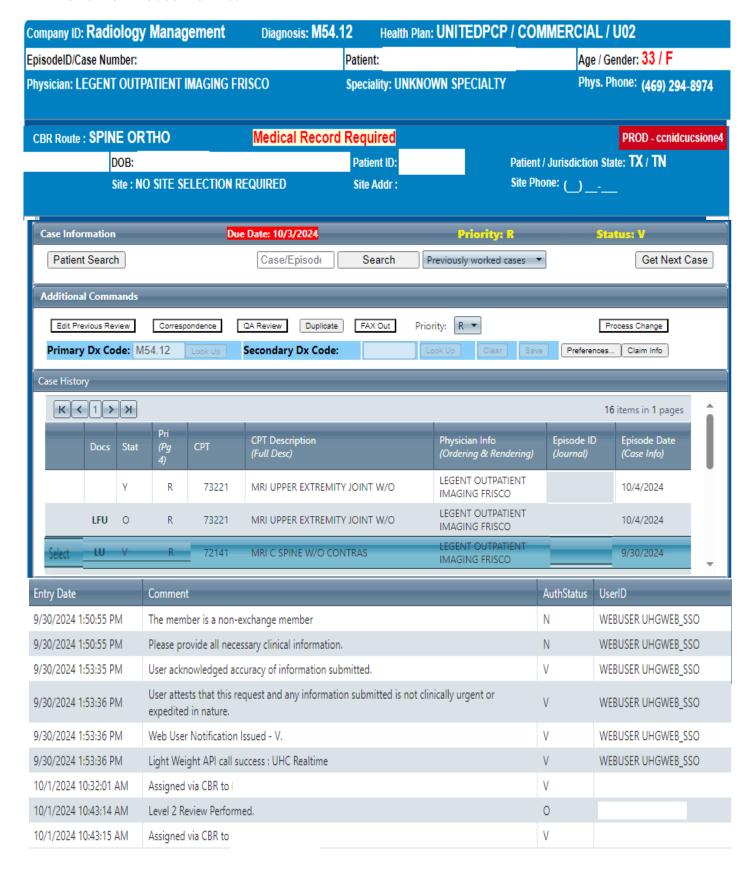
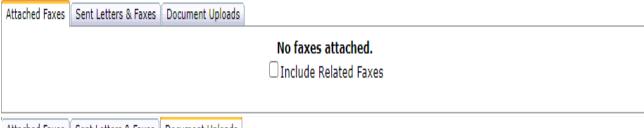
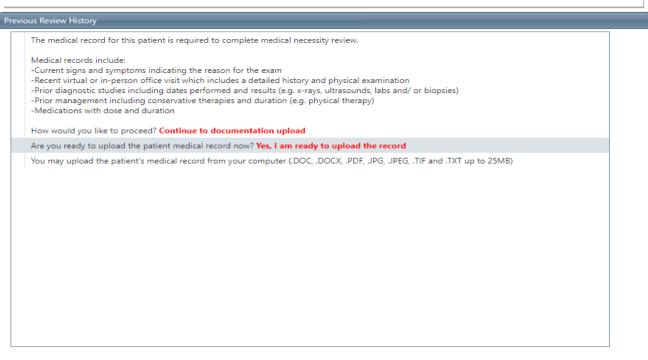
#### SPOR CDP Case 1 Clinical





Attached Faxes | Sent Letters & Faxes | Document Uploads

Episode ID	Date Uploaded	Time Uploaded	Document Name	View
A2:	09/30/2024	13:53:34	UPADS upload	View





#### Case Information

Case Number:

Referring Physician: LEGENT OUTPATIENT IMAGING FRISCO

Speciality: UNKNOWN SPECIALTY Episode Date: 9/30/2024 1:50:55 PM

Approved Date: None Expiration Date: None Denied Date: None

Requested Date of Service: None

Priority: R

Diagnosis: M54.12 / Radiculopathy, cervical region

Secondary Dx Code: /

Patient Name: Patient ID: Referring Physician: MD Date of Birth:

Procedure: MRI C-SPINE W/O Date of Study: 14-Jul-2023 10:11 AM

#### EXAM: MRI CERVICAL SPINE WITHOUT CONTRAST

HISTORY: Neck pain. Cervical radiculopathy.

#### TECHNIQUE:

- 1. Sagittal 3 mm paramidline slices, foramen magnum to T3, using proton density,T2, STIR and T1-weighted factors.
- Axial 3 mm gradient echo and fast echo T2-weighted images, T1 to foramen magnum.

