**Ms.** [redacted]

**DO**

**DOL – 10/04/2016**

**Note:** *Type-C Medical Chronology is a comprehensive format consisting of a detailed summary of the case focus period, the damage/treatment period, as well as, a summary of the prior records. Also, the rehabilitation visits/therapy records are captured in a date-wise manner.*

**Past Medical History:** Hypertension, hyperlipidemia, weather-induced asthma, neck pain, back pain, scoliosis, keloids, breast implants

**Past Surgical History:** Fallopian tube removal, laparoscopic cholecystectomy, appendectomy

**Previous Injuries:** Auto accident in 2014 with resolution of symptoms

**Allergies:** Penicillin

| Date | Provider | Notes | Page No. |
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| **Summary of Pre-Injury Records** | | | |
| 11/23/2005 | The Headache & Pain Center, PA [redacted] | **Radiology Report**<br><br>**Exam:** MRI of Lumbosacral Spine<br><br>**Impression:**<br>• Posterior herniation of L4-5 disc<br>• Facet arthropathy at L5-S1 levels | 37 |
| 02/17/2006 | The Headache & Pain Center, PA [redacted] | **Radiology Report**<br><br>**Exam:** CT Lumbar Myelography<br><br>**Clinical History:** Low back pain<br><br>**Impression:**<br>• Diffuse posterior bulge of L4-5 disc<br>• Facet arthropathy at L4-5 level<br>• Sacralization of L5 vertebra | 36 |
| 01/31/2011 | Samuel U. Rodgers Health Center [redacted] | **Radiology Report**<br><br>**Exam:** X-rays of Lumbosacral Spine<br><br>**Impression:** | 25 |

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| | | • Degenerative osteoarthritis of lumbosacral spine. No recent bone trauma was seen. However, if indicated, follow-up or limited bone scan were valuable for further evaluation. | |
| 04/29/2011 | Samuel U. Rodgers Health Center [redacted] | **Office Visit**<br><br>[redacted] presented for follow-up on her hyperlipidemia, hypertension, chronic conditions and keloids. She was prescribed Carvedilol and Lisinopril-HCTZ. | 26-28 |
| 07/30/2013 | Samuel U. Rodgers Health Center | **Office Visit**<br><br>[redacted] presented with menstrual disorder and pelvic pain. She was recommended conservative management. | 29-31 |
| 08/13/2013 | Samuel U. Rodgers Health Center [redacted] | **Office Visit**<br><br>[redacted] followed up regarding her menstrual disorder and pelvic pain. Following a complete physical examination, she was assessed with excessive menstruation, dysmenorrhea, endometrial polyp, uterine fibroid and obesity. She was referred for routine diagnostic testing and prescribed necessary medications. | 32-35 |
| 04/15/2014 | Truman Medical Centers [redacted] | **Radiology Report**<br><br>**Exam:** MRI of Thoracic Spine<br><br>**Reason for Exam:** Muscle spasm, MVA on 03/13/2014<br><br>**Comparison:** 03/21/2007<br><br>**Impression:**<br>• No acute abnormality of the thoracic spine<br>• Mild multilevel disc desiccation without significant disc bulges<br><br>**Exam:** MRI of Lumbar Spine | 95, 97-99 |

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| | | **Reason for Exam:** Muscle spasm radiating down right thigh<br><br>**Impression:**<br>• No acute abnormality of the lumbar spine<br>• Multilevel degenerative changes of the lumbar spine, worst at L5-S1 with annular fissure/tear | |
| 04/18/2014 & 04/19/2014 | Tomlinson Chiropractic & Acupuncture<br>[redacted] | **Chiropractic Evaluation Report**<br><br>**History of Present Illness:** [redacted] was the driver in a vehicle that was involved in a MVA on 03/13/2014. She complained of headache, sleep problems, back pain, irritability, chest pain, dizziness, nervousness, numbness in toes, shortness in breath, fatigue, depression, tension, pins/needles in legs, cold feet, and balance loss. She stated her symptoms had progressively gotten worse since the accident. She was unable to perform activities that she did prior to the accident.<br><br>**Chief Complaints:**<br>• Headaches, rated as 10 on a scale of 10<br>• Neck pain, rated as 10 on a scale of 10<br>• Low back pain, rated as 10 on a scale of 10<br>• Thoracic pain, rated as 9 to 10 on a scale of 10<br>• Chest pain, rated as 7 on a scale of 10<br>• Difficulty sleeping<br>• Dizziness<br>• Fatigue<br>• Irritability<br>• Numbness in toes<br>• Depression<br>• Cold feet<br>• Shortness of breath<br>• Tension<br>• Balance loss<br><br>**Modifying Factors:** [redacted] symptoms | 200, 203, 207-210, 219 |

