



Spine Institute of Waukegan
WORKERS COMPENSATION PROGRESS REPORT
PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR2)
PTP - PROGRESS REPORT UPDATE
OFFICIAL OFFICE FORM

Check the box(es) which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e. has reached maximum medical improvement), do not use this form. You may use WCPR Form FR3 or WCFR-3 Form 040605.

Form with checkboxes for report reasons: Periodic report (required 30-45 days after last report), Change in treatment plan, Discharged, Change in Work Status, Need for referral or consultation, Info. Requested by, Change in patient's condition, Need for surgery or hospitalization, Other: POSSIBLE MRI and EPIDURAL INJ.

Patient: *(see below) Treatment Facility: SPINE INSTITUTE of WAUKEGAN, LLC

Form with fields for patient information: Last, First, MI, Sex, D.O.B., Address, City, State, Zip, Occupation, SS#, Phone

Claims Administrator: DOI: 02/22/07

Form with fields for Claims Administrator: Name, Claim Number, Address, City, State, Zip, Phone, Fax

Attorney: *(If Applicable)

Form with fields for Attorney: Name, Claim Number, Address, City, State, Zip, Phone, Fax

Employer Name: Employer Phone:

The information below must be provided. You may use this form or you may substitute or append a narrative report.

Subjective complaints: (Any and all complaints that pertain to the injury of issue and that are consistent with exam findings.)

Re-exam today. Patient says he is improving in pain scale. He says sitting for a long time and bending forward increases his low back pain. He currently rates his pain a 1 out 10 in VAS but if he sits for a prolong time the pain increases to a 5 out 10 in VAS. Numbness and pain in right leg is improved and only experiences it when walking for long time and attributes this perhaps to the findings noted on the NCV and changes with VAX-D. He says the therapies are helping but is not sure what is helping him the most. Patient is able to sleep at night without as much pain. He is currently not working right now since there is no light duty job for him.

Objective findings: (Include significant physical examination findings or other needed for current update on patients progress.)

THORACOLUMBAR: Range of motion in flexion 45 degrees with mild pain in right side, extension 15 degrees with mild pain on right side, R. Lateral flexion 20 degrees with pain, L. Lateral flexion 20 degrees with pain, R. Rotation 30 degrees with pain, and L. Rotation 30 degrees with no pain. INSPECTION: No rashes noted. PALPATION: Tenderness, spasms, and tightness throughout right lumbar paraspinal muscles. Vertebrae compression moderately tender at L3-L5. Bilateral SI joints non-tender. SPECIAL TESTS: (+) SLR on right at 45 degrees and SLR on left causes low back pain, (+) Kemps bilaterally, (+) Nachlas on right and (-) on left, (+) Ely's on right and (-) on left.

MUSCLE STRENGTH: Hip Flexors 5/5 for L and 4/5 for R, Knee extensors 5/5 for L and 5/5 for R, Knee flexors 5/5 for L and 5/5 for R, Foot inversion 5/5 for L and 4/5 for R.

NEURO: Reflexes within normal limits for upper and lower extremities except a +1 for right lower extremity.

MRI, NCV/EMG or CPT/SEP test results, Digital Motion Fluoroscopy, (DMF), etc.: (laboratory, imaging, or other diagnostic findings that are pertinent to this patient and the injury of question. Discuss findings and how it will alter your treatment plan, if at all.)

04/20/07 - X-ray radiologist report signed by Dr. Terry Yochum, D.C., D.A.C.B.R. Distinct flattening of the lumbar lordosis suggesting acute underlying muscles spasm. Moderate discogenic spondylosis at the L4/L5 level with 20% loss of disc height. Further details in report.

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03/07/07 – CT of Lumbar spine signed by Steven Nydick M.D. performed at Vista Imaging Center. Bulging disk at the L1-L2 and L3-L4 levels produce mild impression upon the ventral thecal sac. Mild segmentation abnormality within the L4 vertebral body. Broad based central disk protrusion at the L4-L5 level produces moderate impression upon the ventral thecal sac and upon the L5 nerve root sleeves bilaterally. Mild posterior articular facet hypertrophy at the L4-L5 and L5-S1 levels. Further details in report.

