## HOOKS MENG & CLEMENT

July 24, 2024

Barbara Foster

Compliance Audit Investigator Division of Industrial Relations Workers' Compensation Section 3360 West Sahara Avenue, Suite 250 Las Vegas, Nevada 89102

Re:

Claimant:

Claim No.: Date of Injury:

Employer: Insurer:

TPA: Our File No .:

21D34J953196

11/25/2021 LVMPD

LVMPD CCMSI

0110.0180.0224

Submitted by Kim D. Price, Esq.

#### INITIAL LETTER OF APPLICATION FOR REIMBURSEMENT FROM THE SUBSEQUENT INJURY ACCOUNT

Dear Ms. Foster:

Pursuant to NRS 616B.557, and on behalf of the Self-Insured Employer, Las Vegas Metropolitan Police Department, please accept this initial request for reimbursement from the Subsequent Injury Account for Self-Insured Employers.

Supporting documentation is included within this binder.

The amount requested is:

MEDICAL

\$ 85,941.32

COMPENSATION

\$ 68,158.46

REHABILITATION:

\$ 34,006.96

GRAND TOTAL

\$188,106.74

RECEIVED

JUL 2 6 2024

# HOOKS MENG & CLEMENT

Barbara Foster July 24, 2024

Claims: 21D34J953196

Thank you for your reconsideration of this **initial** request. Should you have any questions, please feel free to contact me at 775.993.9654.

Very truly yours,

HOOKS MENG & CLEMENT

Kim D. Price

KDP/db

Enclosure: Initial SIA Binder

cc: Susan Riccio, CCMSI (via email, sans enclosure) Lezlie Robinson, CCMSI (via email, sans enclosure)

## INSURER'S SUBSEQUENT INJURY CHECKLIST

Notice to Insurer: This form must be completed and provided with all supporting documentation for claims submitted for reimbursement from the Subsequent Injury Account.

PART ONE	
INJURED EMPLOYEE DATE OF INJURY 11/25	5/2021
CLAIM NUMBER 21D34J953196 INSURER LVMPD	
THIRD-PARTY ADMINISTRATOR CCMSI EMPLOYER LVMPD	
SUBMITTED BY Kim D. Price, Esq. ASSOCIATION ADMINIST	RATOR
INITIAL REQUEST Yes SUPPLEMENTAL REQUES	Τ
Please check and complete applicable blanks. All supporting documentation of chronological order, oldest information on top. This information must be bound in a faccording to this form.	
Check one: Private Insurer  Self-insured Employer  Self-insured As	sociation
PART TWO	DIR USE ONLY VERIFICATION
X Letter of application to the Subsequent Injury Account specifying the statute pertinent to this application.	
PART THREE	NRS 616B.557, 616B.578 OR 616B.587
Medical documentation specifically showing that compensation for disability is substantially greater due to the combined effects of the preexisting impairment than that which would have resulted from the subsequent injury alone.	
Doctor(s) providing medical documentation. Gary Flangus MD	
Medical documentation of the preexisting permanent physical impairment of 6% or greater, including prior PPD evaluation, if available.	
Percentage 22 Body Part Lumbar Spine	
Percentage Body Part	
Percentage Body Part	-
Verification of the employer's knowledge of impairment at the time of hire or retention in employment after obtaining knowledge of impairment.	
Date of hire 8/02/2004	
Date of employer's knowledge of impairment 3/01/2013	
Date of retention in employment 3/01/2013	
n/a Notification of a possible claim against the Subsequent Injury Account, submitted within 100 weeks of the date of injury.	
Time lag weeks.	Lagtime weeks.

## PART THREE (continued) n/a Verification of false representation at the time of hire Date insurer became aware of the false representation. n/a Notification of a possible claim against the Subsequent Injury Account submitted within 60 days of the date of the subsequent injury, or date the insurer learned of the false representation Time lag \_\_\_\_\_ days. Supporting Documentation PART FOUR X Employer's Report of Injury (Form C-3) X Employee's Claim for Compensation/Initial Report of Treatment (Form C-4) n/a False representation (NRS 616B.560, 616B.581or 616B.590 only) **PART FIVE** X Medical reporting regarding subsequent injury claim X Medical documentation regarding preexisting impairment X Permanent partial disability evaluation and calculation, subsequent injury claim PART SIX X Wage verification and calculation Total expenditure documentation: Please provide calculator tapes for expenses requested. Printouts, log sheets, checks, etc., must be matched to the bill, explanation of benefits and/or rationale for payment in chronological order, oldest information on top. Computer printout(s) X Payment log sheet(s) X Copies of check(s) Copies of medical bills X Explanation of benefits (EOB) X n/a Travel reimbursement, which must include copies of receipts and/or orders or requests for payments which specify the method of transportation; destination; mileage allowed; date(s) of travel; and per diem and/or lodging allowed. If any payment is made other than that shown, justification must be given. n/a Other (specify) Other Pertinent Documentation PART SEVEN Insurer determinations and all documents from HO, AO, or District Court X All vocational rehabilitation information n/a Subrogation information

n/a Permanent Total information

DIR USE NRS 616E OR 616B,	3.557, 616B.578
Lagtime	days,

#### **PART EIGHT**

## TOTAL EXPENDITURES OF CLAIM

MEDICAL			
Medical Treatment:	\$85,941.32		
Travel associated with medical care:			
Other (Specify)			
		Total Medical:	\$85,941.32
COMPENSATION			
Temporary Total Disability:	\$22,304.31		
Temporary Partial Disability:			
Permanent Partial Disability LSBO	\$45,854.15		
Other (Specify)			
		Total Compensation:	\$68,158.46
VOCATIONAL REHABILITATION			
Maintenance:	\$ 4,248.44		
Schooling and/or Supplies:			
Counselor Services:	\$ 1,726.40		
Travel:			
Other (Specify) VR LSBO	\$28,032.12		
		Total Rehabilitation:	\$34,006.96
Other (Specify)			
	AAAA		

Total Other:

n/a

GRAND TOTAL EXPENDITURES: \$188,106.74

No administrative costs will be considered part of the claim pursuant to NAC 616B.707(2). These include, but are not limited to, utilization review services, attorney fees, cost of medical analysis or ratings conducted for the purpose of establishing a subsequent injury account, and any other administrative costs.

	COMPLETED AND	MAILED TO TH	PORT MUST BE IE INSURER WITHI OF THE C-4 FORM	N Two	Please e or Print			S REPORT OF IND OCCUPATIONAL		
ER	Employer's Name Las Vegas Metropol	itan Police De	epartment - LVMP	THE RESIDENCE OF THE PARTY OF T	Business (mi	g., elc.)	FEIN 88600002	8 OSHA UNK	-	
EMPLOYER	Office Mail Address	THER VINC	405	Location .	If different	from mai	ling address	Telephone 702-828-3	MUE	en de la lace
MP	400B S MARTIN LU	State		INSURER				THIRD-PAR	TY AD	MINISTRATOR
Ш	LAS VEGAS	NV	89106	LVMPD				CCMSI,	Inc.	
EMPLOYEE										
	Date of Injury (If applicable 11/25/2021	CONTRACTOR OF THE PROPERTY OF	(Hours; Minute AM/Ph	VI) (if applicable)	Date emplo 11/26/202		ed of injury or O/D	Supervisor to whom SGT D. ROSE P		· ·
ž "	Address or location of at 305 SMOKING LOO	1.5	The state of the s	ate) (if applice				The state of the s	ployer's	s premises? (if applicable)
CIDENT	What was this employee		e accident occurred	(loading truck	, walking dov	m stairs,	etc.)? (if applicable)			
ACCIDENT OR DISEASE	How did this injury or occ I STRAINED MY LO	cupational dise								
	Specify machine, tool, (if applicable) MOUN			onnected with	the scoldent		Witness N/A			Was there more than one person injured in this accident? (If applicable)
272	Part of body injured or			If fatal,	give date of o	leath 1	Witness N/A	ss N/A		academic (a approache)
SE	TRUNK - BACK Nature of Injury or Occi	upational Disea	se (scraich, cut. brui	ise, strain, etc	)		Witness			☐ Yes ☑ No
R DISEASE	SPECIFIC INJURY						N/A Did employee return accident? (if applicat	io next scheduled shift via)	731	Will you have light duty work available if necessary?
0	If validity of claim is do	ubled, slate rea	son		SALE PER	A STORE OF	Location of Initial Tr		Fig.	
INJURY	Treating physician/chlm	opractor name			191		Emergency Room	☐ Yes ♠ No	Hos	pitalized 🗆 Yes 🕞 No
N		many days per oyee work? 4	week does	From 22:3	30 C	am 🗆	pm To 08;30	D am D pm		day wages were earned 25/21
	Scheduled S days off	M T	W T F	S R	otating	Are you	paying injured or d	isabled employee's w	ages di	uring disability?   Yes   No
_	Date employee v		Last day of work		r disability	UNK	Date of return	to work	UN	Number of work days lost
INFO	Was the employee hired to If not, for how many hours a				hours a week Did the employee receive unemployment compensation any time during the last 12					
IMPORTANT OST TIME INF	<ol> <li>will not include relimbur</li> </ol>	nected to be off	work 5 days or more	a allach wage	verification f	orm (D-8)	. Gross earnings w	ill include overtime, bo	nuses.	e of injury or disability. If the and other remuneration, but te of hire to the date of injury
- 2	Pay period SUN 11 ands on: MON 11	TUE CUTHUR WED OFRI	SAT Emloyee is paid:	S SI-MKTA				f injury or disability 's wage was: \$ 0.0	1 per	ØHr □ Day □ Wk □ Mo
	For assistance wit									
*	I affirm that the information to the best of my knowledg payroll records of the empl Neveda law.	provided above	regarding the accident the wage information p	and injury or occ roylded is true a providing false	cupational diseand correct as to information is a	ese is corre aken from t a violation o	ect Employer's	Signature and Title	08	
Jse	Claim is: Accepted	□ Denled □ C	eferred 2 3rd Party	Deemed	WRECE	IVED	Account/log 21D34J95		Čla	as Code
insurer Use Oaly	Clalms Examiner's Sign	nalure		Date	NOV 2 9	2021	Status Clerk	100/	Da	.29.21

## EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT

FORM C-4
PLEASE TYPE OR PRINT
EMPLOYEE'S CLAIM - PROVIDE ALL INCOMMATION

EMPLOYEE'S CLAIM - PROVIDE ALL INFO	RMATION REQUESTED
INSURER THIRD-PARTY ADMINISTRATOR	Employee's Occupation (Job Title) When Injury of Occupational Cisesae
COMSI	Cooumed Police Officer
Employer's Name Confront Name Cal Vests Metro Police De	702 - 628 -3535
Office Mail Address (Number and Street) 400 S. Martin Leather King	71. J. Las Vegas W 88106
Date of Injury #(applicable) Hours Injury (if applicable) Date Employer Notified Last Da	y of Work After Injury of Supervisor to Whom Injury Reported
11/25/21 am 10:30 stp 11/25/21 Occupa	tionel Disease 11/24/21 54+ D. Rose
Address or Location of Accident (if applicable)	
What were you doing at the single of the accident? (If applicable)	
Mariadas Palice Motore voe	
How did this injury or occupational disease occur? (Be specific and answer in detail. Use addi	tional sheet if necessary)
mounting Police M/c to start Start felt Pul	I pop in Lower back science pain keeps
If you believe that you have an occupational disease, when did you first have knowledge of the	disability and its Witnesses to the Accident (If ucal
relationship to your employment?	opposition,
Nature of injury or Occupational Disease Pent(s) of Body In	hared or Affected
r/a tower 1	
CERT.FY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVID INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS INFS 618A TO 6160, INCLUSIVE, OR CHAPTER 617 FRACTITIONER OR ANY OTHER PERSON, AIM HOSPITAL, INCLUSING VETERAM ADMINISTRATION OR GOVERNMENCH OF COMPANY OR OTHER MISTITUTION OR DROANZATION TO RELEASE TO EACH OTHER ANY MEDICAL OR OTHER MUSTAVE OR SISEASE EXCEPT INFORMATION RELATIVE TO DISCASSES, TREATMENT ARXIOR COUNSELING FOR A FOR MICH!) MUST SIVE SPECIFIC AUTHORIZATION A PHOTOSTAT OF THIS AUTHROIZATION SMALL GE AS VALUE.	INCODULATION INCUIDING DENERTS PAID OR PAYARLE FERTINENT TO THIS
Little Out of Cose Entermises Employ	ae's Original or
Date (1 24 / 21 Piace MIC QUICK Care Emerprise Electric THIS REPORT MUST BE COMPLETED AND MAILED WITH	
Name of Eachthy	
University Medical Center	MC Quick Care Enterprise
another com	tence that the injured employee was under the influence of alcohol andlor troiled substance at the lime of the accident? Yes (if yes, please explain)
Hour 1200 stran saighting	23 9 2
Treatment IN SAID	oviced the pedent to remain oil work five days or more?
in all to tun lat	icale dates: from
V Oay Ehrdlone: A G	o, is the injured employee capeble of:   full duty
If Anderson,	July, specify any Pmilations/resinctions:
From Information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred?	many 11/30/21 - landy
9 Yes O No	ich we no heavy lytury
Is additional medical care by a physician indicated? Yes \( \text{No} \)	eury 20167, no natocyl
Do you know of any previous injury or disease contributing to this condition or occupational dis	ease? X Yes Q No (Explain if yee)
The state of the s	
Date Date Print Health Care Provider's Name Licently that the eithis form was dell	vered to the employer por
	IFE INSURER'S USE ONLY RECEIVED
Villagier Paak C	
CUA 213(8 Th Lypanger 2   St. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MOU 0 0 2021 L
Health Care Provider's Original or Electronic Signature Degree (MO 60 c	C. PA-C, AFRN)
	CCMSI ~ LVMPD

OCCUPATIONAL INJURY/ILLNE		KEPUKI	TOTAL STREET	1. Event #: N	7-06
ANT ONE STATEMENT OF IN HIRET EMPLOYEE			of Hire: 2/2004		
					2. Regular Work Hou 2230-083-
					4. RDO's:
	To a contract of			17. Left Shift:	SMT
5. Injury/Illness/Exposure: bate: 11/25/2021 Time: 2230	18. Reported to Supervision Date: 11/26/2021	or. Time:	0100	Date: /1/26/2	1 Time: 0200
OTE: If you are claiming an occupational disease, inc					
mployment.  B. Address and location of occurrence: (Give sufficier 305 SMOKING LOON AVE	nt Detail)		7000	t aid provided?	
0. Action:			21. Body pa	rt(s) affected/injured/e	posed:
Doctor's Care E.R. Care Only Ho.  2. Nature of Injury/exposure sustained: (scratch, cul.	spitalized No Action	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	1000	LOWER	BACK
(3(e), What were you doing when the accident occurre		king down sta	irs, driving, e	tc?)	
(Exp. Market Mounting THE MOTORCYCLE AT	lain in Detail)			LOWER BACK AT	PREVIOUS SURGERY
24. Did the accident happen in the normal course of w			25. 0	Did you return to next s	cheduled shift after accident
☐ Yes ☐ No - Explain				Yes   No - What da	
26. Lost Time:   No   Yes - Last day worked after	or injury:	If yes	. disability sli	p from physician availa	ble? T Yes T No
7. Have you had previous injury/exposure to body pa	rt(s) mentioned? (Explain)				
27. Have you had previous injury/exposure to body pa YES, W/C 28. How might this injury/filiness/exposure have been p	rt(s) mentioned? (Explain) CLAIM, SPINAL FUSI prevented?	ION OF L4,L	_5,S1 IN M	ARCH 2013	
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DISEASE	Nature of Injury or Occupa			se strain, etc.)		Witn	ess			C3 10 14
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0	Date employee was 08/02/2004	hired	Last day of work	after injury or o	disability UN	K	Date of return to w	OUK	UNK	f work days lost
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IMPORTANT DST TIME INF	For the purpose of calculathe injured employee is e- remuneration, but will not to the date of injury or dis	ation of the ave epicted to be include reimb	erage monthly wag	e, indicate the	age verdication l	orm (f)-r	<ol> <li>Gross earnings w</li> </ol>	rill include avenim	e, bonuses, and	other
LOS	Pay period SUN TU ends on: MON WE	E THUR D	SAT Emtoyee is paid:		MONTHLY () C		On the date of inju	ury or disability age was: SUN	K persol Hr ⊡	Day [] Wk []
	For assistance wi Assistance <u>Toll F</u>	ith Worke ree: 1-88	rs' Compens 8-333-1597	ation Issue <u>Web site</u> :	es you may http://govo	conta ha.ste	ct the Office of tte.nv.us <u>E-n</u>	of the Gover nail cha(a go	nor Consu vcha.state.	mer Healtl nv.us
*	I affirm that the information p the best of my knowledge. If payroll records of the employ Nevada law.	unher affirm the	wage information pro	vided is true and o	correct as taken in	im the		nature and Title	Date & 8-1-	12.
uso.	Claim is: Accepted	Denied 🗆 De	eferred 🗆 3 <sup>-3</sup> Party	Deemed	Wage		Account No 12D34C270	220	Class Code	DEOF
Insurer Use Only	Claims Examiner's Signa	ture		Date	185		Status Clerk	h	Date 8:1-1	2
-	(rev.11/05)	ORIGII	NAL - EMPLO	YER	PAGI	= 2 - 17	SURERITEN		PAGE 3 - I	MPLOYER

a D3 4 C270220 8670 EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT

Réset Form

FORM C-4
ASE TYPE OF PRINT Patient Rec'd D2 form

Print Form

165 ccms1	EMPLOYEE'S CLAIM PR	OVIDE ALL INFOR	MATION REQUES	IFO	to the second se
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				м	F
Liene Addmen		Δ	ge H	eight Weigl	nt .
Mailing Address	City		30	ate	Primary Language Spoken
SAME	THIRD-PARTY ADMINI	STRATOR		Employee's Occupat	ENGLISH Ion (Job Title) when injury or occupational
INSURER	TRISTAR	3 (MATON			PO
Employer's Name/Company Name				Tel	ephone
LAS VEGAS METRO POLICE					
Office Mail Address (Number and Street)  400 SOUTH MARTIN LUTHER KING LAS VEGA!	S NV89106		<u> </u>		
	M Date Employer No		ay of Work after Inju	ary or Occupational	Supervisor to whom injury reported
	M 07/24/2012	Disea	07/26/2012		K BURKE
Address or location of Accident (if applicable)	W 0772722		<u></u>		
861 NORTH MOHAVE LAS VEGAS	400				
What were you doing at the time of the accident (if app	licable)				
MANDATORY OFFICER TRAINING					
How did the injury or occupational disease occur? (Be s	pecific and answer in detail	il. Use additional s	neet if necessary.	)	
WHILE CONDUCTING PERSONAL CARRIES FELT PAIN IN	LOWER BACK				
If you believe that you have an occupational disease, v		wiedee of the dis	ability and its	Witnesses to th	e accident (if applicable)
relationship to your employment?	When the four histories and				
Nature of injury or occupational disease	Part(s) of body	injured or affects	d	WHOLE SQUAL	0
LOWER BACK PAIN	LOWER BAC			]	
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12D34C270220 Claim No:

Employer: Insurer:

LVMPD Self Insured

TPA:

Body Part.

CCMSI

Date of Injury: 7/24/12

Date of Notice: August 28, 2012 Lumbar Spine Strain

NOTICE OF CLAIM ACCEPTANCE

(Pursuant to NRS 616C.065)

Dea

The above referenced claim has been accepted on your behalf by CCMSI. Please check the information contained in this notice. If you find any of the information to be incorrect, please notify the insurer handling the claim.

If you disagree with the above determination, you do have the right to appeal by requesting a hearing before a Hearing Officer by completing the bottom portion of this notice and sending it to the State of Nevada, Department of Administration, Hearings Division, Your appeal must be filed within seventy (70) days after the date on which the notice of this determination was mailed.