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| | | worsened with any work-related activities, standing, lifting, and with activities of daily living.<br><br>**Subjective Functional Problems**<br>• Sports (limited capacity)<br>• Housework (limited capacity)<br>• Exercising (limited capacity)<br>• Activities of daily living (limited capacity)<br><br>**Objective Findings:**<br>• Anterior cervical translation indicated possible hypolordosis<br>• Palpation of the suboccipital musculature revealed guarding<br>• Palpation of the trapezius muscle indicated spasm/hypertonicity/trigger point<br>• Swelling indicated the presence of localized edema in the tissues of the trapezius<br>• Multiple muscle spasms and guarding present<br>• Noted cervical pain and loss of range of motion<br>• Tenderness to palpation at C2-3, C4-5, C6 and C7<br>• Paraspinal musculature of cervical spine had guarding and myospasm<br>• Palpation elicited severe tenderness with recent history of trauma and indicated possible thoracic sprain/strain<br>• Severe tenderness at spinous of facet joint in thoracic and lumbar region<br>• Tenderness to palpation at T2-T10<br>• Paraspinal musculature of thoracic spine had guarding and myospasm<br>• Tenderness to palpation at L2 -5, and S1<br>• Positive Kemp's, Mennel's and O'Donoghue test<br>• Lumbar paraspinal musculature had guarding and myospasm<br>• Noted dorsolumbar loss of range of motion | |

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| | | **Assessment:**<br>• Cervical Spine: Cervical sprain/strain, cervical segmental dysfunction, cervical facet joint fixation, cervical myospasm, cervical hypolordosis, headache, cervical degenerative joint disease<br>• Thoracic Spine: Thoracic sprain/strain, thoracic segmental dysfunction, thoracic facet joint fixation, thoracic myospasm<br>• Lumbar Spine: Lumbar sprain/strain, lumbar segmental dysfunction, lumbar facet joint fixation, lumbar myospasm, pelvic unleveling, anterior weight bearing, spondylolisthesis, degenerative joint disease, spina bifida occulta<br><br>**Prognosis:** [redacted] may have residual pain, soreness and weakness after treatment is completed. The treatment may be prolonged due to severity of condition, underlying degenerative problems, or lack of compliance with the treatment plan.<br><br>**Plan:** [redacted] was recommended chiropractic treatment 2 to 3 times per week for 4 weeks, followed by a re-evaluation. She was referred to [redacted] for consultation and further treatment. | |
| 04/22/2014 | Tomlinson Chiropractic & Acupuncture<br><br>[redacted] | **Chiropractic Follow-up**<br><br>[redacted] returned for her treatment.<br><br>**Treatment:**<br>• Chiropractic adjustments<br>• Intersegmental traction<br>• Acupuncture<br><br>[redacted] was recommended to continue treatment as scheduled. | 203 |
| 04/23/2014 | Midwest Radiology Consultants<br><br>[redacted], | **Radiology Report**<br><br>**Date of Films:** 04/18/2014 | 199 |

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| | [redacted] | **Exam:** X-rays of Cervical, Thoracic & Lumbar Spine<br><br>**History:** MVA on 03/31/2014<br><br>**Impression:**<br>• No evidence of acute spinal fractures or signs of instability<br>• Reversed cervical lordosis<br>• Mild disc degeneration at C4-C5<br>• Disc wedging at T7-T8<br>• Bilateral sacralization of L5 with a spina bifida occulta at L5<br>• Disc degeneration at L2-L3 and possibly L3-L4, with articular facet degeneration at L2-L3, L3-L4 and L4-L5<br>• Minimal anterior slippage of L2, most likely representing an early developing grade-1 degenerative spondylolisthesis<br>• Pelvic unleveling without significant lumbar compensation<br>• Anterior weight bearing | |
| 04/28/2014 | Tomlinson Chiropractic & Acupuncture<br><br>[redacted] | **Chiropractic Follow-up**<br><br>[redacted] followed up for her treatment with continued symptoms.<br><br>**Treatment:**<br>• Electro-therapy<br><br>[redacted] was recommended to continue treatment as scheduled. | 204 |
| 05/03/2014 | Tomlinson Chiropractic & Acupuncture<br><br>[redacted] | **Chiropractic Follow-up**<br><br>[redacted] returned for her treatment.<br><br>**Treatment:**<br>• Chiropractic adjustments<br>• Intersegmental traction<br>• Acupuncture<br><br>[redacted] was recommended to continue treatment as scheduled. | 204 |

