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## Medical Re-Evaluation

Patient Name: Alberto Newton
Dt. of Exam: 10/10/2019
1st Exam Dt.: 12/10/2018
Dt. of Injury: 01/23/2017

**Work Status**: Not working-temporarily totally disabled.

Patient is here for followup to PT, LMBB#1, LSI-Joint#1 with positive results, LMBB#2 requested, will be seen in 4 weeks.

**Chief Complaint:**
The patient complains of lower back pain that is 5/10, with 10 being the worst, which is dull and achy in nature. Lower back pain is worsened with standing, bending and lifting. The patient is complaining of more axial low back pain worse with extension, side bending and rotation. The low back pain has associated flank pain.

**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:** Hypertension, heart disease, history of blood clot.

**PAST SURGICAL/HOSPITALIZATION HISTORY:** Heart surgery, left foot surgery.

**MEDICATIONS:** Hydrochlorothiazide, atorvastatin, Xarelto.

**ALLERGIES:** Penicillin.

**Physical Examination:**

**Neurological Exam:** 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:** 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 was 15 and is 15 degrees; forward flexion was 80 and is 80 degrees; right rotation was 25 and is 25 degrees; left rotation was 25 and is 25 degrees; right lateral flexion was 25 and is 25 degrees and left lateral flexion was 25 and is 25 degrees. Leg raised exam is positive bilaterally and Bragard's test is positive bilaterally. There is localized tenderness more specifically at bilateral L2-S1. The pain is exacerbated on extension, twisting the back, stretching and lateral bending as well as torsional load (positive signs for facet related pain). The patient is status post lumbar medial branch block #1 with 80% pain relief for several hours then the pain returned.

**GAIT:** Antalgic, ambulates with a straight access cane.

**Diagnostic Studies:**
7/27/2018 - MRI of the lumbar spine reveals bulge at L2-3, L4-5, L5-S1, HNP at L3-4, L4-5 and moderate bilateral foraminal stenosis at L4-5 and mild at L3-4.
8/31/2018 - MRI of the left foot: Moderate soft tissue swelling. Deformity distal aspect proximal phalanx first toe. This could be sequelae of prior trauma with nonunion or post surgical change. No evidence of active infection. Recommend correlation clinically and as needed further imaging. Thank you for this referral.

The above diagnostic studies were reviewed.

**Diagnoses:**
Low back pain (Lumbago) - M54.5.
Spasm of back muscles - M62.830.
Sprain (lumbar) - S33.5xxD.
Strain (lumbar) - S39.012.

**Plan:**

1. **Request lumbar medial branch block #2 at bilateral L2-S1:** The patient presents with a persistent NON-ACUTE, non-radiating lumbar 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 low back pain. I will perform a diagnostic lumbar medial branch block (anesthetic only without steroids), which will be necessary to evaluate for lumbar 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 L2-S1 levels. This second medial branch block, as per guidelines will be performed to confirm the diagnosis as well as to exclude false positives from proceeding to a radiofrequency ablation. Only if both medial branch blocks are positive (providing for a temporary pain relief for at least 1-4 hours of pain relief from the anesthetic), I will proceed with a radiofrequency ablation. If

this medial branch block is negative, I will re-evaluate the patient for the next best likely diagnosis.

**Follow-up:** 4 weeks.

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