> Department of Administration Hearings Division 1050 E. William Street, Ste.400 Carson City, NV 89710 (775) 687-5966

Department of Administration Hearings Division 2200 S. Rancho Drive, Suite 210 Las Vegas, NV 89102 (702) 486-2525

Sincerely,

George Eizman

Senior Claim Consultant

Deage Eym -

REASON FOR APPEAL

Date Signature Retain a copy for your records D-30 (rev. 4/07) cc: File, LVMPD, UMC, Bryan Boyack Esq.

The modified duty restrictions are as follows:
No lifting over 10lbs
No pulling/pushing/carrying over 10lbs
No combat/altercation activities
No operating a marked patrol vehicle in the line of duty
No repetitive motion to the back

Required Training Participation: Driver's Training- No Defensive Tactics/LVNR-No AOST- No Rance Qualification- No

Thank you,

Sara Yant

Law Enforcement Support Technician

Las Vegas Metropolitan Police Department Health Detail | Risk Management Section

CLIENT

Created: 9/14/2012 4:46 PM - EIZMAN, GEORGE

Last Modified 9/14/2012 4:46 PM - EIZMAN, G

From; Pflecia Mitchell [mailto:P7248M@LVMPD.COM] Sent: Friday, September 14, 2012 2:45 PM

To: Richard Collins; Brandi Tosti

Cc: Glen Lowe: Michael Addox: Debbie Shelfhorn: Donna Paul: Staci Laudeman

Subject

This is to advise that our office received paperwork, indicating that Officer physician had continued his modified duty, effective 09/11/12 for an undetermined amount of time. There is no indication of the next appointment. However, the employee will need to return to the physician for an update to is status and/or restrictions. The paperwork for that visit will need to be faxed to our office. We will update you and our records with any changes to the work restrictions after we receive the paperwork.

The modified duty restrictions are as follows: No lifting over 10 lbs No pulling/pushing/carrying over 10lbs No pulling/pushing/carrying No combat/altercation activities No repetitive motion to lower back

Required Training Participation: Driver's Training-No Defensive Tactics/LVNR-No AOST-No Range Qualification-No

Office Please advise our office of the date and time of your next appointment

Thank you,

Pflecia Mitchell Senior LEST Risk Management/Health Detail

CLIENT

Created: 9/13/2012 5:39 PM - EIZMAN, GEORGE

Last Modified: 9/13/2012 5:39 PM - EIZMAN, G

From: Pflecia Mitchell (mailto:P7248M@LVMPD.COM) Sent: Thursday, September 13, 2012 2:50 PM

To: Alexis Aronova

eorge Eizman

Subject:

Claim# 12D34C270220

Please see the attached, denying charging 10 hours for 08/28/12 to Worker's Comp. This time was denied due to Officer physician placing him on duty, effective 07/27/12, and then continuing his modified duty, effective 07/30/12, and again, effective 08/27/12.

Our office received paperwork on 09/11/12, stating "Please excuse from work 08/21/12 thru 08/28/12". However, Officer was maintained on modifihis 3 appointments and we are unable to accept backdated paperwork for dates that were previously addressed as modified duty.

Thus, the 10 hours for 08/28/12 is denied as Worker's Comp. Those 10 hours and any other sick leave taken will remain as regular sick.

Thank you, Pflecia Mitchell Senior LEST Risk Management/Health Detail

CLIENT

Created: 8/31/2012 1.16 PM - EIZMAN, GEORGE

Last Modified: 8/31/2012 1 16 PM - EIZMAN, G

From: Sara Yant [mailto:S9273Y@LVMPD.COM] Sent: Friday, August 31, 2012 10:39 AM To: Richard Collins; Brandi Tosti

Cc: Glen Lowe: ebbie Shellhorn; Donna Paul, Staci Laudeman

Subject P#8416 Worker's Comp DOI 7-27-2012



# of pages / Including cover sheet

DOUGLAS C. GILLESPIE, SHERIFF

Facsimile Cover Sheet

	to -	Pfelicia Mitchell
	company	Howloth / Safety
	department	
	phone #	828-3696
	fax#	828-1509
		2
	from	
	department	DTAC/DTZJ
	phone #	273-8697
	fax#	·
	notes	For Sick and VAC. Time
		For Siek and VAC. Time used on 8/21/12-8/28/12
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NOTE: if you encounter any difficulty in receiving the total number of pages indicated above, please notify us at the phone number indicated above.

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LVMPD 198 (Rev. 2/97) - AUTOMATEGAWP12

MAR. 1. 2013 11:25AM SPECIALTY HEALTH 7753296293

02:27:56 p.m.

03-05-2013

1/3

330 East Liberty Street, Suite 200

Reno. Nevada 89501-2221

T 775.398.3601 F 775.329 9921

NO. 6693

T 888.425.2973 F 888.865.1365



SpecialtyHealth	
the and a secretary of the second of the	

## FACSIMILE TRANSMITTAL SHEET

To: Dr. Flangas	From: Deanna Butler
Phone Number:	Phone Number: 775-398-3612
Fax Number: (702) 737-1778	Fax Number: 775-398-3681
Case Name::	Date: 3.1.2013
RE:	No. of Pages (Including Cover):

Patient Name:

NOTES / COMMENTS: Please review, reply and fax back to 775-398-3681

Thank you, Deanna Butler

MCO Coordinator Specialty Health Phone # 775-398-3624 Fax # 775-398-3681

#### CONFIDENTIALITY NOTE

The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or reproduction of this telecopy is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone and shred the document immediately. Thank you

RECEIVED By RO at 2:57 pm, Mar 05, 2013 SPECIALTY MEALTH 7753296203 330 East Liberry Street Suite 200

Seno Nevada 69501-2221

- 775 398 3501 F 775 329 9921 T 888 AZS 67/3 £ 888 845 '365

NO. 6693



March 1, 2013

To: Dr. Gary M. Flangas, MD 8285 W Arby Ave #220, Las Vegas, Nevada 89113

Case Name:

Employer: Las Vegas Metropolitan Police Department

Claim Number: 12D34C270220

Dear Doctor Flangas,

I am the Medical Director for the Las Vegas Metropolitan Police Department compensation claims.

On, the above noted patient was seen in consultation by Doctor Randal Peoples I have enclosed the report of their findings and recommendations which include:

## Recommended:

- 1. Reasonable to consider a stabilization procedure at the L5-S1 level and secondarily at the L4-5 level.
- 2. Discontinue smoking before any fusion operation.

Please review these findings and recommendations and provide your comments after checking one of the boxes below. As well please be certain to sign and date your response. In order to expedite consistent care for this injured worker, please return your response as soon as possible.

X I concur with the findings and recomme	endations.
l do not concur with the findings and re	ecommendations:
Comments:	
Signed:	3/5//3 Dated:



RANDAL R. PEOPLES, M.D., M.S. Department of Neurosurgery Clinical Associate Professor

2/4

Randal R. Peoples, M.D. Stanford University Medical Center Board Certified in Neurological Surgery 2865 Siena Heights Drive, #131

Henderson, Nevada 89052 (702) 616-6580 Fax 616-6584

Neurosurgery

#### **NEW PATIENT INITIAL OFFICE VISIT**

Patient Date February 20, 2013

Primary Working Diagnosis Requested by CCMSI attention Joanne

Chief Complaint

police officer with a chief complaint of back pain, cramping, more right-sided than left, with paresthesias/tingling of the lower extremities bilaterally. This is a result of a work-related injury. He states he was initially hurt in 2008 and tast July had a significant re-injury and since then the pain has been constant all day. It is worse in prolonged positions; i.e., sitting.

NOTE: A complete system review, medical, past, family and social history was recorded by the patient, and is available on request.

Review of Systems

Positive findings not mentioned in Chief Complaint or History: Weight gain, difficulty sleeping, muscle aches and pains.

Medical, Past and Family History

RECEIVED

Allergies: None.

Medications/Supplements: Percocet, Flexeril.

FEB 77 13

Major operations/Hospitalizations: Appendectomy.

CCMSI

Medical conditions: None

Medical conditions of primary relatives: Diabetes

Social History

He drinks 2 energy drinks a day. He smokes 1 pack of cigarettes a day. He drinks alcohol weekly.

## Physical Exam

General

- Height/Weight: 6"2" tall and 250 pounds
- Physical Description: Right-handed, well developed, well nourished, normal body habitus. no obvious deformities



Neurosurgery

RANDAL R. PEOPLES, M.D., M.S. Department of Neurosurgery Clinical Associate Professor

February 20, 2013

2

#### Musculoskeletal

- · Gait: Normal, though somewhat stiff.
- · Stance: Normal,
- Toe Standing: He has more difficulty repeatedly toe standing on the right than on the left.
- Range of motion
  - -Lumbar He has limited lumbar range of motion with greatest flexion at approximately 20°
- Motor function: He has weakness of right foot dorsiflexion 4/5 compared to the left, weakness of right great toe extension 4/5 compared to the left.

#### Neurological

Neurologically he is intact with normal memory, attention span, and concentration. Speaks fluent English. Relates a good history

#### Cranial nerves

Cranial Nerves are grossly intact

#### Sensation

Sensation is intact.

#### Diagnostic Studies and Testing

MRI scan of the lumbar spine dated 11/15/12 as well as a report of flexion extension lumbar x-rays were brought for my review. These films were directly visualized. There is no abnormal movement on the flexion extension x-rays. With regards to the MRI scan, there is a spondylolisthesis of L5 over S1 with modic changes. The L4-5 and L5-S1 discs are of darker signal intensity. There are significant T2 bright signals within the facet joints at L5-S1 and particularly on the right more than left at the L4-5 level. There is no frank disc herniation.

#### Assessment

#### Symptomatic diagnoses:

Back pain.

2. Bilateral lower extremity paresthesias.

REL-IVED

FER 27 1

#### Clinical findings:

- Weakness, right foot dorsiflexion.
- Weakness, right great toe extension.
- Weakness, right gastrochemius (difficulty independently toe standing on the right compared to the left).

#### Primary working diagnoses:

Back pain, mechanical

#### Co-morbidities:

Smoking.



