

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: 05-20-2013
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 need for referral or consultation.

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: Low back pain is not significantly improved. No new problems/complaints. Tolerating modified work.

Back Complaints / Symptoms

Complaint: Patient's complaint at this time is as follows: pain - back. Patient describes the symptom(s) as dull. She says it is moderately severe. She reports having symptoms for 87 days. The frequency is intermittent. The symptoms are exacerbated by bending. The symptoms are lessened by rest.

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:

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
Etodolac ER 600MG #15 . 1 once daily with food for pain and inflammation / 1 once al dia con comida para dolor y inflamacion, Dispense 1 Bottle

Allergies:

No Known Drug Allergies.

Physical Examination:

Pulse: 64/min. BP: 122/68 mmHg. Temperature: 97 deg F Respiration: 16 per min.

On a severity scale the pain is 8 out of 10.

Constitutional: The patient is a well-developed, well-nourished female.

Psychiatric: Mood and affect appear appropriate . Waddell signs for symptom magnification are negative .

Respiratory: There are no apparent signs of respiratory distress .

Gastrointestinal: Abdominal palpation is normal .

Genitourinary: Costovertebral angle tenderness for renal involvement is not noted .

Skin: Examination of the thoracolumbar region reveals no evidence of the following conditions: Erythema, ecchymosis, scars, swelling, masses and open wound - .

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 - . Patrick-Fabere test for pathology of the sacroiliac joint is negative . Extensor hallucis longus test is negative . Range of motion of the back is restricted. Flexion with the fingertips approximating the midtibia . Extension 20/30 deg, lateral flexion L 30/45 deg R 30/45 deg, lateral rotation L 20/30 deg R 20/30 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: Prior diagnostic studies were reviewed.

Diagnoses

Sprain/Strain Lumbar (847.2)

Treatment Plan

Last Saved By: Admin Admin 05-20-2013 16:30:56

Dispensed Medications:

Refill: NDC:00093-1118-01 Etodolac ER 600MG #15 . 1 once daily with food for pain and inflammation / 1 once al dia con comida para dolor y inflamacion, Dispense 1 Bottle
NDC:55111-0158-10 Omeprazole D.R. 20mg #30 . 1 capsule daily. prevent upset stomach from medications, , Dispense 1 Container
NDC:00115-2011-02 Orphenadrine Citrate ER 100mg Tabs #30 . 1 at bedtime/ 1 al acostarse, Dispense 1
NDC:67138-0533-15 Polar Frost 150ml 5oz Gel Tube 1 Twice A Day PRN , Dispense 1 Container
NDC:65162-0617-50 Tramadol/Acet HCL 37.5/325 mg #20 . 1 Tablet every eight hours as needed for pain , Dispense 1 Container

Medications to be Continued until Next Visit:

Supplies:

Item Name	Quantity	Hcpc / Cpt
Heat-Thermacare Heat Wrap Back/Hip Lg/Xlg (2/Bx)	1	E1399
Rolling Massager TigerTail 18"	1	A9300

Treatment Plan Comments: Condition not significantly improved. Tiger tail dispensed for use as needed for muscle spasms. PM&R referral is pending authorization

WORK STATUS:

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Return to work with restrictions as of 05-20-2013. Expected Maximum Medical Improvement (MMI) date 06-17-2013.

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.

Consult / Referral: PM&R consult is pending - failure to progress after conservative treatment and therapy.

The interpreter used was Elvia Perez.



Marc . Arnush, M.D.

This has been electronically signed on 05-20-2013

Next Appointment with Phuong Narin on 05-30-2013 03:30 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: 05-20-2013 Case #: 156238753

Occupation: Packing SS#: 620-20-3694 Date of Injury: 02-22-2013 12:00 Claim #: TWCS-1588

Employer: PREMIER PERSONNEL Contact: MARINA PADILLA Tel. (310)515-2632 Fax. (310)515-5317
 RESOURCES

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
 - 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 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: Low back pain is not significantly improved. No new problems/complaints. Tolerating modified work.

Back Complaints / Symptoms

Complaint: Patient's complaint at this time is as follows: pain - back. Patient describes the symptom(s) as dull. She says it is moderately severe. She reports having symptoms for 87 days. The frequency is intermittent. The symptoms are exacerbated by bending . The symptoms are lessened by rest.

