

Summary Format Options: Paragraph Format

11/25/18 Initial evaluation at _____ Medical Center with Dr. _____ MD. Claimant presents following an MVA, complains of right neck and right shoulder pain, 7/10. On exam, there is diffuse trapezius tenderness on the right, right cervical paraspinal tenderness. Diagnosis: 1) Motor vehicle accident 2) Cervical strain 3) Trapezius strain. Recommendations: meds, follow-up.

12/5/18 X-rays of the cervical spine at _____ Radiology. The findings indicated: 1) Mild spondylosis deforming of the mid and lower cervical spine.

12/6/18 Follow-up with Dr. _____. Claimant presents with unchanged complaints. On exam, there is moderate discomfort with palpation of the right anterior cervical area. Mild to moderate tenderness with palpation of the left anterior cervical area. Palpation of the upper cervical muscles, upper to mid thoracic paraspinals, and right scapular area muscles revealed mild tenderness, spasm. Exam of the upper cervical muscles revealed a trigger point with active pain with radiating pain into the occipital region of skull region. Chiropractic modalities were applied. Recommendations: chiropractic treatment, home care.

12/7/18 Follow-up with Dr. _____. Claimant reports "somewhat improved" complaints. Objective findings are unchanged. Chiropractic modalities were applied. Recommendations are unchanged.

12/10/18 Follow-up with Dr. _____. Claimant reports "severity has noticeably improved to 5/10." Objective findings are unchanged. Chiropractic modalities were applied. Recommendations are unchanged.

12/27/18 Follow-up with Dr. _____. Claimant presents with continued complaints, mildly improved. On exam, there is mild pain with palpation at anterior cervical musculature. Mild to moderate tenderness and spasm with palpation of the upper cervical muscles, upper to mid thoracic paraspinals, right scapular area muscles. Chiropractic modalities were applied. Recommendations are unchanged.

12/27/18 MRI of the lumbar spine at _____. The findings indicated: 1) There is loss of the normal lordotic curvature of the lumbar spine. In the correct clinical setting, this may reflect injury. Clinical correlation is recommended. 2) There is edema in the interspinous ligaments consistent with acute injury to the interspinous ligaments at the L2-3 through L4-5 levels. 3) At L3-4, there is bulging of the disc. This results in anterior impression on the thecal sac. 4) At L4-5, there is a right foraminal disc herniation which is superimposed on bulging of the disc. There is effacement of the anterior thecal sac. There are small osteophytes, however the herniating disc material extends beyond the margin of the osteophytes. There is mild right foraminal stenosis. 5) The herniated disc at L4-5 and the injury to the interspinous ligaments are consistent with acute injuries. Given the findings of this MRI and the provided history, it is medically probable that these injuries are related to the recent MVA dated 11/25/18, and clinical correlation is recommended to confirm this.