

MARY B DUGAN

Female DOB: 07/29/1953

139690

Home: (661) 816-4000
Ins: Medicare Southern Region

06/09/2025 - Office Visit

Provider: Abdallah S Farrukh MD

Location of Care: Antelope Valley Neuroscience Medical Group

History of Present Illness:

So I saw Mary today she continued to have pain in the back around the right hip goes to the groin interesting the pain comes like she bends her knees or she is in bed and she tried to roll the pain in the groin, about the portals and her and her knee she had a facet injection that helpful for 5 days injection only helped the back but not the hip and physical therapy made things worse

MRI of the spine showed evidence of abnormal disc at L5-S1 with a 7-8 mm disc protrusion and extrusion which extend below the disc space to 7 mm there is a disc bulge worse in comparison to the prior exam dated 10/14/2015 there is mild ligamentum flavum and facet hypertrophy and there is severe lateral recess stenosis and neuroforaminal narrowing bilaterally at L5-S1 and it says worse on the left than the right side with the patient symptoms are more right-sided and is mostly in the groin

So the patient says sometimes she has pain down the leg but the consistent pain is in the groin area upper area is I spent time with the patient she has early pain in the L3-L4 distribution occasionally in the calf

At L3-4 there is 2-3 mm left paracentral disc bulge that is mild to moderate ligamentum flavum and facet hypertrophy there is mild lateral recess and neuroforaminal narrowing there is no significant central spinal canal stenosis at L2-L3 there is moderate to severe space narrowing there is a 45 mm disc bulge there is a mild ligamentum flavum and facet hypertrophy there is moderate lateral recess stenosis and neuroforaminal narrowing greater on the right than the left with impingement of the exiting traversing nerve roots

So for now in order an EMG of L1-L2-L3 L4-L5-S1 on the right side also like to obtain a perform a transforaminal injection of the L1 nerve root to see if the pain in in the groin goes away in the meantime I examined the patient and interesting internal or external rotation of the hip did not produce any pain in the groin sitting straight leg raising did not produce pain Straight leg raising pain with both leg down patient says the pain in the back is worse and she gets up and she moves around introversive junk she gets better she medicates herself with Tylenol

The MRI of the right hip show mild to moderate joint space narrowing and degenerative changes of the right hip there is preservation of the medial aspect of the labrum on the right hip there is moderate tendinosis of the obturator internus muscles bilaterally greater on the right and the left there is also mild tendinosis of the gluteus medius and gluteus minimus muscles bilaterally greater on the right than the left there is mild tendinosis of the hamstring bilateral patient has also mild increased signal in the gluteus maximus muscle on the right consistent with partial tear

We 3 issues we have hip problem pathology rehab the muscles of the hip the glutes with tendinosis as well as the hamstrings and obturator muscles the stent and the patient has an orthopedic surgeon 3

I will deal with the radiculopathy pleats

Current Allergies:

No known allergies

Radiology Impression

Review of Records

MARY B DUGAN

Female DOB: 07/29/1953

139690

Home: (661) 816-4000
Ins: Medicare Southern Region

Past Medical History:

Hypertension
No diabetes, MI, or cancer
Bleeding Disorder

Past Surgical History:

Status post C-Section 1978, 1979.
Status post Gastric bypass 1998.
Status post Hysterectomy 1998.
Status post Knee Replacement 2008, 2011.

Vital Signs:

Patient Profile: 71 Years Old Female
Height: 66 inches
Weight: 240 pounds
BMI: 38.73 kg/m2
O2 Sat: 96 %
Temp: 96.9 degrees F temporal
Pulse rate: 81 / minute
BP Sitting: 130 / 78 (left arm)

Cuff size: regular
Patient in pain? Yes
Location: lower back, right hip
Intensity: 5

Impression & Recommendations:

Problem # 1: Groin pain (ICD-789.09) (ICD10-R10.30)

Orders:

Transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level (EPIDURAL,LS)

Transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level (EPIDURAL,LS)

99214-FU, DETAILED (CPT-99214)

MARY B DUGAN

Female DOB: 07/29/1953

139690

Home: (661) 816-4000
Ins: Medicare Southern Region

Problem # 2: SCIATICA (ICD-724.3) (ICD10-M54.30)

Orders:

99214-FU, DETAILED (CPT-99214)

EMG LOWER EXTREMITIES (EMG LE)

Transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level
(EPIDURAL,LS)

Problem # 3: Back pain (ICD-724.5) (ICD10-M54.9)

Orders:

99214-FU, DETAILED (CPT-99214)

Patient Instructions:

- 1) Patient is being recommended to undergo an a transforaminal epidural injection L1 right side
 - 2) EMG L1, L2, L3, L4, L5, S1 right side is recommended
 - 3) Please return to clinic 8-10 weeks after the injection has been performed.
 - 4) Have schdule with neorology to have EMG studies after the epidural injection
-]

Electronically signed by Abdallah S Farrukh MD on 06/09/2025 at 11:51 AM
