

Client: _____
D.O.B: 8/15/94
D.O.L: 3/20/23
P.D: \$ _____
Med Pay: \$ _____
Doctor Notify: Yes No

Phone Number: _____
Loss of Use: \$ _____
Loss of Earnings: \$ _____
Future Meds: \$ _____
Policy Limits: \$ _____

Previous Medical Provider

TOTAL MEDICALS: \$ 12,820⁰²

Name: Southland Medical Management Dr Newman \$5,820⁰²
Address: 9901 Paramount Blvd Ste 116
City: Downey State: CA Zip Code: 90240
Phone: 562-250-2002 Fax: 562-250-2007
Report & Bill

Name: Prime MRI
Address: 9825 Garden Grove Blvd
City: Garden Grove State: CA Zip Code: 92844 \$5,000⁰²
Phone: (714) 966-5244 Fax: (714) 908-7573
Report & Bill

Name: Cyrus S. Sedaghat, M.D (PM) 08/28 \$1,250⁰²
Address: 9901 Paramount Blvd Ste 116 09/25 \$750⁰²
City: Downey State: CA Zip Code: 90240
Phone: (909) 966-2920 Fax: (888) 858-4059 \$2,000⁰²
Report & Bill

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Report & Bill

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Report & Bill



Mark A. Newman, D.C.

August 11, 2023

Re: RICHARD GOMEZ
Date of Accident: 03/20/23
Date of Initial Exam: 03/23/23
Date of last visit: 08/03/23

To Whom It May Concern:

The following is a report concerning the injuries that Heather Cruz sustained as a result of the accident on March 20, 2023.

HISTORY

The patient was examined and treated in this office on March 23, 2023 at which time she gave the following history:

RICHARD GOMEZ states that while she was driving her vehicle on March 20, 2023 at around 5:52 a.m. in the city of Bell Gardens, her vehicle was involved in an automobile accident. RICHARD GOMEZ states that although her vehicle had come to a complete stop at an intersection, it was hit from behind by a bus that had failed to stop at the same intersection. RICHARD GOMEZ states that she was wearing her seatbelt at the time of the accident. RICHARD GOMEZ states that the tremendous impact knocked her violently back and forth up against the seat restraints and the interior of the vehicle, causing injuries to her neck, shoulders, mid back and lower back. RICHARD GOMEZ states that immediately after the accident, she began to develop a severe headache and neck pain. RICHARD GOMEZ consults with me today for her unresolved headaches, her unresolved neck pain, her unresolved shoulder pain, her unresolved mid back pain and her unresolved lower back pain.

Pain severity rated from 0-10

- 9-10 Severe Pain - prevents working and difficulty performing ADL.
- 7-8 Moderate to Severe Pain - cannot work most of the time or severe difficulty working.
- 5-6 Moderate Pain - works with marked handicap.
- 4 Slight to Moderate Pain - works with some difficulty and handicap.
- 2-4 Slight Pain - can tolerate the pain, does not prevent from working but does cause some difficulty.
- 1 Minimal Pain - annoyance, does not prevent from working.

Occurrence frequency rated descriptively

- Constant Pain - 90-100% of the time.
- Frequent Pain - 51-75% of the time.
- Intermittent Pain - 26-50% of the time.
- Occasional Pain - 25% of the time or less.

The patient was examined and evaluated. The results are as follows:

SUBJECTIVE COMPLAINTS ON 03/23/23

1. Patient complaint of constant headaches since the time of the accident, stating not ever having headaches prior to this accident. Patient complaint of constant severe pain and stiffness in the back of the head and neck that is making it difficult for her to turn her head from side to side. The pain is described as a constant sharp pain throughout the day getting worse when she tries to lay down and sleep at night. With regards to the patient's headaches and neck pain, she rates her current level at a 10 of 10.
2. Patient complaint of a constant severe pain in the mid back and posterior shoulders that is described as a continual sharp pinching sensation in the middle of the back and on the front sides of both shoulders. The patient states that the shoulder pain runs down the lateral sides of both arms. The mid back and shoulder pain is described also as having become progressively worse and stiffer following the accident. The patient attributes her bilateral arm pain, to trying to brace herself during the time of the accident. With regards to the patient's mid back and shoulder pain, she rates her current level at a 10 of 10.
3. Patient complaint of a constant severe lower back pain that has been present since the next day following the accident. The pain is described as a continuous tight ache that is focused to the center of the spine that becomes sharp throughout the day with certain movements. The patient states that it feels like a constant spasm in her lower back, making it difficult for her to perform her normal activities of daily living. The patient also states that she's been getting bouts of shooting pains down the right leg and into the toes of the right foot, periodically since the time of the accident. With regards to the patient's lower back pain, she rates her current pain level at a 10 of 10.