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| 05/15/2014 | Tomlinson Chiropractic & Acupuncture [redacted] | **Chiropractic Follow-up**<br><br>[redacted] followed up for her treatment with continued symptoms.<br><br>**Treatment:**<br>• Chiropractic adjustments<br>• Intersegmental traction<br><br>[redacted] was recommended to continue cheduled. | 205 |
| 05/21/2014 | Tomlinson Chiropractic & Acupuncture [redacted] | **Chiropractic Follow-up**<br><br>[redacted] followed up for a re-evaluation. She complained of continued, but improved symptoms. She noted overall less pain and spasms. She noted 30 to 50% improvement with regard to her headaches and neck pain.<br><br>Range of motion in lumbar region was still restricted and painful in all directions. Cervical range of motion was still restricted and painful.<br><br>**Treatment:**<br>• Chiropractic adjustments<br>• Intersegmental traction<br>• Acupuncture<br><br>[redacted] was recommended to continue treatment as scheduled. She was advised to follow-up in 4 weeks. | 201, 205, 211 |
| 06/12/2014 | [redacted] | **Office Visit**<br><br>[redacted] stated that her neck pain had improved. Pain in her low back was constant, and she rated it as 9 on a scale of 10. She reported radiating pain to her right lower extremity with tingling and numbness. She had stiffness in her low back. She was a city bus driver and her back pain was aggravated with prolonged driving.<br><br>**Physical Examination:** | 93-94 |

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| | | • Mild upper thoracic paraspinal tenderness<br>• Flattening of the lumbar lordosis<br>• There was moderate palpable tenderness of bilateral sacroiliac joint, right worse than left<br>• Straight leg raising aggravated axial pain<br>• Faber's test was positive on the right lower extremity<br>• Lumbar flexion and extension was limited<br><br>**Assessment & Plan:** Based on evaluation and clinical judgment, it was indicated that Ms. [redacted] clinical symptoms were consistent with soft tissue injuries to her neck and low back. She was advised to continue with chiropractic treatments. A soft lumbar brace was recommended for prolonged driving. She was instructed to follow-up for trigger point injection to her right sacroiliac joint. Flexeril and Hydrocodone were prescribed. Due to underlying heart disease, she was advised to avoid NSAIDs. She was recommended part-time work restrictions. | |
| 06/13/2014 | [redacted] | **Office Visit**<br><br>[redacted] presented for trigger point injection.<br><br>**Procedure:** Trigger Point injection to right sacroiliac joint was performed.<br><br>Medications were refilled. [redacted] was advised to continue chiropractic treatment and follow-up in 3 weeks. | 92 |
| 06/26/2014 | [redacted] | **Office Visit**<br><br>[redacted] noted no improvement with the injection. She reported that her pain was getting worse. She was unable to work full-time. She was recommended referral to interventional pain management for epidural injection. She | 86, 89 |

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| | | was recommended to continue part-time work for 4 weeks and outpatient physical therapy for lumbar stabilization. MRI of her lumbar spine dated 04/15/2014 revealed annular disc tear at L5-S1 and degenerative disc disease. | |
| 06/26/2014 | Tomlinson Chiropractic & Acupuncture [redacted] | **Chiropractic Follow-up**<br><br>[redacted] followed up for a re-evaluation. She complained of continued, but improved symptoms. She saw [redacted] and stated that she would be getting injections probably and return next week or so for MD follow up.<br><br>**Treatment:**<br>• Chiropractic adjustments<br>• Intersegmental traction<br><br>[redacted] was recommended to continue treatment as scheduled and follow-up in 4 weeks. She was recommended part-time work. | 202, 206, 212, 215 |
| 07/24/2014 | [redacted] | **Office Visit**<br><br>[redacted] stated her neck pain was better. She did not get the epidural injections. She continued to have low back pain. Pain medications were refilled. She had not started physical therapy. She was encouraged to start physical therapy. She was advised to continue part-time work. | 73-74 |
| 09/18/2014 | Saint Luke's North Hospital [redacted] | **Radiology Report**<br><br>**Exam:** Right Knee X-rays<br><br>**Clinical History:** Fall, twisting, knee pain<br><br>**Impression:**<br>• No acute osseous abnormality | 72 |
| 09/23/2014 | [redacted] | **Office Visit**<br><br>[redacted] apparently did not get the epidural injection. She continued to have low back pain and bilateral lower extremity numbness. She | 66 |