RANDAL R. PEOPLES, M.D., M.S. Department of Neurosurgery Clinical Associate Professor

February 20, 2013

3

Discussion of Management Options and Treatment Plan

After review of the history and physical exam and independent review of the MRI scan, I believe this gentleman has had numerous conservative measures and only progressed with his mechanical back pain. Based on my review of the MRI scan, I think it is reasonable to consider a stabilization procedure at the L5-S1 level and secondarily at the L4-5 level. Both have anatomical findings that would be reasonable considerations if the patient has failed all other reasonable conservative measures. I discussed this with him. I also noted that he is a smoker and it would be wise for him to discontinue smoking before any fusion operation. This was a second opinion. I do not plan to see him in follow-up.

Randal R. Peoples, W.D.

Diplomat of the American Board of Neurological Surgery RRP/lp

Dictated but not proofread. Subject to transcription variance

RECEIVED

FEB 77 13

CCMSI

From: Pflecia Mitchell [malito:P7248M@LVMPD.COM]

Sent Thursday, May 16, 2013 12:33 PM

To: Shawn Andersen, Brandi Tosti

Cc: Michael Welch: Debble Shellhorn; Staci Laudeman

Subject 9#8416 Worker's Comp DOI 7-27-2012

This is to advise that our office received paperwork, indicating that Officer physician had continued him off work, affective 05/14/13 through approach physician had continued him off work, affective 05/14/13 through approach physician had continued him off work, affective 05/14/13 through approach physician had continued him off work, affective 05/14/13 through approach physician had continued him off work, affective 05/14/13 through approach physician had continued him off work, affective 05/14/13 through approach physician had continued him off work, affective 05/14/13 through approach physician had continued him off work, affective 05/14/13 through approach physician had continued him off work, affective 05/14/13 through approach physician had continued him off work, affective 05/14/13 through approach physician had continued him off work, affective 05/14/13 through approach physician had continued him off work, affective 05/14/13 through approach physician had continued him off work affective 05/14/13 through approach physician had continued him off work approach physician had continued him off work affective 05/14/13 through approach physician had continued him off work approach physician had continued him off work affective 05/14/13 through approach physician had continued him off work affective 05/14/13 through approach physician had continued him off work affective 05/14/13 through approach physician had continued him off work affective 05/14/13 through approach physician had continued him off work affective 05/14/13 through approach physician had continued him off work affective 05/14/13 through approach physician had continued him off work affective 05/14/13 through approach physician had continued him off work affective 05/14/13 through approach physician had continued him off work affective 05/14/13 through approach physician had continued him off work affective 05/14/13 through approach physician had continued him off work affective 05/14/13 through approach physician had continued him off work af

Thank you, Pflecia Mitchell Senior LEST Risk Management/Health Detail

CLIENT

Created: 4/16/2013 5:56 PM - EIZMAN, GEORGE

Last Modified: 4/16/2013 5:56 PM - EIZMAN, G

From: Pflecia Mitchell [mailto:P7248M@LVMPD.COM]

Sent: Tuesday, April 16, 2013 3:54 PM

To: Alexis Aronova

Cc: George Elzman, Jeffrey Roch; Sara Yant

Subject: Claim# 12D34C270220

Please see the attached approval, charging the following to Worker's Comp, non-taxable:

03/25/13-04/28/13

Thank you, Pflecia Mitchell Senior LEST

Risk Management/Health Detail

CLIENT

Created: 4/3/2013 2:35 PM - EIZMAN, GEORGE

Last Modified: 4/3/2013 2:35 PM - EIZMAN, GE

From Pflecia Mitchell [mailto P7248M@LVMPD.COM]

Sent: Wednesday, April 03, 2013 12:33 PM

To: Shawn Andersen: Brandi Tosti

Cc: Glen Lowe, Debbie Shellhorn; Staci Laudeman

Subject #8416 Worker's Comp DOI 7-27-2012

This is to advise that our office received paperwork, indicating that Officer physician had taken him off work, effective 03/25/13 through approximately 13. His next appointment is on 04/09/13. The paperwork for that visit will need to be faxed to our office. We will update you and our records with an to the work status or restrictions after we receive the paperwork.

Thank you, Pflecia Mitchell Senior LEST

Risk Management/Health Detail

CLIENT

Created: 3/11/2013 4:55 PM - EIZMAN, GEORGE

Last Modified: 3/11/2013 4:55 PM - EIZMAN, G

From: Pflecia Mitchell [mailto:P7248M@LVMPD.COM]

Sent: Monday, March 11, 2013 2:22 PM

To: Shawn Andersen: Brandi Tosti; Michael Barnbeck

Cc: Glen Lowe: Debbie Shellhorn; Staci Laudeman Subject: P#8416 Worker's Comp DOI 7-27-2012

This is to advise that our office received paperwork, indicating that Officer physician had continued his modified duty; effective 03/06/13 through approximately 04/07/13. There is no indication of the next appointment. However, the employee will need to return to the physician for an update to his work and/or restrictions. The paperwork for that visit will need to be faxed to our office. We will update you and our records with any changes to the work status restrictions after we receive the paperwork.

The modified duty restrictions are as follows:

No lifting over 10 lbs

No pulling/pushing/carrying over 10lbs

No repetitive motion to lower back

No combat/altercation activities

No operating a marked patrol vehicle in the line of duty

Required Training Participation: Driver's Training- No Defensive Tactics/LVNR-No AOST- No Range Qualification- No

Officer Adcox- Please advise our office of the date and time of your next appointment.

Thank you, Pflecia Mitchell Senior LEST

Risk Management/Health Detail

Discharged Condition Same   Condition Improved   Condition Worsened   PT Prosor   Consultation Required   Further Diagnostic Studies required   Stable   Yes   No Ratable   Time off work:   through   Release to Full Duty   Consultation of a proposed following in the population of a proposed following in the population of the population	during the next injuries. It you have neal Reportational Reportation (e.g. No. 1997)
CC Tristar.  CC Health Detail:  OCCUPATIONAL INJURY/ ILLNESS/ EXPOSURE    assification	during the next injuries. It you have neal Reportational Reportation (e.g. No. 1997)
ASSIfication Dute of The Las Yeak Margoolitan Police Department of Fire a structured Returnite Work Program for Injured Stabled amployees and other receivers, Numerous tasks need been becaused (through any Work Assignments) which are available and are designed to a structured returnite work program for injured as structured provided policy, a description of in Temporary Work as injured as a contract the Health Datal Section at 1825-298.  MEALTH DETAIL FAX 5: 528-4509  Today's Date Body Partis Visioness/Exposuro:  Discharged Condition Same Condition Improved Condition Worsened PT Proson Consultation Required Further Diagnosis Studies required Stable Yes No Relable Time of Work:  Inne of Work: through Release to Full Duty Condition Worsened PT Proson Time of Work: through Release to Full Duty  Physician's Objective Findings/Treatments/Prognosis: A Condition Work as a fundamental work of the period for the Employee Reformance to Work if You required for the Employee Reformance to Work if You required for the Employee Reformance to Work if You required to Condition work reported to the work reformance of a previous reported to the work of the Condition Work as a second reported to the surface of the period of the Condition Work as a second reported to the surface of the period of the per	during the next injuries. It you have neal Reportational Reportation (e.g. No. 1997)
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Unable to carry or use weapon  Other  **REQUIRED TRAINING: CAN EMPLOYEE PARTICIPATE IN THE FOLLOWING REQUIRED TRAINING?  Drivers Training: □ Yes ♥ No Defensive Tactics/LVNR: □ Yes ♥ No AQST: □ Yes ♥ No  Range Qualification: □ Yes ♥ No Remarks:  Medication Prescribed  ** ALL MEDICATIONS PRESCRIBED MUST BE LISTED.	
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** ALL MEDICATIONS PRESCRIBED MUST BE LISTED.	
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Physical Therapy  NOTE FOR PT APPOINTMENTS: This portion must be completed by the Therapists	y
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Physician/The rapist Signature (form inust be signed)	y
Time in: 1:45pm   Time out: 2:35pm   Next Appointment: Date Surgery   Time:	y
Physician or Clinician Print Name: Physician or Clinician Signature: Date:	y
Gary M Flyngers MD Mym. 13	y
Address (Include City, State, Zip)  8885 W Arby Ave #270 LV NV 89113 Phone#: 737-7753	y

Gary Flangas, M.D.

American Board of Neurological Surgery
8285 W. Arby Avenue, #220
Las Vegas, Nevada 89113
(702) 737-7753 Fax 407-7066

#### **FOLLOW-UP CONSULTATION**

Patient:

Date: March 7, 2013

The patient returns today for follow-up. He was last seen on 12/06/12. He is a white who is employed by the Las Vegas Metropolitan Police Department. He is complaining of chronic low back pain as well as intermittent pain into his bilateral lower extremities along the posterior aspect of his thighs and calves as well as intermittent paresthesias on the soles of his feet and the bottoms of the toes. He has failed to improve with nonsurgical measures and at this point in time he is interested in exploring surgical intervention. His requests for surgery have been denied by his Worker's Compensation Insurance in the past and he has subsequently been seen for a second opinion by Dr. Randall Peoples, a neurosurgeon here in Las Vegas, who has concurred with my recommendations for L4-5 and L5-S1 lumbar interbody fusion with pedicle screw stabilization.

#### On Exam

On exam he is awake, alert, oriented x 4 and is in no apparent distress.

#### HEENT

 The patient is normocephalic, atraumatic. Pupils are equal, round, and reactive to light and accommodation. Extraocular muscles are intact without evidence of nystagmus. Tongue and uvula are midline. There is no evidence of facial asymmetry. Hearing is intact grossly bilaterally. He has a normal shoulder shrug.

#### Musculoskeletal

- Gait: Non-antalgic.
- Station: Normal.
- Range of motion: Range of motion is diminished.
- Motor: 5/5
- Sensory: Sensory is diminished along the right L5 distribution.
- . DTR's: 2+ throughout except for the right ankle jerk which is 1+.

Diagnostic Studies and Testing

The patient has an MRI of the lumbar spine and by my interpretation there is evidence of degenerative disc changes at L4-5 and L5-S1. There are prominent modic inflammatory changes at L5-S1. There is bilateral facet arthropathy L4-5 and L5-S1. There is retrolisthesis of L5 on S1. There is a central to right paracentral disc protrusion at L5-S1 and also a small central disc protrusion at 4-5. There is bilateral mild superior articular facet recess stenosis at L4-5.

