

February 1, 2011

John Smith
14522 Vanowen Street
Suite 3
Woodland Hills, CA 91367

Re	:	Hernandez, William
Employer	:	Chilli's
Job Title	:	Cook
Date of Injury	:	05-22-09
Compensation Carrier	:	Liberty Mutual
Claim Number	:	WC608-632-XXX
Date of Exam	:	01-06-10

INITIAL COMPREHENSIVE CHIROPRACTIC EVALUATION

Dear Mr. Smith:

The above-captioned patient was seen at this clinic located at 8780 Van Nuys Blvd., Ste B., Panorama City, California, 91402, for evaluation and treatment of injuries sustained in an industrially related accident.

HISTORY OF INJURY:

Mr. Hernandez was working as a cook carrying dishes when his left foot slipped forward on the wet floor landing backwards on his back. He recalled losing consciousness for a few seconds, then a co-worker helped him up and he reported his injury to the manager. Mr. Hernandez immediately had severe lower back pain and abdominal pain. He reported his injury to Chad the supervisor who referred him to Med Center. There a doctor who performed an examination, took X-rays, prescribed medication, and gave Mr. Hernandez approximately four days off of work. Then he was sent back to work with restrictions of no prolonged standing, and no heavy lifting. The patient was not improving with his care at Med Center and he was referred to Dr. Thomas, who prescribed therapy and acupuncture.

Failure to improve prompted the patient seek another doctor. He was referred to my office for evaluation and care.

JOB DESCRIPTION:

Mr. Hernandez's job was to cook and occasionally was a dishwasher. His job required him to stand or walk eight+ hours a day, frequently bending, work with arms outstretched continuously, frequently works on his knees, and push/pull continuously. He was required to lift 25-35 pounds continuously, 35-50 frequently and 51+ occasionally.

PRESENTING COMPLAINTS:

Mr. Hernandez complains of near constant lower back pain described as achy, sometimes pins and needles. The patient points to the midline of L/S down the bilateral posterior legs to the front of the knees. The patient states that at the end of the day he feels pins and needles down both his legs to the knees, sometimes to the ankle. The patient rates the pain as frequent and it's rated a 6 (on a scale of 1-10), becoming an 8 upon tasks such as heavy work or lifting.

PAST MEDICAL HISTORY:

The patient denies any history of cancer, diabetes or hypertension.

SURGICAL HISTORY:

unremarkable.

PREVIOUS ACCIDENTS:

The patient denies any previous accidents.

ALLERGIES:

None

CURRENT MEDICATIONS:

Ibuprofen prescribed by previous physician

PHYSICAL EXAMINATION:

The patient is a 28 year old male. He reports he stands 5'01" and weighs 108 pounds. The patient is right hand dominant. He is alert and cooperative at the time of examination.

LUMBAR SPINE:

Inspection is unremarkable. Palpation of the lumbar paravertebral musculature reveals pain and hypertonicity from L1 to S1 bilaterally. Palpation of the latissimus dorsi reveals pain and hypertonicity and trigger points. Palpation of the right piriformis and gluteal muscles reveal trigger points.

Straight leg raise test on the right is positive at 45° for pins and needles on the right posterior leg to the knee. Braggards test is positive at 40° producing pins and needles on the right posterior leg pain to the calf. Bechterews test is positive for lower back pain that radiates to his knees. Milgram's test is difficult to perform due to the patient's lower back pain and weakness as well as eliciting a pain along the right anterior thigh region.

Range of motion maneuvers were performed as follows:

Flexion:	50/60
Extension:	20/25
Left Lateral Flexion:	20/25
Right Lateral Flexion:	20/25

Flexion produced pain during motion, extension was very painful and elicited bilateral leg pain.

NEUROLOGIC EXAMINATION:

The patient was able to perform the finger-to-finger tests. Romberg and Vertigo tests were negative. George's test was negative. The patient states that coughing and sneezing cause a slight increase in lower back pain, as well as defecating. Heel and toe walk produce a mild increase in lower back pain. Cranial nerves II-XII were examined and found to be intact.

DIAGNOSIS:

ICD-9:

1.	Lumbar spine rule out disc protrusion	722.10
2.	Bilateral leg radiculopathy	724.40
4.	Facet Syndrome	724.80

AOE/COE:

Based upon my history taking with the patient, review of the information and my physical examination of Mr. Hernandez, I find that his current injuries arose out of his employment.

TREATMENT PLAN & RECOMMENDATIONS:

It appears to me that there was some negligence from the patient's former treating physician, initially he was treated with anti-inflammatories, and never improved. If a patient does not improve after initial treatment I will refer him for an MRI. My opinion is that the patient most likely has Facet Syndrome based on his history and specific complaints.

Mr. Hernandez has been started on a course of physiotherapy for supportive/palliative care. Chiropractic manipulation for joint mobilization, and rehabilitative exercises as soon as he is able to do so. The treatment plan will focus on my working diagnosis of Facet Syndrome and will be at a frequency of three times a week for four weeks.

The treatment objectives are to decrease the patient's pain, increase his range of motion and decrease the chances of any permanent disability. He will continue to work with the restriction of no heavy lifting.

He will be referred to Vik Singh, MD for pain control, such as medications. I will also prescribe a TENS unit and cryotherapy for the patient for his pain. Based on the size of the patients disc protrusion, I feel it is prudent to get an opinion of an orthopedic surgeon, therefore, arrangements will be make for the referral.

DISCLOSURE:

I, Fernando A. Rey, D.C., personally prepared this report at 8780 Van Nuys Blvd. Ste B, Panorama City, California 91402 in the County of Los Angeles.

"In compliance with Labor Code Section 4628 (j) and 5703 (a) (2) and Insurance Code Section 556, I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and , except as noted herein, that I believe it to be true. Furthermore, this evaluation is in compliance with the guidelines established by the Industrial Medical Council or administrative Director

pursuant to paragraph (5) of subdivision (J) of Labor Code Section 139.2 or 5307.6”

If you have any questions concerning this report, please feel free to contact me at this office.

The foregoing declaration was signed in Los Angeles County.

Very truly yours,

Fernando A. Rey, D.C.
Industrial Injury Evaluator
License #DC27695

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