

Progressive Independent Medical Evaluation

was seen today, May _____ for an Independent Medical Evaluation. It was explained that this examination is intended to provide information, not to deliver medical care. This evaluation in no way constitutes a physician-patient relationship.

_____ is a _____ year-old white male with no prior history of neck difficulties. On _____, he was a front seat passenger stopped in traffic in a car which was struck from behind by another vehicle. He was thrown back into a seat and was dazed. He noted a great deal of neck pain.

The patient was taken to an emergency room where he was x-rayed and discharged with medications. He then had physical therapy. This was done for about three months, but only gave him temporary improvement.

He was seen by an orthopedist who recommended surgery. He was seen by a second opinion orthopedist who also recommended surgery. Following this, the patient had some injections and medications. It gave him no real improvement.

At this time, there was constant pain in the neck. It waxes and wanes. However, there was rare numbness into the upper extremities. At first, it was on the right. It is now more so on the left, especially the ulnar side. He has spasms about the left scapula, especially with wrong position of his neck.

The patient does note that at some point in time after the accident, he developed some numbness and pain in the right upper extremity associated with locking of the fifth finger. He received an injection and this resolved and has not been a problem ever since.

Past medical history is positive for diabetes, tuberculosis, hypertension, and heart disease. He had a heart attack in _____ and a heart attack the day after his second cervical epidural.

Prior surgeries are to the kidney, hernia repair, lung surgery, and back surgery.

Medications include Percocet, Flexeril, lisinopril, hydrochlorothiazide, glipizide, diazepam, Plavix, aspirin, pravastatin, sertraline, isosorbide, docusate, oxazepam, and amlodipine.

