MEDICAL DOCUMENTATION : DO NOT DETACH
Followup Patient Narrative

U.S. HealthWorks
2499 S. Wilmington Ave.
Compton CA 90220
Ph: 310 638-1113

Date of Service:	04-04-2013
Patient Name:	Santillan, Rosario
Patient Account Number:	156238753
Date Of Injury:	02-22-2013 12:00
Date Of Birth:	03-26-1967
Employer Name:	PREMIER PERSONNEL RESOURCES
Claim #:	TWCS-1588
Chart #:	EMR/ Yb

PR2 Reason: follow-up. There is a change in treatment plan.

Patient Status:
Since the last exam, this patient's condition has: Not improved significantly

History Of Present Illness:
Patient is here for follow up visit for injury sustained on 02-22-2013 12:00.
The patient reports that their condition is the same - Patient reports they followed the treatment plan as directed. The patient states that treatment was tolerated. Patient is currently on modified duty .
Comments: Pt still has pain to her low back. She completed 6 Chiro. Been taking medications..
Back Complaints / Symptoms
Complaint: Patient's complaint at this time is as follows: pain - low back. Patient describes the symptom(s) as dull. She says it is mild. She reports having symptoms for 41 days. The frequency is intermittent.
Associated Symptoms: The patient denies dysuria . The patient denies polyuria . The patients states there is no hematuria . The patient denies fever, chills, and sweats . The patient denies parasthesias . The patient states the back pain does not radiate . The patient complains of limited back motion - . The patient denies any leg weakness . The patient states there is no numbness or tingling of the lower extremities . The patient denies any changes in bowel habits . The patient denies any bladder or bowel dysfunction .

Occupational history: Length of employment is reported as 6 months to 2 yrs. She works 40 hours per week. Main job characteristics include prolonged standing or walking, kneeling or squatting, bending, stooping and overhead work, lifting, pushing, or pulling up to 50lbs.
She denies any lost work-time as a result of this injury. She denies any other source of employment.
Surgeries: No Known Surgical History

Medical History: Patient denies history of ulcers or gastritis. No history of Diabetes. Patient states no known major/recurrent illnesses/injuries.

Tetanus History:
Last tetanus - unk.

Family History: Diabetes in relatives.
Social History: Alcohol or Tobacco use: She does not use tobacco. Denies alcohol use.

Review Of Systems:

A review of the patient's Family History, Social History, Medical History, Allergy, Current Medication and Surgery and a complete review of systems obtained from the health history completed on 02-25-2013 was done and any interval changes are noted.
Constitutional Symptoms: Recent weight change - .
Women Only: Menstrual irregularities. .

Current Medications at the start of Encounter:
Nabumetone 750 mg Tabs #20 . 1 tablet twice a day with food for inflammation/un tableta dos veces al dia con comida para inflamacion, Dispense 1 Bottle
Omeprazole D.R. 20mg #30 . 1 capsule daily. prevent upset stomach from medications, , Dispense 1 Container
Orphenadrine Citrate ER 100mg Tabs #30 . 1 at bedtime/ 1 al acostarse, Dispense 1
Polar Frost 150ml 5oz Gel Tube 1 Twice A Day PRN , Dispense 1 Container
Tramadol/Acet HCL 37.5/325 mg #20 . 1 Tablet every eight hours as needed for pain , Dispense 1 Container
Allergies:
No Known Drug Allergies.

Physical Examination:
Pulse: 80/min. BP: 110/70 mmHg. Temperature: 99.2 deg F Respiration: 14 per min.

On a severity scale the pain is 8 out of 10.
FDLMNP: 03/27/2013.

Constitutional: The patient is a well-developed, well-nourished female.
Psychiatric: Mood and affect appear appropriate .
Respiratory: There are no apparent signs of respiratory distress .
Gastrointestinal: Abdominal palpation is normal .
Genitourinary: Costovertebral angle tenderness for renal involvement is not noted .
Musculoskeletal: The patient ambulates with a normal gait, full weightbearing on both lower extremities . The patient has normal posture . There is no weakness of the lower extremities . The spine is not kyphotic . The patient does not have scoliosis . The patient has no loss of lumbosacral lordosis . The pelvis is symmetrical . There are spasms of the paravertebral musculature . There is tenderness of the paravertebral musculature - . Range of motion of the back is restricted. Flexion with the fingertips approximating the knee . Extension 15/30 deg, lateral flexion L 25/45 deg R 25/45 deg, lateral rotation L 15/30 deg R 15/30 deg.
Cardiovascular: The popliteal, anterior tibial and posterior tibial pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally.
Neurologic: Heel/toe ambulation is performed without difficulty . Bilateral patellar and achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The straight leg raising test (SLR) is negative. The back muscles display no weakness .

