

Date	Conservative	Pain Mgt.	Imaging	Surgical	Other	MOTOR VEHICLE ACCIDENT ON mm/dd/yyyy		
						Neck	Bilateral upper extremities	Upper middle back
mm/dd/yyyy					ABC Health Medical Center of Fresno Inc. - SSSS NNNN, M.D.	She continues to feel pain in the neck. She has tenderness and slight spasms of the paraspinal muscles of the neck. Neck movement causes some pain in the neck.		
mm/dd/yyyy	CCCCC XYZ Health Center/Accident Recovery Center - RRRR SSSS, D.C.					Cervical spine Chiropractic Manipulative Treatment (CMT)		Upper middle back Chiropractic Manipulative Treatment (CMT)
mm/dd/yyyy	CCCCC XYZ Health Center/Accident Recovery Center - RRRR SSSS, D.C.					Neck pain		Upper middle back pain
mm/dd/yyyy	CCCCC XYZ Health Center/Accident Recovery Center - RRRR SSSS, D.C.							Upper middle back pain
mm/dd/yyyy	CCCCC XYZ Health Center/Accident Recovery Center - RRRR SSSS, D.C.							Upper middle back pain
mm/dd/yyyy	CCCCC XYZ Health Center/Accident Recovery Center - RRRR SSSS, D.C.							Upper middle back pain
mm/dd/yyyy		LXXX Medical Centers - HHHH SSSS, NP						Abnormal thoracolumbar spine range of motion
mm/dd/yyyy	CCCCC XYZ Health Center/Accident Recovery Center - RRRR SSSS, D.C.							
mm/dd/yyyy	CCCCC XYZ Health Center/Accident Recovery Center - RRRR SSSS, D.C.							Upper middle back pain

Accident Related Injuries/Conditions					Unrelated Pre Incident Injuries/Conditions/Med Treatments	PDF REF
Mid back	Lower back	Trapezius region	Right lower and left lower extremity	Generals		
y						
	She continues to feel pain in the back. She says the low back pain tends to radiate down to the back of her thigh. She has tenderness and slight spasms of the paraspinal muscles of the back.		She had a little numbness going down all the way to the right foot	Lightheadedness and headache which is mostly frontal		5
	Lumbar spine Chiropractic Manipulative Treatment (CMT)	Trapezius Chiropractic Manipulative Treatment (CMT)				8
	Lower back pain	Trapezius pain				8
	Lower back pain. Lower back tenderness with spasms					8
Mid back pain	Lower back pain. Spasms of lower back					9
Mid back pain	Lower back pain. Spasms of lower back					9
	Back pain due to a motor vehicle accident on 02/19/2020. Lumbar spine pain, right leg radiates down right side. Pain level 8/10. Pain is described as achy and sore. The incident has affected daily living. Require assistance for cooking and cleaning, for anything that requires standing for a long period of time. Functional deficit, joint stiffness, leg cramps, muscle aches and muscular weakness. The patient has pain with lumbar spine range of motion testing. Positive right and left sitting straight leg raise test and right and left Slump test for low back pain. Abnormal sensation in dermatomes at right and left L5.		Radiating pain down lateral aspect of the right leg. Pain is aggravated by standing for more than 4-5 minutes, bending, squatting, stooping and transitioning. Gait abnormality, numbness/tingling.	Patient lose consciousness after the incident for a few seconds and dizziness as well. Feels helpless at some point. Fainting and memory loss.		16-20
Mid back pain	Lower back pain. Spasms of lower back					9
	Lower back pain. Spasms of lower back	Trapezius pain				10

mm/dd/yyyy	CCCC XYZ Health Center/Accident Recovery Center RRRR SSSS, D.C.							
mm/dd/yyyy	CCCC XYZ Health Center/Accident Recovery Center RRRR SSSS, D.C.							
mm/dd/yyyy			PXDD Imaging - AAAA GGGG, M.D.					
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mm/dd/yyyy	CCCC XYZ Health Center/Accident Recovery Center RRRR SSSS, D.C.							Upper middle back pain
mm/dd/yyyy	CCCC XYZ Health Center/Accident Recovery Center RRRR SSSS, D.C.							

