NARRATIVE MEDICAL SUMMARY

[redacted]
DOB – [redacted]
DOL – 10/04/2016

[redacted] is a [redacted] female, with a history of hyperlipidemia, hypertension, keloids, menstrual disorder, and degenerative osteoarthritis of lumbosacral spine. MRI of her lumbar spine from 2005 revealed posterior herniation of L4-L5 and facet arthropathy at L5-S1 levels. CT myelogram from February 2006 revealed diffuse posterior bulge at L4-L5, sacralization of L5 vertebra and facet arthropathy at L4-L5. Lumbar spine X-rays from January 2011 revealed degenerative osteoarthritis of her lumbar spine. Of note, [redacted] was involved in a motor vehicle accident on March 13, 2014. This was a front-end collision by a hit and run driver. She sustained injuries to her neck and back. MRI of her lumbar spine dated April 15, 2014 revealed annular disc tear at L5-S1 and degenerative disc disease. She had received chiropractic treatment, physical therapy and trigger point injections. She was using a back brace. On March 12, 2015, she was released from care at maximum medical improvement. She was recommended to continue with home exercises and back conservation strategies.

On October 4, 2016, [redacted] was the driver in a vehicle that was involved in a motor vehicle collision at [redacted] She stated, "I was driving down the street getting ready to turn into parking spot and a truck hit me." She felt nervous immediately following the accident. The following day, she noted headaches, neck pain and back pain.

On October 6, 2016, [redacted] presented to [redacted] at Tomlinson Chiropractic & Acupuncture, for chiropractic evaluation and treatment. Her symptoms had progressively worsened since the accident. She either had difficulty or was unable to perform activities that she did prior to her accident. She walked with a slight limp since the accident. She complained of headaches, neck pain, thoracic pain, low back pain, bilateral hip pain/paresthesia, and right leg pain/paresthesia. Additionally, she reported difficulty sleeping, fatigue and anxiety. Her symptoms worsened with any work-related activities, standing, bending forward or backward, lifting, and with activities of daily living. She underwent X-rays of her cervical, thoracic and lumbar spine, which suggested soft tissue injury and muscle spasm. Following a complete physical examination, and review of her diagnostic studies, [redacted] was assessed with cervical sprain/strain, cervical segmental dysfunction, cervical facet joint fixation, cervical myospasm, cervical hypolordosis, headache, cervical degenerative joint disease, thoracic sprain/strain, thoracic segmental dysfunction, thoracic facet joint fixation, thoracic myospasm, lumbar sprain/strain, lumbar segmental dysfunction, lumbar facet joint fixation, lumbar myospasm, pelvic unleveling, acute pain due to trauma, posttraumatic headache, anxiety/depression, difficulty sleeping, and fatigue. She was recommended chiropractic treatment two to three times per week for four weeks, followed by a re-evaluation. [redacted]

continued to receive chiropractic treatment until November 28, 2016, including chiropractic adjustments, intersegmental traction, electro-therapy, and acupuncture.

On November 9, 2016, [redacted] presented to [redacted] at Premier Anesthesia & Pain Management, with complaints of low back pain radiating to her right lower extremity, right buttock pain and right hip pain. She described her pain as constant, burning, aching, sharp, numbness and tingling, and rated it as 8 to 10 on a scale of 10. Pain interfered with her sleep and with work. Aggravating factors included extension, twisting, lifting, and moving from sit to stand, sitting and standing. She stated that medications did not help in allowing her to perform activities of daily living. Following a complete physical examination, [redacted] was assessed with lumbosacral spondylosis without myelopathy, low back pain, headache, and neck pain/cervicalgia. [redacted] opined that with a reasonable level of medical certainty, [redacted] current diagnoses and associated symptoms were a result of an acute injury in the presence of a pre-existing condition. Her injuries associated with the motor vehicle collision on October 4, 2016 were the major contributing factor causing her current medical condition and associated diagnoses. [redacted] was recommended right lumbar diagnostic medial branch blocks at L2, 3, 4, dorsal rami L5. She was advised to keep a pain log for every 30 minutes. She was deemed to be a candidate for lumbar radio frequency ablation with greater than 50% improvement during the diagnostic period. She was prescribed Ibuprofen. She was advised to use ice/heat to her lumbar spine throughout the treatment process, and continue conservative chiropractic care for her neck pain and headaches.

As planned, on November 17, 2016, [redacted] performed right lumbar diagnostic medial branch blocks at L2, 3, 4, and dorsal rami L5, under local anesthesia. [redacted] tolerated the procedure well, and was taken to recovery in a stable condition. She was provided post block instructions, and advised to continue with her current plan of care.

On December 1, 2016, [redacted] returned to [redacted] for her scheduled procedure, following a positive diagnostic test. She underwent radiofrequency ablation of right lumbar medical branch nerves, under intravenous sedation [redacted] tolerated the procedure well. She was then transferred to recovery and observed for a period of time, and discharged home in stable condition. She was advised to continue with her current plan of care.

On December 15, 2016, [redacted] followed up with [redacted] She described near complete resolution of her pain in the right lumbar spine region. She stated her pain was greater than 90% improved. She reported that the pain in her left lumbar spine was much more noticeable as the right side improved. She was recommended left lumbar diagnostic medial branch blocks at L2, 3, 4, dorsal rami L5. She was advised to continue using Ibuprofen and ice/heat to her lumbar spine throughout the treatment process.

On December 19, 2016, [redacted] returned to [redacted] for her scheduled procedure. She underwent left lumbar diagnostic medial branch blocks at L2, 3, 4, and dorsal rami L5, under

local anesthesia. [redacted] tolerated the procedure well. She was then transferred to recovery and observed for a period of time, and discharged home in stable condition. She was provided post block instructions, and advised to continue with her current plan of care. She was recommended lumbar radiofrequency ablation with greater than 50% improvement during the diagnostic period.

As planned, on December 27, 2016, [redacted] performed radiofrequency ablation of left lumbar medical branch nerves. [redacted] tolerated the procedure well. She was then transferred to recovery and observed for a period of time, and discharged home in stable condition. She was advised to continue with her current plan of care, and follow-up in two weeks.

On January 10, 2017, [redacted] presented to Dr. Foxx for a follow-up evaluation. She complained of continued, but improved pain in her left buttock and left hip. She rated her pain as 1 to 5 on a scale of 10. She described soreness consistent with normal healing. She was recommended to continue using Ibuprofen and ice/heat to her lumbar spine. She was advised to follow-up in one month for evaluation.

On February 10, 2017, [redacted] returned to [redacted] for a follow-up evaluation. She complained of left buttock pain, rated as 2 to 3 on a scale of 10. She was recommended to continue using Ibuprofen and ice/heat to her lumbar spine. She was advised to begin water and yoga exercises to improve flexibility and core strength. She was instructed to follow-up in one month for consideration of discharge.

On March 10, 2017, [redacted] presented to [redacted] for a follow-up evaluation. She described continued healing and improvement of her pain. She noted near resolution of her back pain with only mild discomfort with physical activity. She was happy with her overall improvement, and a result she was discharged from care with instructions to follow-up as needed. Although [redacted] had responded very well to interventional pain management treatment [redacted] opined that with a reasonable level of medical certainty, [redacted] would require future medical treatment to maintain her improvement. She would require two to three additional radio frequency ablation treatments to her left and right lumbar spine over the next five years. Treatment expenses included physician fees and ambulatory surgery center facility fees. The estimated, combined total expense to complete a single radio frequency ablation, averaged over the next five years, was [redacted] per single treatment.

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