COMPARISON: None available.

### FINDINGS:

There is normal alignment and positioning of the cervical vertebral column. The native AP dimensions of the spinal canal are within normal limits.

The posterior contours of the cervical intervertebral discs are normal over the imaged segment. The neural foramina are patent bilaterally. The facet joints articulate in a normal fashion.

The cervical spinal cord is normal in contour, caliber and signal intensity. The region of the foramen magnum is normal. The bone marrow signal pattern is normal.

#### IMPRESSION:

Cervical spine MRI within normal limits.

DOB:

Visit Date: 08/23/2024 10:00AM

Visit Location: LEWIS PAIN FRISCO, 11500 STATE HIGHWAY 121 STE 810, FRISCO, TX 75035-9347

NOV: Follow up

SSN: n/a Insurance: PPO

## Chief Complaint

The patient is here today to discuss the efficacy of her current treatment plan regarding her chronic neck and back pain.

# Cervical Pain

Radiating neck pain radiates BUE;

Onset: chronic pain;

Severity pain level by numeric rating scale 6 (0-10);

Quality: aching pain; sharp pain; shooting;

Frequency always present;

Aggravating Factors: neck pain increased by turning head; upper back pain worse with lifting; overexertion /

strenuous movement;

Alleviating Factors: taking medication; surgical and medical procedures;

Previous Tests or Treatment: MRI scan; pain management by medication; physical therapy; musculoskeletal procedures injection; physical activity restrictions; home exercises; Patient has failed to experience lasting relief with conservative care such as NSAIDs, over the counter medication, ice, heat, physical therapy, and home exercise over 6 weeks. Patient has failed to respond to conservative care started 2011 to present. The patient is continuing conservative care such as NSAIDs, over the counter medication, ice, heat, and home exercise.

# Lumbopelvic

Radiating lower back pain radiating BLE;

Onset: chronic pain:

Severity: pain level by numeric rating scale 6 (0-10);

Quality: burning pain; aching pain; sharp pain; shooting; throbbing pain;

Frequency always present:

Aggravating Factors: overexertion / strenuous movement; sitting; standing; walking;

Alleviating Factors: relaxation techniques; taking medication;

Previous Tests or Treatment: MRI scan; pain management by medication; chiropractic manipulative treatment (CMT); physical therapy; musculoskeletal procedures injection; home exercises; physical activity restrictions; Patient has failed to experience lasting relief with conservative care such as NSAIDs, over the counter medication, ice, heat, physical therapy, and home exercise over 6 weeks. Patient has failed to respond to conservative care started 2011 to present. The patient is continuing conservative care such as NSAIDs, over the counter medication, ice, heat, and home exercise.

# Visceral Pain

Radiating radiating abdominal pain;

Onset: chronic pain;

Severity: pain level by numeric rating scale 6 (0-10);

Quality: aching pain; sharp pain;

Frequency always present;

Alleviating Factors: taking medication;

**Previous Tests or Treatment: pain management by medication**; Patient has failed to experience lasting relief with conservative care such as NSAIDs, over the counter medication, ice, heat, physical therapy, and home exercise over 6 months. Patient has failed to respond to conservative care started 05/2023 to present. The patient is continuing conservative care such as NSAIDs, over the counter medication, ice, heat, and home exercise.

# □ Intake

#### Vital Signs

Date	Pulse	SpO2	FiO2	ВР	Resp	Temp	Height	Weight	Pain	BMI	Head Cir.
08/23/2024, 10:05 AM	67 beats/minute			119/91 mmHg		98.6 F	5 ft 4 in	135 lbs	8	23.2	

### Allergies codeine: Reglan: Compazine:

### hydrocodone: Medications

Percocet 10 mg-325 mg tablet: 1 tablet 5 times a day for 30 days, Prescribed Date: 11/26/2023 oxyCODONE 10 mg tablet: 1 tablet 5 times a day for 30 days, Prescribed Date: 07/26/2024

Vraylar 1.5 mg capsule: LORazepam 0.5 mg tablet:

methocarbamol. 500 mg tablet: 1 tablet 3 times a day for 30 days, Prescribed Date: 09/02/2022

Ubrelvy 100 mg tablet: gabapentin 300 mg capsule: ondansetron HCL 8 mg tablet:

pantoprazole 40 mg tablet, delayed release:

propranoloL ER 60 mg capsule,24 hr,extended release:

# Nursing Comments

The patient states that their current medication regimen is working well with no reported problems and denies any adverse side effects from medication. Last refill of their medications was on 07/26/2024 with # 11 Oxycodone remaining. The patient also states that they are taking the medication as prescribed, and denies getting pain medication from any other sources. A Prescription Monitoring Program (PMP) report was pulled and reviewed with no inconsistencies noted.