Diagnoses
Sprain/Strain Lumbar (847.2)
Muscle Spasm Back (724.8)
Pain - Back (724.2)

Treatment Plan
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Medications to be Continued until Next Visit:

Nabumetone 750 mg Tabs #20 1 Tablet by mouth, twice daily, after meals
Omeprazole D.R. 20mg #30 . 1 Capsule qd pc 30 Days TO PREVENT GASTRIC IRRITATION, Hx nausea/vomiting x1
Orphenadrine Citrate ER 100mg Tabs #30 . 1 at bedtime
Polar Frost 150ml 5oz Gel Tube 1 twice daily
Tramadol/Acet HCL 37.5/325 mg #20 . 1 Tablet at bedtime

Supplies:

Item Name	Quantity	Hcpc / Cpt
Heat-Thermacare Heat Wrap Back/Hip Lg/Xlg (2/Bx)	1	E1399

Treatment Plan Comments: Continue medications. Renew Chiro 3x2. Recheck one week.

WORK STATUS:

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Expected Maximum Medical Improvement (MMI) date 03-28-2013.

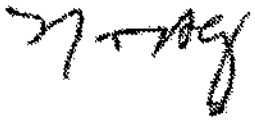
Work Restrictions:

Limited stooping and bending
Limited Lift, Limited Push and Limited Pull
up to 10 lbs.
Patient must wear back support.

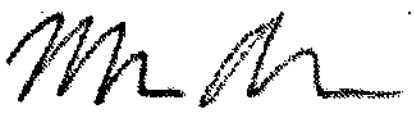
Patient Education:

Patient voiced understanding of aftercare instructions, including medication use. side effects, and proper use of dispensed supplies (when applicable), work restrictions and expected progress of the injury. Patient expressed an understanding of work restrictions and injury prognosis.

Additional Treatment: An additional course of Chriopractic Therapy has been requested. 3 times per week; for 2 week(s). Reasons for treatment include decreased / Impaired functional mobility / capacity, decreased joint range of motion and functional strength deficits. Goals for treatment include accelerate / increase functional ROM within 80 - 90% of AMA guides, accelerate / increase strength to 4/5 on MMT or acceptable performance on specific functional motor tests, achieve normalization of special test findings, decrease pain to 2/10, or less, with proper body mechanics / posture, expedite / advance expected functional capacity / status to 80 - 90% of normal, facilitate independence in a progressive home exercise program with functional emphasis, restore functional capacity to allow return to full duty.



Narin . Phuong, P.A.
This has been electronically signed on 04-04-2013



Marc Arnush M.D.
Supervising Provider

Next Appointment with Arnush Marc on 04-11-2013 02:30 pm.

U.S. HealthWorks
2499 S. Wilmington Ave., Compton
CA 90220
Ph: 310 638-1113

STATE OF CALIFORNIA
Division of Workers' Compensation
PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Patient Name: Last: Santillan	First: Rosario	MI:	DOB: 03-26-1967	Date of Service: 04-04-2013	Case #: 156238753
Occupation: Packing	SS#: 620-20-3894	Date of Injury: 02-22-2013 12:00		Claim #: TWCS-1588	
Employer: PREMIER PERSONNEL RESOURCES	Contact: MARINA PADILLA	Tel. (310)515-2832		Fax. (310)515-5317	
Claims Administrator: YORK CLAIMS		Tel. (877)751-0133		Fax. (866)548-2637	

REASON FOR SUBMITTING REPORT (Check all that apply. If any box aside from "OTHER" applies, this report qualifies as mandatory)

( ) Change in patient's condition ( ) Need for referral or consultation ( ) Information requested by:
( ) Change in work status ( ) Need for surgery or hospitalization ( ) Released from care ( ) Request for authorization
(X) Change in treatment plan ( ) Periodic Report (45 days after last report) ( )Other:

PATIENT STATUS Since the last exam, this patient's condition has:

( ) improved as expected ( ) improved, but slower than expected (X) not improved significantly
( ) worsened ( ) reached plateau and no further improvement is expected ( ) been determined to be non-work related

SUBJECTIVE COMPLAINTS

History Of Present Illness:

Patient is here for follow up visit for injury sustained on 02-22-2013 12:00.
The patient reports that their condition is the same - Patient reports they followed the treatment plan as directed. The patient states that treatment was tolerated.
Patient is currently on modified duty .
Comments: Pt still has pain to her low back. She completed 5 Chiro. Been taking medications..

Back Complaints / Symptoms

Complaint: Patient's complaint at this time is as follows: pain - low back. Patient describes the symptom(s) as dull. She says it is mild. She reports having symptoms for 41 days. The frequency is intermittent.

Associated Symptoms: The patient denies dysuria . The patient denies polyuria . The patients states there is no hematuria . The patient denies fever, chills, and sweats . The patient denies parasthesias . The patient states the back pain does not radiate . The patient complains of limited back motion - . The patient denies any leg weakness . The patient states there is no numbness or tingling of the lower extremities . The patient denies any changes in bowel habits . The patient denies any bladder or bowel dysfunction .

Occupational history: Length of employment is reported as 6 months to 2 yrs. She works 40 hours per week. Main job characteristics include prolonged standing or walking, kneeling or squatting, bending, stooping and overhead work, lifting, pushing, or pulling up to 50lbs.
She denies any lost work-time as a result of this injury. She denies any other source of employment.