(:

3/3

Discussion of Management Options and Treatment Plan

with a longstanding history of chronic low back pain and The patient is a bilateral radicular symptoms and paresthesias. The plan is to schedule the patient for an L4-5, L5-S1 lumbar interbody fusion with pedicle screw stabilization. I have explained the risks, which include bleeding, infection, weakness, paralysis, and sensory loss, loss of bowel and bladder control, spinal fluid leak necessitating additional procedures, impotence, stroke, coma, heart attack and even death. I have also explained the success rate in terms of providing symptomatic relief is on the order of approximately 70%. All of the patient's questions have been asked and answered and at this point in time the patient expresses a strong desire to proceed with the surgery. We will resubmit the request to Worker's Compensation and hopefully schedule the surgery in the near future.

Gary Flangas, M.D.

American Board of Neurological Surgery GF/lp

Dictated but not proofread. Subject to transcription variance.





March 18, 2013

## Case Name:

Employer:

Las Vegas Metro Police Department

Claim Number:

12D34C270220

Date of Injury:

7/24/2012

Record Number:

105823

Requesting Provider: Gary Flangas, M.D.

Request (s): L4-L5, L5-S1 posterior lumbar interbody fusion; five-day inpatient stay; assistant surgeon; LSO brace; front wheel walker; 3-in-1 commode; home health care for two weeks and light physical therapy two-to-three times per week

Height (inches) / Weight (pounds): Unknown

Current Medications: N/A

#### **Decisions and Comments:**

Request (s): L4-L5, L5-S1 posterior lumbar interbody fusion, assistant surgeon, LSO brace, front wheel walker and 3-in-1 commode are RECOMMENDED with a panel provider; five-day inpatient stay is RECOMMENDED WITH MODIFICATION. Up to a three day inpatient stay is RECOMMENDED. Home health care for two weeks is RECOMMENDED WITH MODIFICATION. Home health care for an initial evaluation is RECOMMENDED with a panel provider. Light physical therapy two-to-three times per week is RECOMMENDED FOR UP TO SIX VISITS starting at 12 weeks post-op, with a panel provider.

Comments: We are in receipt of all medical reporting served upon this claim file.

We have all the information to approve the request for L4-5, L5-S1 posterior lumbar interbody fusion, assistant surgeon, aspen LSO brace, front wheeled walker and 3-in-1 commode. The request for five day in patient stay is not supported by research; a three day inpatient is supported. We have all the information to approve the request for light physical therapy for up to six visits. The request for two weeks of home health care is not supported by research; an initial evaluation is supported.

The most recent medical report dated 3/7/2013 by Doctor Gary Flangas was reviewed in addition to the remaining medical records.

In regard to hospital length of stay, evidence based guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. Case Name:

Las Vegas Metro Police Department Employer:

12D34C270220 Claim Number: Date of Injury:

7/24/2012

Record Number: 105823

Requesting Provider: Gary Flangas, M.D.

March 18, 2013

For prospective management of cases, median is a better choice that mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. Length of stay is the number of nights the patient remained in the hospital for that stay, and a patient admitted and discharged on the same day would have a length of stay of zero. The total number of days is typically measured in multiples of a 24-hour day that a patient occupies a hospital bed, so a 23hour admission would have a length of stay of zero. The mean and best practice target hospital length of stay for posterior lumbar fusion procedures is three days.

Regarding postoperative physical therapy for spinal fusion, evidence based guidelines state: Following lumbar spinal fusion, delayed start of rehabilitation results in better outcomes, and improvements in the group starting at 12-weeks were 4 times better than that in the 6week group. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction prior to continuing with physical therapy treatments. Every six visits thereafter the treating physical or occupational therapist should validate improvement in function as it relates to the patient's essential job functions, hours working, health related quality of life indicators (e.g. Oswestry) or a standard pain scale in order for treatment to continue. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted.

Regarding home health care, evidence Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004)

Based on review of the document submitted and the most current version of ACOEM, the request noted above for L4-L5, L5-S1 posterior lumbar interbody fusion, assistant surgeon, LSO brace, front wheel walker and 3-in-1 commode are RECOMMENDED with a panel provider; five-day inpatient stay is RECOMMENDED WITH MODIFICATION. Up to a three day inpatient stay is RECOMMENDED. Home health care for two weeks is RECOMMENDED WITH MODIFICATION. Home health care for an initial evaluation is RECOMMENDED with a panel provider. Light physical therapy two-to-three times per week is RECOMMENDED FOR UP TO SIX VISITS starting at 12 weeks post-op, with a panel provider.

ACOEM is silent regarding this request; however The Official Disability Guidelines state:

Hospital length of stay (LOS)

Recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice that mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on the average length of stay. Length of stay is the number of nights the patient remained in the hospital for that stay, and a patient admitted and discharged on the same day would have a length of stay of zero. The total number of days is typically measured in multiples of a 24-hour day that a patient occupies a hospital bed, so a 23Case Name:

Employer: Las Vegas Metro Police Department

Claim Number: 12D34C270220

Date of Injury: 7/24/2012 Record Number: 105823

Requesting Provider: Gary Flangas, M.D.

March 18, 2013

hour admission would have a length of stay of zero. (HCUP, 2011)

ODG hospital length of stay (LOS) guidelines:

**Lumbar Fusion, posterior** (*icd* 81.08 - Lumbar and lumbosacral fusion, posterior technique)
Actual data -- median 3 days; mean 3.9 days (±0.1); discharges 161,761; charges (mean) \$86,900
Best practice target (no complications) -- 3 days

Note: About 15% of discharges paid by workers' compensation.

#### Home health services

Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. These recommendations are consistent with Medicare Guidelines. (CMS, 2004)

Physical therapy (PT)

<u>Post-surgical (fusion) rehab</u>: Following lumbar spinal fusion, delayed start of rehabilitation results in better outcomes, and improvements in the group starting at 12-weeks were 4 times better than that in the 6-week group. (Oestergaard, 2012)

Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Post-surgical treatment (fusion, after graft maturity): 34 visits over 16 weeks

Official Disability Guidelines - Preface - Physical therapy Guidelines -

There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted.

A request for copies of the referenced evidence-based medical literature noted may be obtained by written request to SpecialtyHealth MCO.

Discussion regarding this review can be made to a physician reviewer Monday through Friday between the hours of 8:00 a.m. and 5:30 p.m. PST at 888-442-2230.

I have reviewed the provided documents, including medical reports, x-rays, and diagnostic studies, if available. The recommendation is based on the ACOEM Guidelines and other evidence-based literature if applicable.

Case Name:

Las Vegas Metro Police Department Employer:

Claim Number:

12D34C270220

Date of Injury:

7/24/2012

Record Number:

105823

Requesting Provider: Gary Flangas, M.D.

March 18, 2013

Please note: Current workers' compensation law mandates that utilization review decisions be made on the basis of evidence-based treatment guidelines. The ACOEM Guidelines are utilized pursuant to Nevada law when possible.

Declaration: These evaluations were performed at SpecialtyHealth MCO, Inc. The review of medical records and/or reading of x-ray studies and/or medical evaluation were performed entirely by me or another panel physician at my direction. The composing of these reports was performed by my staff and me. All reports that have been prepared with the assistance of my staff are reviewed and signed entirely by me.

The above recommendation is based upon the reasonable medical necessity of treatment requested. Such recommendation may not be construed to waive or relinquish any legal basis for denial of liability of other issues that may or may not arise on the underlying claim.

I declare under penalty of perjury that the information and opinions contained in this report and its attachments are true and correct to the best of my knowledge and belief, except as to information I have indicated that I have received from others. As to the information, I declare under penalty of perjury that the information accurately describes the information provided to me, except as noted herein, I believe to be true. This report is in compliance with the Nevada workers' compensation regulations (NAC 616C.123)

The content of the report is true and correct to the best of my knowledge. This statement is made under penalty of perjury.

Reno, Nevada Signed in:



E. James Greenwald, M.D. Medical Director Board Certified - Orthopedic Surgery SpecialtyHealth MCO, Inc.

NV License: 3274

Cc: Metro Police Dept - TPA

Patient

Attorney (if applicable)

File

Notes	CLAIM # 12D34C270220 -	DOL: 7/24/2012
Note Type: CLIENT   ✓		
With Note Text: - Any note text -		Go Sort By:
Note Dates: 7/24/2012 - thru- 12/6/2023	⊞ Last 90 Days ✔	5 Created Date Desc
☐ Show Only Notes with Documents ☐ Show Only		
	Claim notes for 7/24/2012 through 12/6/2023 , at	nd Note Type = CLIENT
CLIENT	Created: 10/9/2013 2:58 PM - MARSHJ	ALL, DUSTY Last Modified: 10/9/2013 2:58 PM - MARSHAL
	4, 2013 2:54 PM Tosti 416 Worker's Comp DOI 7-27-2012 ce received paperwork, indicating that Officer Adcox's physetail	sician had released him to full duty, effective 09/17/13.
CLIENT  From: Pflecia Mitchell Imailt Sent: Wednesday, August 14 To: Shawn Andersen; Brandi Cc: Gien Lowe; Michael Weld Subject: 348	, 2013 4:12 PM	ALL, DUSTY Last Modified: 8/14/2013 6:19 PM - MARSHAL
This is to advise that our off approximately 09/17/13. His	ce received paperwork, indicating that Officer	sician has continued him on modified duty, effective 08/13/13 thro visit will need to be faxed to our office. We will update you and our
The modified duty restriction	ns are as follows:	
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Required Training Participati Driver's Training- no Defensive Tactics/LVNR-no AOST- no Range Qualification- no	on;	
Thank you, Pflecia Mitchell Senior LEST Risk Management/Health Di Office of General Counsel Las Vegas Metropolitan Poli (702) 828-3696 phone (702) 828-1509 fax		

CLIENT

Created: 7/18/2013 1:12 PM - EIZMAN, GEORGE

Last Modified: 7/18/2013 1:12 PM - EIZMAN, G

From: Pflecia Mitchell [mailto:P7248M@LVMPD.COM] Sent: Monday, July 15, 2013 11:25 AM To: Shawn Andersen; Brandi Testi Cc: Glen Lowe; Michael Welch

Debbie Shelfhorn; Staci Laudeman

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Drug Allergies/ADR's:  Drug Allergies/ADR's:  Patient Pregnant or Lactating?	Describe Reaction:  Describe Reaction:  Weight: D33
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CCMSI - LAS VEGAS

University Medical Center - Quick Care

# URGENT CARE RECORD Low Back Pain / Injury

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SUNSET QUICK CARE MR# 000-598-468

782 ADM 7/27/2012

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SUNSET QUICK CARE M MR# 000-598-468 782 ADM 7/27/2012

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#### Gary Flangas, M.D.