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 paresthesias . 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: 64/min. BP: 122/68 mmHg. Temperature: 97 deg F Respiration: 16 per min.

Severity: The severity of the pain was 8/10.

Constitutional: The patient is a well-developed, well-nourished female.

Psychiatric: Mood and affect appear appropriate . Waddell signs for symptom magnification are negative .

Respiratory: There are no apparent signs of respiratory distress .

Gastrointestinal: Abdominal palpation is normal .

Genitourinary: Costovertebral angle tenderness for renal involvement is not noted .

Skin: Examination of the thoracolumbar region reveals no evidence of the following conditions: Erythema, ecchymosis, scars, swelling, masses and open wound .

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 . Patrick-Fabere test for pathology of the sacroiliac joint is negative . Extensor hallucis longus test is negative . Range of motion of the back is restricted. Flexion with the fingertips approximating the midtibia . Extension 20/30 deg, lateral flexion L 30/45 deg R 30/45 deg, lateral rotation L 20/30 deg R 20/30 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: Prior diagnostic studies were reviewed. Comments: Low back pain is not significantly improved. No new problems/complaints. Tolerating modified work.

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

Sprain/Strain Lumbar (847.2)

TREATMENT PLAN

Office Visit / Injury Treatment:

Physical Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Chiropractic Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Occupational Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Acupuncture	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> # of visits		<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Ergonomic Evaluation	<input type="checkbox"/> Start		Other: <input type="checkbox"/>	

Medication(s) Dispensed:

NDC:00093-1118-01 Etodolac ER 600MG #15 . 1 once daily with food for pain and inflammation / 1 once al dia con comida para dolor y inflamacion, Dispense 1 Bottle

NDC:55111-0158-10 Omeprazole D.R. 20mg #30 . 1 capsule daily, prevent upset stomach from medications. , Dispense 1 Container

NDC:00115-2011-02 Orphenadrine Citrate ER 100mg Tabs #30 . 1 at bedtime/ 1 al acostarse, Dispense 1

NDC:67136-0533-15 Polar Frost 150ml 5oz Gel Tube 1 Twice A Day PRN , Dispense 1 Container

NDC:65162-0617-50 Tramadol/Acet HCL 37.5/325 mg #20 . 1 Tablet every eight hours as needed for pain , Dispense 1 Container

Supplies Dispensed:

Item Name	Quantity	Hcpc / Cpt
Heat-Thermacare Heat Wrap Back/Hip Lg/Xlg (2/Bx)	1	E1399
Rolling Massager TigerTall 18"	1	A9300

Treatment Plan Comments: Condition not significantly improved. Tiger tail dispensed for use as needed for muscle spasms. PM&R referral is pending

authorization

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.

Consult / Referral: PM&R consult is pending - failure to progress after conservative treatment and therapy.

WORK STATUS:

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Return to work with restrictions as of 05-20-2013. Expected Maximum Medical Improvement (MMI) date 05-17-2013.

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: Marc Amush, M.D.

Cal. Lic. #: A90488

Specialty: Occupational Medicine

Date of Exam: 05-20-2013

NEXT APPOINTMENT

Next Appointment with Phuong Narin on 05-30-2013 03:30 pm.

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

Check In Time: 05-20-2013 3:44

MEDICAL DOCUMENTATION : DO NOT DETACH
Followup Patient Narrative



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

Date of Service: 05-20-2013
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 need for referral or consultation.

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 .

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Back Complaints / Symptoms

Complaint: Patient's complaint at this time is as follows: pain - back. Patient describes the symptom(s) as dull. She says it is moderately severe. She reports having symptoms for 87 days. The frequency is intermittent. The symptoms are exacerbated by bending. The symptoms are lessened by rest.

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:

Omeprazole D.R. 20mg #30 . 1 capsule daily. prevent upset stomach from medications, , Dispense 1 Container
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Etodolac ER 600MG #15 . 1 once daily with food for pain and inflammation / 1 once al dia con comida para dolor y inflamacion, Dispense 1 Bottle

Allergies:

No Known Drug Allergies.

Physical Examination:

Pulse: 64/min. BP: 122/68 mmHg. Temperature: 97 deg F Respiration: 16 per min.

On a severity scale the pain is 8 out of 10.

Constitutional: The patient is a well-developed, well-nourished female.

Psychiatric: Mood and affect appear appropriate . Waddell signs for symptom magnification are negative .