Mid back pain	Upper low back and lower back pain. Spasms of lower back					10
	Upper low back and lower back pain. Spasms of lower back					10
	MRI of lumbar spine - History: Low back pain. Impression: L5-S1 level: Mild disc desiccation with 8.3 mm disc protrusion resulting in moderate central stenosis with marked right greater than left lateral recess stenosis and mild bilateral foraminal stenosis. L4-L5 level: Loss of disc height and 4.3 mm disc protrusion with increased T2 signal extending to both lateral recesses results in mild central narrowing with mild to moderate left greater than right lateral recess stenosis and mild foraminal stenosis. L3-L4 level: 1.7 mm disc protrusion indents the thecal sac and results in minimal lateral recess narrowing and minimal foraminal narrowing.					22-23
Mid back pain	Lower back pain					11
Mid back pain	Lower back pain. Slightly increased symptoms, impinging stability with treatment					11
Mid back pain	Lower back pain					11
Spasms of thoraco-lumbar spine	Lower back pain					12
Spasms of thoraco-lumbar spine						12
	Lower back pain					12
Mid back pain	Lower back pain					13

mm/dd/yyyy		LXXX Medical Centers - HHHH SSSS, NP						Abnormal thoracolumbar spine range of motion
mm/dd/yyyy	CCCC XYZ Health Center/Accident Recovery Center - RRRR SSSS, D.C.							
mm/dd/yyyy	PXDX Physical Therapy, Inc. - SSSS OOOO, PT, DPT							
mm/dd/yyyy	PXDX Physical Therapy, Inc. - SSSS OOOO, PT, DPT							

	Complains of back pain due to a motor vehicle accident, 02/19/2020. Patient is being seen for evaluation and medication management for back pain. Pain level 8/10. Pain is described as: Achy and sore. The incident has affected daily living. Require assistance for cooking and cleaning, for anything that requires standing for a long period of time. Functional deficit, joint stiffness, leg cramps, muscle aches and muscular weakness. The patient has pain with lumbar spine range of motion testing. Positive right and left sitting straight leg raise test and right and left Slump test for low back pain. Abnormal sensation in dermatomes at right and left L5.		Pain radiating pain down lateral aspect of the right leg. Pain is aggravated by standing for more than 4-5 minutes, bending, squatting, stooping and transitioning. Gait abnormality, numbness/tingling.	Patient lose consciousness after incident for a few seconds and dizziness as well. Feels helpless at some point. Fainting and memory loss.		24-28
	Patient continues to complain of constant low back pain with treatment					13
	Patient with lower back pain following MVA on 02/19/2020. Patient complaints of increasing lower back pain. Symptoms decrease with stretching and medications. Pain location: Lower back. Pain scale: Worst 10, best 8 and current 9. Pain Description: Dull/achy. Modified Oswestry low back pain - 66% disability. Aggravating factors: Sitting, standing, walking, stairs - up, stairs - down, sit to stand and bending. Limited weightbearing and sitting tolerance, difficulty with bending, lifting, sleeping, household chores, and activities of daily living. Increased lumbar lordosis. Decreased lumbar active range of motion, pain with extension and flexion.		Right lower extremity radicular symptoms following MVA on 02/19/2020. Right lower extremity numbness/tingling. Antalgic, lacks full knee extension at heel strike, lacks proper heel strike/toe off, maintains knee flexion during midstance, apprehensive with weightbearing, shortened stride length. Decreased right and left hip active range of motion. Decreased strength in bilateral lower extremity muscles.	Recurring headaches		66-74
	Patient complaints of increasing lower back pain. Symptoms decrease with stretching and medications. Aggravating factors: Sitting, standing, walking, stairs - up, stairs - down, sit to stand and bending. No significant improvement in function. Minor improvement in pain level.		Right lower extremity numbness/tingling, limited weightbearing and sitting tolerance, difficulty with bending, lifting, sleeping, household chores, and activities of daily living.			64-65

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mm/dd/yyyy				BBACD Pain Management - RRRR KKKK, M.D.				