OBJECTIVE FINDINGS ON 03/23/23

1. There was a moderate to severe palpable tenderness over the entire supporting anterior and posterior cervical musculature, including the sternocleidomastoid muscle bilaterally, the trapezius muscles bilaterally and extending into the paravertebral muscles from behind the ears and Occiput through T1. Orthopedic tests were negative for disk injury, spinal instability or neurological deficit; however, they were consistent in confirming a severe musculotendinous type of soft tissue injury. There was a gross loss of range of motion in the neck bilateral lateral flexion and bilateral rotation due to pain, consistent with muscular spasm and severe whiplash. The patient also presents with a severe case of anterior head carriage.
2. There was a moderate to severe palpable tenderness over the para-spinal musculature of the upper and lower thoracic spine, including the inferior portions of the trapezius and soft tissues on and around both scapulae's. There was an additional palpable tenderness over the anterior and lateral deltoid muscles of both shoulders. There was an increase in symptoms with normal range of motion and light resistance of both shoulders.
3. There was a moderate to severe palpable tenderness with muscle spasm in the lumbar para-spinal muscles bilaterally. There was a moderate to severe palpable tenderness over the right sacral iliac joint and right tensor fascia lata muscle that both increased significantly with direct pressure. Orthopedic tests were positive for a possible disk injury, spinal instability and/or neurological deficit; however, they were also consistent in confirming a severe musculotendinous type of soft tissue injury. Range of motion of the lumbar spine was limited in flexion due to pain. The patient also presented with severe muscle guarding of the right pelvic girdle as well as an anatomical short leg on the right side.

MRI

MRI of the cervical spine revealed straightening of the normal cervical spine lordosis due to muscular spasm as well as multiple 2-mm to 1.3-mm posterior disc protrusions from C4-C7.

MRI of the lumbar spine revealed straightening of the normal lumbar spine lordosis due to muscular spasm as well as multiple large posterior disc protrusions ranging from 4-mm to 2-mm from L1-S1.

DIAGNOSIS

1. Motor Vehicle Collision, Driver.
2. Post traumatic musculotendinous traction injury to the cervical, cervicothoracic and lumbar spines with associated myalgia and myofascitis.
3. Whiplash.
4. Muscle Spasm.
5. Multiple Posterior Disc Protrusion, Cervical Spine.
6. Multiple Large Posterior Disc Protrusion, Lumbar Spine.

Re: RICHARD
GOMEZ August
11, 2023 Page 4

7. Segmental Dysfunction.
8. Unequal Leg Length Acquired.
9. Chronic Pain Due to Trauma.
10. Headaches.
11. Radiculopathy, Lumbar Spine.
12. Straightening of the Normal Cervical and Lumbar Spine Lordosis.
13. Anterior Head Carriage.

TREATMENT PLAN & DISCUSSION

1) CHIROPRACTIC AND PHYSICAL MEDICINE PROGRAM:

Treatment Status: Patient was started with passive care, therapeutic exercise as tolerated and "Stretching protocols" were advanced from gentle to aggressive as indicated throughout the course of treatment.

Active/Passive: Patient was started in passive care immediately.

Treatment Frequency: Two to three times a week.

Treatment Duration: Four to six weeks, Re-Eval every four weeks as needed or until symptoms can be self-controlled by home exercise program.

Chiropractic Treatment Protocol: Chiropractic Manipulative Therapy of the Cervical Spine, Thoracic Spine and Lumbar Spine: Performed at the detection of a SEGMENTAL DISFUNCTION.

Physical Therapy Treatment Protocol: Cervical Spine, Thoracic Spine and Lumbar Spine: SPINAL STABILIZATION PROTOCOL: "PASSIVE" Modalities (Massage, E-Stim, Infrared Heat, Mechanical Traction, Neuro Re-ed, Therapy Exercise) routine for 10-12 visits then PRN. "ACTIVE" Rehab to include PRE's, Advanced P/C-Stretching, Isometrics/Isotonics, Core Strengthening as tolerated.

REFFERALS

Patient was referred to a pain management specialist for her ongoing pain and symptoms.

COMMENT

It is my opinion that the patient's injuries are a direct result of the automobile accident that occurred on March 20, 2023. The patient has had treatment as described for the days following the accident and at this time has had maximum benefit. On her last visit she was still experiencing pain and discomfort in her neck and lower back area, depending upon her daily activity levels. The patient has limited her physical activities and along with her treatments is considered permanent and stationary at this time.

ACTIVITY RESTRICTIONS

Based on the patient's persistent symptoms, clinical findings, and mechanism of injury, with regard to her still present spinal symptoms, she should exercise caution and refrain from those activities which may cause an increase in symptoms. Activities, which place compressive force upon the cervical spine, thoracic spine and lumbar spine, should be avoided.

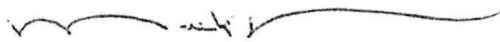
RECOMMENDATIONS

It is my recommendation that this patient continue with the physical exercises taught to her here at my facility along with the appropriate treatment as needed. The treatment should consist of continued pain management or orthopedic evaluation shoulder it become necessary, continued physiotherapy, physical therapy and chiropractic adjustments as needed, for no less than one to two times per month for the next two to three months or for as long as her ongoing symptom's dictate.

PROGNOSIS

The prognosis for complete long-term recovery for this patient due to her still present chronic pain, the still present anterior head carriage, the loss of both the cervical and lumbar spine lordosis and the multiple large posterior disc protrusion in the cervical and lumbar spines all at such a young age, is poor to fair.

Respectfully submitted,



Mark A. Newman, D.C.
Anaheim HealthCare
License #: DC27825

Mark A. Newman, D.C.