The patient was counseled regarding their BMI of 24.0 due to the correlation between obesity and pain perception. Relative to patients with a BMI within normal limits (BMI of 18.5 to 24.9), overweight people (BMI of 25.0 to 29.9) reported 20% greater rates of recurring pain, and the rates go up to 68% for people with class I obesity (BMI of 30.0 to 34.9), 136% for people with class II obesity (BMI of 35.0 to 39.9), and 254% for people with morbid obesity (BMI >40).

## History of Present Illness

The patient presents for followup on medications. She is doing well on her current regimen. She complains of low back pain which radiates to BLE. She still notes significant relief following her cervical injections. She still has some neck pain and would like to potentially do additional injections. She denies any additional new medical issues.

# Past Medical History

past medical history reviewed;

Past Medical History: anxiety; depression; esophageal reflux; hiatal hernia; migraine headache; TIA; appendectomy;

Prior Surgical / Procedural History: prior surgery - Tubal Ligation; Tendon Repair; hernia repair; hysterectomy;

# Social History

social history reviewed;

Alcohol: no history of alcohol use; Behavioral History: never smoked;

Drug Use: no drug use;

# Family History

Family History: family history reviewed;

Father: hypertension; Mother: hypertension; Sister: hypertension;

# Lewis Pain Procedure History

**PROCEDURES** 

2022

07/06/2022: L5/S1 ESI-50% relief 09/02/2022: L5/S1 ESI w/75% relief

2023

09/27/2023: L5/S1 ESI w/ 60% relief

2024

05/24/2024: C5/6 ESI w/ 80% relief

### Review of Systems

Systemic Symptoms: no chills; no fever;

Head and Eye Symptoms: not blurry; no diplopia;

Page 3 of 7

2024-09-30 16:41:49 GMT

Visit Date: 08/23/2024 10:00AM



From: :.

ENT Symptoms: no earache; no ringing in ears;

Cardiovascular Symptoms: no palpitations; no chest pain; Respiratory Symptoms: no shortness of breath; no cough;

Page: 09 of 22

GI Symptoms: no nausea: no vomiting:

GU Symptoms: no flank pain: no urinary incontinence: Endocrine Symptoms: no polydipsia; no cold intolerance;

Hematologic Symptoms: no excessive bleeding; lymph nodes not enlarged; Psychological Symptoms: no suicidal tendency; no homicidal thoughts;

Skin Symptoms: no localized skin discoloration: no rash: Musculoskeletal Symptoms: back pain; limb pain; Neurological Symptoms: no numbness; no tingling;



.....

# S Physical Exam

General Appearance: general appearance normal; well developed; well nourished; in no acute distress;

Standard Measurements: body build normal;

Psychiatric Exam: no speech disturbance; oriented to time, place, and person; affect normal; judgement not impaired;

HEENT: no eyelid ptosis; no periorbital swelling; no nasal discharge; neck not asymmetrical;

Head Exam: normocephalic; no tenderness of scalp;

Lung Exam: respiratory movements normal; not wheezing; Cardiovascular Exam: heart rate normal; no limb swelling;

Abdominal Exam: no abdominal swelling; no direct abdominal tenderness;

Skin Exam: no skin erythema throughout spine and extremities x4; no skin lesions or rash noted throughout spine and extremities x4;

Gait normal gait and stance;

Motor Strength of Neck & UE: strength of neck rotation normal; strength of lateral flexion of neck normal; scapular elevation strength normal; horizontal abduction strength at 90 degrees of shoulders normal; flexion strength of elbows normal; extension strength of wrists normal; flexion strength of wrists normal; extension strength of elbows normal; abduction strength of finger normal;

Motor Strength of LE: normal motor strength of right lower extremity; flexion strength of hips normal; normal extension strength of knees; dorsiflexion strength of ankles normal; normal flexion strength of first toes; normal plantar flexion strength of ankles; normal eversion strength of ankles; normal flexion strength of knees;

Sensation of UE: sensation intact for light touch; pinprick test normal; no decreased response to stimulation by vibration;

