



Spine Institute of Waukegan
PERSONAL INJURY and WORKERS COMPENSATION SPECIALISTS
ACCIDENT and INJURY form PIFR-3
PRIMARY TREATING PHYSICIAN'S FINAL REPORT (PIFR-3)
FINAL IMPAIRMENT RATING PERSONAL INJURY REPORT
OFFICIAL OFFICE FORM

Last:	First:	MI:	Sex:	D.O.B:
Address:		City:	State:	Zip:
Occupation:	SS#:	Phone:		

Claims Administrator:		DOI:		
Adjuster Name:		Claim Number:		
Address:		City:	State:	Zip:
Phone:		Fax:		

Attorney Information: (If applicable)				
Name:		Claim Number:		
Address:		City:	State:	Zip:
Phone:		Fax:		

FINAL VALUES for IMPAIRMENT RATING

CASE HISTORY BRIEF:

As you will recall, this patient was driving eastbound on Washington Ave. He was driving a 1999 Ford Contour. At the time the patient had a green light. There was a pick-up truck that was turning left onto Milwaukee Ave. The patient proceeded to cross Milwaukee Avenue going at about 50 m.p.h. when suddenly, the pick-up truck turned in front of him from the opposite side. The impact of the crash caused the airbag to deploy and the patient to be thrown forward and then back onto his seat which resulted in a high level of pressure and discomfort in the cervical and lower back area immediately. The patient was instantly overwhelmed by severe pain in his neck and back. Due to the pain, the patient felt it was wise not to move and therefore remained in his car and waited for the police and ambulance to arrive.

Once the ambulance had arrived, workers helped him out of his severely damaged car which was totaled and placed him into a C-Collar and Back Board. The patient was then sent to the Victory Hospital Emergency Room for X-rays and a CT scan to be taken. The patient stated later on that dizziness, chest pain, and the pain in his low back began immediately after the accident. Additional symptoms began to appear a couple of hours later. He began to experience pain in his neck along with the pain in his lower back. He felt a great deal of discomfort with any form of movement.

The patient states that ever since the day of his accident he has been in constant pain. He presented to our office for further evaluation and care due to his ongoing pain the very next day after the accident. He was examined thoroughly and then placed on a regimen of physical therapy and rehabilitation that lasted for several weeks until such time he reached a point of maximal medical improvement. The treatment prescribed for him was medically necessary to assist him with his injuries and for healing purposes and to decrease his pain. He was released as permanent and stationery on or around March 07, 2007 when he was given a thorough final impairment exam with further digital imagery of his spine for analysis purposes. His x-rays were sent out to National Injury Diagnostics for measuring and digitization whereby we were given his permanent results of radiological impairment secondary to ligamentous disruptions. Below are our findings and recommendations and final impairment readings.

Work History:

The patient works for Ducts Unlimited Inc. as a specialist in Ducts cleaning. Some of his responsibilities include much bending and twisting at the torso to complete tasks such as sweeping, lifting moderately sized objects, and routine cleaning. The patient works M-F and some Saturdays, full time.

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SUMMARY OF CARE:

Short and Long Term Treatment Goals:

Short Term Goals: Passive intervention is to promote anatomical rest, to diminish muscular spasm, to reduce inflammation and alleviate pain overall.

The initial plan of care was to begin the patient on passive modalities to reduce swelling and inflammation with pain as well as other items of mention previous.

The patient received Interferential treatment or muscle stim to the areas of complaint, mainly the cervical, thoracic and lumbar paravertebral muscles. This was performed to assist in diminishing muscular spasm, reduce pain and enhance local metabolism, for 10-15 minutes at 1-150Hz's (Multifunction setting). MilliAmperes will vary depending upon patient tolerance level.

The application of Moist Heat at same areas as above for 10 minutes or more was to improve local metabolism and enhance vasodilation of tissues. This is also utilized as a precursor to the CMT procedure and assists in reducing or diminishing secondary muscle spasm from the CMT procedure.

