

**MARIA D CAMERANO**

Female DOB: 02/28/1945

160090

Home: (626) 993-8629  
Ins: HDMG - BLUE CROSS

**06/18/2025 - Office Visit**

**Provider: Abdallah S Farrukh MD**

**Location of Care: Antelope Valley Neuroscience Medical Group**

**History of Present Illness:**

So I saw Maria today her lumbar facet injection had helped her,

She continued to have good pain experienced with the intake of her medication so the patient is being managed with hydrocodone 10 was/3251 tablet every 6 hours when necessary it help her pain experienced by 50%

And therefore I like to use adjuvant treatment like physical therapy for now the patient's is doing better for and lumbar spine she is status post facet injection as we indicated the patient had had hardware in lumbar spine the there is pedicle screw it in the pedicle 5 4 and 3 did an injection above and below the patient has spondylolisthesis compare she is receiving Forteo for osteoporosis which is and achievement in the past She seen Justin Heller and he ordered an MRI of the cervical spine that shows evidence of straightening of the normal cervical lordosis with anterior cervical discectomy and fusion from C3 into through is through C6 and therefore the patient has persistent evidence of spondylosis on the MRI despite the fact that the patient had his fusion where there is day spine surgery in the cervical spine was 2022 so report continue to indicate there is moderate dorsal ligamentous thickening at C2-C3 there is moderate bilateral degenerative facet hypertrophy and uncovertebral joint hypertrophy there is no significant canal stenosis at C2-C3 but there is moderate to severe foraminal stenosis.

At C3-C4 there is moderate central osteophyte complex with advanced uncovertebral joint and degenerative facet hypertrophy bilaterally there is mild central canal stenosis. There is moderate to severe bilateral foraminal stenosis.

At C4-C5 there is mild central disc osteophyte complex with moderate advanced bilateral uncovertebral joint and the degenerative facet joint hypertrophy there is no significant canal stenosis there is moderate bilateral foraminal stenosis.

At C5-C6 there is moderate central canal stenosis with due to disc osteophyte complex with mild dorsal ligamentous ligamentFor now the patient has significant painful range of motion cervical spine.

Reflexes are equal and symmetric she has 1+2 biceps are 2/2 triceps 0.2 Spurling maneuver produced neck pain and scapular pain

We had treated cervical spine with physical therapy and the physical therapy will use a TENS unit for does not improve then we will go ahead and perform facet injection and obviously I would like to see if the patient evolving progressive spondylosis is a CT CT therefore an x-ray of the cervical spine with bending views orderedAt C6-7 there is moderate central canal stenosis with moderate bilateral uncovertebral joint and degenerative facet hypertrophy there is mild dorsal ligamentous thickening there is mild to moderate dorsal stenosis there is mild bilateral foraminal stenosis. At C7-T1 there is mild uncovertebral joint and degenerative facet hypertrophy and there is mild dorsal ligamentous ligamentous thickening there is no significant canal stenosis is mild foraminal stenosis

**Active Medications:**

Medrol (Pak) 4 mg tablets in a dose pack (methylprednisolone) Take 1 tablet by mouth as directed as directed following package instructions

hydrocodone 10 mg-acetaminophen 325 mg tablet (hydrocodone-acetaminophen) Take 1 tablet by mouth every six hours as needed for pain

pregabalin 75 mg capsule (pregabalin) Take 1 capsule by mouth twice a day as directed

Aricept 10 mg tablet (donepezil) Take 1 tablet by mouth once a day

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**Current Allergies:**

IODINE (IODINE) (Critical)  
COMPAZINE (PROCHLORPERAZINE MALEATE) (Critical)

**Radiology** Impression

**Review of Records**

**Past Medical History:**

back pain  
chronic pain syndrome  
hypertension  
Stroke  
No cancer, Mi or diabetes

**PHARMACY:**

Burns  
866 W Lancaster, Blvd  
Lancaster, CA  
93534

**Past Surgical History:**

lumbar fusion  
Status post back surgery  
Status post Knee surgery  
Status post C3-C6 ACDF ASF 10/22/22

**Vital Signs:**

Patient Profile: 80 Years Old Female  
Height: 60 inches  
Weight: 165 pounds  
BMI: 32.22 kg/m2  
O2 Sat: 95 %  
Temp: 96.7 degrees F temporal  
Pulse rate: 79 / minute  
BP Sitting: 144 / 84 (left arm)

Cuff size: regular  
Patient in pain? Yes

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Location: BACK, NECK  
Intensity: 8

**Impression & Recommendations:**

**Problem # 1:** Neck pain (ICD-723.1) (ICD10-M54.2)

Her updated medication list for this problem includes:

Hydrocodone 10 Mg-acetaminophen 325 Mg Tablet (Hydrocodone-acetaminophen) ..... Take 1 tablet by mouth every six hours as needed for pain

Orders:

99213-FU, EXPANDED (CPT-99213)

PHYSICAL THERAPY (PT)

XRAY CERVICAL AP/LAT (XRAY CX AP/LAT)

XRAY CERVICAL FLEX/EXT (XRAY CX FLEX/EXT)

Orders:

99213-FU, EXPANDED (CPT-99213)

PHYSICAL THERAPY (PT)

XRAY CERVICAL AP/LAT (XRAY CX AP/LAT)

XRAY CERVICAL FLEX/EXT (XRAY CX FLEX/EXT)

**Problem # 2:** CHRONIC PAIN SYNDROME (ICD-338.4) (ICD10-G89.4)

Orders:

99213-FU, EXPANDED (CPT-99213)

**Patient Instructions:**

- 1) Patient is recommended to go to physical therapy
- 2) Plan to have an XR of the cervical spine
- 3) Please return to clinic before 30 days for continued pain management

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**Electronically signed by Abdallah S Farrukh MD on 06/18/2025 at 10:48 AM**

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