OBJECTIVE FINDINGS

Physical Examination:

Pulse: 80/min. BP: 110/70 mmHg. Temperature: 99.2 deg F Respiration: 14 per min.
Severity: The severity of the pain was 6/10.
FDLMNP: 03/27/2013.

Constitutional: The patient is a well-developed, well-nourished female.
Psychiatric: Mood and affect appear appropriate .
Respiratory: There are no apparent signs of respiratory distress .
Gastrointestinal: Abdominal palpation is normal .
Genitourinary: Costovertebral angle tenderness for renal involvement is not noted .
Musculoskeletal: The patient ambulates with a normal gait, full weightbearing on both lower extremities . The patient has normal posture . There is no weakness of the lower extremities . The spine is not kyphotic . The patient does not have scoliosis . The patient has no loss of lumbosacral lordosis . The pelvis is symmetrical . There are spasms of the paravertebral musculature . There is tenderness of the paravertebral musculature - . Range of motion of the back is restricted. Flexion with the fingertips approximating the knee . Extension 15/30 deg, lateral flexion L 25/45 deg R 25/45 deg, lateral rotation L 15/30 deg R 15/30 deg.
Cardiovascular: The popliteal, anterior tibial and posterior tibial pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally.
Neurologic: Heel/toe ambulation is performed without difficulty . Bilateral patellar and achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The straight leg raising test (SLR) is negative. The back muscles display no weakness .

Diagnostic Tests: Comments: Pt still has pain to her low back. She completed 6 Chiro. Been taking medications..

DIAGNOSES: (Include ICD-9 code, if possible)

Sprain/Strain Lumbar (847.2)
Muscle Spasm Back (724.8)
Pain - Back (724.2)

TREATMENT PLAN

Office Visit / Injury Treatment:

Physical Therapy	( ) Start ( ) Continue ( ) Renew	( ) times / week for	( ) weeks	( ) Cancel ( ) Pending
Chiropractic Therapy	( ) Start ( ) Continue (X) Renew	(3) times / week for	(2) weeks	( ) Cancel ( ) Pending
Occupational Therapy	( ) Start ( ) Continue ( ) Renew	( ) times / week for	( ) weeks	( ) Cancel ( ) Pending
Acupuncture	( ) Start ( ) Continue ( ) Renew	( ) # of visits		( ) Cancel ( ) Pending
Ergonomic Evaluation	( ) Start		Other: ( )	

Supplies Dispensed:

Item Name	Quantity	Hcpc / Cpt
Heat-Thermacare Heat Wrap Back/Hip Lg/Xlg (2/Bx)	1	E1399

Treatment Plan Comments: Continue medications. Renew Chiro 3x2. Recheck one week.

Patient Education:
Patient voiced understanding of aftercare instructions, including medication use, side effects, and proper use of dispensed supplies (when applicable), work restrictions and expected progress of the injury. Patient expressed an understanding of work restrictions and injury prognosis.

Additional Treatment: An additional course of Chiropractic Therapy has been requested. 3 times per week; for 2 week(s). Reasons for treatment include decreased / impaired functional mobility / capacity, decreased joint range of motion and functional strength deficits. Goals for treatment include accelerate / increase functional ROM within 80 - 90% of AMA guides, accelerate / increase strength to 4/5 on MMT or acceptable performance on specific functional motor tests, achieve normalization of special test findings, decrease pain to 2/10, or less, with proper body mechanics / posture, expedite / advance expected functional

capacity / status to 80 - 90% of normal, facilitate independence in a progressive home exercise program with functional emphasis, restore functional capacity to allow return to full duty.

WORK STATUS:

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Expected Maximum Medical Improvement (MMI) date 03-28-2013.
Work Restrictions:
Limited stooping and bending
Limited Lift, Limited Push and Limited Pull up to 10 lbs.
Patient must wear back support.

DISCHARGE STATUS:

( ) Released from care. Return to full duty on () with no limitations or restrictions.

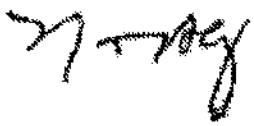
( ) Patient discharged as permanent and stationary with either impairment, work restrictions, and/or need for future medical care. A PR-4 to follow.

( ) NON-INDUSTRIAL. Patient instructed to see private physician at own expense.

PRIMARY TREATING PHYSICIAN

I declare under penalty of perjury that this report is true and correct, to the best of my knowledge, and that I have not violated Labor Code 139.3.

Signature (Original)



Name: **Narin Phuong, P.A.**

Cal. Lic. #: **PA14178**

Specialty: **Occupational Medicine**

Date of Exam: **04-04-2013**

Signature (Original)

Marc Arnush M.D.

Supervising Provider

Cal. Lic. #: A90486

NEXT APPOINTMENT

Next Appointment with Arnush Marc on 04-11-2013 02:30 pm.

Executed at: **US HealthWorks 2499 E. Wilmington Ave., Compton CA 90220 Ph:310 638-1113**

Check In Time: 04-04-2013 15:13