The patient received Ultrasonic Therapy to assist in subcutaneous and basilar layer of derma, increased metabolism and further deeper enhanced vasodilation and normalcy of cellular oscillation at or nearest to 70uV's.

CMT procedures or Chiropractic Manipulative Therapy technique for separation of the Cervical, Thoracic and Lumbar fixated facet joints/ articulations noted above utilizing low force, high velocity Diversified and Gonstead Techniques to increase the range of pain free motion and to minimize deconditioning.

Isokinetic Resistance was utilized to assist in facilitating correct skeletal biomechanical movement and translation of joints one among another, that have been misaligned as well as to strengthen extrinsic and intrinsic muscles of the spine and body that are consistent with the injuries at hand. Protocol consists of reps and sets with averages of 12-15 reps per set and up to 3-5 sets per exercise. The patient was involved with up to 5 strengthening machines, cables and elastic theraband and floor exercises.

Manual Therapy was also provided where the patient received deep Neuromuscular Massage work to different areas of the spinal paravertebral musculature that was injured, to assist in increasing the overall range of motion of the spine and to break up deeper tissue adhesions causing limitations thereof and producing chronic myofascial pain syndromes.

Lifestyle adaptations of home recommendations of rest, meditation, improved nutrition and light stretching to the lower spine, mid and upper as well as the cervical spine was promoted to further diminish anxiety and to mitigate the cost of recovery.

Patient was placed on a 3 times per week Physical Therapy program that initially consisted of the CMT procedures along with the passive modalities. On December 18, 2006, the patient slowly began the rehabilitation and further extensive Physical Therapy. The active role the patient played in his treatment and overall care assisted in his recovery. On 01/04/07, the patient was dropped to 2-3x's per week after his first re-examination of 12/29/06.

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Patient was to continue with treatment 2-3 times per week until his next re-exam. He continued to engage in rehabilitative exercises to help strengthen his lower spine and neck. He was examined once more on 01/31/07 where he was dropped to once a week. He continued his visits for one more month with decreased restrictions and on March 07, 2007, he was given a final examination and released as permanent and stationery with further home exercises prescribed. Because of the ongoing lower back pain, he was placed on the decompression table that assisted with his pain. He was also given a digital motion fluoroscope x-ray that further exhibited the ligamentous structures in his lower back and was also utilized for a portion of the permanent impairment rating and final concluding diagnosis.

Long Term Goals: These were to return Mr. Manuel Guadarrama to as close to pre-injury status and diminish potential deconditioning of injured tissue to prevent chronic pain syndrome(s). Treatment type, duration of treatment and frequency of care was within normal limits due to the severity of his injuries. Range of deficits and ligament instability were stabilized through a controlled functional recovery program.

Diagnostic Testing:

During the course of this patient's treatment, it was necessary to refer the patient out for further testing of his lower extremity paresthesia and numbness with pain. The patient had been experiencing this since the accident. He was referred and received a lower extremity NCV/SSEP on 12/13/06 which showed right Tibial SSEP delays consistent with possible Spinal Stenosis, etiology unknown with left tibial h-reflex delay consistent with S1 Radiculopathy and multiple neuropathies in the sural and superior Peroneal nerves. All the findings are consistent with lower extremity nerve dysfunction possibly secondary to spinal dysfunction of the lower lumbar region.

The patient's treatment was altered and appeared to assist the patient with the residual symptomatology in that regard by diminishing the paresthesia and tingling. An MRI might have been the best situation to look at the anatomical structures in the lower spine and to officially rule out disc bulges or herniations since there are findings both with the SSEP and the H-Reflex exhibiting radiculopathy at S1 but was not performed since the patient appeared to be improving at an acceptable manner and rate. He received multiple CT scans along with x-rays in the Hospital but the CT scan was performed of the internal organs and pelvis and not specific to the lower spine.

