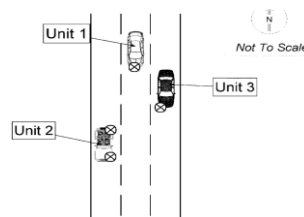


Narrative Summary

Motor vehicle collision on December 8, YYYY

On December 8, YYYY, 3:02 p.m., XXXX, the restrained driver of white Grand Cherokee of model YYYY, was traveling northbound Interstate Highway-35, County of Travis, and City of XXXX, Texas. She was in the far-right lane when someone hit her from behind causing her to spin out and end up in the grass area in front of Carinos. She was unsure who struck her but said that the other two vehicles involved were behind her. Unit 3 stated that he was exiting from the Interstate when unit 2 appeared to have lost controlled and slipped the front of his vehicle before spinning out into the grass. (Pdf ref: 4-7)



On December 17, YYYY, Ms. XXXX had an initial chiropractic treatment evaluation with XXXX, D.C., at XXXX Chiropractic for the complaints of headaches and pain in her neck, mid-back and lower back. On examination, she had tenderness over her neck, thoracic region, lumbar region, and sub-occipital region. The range of motion of her lumbar spine was decreased. She was noted to have muscle spasm, tightness/tautness, and tenderness. She was diagnosed with a sprain of ligaments of cervical spine, strain of muscle, fascia and tendon at neck level, segmental and somatic dysfunction of cervical region, acute posttraumatic headache, sprain of ligaments of thoracic spine, segmental and somatic dysfunction of thoracic region, sprain of ligaments of lumbar spine, sprain of sacroiliac joint, sleep disorder, low back pain, other muscle spasms, myalgia, cervicgia, disorder of ligament, vertebrae. The treatment consisted of electrical muscle stimulation, physical therapy exercises, mechanical traction, electrical stimulation and chiropractic manipulative treatment. She was advised to continue receiving chiropractic treatment. (Pdf ref: 8-13)

On January 16, YYYY, Ms. XXXX had an MRI of her cervical spine at Longhorn Imaging. The study revealed the following; the alignment of the cervical spine is anatomic, C5-C6 3 mm disc herniation was seen indenting the thecal sac without foraminal narrowing, C7-T1 3 mm disc bulge flattens the thecal sac. (Pdf ref: 14-15)

On January 27, YYYY, Ms. XXXX presented to XXXX, M.D. at XXXX Office for the complaints of pain in her lower back, shoulders and neck. She stated that her neck pain radiated to her shoulders and head. She had increased pain with range of motion. She rated her pain level as 5-8/10. On examination, she was noted to have spasm and decreased range of motion in her neck. She was

Patient Name

DOB: 01/07/YYYY

DOI: 12/08/ YYYY

diagnosed with cervicgia, headache, myalgia, occipital neuralgia, spinal enthesopathy, cervical region, and sprain of ligaments of cervical spine. Ms. XXXX was in her usual state of health prior to her unfortunate involvement in a motor vehicle accident. Since that time, she continued to have pain in her neck and she had persistent headaches as well as left arm/hand pain. Based on her history of presenting illness and physical exam findings and after reviewing her imaging, she had likely cervical spine enthesopathy and ligament sprain, cervical radiculopathy and herniated discs, myalgias and occipital neuralgia contributing to her pain. Her pain limited her ability to perform her physical duties at work as a nurse. She also reported that she was unable to enjoy her free time with her friends, perform household chores and tasks and engage in physical activities outside of work. Her overall quality of life had been significantly decreased since the accident due to her pain. She stated that she had benefit with chiropractic care, therefore, she was advised to continue to receiving chiropractic treatment. She was recommended to undergo bilateral cervical transforaminal epidural steroid injections C5–C6, C7–T1 to treat the pathology of her pain. She wanted to avoid long-term medication management or surgical intervention if possible. *(Pdf ref: 27–31)*