9901 Paramount Blvd., # 116
Downey, CA 90240
Tel: (562) 250-2002; Fax (562) 250-2007

Patient Name: **RICHARD GOMEZ** ICD-10 V49.88XA, M54.2, M99.01, S13.4XXA, S16.1XXA
Patient DOB: 08/15/1994 Date Of Injury: 03/20/2023
M62.838, M54.6, M99.02, S23.3XXA, M62.830
G89.21, M54.50, M99.03, M21.759, S39.012A
S33.5XXA, M40.00, M54.16, G44.89, M51.26
S13.0XXA,

Itemized Statement

DATE	CPT	DESCRIPTION	Charges
Date			
03/23/23	99203	New Patient Eval	\$300.00
	98941	CMT 3-4 Regions	\$75.00
	97140-59	Manual Therapy	\$40.00
	97014	Electrical Stim	\$40.00
	97026	Infrared	\$40.00
Date			
03/30/23	98941	CMT 3-4 Regions	\$75.00
	97140-59	Manual Therapy	\$40.00
	97014	Electrical Stim	\$40.00
	97026	Infrared	\$40.00
Date			
04/04/23	98941	CMT 3-4 Regions	\$75.00
	97140-59	Manual Therapy	\$40.00
	97014	Electrical Stim	\$40.00
	97026	Infrared	\$40.00
Date			
04/06/23	98941	CMT 3-4 Regions	\$75.00
	97140-59	Manual Therapy	\$40.00
	97014	Electrical Stim	\$40.00
	97026	Infrared	\$40.00
Date			
04/11/23	98941	CMT 3-4 Regions	\$75.00
	97140-59	Manual Therapy	\$40.00

	97014	Electrical Stim	\$40.00
	97026	Infrared	\$40.00
Date			
04/13/23	98941	CMT 3-4 Regions	\$75.00
	97140-59	Manual Therapy	\$40.00
	97014	Electrical Stim	\$40.00
	97026	Infrared	\$40.00
Date			
04/20/23	98941	CMT 3-4 Regions	\$75.00
	97140-59	Manual Therapy	\$40.00
	97014	Electrical Stim	\$40.00
	97026	Infrared	\$40.00
Date			
04/25/23	98941	CMT 3-4 Regions	\$75.00
	97140-59	Manual Therapy	\$40.00
	97014	Electrical Stim	\$40.00
	97026	Infrared	\$40.00
Date			
04/27/23	98941	CMT 3-4 Regions	\$75.00
	97140-59	Manual Therapy	\$40.00
	97014	Electrical Stim	\$40.00
	97026	Infrared	\$40.00
Date			
05/04/23	98941	CMT 3-4 Regions	\$75.00
	97140-59	Manual Therapy	\$40.00
	97014	Electrical Stim	\$40.00
	97026	Infrared	\$40.00
Date			
05/11/23	98941	CMT 3-4 Regions	\$75.00
	97140-59	Manual Therapy	\$40.00
	97014	Electrical Stim	\$40.00
	97026	Infrared	\$40.00
Date			
05/18/23	98941	CMT 3-4 Regions	\$75.00
	97140-59	Manual Therapy	\$40.00

	97014	Electrical Stim	\$40.00
	97026	Infrared	\$40.00
Date			
05/18/23	98941	CMT 3-4 Regions	\$75.00
	97110	Therapeutic Exercise	\$40.00
	97014	Electrical Stim	\$40.00
	97026	Infrared	\$40.00
	99213-25	Re-Eval	\$200.00
Date			
05/23/23	98941	CMT 3-4 Regions	\$75.00
	97110	Therapeutic Exercise	\$40.00
	97014	Electrical Stim	\$40.00
	97026	Infrared	\$40.00
Date			
05/25/23	98941	CMT 3-4 Regions	\$75.00
	97110	Therapeutic Exercise	\$40.00
	97014	Electrical Stim	\$40.00
	97026	Infrared	\$40.00
Date			
05/30/23	98941	CMT 3-4 Regions	\$75.00
	97110	Therapeutic Exercise	\$40.00
	97014	Electrical Stim	\$40.00
	97026	Infrared	\$40.00
Date			
06/06/23	98941	CMT 3-4 Regions	\$75.00
	97110	Therapeutic Exercise	\$40.00
	97014	Electrical Stim	\$40.00
	97026	Infrared	\$40.00
Date			
06/20/23	98941	CMT 3-4 Regions	\$75.00
	97110	Therapeutic Exercise	\$40.00
	97014	Electrical Stim	\$40.00
	97026	Infrared	\$40.00

Date
06/22/23 98941 CMT 3-4 Regions \$75.00
97110 Therapeutic Exercise \$40.00
97014 Electrical Stim \$40.00
97026 Infrared \$40.00

Date
06/27/23 98941 CMT 3-4 Regions \$75.00
97110 Therapeutic Exercise \$40.00
97014 Electrical Stim \$40.00
97026 Infrared \$40.00

Date
07/06/23 98941 CMT 3-4 Regions \$75.00
97110 Therapeutic Exercise \$40.00
97014 Electrical Stim \$40.00
97026 Infrared \$40.00

Date
07/11/23 98941 CMT 3-4 Regions \$75.00
97110 Therapeutic Exercise \$40.00
97014 Electrical Stim \$40.00
97026 Infrared \$40.00

Date
07/18/23 98941 CMT 3-4 Regions \$75.00
97110 Therapeutic Exercise \$40.00
97014 Electrical Stim \$40.00
97026 Infrared \$40.00