Further X-rays were performed at our facility and referred out with radiologist read. 5 view lumbar spine, 2 view thoracic spine, and Davis Series X-rays taken. Lumbar spine shows femoral head length unleveling with a corresponding mild levorotary curvature with pars defect at L5 segment bilaterally and a 20% anterolisthesis of L5 upon the transitional segment. Thoracic spine shows a mild flattening of the thoracic kyphosis. Cervical spine shows loss of cervical lordosis with misalignments throughout along with motion integrity compromise and reduced range of motion. Please see enclosed report for all details pertinent.

Medical Specials: \$11,669.23
Property Damage: Unknown
Income Loss: Unknown

Injuries:

Neck, Back, Upper and Lower Extremity Injuries

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ICD9 Injury Codes: E815.0, 922.1, 844.8, 924.11, 922.2, 524.60, 722.10, 724.4, 847.2, 847.0, 847.1, 728.87, 728.85, 784.0, 716.95, 780.50, 308.0, 723.1, 724.2, 729.1, 840, 739.1, 739.2, 739.3, 719.7,

*****COMPLICATING FACTORS: *(737.39, 738.4)**

CPT Treatment Codes: 97140, 97014, 97010, 97035, 98942, 98940, 72070, 72052, 72110, 99204, L0120, 99212-25, 98941, 97110, 97032, 97039, 99082, 99199, 99214-25, 95900, 95903, 95904, 95926, 95934, 95999, 93760, 96004, 99090, 99213-25, 99080.

HISTORY OF INJURIES

Neck and Back Injuries

<u>Provider Name</u>	<u># of Treatments</u>	<u>Last Treatment Date</u>	<u>Prognosis</u>
PARAMEDICS/ Ambulance	1	11/28/06	Complaints/ Treatment
Dr. Karim Syed, MD/ (ER)	1	11/28/06	Complaints/ Treatment
Blood Lab/ LS Pathologists	1	11/28/06	Complaints/ Treatment
Dr. Robert A.Dickstein, MD *(E.R. RADIOLOGIST)	1	11/28/06	Complaints/ Treatment
Kelly G. Worth, DC	36 (scheduled)	03/07/07	Complaints/Treatment

<u>Hospitalization; # of times:</u>	<u>Dates:</u>	<u>Days:</u>	<u>ICU:</u>
1	11/28/0	1	No

History of Complaints:

<u>Symptom</u>	<u>Physician</u>	<u>Date Noted</u>	<u>Duration</u>
Range of Motion	Dr. Kelly G. Worth, DACAN	11/29/06	03/07/07
Spasm	Dr. Kelly G. Worth, DACAN	11/29/06	03/07/07
Difficulty Sleeping	Dr. Kelly G. Worth, DACAN	11/29/06	03/07/07
Radiating Pain	Dr. Kelly G. Worth, DACAN	11/29/06	03/07/07
Headaches	Dr. Kelly G. Worth, DACAN	11/29/06	03/07/07
Numbness	Dr. Kelly G. Worth, DACAN	11/29/06	03/07/07
Difficulty Walking	Dr. Kelly G. Worth, DACAN	11/29/06	03/07/07

History Treatments:

<u>Treatment:</u>	<u>Duration</u>	<u>Provider</u>	<u>Times per week</u>	<u>Last Date Noted</u>
Chiropractic	Prolonged Regular	Dr. Kelly G. Worth	3	03/07/07
Physical Therapy	Prolonged Regular	Dr. Marcello Leao	3-4	03/07/07
Rehabilitation	Prolonged Regular	Dr. Marcello Leao	3	03/07/07
Self Exercise	Short Regular	Dr. Kelly G. Worth	Daily	03/07/07
Medication	Regular Prolonged	ER Physician, MD	As Prescribed	11/28/07
Duties under Duress	12 Weeks/ Ongoing	Dr. Kelly G. Worth		03/07/07
Loss of Enjoyment	12 Weeks	Dr. Kelly G. Worth		03/07/07

IMPAIRMENT CONSIDERATIONS:

This patient qualifies for a DRE CATEGORY II at **5%** Impairment of the WHOLE PERSON for the Cervical Spine. Mr. Guadarrama also qualifies for a CATEGORY IV at **20%** Impairment of the WHOLE PERSON for the Lumbar Spine.