American Board of Neurological Surgery 8285 W. Arby Avenue, #220 Las Vegas, NV 89113 (702) 737-7753 Fax (702) 407-7066

#### **NEW PATIENT** OFFICE CONSULTATION REPORT

Patient:			
Date: 0	october 4,	2012	

Primary Working Diagnosis: Requested by:

**Chief Complaint** Low back pain.

History of Condition The patient is a

who is employed by the Las Vegas Metropolitan Police Department. He sustained a work-related injury on 11/30/2008 when he was pursuing a suspect over multiple walls and then was involved in an altercation with the suspect when he injured his lower back. He has experienced pain across the base of his lower back, greater on the right than on the left. He also has had intermittent pain in his bilateral lower extremities along the posterior aspects of the thighs and calves and he experiences intermittent paresthesias along the soles of his feet and the bottom of his toes. Since the initial injury, he has treated with physical therapy and pain medications and he was returned back to work at full duty. He has had multiple flare-ups through the years with a recent re-exacerbation in July of 2012 when he was doing rescue training and was doing a lot of heavy lifting and carrying. Currently he rates his back pain as 4/10 but on a weekly basis it becomes 10/10 in intensity. He still has the radiating pain and paresthesias in his bilateral lower extremities in the same distribution. He is currently working on a light duty basis.

NOTE: A complete system review, medical, past, family and social history was recorded by the patient, and is available on request.

Medical, Past and Family History

Positive Findings: Include difficulty sleeping, muscle aches and pains, muscle weakness, joint

pain and swelling. Allergies: NKDA.

Past Medical History: Denies.

Family History: Positive for diabetes. Medications: Flexeril, Percocet.

Social History

Non-medical drug use: He denies IV drug abuse.

Caffeine: He drinks caffeinated products.

Nicotine: He smokes one pack of cigarettes a day for the last 20 years.

Alcohol: He drinks beer on a weekly basis.

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CCT 102012

CLIVISI-LAS VEGAS

#### Physical Exam General

- Height/Weight: He is 6'2" tall, weighs 235 pounds.
- Physical Description: He is awake, alert, oriented x 4. He is in no apparent distress.

#### **HEENT**

 The patient is normocephalic, atraumatic. Pupils are equal, round, and reactive to light and accommodation. Extraocular muscles are intact without evidence of nystagmus. Tongue and uvula are midline. There is no evidence of facial asymmetry. Hearing is intact grossly bilaterally. He has a normal shoulder shrug. Facial sensation is intact.

#### <u>Musculoskeletal</u>

- Gait: Slow, guarded, mildly antalgic.
- Station: Normal.
- Range of motion: Diminished with forward flexion and on extension which tends to exacerbate his pain.
- Motor: 5/5.

#### **Neurological**

- The patient is oriented to person, date, and place.
- Memory, attention span, concentration: normal.
- Language: speaks English fluently.
- Fund of knowledge: Adequate.

#### Cranial nerves

As above

#### Reflexes

DTR's are 2+ throughout.

#### Sensation

Sensory is intact.

#### Diagnostic Studies and Testing

The patient has an MRI scan of the lumbar spine and by my interpretation, this reveals evidence of degenerative disc changes at L4-5 and L5-S1. There is evidence of modic inflammatory changes at L5-S1. There is evidence of retrolisthesis at L5 on S1. There is bilateral facet arthropathy at L4-5 and L5-S1 with hyperintense signal seen within the facet joints at L5-S1 and to a lesser extent at L4-5. There is a central disc protrusion at L4-5, and at L5-S1 there is mild lateral recess stenosis.

OCT 102012 CCMSI-LAS VEGAS Discussion of Management Options and Treatment Plan

The patient is a who is having evidence of mechanical low back pain secondary to his degenerative discs seen at L4-5 and L5-S1. There also appears to be some degree of retrolisthesis of L5 on S1 suggesting the possibility of underlying instability. His symptoms appear to be a recurring problem dating back to his work-related injury which happened on 11/30/2008. The patient is frustrated due to the multiple flare-ups that he has had through the years. He has also currently debilitated due to the most recent flare-up which occurred in July of 2012. The plan at this time is to refer the patient back for physical therapy three times per week for four weeks. We will then see the patient back in approximately one month. We talked about the implementation of pain management, but the patient has stated that he would be reluctant to consider injection therapy. He states that he wants definitive treatment for his lower back and is interested in surgical intervention which, in my opinion, would more than likely entail an L4-5 and L5-S1 lumbar interbody fusion with pedicle screw stabilization. The risks, benefits, and alternatives have been discussed with the patient. He also understands that the success rate with surgical intervention for the treatment of his mechanical back pain is on the order of approximately 60-70%. All of his questions have been asked and answered. We will see him back in one month after he has completed his physical therapy.

Mary M. Flanger M. B.

Gary Flangas, M.D.

American Board of Neurological Surgery
GF/jij

Dictated but not proofread. Subject to transcription variance. #FLAN0310

> OCT 102012 CCMSI-LAS VEGAS



Insight Imaging – Mountain Diagnostics 800 Shadow Lane Las Vegas, Nevada 89106 PH# 702.366.9700 FAX# 702.366.0013

Patient:

DOB: X-ray No. 1314835 Referred By: GARY FLANGAS, MD

\$285 W ARBY AVE STE 220

LAS VEGAS, NV 89113

EXAM: 10393801 MRI, LUMBAR SPINE WITHOUT CONTRAST

PROCEDURE: MRI LUMBAR SPINE

INDICATION: Lower back pain.

Sagittal and axial MR imaging of the lumbar spine was performed without IV gadolinium.

COMPARISON: None.

FINDINGS: No acute fracture. The conus terminates normally at L1. Lumbar vertebral body heights are preserved. No suspicious bone marrow signal intensity. Small hemangioma at L1.

T11-T12: Mild disc desiccation and mildly decreased disc height. Mild degenerative changes at T11 superior and inferior anterior endplates, with mildly decreased vertebral body height. Small posterior endplate osteophytes slightly protruding into the a right paracentral region. No central canal, lateral recess or neuroforaminal stenosis.

T12-L1: No disc bulge or protrusion. No central canal, lateral recess or foraminal stenosis.

L1-L2: No disc bulge or protrusion. No central canal, lateral recess or foraminal stenosis.

L2-L3: No disc bulge or protrusion. No central canal, lateral recess or foraminal stenosis.

L3-L4: No disc bulge or protrusion. No central canal, lateral recess or foraminal stenosis.

L4-L5: Mild disc desiccation and mildly decreased disc height. Small broad-based central disc protrusion approximately 1.5 mm. No central canal, lateral recess or neuroforaminal narrowing. Mild bilateral facet hypertrophy.

L5-S1: 3 mm retrolisthesis of L5 on S1 with uncovering of the anterior surface of the posterior disc. Mild disc desiccation disc height loss. Mild broad-based central/right paracentral disc or protrusion is approximately 2 mm AP x 2 cm transverse. Mild narrowing of the neuroforaminal, without evidence of nerve impingement. Mild bilateral facet hypertrophy. Moderate Modic type I endplate changes. No central canal or lateral recess stenosis.

#### IMPRESSION:

- 1. 3 mm retrolisthesis of L5 on S1. Moderate Modic type I endplate changes at L5-S1.
- 2. Degenerative disc disease at L4-L5 and L5-S1. Small broad-based disc protrusion.
- 3. Mild L5-S1 neuroforaminal narrowing. No evidence of nerve impingement. No central canal or lateral recess stenosis.

Study Dictated by: KITTY U HO CAIN, MD

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Page 1 of 2 Thank you for choosing INSIGHT IMAGING - Mountain Diagnostics

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215

Gary Flangas, M.D.

American Board of Neurological Surgery 10001 South Eastern Avenue, #408 Henderson, Nevada 89052 (702) 737-7070 Fax 737-1778

#### FOLLOW-UP CONSULTATION

Patient December 6, 2012

The patient returns here for vegas Metropolitan Police Department. He has had multiple work injuries through the years, the first occurring on 11/30/08 and more recently July of 2012. He continues to complain of chronic low back pain, as well as intermittent pain in his bilateral lower extremities along the posterior aspect of his thighs and calves as well as intermittent paresthesias on the soles of his feet and the bottom of the toes. He states that his back pain has subsided but every time he does any type of increased activity he has a flare-up. He is still having the radicular pain in his bilateral lower extremities as well as the paresthesias.

#### On Exam

- Gait: Non-antalgic.
- Station: Normal.
- Range of motion: Range of motion is diminished.
- Motor: 5/5.Sensory: Intact.
- . DTR's: 2+ throughout.

**Diagnostic Studies and Testing** 

The patient has a repeat MRI of the lumbar spine and by my interpretation there is evidence of degenerative disc changes at L4-5 and L5-S1. There are prominent modic inflammatory changes at L5-S1. There is bilateral facet arthropathy L4-5 and L5-S1. There is retrolisthesis of L5 on S1. There is a central to right paracentral disc protrusion at L5-S1, also a small central disc protrusion at L4-5. There is mild bilateral superior articular facet recessed stenosis at L4-5.

Discussion of Management Options and Treatment Plan

The patient is a white male who has a longstanding history of chronic low back pain as well as bilateral radicular pain and paresthesias of an intermittent nature. The patient has stated that he is tired of living with the pain and he is interested in undergoing surgical intervention. I have explained to him that the treatment would be an L4-5, L5-S1 lumbar interbody fusion with pedicle screw stabilization. I have explained the risks, which include bleeding, infection, weakness, paralysis, sensory loss, loss of bowel and bladder control, impotence, CSF leak, stroke, coma, heart attack and even death. I have also explained to the patient that the success rate in terms of providing symptomatic relief is on the order of

approximately 60% to 70%. All of the patient's questions have been asked and answered and at this point in time he states he wants to proceed with the surgery and wants it scheduled as soon as possible. We will submit the referral to Worker's Compensation and then we will subsequently plan on scheduling the surgery.