Date
07/25/23 98941 CMT 3-4 Regions \$75.00
97110 Therapeutic Exercise \$40.00
97014 Electrical Stim \$40.00
97026 Infrared \$40.00

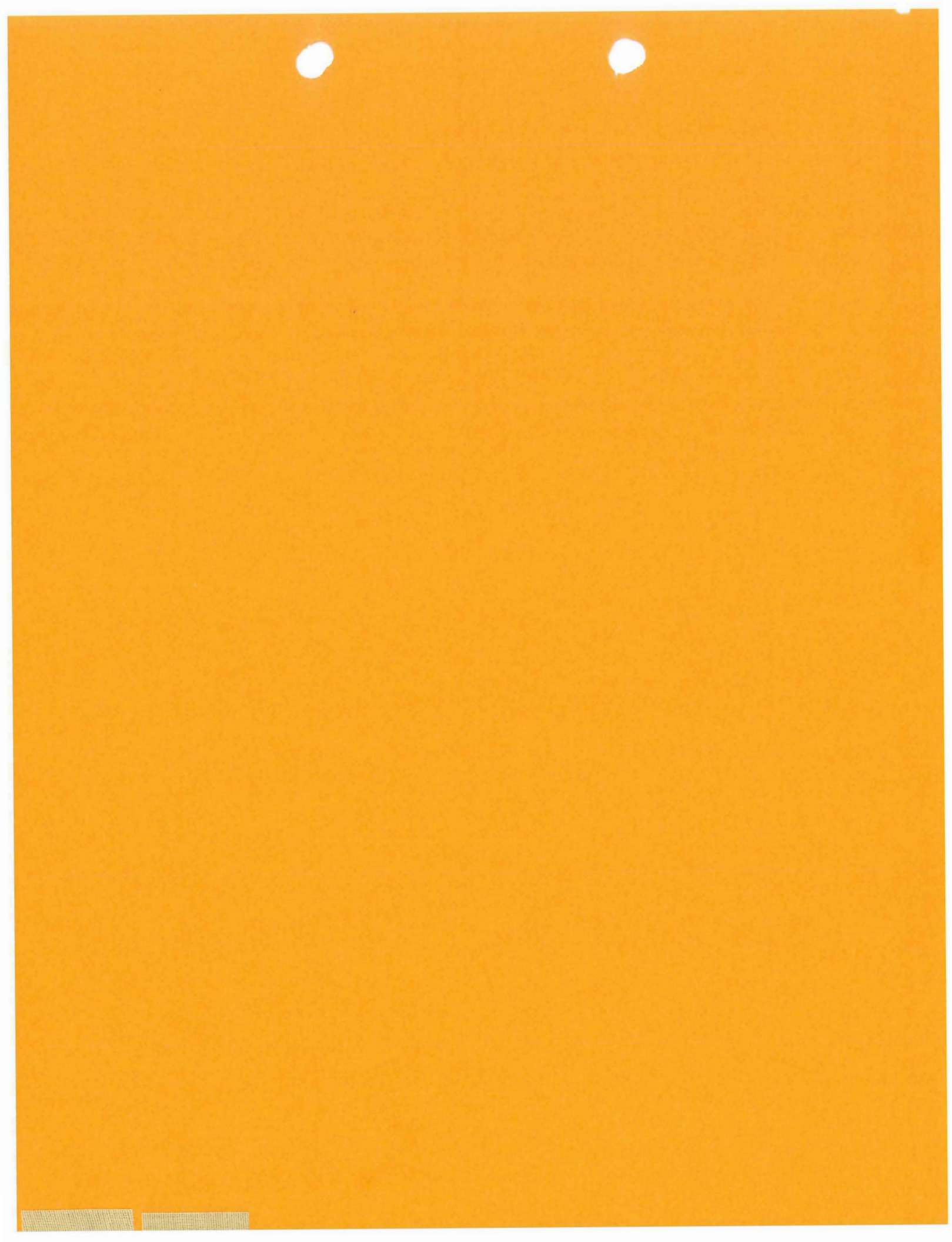
Date
07/27/23 98941 CMT 3-4 Regions \$75.00
97110 Therapeutic Exercise \$40.00
97014 Electrical Stim \$40.00
97026 Infrared \$40.00

Date			
08/01/23	98941	CMT 3-4 Regions	\$75.00
	97110	Therapeutic Exercise	\$40.00
	97014	Electrical Stim	\$40.00
	97026	Infrared	\$40.00

Date			
08/03/23	98941	CMT 3-4 Regions	\$75.00
	97110	Therapeutic Exercise	\$40.00
	97014	Electrical Stim	\$40.00
	97026	Infrared	\$40.00

Date			
08/11/2023		Final Eval & Report	\$250.00

Total: \$5,820.00





PRIME MRI

9825 Garden Grove Blvd., Garden Grove, CA 92844

TEL: 714-766-5244 FAX: 714-908-7573

email: primemricenter@gmail.com

Name: RICHARD GOMEZ **Gender:** F **DOB:** 08/15/1994 **Study Date:** 05/29/2023 **Referrer:**

MARK NEWMAN

MRI CERVICAL SPINE WITHOUT CONTRAST:

INDICATION: Neck pain

COMPARISON: None

TECHNIQUE: Multisequential multiplanar MRI of the cervical spine without intravenous contrast.

