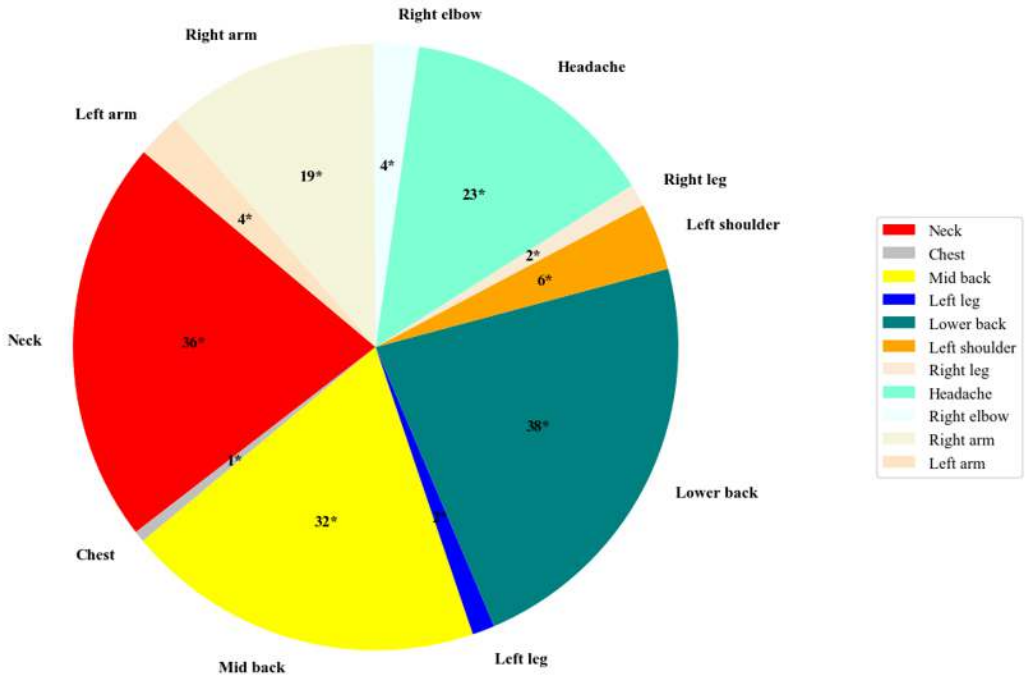
Case Capsule

Case Overview

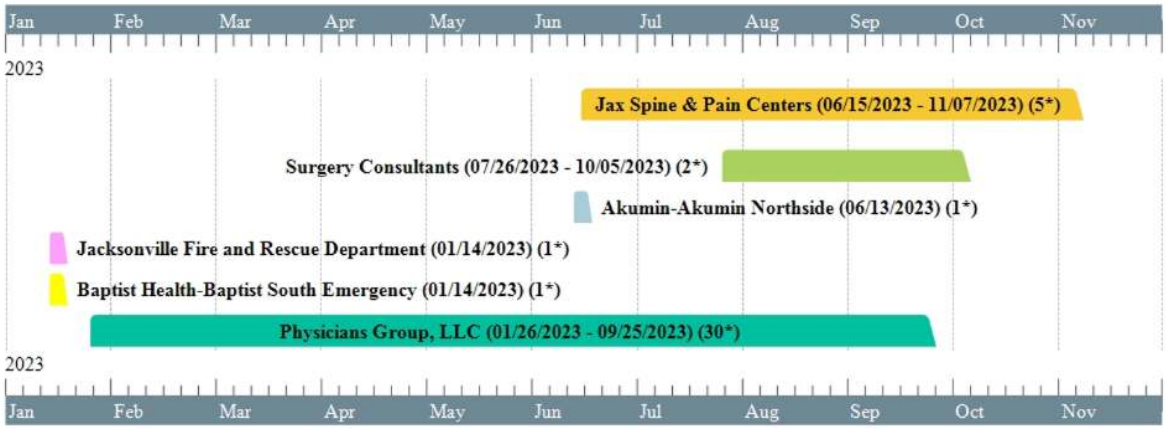
Jane Doe was involved in the motor vehicle collision on MM/DD/2023. She was diagnosed with back strain, acute cervical strain, cervicalgia, low back pain, thoracic pain, left shoulder pain, thoracic intercoastal pain, chest pain, pain in right leg, pain in left leg, hypoesthesia, paresthesia, whiplash injury to neck, neck pain, cervical radicular pain, lumbosacral pain, lumbar radicular pain, lumbar spondylosis, myalgia. She received chiropractic treatment from MM/DD/2023to MM/DD/2023. On MM/DD/2023, she received L4-L5 bilateral lumbar transforaminal epidural steroid injection. As of MM/DD/2023, she was advised to undergo repeat L4-L5 bilateral lumbar transforaminal epidural steroid injection and follow up in a week with urine drug test.

Treated Body Parts/Medical Conditions Chart



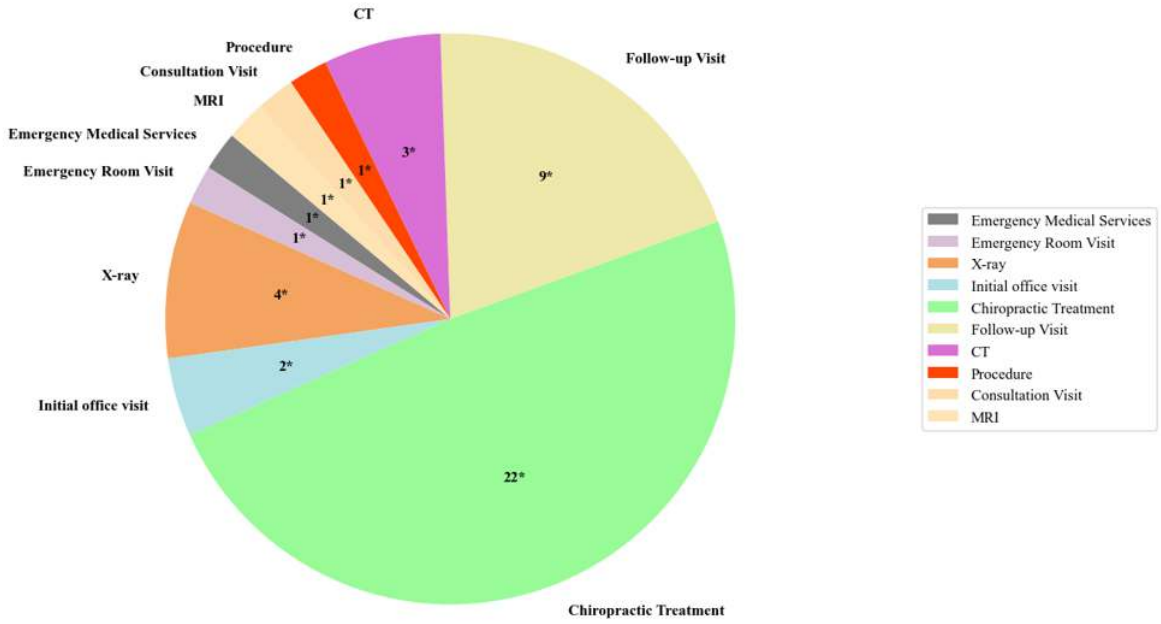
**No of times each parts/medical conditions treated*

Treating Providers Timeline



**No. of times treated*

Medical Visit Chart



**No of Occurrences*

Key Medical Expenses*

In order to prepare this chart, we will need to have Billing Summary as one of the services and medical bills should be uploaded. Since Billing Summary service was not requested we have left the chart blank.

**If Medical Expense Summary Service requested*

Recommended Future treatments*

Region	Recommendations
Lumbar	• Conservative Management with Valium, Celecoxib, Hydrocodone-Acetaminophen • **L4-L5** bilateral transforaminal epidural steroid injection • Bilateral L5-S1 lumbar epidural steroid injection - If responds, right side L4-5 and L5-S1 microdiscectomy versus foraminotomy - Spinal Cord Stimulator (SCS) to be considered if patient doesn't proceed with surgery

** Recommended Future Treatment details presented above are abstracts from the treating physician recommendation. We have hyperlinked the detailed medical visits summary for your reference. We also offer Future Cost Projection (FCP) as an expert service, in which our MD Specialists will outline all the future medical treatment and costs involved based on facts in the medical records, patient's progress, condition as per last observed records and other factors. Please let us know if your case can benefit from our Expert Future Cost Projection service and will share samples of FCP.*

MEDICAL CHRONOLOGY - INSTRUCTIONS TO FOLLOW

General Instructions:

Accident report: *The police report is an investigation summary table which comprises details of facts and liability related to the motor vehicle collision, statements of the investigating officer and witness. – This table will be filled only if the traffic collision report is available*

EMS/Fire Rescue report: *This is prehospital care report table which includes level of medical care, chief complaints, objective examinations, assessments, treatment rendered, and transportation details within EMS service. – This table will be filled only if the report is available*

Injury report: *This comprises of an abstract of the patient's related damages, surgical details, disability, ADLs details, etc – This table will be filled only if there is one date of loss available.*

Brief Summary/Flow of Events:
This will include only the related prior conditions, injuries due to the subject incident, significant surgical procedures, therapy outcome, any complication due to hospitalization and status as per the last available record. Events will be presented date wise with provider details – this will be filled only if there are more than one date of loss or if requested as a standing order.

Missing medical record: *This table comprises of all the missing records, inclusive of interim, probable, and confirmatory missing records.*

Patient History:
Details related to the patient's past history (medical, surgical, social, occupational, family history and allergy details.) present in the medical records

Verbatim Detailed Medical Chronology:
Information captured "as it is" in the medical records without alteration of the meaning. Type of information capture (all details/zoom-out model and relevant details/zoom-in model) is as per the demands of the case which will be elaborated under the 'Specific Instructions'

Reviewer's Comments:
*Comments on contradictory information and misinterpretations in the medical records, illegible handwritten notes, missing records, clarifications needed etc. are given in italics and red font color and will appear as * Reviewer's Comment*

Illegible Dates: *Illegible and missing dates are presented as "00/00/0000" (mm/dd/yyyy format)*

Illegible Notes: *Illegible handwritten notes are left as a blank space "_____" with a note as "Illegible Notes" in the heading of the particular consultation/report.*

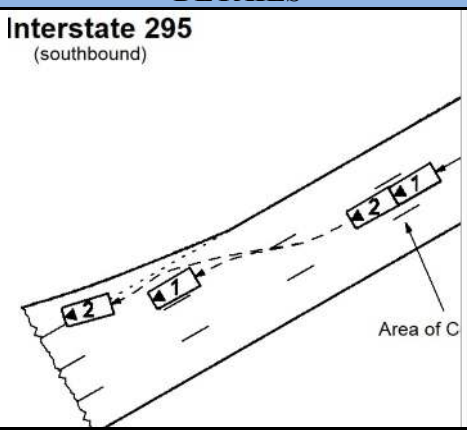
Specific Instructions:

- *Medical chronology focuses on the* ***Motor Vehicle Collision on 01/14/2023****and the injuries* ***(to her head, neck, upper back, mid back, lower back, arm, and leg)*** *and their treatment.*
- ***Therapy records (chiropractic):*** *Initial, re-evaluation and final therapy visits were presented in detail, whereas interim visits were summarized.*
- *Repeated information has not been captured in the chronology.*
- *Case specific details have been highlighted in yellow color for easy reference.*

