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Healthcare and Business Solutions

**PATIENT NAME:** **Claimant**

**CLAIM NUMBER:** **123456**

**DATE OF INJURY:** **July 1, 2015**

**DATE OF REVIEW:** **May 1, 2016**

This is a medical records review on Mr. Claimant who reported an injury occurred on July 1, 2015.

The following records have been reviewed and summarized:

**PROVIDERS**

- Physician 1 (07/01/15)
- Physician 2 (07/30/15 –10/01/15)
- Physician 3, pain management physician (09/01/15)
- Physician 4, orthopedic surgeon (12/01/15)

**DIAGNOSTICS**

- MRI lumbar spine (08/01/15)

**THERAPY**

- Center 1 (07/30/15 – 10/01/15)
- Center 2 (09/01/15 – 10/01/15)

**PROCEDURES**

- Lumbar ESI (01/01/16)

According to the available records, Mr. Claimant, a 5'-7", 200-lb worker employed by Company, LP, injured his lower back as he tried to remove a machine part at shoulder level.

**2015:** Following the injury, Mr. Claimant was evaluated by Physician 1, for low back pain that was radiating in nature. X-rays of the lumbar spine revealed slight spondylosis, slight scoliosis, and calcification in the right upper quadrant (kidney stone). Physician 1 assessed lumbar sprain, prescribed Advil, and released Mr. Claimant to regular work duty.

From July through October, Mr. Claimant was seen by Physician 2 and was treated with nine

sessions of chiropractic therapy consisting of specific adjustive procedures, interferential current, mechanical traction, hot packs, electrical stimulation, and ultrasound.

On August 1, 2015, Magnetic resonance imaging (MRI) of the lumbar spine demonstrated: (1) Transitional vertebra at S1-S2. (2) L3-L4, disc bulge, right paracentral, 3 mm right neural foraminal narrowing and moderate left neural foraminal narrowing. (3) type II signal abnormalities at the L3-L4 opposing endplates. (4) L4-L5: 3-mm left paracentral disc protrusion, neural foraminal narrowing, advanced on the left, and possible extrinsic compression against the exiting left L5 nerve root. (5) L5-S1: central to left paracentral 4-mm broad-based disc protrusion, possible mild extrinsic compression against the exiting left S1 root sleeve, and advanced neural foraminal narrowing bilaterally, worse on the left. (6) Dehydration and desiccation to L3-L4, L4-L5, and L5-S1.

On September 1, 2015, Physician 3, M.D., a pain management physician, evaluated Mr. Claimant for constant pain in the low back aggravated by any attempt to lift anything, walking, or standing; pain traveling to the right lower extremity and down to the knee laterally with tingling and numbness on top of the foot. Mr. Claimant was not taking any medication other than occasional over-the-counter (OTC) pills. On examination, there was slight pain on flexion in the back with definite pain reproduction in the right lower extremity and axial pain on extension. Sensory examination revealed hyperesthesias on the right lateral aspect of the extremity. Physician 3 assessed intervertebral disc syndrome, lumbar radiculitis, facet arthropathy with axial low back pain, and myofascial pain and dysfunction and recommended segmental nerve root blocks.

In September and October, Mr. Claimant attended two sessions of PT consisting of moist hot packs, ultrasound, and therapeutic exercises.

Per progress report, a functional capacity evaluation (FCE) placed Mr. Claimant at light physical demand level (PDL) against the heavy PDL required by his job.

On December 01, 2015, Physician 4, noted Mr. Claimant had little relief of his pain with PT. Mr. Claimant had bilateral leg pain and was taking Motrin. Examination revealed tenderness in the lower lumbar area and paraspinous area bilaterally, flexion to approximately 65 degrees, exacerbation of symptoms with right and left lateral bending and extension, increased back pain with heel/toe walking, and weakness of the ankle flexors and great toe extensors. Physician 4 prescribed Naprelan, Soma, Lidoderm patches, and dual channel transcutaneous electrical nerve stimulation (TENS) unit, explained the possibility of lumbar epidural steroid injection (ESI) with selective nerve root blocks, recommended PT, and placed Mr. Claimant off work.

**2016:** On January 01, 2016, Physician 4 performed a transforaminal ESI at right L5-S1.

On February 01, 2016, Mr. Claimant reported complaints of low back pain radiating to the lower extremities extending to the knees and thoracolumbar pain**.** He reported a pain scale index of 8. Physician 2 noted Mr. Claimant had relief for one day with his first ESI and was recommended another ESI. In his opinion, chronic pain management was necessary as any benefits from the ESI were likely to be temporary.

**Questions to Address:**

**Question #1: Please describe the extent of the July 1, 2015, injury, giving your opinion and explaining whether or not the MRI findings are more likely due to degenerative disease or to the July 1, 2015, incident.**

**Answer:**

**Question #2: Per the Official Disability Guidelines (ODG), what future treatment, testing, medication, if any, is reasonable, necessary and related for the July 1, 2015 injury? If future action is required, please give your diagnosis and treatment plan, including type, frequency, and duration of treatment as well as medication requirements.**

**Answer:**

Applicable Clinical, Scientific Criteria or Guidelines Applied:

1. ODG-DWC low back.