FINDINGS:

At C2-C3, there is no significant disc bulge or disc protrusion. There is no spinal canal or neural foraminal stenosis.

At C3-C4, there is no significant disc bulge or disc protrusion. There is no spinal canal or neural foraminal stenosis.

At C4-C5, there is 1.3 mm posterior disc protrusion. There is no spinal canal or neural foraminal stenosis.

At C5-C6, there is 2 mm posterior disc protrusion. There is no spinal canal or neural foraminal stenosis. Partial effacement of the ventral thecal sac is noted. There is uncovertebral spurring.

At C6-C7, there is 1 mm posterior disc bulge. There is no spinal canal or neural foraminal stenosis.

At C7-T1, there is no significant disc bulge or disc protrusion. There is no spinal canal or neural foraminal stenosis.

There is straightening of the cervical lordosis. There is no evidence of acute fracture. There is no edema in the visualized spinal cord. There is no significant paraspinal soft tissue fluid collection.

IMPRESSION:

At C4-C5, there is 1.3 mm posterior disc protrusion.



PRIME MRI

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email: primemricenter@gmail.com

At C5-C6, there is 2 mm posterior disc protrusion.

At C6-C7, there is 1 mm posterior disc bulge.

Electronically signed on 05/30/2023 by:
Huy Le, MD. PhD.
Diplomate of the American Board of Radiology

Key Image:





PRIME MRI

9825 Garden Grove Blvd., Garden Grove, CA 92844

TEL: 714-766-5244 FAX: 714-908-7573

email: primemricenter@gmail.com

Name: RICHARD GOMEZ **Gender:** F **DOB:** 08/15/1994 **Study Date:** 05/29/2023

Referrer: MARK NEWMAN

MRI LUMBAR SPINE WITHOUT CONTRAST:

INDICATION: Back pain

COMPARISON: None

TECHNIQUE: Multisequential multiplanar MRI of the lumbar spine without intravenous contrast.

FINDINGS:

At T12-L1, there is no significant disc bulge or disc protrusion. There is no spinal canal or neural foraminal stenosis. Disc desiccation is noted. There is endplate irregularity.

At L1-L2, there are posterior disc protrusions, measuring up to 2 mm. There is mild spinal canal stenosis. Partial effacement of the ventral thecal sac is noted. There is no significant neural foraminal stenosis.

At L2-L3, there is 3 mm posterior disc bulge. There is no spinal canal or neural foraminal stenosis. Partial effacement of the ventral thecal sac is noted. Disc desiccation is noted. There is endplate irregularity.

At L3-L4, there are posterior disc protrusions, measuring up to 3.2 mm. There is no spinal canal or neural foraminal stenosis. Partial effacement of the ventral thecal sac is noted.

At L4-L5, there is 4 mm posterior disc protrusion. There is no significant spinal canal stenosis. Partial effacement of the ventral thecal sac is noted. There is mild right neural foraminal stenosis. There is no significant left neural foraminal stenosis. There is facet arthrosis.

At L5-S1, there is 2 mm posterior disc protrusion. There is no significant spinal canal stenosis. Partial effacement of the ventral thecal sac is noted. There is mild right neural foraminal stenosis. There is mild left neural foraminal stenosis. There is facet arthrosis.

There is straightening of the lumbar lordosis. There are small anterior vertebral osteophytes. There is no evidence of acute fracture. There is no edema in the visualized spinal cord. There is no significant paraspinous soft tissue fluid collection.



PRIME MRI

9825 Garden Grove Blvd., Garden Grove, CA 92844

TEL: 714-766-5244 FAX: 714-908-7573

email: primemricenter@gmail.com

IMPRESSION:

At L1-L2, there are posterior disc protrusions, measuring up to 2 mm. Mild spinal canal stenosis.

At L2-L3, there is 3 mm posterior disc bulge.

At L3-L4, there are posterior disc protrusions, measuring up to 3.2 mm.

At L4-L5, there is 4 mm posterior disc protrusion. Mild right neural foraminal stenosis.

At L5-S1, there is 2 mm posterior disc protrusion. Mild right neural foraminal stenosis. Mild left neural foraminal stenosis.

Electronically signed on 05/30/2023 by:
Huy Le, MD. PhD.
Diplomate of the American Board of Radiology

Key Image:





PRIME MRI

Invoice

9825 Garden Grove Blvd, Garden Grove CA 92844

Phone: 714 766-5244 Fax: 714 908-7573

primemricenter@gmail.com

TAX ID: 85-3591849

TO:

CALIFORNIA LAWYERS GROUP, INC

440 EAST LA HABRA BLVD

LA HABRA, CALIFORNIA 90631

TEL. 562-690-1020 FAX. 562-690-9092

NAME	DOI	DOS
RICHARD GOMEZ	3/20/2023	5/29/2023

CPT	DESCRIPTION	ICD 10	AMOUNT
72141	MRI C-SPINE W/O CONT.	M54.2	\$ 2,500.00
72148	MRI L-SPINE W/O CONT.	M54.5	\$ 2,500.00

SUBTOTAL	\$ 5,000.00
SALES TAX	
TOTAL	\$ 5,000.00

THANK YOU FOR YOUR BUSINESS!