Accident Report

Page Reference to Police Report/Accident Scene Investigation Report: 357-360

PARAMETER	DETAILS			PDF REF
Date and Time of Accident	**Date:** MM/DD/2023 **Time**: @0649 hours			357
Location	**City:** Jacksonville			357
	County: Duval			
	Street, road, highway: Interstate 295 (Southbound)			
	Intersection detail: 0.25 mile from Phillips HWY			
Direction of Travel	South			357
Speed	45 Kmph			357
Scene of Accident	**Weather:** Clear **Road:** Dry **Lighting Conditions:** Dark lighted			357
No of Vehicles Involved	2			357
Party Details	**Vehicle – I:** **Driver:** Joel Lasko **Passengers:** Quinn Lasko Lauren Lasko Harper Lasko **Vehicle – II** **Driver:** Sylvia Scott **Passengers**: Johnnie Johnson			358
Vehicle Details	**Vehicle**	**Vehicle – I**	**Vehicle – II**	357
	Model	Toyota – Tundra	Ford-Edge	
	Year	2012	2019	
	Color	White	Maroon	
	VIN Number	5TFEY5F17CX133006	2FMPK3K91KBB45115	
	Policy Number	990408938	6100108056	
Description of Accident	V01 and V02 were traveling southbound in the center lane on Interstate 295 north of Phillips Hwy. V01 was approaching V02 from the rear. The driver of V01 failed to avoid. V02 resulting in the crash. The front of V01 collided with the rear of V02. Both vehicles came to final rest in the right lane. The driver of V01 stated he looked in the rear view mirror just prior to the crash. The driver of V02 stated she was traveling at approximately 45-50 mph			359

PARAMETER	DETAILS	PDF REF
		
Did Airbag Deploy?	Not Deployed	358
Seat Belt Applied?	Shoulder and Lap Belt Used	358
Seating Position	Driver	358
Vehicle Damages/ Vehicle Towed	**Extent of damage** Disabling **Estimated damage**: 10,500 **Towed due to damage**: Yes **Vehicle removed by**: Harrys Towing	357
Property loss	-	
Violation Code/Reason for Accident/ Sobriety and Distraction Factors	Operated MV in Careless or Negligent Manner	358
Parties Cited/At Fault Party	Joel Lasko Florida Statute Number: 316.1925(1) Charge: Carless driving Citation number: AGIY0ZE	359
Was 911 Called?	Yes	357
Who Arrived at the scene First?	*Unavailable*	-
Other Details	-	

EMS Report Abstract

Page Reference to EMS Report: 140-143

PARAMETER	DETAILS		PDF REF
Date	MM/DD/2023		140
EMS Name	Jacksonville Fire and Rescue Department **Crew members:** Bruce Bell, Primary patient care giver Jacob Thibault, Driver		140, 142
Time Details	**Time Called**	@1856 hours	142
	Time Arrived	@1908 hours	
	Time Departed	@1924 hours	
	Time Arrived at Hospital	@1948 hours	
Response Code/Level of Medical Care	**ALS-Paramedic**		142
Status of Patient on Arrival	The patient was found sitting in the driver's seat of her car		141
Chief Complaints	Back pain		141
Narrative	**Chief complaints:** Back pain **History of present illness:** The patient was the restrained driver of a small SUV that was rear-ended by the patient states that she is having pain and spasms done the right side of her patient got out of the car on her own **Physical examination:** The patient was found sitting in the driver's seat of her car. pupils are equal, round and reactive to light and accommodation, head, eyes, ears, nose, and throat, patient's abdomen was soft non-tender on palpation. The patient's lungs were clear auscultation bilaterally. The patient denies any recent illnesses or trauma **Treatment:** The patient was loaded on the stretcher and secured with seatbelts and raised. The patient's vital signs and overall condition was monitored enroute to the hospital. patient was left in bed 19 with the bedrails raised in the company of their nurse.		141-142
Vitals/ Pain Level	**Pulse:** 90 **Respirations**: 20 **SaO2**: 100 **Pain**: 7/10 **Blood pressure**: 138/86		141
Loss of Consciousness	**GCS:** 15 **Revised trauma score:** 12		141
Impression	➢ **Primary:** Back pain		140
Treatment	NIBP Blood Glucose ECG 4-lead		142
Neck Collar Applied?	*Unavailable*		
Backboard Support?	*Unavailable*		
Destination	Transport via Ground-Rescue to BAPTIST - SOUTH (Reason destination chosen: Patient's Choice)		142
Other Details	*Unavailable*		

Injury Report

PARAMETER	DETAILS	PDF REF
Date of injury	MM/DD/2023	140
Related Injuries and Medical Condition Before incident	**Past medical history:** MVA, right knee injury, osteoarthritis, chronic back pain, C7-T1 compression fractures, cluster headaches, tension type headache, migraine, myasthenia gravis **Past surgical history:** Cervical fusion	380, 25-26
Damages Developed/Sustained as a result of incident (diagnoses alone)	• Back strain • Acute cervical strain • Cervicalgia • Low back pain • Thoracic pain • Left shoulder pain • Thoracic intercoastal pain • Chest pain • Pain in right leg • Pain in left leg • Hypoesthesia • Paresthesia • Whiplash injury to neck • Neck pain • Cervical radicular pain • Lumbosacral pain • Lumbar radicular pain • Lumbar spondylosis • Myalgia • Possible radiculitis • Lumbar radiculitis • Lumbago	31, 382, 179
Surgeries or procedures underwent as a result of incident	**Procedures:** **06/22/2023:** L4-L5 bilateral lumbar transforaminal epidural steroid injection **Surgeries:** *Unavailable*	**172-177**
Postsurgical complications (infection, DVT, etc)	*Not applicable*	
Aggravation of pre-existing conditions (Physician or therapist's statement alone)	*On 06/15/2023, Justin Mann, M.D., opined that, "her neck and low back pains have worsened as a result of this accident and are now accompanied by brand new mid back pains"*	180
Did patient return to work (Date and work status as per the last few visits/therapies)	As of MM/DD/YYYY, patient was on full duty	514
Disability (Physician or	*Physician or therapist's statement regarding disability was unavailable*	

PARAMETER	DETAILS	PDF REF
therapist's statement alone)	*for review.*	
Causation (Physician or therapist's statement alone)	*Unavailable*	-
Loss of Consortium	*Unavailable*	-
Non-Compliance	*Unavailable*	-

Brief Summary/Flow of Events – *Not applicable*

Missing Medical Records

What Records are Needed	Hospital/ Medical Provider	Date/Time Period	Is Record Missing Confirmatory or Probable?	Hint/Clue that records are missing	Reference
Radiology Report	Unknown	MM/DD/2023	Confirmatory	Mentioned in CT dated 06/13/2023	687-688
Medical records	Dr. Hares Akhary and Dr. Tavanaiepour	Between 2020-2022	Confirmatory	Mentioned in visit dated 06/15/2023	179-180

Patient History

Past medical history: MVA, S&F, Other: S/F December 2022- Right knee injury, Anxiety, Diabetes Type II, Diabetic Neuropathy, Heart Disease, Hiatal Hernia, Hyperlipidemia, Hypertension, Migraines, Other: TMJ, Connective tissue disorder that they are trying to figure out, Sinus tachycardia- leading to SOB Horner Syndrome, Myasthenia Gravis, Osteoarthritis, chronic back pain, C7-T1 compression fractures, cluster headaches, tension type headache, migraine (**PDF REF**: 380, 25-26)

Past surgical history: Appendectomy, Spinal Surgery C/T/L: cervical fusion C2- T1, Fundoplication - due to inability to keep food down- told her muscle stop working, Cholecystectomy (**PDF REF**: 380, 26)

Prior occupational history: Sales Relationship Specialist at Florida Blue (**PDF REF**: 380)

Current occupational status: As of 06/20/2023, patient was on full duty (**PDF REF**: 514)

Family History: Father: DM, Hypertension; Mother: DM, Hypertension; Sister: DM, Trigeminal Neuralgia, hypertension; Brother: DM, Neuropathy (**PDF REF**: 380)

Social History: Marital Status: Separated, Number of Children: 2; **Occupation**: Working, Florida Blue, **Other**: Sales Relationship Specialist **Working Status**: Current working: No, missed a total 3, Unable to enjoy daily activities, some limitation (**PDF REF**: 380)

Drug Allergy: Ace Inhibitors- Coughing (**PDF REF**: 380)

Detailed Chronology

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		MVA on MM/DD/2023	
MM/DD/2023	Baptist Health Baptist South Emergency Joseph Tirado, M.D.	**Emergency room visit status post motor vehicle collision:** **Means of arrival**: Ambulance **Chief complaint**: Motor Vehicle Crash: Restrained driver, no loc, no airbag, back pain and left shoulder and both sides of head. Non ambulatory at scene She presents to the ED shortly after enduring a MVC. She was a restrained driver who got hit from behind by a truck and her airbag did not deploy. The officer present with her stated that the truck driver was distracted while driving and she was hit into another lane. She states that she did not hit another car after the collision She currently complains of back pain, neck pain, and left shoulder pain. Denies nausea, vomiting, abdominal pain, and chest pain. **Review of system:** **Musculoskeletal**: Positive for back pain and neck pain **Pain**: 10 **Pain location**: Back **Physical exam**: **Radiology:** **Reviewer's Comment: The radiological studies performed in emergency department have been presented below in the separate rows.* **Medical decision making**: This patient presented to the emergency department for evaluation after a motor vehicle collision. Patient reports she was the restrained driver of her vehicle that was struck from behind by a pickup truck. Patient states that she did not lose consciousness, airbags did not deploy, she did not ultimately strike anything after being hit from behind but was able to navigate her car off the road safely. She was able to exit the vehicle unassisted and was ambulatory on the scene. She was then brought to the emergency department for evaluation complaining of pain in her neck and back. Her physical exam was as above and based on her physical exam, it seems as though her pain was primarily in the paraspinal musculature of her neck and back. She did not have any obvious bony tenderness, step-off or crepitus noted. Her imaging studies were negative for any obvious acute abnormalities or traumatic injuries according to radiology. When I went back to discuss with her test results, diagnosis, and disposition plan. The patient stated that she started to have some soreness in the	20-53, 17-19, 58-137

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		scalp on the left superior parietal area. I reexamined the area carefully and did not notice any obvious lacerations, step-off, crepitus, bruising, swelling in that area. We discussed whether or not she wanted to have further evaluation of her head with a CAT scan but she declined She states that she recalled pulling something black out of her hair from that area after the collision and believes that it is just soreness of the skin from what ever hit her in the head. With regard to her discharge plan, she feels comfortable being discharged home to follow-up with her doctor as an outpatient We discussed various options for pain management and the patient declined nonnarcotic pain medications in favor of specifically Percocet which she states she is taken in the past without any adverse effects. She states that she has had adverse effects from both hydrocodone and codeine in the past. We advised her to discontinue using her muscle relaxer or not to take it concurrently with her pain medications We discussed with her the potential adverse effects of the pain medications as well as activity modification related to those potential adverse effects and not to combine it with other substances that might be sedating or contain Tylenol. We advised her of the importance of follow-up with her primary care physician. She will also be given a work note to be off for the next few days. She expressed her understanding and agreed with plan. **Diagnosis**: Back strain Acute cervical strain **Work status**: Patient was seen and treated in our emergency department on MM/DD/YYYY. She may return to work on MM/DD/2023. *Related records: Flowsheets, orders, appointment, after visit summary*	
MM/DD/2023	Baptist Health Baptist South Emergency Jay Jones, M.D.	**X-ray of cervical spine:** **Narrative**: MVA with neck pain **Impression**: Extensive postsurgical changes noted with anterior and posterior fusion. No acute fracture. Gross anatomic alignment maintained. No bony erosive change	54-55
MM/DD/2023	Baptist Health Baptist South Emergency Bryan Howze, M.D.	**X-ray of thoracic spine:** **Narrative**: Back pain following MVA **Findings**: Fusion hardware of the lower cervical spine is partially visualized There are diffuse changes of mild degenerative disc	55-56