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| | | saw an orthopedic doctor for her right knee torn ligament and she was using a right knee brace. She was scheduled to see a neurosurgeon at Truman Medical Center for her low back issues. Pain medications were refilled. | |
| 10/09/2014 | [redacted] | **Office Visit**<br><br>[redacted] reported that she saw a neurosurgeon and surgical intervention was not recommended. She reported that she would like to try the epidural injections. She stated her pain was about the same. Pain medications were refilled and she was recommended lumbar epidural steroid injections. She was referred for physical therapy. | 63 |
| 12/11/2014 | [redacted] | **Office Visit**<br><br>[redacted] continued to have low back pain that worsened with weather changes. She had difficulty with prolonged standing and walking. She was unable to get the epidural injections as Dr. Foxx did not accept motor vehicle injuries. She was recommended going to Truman Medical Center for lumbar epidural steroid injection. Pain medications were refilled. She was referred to physical therapy for lumbar stabilization. | 59-60 |
| 12/11/2014 | Adams Physical Rehabilitation and Spine Center<br><br>[redacted] | **Physical Therapy Evaluation Report**<br><br>[redacted] was involved in a MVA in March 2014. She complained of spasms in her low back and numbness in legs that made it difficult to tolerate her work as a Metro Bus driver. She had been treated with chiropractic treatments. She was no longer working as a bus driver. She was better than she was previously, but still noted pain in her low back that was worse with standing and walking. She had intermittent bilateral leg pain, left leg usually worse than right. She reported that her mid-back felt like it needs to "pop." She had scoliosis and her mid-back had bothered her some in the past, but it has been worse since the MVA. MRI revealed | 56-58, 61 |

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| | | bulging disc in lower lumbar spine. She rated her pain as 9.5 on a scale of 10.<br><br>**Problems:**<br>• Pain<br>• Limited range of motion<br>• Decreased lower extremity flexibility<br>• Weakness<br>• Limited function<br><br>**Physical Examination:**<br>• Posture – decreased lumbar lordosis, left iliac crest elevated compared to right<br>• Moderate tightness in paraspinals of lower thoracic and lumbar area<br>• Moderate tenderness in mid line of lumbar spine<br>• Restricted lumbar spine range of motion<br>• Moderate tightness of muscles<br><br>**Assessment:**<br>• Low back pain following MVA<br><br>**Plan**: [redacted] was recommended physical therapy 2 times a week for 6 weeks. | |
| 01/08/2015 | [redacted] | **Office Visit**<br><br>[redacted] stated her low back pain was improved with brace and medications. She still had sharp pain with bending/lifting. She was going to see a neurosurgeon in follow-up. She was recommended to continue therapy for 2-3 weeks. | 54-55 |
| 03/12/2015 | [redacted] | **Office Visit**<br><br>[redacted] had started working as a Forklift driver. She used a back brace. She had good days and bad days. There was mild tenderness of bilateral sacroiliac joint. Straight leg raising aggravated axial pain. Lumbar range of motion was painful with flexion.<br><br>[redacted] was recommended to continue with home exercises and back conservation | 52-53 |

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| | | strategies. No further treatment was recommended and [redacted] was released at maximum medical improvement. | |
| 02/07/2016 | [redacted] | **Narrative Report**<br><br>[redacted] was involved in a motor vehicle accident on 03/13/2014. This was front-end collision by a hit and run driver. She was the seat belted driver of a vehicle traveling at 20-30 miles per hour and while making a left turn, another vehicle crashed into the front passenger side of her vehicle. She sustained injuries to her back and neck.<br><br>Prior to the accident, [redacted] had low back problems and was receiving treatment with a chiropractor. MRI of her lumbar spine from 2005 revealed posterior herniation of L4-L5 and facet arthropathy at L5-S1 levels. CT myelogram dated 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. It appeared that her back problems subsided in 2011. Her last doctor's visit prior to her accident dated 08/13/2013 indicated negative for back pain.<br><br>[redacted] initially saw [redacted] on 04/18/2014, and was diagno he, neck, thoracic and low back pain with spasm and guarding. She was referred for pain management and further testing. [redacted] was initially evaluated on 06/12/2014.<br><br>**Medical Opinion:** Based on[redacted]'s evaluation and clinical judgment, it was indicated that the claimant injuries status post 03/13/14 motor vehicle accident were neck and low back pain consistent with soft tissue injuries.<br><br>MRI report after the accident was consistent with degenerative changes without acute | 18-20 |