CYRUS S. SEDAGHAT, M.D.

9901 Paramount Blvd., Suite #116, Downey, CA 90240
TEL 909-966-2920 FAX 888-858-4059

PAIN MANAGEMENT INITIAL CONSULTATION AND REPORT

NAME: RICHARD GOMEZ
DATE OF BIRTH: 08/15/1994
DATE OF INJURY: 03/20/2023
DATE OF EXAM: 08/28/2023
GENDER: Female

To Whom it May Concern:

Heather Cruz was initially examined in our Downey office on August 28, 2023, for a pain management evaluation due to injuries she sustained as the result of an accident that occurred on March 20, 2023.

HISTORY OF PRESENT ILLNESS:

The patient presents today and complains of neck pain and low back and low back pain. She reports her symptoms started after her involvement in a car accident that occurred on March 20, 2023. The patient denies pain in these areas prior to the accident. She has completed chiropractic treatments.

PRESENT COMPLAINTS:

Neck pain: The patient reports her pain involves bilateral upper trapezius and both sides of her neck. She notes sometimes there is tingling and numbness radiating to her hands. On Visual Analogue Scale, she rates her neck pain 9/10.

Low back pain: The pain involves bilateral lumbosacral area. She notes sometimes she feels the pain radiating from her back to her legs and feet. On Visual Analogue Scale, she rates her low back pain 10/10.

PAST MEDICAL HISTORY:

None.

PAST SURGICAL HISTORY:

None.

PRIOR ACCIDENTS AND INJURIES:

None.

FAMILY HISTORY:

Re: RICHARD
GOMEZ August 28,
2023
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Diabetes.

SOCIAL HISTORY:

Tobacco: None.
Drugs: None.

She works as a supervisor.

ALLERGIES:

NKDA.

MEDICATIONS:

Ibuprofen as needed.

OBJECTIVE PHYSICAL FINDINGS:

GENERAL EXAM:

The patient is alert and oriented x4. She is not in any distress. The patient is cooperative with the physical examination.

GAIT:

Normal.

CERVICAL SPINE EXAM:

Inspection:

There is no loss of the normal cervical lordosis, or any other abnormal curvatures.
There is no visible deformity, or step-off.

Range of motion of the cervical spine is as follows:

	MEASURED	NORMAL
Forward Flexion:	Chin 2 inches from chest	Chin to chest
Extension:	45 degrees	30 degrees
Right lateral bend:	40 degrees	45 degrees
Left lateral bend:	40 degrees	45 degrees
Right rotation:	70 degrees	45 degrees
Left rotation:	70 degrees	45 degrees

Palpation:

There is tenderness to bilateral upper trapezius muscles and paraspinal muscles.
There are no palpable abnormalities.

Provocative Testing:

RIGHT

LEFT

Re: RICHARD GOMEZ
August 28, 2023
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Spurling's Test:	Negative.	Negative.
Facet Loading Test:	Negative.	Negative.

LUMBAR SPINE EXAM:

Inspection:

There is no loss of the normal lumbar lordosis, or any other abnormal curvatures.
There is no visible deformity, or step-off.

Range of motion of the lumbar spine is as follows:

	MEASURED	NORMAL
Forward Flexion:	45 degrees	60 degrees
Extension:	15 degrees	20 degrees
Right lateral bend:	30 degrees	20 degrees
Left lateral bend:	30 degrees	20 degrees
Right rotation:	25 degrees	20 degrees
Left rotation:	25 degrees	20 degrees

Palpation:

There is tenderness to palpation of paraspinal muscles and SI joints bilaterally.
There is no paraspinal spasm.
There is no tenderness to palpation of the spinous processes.
There are no palpable abnormalities.
Sciatic notch is negative.
PSIS is nontender bilaterally.

Provocative Testing:

	LEFT	RIGHT
Straight Leg Raise: (Seated and Supine)	Positive at 45 degrees	Positive at 45 degrees
Facet Loading Test:	Positive	Positive
Patrick Test:	Negative	Negative

NEUROLOGICAL EXAM:

Mental Status: Alert & oriented x3, no deficits in general fund of information or concentration.
Cranial Nerves 2-12: Grossly intact.
Romberg: Negative.

Motor Exam:	RIGHT	LEFT
Deltoid:	5/5	5/5
Biceps:	5/5	5/5

Re: RICHARD
GOMEZ August 28,
2023
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	5/5	5/5
Triceps:	5/5	5/5
Wrist Extension: Wrist	5/5	5/5
Flexion:	5/5	5/5
Finger Abduction:	5/5	5/5
Finger Adduction:	5/5	5/5
Psoas:	5/5	5/5
Quadriceps: Hamstring:	5/5	5/5
Tibialis anterior:	5/5	5/5
EHL:	5/5	5/5
Gasteroc:	5/5	5/5

DTRs:	RIGHT	LEFT
Biceps:	2	2
Triceps:	2	2
Patellar:	2	2
Achilles:	2	2
Brachiorad:	2	2

Babinski: Plantar flexion response (negative) bilaterally.
Hoffman: Negative bilaterally.

Sensory Exam:
Light touch: Decreased sensation in C3 to T1 dermatomes.
Light touch: Decreased sensation in L1 to S1 dermatomes.
Proprioception: Intact bilaterally.