	Patient reports decreased symptoms following last visit however symptoms returned yesterday while cleaning house. Minor improvement in mobility however still lacks range of motion (ROM) required for activities of daily living (ADLs).					62-63
	Patient reports decreased symptoms following last visit however symptoms returned after grocery shopping. Functional deficits/gains: Driving tolerance: 5 minutes. Minor gains in ROM continue, strength and stability still limited.					60-61
	Patient reports overall decreasing pain but weightbearing still limited. Significant mobility and functional limitations persist.					58-59
	Patient reports gradual reduction of pain but function remains limited. Poor functional capacity due top increase in symptoms					56-57
	Patient reports improving sitting tolerance and standing more upright. Minimal lower extremity symptoms currently. Gradual gains with ROM, however function and strength remains significantly limited					54-55
	Patient reports increase in lower back pain since spending the weekend in the bay area. Moderate-severe lumbar spine irritability due to recent aggravation over the weekend. Poor functional capacity remains due to increase in symptoms.		Patient reports increase in lower extremity symptoms since spending the weekend in the bay area.			52-53
	Pre and post-operative diagnosis: Lumbar radiculopathy. Procedures performed: Left L4, L5, S1 transforaminal epidural injection. Intraoperative fluoroscopy.					190-191

mm/dd/yyyy		LXXX Medical Centers - HHHH SSSS, NP						Abnormal thoracolumbar spine range of motion
mm/dd/yyyy					ABCD Orthopedics - SSSS KKKK, M.D.	Patient continues to experience intermittent moderate to severe neck pain that radiates to bilateral trapezial regions and down bilateral arms. The pain increases with activities involving same posture and rotation of the cervical spine.		
mm/dd/yyyy	PXDX Physical Therapy, Inc. - SSSS OOOO, PT, DPT							

	<p>Patient complains of back pain due to a motor vehicle accident, 02/19/2020. Patient is being seen for evaluation and medication management for complaints of back pain. Pain location: Lumbar spine. Pain level 9/10. Pain is described as: Achy and sore. Pain is aggravated by standing for more than 4-5 minutes, bending, squatting, stooping and transitioning. The incident affected your daily living. Requires assistance for cooking and cleaning, for anything that requires standing for a long period of time. The patient has pain with lumbar spine range of motion testing. Positive right and left sitting straight leg raise test and right and left Slump test for low back pain. Abnormal sensation in dermatomes at right and left L5.</p>		<p>Right leg radiates down right side. Radiating pain down lateral aspect of the right leg. Tingling, numbness, joint stiffness, leg cramps, muscle admits, muscular weakness, gait abnormality, loss of strength and loss of use of extremity.</p>	<p>Patient lose consciousness after incident for a few seconds and dizziness as well. Feels helpless at some point. Trauma, sleep disturbance, weight gain, functional deficit and fainting.</p>		<p>77-81</p>
	<p>Patient continues to experience persistent moderate to severe lower back pain that radiates to bilateral buttocks and down bilateral legs. The pain increases when laying down, prolonged standing, bending, twisting and sitting.</p>		<p>Numbness and tingling sensation in the bilateral trapezial regions and down bilateral arms.</p>	<p>Numbness and tingling sensation in the bilateral buttocks and down bilateral legs.</p>		<p>257-260</p>
	<p>Patient reports pain and lumbar spine symptoms is much less today compared to last week but weightbearing, sitting, and function remains limited due to pain. Poor mobility, strength, and function persist.</p>					<p>46-47</p>

mm/dd/yyyy		LXXX Medical Centers - HHHH SSSS, NP						Abnormal thoracolumbar spine range of motion
mm/dd/yyyy	PXDX Physical Therapy, Inc. - SSSS OOOO, PT, DPT							
mm/dd/yyyy					AAA NNNN, M.D.	She has had ongoing neck pain since the accident despite chiropractic therapy. She complains of pain to the posterior neck. Her pain is constant, sharp to severe and rates it as a 10/10.		