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| | | [redacted]. It was more likely than not that [redacted] had pre-existing condition that was aggravated with symptoms after the MVA.<br><br>[redacted] was recommended to continue back stabilization exercises for spine conditioning, and proper neutral spine body mechanics with lifting activities. | |
| **Summary of Post-Incident Records** | | | |
| 10/06/2016 & 10/14/2016 | Tomlinson Chiropractic & Acupuncture<br><br>[redacted] | **Chiropractic Evaluation Report**<br><br>**History of Present Illness:** [redacted] was the driver in a vehicle that was involved in a MVA at 12th and Minnesota in Kansas City on 10/04/2016. 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. 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.<br><br>**Chief Complaints:**<br>• Headaches, rated as 8 to 9 on a scale of 10<br>• Neck pain, rated as 10 on a scale of 10<br>• Low back pain, rated as 10 on a scale of 10<br>• Thoracic pain, rated as 8 to 9 on a scale of 10<br>• Bilateral hip pain/paresthesia, rated as 9 to 10 on a scale of 10<br>• Right leg pain/paresthesia, rated as 9 to 10 on a scale of 10<br>• Difficulty sleeping<br>• Fatigue<br>• Anxiety<br><br>**Modifying Factors:** [redacted] symptoms worsened with any work-related activities, standing, bending forward or backward, lifting, | 150-158, 163, 169-173, 184-187 |

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| | | and with activities of daily living.<br><br>**Subjective Functional Problems**<br>• Work (limited capacity)<br>• Housework (limited capacity)<br>• Exercising (limited capacity)<br>• Activities of daily living (limited capacity)<br><br>**Objective Findings:**<br>• Anterior cervical translation indicated possible hypolordosis<br>• Palpation of the suboccipital musculature revealed guarding<br>• Palpation of the trapezius muscle indicated spasm/hypertonicity/trigger point<br>• Swelling indicated the presence of localized edema in the tissues of the trapezius<br>• Multiple muscle spasms and guarding present<br>• Noted cervical pain and loss of range of motion<br>• Tenderness to palpation at C2, C4-7<br>• O'Donoghue test was positive<br>• Paraspinal musculature of cervical spine had guarding and myospasm<br>• Palpation elicited severe tenderness with recent history of trauma and indicated possible thoracic sprain/strain<br>• Severe tenderness at spinous of facet joint in thoracic and lumbar region<br>• Tenderness to palpation at T1-3, T4-5, T9-10<br>• Paraspinal musculature of thoracic spine had guarding and myospasm<br>• Tenderness to palpation at L2, L3-5, and S1<br>• Positive Kemp's, Mennel's and O'Donoghue test<br>• Lumbar paraspinal musculature had guarding and myospasm<br>• Noted dorsolumbar loss of range of motion | |

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| | | • Antalgic gait<br><br>**Review of Imaging Data:**<br>• **Cervical spine X-rays** – Cervical spine was hypolordotic, with mild reverse of the lordosis. There was mild disc degeneration at C4-C5, with small osteophytes at C4 and C5. Uncinate process hypertrophy was present at C5, C6 and possibly C7, with possible articular pillar degeneration at C6-C7 right-sided. There was an osseous density anterior to and bridging the C6-C7 disc, which may represent anomalous formation of the C6 and C7 transverse processes, with an accessory articulation between these structures of possibly partial fusion<br>• **Thoracic Spine X-rays** – There was a slight concavity within the superior endplate of T7, without definitive findings of trabecula impaction. There was some reduction of thoracic kyphosis. Significant degenerative changes were not apparent. An obvious scoliosis did not appear to be present<br>• **Lumbar Spine X-rays** – Bilateral sacralization of L5 was present, with a spina bifida occulta at this level. T12 through L5 were visualized and were of normal height, without compression fractures. Small osteophytes were present at L2 and L3, with mild disc degeneration at L2-L3, as well as articular facet degeneration at L2-L3, L3-L4 and L4-L5. Upper lumbar spine was mildly hypolordotic with anterior weight bearing. There was pelvic unleveling, being low on the right side, estimated at 20 mm, with only minimal compensation in the lumbar spine. Sacroiliac joints and hips were only partially visualized, but appeared to be of good diameter<br><br>**Assessment:** | |