REVIEW OF MEDICAL RECORDS:

Lumbar MRI from, May 29, 2023, shows:

1. A 3.2-mm posterior disc bulge at the level of L3-L4.
2. A 4-mm posterior disc bulge at the level of L4-L5 with mild right neural foraminal stenosis and facet arthrosis.
3. There is a 2-mm posterior disc bulge at the level of L5-S1 with mild right neural foraminal narrowing. Mild left neural foraminal narrowing and there is facet arthrosis.

MRI of the cervical spine from, May 29, 2023, shows:

1. A 1.2-mm posterior disc bulge at the level of C4-C5.
2. A 2-mm posterior protrusion at the level of C5-C6 with partial effacement of the ventral thecal sac.

3. A 1-mm posterior disc bulge at the level of C6-C7.

DIAGNOSTIC IMPRESSION:

1. Neck pain.
2. Cervical spine sprain/strain.
3. Cervical spine disc deformity, multilevel.
4. Low back pain.
5. Lumbar sprain/strain.
6. Multilevel intervertebral disc protrusion at the lumbar level.

DISCUSSION AND TREATMENT/RECOMMENDATIONS:

1. I am recommending the patient to continue regular home exercises and stretches.
2. Review of the MRI of the lumbar and cervical spine explained to the patient.
3. At this point, in regards to the patient's neck pain, I am recommending trigger point injections to bilateral upper trapezius muscles and paraspinal muscles (the patient is not interested in any injection or invasive treatments).
4. Return to clinic in four weeks for reevaluation and further treatment management.
5. I am recommending Voltaren gel 1% apply twice a day for pain relief.
6. I am recommending ibuprofen 400 mg every 8 hours as needed as an anti-inflammatory medication.

CAUSATION:

Based on the patient's past medical history, history of present illness, and physical examination, the above-mentioned signs and symptoms more likely than not are caused by the motor vehicle accident occurred on March 20, 2023.

DISCLOSURE:

I declare under penalty of perjury 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 have 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. Additionally, the above report was not constructed as a complete physical examination for general health purposes. Only these symptoms which I believe to have been involved in the injury or might relate to the injury have been assessed. Regarding the general health of the patient, the patient is advised to get a physical examination for general health purposes with her personal primary care physician.

Thank you for this kind referral. Please do not hesitate to call if there are any questions regarding the care of this patient.

Re: RICHARD
GOMEZ August 28,
2023
Page 6 of 6

Sincerely,

Dr. Cyrus Sedaghat

Cyrus S. Sedaghat, M.D.
Pain Management
Board-certified PM&R

CSS/mam

INVOICE

Cyrus Sedaghat, M.D.

9901 Paramount Blvd. #116
Downey, CA 90240

Invoice Date: 10/12/2023

Tax ID#: 45-3604305

Bill To:

RICHARD GOMEZ
C/O California Lawyers Group Inc.
8233 Alhambra Ave
Paramount, CA 90723

Patient:

RICHARD GOMEZ
8233 Alhambra Ave
Paramount, CA 90723
Phone: (562)253-7224
DOB: 08/15/1994 / DOI: 03/20/2023

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Account Summary:

POS	Description	CPT	M1	M2	M3	M4	DX 1	DX 2	DX 3	DX 4	DOS	UNITS	Charges	Balance
11	E & M Level 4 NP	99204					M54.2	S13.4XXA	M50.90	M54.50	08/28/2023	1.00	\$1,250.00	\$1,250.00

Current Balance: \$1,250.00

Responsible	Current	Over 30 Days	Over 60 Days	Over 90 Days	Over 120 Days	Balance Due
Patient	\$0.00	\$1,250.00	\$0.00	\$0.00	\$0.00	\$1,250.00

Make check payable to:

Cyrus Sedaghat, MD
15775 Laguna Canyon Rd. #190
Irvine, CA 92618
Tax ID: 45-3604305

Thank You for Your Business!

CYRUS S. SEDAGHAT, M.D.

9901 Paramount Blvd., Suite #116, Downey, CA 90240
TEL (909) 966-2920 FAX 888-858-4059

**PAIN MANAGEMENT FOLLOW-UP CONSULTATION AND
REPORT**

NAME: RICHARD GOMEZ
DATE OF BIRTH: 08/15/1994
DATE OF INJURY: 03/20/2023
DATE OF EXAM: 09/25/2023
GENDER: Male

CHIEF COMPLAINT:

Neck pain and low back pain.

HISTORY OF PRESENT ILLNESS:

NECK PAIN:

The patient reports no change in her neck pain since her last visit. She continues to report her neck pain involves bilateral upper trapezius and both sides of her neck. She reports sometimes there is tingling and numbness radiating into her hands. On Visual Analogue Scale, she rates her neck pain 9/10.

LOW BACK PAIN:

The patient reports no change in her low back pain since her last visit. The pain involves bilateral lumbosacral area. She notes sometimes she feels the pain radiates from her back to her legs and feet. On Visual Analogue Scale, she rates her low back pain 10/10

OBJECTIVE PHYSICAL FINDINGS:

GENERAL EXAM:

The patient is alert and oriented x4. She is not in any distress. The patient is cooperative with the physical examination.

GAIT:

Normal.

CERVICAL SPINE EXAM:

Inspection:

There is no loss of the normal cervical lordosis, or any other abnormal curvatures.
There is no visible deformity, or step-off.

