report: Bilateral Lesser Occipital Nerve Block  
  
Diagnosis: M54.81 Occipital neuralgia, CPT 64405, 64450.  
  
Indications: Severe bilateral occipital pain.  
  
Patient's occipital area was palpated bilaterally, then an ultrasound was used to identify location of lesser occipital nerves. Alcohol was applied topically to the skin. Using a 30-gauge needle (aspirating during insertion), 3 cc of a mixture of Kenalog, 2% lidocaine and 0.5% Marcaine (1 cc, 1 cc, 1 cc respectively drawn up into syringe) was injected bilaterally (directing needle to center, left and right of painful focus). Pressure with a gauze pad was held briefly upon the site of puncture to minimize bleeding and to further spread anesthetic subcutaneously.  
  
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COMPLICATIONS: None.

Procedure Note: Trigger point injection of the bilateral trapezius muscles under ultrasound guidance  
  
Technique: After obtaining informed consent, the patient’s left trapezius muscle was palpated for the painful area of complaint.  
  
The patient was seated in an upright position. The trapezius was cleansed with alcohol prep pad. The medication combination below was drawn using a 3mL sterile syringe with a 30-gauge 1 inch sterile needle. The syringe was held at a 90° angle and advanced into the trapezius. The plunger was aspirated and no blood was drawn back into the syringe. The plunger of the syringe was pushed forward to inject content of syringe into the trapezius. Needle and syringe were retracted from the trapezius.  
  
\_1\_ cc of 1%lidocaine              \_0.5\_ cc of 1 mg/cc of B12 IM  
  
The mixture was injected after aspiration was negative for blood or air. The ultrasound machine was also used to visualize the medication going into the muscles to avoid any vulnerable areas such as arteries, veins and nerves. After aspiration to make sure that the needle was not inside a vessel, a mixture of the following medication was injected in the above trigger point regions. As no fluid was aspirated out, no sample was sent to the lab for cytology.  
  
The same procedure was done on the right side.  
  
A bandage was placed over injection site. The patient tolerated the procedure well and was discharged without complications.  
  
This should stand for the letter of medical necessity for the requested procedure.

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#Sign  
  
Dictated but not proofread