Sensation of LE: sensation intact for light touch; pinprick test normal; no decreased response to stimulation by vibration;

Deep Tendon Reflexes: normal biceps reflex; triceps normal; normal knee jerk; normal ankle jerk;



# S Cervical Exam

Inspection: abnormal posture;

Palpation: tenderness of paracervical muscle on palpation;

Orthopedic Testing: range of motion decreased; positive valsalva test of cervical spine; neck flexion produced tingling down spine/arms;

# Lumbopelvic Exam

Inspection: abnormal posture;

Palpation: tenderness of lumbosacral spine on palpation;

Orthopedic Testing: range of motion decreased; pain of lumbosacral spine elicited by flexion; positive straight-leg raising test of right leg; positive straight-leg raising test of left leg; bechterew's test positive;

# Diagnostic Studies

MRI: Her lumbar and cervical MRIs are stable compared to her most recent imaging.

### Assessment and Plan

1. Bilateral hip pain M25.551 (719.45):

05/03/2024

- 99214 OFFICE OUTPATIENT VISIT 30-39 MINUTES Fulfilled
- 2. Cervical radiculopathy M54.12 (723.4):

05/03/2024

99214 - OFFICE OUTPATIENT VISIT 30-39 MINUTES Fulfilled

 DDD (degenerative disc disease), lumbosacral M51.37 (722.52): 05/03/2024

Page 6 of 7

33 yrs Female \_\_\_\_\_ Visit Date: 08/23/2024 10:00AM

CareCloud

Page: 12 of 22

2024-09-30 16:41:49 GMT

From: / ----

99214 - OFFICE OUTPATIENT VISIT 30-39 MINUTES Fulfilled

4. Low back pain, unspecified M54.50 (724.2):

05/03/2024

99214 - OFFICE OUTPATIENT VISIT 30-39 MINUTES (Performed) Fulfilled

#### Assessment

We will continue the current medication regimen. Medication management is indicated because the patient's symptoms would not be adequately controlled without the use of medications and/or adjuvants. Medications are helping to improve the patient's quality of life and normal activities of daily living which outweighs any side effects or problems the medication may currently be causing.

#### Plan

The patient was given verbal instructions on the medication regimen and patient verbalized understanding of instructions. The patient will follow up in office in 1 month(s) to evaluate the progress or lack of progress in relieving their pain. Compliance of the prescribed treatment plan will continue to be monitored by periodic urine drug testing in order to reevaluate for any potential substance abuse or diversion. Patient was also advised to bring medication prescribed by Dr. '....'s to office visit.

Visit Date: 09/19/2024 08:00AM

Visit Location: LEWIS PAIN FRISCO, 11500 STATE HIGHWAY 121 STE 810, FRISCO, TX 75035-9347

NOV: Follow up SSN: n/a Insurance: PPO

### Chief Complaint

The patient is here today to discuss the efficacy of her current treatment plan regarding her chronic neck and back pain.

### Cervical Pain

Location of Pain neck and L shoulder pain

Radiating neck pain radiates BUE;

Onset: chronic pain;

Severity pain level by numeric rating scale 6 (0-10);

Quality: aching pain; sharp pain; shooting;

Frequency always present;

Aggravating Factors: neck pain increased by turning head; upper back pain worse with lifting; overexertion /

strenuous movement;

Alleviating Factors: taking medication; surgical and medical procedures;

Previous Tests or Treatment: MRI scan; pain management by medication; physical therapy; musculoskeletal procedures injection; physical activity restrictions; home exercises; Patient has failed to experience lasting relief with conservative care such as NSAIDs, over the counter medication, ice, heat, physical therapy, and home exercise over 6 weeks. Patient has failed to respond to conservative care started 2011 to present. The patient is continuing conservative care such as NSAIDs, over the counter medication, ice, heat, and home exercise.

# Upper Extremity Pain

Location of Pain L shoulder

## Lumbopelvic

Radiating lower back pain radiating BLE;

Onset: chronic pain;

Severity: pain level by numeric rating scale 6 (0-10);

Quality: burning pain; aching pain; sharp pain; shooting; throbbing pain;

Frequency always present;

Aggravating Factors: overexertion / strenuous movement; sitting; standing; walking;

Alleviating Factors: relaxation techniques; taking medication;

Previous Tests or Treatment: MRI scan; pain management by medication; chiropractic manipulative treatment

(CMT); physical therapy; musculoskeletal procedures injection; home exercises; physical activity restrictions; Patient has failed to experience lasting relief with conservative care such as NSAIDs, over the counter medication, ice, heat, physical therapy, and home exercise over 6 weeks. Patient has failed to respond to conservative care started 2011 to present. The patient is continuing conservative care such as NSAIDs, over the counter medication, ice, heat, and home exercise.