Range of motion of the cervical spine is as follows:

	MEASURED	NORMAL
Forward Flexion:	Chin 2 inches from chest	Chin to chest
Extension:	45 degrees	30 degrees
Right lateral bend:	40 degrees	45 degrees
Left lateral bend:	40 degrees	45 degrees
Right rotation:	70 degrees	45 degrees
Left rotation:	70 degrees	45 degrees

Palpation:

There is tenderness to bilateral upper trapezius muscles and paraspinal muscles.
There are no palpable abnormalities.

Provocative Testing:

	RIGHT	LEFT
Spurling's Test:	Negative.	Negative.
Facet Loading Test:	Negative.	Negative.

LUMBAR SPINE EXAM:

Inspection:

There is no loss of the normal lumbar lordosis, or any other abnormal curvatures.
There is no visible deformity, or step-off.

Range of motion of the lumbar spine is as follows:

	MEASURED	NORMAL
Forward Flexion:	45 degrees	60 degrees
Extension:	15 degrees	20 degrees
Right lateral bend:	30 degrees	20 degrees
Left lateral bend:	30 degrees	20 degrees
Right rotation:	25 degrees	20 degrees
Left rotation:	25 degrees	20 degrees

Palpation:

There is tenderness to palpation of paraspinal muscles and SI joints bilaterally.
There is no paraspinal spasm.
There is no tenderness to palpation of the spinous processes.
There are no palpable abnormalities.
Sciatic notch is negative.
PSIS is nontender bilaterally.

Provocative Testing:

	LEFT	RIGHT
Straight Leg Raise: (Seated and Supine)	Positive at 45 degrees	Positive at 45 degrees
Facet Loading Test:	Positive	Positive
Patrick Test:	Negative	Negative

NEUROLOGICAL EXAM:

Mental Status: Alert & oriented x3, no deficits in general fund of information or concentration.

Cranial Nerves 2-12: Grossly intact.

Romberg: Negative.

Motor Exam:	RIGHT	LEFT
Deltoid:	5/5	5/5
Biceps:	5/5	5/5
Triceps:	5/5	5/5
Wrist Extension:	5/5	5/5
Wrist Flexion:	5/5	5/5
Finger Abduction:	5/5	5/5
Finger Adduction:	5/5	5/5
Psoas:	5/5	5/5
Quadriceps:	5/5	5/5
Hamstring:	5/5	5/5
Tibialis anterior:	5/5	5/5
EHL:	5/5	5/5
Gasteroc:	5/5	5/5

DTRs:	RIGHT	LEFT
Biceps:	2	2
Triceps:	2	2
Patellar:	2	2
Achilles:	2	2
Brachiorad:	2	2

Babinski: Plantar flexion response (negative) bilaterally.

Hoffman: Negative bilaterally.

Sensory Exam:

Light touch: Decreased sensation in C3 to T1 dermatomes.

Re: RICHARD
GOMEZ September 25,
2023 Page 4 of 5

Light touch: Decreased sensation in L1 to S1 dermatomes.
Proprioception: Intact bilaterally.

REVIEW OF MEDICAL RECORDS:

None to review at this time.

DIAGNOSTIC IMPRESSION:

1. Neck pain.
2. Cervical spine sprain/strain.
3. Cervical spine disc deformity, multilevel.
4. Low back pain.
5. Lumbar sprain/strain.
6. Multilevel intervertebral disc protrusion at the lumbar level.

DISCUSSION AND TREATMENT/RECOMMENDATIONS:

In regard to the patient's low back pain and neck pain, I am recommending trigger point injections to the paraspinal muscles at the neck and lumbar area. The patient is not interested in any invasive treatment other than therapies. At this point, I am recommending the patient to return to the clinic as needed. I am going to discharge the patient from the pain clinic. She may return to the clinic if she decides to proceed with next step treatment options.

CAUSATION:

Based on the patient's past medical history, history of present illness, and physical examination, the above-mentioned signs and symptoms more likely than not are caused by the motor vehicle accident occurred on March 20, 2023.

DISCLOSURE:

I declare under penalty of perjury 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 have 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. Additionally, the above report was not constructed as a complete physical examination for general health purposes. Only these symptoms which I believe to have been involved in the injury or might relate to the injury have been assessed. Regarding the general health of the patient, the patient is advised to get a physical examination for general health purposes with her personal primary care physician.

Re: RICHARD GOMEZ
September 25, 2023
Page 5 of 5

Thank you for this kind referral. Please do not hesitate to call if there are any questions regarding the care of this patient.

Sincerely,

Dr. Cyrus Sedaghat

Cyrus S. Sedaghat, M.D.
Pain Management
Board-certified PM&R

CSS/kk

INVOICE

Cyrus Sedaghat, M.D.

9901 Paramount Blvd. #116
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11	E & M Level 4 EP	99214					M54.2	S13.4XXA	M50.90	M54.50	09/25/2023	1.00	\$750.00	\$750.00

Current Balance: \$750.00

Responsible	Current	Over 30 Days	Over 60 Days	Over 90 Days	Over 120 Days	Balance Due
Patient	\$750.00	\$0.00	\$0.00	\$0.00	\$0.00	\$750.00

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Tax ID: 45-3604305

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