

October 20, 2017

David Attorney
Jefferson Injury Lawyers
1000 Law Avenue, Ste. 300
Louisville, KY 40202

RE: Narrative

PATIENT NAME: [REDACTED]
DATE OF INJURY: 06/12/2017

Dear Mr. Attorney,

You have requested a medical narrative on [REDACTED]. The patient was initially evaluated 03/14/2017.

- 1. What injuries did [REDACTED] sustain in the June 12, 2016 collision? Please include your diagnoses and state your opinion regarding whether John's lumbar injury, and any other injuries, are causally related to the June 12, 2016 collision.**

He presented with a complaint of bilateral low back pain with radiation of pain down the side and front of his right thigh and leg. He described numbness and tingling. He described having occasional weakness in his right lower extremity after sitting for long periods of time. He denied having these symptoms in the past. MRI report of the lumbar spine after the accident was consistent with L3/L4 disc protrusion and L4/L5 disc bulge. At his initial evaluation, he was diagnosed with Lumbar Disc Bulge/Herniation, Lumbar Radiculopathy, and Myofascial Pain of the Lumbar Paraspinal Muscles. It is my opinion, within a reasonable degree of medical probability, that the motor vehicle accident on June 12, 2016 was the primary cause of the injuries that were evaluated and treated.

- 2. Please describe the nature of the treatment you have performed upon [REDACTED] relative to the injuries he sustained in his June 12, 2016 collision.**

He was initially evaluated on 3/14/2017. He was referred for consideration for lumbar epidural steroid injections by an orthopedic spine surgeon. Patient was considered a good candidate for lumbar epidural. Procedure performed on 3/14/2017 and was prescribed Zanaflex. Lumbar epidural steroid injection was repeated on 6/16/2017 and 7/27/2017. Patient was re-evaluated and released on 8/15/2017. He described improvement in thighs and legs following treatment. He described improvement in low back pain following treatment.

Goal of treatment is to reduce inflammation from acute injury of lumbar disc and thus reduce the symptoms of low back pain and lower extremity pain along with numbness and tingling.

- 3. What future treatment does [REDACTED] need relative to the injuries he sustained in the June 12, 2016 collision? Please discuss estimated costs, if any.**

Medical management that includes as needed anti-inflammatories, muscle relaxants, and neuropathic medication. Low dose oral pain medication may be needed depending on occupational requirements.

Will likely benefit from future physical therapy, home exercise program, and interventional treatment. Interventional treatment includes repeat lumbar epidural steroid injections. Approximately 4 per year.

Consideration for candidacy for surgery and its cost deferred to surgical specialist.

Estimated cost of future treatment includes:

Re-evaluations for medical management: \$250 per month

Compliance monitoring: \$350 per month

Lumbar epidural steroid injection: approximately \$1700 per treatment

Medication is assumed at: \$200 pharmacy cost per month.

Physical Therapy: approximately \$2,500 per 4-6 week session

4. What possible increased risks for injury, if any, does [REDACTED] now face relative to the injuries he sustained in the June 12, 2016 collision?

The patient's injury, as a result of the car accident, will increase the likelihood of the acceleration of degenerative processes and the onset of arthritis. Also, the patient is more prone to repeat injury or additional injury.

5. What potential future medical problems or complications, if any, does [REDACTED] now face relative to the injuries he sustained in the June 12, 2016 collision?

The patient's injury, as a result of the car accident, will increase the likelihood of the acceleration of degenerative processes and the onset of arthritis. Also, the patient is more prone to repeat injury or additional injury.

Please contact my office for clarification and/or additional questions.

Sincerely,



Jason C. Lewis, M.D., KY License # 42621

Board Certified Pain Medicine, The American Board of Anesthesiology

Board Certified Anesthesiology, The American Board of Anesthesiology

Fellowship Trained in Pain Medicine, The University of Vermont College of Medicine

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