	<p>Patient complains of back pain due to a motor vehicle accident, 02/19/2020. Patient is being seen for evaluation and medication management for complaints of back pain. Pain location: Lumbar spine. Pain level 9/10. Pain is described as: Achy and sore. Pain is aggravated by standing for more than 4-5 minutes, bending, squatting, stooping and transitioning. The incident affected your daily living. Requires assistance for cooking and cleaning, for anything that requires standing for a long period of time. The patient has pain with lumbar spine range of motion testing. Positive right and left sitting straight leg raise test and right and left Slump test for low back pain. Abnormal sensation in dermatomes at right and left L5.</p>		<p>Right leg radiates down right side. Radiating pain down lateral aspect of the right leg. Tingling, numbness, joint stiffness, leg cramps, muscle admits, muscular weakness, gait abnormality, loss of strength and loss of use of extremity.</p>	<p>Patient lose consciousness after incident for a few seconds and dizziness as well. Feels helpless at some point. Trauma, sleep disturbance, weight gain, functional deficit and fainting.</p>		82-85
	<p>Patient reports increase in lower back pain since Monday after sitting and weightbearing at work for several hours. Moderate lumbar spine irritability due to recent aggravation.</p>		<p>Patient reports increase in right lower extremity pain since Monday after sitting and weightbearing at work for several hours.</p>			40-41
	<p>She has had ongoing back pain since the accident despite chiropractic and physical therapy. She has pain to the low back. Her pain is constant, sharp to severe and rates it as a 10/10. Sitting, standing or walking more than ten minutes increases her symptoms. Moderate to severe pain to palpation to the lumbar sacral spine. Back pain upon extension upon 20 degrees and flexion upon 40 degrees. Straight leg raise positive to the right at 30 degrees for low back pain. Heel-to-toe, tandem gait diminished secondary to back pain and radiculopathy.</p>		<p>Radiating to her right anterior/posterior thigh, calf and foot. Decreased strength in right plantar flexion and dorsiflexion. Decreased sensation to the right dorsal, lateral and sole of her foot. Heel-to-toe, tandem gait diminished secondary right lower extremity pain</p>	<p>Patient involved in a motor vehicle accident. She lost consciousness for a few seconds.</p>		88-92

mm/dd/yyyy					KHCHI ER - MMMM GGGG, M.D.	Neck pain due to MVA. Pain level 7/10. Neck pain secondary to muscle strain. Paraspinal soft tissue tenderness to palpation neck extending to shoulders, left more than right. Diagnosed whiplash injury of neck. Prescribed Flexeril	Right shoulder pain after motor vehicle accident 2-3 weeks ago	Bilateral upper back pain due to MVA. Pain level 7/10.
mm/dd/yyyy			PXDD Imaging - AAAA GGGG, M.D.					
mm/dd/yyyy		LXXX Medical Centers - HHHH SSSS, NP						Abnormal thoracolumbar spine range of motion
mm/dd/yyyy					AAAA NNNN, M.D.			

	Back pain secondary to muscle strain.				Discharged to home	3-21
	X-ray of lumbar spine - History: Low back pain. Impression: There is loss of intervertebral disc height seen at the L4-L5 and L5-S1 levels with straightening of the normal lumbar spine lordosis. This could be due to muscle spasm. Flexion and extension views demonstrate normal alignment. No spondylolisthesis.					93
	Patient complains of back pain due to a motor vehicle accident, 02/19/2020. Patient is being seen for evaluation and medication management for complaints of back pain. Pain location: Lumbar spine. Pain level 9/10. Pain is described as: Achy and sore. Pain is aggravated by standing for more than 4-5 minutes, bending, squatting, stooping and transitioning. The incident affected your daily living. Requires assistance for cooking and cleaning, for anything that requires standing for a long period of time. The patient has pain with lumbar spine range of motion testing. Positive right and left sitting straight leg raise test and right and left Slump test for low back pain. Abnormal sensation in dermatomes at right and left L5.		Right leg radiates down right side. Radiating pain down lateral aspect of the right leg. Tingling, numbness, joint stiffness, leg cramps, muscle admits, muscular weakness, gait abnormality, loss of strength and loss of use of extremity.	Patient lose consciousness after incident for a few seconds and dizziness as well. Feels helpless at some point. Trauma, sleep disturbance, weight gain, functional deficit and fainting.		94-97
	Lower back pain. Pain is moderate-to-severe, rates at 7/10. Any prolonged standing, bending, and lifting worsens the symptoms. Mild-to-moderate discomfort to palpation in mid lumbar spine. Positive straight leg raise on the right at 45 degrees on the right side for low back pain.		Right leg pain. Radiates to lower extremity, buttocks, thigh and calf, mainly on the right side. There is diminished light touch to the bottom of the right foot.			98

mm/dd/yyyy				CCCCC XXX Management Center - AAAA NNNN, M.D.				
mm/dd/yyyy					NXAC Associates Medical Group - AAA NNNN, M.D.			
mm/dd/yyyy	PXDX Physical Therapy, Inc. - SSSS OOOO, PT, DPT					Secondary complaints of neck pain	Secondary complaints of bilateral hand numbness/tingling right greater than left primarily with sleeping.	
mm/dd/yyyy					AAAA NNNN, M.D.	Complains of neck pain.	Pain between the shoulder blades, radiates to upper extremities, more on the left than right.	

