Promethium Medical

Alberto Rivera MD

7901 Kingspointe Parkway, Suite 17, Orlando, FL 32819
Phone: (407) 960-2200
NPI: 1609803832

Interventional Pain Management Initial Consultation

DE-IDENTIFIED SAMPLE

Patient: Removed **Age:** XX years **Date of Service:** Three days after the collision

Chief Complaint

Severe, predominantly axial low back pain following a motor vehicle collision three days before this visit.

History of Present Illness

The patient is a XX-year-old male who presents today for an initial interventional pain management consultation. He reports that three days ago he was the restrained driver in a motor vehicle collision, and he has experienced severe low back pain since that day.

He was evaluated in the emergency department on the day of the collision, where a CT scan of the lumbar spine was performed. He was discharged with a methylprednisolone dose pack and methocarbamol. His pain persists and has worsened since onset. He now reports diarrhea, gastrointestinal discomfort, epigastric pain, and nausea.

His low back pain is predominantly axial, currently rated 8/10, and ranges from 6/10 to 10/10. The pain worsens with walking, standing, sitting, bending, twisting, and lying down. He works in manufacturing, where his job requires heavy lifting and twisting. Since the collision, he has been unable to sleep comfortably and has not worked. His goals are to return to his normal daily activities and to return to work safely.

History

Past medical history: No significant past medical history.
Past surgical history: No significant past surgical history.
Current medications: Methylprednisolone 4 mg dose pack; methocarbamol 750 mg; lidocaine 5% patch.
Allergies: No known drug allergies.
Social history: Works in manufacturing with heavy lifting and twisting; has not worked since the collision and returns to work the day after this visit with restrictions. Denies tobacco, alcohol, and illicit drug use.

Physical Examination

Vital signs: Blood pressure 110/63, pulse 98.
General appearance: Awake, alert, and oriented, well developed, well nourished.
Skin: No rash, erythema, discharge, gross skin discoloration, or visible lesions.
Head: Normocephalic, atraumatic.
Psychiatric: Cooperative with the examination. Recent and remote memory intact. Attention span, concentration, language, and fund of knowledge appear sufficient.
Neurologic: Cranial nerves II through XII grossly intact. Sensation intact to light touch in the bilateral C5, C6, C7, C8, T1, L3, L4, L5, and S1 dermatomes.
Spine: No deformity, skin changes, or signs of trauma over the neck and back. Cervical, thoracic, and lumbar curvatures within normal limits. Shoulders and hips level bilaterally. Gait is antalgic.
Lumbar/Sacral: Facet loading test positive at bilateral L4-L5 and L5-S1, right markedly more severe than left. Straight leg raise negative bilaterally. Slump test positive bilaterally.

Extremities: Manual muscle testing of the bilateral upper and lower extremities shows 5/5 strength in shoulder flexion, elbow flexion, elbow extension, wrist extension, finger flexors, handgrip and pincer grasp, knee extensors, hip flexors, ankle dorsiflexors, and extensor hallucis longus.

Diagnostic Studies

CT lumbar spine, day of the collision: Herniated lumbar disc at L5-S1.

Diagnoses

1. Lumbar facet-mediated pain, bilateral L4-L5 and L5-S1, right greater than left, following sprain of the lumbar spine (S33.5XXA)
2. L5-S1 lumbar disc herniation following motor vehicle collision (S33.0XXA)
3. Epigastric pain (R10.13)
4. Nausea (R11.0)
5. Diarrhea (R19.7)
6. Driver injured in collision with motor vehicle in traffic accident (V49.40XA)

Visit Code

CPT 99244: Office or other outpatient consultation, new or established patient, moderate level of medical decision making. Supported by an acute complicated injury and prescription drug management.

Assessment

The patient is a XX-year-old restrained driver seen three days after a motor vehicle collision with severe, predominantly axial low back pain rated 8/10, an antalgic gait, and loss of the ability to work and to sleep comfortably. Facet loading reproduces his pain at bilateral L4-L5 and L5-S1, markedly worse on the right, which identifies the right lower lumbar facet joints as the predominant pain generator.

The bilateral positive slump test, in the setting of an L5-S1 disc herniation on CT, indicates neural tension, while the negative straight leg raise, intact dermatomal sensation, and 5/5 strength show no radicular deficit at this time. A lumbar MRI will define the disc herniation and the neural elements before any intervention. His current pain intensity prevents participation in physical therapy.

He reports his gastrointestinal symptoms while currently taking the oral corticosteroid course prescribed in the emergency department.

Treatment and Plan

I have educated the patient regarding his diagnosis, the treatment options, his medications, activity modification, home exercises, and lifestyle changes. Based on his current clinical presentation, I recommend:
1. Right L4-L5 and right L5-S1 facet joint injections under ultrasound guidance, to be performed at the next visit after MRI review. The goal is to reduce his pain enough to begin physical therapy, which his current pain intensity prevents.
2. Lumbar spine MRI. He will return to the clinic once the MRI has been performed.
3. Oswestry Disability Index was not completed today and will be sent to the patient for completion. A second Oswestry Disability Index will be completed at the next visit before the injection.
4. Ultracet (tramadol 37.5 mg / acetaminophen 325 mg), quantity 24 (twenty-four). I personally called in the prescription and also transmitted it electronically to the patient’s pharmacy.
5. Body composition analysis: pending.
6. Gastrointestinal symptoms: avoid nonsteroidal anti-inflammatory drugs and oral steroids.
Work status: Return to work the day after this visit with restrictions: no lifting more than 25 pounds, and avoid bending and twisting.
I checked the Florida prescription drug monitoring program (E-FORCSE), and it is consistent.

Medication Counseling

The patient was instructed to avoid alcohol and to take this medication with food. He was told to stop the medication and notify the office if he develops stomach upset, stomach pain, black tarry stools, or any other difficulty. Gastrointestinal, liver, and kidney precautions were given. He was advised that Ultracet can cause dizziness and drowsiness and was instructed to avoid operating machinery or driving until he knows how the medication affects him.

Emergency Medical Condition

Based upon the patient's history, physical examination, and available diagnostic testing, it is my professional opinion, within a reasonable degree of medical probability, that this patient has an emergency medical condition as defined in section 627.732(16), Florida Statutes, manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in serious jeopardy to the patient's health, serious impairment of bodily functions, or serious dysfunction of a bodily organ or part. I am a physician licensed under chapter 458, Florida Statutes.

Follow-Up

The patient will return once the lumbar MRI has been performed. At that visit we will review the MRI, complete the second Oswestry Disability Index, and perform the right L4-L5 and right L5-S1 facet joint injections. He will call the office the day after this visit, after his work shift, to report how he tolerated work.

Attestation

Electronically signed on the date of service
Alberto Rivera, MD
Board Certified Physician
Interventional Pain Management
Promethium Spine

Electronically signed on the date of service

Alberto Rivera, M.D.
Interventional Pain Management Physician and Precision Medicine
Diplomate of the American Academy of Stem Cell Physicians

 De-identified sample · not a patient record