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These figures were derived from the AMA Guides to the *Evaluation of Permanent Impairment, 5th Edition*; (Page 384, Chapter 15, Section 15.4, Table 15-3 - Criteria for Rating Impairment Due to Lumbar Spine Injury). Also; (page 392, Chapter 15, Section 15.6, Table 15-5 - Criteria for Rating Impairment Due to Cervical Disorders).

Page 604 of the COMBINED VALUE CHART issues the tables that allow combination of two or more WHOLE PERSON VALUES as in this patient’s case. Patient’s combined values exhibit a total from the combined chart table of **24% TOTAL IMPAIRMENT**. Total values were considered by objective and subjective information that followed the protocols consistent with the AMA guidelines noted in the patient’s exam findings. The 24% Impairment is a combined value of all injuries ratable at the time of the patient’s release but mainly his cervical and lumbar spine. 3% additional % was placed on the Lumbar spine due to the increase in difficulties with ADL’s and the Lower lumbar spine as apposed to the Cervical spine making the total combined values at 26%. Patient’s impairment rating in our professional opinion will not change either way within 1% for the next year or more. This patient’s condition is stable and static.

The patient does not qualify for a 25% impairment for his cervical spine secondary to x-ray translations however does in fact qualify for a 20% impairment rating from digitized x-ray translations of his lower back as stated above. X-rays were digitized of the cervical spine and exhibit motion segment integrity with signs of ligamentous instability at C3, C4 and C5 but is not beyond the ratable findings noted and necessary for the impairment rating of the spine via x-ray digitization following the AMA Guidelines of the Impairment Rating Guide, 5th edition. However, we also had the Lumbar spine x-rays digitized and noted translation changes and abnormal motion segment integrity at L1 and L5 yielding an impairment rating estimate based on plain film forensics at 20% as stated above. Page 604 of the COMBINED VALUE CHART issues the tables that allow combination of two or more WHOLE PERSON VALUES as in this patient’s case.

Patient’s combined values exhibit a total from the combined chart table by adding **5%** and **20%** and **3%**; TOTAL IMPAIRMENT would be **26%**.

This patient was injured from the 11/28/06 accident whereby he sustained ligamentous injuries to his neck and back that were serious enough to produce permanent loss of range of motion as well as instability and vertebral segmental translation of the mid section of the cervical spine and L1 with L5 in the Lumbar spine. This caused a permanent whole person disability of 26% as stated above.

CURRENT MEDICAL EXPENSES: (These are actual costs of necessary medicals and medicals already given in our office and referrals directly related to this facility, based on the patients’ current exam findings and history of injuries and other notes and records. This does not include all future medical expenses.)

<u>Amount: \$</u>	<u>Type:</u>	<u>Physician:</u>	<u>Chart Date- Final Visit</u>
\$2,577.82	Chiropractic	Dr. Kelly G. Worth, DACAN	03/07/07
\$3,207.01	Rehabilitation	Dr. Marcello Leao	03/07/07
\$4,420.20	Physical Therapy	Dr. Marcello Leao	03/07/07
\$3,192.88	Lab	Shaku Chhabria, MD	12/13/06
\$1,464.20	Misc: (Travel Assist, Report, Record Retrieval, etc.)		03/07/07
TOTAL EXPENSES			\$14,862.11

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FUTURE MEDICAL EXPENSES:

<u>Future Treatment</u>	<u>Future Cost</u>	<u>Physician</u>	<u>Chart Date</u>
Chiropractic Manipulative Therapy	\$1,473.60	Dr. Kelly G. Worth	03/07/07
Physical Therapy	\$4,239.36	Dr. Kelly G. Worth	03/07/07
Rehabilitation	\$0	Dr. Kelly G. Worth	03/07/07