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		disease of the thoracic spine, most evident in the lower thoracic spine. No fracture is seen. No suspicious bone lesion is identified. **Impression**: Multilevel degenerative changes. No acute osseous abnormality	
MM/DD/2023	Baptist Health Baptist South Emergency Jay Jones, M.D.	**X-ray of chest:** **History**: MVA **Findings**: Fusion hardware of the lower cervical spine is partially visualized There are diffuse changes of mild degenerative disc disease of the thoracic spine, most evident in the lower thoracic spine. No fracture is seen. No suspicious bone lesion is identified. **Impression**: Heart size is within normal limits. Lung fields are clear. No acute process	56-57
MM/DD/2023	Physicians Group, LLC Joy Thompson, APRN	**Initial medical evaluation for headache, neck pain, mid-back pain, chest/rib pain, lower back pain, shoulder pain, arm pain, hand pain, leg pain, knee pain, ankle pain, foot pain**: **Injury information** **Collision**: (MVC) Rear-End Collision **Collision Type**: Driving down expressway – rear ended client's vehicle causing her to swerve of the road **Police Notified** **Accident Occurred**: Florida Airbags Not Deployed **Patient's Vehicle Speed**: 50 mph, Other Vehicle Speed: ? **Damage to Patient Vehicle**: Totaled **Type of Road**: Interstate **Road Conditions**: Dry **Position**: Driver **Protection**: Restrained **Vehicles** Patient Vehicle: SUV Other Vehicle: Pick-up Truck **Emergency room/hospital**: Name: Baptist South When?: Immediately How?: Ambulance X-rays: Cervical,. Thoracic, lumbar **Note on Injury/ER/Hospital** 01/27 discuss with Dr. Kenny regarding patient's history and the need for medical clearance	376-386, 372-375, 650-651

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Current chief complaints: **Head Injury Checklist** **Hit head**: Other: not sure **Did you lose consciousness?** No **Were you dazed after the accident?** No **Head Injury Symptoms:** Other: denies all **Do you have trouble concentrating**? Yes, due to pain **Do you now sleep more than usual**? No **Do you now sleep less than usual?** Yes, due to neck and back pain **Have you become irritable?** No **Do you have trouble retaining new information?** No **Do you have difficulty with calculations?** No **Is your vision blurry or do you see double?** No **Do you have any trouble walking/with balance?** Yes, at times due to lumbar pain **Do you have ringing in your ears?** No **Additional note**: Patient states she has a history of blurry vision due to Myasthenia Gravis- Diagnose 4 months ago but subsided since taking steroids'. Patient states that while she was in the recovery room for her neck surgery she had problems seeing droopy eye lids- she was diagnosis with Horner syndrome-refer to neurologist and she was diagnose with Myasthenia Gravis. **Neck pain**: **Pain Scale**: 8 **Location**: Bilateral, Midline **Duration**: Most of Day **Frequency**: Constant **Radiating**: Bilateral Other: upper trap and spine **Description**: Throbbing, Tingling, Other: Right hand tingling **What makes it better**: Meds, Rest, Other: Percocet- - helps **What makes it worse**: Activity, Bending, laying on it at Night, Overuse, Sitting, Turn or Move Wrong, Other: house chores , cooking , walking **Additional Note**: History of Cervical fusion C2- T1- due to wear and tear – Patient was on PM for a while -pain resolved over time with therapy. Surgery was done Feb 16/2022 **Mid back pain**: **Pain Scale**: 7 **Location**: Bilateral, Midline **Duration:** Variable **Frequency**: Intermittent **Description**: Aching, Sharp **What makes it better**: Meds, Rest. Other: Percocet- er **What makes it worse**: Activity, Lifting, Overuse, Sitting, Turn or Move Wrong, Other: House chores	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Chest/Rib Pain **Pain Scale**: 3 **Location**: Anterior **Duration**: Variable **Frequency**: Intermittent **Description**: Sharp **What makes it better**: Meds, Rest. Other: Percocet **What makes it worse**: Activity, Overhead Activity, Overuse **Additional Note**: Mid Sternum **Lower Back Pain** **Pain Scale:** 9 **Location**: Bilateral, Midline **Duration:** Most of Day **Frequency**: Constant **Radiating:** Bilateral Buttocks Leg **Dysfunction**: Bladder, Bowel. Other: denies all **Description:** Sharp **What makes it better**: Meds, Rest, Other: Percocet- helps **What makes it worse:** Activity, Overuse, Sitting, Turn or Move Wrong, Other: House chores- Patient wearing a back brace **Additional Note**: History of lumbar pain – due to wear and tear – Bulging disc- was feeling better – aggravated by present accident **Shoulder Pain** **Left Pain Scale:** 0 to 5 **Location**: Left **Description**: Sharp **What makes it worse**: Activity, Overhead Activity, Overuse **Additional Note**: On PE scale 7 **Arm pain**: **Additional note**: Bilateral upper extremity sore **Hand pain:** **Right pain scale**: 5 **Location**: Right **Description**: Tingling, other: Right hand **Leg pain**: **Pain scale**: 7 **Description:** Aching **What makes it better**: Meds, rest **What makes it worse**: Activity, walking **Additional note**: Posterior thigh – scale -7	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Knee pain: **Pain scale**: 5 **What makes it worse**: Activity **Ankle pain**: **Pain scale**: 5 **Duration**: Variable **Frequency**: Intermittent **Description**: Aching **What makes it better**: Meds, rest **What makes it worse**: Activity, overuse, turn or move wrong, walking **Foot pain**: **Pain scale**: 5 **Location**: Bilateral **Description**: Numbness, other: Numb at this patient states she has a history of neuropathy in both feet but present numbness is different **Physical examination:** Neurologic: Patient has some issues with remembering things, Patient is on prednisone for myasthenia gravis. **Extremities:** **Other**: shooting in the left upper arm **Shoulder Tenderness**: Positive Left **Shoulder Empty Can**: Positive Left **Hand**: Other: Tingling right hand **Range of motion**: **Lumbar** **Extension**: Slight with pain **Rotation** (Left): Slight, with pain **Rotation** (Right): Slight, with pain **Side bending** (Left): Slight, with pain **Side bending** (Right): Slight, with pain **Patient's current diagnosis:** MVA V code: V53.6XXA MVA Y code: Y92.411 Severity # 1: M54.2 Cervicalgia – cervical Severity # 2: M54.59 Other Low Back pain – lumbar / abdomen / SI Severity # 3: M54.6 Thoracic Pain – thoracic / chest / ribs Severity # 4: M25.512 Shoulder Pain; Left – shoulder Severity # 5: R07.82 Intercostal Pain – thoracic / chest/ ribs Severity # 6: R07.89 Oth Chest Pain – thoracic / chest / ribs	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Severity # 7: M79.604 Pain in Leg, Rt – knee / ankle / foot / leg Severity # 8: M79.605 Pain in Leg, Left - knee / ankle / foot / leg Severity # 9: R20.1 Hypoesthesia - applies to multiple regions Severity #10: R20.2 Paresthesia - applies to multiple regions **Note on examination**: Cervical ROM aborted due to fusion **Diagnostic test**: • X-rays • CTL • shoulder left ankle left right **Therapeutic modalities** As a result of the discussion and evaluation, the following decision has been made: The patient's care plan shall be prescribed to have the following therapeutic modalities up to 3 time(s) per week, until the next evaluation, subject to the independent professional judgment of the treating provider. **Indicated** • Application cold/heat • CMT treatment • Manual therapy • Electrical stimulation • NMRE • Kinesio tape • Therapeutic exercise • Therapeutic activities • Iontophoresis **Areas to be treated:** Cervical, thoracic, lumbar, left shoulder, L/R ankle **Work status**: Full duty **Home exercises**: Stretches **Patient Instruction**: To ER if symptoms worsen, follow up with PCP For: Preventative Continue Present medications as: **Directed Patient Education / Informed Consent** Achieve Ideal Body Weight Other: schedule therapy, alternate ice/heat prn **Schedule re-evaluation with:** MD/DO Weeks: 4-6 Referral will be made for medical clearance.	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Addendum for emergency medical condition: The patient presented today for an evaluation due to a motor vehicle accident that occurred on 01/14/2023, After a thorough evaluation of the patient and based upon the severity of pain and/or other acute symptoms the patient presented with, which is documented in my comprehensive evaluation, it is my medical opinion that the patient had or could have had a medical condition, such that with the absence of medical attention and services performed with little or no delay, could reasonably result in a serious dysfunction to a body part Follow up services and/or care consistent with the patient's underlying medical diagnoses, rendered during my comprehensive evaluation, have been prescribed. Based on the comprehensive evaluation and information available to me, in my medical opinion, the prescribed treatment is medically necessary and causally related to treating the injuries sustained in the above-dated motor vehicle accident.	
MM/DD/2023	Baptist Neurology Group-Baptist Jacksonville Bryan Riggeal, M.D.	**Neurophthalmology follow up note for Horner syndrome and myasthenia gravis** She was recently in auto-accident and she claims that he physical therapist wish to know what her limitations are. **Impression/plan:** I have placed no restrictions on her. I feel that she can participate in essentially any physical therapy that she wishes. *Reviewer's comment: Details pertaining to therapy clearance alone has been presented*	654-659
MM/DD/2023	Physicians Group, LLC Kevin Kinney, DC	**X-rays of cervical, thoracic, and lumbar spine:** **Cervical**: **Degenerative changes are noted as follows**: Anterior spurring level: C4, C5, C6, C7 Posterior spurring level: C3, C4, C5, C6 **Foraminal encroachment level**: C3-4 Right, C4-5 Left, C4-5 Right, C5-6 Left, C5-6 Right, C6-7 Right **Von Luschka joint arthrosis**: C4, C5, C6, C7 **Biomechanical Assessment** The spine is in the midline **There is a break in George's line at**: C4-5, C7-T1 **Anterolisthesis**: C4, C7 **Cervical additional notes**: Surgical fusion from C3-T1 anterior and posterior laminectomy **Thoracic**: **Degenerative changes are noted as follows**:	631-632, 517

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Narrowed disc spacing, level: T2-3, T3-4, T4-5, T5-6, T6-7, T7-8, T8-9 Anterior spurring level: T2, T3. T4, T5, T6, T9. T11 **Biomechanical Assessment** The spine is in the midline There is a scoliosis to the: Left with its apex at the, T7 **The normal curve is** reduced **Thoracic additional notes**: Multi-level anterolateral bridging ossification **Lumbar**: **Degenerative changes are noted as follows:** Narrowed disc spacing, level: L4-5, L5-S1 Anterior spurring level: L3, L4, L5 Posterior spurring level: L4, L5 Foraminal encroachment level: L4-5, L5-S1 **Biomechanical Assessment** The spine is in the midline **There is a lean to the**: Left **Anterolisthesis**: L5 **Facet imbrication is apparent at**: L5-S1 **The normal curve is** well maintained **Left shoulder**: **Joint space of**: Glenohumeral - Preserved **Left/right ankle**: **Joint/soft tissue**: Tibiotalar preserved	
MM/DD/2023	Physicians Group, LLC Kevin Kinney, DC	**Focused chiropractic evaluation for headache, arm, neck mid back and lower back pain**: **Current subjective complaints**: **Headache Pain** **Pain Scale**: 0 to 7 **Location**: From the Neck **Duration**: All Day **Frequency**: Constant **Intractable**: No. **Description**: Pressure **Associated with**: Neck Pain **What makes it worse**: Activity **Additional Note**: Having headaches more frequently since the accident. Currently not having one but average 7/10 when they occur. **Neck Pain** **Pain Scale**: 7 to 9	398-414, 387-395, 645