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| | | • Cervical Spine: Cervical sprain/strain, cervical segmental dysfunction, cervical facet joint fixation, cervical myospasm, cervical hypolordosis, headache, cervical degenerative joint disease<br>• Thoracic Spine: Thoracic sprain/strain, thoracic segmental dysfunction, thoracic facet joint fixation, thoracic myospasm<br>• Lumbar Spine: Lumbar sprain/strain, lumbar segmental dysfunction, lumbar facet joint fixation, lumbar myospasm, pelvic unleveling<br>• Acute pain due to trauma<br>• Posttraumatic headache<br>• Anxiety/Depression<br>• Difficulty sleeping<br>• Fatigue<br><br>**Prognosis:** [redacted] may have residual pain, soreness and weakness after treatment is completed. The treatment may be prolonged due to severity of condition, underlying degenerative problems, or lack of compliance with the treatment plan.<br><br>**Plan:** [redacted] was recommended chiropractic treatment 2 to 3 times per week for 4 weeks, followed by a re-evaluation.<br><br>**Treatment:**<br>• Intersegmental traction therapy<br>• Electro-therapy | |
| 10/12/2016 | Tomlinson Chiropractic & Acupuncture<br><br>[redacted] | **<u>Chiropractic Follow-up</u>**<br><br>[redacted] followed up for her treatment with continued symptoms.<br><br>**Treatment:**<br>• Chiropractic adjustments<br>• Intersegmental traction<br>• Electro-therapy<br><br>[redacted] was recommended to continue treatment as scheduled. She was advised to stay off work for 2 weeks, as she was unable to lift, | 163, 167-168 |

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| | | bend or perform work activities. Planned for [redacted] uation in 2 weeks. She was referred to Dr. [redacted] for consultation and possible co-[redacted] ent. | |
| 10/13/2016 | Tomlinson Chiropractic & Acupuncture<br>[redacted] | **Chiropractic Follow-up**<br><br>[redacted] returned for her treatment with [redacted] adaches, and pain in neck, lower back, thoracic region and right leg.<br><br>**Treatment:**<br>• Chiropractic adjustments<br>• Intersegmental traction<br>• Acupuncture<br><br>[redacted] was recommended to continue [redacted] cheduled. | 163 |
| 10/14/2016 | Midwest Radiology Consultants<br>[redacted] | **Radiology Report**<br><br>**Date of Films:** 10/06/2016<br><br>**Exam:** X-rays of Cervical & Lumbar Spine<br><br>**Impression:**<br>• No obvious findings of acute fractures or signs of instability<br>• Reversed cervical lordosis on the basis of the partially oblique lateral view<br>• Mild disc degeneration at C4-C5, with Luschka hypertrophy from C4 through C7<br>• Anomalous appearing C6 and C7 transverse processes<br>• Bilateral sacralization of L5<br>• Mild lumbar spondylosis with disc degeneration at L2-L3, as well as articular facet degeneration at L2-L3, L3-L4 and L4-L5<br>• Pelvic unleveling<br>• Mildly hypolordotic lumbar spine with anterior weight bearing<br><br>**Clinical Comment:** The biomechanical changes were suggesting soft tissue injury and | 166 |

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| | | muscle spasm. Chiropractic management and follow-up evaluation should be utilized as clinically indicated. | |
| 10/19/2016 | Tomlinson Chiropractic & Acupuncture [redacted] | **Chiropractic Follow-up**<br><br>[redacted] followed up for her treatment with continued symptoms.<br><br>**Treatment:**<br>• Chiropractic adjustments<br>• Intersegmental traction<br>• Electro-therapy<br>• Acupuncture<br><br>[redacted] was recommended to continue treatment as scheduled. | 164, 174-175 |
| 10/26/2016 | Tomlinson Chiropractic & Acupuncture [redacted] | **Chiropractic Follow-up**<br><br>[redacted] returned for her treatment with continued symptoms.<br><br>**Treatment:**<br>• Chiropractic adjustments<br>• Intersegmental traction<br>• Electro-therapy<br>• Acupuncture<br><br>[redacted] was recommended to continue treatment as scheduled. | 164 |
| 11/02/2016 | Tomlinson Chiropractic & Acupuncture [redacted] | **Chiropractic Follow-up**<br><br>[redacted] followed up for a re-evaluation. She complained of continued, but improved symptoms. She noted overall less constant pain and less severe muscle spasms. She noted 30 to 50% improvement with regard to her headaches, neck and thoracic region. Her low back symptoms were only 10 to 15% better.<br><br>Range of motion in lumbar region was still restricted and painful in all directions. Cervical range of motion was still somewhat restricted and painful, but much better than before and she | 159-162, 164, 188 |