	Pre and post-operative diagnosis: Spinal stenosis, lumbar region with neurogenic claudication. Procedures performed: Posterior lumbar approach right sided L5-S1 medial facetectomy, discectomy, foraminotomy for decompression of nerve root. Use of intraoperative magnification microscope for decompression of nerve roots. Use of intraoperative fluoroscopy assistance for localization.					99-100
	She rates her low back pain a 2 out of 10 in severity. Straight leg raise positive to the right at 30 degrees for low back pain. Heel-to-toe, tandem gait diminished secondary to back pain and radiculopathy.		She reports that her lower extremity pain on the right side has significantly improved. She rates her lower extremity pain a 2 out of 10 in severity. Decreased sensation to the			107-108, 140
	History of lower back pain following MVA 02/19/2020. Patient complaints of deep achy lower back pain that increases with sitting, standing, walking, sleeping, ADL, bending and lifting. Pain location: Lower back. Pain scale: Worst: 8, best: 6 and current: 7. Pain description: Dull/achy. Aggravating factors: Stairs - up, stairs - down, sit to stand. Modified Oswestry low back pain - 64% disability. Decreased lumbar active range of motion, pain with extension and flexion. Positive right and left straight leg raise test for low back pain. Tenderness to palpation to lower right lumbar musculature.		Antalgic, lacks full knee extension at heel strike, lacks proper heel strike/toe off, maintains knee flexion during midstance, apprehensive with weightbearing, shortened stride length. Decreased right and left hip active range of motion. Decreased strength in bilateral lower extremity muscles. Hyposensitivity of right lower dermatomes at L5 extensor hallucis longus and S1 lateral foot. Diminished	Recurring headaches		127-128, 132-138
	Lower back pain, mild-to-moderate.		Symptoms into the lower extremities.			144

mm/dd/yyyy			PXDD Imaging - AAAA GGGG, M.D.			MRI of cervical spine - History: Personal injury. Impression: C3- C4 level: 3 mm disc protrusion touches the cord resulting in mild central narrowing. C4-C5 level: Minimal loss of disc height 1.6 mm disc protrusion results in minimal central narrowing. C5-C6 level: Minimal loss of disc height. 1.7 mm disc protrusion results in minimal central narrowing.		
mm/dd/yyyy					AAAA NNNN, M.D.			
mm/dd/yyyy					AAAA NNNN, M.D.	Neck pain is rated 2-3/10.		
mm/dd/yyyy					AAAA NNNN, M.D.		Complains of bilateral hand numbness.	

						145-146
	Lower back pain. Pain is rated at 6/10, more on the left side towards the left leg. Mild discomfort to palpation in the low lumbar spine.		Diminished light touch to the left lateral shin.			147-148
	Complains of persistent lower back pain, mainly on the left side. The patient was working as a manager at a dialysis center, but currently is not working because of persistent symptomatology and lower back pain. Pain is rated 4-6/10, depending on level of activity. Any bending, lifting, prolonged standing worsens the symptoms. Mild-to-moderate discomfort to palpation in the lower lumbar spine. Back pain upon extension upon 20 degrees, flexion upon 40 degrees. Positive straight leg raise on the left at 45 degrees for low back pain.		The patient has persistent leg pain. Diminished light touch to the left lateral shin.			149-150
	Complains of persistent lower back pain more on the left side. Any prolonged standing worsens the back pain. Back pain is rated 3-4/10. Mild discomfort to palpation low lumbar spine. Back pain upon extension upon 20 degrees, flexion upon 40 degrees.		The patient states after the surgery, right leg pain has improved up to 80%. Diminished light touch bottom of left foot.			151