Respiratory: There are no apparent signs of respiratory distress .

Gastrointestinal: Abdominal palpation is normal .

Genitourinary: Costovertebral angle tenderness for renal involvement is not noted .

Skin: Examination of the thoracolumbar region reveals no evidence of the following conditions: Erythema, ecchymosis, scars, swelling, masses and open wound - .

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 - . Patrick-Fabere test for pathology of the sacroiliac joint is negative . Extensor hallucis longus test is negative . Range of motion of the back is restricted. Flexion with the fingertips approximating the midtibia . Extension 20/30 deg, lateral flexion L 30/45 deg R 30/45 deg, lateral rotation L 20/30 deg R 20/30 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: Prior diagnostic studies were reviewed.

Diagnoses

Sprain/Strain Lumbar (847.2)

Treatment Plan

Last Saved By: Admin Admin 05-20-2013 16:30:56

Dispensed Medications:

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Item Name	Quantity	Hcpc / Cpt
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Treatment Plan Comments: Condition not significantly improved. Tiger tail dispensed for use as needed for muscle spasms. PM&R referral is pending authorization

WORK STATUS:

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Work Restrictions:

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

Patient Education:

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Consult / Referral: PM&R consult is pending - failure to progress after conservative treatment and therapy.

The interpreter used was Elvia Perez.



Marc . Amush, M.D.

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Next Appointment with Phuong Narin on 05-30-2013 03:30 pm.



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

Patient Name: Last: Santillan First: Rosario MI: DOB: 03-26-1987 Date of Service: 05-20-2013 Case #: 156238753

Occupation: Packing SS#: 620-20-3894 Date of Injury: 02-22-2013 12:00 Claim #: TWCS-1588

Employer: PREMIER PERSONNEL Contact: MARINA PADILLA Tel. (310)515-2632 Fax (310)515-5317
RESOURCES

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
 Change in treatment plan Periodic Report (45 days after last report) Other:

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

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SUBJECTIVE COMPLAINTS

History Of Present Illness:

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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:

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Severity: The severity of the pain was 8/10.

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Respiratory: There are no apparent signs of respiratory distress .

Gastrointestinal: Abdominal palpation is normal .

Genitourinary: Costovertebral angle tenderness for renal involvement is not noted .

Skin: Examination of the thoracolumbar region reveals no evidence of the following conditions: Erythema, ecchymosis, scars, swelling, masses and open wound .

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 . Patrick-Fabere test for pathology of the sacroiliac joint is negative . Extensor hallucis longus test is negative . Range of motion of the back is restricted. Flexion with the fingertips approximating the midline . Extension 20/30 deg, lateral flexion L 30/45 deg R 30/45 deg, lateral rotation L 20/30 deg R 20/30 deg.

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Diagnostic Tests: Prior diagnostic studies were reviewed. Comments: Low back pain is not significantly improved. No new problems/complaints. Tolerating modified work.

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

Sprain/Strain Lumbar (847.2)

TREATMENT PLAN

Office Visit / Injury Treatment:

Physical Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Chiropractic Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Occupational Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Acupuncture	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> # of visits		<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Ergonomic Evaluation	<input type="checkbox"/> Start		Other: <input type="checkbox"/>	

Medication(s) Dispensed:

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NDC:67138-0533-15 Polar Frosts 1150ml 5oz Gel Tube 1 Twice A Day PRN, Dispense 1 Container

NDC:65162-0617-50 Tramadol/Acet HCL 37.5/325 mg #20 . 1 Tablet every eight hours as needed for pain . Dispense 1 Container

Supplies Dispensed:

Item Name	Quantity	Hcpc / Cpt
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Treatment Plan Comments: Condition not significantly improved. Tiger tail dispensed for use as needed for muscle spasms. PM&R referral is pending

authorization

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.

Consult / Referral: PM&R consult is pending - failure to progress after conservative treatment and therapy.

WORK STATUS:

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Return to work with restrictions as of 05-20-2013. Expected Maximum Medical Improvement (MMI) date 06-17-2013.

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: Marc Amush, M.D.

Cal. Lic. #: A90486

Specialty: Occupational Medicine

Date of Exam: 05-20-2013

NEXT APPOINTMENT

Next Appointment with Phuong Narin on 05-30-2013 03:30 pm.

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

Check In Time: 05-20-2013 3:44