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Location: Bilateral Right side has greater pain level. **Duration:** All Day **Frequency**: Constant **Radiating:** Right Arm Hand **Description**: Aching, Shooting, Stabbing, Throbbing **What makes it better**: Meds, Rest. Therapy **What makes it worse**: Activity, Laying on it at Night. Overuse, Turn or Move Wrong **Mid Back Pain** **Pain Scale:** 7 **Location**: Bilateral **Duration:** All Day **Frequency**: Constant **Description**: Aching, Dull, Sore, Stiff, Tight **What makes it better**: Meds, Rest. Therapy **What makes it worse:** Activity, laying on it at Night, Overuse, Standing, Turn or Move Wrong **Lower Back Pain** **Pain Scale**: 7 to 10 **Location**: Bilateral **Duration**: All Day **Frequency**: Constant **Radiating**: Right Buttocks Leg **Description**: Aching, Dull, Numbness, Sharp, Stabbing, Stiff, Tingling **What makes it better**: Meds, Rest, Therapy **What makes it worse**: Activity, Bending, Sitting, Standing, Turn or Move Wrong, Walking **Arm pain:** **Right pain scale**: 5 to 10 **Location**: Right **Duration**: All day **Frequency**: Constant **Description**: Aching, burning/hot, pain w/movement, pins & needles, tingling **What makes it better**: Meds, rest, therapy **What makes it worse:** Activity **Current objective findings**: **Cervical**: **Tenderness**: Mild to moderate **Midline tenderness**: Lower **Increased hypertonicity**: Mild to moderate **Cervical facet joints**: Bilateral	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Thoracic: **Tenderness**: Moderate **Midline tenderness**: Throughout **Increased hypertonicity**: Mild to moderate **Segmental restriction**: Bilateral **Segmental restriction locations**: T4, T5 **Lumbar**: **Tenderness**: Moderate **Midline tenderness**: Throughout **Increased hypertonicity**: Mild to moderate **SI joint tenderness:** Positive right and left SI joint restrictions: Positive right and left **As a result:** As a result of the discussion and evaluation, the decision has been made to "continue treatment" Minimal exam and active therapy questionnaire(s): OATs Back 56% **Chiropractic & therapeutic procedures**: Chiropractic manipulations, electrical stimulations, hot/cold pack, mechanical traction **Active therapy performed today** Active Isolated Stretching neuromuscular re-education exercises Therapeutic exercises Orthotics and supplies: Iontophoresis **Comments** The patient tolerated today's treatment and will continue their care as prescribed	
MM/DD/2023	Physicians Group, LLC Benita Ford, APRN	**Established medical evaluation for headache, neck pain, mid-back pain, lower back pain, arm pain**: **Current chief complaints**: **Headache Pain** **Pain Scale**: 0 to 9 **Location**: Back, temples **Part of head**: Back, temples **Description**: Throbbing **What makes it better:** Laying down and going to sleep. **Neck Pain** **Pain Scale**: 7 to 9 **Location**: Bilateral **Frequency:** Frequent	415-421

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Description: Aching, Stabbing, Throbbing **What makes it better**: Meds, laying down **What makes it worse**: Sitting up too long. **Mid Back Pain** **Pain Scale:** 7 **Location**: Bilateral, midline **Frequency**: Constant **Description**: Aching, throbbing, pressure **What makes it better**: laying down, heat **What makes it worse:** Activity **Lower Back Pain** **Pain Scale**: 9 **Location**: Bilateral **Frequency**: Constant **Radiating**: Right Buttocks Leg **Description**: Sharp **What makes it better**: laying down on side, heat **What makes it worse**: Standing **Arm Pain** **Right Pain Scale**: 0 **Location**: Right **Frequency**: Intermittent **Additional note:** Goes from elbow to hand **Discussion of current care and review**: **Therapeutic Modalities** Receiving treatment only one treatment since initial d/t had to get medical clearance times per week. **Work Status** Tolerating work duties **Physical examination:** Neurologic: Patient has some issues with remembering things, Patient is on prednisone for myasthenia gravis. **Extremities:** **Other**: Pain with ROM but no pain in joint mainly stated pain in trap region **Shoulder Tenderness**: Positive right **Hand**: Other: Complained of mild pain when palpated muscle of forearm. **Range of motion**: **Lumbar**	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Rotation (Right): With Pain **Side bending** (Left): With Pain **Side bending** (Right): With Pain **Thoracic** Extension: With Pain Rotation (Left): With Pain Rotation (Right): With Pain Side bending (Left): With Pain Side bending (Right): With Pain **Lumbar** Flexion: With Pain Extension: With Pain Rotation (Right): With Pain Side bending (Left): With Pain Side bending (Right): With Pain **Examination**: **Cervical** Cervical Tenderness: Mild to moderate Increased hypertonicity: Mild to moderate **Thoracic** Thoracic tenderness: Mild to moderate Midline tenderness: upper and lower Increased hypertonicity: Mild to moderate **Lumbar**: Lumbar tenderness: Mild to moderate Midline tenderness: Throughout Increased hypertonicity: Mild to moderate **Patient's current diagnosis:** Muscle spasm. Back - applies to multiple regions Headache - head / brain / face / jaw / sleep Fusion: C3, C4, C5, C6 – cervical **Therapeutic modalities** As a result of the discussion and evaluation, the following decision has been made: The patient's care plan shall be prescribed to have the following therapeutic modalities up to 3 time(s) per week, until the next evaluation, subject to the independent professional judgment of the treating provider. **Indicated** • Application cold/heat • CMT treatment • Manual therapy • Electrical stimulation	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		• NMRE • Kinesio tape • Therapeutic exercise • Therapeutic activities • Iontophoresis **Areas to be treated:** Cervical, thoracic, lumbar **Work status**: Full duty **Patient Instruction**: follow up with PCP Achieve Ideal Body Weight Other: Continue with TENS, lumbar support, heat **Schedule re-evaluation with:** Telemed Weeks: 4 weeks re-eval	
MM/DD/2023	Physicians Group, LLC Kevin Kinney, DC	**Prescription for exercise stretch band**	646
MM/DD/2023	Physicians Group, LLC Benita Ford, APRN	**Established medical evaluation for headache, neck pain, mid-back pain, lower back pain, arm pain**: **Current chief complaints**: **Headache Pain** **Pain Scale**: 0 to 8 **Location**: Bilateral **Part of head**: Back, Temples **Frequency**: Occasional **Description**: Throbbing **Additional note:** Noted about 3 days per week **Neck Pain** **Pain Scale**: 7 **Location**: Bilateral **Frequency:** constant **Description**: Aching, Throbbing **What makes it better**: TENS **What makes it worse**: Working around the house. **Mid Back Pain** **Pain Scale:** 8 **Location**: Bilateral **Frequency**: Constant **Description**: Throbbing **What makes it better**: heat **What makes it worse:** Activity, standing	425-430

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Lower Back Pain **Pain Scale**: 7-9 **Location**: Bilateral **Frequency**: Constant **Radiating**: Right leg: Hip region **Description**: aching, sore, stiff, throbbing, tight **What makes it better**: Heat, stretching **What makes it worse**: Sitting, Standing, walking **Arm Pain** **Right Pain Scale**: 0-8 **Location**: Right **Frequency**: Intermittent **Discussion of current care and review**: **Symptom Improvement:** Fair **Work Status:** Tolerating work duties **Performing home exercises: S**tretching, **Other:** yellow band, TENs, lumbar support **Sleep Status:** Restless **Therapeutic modalities** As a result of the discussion and evaluation, the following decision has been made: The patient's care plan shall be prescribed to have the following therapeutic modalities up to 3 time(s) per week, until the next evaluation, subject to the independent professional judgment of the treating provider. **Indicated** • Application cold/heat • CMT treatment • Intersegmental traction • Manual therapy • Electrical stimulation • NMRE • Kinesio tape • Therapeutic exercise • Therapeutic activities • Iontophoresis **Areas to be treated:** Cervical, thoracic, lumbar **Work status**: Full duty **Home Exercise**: Resistance, Stretches **Patient Instruction**: follow up with PCP Achieve Ideal Body Weight Other: Continue with TENS, lumbar support, heat	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Schedule re-evaluation with: Weeks: 2 weeks Patient states she plans to go back into pain management (for medication).	
MM/DD/2023	Physicians Group, LLC Benita Ford, APRN	**Established medical evaluation for headache, neck pain, mid-back pain, lower back pain, arm pain**: **Current chief complaints**: **Headache Pain** No symptoms reported on visit **Neck Pain** **Pain Scale**: 8 **Location**: Bilateral **Duration:** Most of the day **Frequency**: Intermittent **Description**: Aching, sharp **What makes it better**: Therapy, laying down **What makes it worse**: Activity **Mid Back Pain** **Pain Scale:** 7 **Location**: Bilateral **Duration:** Most of the day **Frequency**: Intermittent **Description**: Aching, stabbing, throbbing **What makes it better**: Therapy **What makes it worse**: Activity **Lower Back Pain** **Pain Scale**: 8 **Location**: Bilateral **Frequency**: Constant **Radiating**: Right leg **Description**: aching, sharp, stabbing **Arm Pain** **Right Pain Scale**: 7 **Description**: Tingling **Location**: Right **Additional note**: Forearm into hand **Leg pain**: **Frequency**: Occasional **Description**: Throbbing **Additional Note**: Lateral aspect, does not go below knee **Discussion of current care and review**: Receiving treatment 2-3 times per week.	431-436

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Symptom Improvement: Fair **Work Status:** Tolerating work duties **Performing home exercises: Other:** yellow band, TENs, lumbar support **Range of motion**: **Cervical** Flexion: Significant, with pain Extension: Significant, with pain Rotation (Left): Slight Rotation (Right): Slight, moderate Side bending (Left): Significant, with pain Side bending (Right): Significant, with pain **Thoracic** Rotation (Left): With Pain Rotation (Right): With Pain **Examination**: **Thoracic** Thoracic tenderness: Mild to moderate – throughout on left, mid to lower on right. Midline tenderness: Lower, mid-region **Lumbar**: Lumbar tenderness: Mild to moderate Midline tenderness: Throughout Increased hypertonicity: Mild to moderate **SI joint tenderness**: Right and left **Therapeutic modalities** As a result of the discussion and evaluation, the following decision has been made: Continue treatment as prescribed until the next evaluation up to 2-3 time(s) per week. **Indicated** • Application cold/heat • CMT treatment • Intersegmental traction • Manual therapy • Electrical stimulation • NMRE • Kinesio tape • Therapeutic exercise • Therapeutic activities • Iontophoresis	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Areas to be treated: Cervical, thoracic, lumbar **Recommended:** TENS Unit Lumbar support **Work status**: Full duty **Home Exercise**: Resistance, Stretches, yoga **Patient Instruction**: To ER if symptoms worsens **Schedule re-evaluation with:** Weeks: 4 weeks Notes: 2 weeks Telemed **Comments** The patient tolerated today's treatment and will continue their care as prescribed.	
MM/DD/2023	Physicians Group, LLC Kevin Kinney, DC	**Focused chiropractic evaluation for headache, arm, neck mid back and lower back pain**: **Current subjective complaints**: **Headache Pain** **Pain Scale**: 0 to 7 **Location**: From the Neck **Duration**: All Day **Frequency**: Constant **Intractable**: No. **Description**: Pressure **Associated with**: Neck Pain **What makes it worse**: Activity **Additional Note**: Having headaches more frequently since the accident. Currently not having one but average 7/10 when they occur. **Neck Pain** **Pain Scale**: 8 **Location**: Midline **Duration:** All Day **Frequency**: Constant **Radiating:** Right Arm Hand **Description**: Aching, Shooting, Stabbing, tingling **What makes it worse**: Activity, Laying on it at Night. Overuse, turn or move wrong **Mid Back Pain** **Pain Scale:** 6-9 **Location**: Midline **Duration:** All Day **Frequency**: Constant	437-453, 463-465