*(Rehab has changed to Home Exercise)

Future Medical Expenses Discussed:

Mr. Manual Guadarrama suffered injuries to his Cervical, Thoracic, Chest, Lumbar region with further injuries to his upper and lower extremities as a result of the motor vehicle collision that occurred on or about 11/28/06. Currently, Mr. Guadarrama’s condition is stable and static. As such, his current prognosis for future treatment is probable. Due to the probability of returning symptomatology from increased levels of structural and muscular stress at home and as a full time worker, he will fail to sustain maximum therapeutic benefits and his condition will progressively deteriorate due to the withdrawal of active and/or passive care. His position with the work is aggressive manual labor and his days are long and the physical demands on his body are such that he needs to be in top shape. With residuals lingering in his spine from the accident, it is most definite that he will continue to struggle with pain in his spine, loss of range of motion in his neck and back and loss of enjoyment with duties under duress ongoing.

Since Mr. Guadarrama was seen at the Vista Medical Hospital located on 1324 North Sheridan Rd in Waukegan, Formerly known as Victory Memorial Hospital, and presented there the same day and reported pain immediately in multiple areas of his neck, head and back, etc... right after the accident receiving multiple x-rays, CT-scan and further examination; according to the scientific literature, patients that report immediate symptoms are at higher risk of long term pain from whiplash and motor vehicular spinal trauma, (Radonov, BP et al., Long Term Outcome after Whiplash Injury...Medicine 1995: 74(5): 281-476). It is well understood in the medical literature that severe ligament sprains of the Spine and Cervical spine are the result of traumatic tears of the anatomical structures uniting the vertebrae; disruption allows the vertebrae to be displaced beyond the physiologically normal range. The whiplash and spinal trauma sustained by Mr. Guadarrama from the accident/ injury collision, caused a significant ligamentous injury and instability pattern as noted by our x-ray findings and objective exam specific for the anterior and posterior longitudinal ligament. The cervical injury sustained from this motor vehicular collision caused a rupture of stabilizing soft tissue resulting in a biomechanical instability which may lead to future neurological impairment.

The whiplash and spinal trauma, sustained by the patient from the accident injury collision, caused a significant ligamentous injury that continues to compromise function of normal daily activities as duly noted in final patient record dated 03/07/07.

In regards to permanent impairment assessment, it was performed in accordance with the AMA Guides to the *Evaluation of Permanent Impairment, Fifth Edition*. Impairment is considered permanent when it has reached maximum medical improvement, meaning it is well stabilized and unlikely to change substantially in the next year with or without medical treatment.

As such, for this patient, final exam findings exhibit loss of range of motion in both the cervical and lumbar region with residual myofascitis or chronic muscle spasm that continues to give pain to the patient on a

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lesser scale and permanent ligamentous damage and vertebral translations at multiple levels throughout the cervical and lumbar spine with the lumbar spine going beyond into a ratable AMA protocol as already described..

I believe that at the very least, he will need additional follow-up care up to 2 years (36 visits over the next 24 months), 2 times per month for the first 12 months and one time a month thereafter for 12 months at approximately \$238.04 per visit which includes Physical Therapy Modalities and CMT procedure to the entire spine. (This does not include the rehab portion of the treatment.) Mr. Guadarrama will continue to perform duties under duress and loss of enjoyment will be ongoing at work and at home. This will affect his mental and physical health. He will attempt to treat himself at home with self-exercise, improved nutrition and light stretching to diminish anxiety and again, mitigate cost of recovery. We have counseled Mr. Guadarrama that he becomes more physically active with regard to exercising the upper and lower body in general, mainly with weight training. Excellent exercises would also include swimming and walking.

