

February 2, 2017

David Attorney
Jefferson Injury Lawyers
1000 Law Avenue, Ste. 300
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RE: NARRATIVE

PATIENT NAME: [REDACTED]
DATE OF INJURY: 04/29/2016

Dear Mr. Farley,

You have requested a medical narrative on [REDACTED] patient was initially evaluated on 08/15/2016 with a complaint of multiple injuries she suffered from a motor vehicle accident on 04/29/2016. More specifically, she presented with the complaint of bilateral neck pain with radiation to left greater than right shoulders and occasional radiation to left upper extremity. She described weakness in her left upper extremity. She denied having this pain prior to the accident. She was referred by Dr. Norman Lewis for medical management and treatment options that included consideration for cervical epidural steroid injections. The narrative is based primarily on her encounters and the medical records.

Interpretation of cervical MRI indicated a significant contained disc herniation at C6/C7, a small disc bulge at C5/C6 with a dramatic loss of cervical lordotic curvature. To my knowledge, there is no prior imaging available for comparison.

She was treated with cervical epidural steroid injections on 08/15/2016 and 08/20/2016. She described minimal to moderate short-term relief following treatment. She received tissue release injections to the left trapezius and cervical paraspinal muscles on 10/17/2016 and 10/28/2016. This treatment was described as helpful. She received bilateral medial branch blocks on 04/24/2017 and 05/08/2017. Significant relief was reported following treatment. She met criteria to proceed with Radiofrequency Ablation of the cervical medial branches. This was performed on 05/29/2017 and 07/08/2017. She experienced significant relief following treatment. Repeat/bridge right-sided medial branch blocks were performed on 10/19/2017 and repeat right-sided RFA was performed on 12/23/2017.

I do think her neck and shoulder pain are multifactorial. Components of myofascial pain, discogenic pain, and facet-mediated pain are present. Diagnoses include: Facet-Mediated Pain, Disc Bulge, Cervical Radiculopathy, and Myofascial Pain. Within a reasonable degree of medical probability, the motor vehicle accident on 04/29/2016 was the primary cause of the injuries that were evaluated and treated. To date, treatment with medial branch blocks and RFA have provided her with the best temporary longer term relief. The patient also received medical management that included muscle relaxants, neuropathic medication, anti-inflammatories, and low dose opioid pain medications. These medications have been effective

in helping her manage her pain. Interventional treatment and medical management are ongoing.

██████████ reported a decrease in activities of daily living. More specifically, she reported a decrease in quality of sleep. In addition, she also reported limitations at work and inability to tolerate occupational demands. She is a nurse. She reported on 09/16/2016 that she missed her first day of work in 10 years as result of her injuries. At times, she has to wear a soft cervical collar while at work.

She will likely benefit from future medical interventions and management, including physical therapy, for potentially an indefinite and difficult to determine amount of time. Additional advanced imaging will likely be required.

Estimated cost of future treatment includes:

- Re-evaluations for medical management: \$235 per encounter. Estimated 6-8 encounters per year.
- Medications are assumed at \$200 pharmacy cost per month.
- Radiofrequency Ablation of cervical medial branches: \$2000 per side. Four treatments per year.
- Urine Drug Testing and Opioid Monitoring: \$300 per test. Estimated 4-6 per year.

Please contact for clarification and/or additional information.

Sincerely,



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