05/09/07 - NCV/SSEP with left Tibial H-Reflex markedly delayed suggesting S1 Radiculopathy on that side. The patient further has SSEP findings that are delayed bilaterally consistent with space occupying lesion in the spine most likely through the IVF's where the disc herniations are causing secondary dysfunction with the sensory pathways. Finally, other peripheral neuropathies as mentioned in the report. Findings are signed by Dr. Chhabria, Medical Neurologist

MD EVALUATION and findings: (If applicable, describe all referred Physician findings and what's recommended and/or what's being performed by said Physician Specialist. Is surgery a probability or possibility?)

Patient to be scheduled with Pain Management Dr.

DX-Diagnoses:

1. LUMBAR DISC INJURY/ SYND - Bulges at L1-L5	ICD-9 722.10
2. LUMBAR RADICULOPATHY	ICD-9 724.4 - Still Remarkable
3. MUSCLE WEAKNESS, Lower Extremity	ICD-9 728.87
4. MUSCLE SPASM, Internal Rotatory and Paravertebral Muscles, Primary	ICD-9 728.85
5. LUMBAR SPRAIN/ STRAIN - Chronic	ICD-9 847.2 - Resolving
6. MYOFASCITIS, Lumbar Spine	ICD-9 729.1 - Resolving
7. MULTIPLE VERTEBRAE DISPLACEMENT-Lumbar	ICD-9 839.20 - Resolving
8. MULTIPLE VERTEBRAE DISPLACEMENT-Thoracic	ICD-9 839.21 - Resolving
9. Lumbar Segmental Dysfunction	ICD-9 739.3 - Resolving
10. Sacral Segmental Dysfunction	ICD-9 739.4 - Resolving
11. Pelvic Segmental Dysfunction	ICD-9 739.5 - Resolving
12. SWELLING and INFLAMMATION, Nerve Roots and L-Sp Soft Tissue	ICD-9 716.95
13. DIFFICULTY WALKING, Prolonged Gait Alteration 2 nd to L-sp Pain	ICD-9 719.7 - Improving
14. LUMBOSACRAL PLEXUS DISORDER	ICD-9 353.1

Treatment Plan: Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation or acupuncture) Use of CPT codes is encouraged. Have there been any changes in treatment plan? If so, why?

Patient has been receiving treatment 3x's a week since last re-exam. His treatments have consisted of physiotherapy and physical therapy exercises. He has also been receiving VAX-D and periodic CMT. Therapeutic exercises have consisted of range of motion, strengthening, and stretching. Part of his strengthening has included isotonic exercise machines that are specifically made for the lumbar spine. He will begin simulated work activities such as twisting and lifting as tolerable. Patient has improved subjectively and objectively compared to his last re-exam. Although he has decreased pain while not moving his lumbar spine, he does continue with increased pain with movements. We account this to the multiple disc bulges noted within the spine. Since he continues with significant signs and symptoms, current treatments will be continued 2x a week since improvement is continuing.

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We will order an MRI of his lumbar spine since he continues with significant pain with movements, and as per IME recommendations. If patient does not improve in the next two weeks, we will schedule him for epidural injections with our Board Certified Pain Management Physician. If epidural injections do not help, we will schedule him with Neurosurgeon MD for second opinion. Patient will have a formal re-exam in 30 days.

DISABILITY STATUS: (Describe patient's current disability and whether or not they are off work, working with restrictions or back to work completely. Also display the amount of time lost from work since treatment commenced in your office up to the date of the re-exam.)

RESTRICTIONS TO CONTINUE

<p>Work Status: this patient has been instructed to:</p> <p><input type="checkbox"/> Remain off work until: _____</p> <p><input checked="" type="checkbox"/> Continue modified work from 06/15/07 until 07/15/07. <u>No lifting more than 35lbs. No prolonged bending or twisting motions of the low back. Alternate sitting and standing as needed. No prolonged flexion of the back, such as bending over a low work table.</u></p> <p>(List all specific restrictions re: standing, sitting, bending, use of hands, etc.):</p> <p><input type="checkbox"/> Return to full duty on _____ with no limitations or restrictions.</p>
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Primary Treating Physician: (Original signature, do not stamp)

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.

Date of exam: 06/14/07

IL Lic. #: 038-010349

Signature: _____

Executed at: Lake County, Illinois

Name: Dr. Kelly G. Worth, D.C., FAFICC, DACAN, DABCI

Address: 2634 Grand Avenue, Suite #100, Waukegan, IL 60085

Date: 06/14/07

Specialty: Chiropractic Neurology and Rehabilitation

Phone: (847) 775-0800

WCC Form PR-2 (Rev. 8/29/05)

(Use additional pages, if necessary)