Gary Flangas, M.D.

American Board of Neurological Surgery GF/lp

Dictated but not proofread. Subject to transcription variance.

1 - D

### SVH- Spring Valley Hospital Medical Center 5400 S. Rainbow Blvd. Las Vegas, NV 89118-1859

Patient: MRN:

SHM4682805: SVH35299488

FIN:

SVH0000905044475

DOB/Sex:

Patient Room: SVH SUR1: 329:

01

3/25/2013 Admit:

Disch:

Disch Time:

Flangas, Gary M MD Attending: Copy To:

Flangas, Gary M MD

### Operative Record

DOCUMENT NAME: SERVICE DATE/TIME:

RESULT STATUS: PERFORM INFORMATION:

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Operative Reports 3/25/2013 18:42 PDT

Transcribed

Flangas, Gary M MD (3/25/2013 15:32 PDT)

VH Operative Report

### **DATE OF SURGERY: 03/25/2013**

### PREOPERATIVE DIAGNOSES:

1. Low back pain.

Bilateral lower extremity leg pain.

### POSTOPERATIVE DIAGNOSES:

1. Low back pain.

Bilateral lower extremity leg pain.

#### PROCEDURES:

1. Bilateral L4-L5, L5-S1 microlumbar diskectomies for decompression purposes.

L4-L5 and L5-S1 posterior lumbar interbody fusion.

3. L4-L5, L5-S1 posterolateral fusion.

4. L4-L5 and L5-S1 pedicle screw stabilization utilizing bone morphogenic protein, autologous and allograft bone, and microscopic dissection technique.

### SURGEON: Gary Flangas, MD

ASSISTANT: Debra Nelson, MD

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APR 2 2 2013

ANESTHESIA: General endotracheal anesthesia.

COMPLICATIONS: None.

CCMSI ~ LAS VEGAS

ESTIMATED BLOOD LOSS: Approximately 500 mL.

DRAINS: 10-French round paraspinal drain.

who complains of chronic OPERATIVE INDICATIONS: The patient is a low back pain as well as intermittent pain in his bilateral lower extremities along the posterior aspect of his thighs and calves as well as intermittent paresthesias on the soles of his feet and the bottom of the toes. He has failed to improve with nonsurgical measures. On exam, he is awake, alert, oriented x4. His gait is non-antalgic, station

Transcription

Print Date/Time 3/25/2013 22:55 PDT

Report Request ID: 17047970

Page 1 of 3

SVH- Spring Valley Hospital Medical Center

Patient:

SHM4682805; SVH35299488

MRN:

FIN: -- SVH0000905044475

Admit: 3/25/2013

Disch:

Attending: Flangas, Gary M MD

### Operative Record

normal, range of motion diminished, motor 5/5, sensory diminished along the right L5 distribution, DTRs 2+ throughout, except for the right ankle jerk, which is 1+. The patient has an MRI of the lumbar spine. By my interpretation, there is evidence of degenerative disk changes at L4-L5 and L5-S1. There are prominent Modic inflammatory changes at L5-S1. There is bilateral facet arthropathy at L4-L5 and L5-S1. There is retrolisthesis of L5 on S1. There is a central to right paracentral disk protrusion at L5-S1 and also small central protrusion at L4-L5. There is bilateral superior articular facet recess stenosis at L4-L5.

OPERATIVE NARRATIVE: The patient was taken to the operating room in supine position. After adequate anesthesia was obtained, he was turned to the prone position, and then was placed upon an OSI Jackson table. He was then dressed and draped in the usual sterile manner, A midline incision was made upon the back, centered from L4 to the sacrum. The paraspinous musculature was dissected in subperiosteal manner bilaterally out to the level of the transverse processes and sacral ala. Self-retaining retractors were then placed and then afterwards utilizing microscopic dissection technique, we performed bilateral L5-S1 microlumbar diskectomies for decompression purposes. We disarticulated the facet joints to provide ample room for the exiting nerve roots as they rounded their respective pedicies. After completing our bilateral L5-S1 microlumbar diskectomies for decompression purposes, we then repeated the procedure in the same fashion, performing bilateral L4-L5 microlumbar diskectomies for decompression purposes. After this was completed, we then placed pedicle screws at L4-L5 and S1 bilaterally utilizing C-arm fluoroscopy to help guide our screw trajectories. We then proceeded to perform our posterior lumbar interbody fusion by placing bilateral interbody biomechanical devices into the interspace initially at L5-S1. in between the 2 biomechanical devices, and anteriorly along the disk space, we placed bone morphogenic protein-soaked sponges as well as autologous and allograft bone material. We released our distraction at L5-S1. There was a nice, tight countersunk fit. We then repeated the procedure in the same fashion at L4-L5. We then decorticated the lateral masses at L4-L5 and S1 bilaterally to prepare the space for the posterolateral fusion. We irrigated with copious amounts of sterile bacitracin solution as we did throughout the entire case, followed by 3 liters of Pulsavac bacitracin irrigation solution. We then placed autologous and allograft bone along the lateral masses to provide for a posterolateral fusion from L4 to the sacrum bilaterally, and then afterwards we connected our screws with 5.5 mm rods in a single intervening cross connector. A 10-French round paraspinal drain was placed. Hemostasis was obtained and afterwards, the incision was closed in the usual multilayer fashion. Sterile dressing was applied and the patient was taken to recovery room in stable condition.

Many M. Flanger M. B.

Dictated By: GARY FLANGAS, MD

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SVH- Spring Valley Hospital Medical Center

Admit: 3/25/2013

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Attending: Flangas, Gary M MD \_\_\_\_

Operative Record

905044475 / Job# 8315481 / Mod: 03/25/2013 21:42:30

CC:

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APR 2 2 2013

SVH35299488

### Operative Reports

\* Preliminary Report \*

Result Type:

**Operative Reports** 

Result Date:

25 March 2013 18:42 PDT

Result Status:

Transcribed

Result Title/Subject:

VH Operative Report

Performed By/Author:

Flangas, Gary M MD on 25 March 2013 15:32 PDT

Encounter info:

SVH0000905044475, SVH Center, Inpatient, 03/24/13 - 03/29/13

Contributor system:

SVH\_UNSOL\_DICTATION

### \* Preliminary Report \*

#### **VH Operative Report**

DATE OF SURGERY: 03/25/2013

#### PREOPERATIVE DIAGNOSES:

1. Low back pain.

Bilateral lower extremity leg pain.

#### POSTOPERATIVE DIAGNOSES:

1. Low back pain.

2. Bilateral lower extremity leg pain.

#### PROCEDURES:

1. Bilateral L4-L5, L5-S1 microlumbar diskectomies for decompression purposes.

L4-L5 and L5-S1 posterior lumbar interbody fusion.

3. L4-L5, L5-S1 posterolateral fusion.

4. L4-L5 and L5-S1 pedicle screw stabilization utilizing bone morphogenic protein, autologous and allograft bone, and microscopic dissection technique.

SURGEON: Gary Flangas, MD

ASSISTANT: Debra Nelson, MD

ANESTHESIA: General endotracheal anesthesia.

COMPLICATIONS: None.

ESTIMATED BLOOD LOSS: Approximately 500 mL.

DRAINS: 10-French round paraspinal drain.

OPERATIVE INDICATIONS: The patient is a property of the patient of the low back pain as well as intermittent pain in his bilateral lower extremities along the posterior aspect of his thighs and calves as well as intermittent paresthesias on the soles of his feet and the **bottom** of the toes. He has failed to improve with nonsurgical measures. On exam, he is awake, alert, oriented x4. His gait is non-antalgic, station

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APR 0 8 2013

CCMSI LAS VEGAS Page 1 of 3 (Continued)

### Operative Reports

SVH35299488

\* Preliminary Report \*

normal, range of motion diminished, motor 5/5, sensory diminished along the right L5 distribution, DTRs 2+ throughout, except for the right ankle jerk, which is 1+. The patient has an MRI of the lumbar spine. By my interpretation, there is evidence of degenerative disk changes at L4-L5 and L5-S1. There are prominent Modic inflammatory changes at L5-S1. There is bilateral facet arthropathy at L4-L5 and L5-S1. There is retrolisthesis of £5 on S1. There is a central to right paracentral disk protrusion at L5-S1 and also small central protrusion at L4-L5. There is bilateral superior articular facet recess stenosis at L4-L5.

OPERATIVE NARRATIVE: The patient was taken to the operating room in supine position. After adequate anesthesia was obtained, he was turned to the prone position, and then was placed upon an OSI Jackson table. He was then dressed and draped in the usual sterile manner. A midline incision was made upon the back, centered from L4 to the sacrum. The paraspinous musculature was dissected in subperiosteal manner bilaterally out to the level of the transverse processes and sacral ala. Self-retaining retractors were then placed and then afterwards utilizing microscopic dissection technique, we performed bilateral L5-S1 microlumbar diskectomies for decompression purposes. We disarticulated the facet joints to provide ample room for the exiting nerve roots as they rounded their respective pedicles. After completing our bilateral L5-S1 microlumbar diskectomies for decompression purposes, we then repeated the procedure in the same fashion, performing bilateral L4-L5 microlumbar diskectomies for decompression purposes. After this was completed, we then placed pedicle screws at L4-L5 and S1 bilaterally utilizing C-arm fluoroscopy to help guide our screw trajectories. We then proceeded to perform our posterior lumbar interbody fusion by placing bilateral interbody biomechanical devices into the interspace initially at L5-S1. In between the 2 biomechanical devices, and anteriorly along the disk space, we placed bone morphogenic protein-soaked sponges as well as autologous and allograft bone material. We released our distraction at L5-S1. There was a nice, tight countersunk fit. We then repeated the procedure in the same fashion at L4-L5. We then decorticated the lateral masses at L4-L5 and S1 bilaterally to prepare the space for the posterolateral fusion. We irrigated with copious amounts of sterile bacitracin solution as we did throughout the entire case, followed by 3 liters of Pulsavac bacitracin irrigation solution. We then placed autologous and allograft bone along the lateral masses to provide for a posterolateral fusion from L4 to the sacrum bilaterally, and then afterwards we connected our screws with 5.5 mm rods in a single intervening cross connector. A 10-French round paraspinal drain was placed. Hemostasis was obtained and afterwards, the incision was closed in the usual multilayer fashion. Sterile dressing was applied and the patient was taken to recovery room in stable condition.

