



State of Illinois  
Workers' Compensation Commission  
**PRIMARY TREATING PHYSICIAN'S FINAL REPORT (FR3)**  
**FINAL REPORT UPDATE**

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 DWC Form PR-3 or IMC Form 81556.

<input checked="" type="checkbox"/> Final report (required at the end of treatment)	<input type="checkbox"/> Change in treatment plan	<input checked="" type="checkbox"/> Discharged
<input type="checkbox"/> Change in Work Status	<input type="checkbox"/> Need for referral or consultation	<input type="checkbox"/> Info. Requested by: _____
<input type="checkbox"/> Change in patient's condition	<input type="checkbox"/> Need for surgery or hospitalization	<input checked="" type="checkbox"/> Other: <b>PATIENT RELEASED AS STATIC.</b>

**Patient:** TREATMENT FACILITY: **SPINE INSTITUTE of WAUKEGAN, LLC**

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

<b>Claims Administrator:</b>		<b>DOI:</b>		
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:**

Patient presents today for a final exam. Patient is feeling better but still always has the deep ache in his lower back. His low back still hurts him somewhat if he walks for long time and pain will go down his right leg. Patient continues to have pain in neck and, arm, upper and is worse when working for long hours in his roofing job. Patient is able to sleep at night, but wakes up in the morning and feels some soreness in his low right back and will have to stretch because he feels pain and upon stretching, will hear pops and things click and the pain will subside slightly. Patient continues to wear his brace at work. Therapies help him especially the massage. Patient cannot walk for a long distance and must stop and rest. He always finds himself stretching his back to relieve the pain. He has to always take medication, celebrex and other pain killers. He states that the pain in his lower back will magnify and the right leg will start to go numb once more. Patient works his best but he doesn't work like he used to and his boss is not happy with him. It is his opinion that his boss is going to fire him because his production is down. The patient state that he has also constant pain in between his shoulder blades and mainly on the right side and up into his neck on the right. The medication will relieve the pain but the patient does not like to take pills during the day due to his job responsibilities.

**Objective findings:** (Include significant physical examination, laboratory, imaging, or other diagnostic findings.)

Grip strength is 70, 70 and 71 on the right and 63, 62 and 60. His ambulation is normal. His range of motion appears to be good in all ranges except extension where he's limited by pain and flexion to 90 degrees and right lateral flexion. SLR is still positive at 70 degrees and he still has moderate audible pain upon compression to the lower back region. He still exhibits posterior L5 spinous process and has clicking in the right side SI joint. There is paravertebral muscle hypertonicity still noted in the lumbar spine but also in the upper back near the shoulder blades mainly as well, on the right. Reflexes appear to be (+)2 at this time. There are no other remarkable findings noted.

**Diagnoses:**

1. L5/S1 2mm Anterior Spondylolisthesis – GRADE II	ICD-9 805.4, 756.12 - Permanent
2. L-sp Radiculopathy / Lo Extremity Weakness, Right	ICD-9 724.4, 782.0 - Permanent
3. L5/S1 4mm Disc Bulge	ICD-9 722.10 - Permanent

**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 was denied again the epidural injections and further stated to me that he has had difficulty also getting prescriptions filled for his medication. He will not receive any further treatment in our office for now since we cannot seem to get authorization. I have talked with the patient about his options of care and stated to him that he should consider surgery since we cannot have injections. The Dr of choice would be Dr. Jonathan Citow who is a Neuro-Surgeon and/or Dr. Jesse Butler who is a spine specialist and is with Illinois Bone and Joint Institute. This is the Physician who recommended that if the patient does not improve with conservative measures, that he return for surgical consult. Otherwise, we are releasing this patient from our care as permanent and stationery.

**PROGRESS REPORT - PR2**

EXAM DATE

DOI:

RE:

Work Status: this patient has been instructed to:

Remain off work until:

Continue modified work recommended \_\_\_\_\_ **WITH THE FOLLOWING RESTRICTIONS:** (List all specific restrictions re: standing, sitting, bending, use of hands, etc.):

Consider at full duty: \_\_\_\_\_ with no limitations or restrictions.

**PATIENT HAS PERMANENT WORK RESTRICTIONS: \*\* No Lifting >35lbs; No Excessive Bending, , No Repetitive Twisting at the waist..**

**FUTURE MEDICAL:** This patient has a 4 mm disc bulge with obvious other internal spinal issues that cannot be ruled out with any medical certainty that they were all not caused by the fall of 02/10/06. This patient should be allowed further medical follow-up with regards to possible surgical consultation with the Medical specialists for surgical intervention and/or treatment that will alleviate, cure and/or relieve the patient from their pain. The patient is stabilized at this time and if and when he has a considerable increase with his pain, it would be advised that he be allowed further care to reduce his pain level to that which he has at this time or below if possible either through medical prescriptions, therapy and/or surgery if necessary.

**Primary Treating Physician:** (Original signature, do not stamp)

Date of exam: 10/19/06

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 any WCC Illinois Laws.

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: 10/19/06

Specialty: Chiropractic Neurology and Rehabilitation

Phone: (847) 775-0800

**(Use additional pages, if necessary)**

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