### Visceral Pain

Radiating radiating abdominal pain;

Onset: chronic pain:

Severity: pain level by numeric rating scale 6 (0-10);

Quality: aching pain; sharp pain;

Frequency always present;

Alleviating Factors: taking medication;

Previous Tests or Treatment: pain management by medication; Patient has failed to experience lasting relief with conservative care such as NSAIDs, over the counter medication, ice, heat, physical therapy, and home exercise over 6 months. Patient has failed to respond to conservative care started 05/2023 to present. The patient is continuing conservative care such as NSAIDs, over the counter medication, ice, heat, and home exercise.

## ☑ Intake

### Vital Signs

Date	Pulse	SpO2	FiO2	ВР	Resp	Temp	Height	Weight	Pain	BMI	Head Cir.
09/19/2024, 08:21 AM	56 beats/minute			112/76 mmHg		98.1 F	5 ft 4 in	135 lbs	6	23.2	

#### Allergies

codeine: Reglan: Compazine: hydrocodone:

#### Medications

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methocarbamol 500 mg tablet: 1 tablet 3 times a day for 30 days, Prescribed Date: 09/02/2022

Ubreivy 100 mg tablet: gabapentin 300 mg capsule: ondansetron HCL 8 mg tablet:

pantoprazole 40 mg tablet, delayed release:

propranolol. ER 60 mg capsule,24 hr,extended release:

also states that they are taking the medication as prescribed, and denies getting pain medication from any other sources. A Prescription Monitoring Program (PMP) report was pulled and reviewed with no inconsistencies noted.

Patient is taking an opioid as well as a benzodiazepine. Patient was counseled on the potential risks associated with the interactions between the medications. We discussed the option of prescribing the Naloxone prescription.

The patient was counseled regarding their BMI of 24.0 due to the correlation between obesity and pain perception. Relative to patients with a BMI within normal limits (BMI of 18.5 to 24.9), overweight people (BMI of 25.0 to 29.9) reported 20% greater rates of recurring pain, and the rates go up to 68% for people with class I obesity (BMI of 30.0 to 34.9), 136% for people with class II obesity (BMI of 35.0 to 39.9), and 254% for people with morbid obesity (BMI >40).

# History of Present Illness

The patient presents for followup on medications. She is doing well on her current regimen. She complains of low back pain which radiates to BLE. She still notes significant relief following her cervical injections. She still has some neck pain and would like to potentially do additional injections. She denies any additional new medical issues.

# Past Medical History

past medical history reviewed:

Past Medical History: anxiety; depression; esophageal reflux; hiatal hernia; migraine headache; TIA; appendectomy;

Prior Surgical / Procedural History: prior surgery - Tubal Ligation; Tendon Repair; hernia repair; hysterectomy;

# Social History

social history reviewed;

Alcohol: no history of alcohol use; Behavioral History: never smoked;

Drug Use: no drug use;

# Family History

Family History: family history reviewed;

Father: hypertension; Mother: hypertension; Sister: hypertension;

# Lewis Pain Procedure History

#### **PROCEDURES**

2022

07/06/2022: L5/S1 ESI-50% relief 09/02/2022: L5/S1 ESI w/75% relief

2023

09/27/2023: L5/S1 ESI w/ 60% relief

2024

05/24/2024: C5/6 ESI w/ 80% relief

Page 3 of 9

33 yrs Female L Visit Date: 09/19/2024 08:00AM

Page: 16 of 22



2024-09-30 16:41:49 GMT

From:

## Review of Systems

Systemic Symptoms: no chills; no fever;

Head and Eye Symptoms: not blurry; no diplopia; ENT Symptoms: no earache; no ringing in ears;

Cardiovascular Symptoms: no palpitations; no chest pain; Respiratory Symptoms: no shortness of breath; no cough;

GI Symptoms: no nausea; no vomiting;

GU Symptoms: no flank pain; no urinary incontinence; Endocrine Symptoms: no polydipsia; no cold intolerance;

Hematologic Symptoms: no excessive bleeding; lymph nodes not enlarged; Psychological Symptoms: no suicidal tendency; no homicidal thoughts;