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| | | noted only tightness in left rotation and left lateral flexion.<br><br>**Treatment:**<br>• Chiropractic adjustments<br>• Intersegmental traction<br>• Electro-therapy<br><br>[redacted] was recommended to continue treatment as scheduled. She was referred to Dr. [redacted] for low back evaluation and co-treatment. She was advised to follow-up in 4 weeks. | |
| 11/09/2016 | Premier Anesthesia & Pain Management<br><br>[redacted] | **<u>Office Visit</u>**<br><br>**Chief Complaint:**<br>• Neck pain<br>• Low back pain<br><br>**History of Present Illness:** [redacted] complained of low back pain radiating to her right lower extremity, right buttock pain and right hip pain following a motor vehicle collision 4 weeks ago. 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.<br><br>**Review of Systems:**<br>• Muscle aches<br>• Arthralgias/joint pain<br>• Back pain<br><br>**Physical Examination:**<br>• Ambulated with a limp<br>• Tenderness over neck region<br>• Restricted lumbar spine range of motion<br>• Tenderness of paraspinal muscles on the right side from L3-L5<br>• Pain with palpation over lumbar facet | 140-143 |

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| | | **Assessment:**<br>• Lumbosacral spondylosis without myelopathy<br>• Low back pain<br>• Headache<br>• Neck pain/cervicalgia<br><br>**Discussion:** [redacted] presented with concerns of low back pain radiating from her right lumbar spine into her buttocks, hip and lateral thigh. She described being the driver of a vehicle struck on the passenger side, on 10/04/2016 in Kansas. She did not require ER visit following the MVC. She had been evaluated and received conservative chiropractic care over the last five weeks; however, her pain had not resolved. She was currently taking NSAID medication.<br><br>[redacted] opined that with a reasonable level of 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 MVC on 10/04/2016 were the major contributing factor causing her current medical condition and associated diagnoses.<br><br>[redacted] was recommended right lumbar edial 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. | |
| 11/10/2016 | Tomlinson Chiropractic & Acupuncture<br><br>[redacted] | **<u>Chiropractic Follow-up</u>**<br><br>[redacted] returned for her treatment with continued symptoms.<br><br>**Treatment:** | 165 |

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| | | • Chiropractic adjustments<br><br>[redacted] was recommended to continue cheduled. | |
| 11/17/2016 | Blue Valley ASC, PA<br><br>[redacted] | **Office Visit**<br><br>[redacted] followed up for her scheduled<br><br>**Procedure:**<br>• Diagnostic medial branch block, right, at L2, 3, 4, dorsal rami L5<br><br>**Anesthesia:** Local<br><br>[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. | 136-140 |
| 11/23/2016 | Tomlinson Chiropractic & Acupuncture<br><br>[redacted] | **Chiropractic Follow-up**<br><br>[redacted] followed up for her treatment with mptoms.<br><br>**Treatment:**<br>• Chiropractic adjustments<br>• Intersegmental traction<br>• Electro-therapy<br>• Acupuncture<br><br>[redacted] was recommended to continue treatment as scheduled. | 165 |
| 11/28/2016 | Tomlinson Chiropractic & Acupuncture<br><br>[redacted] | **Chiropractic Follow-up**<br><br>[redacted] returned for her treatment with continued, but improved symptoms.<br><br>**Treatment:**<br>• Chiropractic adjustments<br>• Intersegmental traction<br>• Electro-therapy<br>• Acupuncture | 165 |

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| | | [redacted] was recommended to continue cheduled. | |
| 12/01/2016 | Blue Valley ASC, PA<br>[redacted] | **Office Visit**<br><br>[redacted] presented for her scheduled procedure, following a positive diagnostic test.<br><br>**Procedure:**<br>• Radiofrequency ablation of right lumbar medical branch nerves<br><br>**Anesthesia:** IV sedation<br><br>**Preoperative & Postoperative Diagnosis:**<br>• Lumbar spondylosis<br><br>[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. Planned to continue to monitor her contralateral lumbar spine and cervical spine, considering treatment in the near future. | 131-136 |
| 12/15/2016 | Premier Anesthesia & Pain Management<br>[redacted] | **Office Visit**<br><br>[redacted] returned for a follow-up evaluation. 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.<br><br>[redacted] 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. She was instructed to continue conservative chiropractic care with [redacted] for her neck pain. | 129-131 |
| 12/19/2016 | Blue Valley ASC, | **Office Visit** | 125-129 |