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Description: Aching, sore, stiff, tight **What makes it better**: Meds, rest, therapy **What makes it worse:** Activity, laying on it at Night, Overuse, Standing, Turn or Move Wrong **Lower Back Pain** **Pain Scale**: 6-9 **Location**: Midline **Duration**: All Day **Frequency**: Constant **Radiating**: Right Buttocks Leg **Description**: Aching, Sharp, Stabbing, Stiff **What makes it worse**: Activity, Bending, Sitting, Standing, Turn or move wrong, walking **Arm Pain** **Right Pain Scale**: 5 to 10 **Location**: Right **Duration**: All Day **Frequency**: Constant **Description**: Pain w/Movement, Pins & Needles, Tingling **What makes it worse:** Activity **Current objective findings**: **Orthopedic Testing** **Cross-over Impingement** Pos: Left & Right **Empty Can (Jobes)** Pos: Left & Right **Apley's (Ext)** Pos: Left & Right **Apley's (int)** Pos: Left & Right **Tenderness**: Knee, Wrist, Hand, ankle **Examination**: **Neck disability questionnaire**: 56% **Thoracic** Thoracic tenderness: Moderate to severe Midline tenderness: Throughout Increased hypertonicity: Moderate to severe **Lumbar**: Lumbar tenderness: Moderate to severe Midline tenderness: Throughout Increased hypertonicity: Moderate to severe **Orthopedic test**: Kemps Pos: Left SLR Pos: Left & Right Braggards Pos: Left & Right	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Goldthwait's Pos: L5/S1 & SI Joint Bechterew's (sitting) Pos: Left & Right **ROM** **Flexion**: Reduced, with pain **Extension**: Reduced, with pain **Lt Lat Flexion**: Reduced, with pain **Rt Lat Flexion:** Reduced, with pain **SI joint tenderness**: Positive Right and left **SI joint restriction**: Positive Right and Left **Orthopedic Testing** Yeoman's Pos: Right Hibb's Positive: Right **Cervical**: Cervical tenderness: Moderate Midline tenderness: Lower **Orthopedic Testing** Compression Pos: Left Neg: Right **ROM** **Flexion**: Reduced, with pain at Upper traps BL & midline **Extension**: Reduced, with pain at Upper traps BL & midline **Lt Lat Flexion**: Reduced, with pain at Upper traps BL & midline **Rt Lat Flexion**: Reduced, with pain at Upper traps BL & midline **Lt Rotation**: Reduced, with pain at Upper traps BL & midline **Rt Rotation:** Reduced, with pain at Upper traps BL & midline **As A Result:** As a result of the discussion and evaluation, the decision has been made to "continue treatment" Minimal Exam and Active Therapy Questionnaire(s): OATs Back 56% **Chiropractic & therapeutic procedures**: Chiropractic manipulations, electrical stimulations, hot/cold pack, mechanical traction **Active therapy performed today** Active Isolated Stretching Neuromuscular re-education exercises Therapeutic exercises Orthotics and supplies: Iontophoresis	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Comments The patient tolerated today's treatment and will continue their care as prescribed	
MM/DD/2023	Physicians Group, LLC Kevin Kinney, DC Martin Cox DC	**Multiple chiropractic therapy sessions for headache, arm, neck mid back and lower back pain** **Total number of visits:** 15 **Treatment rendered**: Areas treated: Headache, Hand, Neck, Mid back, Lower back **02/28/2023:** **Headache Pain:** 0 to 9 **Neck Pain:** 7 to 9 **Mid Back Pain:** 7 **Lower Back Pain:** 9 **Arm Pain:** 0 . **Additional note:** Goes from elbow to hand **Headache Pain:** No symptoms reported on today's visit. **Neck Pain:** 5 to 9. **Neck disability scale**: 60% **Mid Back Pain:** 7 **Lower Back Pain:** 7-10 **Arm Pain:** 5-10 **03/03/2023; 03/06/2023**: **Headache Pain:** No symptoms reported on today's visit. **Neck Pain:** 5 to 9. **Neck disability scale**: 60% **Mid Back Pain:** 7 **Lower Back Pain:** 7-10 **Arm Pain:** 5-10 **03/08/2023** **Headache Pain:** 0 to 7 **Additional Note**: Having headaches more frequently since the accident. Currently not having one but average 7/10 when they occur. 2/28 slight headache during the exercises but it didn't stick 3/8 had a headache earlier in the day but it went away **Neck Pain:** 7 to 9 **Mid Back Pain:** 7 **Lower Back Pain:** 7 to 10 **Arm Pain:** 5 to 10 **03/13/2023**: **Headache Pain:** 0 to 7 **Additional Note**: Having headaches more frequently since the accident. Currently not having one but average 7/10 when they occur. 2/28 slight headache during the exercises but it didn't stick 3/8 had a headache earlier in the day but it went away **Neck Pain:** 7 to 9 **Mid Back Pain:** 7	518-520, 536-540, 422-423, 546-550, 551-554, 555-557, 558-562, 563-565, 566-580, 581-584, 585-589, 466, 590-593, 594-598, 599-601, 541-545, 424, 531-535, 521-525

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Lower Back Pain: 7 to 10 **Right arm Pain:** 5 to 10 **03/15/2023**: **Mid Back Pain:** 5 to 7 **03/17/2023:** **Headache Pain:** 0 to 8 **Neck Pain:** 7 **Mid Back Pain:** 8 **Lower Back Pain:** 7 to 9 **Right arm Pain:** 0 to 8 **03/24/2023:** **Headache Pain:** 0 to 7 **Neck Pain:** 6 **Mid Back Pain:** 6 **Lower Back Pain:** 7 **Right arm Pain:** 5 to 10 **03/28/2023**: **Headache Pain:** No symptoms reported on today's visit **Neck Pain:** 8 **Mid Back Pain:** 7 **Lower Back Pain:** 8 **Right arm Pain:** 7 **04/03/2023:** **Headache Pain:** 0-7 **Neck Pain:** 6 **Mid Back Pain:** 6 **Lower Back Pain:** 7. Woke up with a good amount of pain today in the lower back and middle back. **Right arm Pain:** 5 to 10 **04/12/2023:** **Headache Pain:** 0-7 **Neck Pain:** 6 **Mid Back Pain:** 6 **Lower Back Pain:** 7 **Right arm Pain:** 5 to 10 **04/17/2023:** **Headache Pain:** 0-7 **Neck Pain:** 6 **Mid Back Pain:** 6 **Lower Back Pain:** 7. Back index: 58% **Right arm Pain:** 5 to 10	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		04/19/2023, 04/27/2023: **Headache Pain:** 0-7 **Neck Pain:** 7 **Mid Back Pain:** 5 **Lower Back Pain:** 6 **Right arm Pain:** 5 to 10 **05/02/2023**: **Headache Pain:** No symptoms reported on today's visit **Neck Pain:** 7 **Mid Back Pain:** 7 **Lower Back Pain:** 8 **Right arm Pain:** 6 *Reviewer's comment: Multiple chiropractic therapy sessions has been combined and summarized with significant events*	
MM/DD/2023	Physicians Group, LLC Benita Ford, APRN	**Established medical evaluation for headache, neck pain, mid-back pain, lower back pain, arm pain**: **Current chief complaints**: **Headache Pain** No symptoms reported on visit **Neck Pain** **Pain Scale**: 7 **Location**: Bilateral **Duration:** All day **Frequency**: Intermittent **Description**: Aching **What makes it better**: laying down **What makes it worse**: Activity **Mid Back Pain** **Pain Scale:** 7 **Location**: Bilateral **Frequency**: Constant **Description**: Aching, throbbing **What makes it better**: Therapy **What makes it worse**: Activity **Lower back pain** **Pain Scale**: 8 **Location**: Bilateral **Frequency**: Constant **Radiating**: Bilateral leg **Description**: Aching, sharp, throbbing **Arm pain** **Right pain scale**: 6 **Description**: Tingling	469-473

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Leg pain: **Pain scale:** 9 **Frequency**: Intermittent **Description**: Sharp, shooting **Additional Note**: Back of legs does not go below knee **Discussion of current care and review**: Receiving treatment 1-2 times per week. **Work Status:** Tolerating work duties **Performing home exercises:** Strengthening; **Other:** yellow band, lumbar support **Sleep**: Restless **MRI list**: Cervical Thoracic Lumbar **Range of motion**: **Cervical** Flexion: Significant, with pain Extension: Significant, with pain Rotation (Left): Significant, with pain Rotation (Right): Slight, moderate Side bending (Left): Significant, with pain Side bending (Right): Significant, with pain **Examination**: **Thoracic** Thoracic tenderness: Mild to moderate – throughout on left, upper on right. Midline tenderness: Lower, mid-region Increased hypertonicity: Mild to moderate **Lumbar**: Lumbar tenderness: Mild to moderate Midline tenderness: Lower , mid region Increased hypertonicity: Mild to moderate **Therapeutic modalities** As a result of the discussion and evaluation, the following decision has been made: Continue treatment as prescribed until the next evaluation up to 1-2 time(s) per week. **Indicated** • Application cold/heat • CMT treatment • Intersegmental traction	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		• Manual therapy • Electrical stimulation • NMRE • Kinesio tape • Therapeutic exercise • Therapeutic activities • Iontophoresis **Areas to be treated:** Cervical, thoracic, lumbar **Recommended:** TENS unit Lumbar support **Work status**: Full duty **Home Exercise**: Resistance, stretches **Patient Instruction**: Follow up with PCP **Schedule re-evaluation with:** Weeks: 4 weeks **Records / Films Request:** Records from Providers who did neck and hip surgeries. **Note on Prescription for Treatment:** Advised front desk to have patient provide name of surgeons so records can be requested in order to determine if there is any contraindication to getting MRI. Patient also states she never reached out to her pain management provider about restarting pain medications. She states she will reach out to them.	
MM/DD/2023	Physicians Group, LLC David Otto, DC	**Focused chiropractic evaluation for headache, arm, neck mid back and lower back pain**: **Current subjective complaints**: **Headache Pain** **Pain Scale:** 6-8 **Location**: Left, right **Duration**: Variable **Frequency**: Frequent **Intractable**: No. **Description**: Sharp **Associated with**: Neck pain **What makes it worse**: Activity, bending, turn or move wrong, cleaning **TMJ/jaw pain**: **Pain scale**: 5 **Location**: Bilateral Left side has greater pain level.	474-492

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Duration: Variable **Frequency**: Intermittent **Description**: Locking, sharp **What makes it better**: Meds **What makes it worse:** Talking **Neck pain** **Pain Scale**: 6 **Location**: Bilateral **Duration:** Most of the day **Frequency**: Intermittent **Description**: Locking, sharp **What makes it better**: Meds **What makes it worse**: Talking. **Mid back pain** **Pain Scale:** 8 **Location**: Right **Duration:** Constant **Description**: Aching, dull, sore **What makes it better**: Meds **What makes it worse:** Activity, overuse, reaching **Lower back pain** **Pain Scale**: 7 **Location**: Bilateral **Frequency**: Constant **Description**: Shooting, sore, stiff **What makes it better**: Meds, rest, therapy **What makes it worse**: Activity, overuse, pulling, pushing, reaching, turn or move wrong, twisting **Shoulder Pain** **Left pain scale:** 6 **Location**: Left **Description**: Pain with above shoulder movement, shooting, sore, tingling, weakness **What makes it worse**: Activity, laying on it at night, overhead activity, overuse, reaching **Arm pain** **Right pain scale**: 6-7 **Location**: Left **Duration**: Most of day **Frequency**: Frequent **Description**: Aching, stiff **What makes it better**: Rest **What makes it worse:** Activity	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Elbow pain: **Right Pain Scale**: 5 **Location**: Right **Duration**: Most of day **Frequency**: Frequent **Description**: Aching, shooting, stiff **What makes it better**: Meds **What makes it worse:** Activity, laying on it at Night, Turn or Move Wrong **Hand pain:** No symptoms reported on today's visit. **Hip pain:** **Right Pain Scale**: 7 **Location**: right **Frequency**: frequent **Description**: Aching, sore, stiff **What makes it better**: Meds, rest **What makes it worse:** Activity, overuse, Turn or Move Wrong **Leg pain**: No symptoms reported on today's visit. **Knee pain**: No symptoms reported on today's visit. **Ankle pain**: No symptoms reported on today's visit. **Foot pain**: No symptoms reported on today's visit. **Examination**: **Cervical**: **Tenderness**: Mild to moderate **Midline tenderness**: Mid-region **Increased hypertonicity**: moderate **Orthopedic testing**: Max Foraminal Pos: Left & Right Shoulder Depressor Pos: Left Neg: Right Dural sleeve adhesion: True Distraction Pos: Left & Right Increased pain (sprain/strain/spasm): True **ROM**: **Flexion**: Normal **Extension**: Normal **Lt Lat Flexion**: Reduced **Rt Lat Flexion**: Reduced **Lt Rotation**: Normal **Rt Rotation**: Reduced **Thoracic**:	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Tenderness: Moderate **Midline tenderness**: Throughout **Increased hypertonicity**: mild to moderate **Lumbar**: **Tenderness**: Moderate **Midline tenderness**: Lower **Increased hypertonicity**: Moderate **Lumbar facet joints**: Bilateral **Orthopedic tests** Kemps Positive: Left Ely's (heel to buttock) Positive: Left & Right Bechterew's (sitting) Positive: Left **Therapeutic modalities**: As a result of the discussion and evaluation, the following decision has been made: Continue treatment as prescribed until the next evaluation up to 2 time(s) per week. **Indicated or contraindicated**: • Application cold/heat • CMT treatment • Manual therapy • Electrical stimulation • NMRE • Kinesio tape • Therapeutic exercise • Therapeutic activities • Iontophoresis	
MM/DD/2023	Physicians Group, LLC Kevin Kinney, DC	**Multiple chiropractic therapy sessions for headache, arm, neck mid back and lower back pain** **Total number of visits:** 3 **Treatment rendered**: Areas treated: Headache, Hand, Neck, Mid back, Lower back **05/11/2023:** **Headache Pain:** 6-8 **TMJ/Jaw pain**: 5 **Neck pain:** 6 **Mid back pain**: 8 **Chest/rib pain**: 6 **Lower back pain**: 7 **Shoulder pain**: 6 **Left Arm pain**: 6-7 **Elbow pain**: 4 **Hip pain**: 7	602-618, 619-624, 500-501, 625-627