From December 21, YYYY through February 10, YYYY, Ms. XXXX received chiropractic treatment from Dr. XXXX at XXXX Chiropractic for the complaints of headaches and pain in her neck, mid-back and lower back. She received electrical muscle stimulation, physical therapy exercises, mechanical traction, electrical stimulation and chiropractic manipulative treatment. She was advised to continue receiving chiropractic treatment. As of February 10, YYYY, she was discharged from the chiropractic care. *(Pdf ref: 63–132)*

On February 25, YYYY, Ms. XXXX underwent Cervical Transforaminal Epidural Steroid Injection at Bilateral C5–C6, C7–T1, which was performed by Dr. XXXX at New Braunfels Surgery Center. She was advised to follow up in two to four weeks. *(Pdf ref: 137–138)*

On March 11, YYYY, Ms. XXXX underwent Cervical Transforaminal Epidural Steroid Injection at Bilateral C5–C6, C7–T1, which was performed by Dr. XXXX at New Braunfels Surgery Center. She was advised to follow up in two to four weeks. *(Pdf ref: 151–152)*

On March 25, YYYY, Ms. XXXX returned to Dr. XXXX at XXXX Office for the complaints of pain in her lower back, shoulders and neck. She stated that her neck pain radiated to her shoulders and head. She stated that she had 80% relief for one to two weeks following each procedure with improved mobility and range of motion, however, she still continued to have some pain in her neck. She was able to sleep better and had decreased headaches. Her axial neck pain with referral of pain to her bilateral shoulders and headaches. She rated her pain as 2–4/10. She had electrical sensations in

Patient Name

DOB: 01/07/YYYY

DOI: 12/08/YYYY

her left arm/hand. She was diagnosed with occipital neuralgia, cervicalgia, headaches and myalgia. Meloxicam and Methocarbamol were prescribed. She was advised to continue receiving chiropractic treatment and advised to follow up as needed. *(Pdf ref: 157–160)*

On April 23, YYYY, Ms. XXXX followed up with Dr. XXXX at XXXX Office for the complaints of persistent pain in her lower back, shoulders and neck. She stated that her neck pain radiated to her shoulders and head. She continued to have some pain in her neck. She was able to sleep better and had decreased headaches. Her axial neck pain with referral of pain to her bilateral shoulders and headaches. She rated her pain as 7/10. She had electrical sensations in her left arm/hand. She was diagnosed with occipital neuralgia, cervicalgia, headaches and myalgia. She was recommended to seek surgical consultation. She was advised to discontinue Meloxicam. She was advised to continue taking Methocarbamol. She was advised to continue receiving chiropractic treatment and advised to follow up in one month. *(Pdf ref: 169–173)*

On October 11, YYYY, Ms. XXXX presented to XXXX, PLLC, for the complaints of pain in her neck, left upper extremity pain, numbness and paresthesias, cervicogenic headaches. She had been experiencing these symptoms following a motor vehicle collision on December 8, YYYY. She was rear ended by another motorist. Her car was undrivable from the scene. She was able to recall the events of collision. She reported experiencing these symptoms for the past 10 months. She described her symptoms as chronic, constant and with episodic exacerbations. She described the pain as radiating into the left upper extremity. She had difficulty prolonged sitting, prolonged standing, prolonged walking and certain neck positions, repetitive activities and strenuous activity, driving and extending her arms. She rated her pain level as 4-9/10. She received Chiropractic Manipulations with mild relief. She also received two months of physical therapy with mild relief and Pain Management interventions with transient relief. Her MRI of her cervical spine was reviewed. On examination, she had tenderness, painful and decreased range of motion in her neck. She was diagnosed with cervical disc herniation. Dr. XXXX opined that the collision has led to her current symptoms. Her cervical MRI revealed pathology that was consistent with her examination findings and symptoms. Therefore, she was recommended to undergo surgical intervention as C5-C6 anterior cervical discectomy and arthrodesis. The risk and benefits were explained to her in details. *(Pdf ref: 178–182)*