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| | PA<br>[redacted] | [redacted] presented for her scheduled procedure. She complained of continued symptoms. She rated her pain as 6 to 8 on a scale of 10.<br><br>**Procedure:**<br>• Diagnostic medial branch block, left, at L2, 3, 4, dorsal rami L5<br><br>**Anesthesia:** Local<br><br>[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. | |
| 12/27/2016 | Blue Valley ASC, PA<br>[redacted] | **Office Visit**<br><br>[redacted] presented for her scheduled procedure.<br><br>**Procedure:**<br>• Radiofrequency ablation of left lumbar medical branch nerves<br><br>**Anesthesia:** IV sedation<br><br>**Preoperative & Postoperative Diagnosis:**<br>• Lumbar spondylosis<br><br>[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 2 weeks. | 120-124 |
| 01/10/2017 | Premier Anesthesia & Pain Management | **Office Visit**<br><br>[redacted] presented for a follow-up | 118-120 |

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| | [redacted] | 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.<br><br>**Assessment:**<br>• Lumbosacral spondylosis without myelopathy<br>• Low back pain<br>• Neck pain<br><br>[redacted] was recommended to continue using Ibuprofen and ice/heat to her lumbar spine. She was advised to follow-up in 1 month for evaluation. | |
| 02/10/2017 | Premier Anesthesia & Pain Management<br><br>[redacted] | **Office Visit**<br><br>[redacted] returned for a follow-up evaluation. She complained of left buttock pain, rated as 2 to 3 on a scale of 10.<br><br>**Physical Examination:**<br>• Restricted lumbar spine range of motion<br>• Tenderness over paraspinal muscles on the left L4-L5 region<br>• Tenderness of the sacroiliac joint<br>• Pain with palpation over lumbar facet and left sacroiliac joint<br><br>**Assessment:**<br>• Lumbosacral spondylosis without myelopathy<br>• Low back pain<br><br>[redacted] 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 1 month for consideration of discharge. | 115-117 |
| 03/10/2017 | Premier Anesthesia & Pain Management | **Office Visit**<br><br>[redacted] presented for a follow-up | 113-115 |

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| | [redacted] | evaluation after completion of lumbar RFA. 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 acre with instructions to follow-up as needed.<br><br>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. | |
| 03/29/2017 | Premier Anesthesia & Pain Management<br><br>[redacted] | **Correspondence Note – Future Treatment**<br><br>[redacted] presented to the clinic on [redacted] omplaining of severe low back pain radiating across her lumbar spine and into her buttock, hip and lateral thigh, greater on the right than left. She described the onset of pain following a motor vehicle collision on 10/04/2016, in Kanas, in which she was the driver of a vehicle struck on the passenger side.<br><br>[redacted] described her pain as an aching, deep, pressure across her lumbar spine, with occasional sharp pain in her low back with activity. She rated her pain as 7 to 8 on a scale of 10. She stated her pain resulted in difficulty with sleeping, walking, working, driving, leisure and exercise activities as well as completing activities of daily living.<br><br>**Prior Injuries:** Significant for back pain following a motor vehicle collision approximately two years prior to her most recent MVC. She described resolution of her back pain following that MVC with conservative chiropractic care.<br><br>**Assessment & Plan:** [redacted] opined that with a reasonable level of medical certainty, Ms. [redacted] current diagnoses and associated | 1 |

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| | | symptoms were a result of acute injuries to her lumbar spine, sustained in the 10/04/2016 MVC, in the presence of a pre-existing condition.<br><br>[redacted] lumbar spondylosis was treated with radio frequency ablation, preceded by a positive diagnostic test. This treatment, completed bilaterally, had resulted in near complete resolution of her pain.<br><br>[redacted] opined that with a reasonable level of medical certainty, [redacted] would require future medical care for her lumbar spondylosis. She would require 2 to 3 additional radio frequency ablation treatments to her left and right lumbar spine over the next 5 years.<br><br>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. | |