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		05/19/2023: **Headache Pain:** 6 TMJ/Jaw pain: 5 Neck pain: 5.5. Neck disability index: 54% Mid back pain: 7 Chest/rib pain: 6 Lower back pain: 7 Shoulder pain: 6 Left Arm pain: 6-7 Elbow pain: 5 Hip pain: 7 **05/31/2023:** **Neck Pain:** 7 **Mid Back Pain:** 8 **Lower Back Pain:** 8 **Arm Pain:** 0-6 **Bilateral leg pain**: 6-7 *Reviewer's comment: Multiple chiropractic therapy sessions has been combined and summarized with significant events*	
MM/DD/2023	Physicians Group, LLC Amy Vargas, APRN	**Established medical evaluation for headache, neck pain, mid-back pain, lower back pain, arm, and leg pain**: **Current chief complaints**: **Neck Pain** **Pain Scale**: 7 **Location**: Bilateral **Frequency**: Frequent **Radiating**: Trapezius muscle **Description**: Aching, tight **What makes it better**: Medications, Rest, Therapy **What makes it worse**: Activity, turn or move wrong **Mid Back Pain** **Pain Scale:** 8 **Location**: Right **Frequency**: Constant **Description**: Aching, throbbing **What makes it better**: Meds, rest, therapy **What makes it worse**: Activity, turn or move wrong **Lower Back Pain** **Pain Scale**: 8 **Location**: Bilateral **Frequency**: Constant **Radiating**: Bilateral buttocks, leg **Description**: aching, sharp, throbbing **What makes it better**: Meds, rest, therapy	502-509

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		What makes it worse: Sitting, Standing **Arm Pain** **Right Pain Scale**:0-6 **Frequency**: Occasional **Description**: Weakness **What makes it better**: Meds, rest, therapy **What makes it worse**: Activity, lifting **Leg pain**: **Pain scale:** 6-7 **Frequency**: Occasional **Description**: Aching, Stabbing **What makes it better**: Meds, rest, therapy **What makes it worse**: Sitting, Walking **Discussion of current care and review**: Receiving treatment 1-2 times per week. **Symptom Improvement**: Good **Work Status:** Tolerating work duties **Performing home exercises:** Strengthening, stretching **Sleep**: Restless **Note on Discussion, Review and Referral** Patient reports she has not completed the MRI's due to the issue with unknown type of metal in the neck. After speaking to the office patient was not approved to have MRIs due to the unknown metal. Patient has given all the information she is aware of but still is not approved. Therefore, a request of CT scan for CTL will be submitted today. **Range of motion**: **Cervical** Flexion: with pain Extension: with pain Rotation (Left): with pain Rotation (Right): with pain Side bending (Left): with pain Side bending (Right): with pain **Prescription for treatment:** **Diagnostic test** Alerts: Insulin pump, cervical fusions **CT SCAN:** CTL **Therapeutic modalities** As a result of the discussion and evaluation, the following decision has been made: Continue treatment as prescribed until the next evaluation up to 1-2 time(s) per week.	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Indicated • Application cold/heat • CMT treatment • Intersegmental traction • Manual therapy • Electrical stimulation • NMRE • Kinesio tape • Therapeutic exercise • Therapeutic activities • Iontophoresis **Areas to be treated:** Cervical, thoracic, lumbar **Recommended:** TENS Unit Lumbar support **Work status**: Full duty **Home Exercise**: Stretches **Patient Instruction**: Follow up with PCP, To ER if symptoms worsen **Schedule re-evaluation with:** MD/DO Weeks: 2-3 **EXAMS** EE3TM F/U exam via telemedicine in office [99213-EE3TM]	
MM/DD/2023	Akumin	**Order for cervical/thoracic/lumbar CT without contrast**: **Diagnosis**: Muscle spasm of back Pain in thoracic spine	679
MM/DD/2023	Akumin Northside Vikram Sobti, M.D.	**CT of cervical spine without contrast**: **Clinical Information**: Neck pain status post MVA MM/DD/2023. **Comparisons**: MM/DD/2023 *Reviewer's comment: Radiological study dated MM/DD/2023 was unavailable for review* **Findings**: Vertebral body height: Status post anterior fixation and fusion of C3-C4, C5-C6 and C7-T1 vertebra. Status post laminectomy at C5-C6 level. **Alignment**: Mild straightening may be due to positioning	687-688

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		versus muscle spasm **C1-2**: Minimal facet arthropathy noted. Uncovertebral joint disease seen. **C2-3** Minimal facet arthropathy noted. **C3-4** Status postintervention. Suboptimal evaluation due to streaky artifact by the metallic implant. **C4-5**: Small circumferential disc bulge impinges the ventral thecal sac. and narrows the bilateral neural foramina. Uncovertebral joint disease seen and facet arthropathy is noted at this level. **C5-C6** Small circumferential disc bulge impinges the ventral thecal sac. and narrows the bilateral neural foramina. Uncovertebral joint disease seen and facet arthropathy is noted at this level. **C6-C7:** Pseudo bulge with anterolisthesis of C6 over C7. causing mild stenosis of the central spinal canal and mild stenosis of the bilateral neural foramina. Facet arthropathy and uncovertebral joint disease noted. **Impression**: • Status post anterior fixation and fusion of C3-C4, C5-C6 and C7-T1 vertebra. • Status post laminectomy at C5-C6 level. • Pseudo bulge with anterolisthesis of C6 over C7, causing mild stenosis of the central spinal canal and mild stenosis of the bilateral neural foramina • Multilevel spondylosis as detailed above. • Straightening of the normal cervical curvature, correlate for muscle spasm versus strain. As compared with prior MRI study dated 02/19/2020, there is interval anterior fixation and fusion of C3-4 and C7-T1 vertebra with corresponding post intervention changes as detailed above.	
MM/DD/2023	Akumin Northside Vikram Sobti, M.D.	**CT of thoracic spine without contrast**: **Clinical Information**: Mid back pain status post MVA MM/DD/2023. **Impression**: • Status post fusion of C7-T1 vertebra • Multilevel spondylosis without significant stenosis as above-follow-up as clinically indicated. • Straightening of the normal thoracic curvature, correlate for muscle spasm versus strain. • No fracture or dislocation is seen.	689-690
MM/DD/2023	Akumin Northside	**CT of lumbar spine without contrast**: **Clinical Information**: Lower back pain status post MVA	691-692

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
	Vikram Sobti, M.D.	MM/DD/2023. **Findings**: For purposes of numbering lumbar vertebral bodies on this study the most inferior normal diameter disc space will be considered L5-S1. **Alignment**: Mild straightening may be due to positioning versus muscle spasm. **Conus medullaris**: Extends to the L1 level although limited. **L1-2:** Circumferential disc bulge is noted indenting the anterior thecal sac. Mild facet joint arthropathy and ligamentum flavum hypertrophy is seen. No evidence of canal stenosis is identified at this level. The neural foramina are patent **L2-3**: Circumferential disc bulge is noted indenting the anterior thecal sac. Mild facet joint arthropathy and ligamentum flavum hypertrophy is seen. No evidence of canal stenosis is identified at this level. The neural foramina are patent. **L3-4**: 2.1 mm broad based posterior protrusion indenting the anterior thecal sac. The central spinal canal is patent. Mild stenosis of the bilateral neural foramina is noted. Mild facet joint arthropathy and ligamentum flavum hypertrophy is seen. **L4-5**:4.1 mm broad based posterior protrusion indenting the anterior thecal sac. There is mild to moderate stenosis of the central spinal canal. Moderate stenosis of the bilateral neural foramina is noted Facet Joint arthropathy and ligamentum flavum hypertrophy is seen. **L5-S1**: Disc osteophyte complex indenting the anterior thecal sac. There is moderate stenosis of the central spinal canal. Moderate stenosis of the bilateral neural foramina is noted. Facet joint arthropathy and ligamentum flavum hypertrophy is seen. **Impression**: • Posterior herniation at L3-L4 level, causing mild stenosis of bilateral neural foramina. • Posterior herniation at L4-L5 level, causing mild to moderate stenosis of the central spinal canal and moderate stenosis of the bilateral neural foramina. • Disc osteophyte complex at L5-S1 level, causing moderate stenosis of the central spinal canal and moderate stenosis	

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		of the bilateral neural foramina. • Multilevel spondylosis as detailed above. • Straightening of the normal lumbar lordosis, correlate for muscle spasm versus strain. • No fracture or dislocation is seen	
MM/DD/2023	Jax Spine & Pain Centers Justin Mann, M.D.	**Office visit for neck and low back pain**: **History of present illness:** Patient is a 54 year old female that presents as a Re-evaluation of neck, mid back, and low back pain after a MVA on MM/DD/2023. Regarding her accident, she states that she was the restrained driver of a vehicle. She reports that she was driving down the highway (going approximately 45-55 MPH) when another vehicle was speeding (going approximately 80 MPH) behind her, did not stop/slow down and rear ended her. Airbags did not deploy and EMS was milled to the scene. EMS did transport her to Baptist Medical Center South. Since the accident, she has been receiving treatment through Physical Therapy and Chiropractic Therapy. Her current pain is described as constant, sharp, dull, and achy. It is associated with numbness/tingling from the right elbow down to her right hand/fingers. The pain is worse with walking/other daily activities and better with rest. Her pain level is a 7/10 on average with a maximum of 10/10 in the last week. Current medications include Robaxin, Gabapentin and Tylenol. The neck pain starts at the base of the skull and spa-ads throughout her shoulders with spread from the right elbow down to her right hand/fingers. The low back pain starts across the low back and spreads down both posterior/lateral legs to her knees. She reports cervical/lumbar pains prior to the MVA but they have since worsened. The thoracic pains are new since this MVA. **Previous relevant treatment**: Physical Therapy (March 2023 - Current) & Chiropractic Therapy Previous Relevant Imaging: Cervical/Thoracic/Lumbar CT scans (06/13/2023 (a) Akumin) **Previous Relevant Surgery**: Cervical Fusion (X3) **Examination**: **Cervical spine/neck**: **Skin**: Well healed incision overlying. **Palpation** TTP over the mid to upper corneal spine; TTP over T4. **C-spine ROM** Full ROM with pain: worse with extension > flexion.	178-183, 193

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		Sensations: Subjectively diminished sensation in the right fingers. **Lumbar spine/lower back:** **Inspection/Palpation:** TTP over L4-S1 bilaterally. **Lumbar ROM**: Full of mild pain at extreme range of motion; fingertips to knees. **Assessment**: • Whiplash injury to neck • Neck pain • Cervical radicular pain • Lumbosacral pain • Lumbar radicular pain • Lumbar spondylosis • Myalgia Patient presents as a revaluation of neck, mid back, and low back pains after a MVA on MM/DD/2023. She has been a patient at Jax Spine since she was initially evaluated by my colleague Dr. Hares Akhary in 2020 for neck and back pains which had been present for years. She received treatment mostly in the form of medication management since then, relying on Percocet, Gabapentin, Robaxin and Cymbalta to provide relief up until and after her multilevel ACDF with Dr. Tavanaiepour in early 2022 (C3/4, C5/6 and C7/T1). *Reviewer's comment: Medical records pertaining to Dr. Hares Akhary and Dr. Tavanaiepour was unavailable for review* She says that her neck and low back pains have worsened as a result of this accident and are now accompanied by brand new mid back pains. In addition, she feels that her low back pain is of a different quality/character and is much more severe now. Her current pain is described as constant, sharp, dull, and achy. It is associated with numbness and tingling in her right elbow to hand/fingers; spread down both posterolateral thighs to her knees. The pain is worse with ADL's, including walking, and better with rest. She has otherwise failed to receive adequate lasting relief from conservative treatment including PT, chiropractic care, home exercise, over the counter medication management, application of ice/heal and stretching for at least 6 weeks within the last 6 months. Medication management has included Robaxin, Cymbalta and Gabapentin. Imaging includes cervical/thoracic/lumbar CT Scans from MM/DD/2023 at Akumin that show status post anterior	