Skin Symptoms: no localized skin discoloration; no rash; Musculoskeletal Symptoms: back pain; limb pain; Neurological Symptoms: no numbness; no tingling; Palpation: tenderness of paracervical muscle on palpation;

Orthopedic Testing: range of motion decreased; positive valsalva test of cervical spine; neck flexion produced tingling down spine/arms;



# Lumbopelvic Exam

Inspection: abnormal posture;

Palpation: tenderness of lumbosacral spine on palpation;

Orthopedic Testing: range of motion decreased; pain of lumbosacral spine elicited by flexion; positive straight-leg raising test of right leg; positive straight-leg raising test of left leg; bechterew's test positive;

# Diagnostic Studies

MRI: Her lumbar and cervical MRIs are stable compared to her most recent imaging.

#### Assessment and Plan

1. Bilateral hip pain M25.551 (719.45):

05/03/2024

99214 - OFFICE OUTPATIENT VISIT 30-39 MINUTES

2. Cervical radiculopathy M54.12 (723.4):

05/03/2024

Page 6 of 9

33 yrs Female 1. Visit Date: 09/19/2024 08:00AM



From: \*\*\*\*\*\*\*\*\* Page: 19 of 22 2024-09-30 16:41:49 GMT

MR Cervical spine

Fulfilled, Refer to Legent for MRI Cervical without contrast.

Fax results to 833-753-1061.

Thank you,

:. FNP-C

Lewis Pain & Physical Medicine

99214 - OFFICE OUTPATIENT VISIT 30-39 MINUTES Fulfilled

3. DDD (degenerative disc disease), lumbosacral M51.37 (722.52):

05/03/2024

# 99214 - OFFICE OUTPATIENT VISIT 30-39 MINUTES Fulfilled

4. Low back pain, unspecified M54.50 (724.2):

05/03/2024

- 99214 OFFICE OUTPATIENT VISIT 30-39 MINUTES (Performed)
- 5. Chronic prescription opiate use Z79.891 (V58.69): 09/19/2024

#### 6. Opioid dependence, uncomplicated F11.20 (304.00):

09/19/2024

o

#### naloxone 4 mg/actuation nasal spray:

09/19/2024, 4 mg one prn overdose for 30 days, Quantity: 2.0 Each, (1 - 2 spray, non-aerosol blister pack), Substitutions allowed

#### 7. Left shoulder pain M25.512 (719.41):

09/19/2024

F3 ....

MR Shoulder - left

Fulfilled, Refer to Legent for MRI & Shoulder without contrast.

Fax results to 833-753-1061.

Thank you,

r, FNP-C

Lewis Pain & Physical Medicine

#### Assessment

We will continue the current medication regimen. Medication management is indicated because the patient's symptoms would not be adequately controlled without the use of medications and/or adjuvants. Medications are helping to improve the patient's quality of life and normal activities of daily living which outweighs any side effects or problems the medication may currently be causing.

#### Plan

The patient was given verbal instructions on the medication regimen and patient verbalized understanding of instructions. The patient will follow up in office in 1 month(s) to evaluate the progress or lack of progress in relieving their pain. Compliance of the prescribed treatment plan will continue to be monitored by periodic urine drug testing in order to reevaluate for any potential substance abuse or diversion. Patient was also advised to bring medication prescribed by Dr. \_\_\_\_\_\_\_ to office visit.

The patient is considered high risk for potential opiate overdose due to them taking opioids concurrently with benzodiazepines. We have educated them on the use of narcan and have collaborated with other physicians regarding medication use and everyone has voiced understanding. Should the narcan ever have to be used, the patient and/or family is to contact emergency services immediately after use.

Electronically Signed By F . . . on 09/25/24 at 08:00 AM CDT

Lewis Pain & Physical Medicine 11500 STATE HWY 121 SUITE 810 FRISCO, TX 75035

T: 214-618-9600 F: 833-753-1061

Phone (Primary): NOV: FOLLOW UP

33 yrs Female Phone (Secondary): N/A Visit Time & Date: 09/19/2024 09:00AM

DOB . . . . Email: I

Primary Payer: UNITED HEALTHCARE Secondary Payer:

PPO

Order Date: 09/25/2024 Ordering Provider: L. : FNP-C

Order Name: MR Cervical spine NPI Number: '.

Performing Provider:

Primary Diagnosis: Cervical radiculopathy M54.12 (723.4):

Secondary Diagnoses: