MEDICAL RECORDS REVIEW

(By Chronology)

Patient Name

SSN	XXX-XX-XXXX
Date of Birth	MM/DD/YY
Date of Injury	MM/DD/YY
Method of Injury	MVA
Injured Body Parts	Head, neck, back and legs

Providers/Record Name	Date	Page#	Complaint/Diagnosis
American Medical Response Patient Care Report Breanna, EMT	08/15/15	16-18	**MOI:** On 08/15/15, patient involved in a MVA and had neck pain, head pain, lower back pain, left leg pain. **Chief Complaint:** Acute onset, neck pain. **Past Medical History:** Asthma, hyperlipidemia, hypertension, hypothyroid, hysterectomy, kidney stones. **Medications:** Theophylline, Cardura, Cardizem, Levothyroxine Sodium, Singulair, Premarin, Lortab. **Primary Impression:** Trauma - soft tissue. **Secondary Impression:** Pain - neck. **Narrative:** C/o neck pain. Patient was a restrained driver of a sedan who was rear ended. She was travelling about 50 mph and she thinks the car that hit her was travelling about 70 mph. Patient has 9-12 inches of damage into the trunk compartment patient has not passenger compartment intrusion. Patient has a GCS of 15 and was ambulatory on scene patient is c/o neck pain, head pain, LBP, L arm pain, B/L knee pain. He feels throbbing in her head and neck, rated as 7/10. **Transport To:** XXX Medical Center.
XXX Medical Center Emergency Department Physician Notes Garrett Emery, MD	08/15/15	40-43	**History of Present Illness:** Pt involved in a MVA just prior to arrival and had neck, back, B/L knee and left shoulder injury. Degree of pain is moderate. He was the driver. There were safety mechanisms including seat belt. Patient was ambulatory on scene. **Medications:** Aspirin 81mg, Advair Diskus 500mcg-50mcg, Cardizem LA 300mg, Cardura 2mg, Cardura 4mg, Lortab 500, Nexium 40mg, Singulair 10mg, Soma 500mg, Sudafed 60mg, Vitamin C 1000mg. **Past Medical History:** Resolved: Asthma, back pain, GERD, hypertension. **Surgical History:** Sinus, lithotripsy, knee. **Social History:** Occasionally alcohol use. **Physical Examination:** Mild TTP in neck, and back. Light touch sensation intact in shoulder.

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			Diagnosis: **1.** MVA. **2.** Cervical strain. **3.** Lumbar strain. **Plan:** **1.** Disposition: Discharged home in stable condition. **2.** Prescriptions: Tylenol with Codeine #3 (300/30). **3.** Follow-up in 1 to 3 days.
Lourdes Imaging Centre Radiology Report Dana Murakami, MD	08/15/15	19-20	**Reason for History:** MVA. **Exam:** CT C/S w/o contrast. **Impression:** Mild degenerative changes. No acute fractures.
Lourdes Imaging Centre Radiology Report Dana Murakami, MD	08/15/15	27	**Reason for History:** MVA. **Exam:** CT brain w/o contrast. **Impression:** No acute intracranial process.
Follow-up Report Jeffrey W. Ziegler, DO	08/21/15	32	**Subjective:** Here for f/u and reports that she is still very stiff and sore. **Physical Examination:** Mild TTP in neck, and back. **Assessment:** Multiple post traumatic soft tissues injuries, as previously described. **Plan:** Drs. treated her with EMS/hot packs and OMT to the cervical, thoracic, lumbar, sacral and pelvic regions, with OMT to the occipital and rib cage regions. Dr. will see her Monday. Drs. will decide on Monday whether or not she can try to go back to work.
Consultation Report McKenna, MD	12/29/15	51-57	**History of Present Illness:** Pt had motor vehicle accidents in 1983, 1984, 1985. Had 2-3/10 in cervical/upper back region. After the accident, 4-5/10. LBP rated as 6/10. She did have transient LBP in 2013. MRI at that time with mild disc bulges and mild right L3-4 foraminal stenosis. Patient has taken Hydrocodone/Acetaminophen and Carisoprodol for several years. MRI's reviewed: Cervical: Multilevel cervical discopathy and spondylosis, most severe C5-6 with bilateral foraminal stenosis, no central canal stenosis. Lumbar: L3-4-L5-S1 disc

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			protrusions, mild right foraminal stenosis L3-4, no significant change from 2013 MVA. Pain described as occasional, aching, burning, exhausting, gnawing, numb, sharp, stabbing, tender, tiring, unbearable and is worse in the morning, in the evening, at night time. At this time, the pain is rated a 4 on a 0-10 scale (0 being no pain). **Current Medications:** Excedrin Back and Body Tabs (Acetaminophen-Aspirin Buffered), Cardura 4mg (Doxazosin Mesylate), Est Estrogens-Methyltest Tabs, Levothyroxine Sodium 112mcg, Albuterol Sulfate Nebulizer, Singulair 10mg, Theophylline ER 200mg, Soma 500mg, Norco 7.5-325mg. **New Problems Added:** **1.** Disc displacement, lumbar region without myelopathy. **2.** Disc displacement, cervical mid region without myelopathy. **3.** Sprain/strain lumbar. **4.** Sprain/strain cervical. **5.** Elevated BMI. **6.** Hypertension. New problems assessed today: Patient with history of cervical pain and new, severe lower back status post trauma that has failed to resolve with time and conservation care. **Plan:** Z-joint intraartic injection, left. Bilateral L5-S1, ? Bilateral Zygapophysial joint injections. **New Medications:** Cardizem CD 300mg, Soma 500mg (Carisoprodol). **Medication List upon Discharge Today:** Cardizem CD 300mg (Diltiazem HCl Coated Beads), Excedrin Back and Body Tabs (Acetaminophen-Aspirin Buffered), Cardura 4mg (Doxazosin Mesylate), Est Estrogens-Methyltest Tabs, Levothyroxine Sodium 112mcg, Albuterol Sulfate Nebulizer, Singulair 10mg, Theophylline ER 200mg, Soma 500mg, Norco 7.5-325mg.
Surgical Arts Center Operative Report McKenna, MD	10/07/16	12-15	**Indication:** The patient understood that this was a diagnostic injection and that minimal sedation would be used and that it is important that cognitive function be maintained in order to properly assess the effect of the procedure. The transient weakness may result and that the operation of a motor vehicle or heavy equipment is contraindicated for twelve hours after the procedure. No steroid was used.

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			Pre and Postoperative Diagnosis: Spondylosis without myelopathy or radiculopathy, lumbar. **Procedures:** **1.** Intraarticular lumbar zygapophysial (facet) joint injection (diagnostic, staged procedure) - Bilateral L5-S1, bilateral L4-5. **2.** Fluoroscopy.