Medical Expense Summary:

Physician Expenses (Chiro., P/T, Rehab, Exams, X-rays, Records, Reports, etc..)	\$11,669.23*
Future Medical (As it relates to Chiropractic/ P/T / Rehab.)	\$8,569.44*
Future Income Loss	Unknown

TOTAL MEDICAL EXPENSES \$20,238.67

*(Physician expenses are the total expenses thus far from the initial visit to final visit and total fees acquired for all services provided strictly with our office and none else. Future Medical is only an estimate and as well, only relates to our Specialty.)

BASIS of OPINION:

The basis of our opinion is duly noted from our objective findings from our examinations and the patient’s symptomatology ongoing. The findings were consistent with the injury of question. The patient shows no history of injuries that are in need of apportionment. Further, the patient shows no past history of injuries or health conditions that would warrant suspicion of the current injuries also being apportioned. That these injuries were solely and 100% from the auto accident of issue except for the Grade I Spondylolisthesis which was more than likely pre-existing and was only a complicating factor. Residual findings of the examination were noted and all examination and diagnostic findings were utilized for final impairment rating purposes.

TREATMENT GUIDELINES USED:

This patient received treatment in the form of Physical Therapy and CMT procedures 3x’s per week with a gradual reduction of weekly visits until such time the patient was released as stable and static. *(CAD Croft Guidelines are utilized in our facility specific for Motor Vehicular injuries, particularly where the Cervical Spine is injured. These Guidelines are based on specific criteria of initial rating of patient’s condition. The Grades of Severity of Pain would be from Grade I-IV, Minimal, Slight, Moderate and Severe. Guidelines for Frequency and Duration of Care also Grade and are I-V ranging from 21 total visits or less for a Grade I up to 76 visits or less for a Grade III. Above this level would relate to surgical and even more severe injuries where over 100 visits would be warranted over a 56(+)wk period.) This patient is categorized as a GRADE II for the cervical spine to GRADE III for the lumbar spine and would follow the Grade II and Grade III Category of Guideline Treatment of the Croft Guidelines for CAD Motor Vehicular Injuries.

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As you can see from our treatment given, we are largely under the standard acceptable range for treatment both in visits and time length. This is due to our sophisticated rehab center and maturity of the Physicians on staff with experience in injuries. Our goal is to also mitigate costs and expenses as quickly as possible by providing the patient with multiple exercises and other necessary home programs that essentially cut the treatment time down a third to one half. The patient does not have ratable ligamentous instabilities in his cervical spine but does in the lumbar spine. These findings are not operable and they do not require surgery since there is no neurological component involved at this time however, that could change over time.

VALIDATION of IMPAIRMENT RATING:

Impairment ratings were reviewed with Physician's below with final findings and noted as being true Impairment rating scores directly from the *AMA GUIDES to Impairment rating, 5th Edition*. Dr. Kelly G. Worth is a "***Certified Disability Analyst***" with Diplomate status and qualifies for rating persons for Impairment residuals.

Thank you for your cooperation and appreciate final processing of this patient's chart.

Respectfully,

Dr. Kelly G. Worth, DC, ND, CMUA, FAFICC, FIACN, DACAN, DABCI
Fellow of the American Forensic Industrial Chiropractic Consultants
Fellow of the International Academy of Clinical Neurology
Diplomate American Chiropractic Academy of Neurology
Board Certified Chiropractic Neurologist
Diplomate American Board of Chiropractic Internists
Board Certified Chiropractic Internists
Certified Manipulation under Anesthesia
Board Certified Naturopathic Physician
Diplomate American Board of Pain Management
Diplomate American Board of Disability Analysts
Qualified Medical Examiner, CA 1991-1994, 1998-2006
Clinic Director and Primary Treating Physician

CA Lic#: 19653
WI Lic#: 4264-012
IL Lic#: 038-010349

Respectfully,

Dr. Marcello Leao
Assisting Treating CMT Physician
Rehabilitation and Physical Therapy Coordinator