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		fixation and fusion of C3-C4, C5-C6 and C7-T1 vertebra. Status post laminectomy at C5-C6 level. Pseudo bulge with anteriolisthesis of C6 over C7, causing mild stenosis of the central spinal canal and mild stenosis of the bilateral neural foramina. Multilevel spondylosis. Straightening of the normal cervical curvature. Compared with prior MRI study dated 02.19.2020, there is interval anterior fixation and fusion of C3-4 and C7-T1 vertebra with corresponding post intervention changes. Straightening of the normal thoracic curvature, correlate for muscle spasm versus strain. No fracture or dislocation is seen in the thoracic spine. Posterior herniation at L3-L4 level, causing mild stenosis of bilateral neural foramina. Posterior herniation at L4-L5 level, causing mild to moderate stenosis of the central spinal canal and moderate stenosis of the bilateral neural foramina. Disc osteophyte complex at L5-S1 level, causing moderate stenosis of the central spinal canal and moderate stenosis of the bilateral neural foramina. Multilevel spondylosis with straightening of the normal lumbar lordosis. No fracture or dislocation seen. Her exam is significant for mid to upper cervical pain with a well healed pan-cervical posterior scar; mid back pains over about T4; low back pain across the lumbosacral region bilaterally; intact strength; decreased right fingertip sensations; decreased triceps and ankle DTR's; equivocal facet loading; pain worse with ROM, which is limited. Given her history, examination and diagnostics, her pain seems to be most consistent with overlapping cervical and lumbar discogenic/radicular phenomena in addition to muscle strain and possible facet joint inflammation. In light of this, I have counseled her regarding medication management, interventional pain medicine, conservative strategies, and even surgical treatment. We will focus on the utilizing the next most conservative and likely to be effective measures first. • I have discussed the patient's imaging results with them in detail including a discussion of any pathology present with use of the anatomic model as well as the various treatment options available to them in light of relevant pathology • I will schedule her for a set of bilateral L4/5 TFESI's. She understands that this is a diagnostic measure and may or may not provide adequate long term relief of her pain. If these injections fail to provide adequate relief, we may need to consider performance of diagnostic facet blocks. • She will continue to use her back brace as well as her regular medications and will practice the advised limitations/restrictions we have discussed today while working her desk job with BCBS. • She will return after performance of her injections to both assess her response and determine the need for any	

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		additional or alternative therapy as indicated. **Treatment**: **Lumbar radicular pain**: **Procedure**: Transforaminal Lumbar epidural steroid injection (Bilateral TFESI L4-5 level) Lumbar epidural steroid injection (1-3 injections): The procedure is deemed medically necessary. The patient has failed conservative non-operative therapy (including medication) for a minimum of 6 weeks in the 6 months prior to today's visit and the pain is causing functional disability with an average pain level of > 5/10. Conservative non-operative therapy has included a multimodality approach consisting of a combination of active and inactive components. Inactive components, such as rest, ice, heat, modified activities, medical devices, medications (NSAIDs and/or muscle relaxants), acupuncture and/or stimulators. Active modalities have consisted of physical therapy, a physician supervised home exercise program (with information on an exercise prescription/plan provided to the member with follow up conducted after 4-6 weeks regarding completion of HEP or inability to complete HEP due to a pain), and/or chiropractic care. Patient describes significant functional limitations resulting in diminished quality of life and impaired, age-appropriate activities of daily living. Risks, benefits, and alternatives to the procedure were discussed with the patient. These included (but were not limited to) bleeding, neurologic injury and infection, as well as the consequences of these potential complications. The patient was also informed that interventional pain procedures are not guaranteed to provide pain relief and can sometimes make symptoms worse. The patient acknowledged understanding and wishes to proceed. **Others**: • Discussed imaging reports/obtaining imaging • Discussed medication options • Discussed injection options • Discussed the use of a back brace (Patient is currently using a BB) • Administration and analyzation of a validated pain rating stale or tool • The development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes.	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		• Overall treatment management • Facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care • Practitioners furnishing care, e.g., physical therapy and occupational therapy, complementary and integrative approaches, and community-based care Measuring improvements over time and after intervention is a difficult task. There are limitations to the VAS pain scale, as it often does not correlate well with a patients self-reported levels percent improvement. In order to better track outcomes, we administered the PROMIS (Patient Reported Outcomes Measurement Information System)-29 questionnaire previously and again today, with the following results: PROM IS SF V1.0-Fatigue 4a score declined from 55 to 67; a statistically significant decline. PROM IS SF V1.0-Anxicty 4a score declined from 56 to 69; a statistically significant decline. PROMIS SF V1.0-Depression 4a score declined from 56 to 69; a statistically significant decline. MM/DD/2023- Pain Impact Score: 36/50 (High) MM/DD/2023 - PROMIS Prescription Pain Med Misuse - 0/100 - Low Risk. **Follow up**: As soon as possible Bilateral transforaminal epidural steroid injection L4-5 level with Dr. Mann	
MM/DD/2023	Physicians Group, LLC Kevin Kinney, DC	**Last available chiropractic session for headache, neck pain, mid-back pain, lower back pain, arm pain**: **Current chief complaints**: **Headache Pain** No symptoms reported on today's visit **Neck Pain** **Pain Scale**: 6 **Location**: Bilateral **Frequency:** Frequent **Description**: Aching, Throbbing **What makes it better**: laying still **What makes it worse**: activity, bending, chores around house **Mid Back Pain** **Pain Scale:** 5 **Location**: Right	628-629

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Frequency: Frequent **Description**: Aching, sharp, throbbing **What makes it better**: laying down **What makes it worse:** Activity, bending **Lower Back Pain** **Pain Scale**: 8 **Location**: Bilateral **Frequency**: frequent **Radiating**: hips **Description**: aching , Sharp **What makes it better**: meds **What makes it worse**: house chores **Arm Pain** **Right Pain Scale**: 6 **Location**: Right **Frequency**: Intermittent **Additional note:** from elbow to hand **Discussion of current care and review**: **Therapeutic Modalities** Receiving treatment only one treatment since initial due to had to get medical clearance times per week. **Work status:** Tolerating work duties **Performing home exercises** Stretching Other: TENS, lumbar support **Note on discussion, review, and referral** Patient states that her pain management provider (Jax Spine and Pain) will be doing injections to her T and L spine on next week. The following diagnostic tests have been completed, reviewed, and discussed with the patient. CT: results given to her by her pain management provider **Chiropractic & Therapeutic procedures**: Chiropractic manipulation technique Electrical stimulation Hot/cold pack Mechanical traction **Active therapy performed today** Active isolated stretching Neuromuscular re-education Therapeutic exercises	

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		Orthotics& supplies: Kinesio tape supply Iontophoresis supply **Comments**: The patient tolerated today's treatment and will continue their care as prescribed.	
MM/DD/2023	Physicians Group, LLC Benita Ford, ARNP	**Established medical evaluation for neck, mid-back, and low back pain** **Headache Pain:** No symptoms reported on today's visit **Neck Pain** **Pain Scale**: 6 **Location**: Bilateral **Frequency:** Frequent **Description**: Aching, Throbbing **What makes it better**: laying still **What makes it worse**: activity, bending, chores around house **Mid Back Pain** **Pain Scale:** 5 **Location**: Right **Frequency**: Frequent **Description**: Aching, sharp, throbbing **What makes it better**: laying down **What makes it worse:** Activity, bending **Lower Back Pain** **Pain Scale**: 8 **Location**: Bilateral **Frequency**: frequent **Radiating**: hips **Description**: aching , Sharp **What makes it better**: meds **What makes it worse**: house chores **Arm Pain** **Right Pain Scale**: 6 **Location**: Right **Frequency**: Intermittent **Additional note:** from elbow to hand **Discussion of current care and review**: **Therapeutic Modalities** Receiving treatment only one treatment since initial due to had to get medical clearance times per week. **Work Status** Tolerating work duties	510-514

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Performing home exercises Stretching Other: TENS, lumbar support **Note on discussion, review, and referral** Patient states that her pain management provider (Jax Spine and Pain) will be doing injections to her T and L spine on next week. The following diagnostic tests have been completed, reviewed, and discussed with the patient. CT: Results given to her by her pain management provider **Therapeutic modalities** As a result of the discussion and evaluation, the following decision has been made: The patient's care plan shall be prescribed to have the following therapeutic modalities up to 3 time(s) per week, until the next evaluation, subject to the independent professional judgment of the treating provider. **Indicated** • Application cold/heat • CMT treatment • Intersegmental traction • Manual therapy • Electrical stimulation • NMRE • Kinesio tape • Therapeutic exercise • Therapeutic activities • Iontophoresis **Areas to be treated:** Cervical, thoracic, lumbar **Work status**: Full duty **Home exercises**: Stretches **Patient instructions**: Follow-up with PCP for non-accident concerns **Schedule re-evaluation with:** MD/DO Weeks: 4 **Records /films request**: Jax spine and pain (request records 1st week of July) Taking in consideration the patient's subjective complaints, past medical, family, and social history, and physical examination, the prescribed orders are reasonable and medically necessary for the treatment of the patient's current	

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		condition. Referral will be made for medical clearance.	
MM/DD/2023	Jax Spine & Pain Centers Justin Mann, M.D.	**Procedure report for bilateral L4-L5 lumbar transforaminal epidural steroid injection**: **Reason for appointment:** Bilateral TFESI L4-5 #1 with Dr. Mann **Assessment**: Lumbosacral pain Lumbar radicular pain Degeneration of lumbar intervertebral disc **Procedures**: **Pre/postoperative Diagnoses**: Low back Pain, Lumbar Radiculopathy, Lumbar Herniated Disc. Lumbar Intervertebral Disc Degeneration. **Procedure**: Bilateral L4-5,TransforaminaI Epidural Steroid Injection **Anesthesia**: Local Procedure description: Approximately 10 ml. of contrast was injected under live fluoroscopy which revealed appropriate nerve root and epidural spread without any vascular or intrathecal spread. After negative aspiration, approximately 1 ml, of 1% preservative-free lidocaine and preservative free normal saline mixed with 10mg dexamethasone sodium phosphate was injected in a controlled fashion divided between each site. The needle was removed and bandages were placed over the sites. The patient tolerated the procedure well without complications. **Disposition**: The patient was observed prior to being discharged home in stable condition. **Medical Necessity**: I have recommended the above therapeutic option in the course of this treatment. It is an essential part of my treatment plan for this patient. It is my professional opinion that it is medically necessary and is reasonable and customary for the treatment of this condition. The patient has failed conservative medical management including (but not limited to) oral analgesics, physical therapy, and a physician-guided IT exercise program. **Follow-up:** 2-4 Weeks (Reason: Follow-up status post bilateral L4-5 TFFSI with/APP)	172-177
MM/DD/2023	Surgery	**Initial surgical consultation for neck and low back pain**:	201-208, 216

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	Consultants of Florida Andrew Cannestra, M.D.	**Chief complaint:** Neck pain. Low back pain. **History of present illness**: Patient 54 year-old female with involved motor vehicle accident on 01/14/2023. Patient was struck in the rear by a speeding car on the road. Patient notes she has developed low back pain and neck pain since this accident. Of note the patient has a history of cervical fusions she is actually had 3 operations in her neck secondary to degenerative disc disease. Patient notes that she was in a good place prior to this accident. Patient describes pain in her low back which radiates across her low back is primarily on the right side radiates into the right buttock she also develops pain radiating into her left lower extremity patient notes that she has pain radiating down her right lower extremity as well on the lateral aspect of her leg more in an L5 type distribution. Patient states that she has neck pain which radiates across her neck she developed some tingling in her right arm and her right deltoid. Patient denies any focal motor weakness in her upper extremities Patient notes that she has undergone an epidural injection actually it was a bilateral transformational epidural injection at L4-5which she did not receive any relief from. Patient notes that she has undergone therapy but has been very short-lived. Headaches 8/10. Pain is intermittent and occipital in nature. Neck pain is 7/10. Pain is frequent and varies in duration. Pain is described as dull, throbbing, sharp, shooting, achy and stiff in nature. Lower back pain is rated as 8-9/10. Pain is constant and present most of the day. Pain is stabbing, dull, sharp, burning, achy and stiff in nature. Patient describes right leg and left radicular symptoms with numbness and tingling into the foot. **Treatments**: PT/chiropractic with Physicians Group, LLC. **Physical examination – Musculoskeletal exam**: Neck and lumbar spine: Range of motion: Patient does complain of pain in the cervical spine on rotation. Range of motion in rotation and flexion and extension is decreased to approximately 40 degrees.	

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		Imaging studies: I personally reviewed the actual images of the MRI study and correlated my own surgical interpretation with the radiologic report. CT of cervical spine/thoracic spine/lumbar spine dated MM/DD/2023 reviewed **Impression**: Status-post multilevel cervical fusion with continued cervicalgia and possible radiculitis. Lumbar radiculitis/lumbago **Discussion and recommendations**: At this point in time, I do need to image the patient further. She does not have a lumbar MRI. I would like to obtain that and then bring the patient back to the office for additional evaluation. She is demonstrating primarily an L5-type radiculopathy and apparently she had a couple of days of relief with transforaminal injection with Jacksonville Spine. I do feel then that she would likely do well with a decompression. I will need to obtain the transforaminal record as well as an MRI of the lumbar spine and then we can consider potential surgical intervention. We may need a confirmatory injection accordingly. The patient was given the opportunity to review, discuss and ask questions about recommended course of treatment. The patient was also advised that should symptoms worsen or if the patient develops bowel or urinary incontinence to present to the nearest emergency room for evaluation. Given the fact that the patient's symptoms began after the accident that occurred on MM/DD/2023. there is a direct causal relationship between the accident and the development of symptoms. These are the symptoms that the patient is seeking treatment for today and are therefore causally related to the accident My findings and plan were explained in great detail to the patient. The patient asked appropriate questions and questions were answered to the patient's satisfaction. The patient expressed understanding and agreed with this plan of treatment.	
MM/DD/2023	Jax Spine & Pain Centers Brittany Gibson, APRN, FNP-BC Justin Mann,	**Follow-up visit for bilateral L4-L5 lumbar transforaminal epidural steroid injection**: **Reason for appointment:** 2-4weekk status post bilateral TFESI follow-up. **History of present illness** The patient presents today for a follow up of neck and low back pain. Patient is status post bilateral L4-5 TFESI #1 with	167-171

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	M.D.	Dr. Mann on MM/DD/2023. Patient reports 50% relief from the procedure which persisted for two weeks. The pain is a 7/10 today but readies 10/10 with prolonged activity. **Treatment**: **Lumbar radicular pain**: Start Duloxetine HCL capsule delayed release particles, 60 mg **Others**: • The patient presents today for a follow up of neck and low back pain. Patient is status post bilateral L4-5 TFESI 1 with Dr. Mann on MM/DD/2023. Patient reports 50% relief from the procedure which persisted for two weeks. • Today the low back pain with anterior radiation is most problematic -She reports a NSG eval with Dr. Cannestra Jacksonville Surgical consultants group • Continue Gabapentin • History of Myasthenia Gravis (no muscle relaxers) • Patient wants to consider interventions after NSG consult • Follow-up as needed Measuring improvements over time and after intervention is a difficult task. There are limitations to the VAS pain scale, as it often does not correlate well with a patients self-reported levels percent improvement. In order to better track outcomes, we administered the PROMIS (Patient Reported Outcomes Measurement Information System)-29 questionnaire previously and again today, with the following results: **Follow up**: 4-6 weeks	
MM/DD/2023	Walgreens Brittany Gibson, APRN, FNP-BC	**Prescription refill for Gabapentin 400 mg**	269
MM/DD/2023	Physicians Group, LLC Stephen Veigh, DO, DC	**MRI of lumbar spine:** **Indication**: Lower back pain. **Impression** • Lumbar disc herniations, L4/5 and L5/S1 levels with associated disc bulges compressing the L4. L5, and S1 nerve roots. Clinically correlate for radicular symptoms. • There is multilevel moderate facet joint synovitis consistent with sprain injury. Mild retrolisthesis of L4 and L5. Clinically correlate for ligamentous injury. • Straightening of the lordotic curvature. Clinically correlate	636-637, 638-639

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		for underlying muscular spasm.	
MM/DD/2023	Surgery Consultants Donald Ellsworth, ARNP Andrew Cannestra, M.D.	**Follow up evaluation for neck and low back pain**: The patient was seen by Dr. Cannestra on MM/DD/2023. At that time, the patient was evaluated for neck pain, low back pain status post MVA. You can review the initial consultation. The patient was suffering from lumbar radiculitis and lumbago. The patient did not have an MRI of the lumbar spine at that time. She had actually undergone what sounded to be a transforaminal injection at L5 at Jacksonville Spine Center, but the patient was unsure about the exact procedure. We did refer the patient out for an MRI of the lumbar spine and we have requested the records from Jacksonville Spine Center. The patient returns today. She states that she has undergone the MRI. The patient continues to complain of pain in her low back, radiates into the right hip and down the lateral aspect of right thigh more along the L5 dermatome. The patient notes there has been no real change in her neural motor function since our initial visit. She continues to have pain in her neck and low back. Diagnostic imaging: The patient has an MRI of lumbar spine dated MM/DD/2023 which shows lumbar disc herniation at L4-5, L5-S1 associated with bulge compressing L4, L5, S1 nerve roots. Multilevel moderate facet joint synovitis. **Impression**: This is a 54-year-old female status post MVA with lumbago, lumbar radiculitis. **Plan**: We would like to refer the patient back to Jacksonville Spine Center for an L4-5, L5-S1 epidural steroid injection. If the patient responds well to the steroid injection, she is a candidate tor right side L4-5 and L5-S1 microdiscectomy versus foraminotomy. I did discuss these options with the patient. She is amenable to the epidural injections. So, we will refer her back to Jacksonville Spine Center for these injections. She will follow up with the clinic once she has completed the injection therapy.	709, 246-247
MM/DD/2023	Jax Spine & Pain Centers Brittany Gibson, APRN, FNP-BC Justin Mann,	**Follow-up visit for bilateral L4-L5 lumbar transforaminal epidural steroid injection**: **Reason for appointment:** Follow up for low back pain and medical management **History of present illness** The patient presents today for a follow up of neck and low back pain. The pain is a 9/10 today but reaches 10/10 with	159-166, 192

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
	M.D.	prolonged activity. Patient has had evaluation with Neurosurgery Dr. Cannestra 07/25/2023 with Surgery Consultants who recommended further diagnostic injections at L5-S1 and possible decompression pending relief from those injections. Today the low back with radiculopathy into buttocks and posterior thighs is most problematic. She reports interrupted sleep and leg weakness due to the severity of the pain. **Assessment**: Cervical spondylosis Encounter for therapeutic drug level monitoring Use of opiate for therapeutic purposes. **Treatment**: **Lumbar radicular pain**: Start Valium Tablet, 5 mg Refill Gabapentin Capsule, 400 mg Start Celecoxib Capsule, 200 mg Start Hydrocodone-Acetaminophen Tablet, 7.5-325 mg **Procedure:** Lumbar epidural steroid injection (transforaminal) MANN/BCBS Bilateral L5-S1 TFESI #1 64483X2 w/ Dr. Mann under fluoro **Notes**: Lumbar epidural steroid injection (1-3 injections): The procedure is deemed medically necessary. The patient has failed conservative non-operative therapy (including medication) for a minimum of 6 weeks in the 6 months prior to today's visit and the pain is causing functional disability with an average pain level of > 5/10. Conservative non-operative therapy has included a multimodality approach consisting of a combination of active and inactive components. Inactive components, such as rest, ice, heat, modified activities, medical devices, medications (NSAIDs and/or muscle relaxants), acupuncture and/or stimulators. Active modalities have consisted of physical therapy, a physician supervised home exercise program (with information on an exercise prescription/plan provided to the member with follow up conducted alter 4-6 weeks regarding completion of HEP or inability to complete HEP due to a pain), and/or chiropractic care. Patient describes significant functional limitations resulting in diminished quality of life and impaired, age-appropriate activities of daily living. Risks, benefits, and alternatives to the procedure were discussed with the patient. These included (but were not	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		limited to) bleeding, neurologic injury, and infection, as well as the consequences of these potential complications. The patient was also informed that interventional pain procedures are not guaranteed to provide pain relief and can sometimes make symptoms worse. The patient acknowledged understanding and wishes to proceed. **Encounter for therapeutic drug level monitoring** LAB: UDT-Defnitive22+ LAD: UDT preliminary and validity with reflex testing PPMM PDMP reviewed and consistent With potential initiation of a controlled substance prescription, a presumptive and definitive UDT with all panels is medically necessary to determine any substances present and if there are any increased risks of drug-to-drug interactions with a controlled substance prescription. Clinical Notes: The Prescription Pain Medication Misuse (PPMM) screen is performed initially and at least once every 6-12 months regularly on our patients being prescribed opioids, and the results are used in conjunction with other clinical information to determine the degree and frequency of compliance monitoring each individual patient may require. The PPMM is designed to help medical providers evaluate a patient's relative risk for developing problems when placed on opioid therapy. PPMM score risk stratification cut-off values: 0-35=low risk; 36-48=moderate risk; 49100=high risk. Each patient is assigned an opioid risk category based on their medical history, compliance with medical therapy, history of aberrant behavior, toxicology screen results, PDMP results as well as the medical decision-making of the physician and/or advanced practice provider. **Use of opiates for therapeutic purposes** LAB: UDT-Defnitive22+ LAD: UDT preliminary and validity with reflex testing **Others**: • Follow up neck and low back pain. H/O ACDF, Myasthenia Gravis (no muscle relaxers) . • Reviewed records from Neurosurgery Dr. Cannestra @ Surgery Consultants MM/DD/2023which contented on MM/DD/2023Cervical CT, Thoracic CT and Lumbar CT and suggesting possible lumbar decompression as an option and they updated with MM/DD/2023Lumbar MRI indicating disc herniations at L4/5 and L5/S1 with compression on the L4, L5, and S1 nerve roots. Possibly recommending L4/5 and L5/S1 TFESL	

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		• Endorses neck pain- 2021 ACDF with Dr. Tavanaiepour UF Health • Endorses low back pain • Consider Spinal Cord Stimulator in future if patient doesn't proceed with surgery **Plan**: • Order bilateral L5-S1 TFESI #1 w/ Dr. Mann - Dr. Cannestra rec • RF Gabapentin • RF Celebrex • Start Hydrocodone 7.5 mg • UDT today • Denies Anticoagulants • Send Valium; informed on need for driver MM/DD/2023visit plan with Brittany • The patient presents today for a follow up of neck and low back pain. Patient is status post bilateral L4-5 TFESI # 1 with Dr. Mann on 06/22/2023. Patient reports 50% relief from the procedure which persisted for two weeks. • Today the low back pain with anterior radiation is most problematic • She reports a NSG evaluation with Dr. Cannestra Jacksonville Surgical consultants group • Continue Gabapentin • History of Myasthenia Gravis (no muscle relaxers) • Patient wants to consider interventions after NSG consult follow-up as needed **Labs** • Antidepressants • Barbiturates • Benzodiazepine • Illicit • Opioids • Other • Stimulants **Follow up**: 1 week	
MM/DD/2023	Jax Spine and Pain Centers Quest Diagnostics-Atlanta	**Urine drug testing**	184-191
MM/DD/2023	Jax Spine &	**Referral note for L4-L5 bilateral transforaminal epidural**	196-197

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	Pain Centers – North Justin Mann, M.D.	**steroid injection**: **Diagnosis**: Lumbar radicular pain	