Dictated By: GARY FLANGAS, MD

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APR 08 2013

CCMSI LAS VEGAS Page 2 of 3 (Continued)

### Operative Reports

- SVH35299488

\* Preliminary Report \*

D: 7950 / T:6504241 /DT: 03/25/2013 15:32:42PDT / TT: 03/25/2013 18:42:30PDT / V: 905044475 / Job# 8315481 / Mod: 03/25/2013 21:42:30

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Completed Action List:

\* Perform by Flangas, Gary M MD on 25 March 2013 15:32 PDT

\* Transcribe by on 25 March 2013 18:42 PDT

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APR 08 2013

CCMSI LAS VEGAS

Page 3 of 3 (End of Report)

Printed by: Printed on: Reynolds, Muriel 04/04/13 13:15 PDT

### XR Spine Lumbosacral 2 or 3 Views

SVH35299488

\* Final Report \*

Result Type:

XR Spine Lumbosacral 2 or 3 Views

Result Date:

25 March 2013 15:32 PDT

Result Status:

Auth (Verified)

Result Title/Subject:

XR Spine Lumbosacral 2 or 3 Views

Performed By/Author: Verified By:

Hoye MD, Stephen L on 25 March 2013 15:42 PDT Hoye MD, Stephen L on 25 March 2013 15:42 PDT

Encounter info:

SVH0000905044475, SVH Center, Inpatient, 03/24/13 - 03/29/13

\* Final Report \*

Reason For Exam

PLIF

SVH RADIOLOGY

Intraoperative fluoroscopy

HISTORY: PLIF

FINDINGS:

Nondiagnostic intraoperative fluoroscopy. Total fluoroscopy time was 0.4 minutes. For details please see the procedural report.

IMPRESSION:

Nondiagnostic intraoperative fluoroscopy.

Electronically Signed by: Hoye MD, Stephen L

Dictated By: STEPHEN HOYE

Signature Line

\*\*\*\*\* Final \*\*\*\*\*

Dictated by: Transcribed By: Hove MD, Stephen L

SLHTranscribed by:

SLH

Dictated DT/TM:

03/25/2013 3:42 pm

Transcribed DT/TM: 03/25/13 15:39:00

Signed DT/TM:

03/25/2013 3:42 pm

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Completed Action List:

Order by Flangas, Gary M MD on 25 March 2013 15:31 PDT

\* Perform by Cole, Jeffrey E on 25 March 2013 15:32 PDT

VERIFY by Hoye MD, Stephen L on 25 March 2013 15:42 PDT

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CCMSI LAS VEGAS

Page 1 of 1 (End of Report)

Printed by: Printed on: Reynolds, Muriel 04/04/13 13:16 PDT

### US LE Venous Doppler Bilateral

SVH35299488

\* Final Report \*

Result Type:

US LE Venous Doppler Bilateral

Result Date:

26 March 2013 08:44 PDT

Result Status:

Auth (Verified)

Result Title/Subject: Performed By/Author: US LE Venous Doppler Bilateral

Verified By:

Ahmad MD, Asif I on 26 March 2013 09:31 PDT Ahmad MD, Asif I on 26 March 2013 09:31 PDT

Encounter info:

SVH0000905044475, SVH Center, Inpatient, 03/24/13 - 03/29/13

### \* Final Report \*

#### Reason For Exam

r/o dvt;Other (Please Specify)

#### SVH RADIOLOGY

ULTRASOUND BILATERAL LOWER EXTREMITY VENOUS DUPLEX

HISTORY: Recent surgery

COMPARISON: None.

TECHNIQUE: Real-time ultrasound examination with permanent image recording was performed and reviewed on a PACS work station. Each vessel was evaluated for compressibility, Doppler flow, respiratory phasicity, and augmentation.

#### FINDINGS:

The bilateral common femoral, superficial femoral, popliteal, proximal greater saphenous, and proximal calf veins are compressible and patent. Normal respiratory phasicity and augmentation are present. There is no deep venous thrombosis. There is no superficial thrombophlebitis.

#### IMPRESSION:

Normal bilateral lower extremity venous duplex exam.

Dictated By: ASIF AHMAD

#### Signature Line \*\*\*\*\* Final \*\*\*\*\*

Dictated by:

Ahmad MD, Asif I

03/26/2013 9:31 am Dictated DT/TM:

Transcribed By:

AIATranscribed by: Electronically Signed by: Ahmad MD, Asif I Transcribed DT/TM: 03/26/13 09:28:00

Signed DT/TM:

03/26/2013 9:31 am

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APR 08 2013

**CCMSI** LAS VEGAS

Page 1 of 2 (Continued)

- SVH35299488

## US LE Venous Doppler Bilateral

\* Final Report \*

Completed Action List:

- Order by Flangas, Gary M MD on 25 March 2013 18:55 PDT
- \* Perform by Long, Angela K on 26 March 2013 08:44 PDT
- \* VERIFY by Ahmad MD, Asif I on 26 March 2013 09:31 PDT

Printed by: Printed on: Reynolds, Muriel 04/04/13 13:17 PDT



APR 0 8 2013

CCMSI

Page 2 of 2 (End of Report)

LAS VEGAS

05-17-2013

#### Gary Flangas, M.D.

American Board of Neurological Surgery 8285 W. Arby Avenue, #220 Las Vegas, Nevada 89113 (702) 737-7753 Fax 407-7066

#### **FOLLOW-UP CONSULTATION**

Patient:

Date: June 11, 2013

fax1

The patient returns today for follow-up status post L4-5, L5-S1 lumbar interbody fusion with pedicle screw stabilization on 03/25/13. Clinically he is very happy with the results of his surgery thus far. He has no radicular symptoms. He is experiencing incisional lower back pain.

#### On Exam

- General: His incision is healing well.
- Gait: Normal.
- · Station: Normal.
- Range of motion: Range of motion is diminished.
- Motor: Intact.Sensory: Intact.

#### **Diagnostic Studies and Testing**

He has plain films of the lumbar spine which reveal an excellent construct.

#### **Assessment**

Status post L4-5, L5-S1 lumbar interbody fusion with pedicle screw stabilization doing well.

#### Discussion of Management Options and Treatment Plan

We will start the patient in physical therapy for strengthening and stretching exercises. We will DC his TLSO brace. He will be kept off of work while he continues to convalence. We will see him back in one month at which point in time I anticipate he will be able to return back to work on a light duty basis.

, MM

Gary Flangas, M.D.

American Board of Neurological Surgery GF/Ip

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CCMSt

Gary Flangas, M.D.

American Board of Neurological Surgery 8285 W. Arby Avenue, #220 Las Vegas, Nevada 89113 (702) 737-7753 Fax 407-7066

#### **FOLLOW-UP CONSULTATION**

Patient:

Date: July 12, 2013

The patient returns today for follow-up. He is status post L4-5, L5-S1 lumbar interbody fusion with pedicle screw stabilization on 03/25/13. The patient is overall happy with the results. He is still having lower back pain. He has no radicular symptoms. His back pain is definitely improved, however, from his preoperative status.

#### On Exam

- Gait: Normal.
- Station: Normal.
- Range of motion: Back reveals continued decreased range of motion.
- Motor: Intact. Sensory: Intact.

Diagnostic Studies and Testing .

He has plain films of the lumbar spine which reveal an excellent construct.

Status post L4-5, L5-S1 lumbar interbody fusion with pedicle screw stabilization doing well.

Discussion of Management Options and Treatment Plan

We will continue the patient's physical therapy. We will return him back to work on a light duty basis with no prolonged standing, stooping, bending, or lifting and no lifting greater than 20 pounds. We will see him back in 1 month with a repeat AP and lateral lumbar spine x-ray. I have encouraged the patient also to start going to a gym and performing a home exercise program.

Gary Flangas, M.D.

MINIE

American Board of Neurological Surgery

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AUG 1 5 2013

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### Gary Flangas, M.D.

American Board of Neurological Surgery 8285 W. Arby Avenue, #220 Las Vegas, Nevada 89113 (702) 737-7753 Fax 407-7066

#### **FOLLOW-UP CONSULTATION**

Patient

Date: August 13, 2013

The patient returns today for follow-up. He is status post L4-5 and L5-S1 lumbar interbody fusion with pedicle screw stabilization on 03/25/13. Clinically he is doing well. He still is experiencing lower back pain especially at the end of the day, but it is improved from his preoperative status. He also has had significant improvement of the leg pain which is essentially resolved at this point in time.

#### On Exam

- General: His incision is well healed.
- Gait: Normal.
- · Station: Normal.
- Range of motion: Range of motion is diminished.
- Motor: Stable.Sensory: Stable.

#### Diagnostic Studies and Testing

The patient has plain films of the lumbar spine which reveals an excellent construct.

#### **Assessment**

Status post L4-5, L5-S1 lumbar interbody fusion with pedicle screw stabilization doing well with residual low back pain.

#### Discussion of Management Options and Treatment Plan

We will **co**ntinue the patient on a light **duty** work status. He will continue with his home exercise program. We will see him back in 1 **month** with a repeat AP and lateral lumbar spine x-ray.

Hay M. Flanger M. B.

Gary Flangas, M.D.

American Board of Neurological Surgery
GF/lp

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AUG 2 2 2013

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Official Use Only: Peckt by Health Detail: Rec'd by Trister.	LAS VEGAS METROPOLITAN POLICE D	EPARTMENT
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ATH. PHYSICIAN: The Lab Vegas Metrepolitan Police Department medical recovery. Numerous tasks have been identified (Yamperi Based on the detailed work restrictions provided below, a des questions of concerns, please contact the Health Oolali Section at HEA	Wy Work Assignments) which are systiable and iscliption of the Temporary Work Assignments :	are designed to accommod als most injuries.
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34		
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NOTE: IF THE EMPLOYEEPATIENT IS BEING RELEASED TO WOR! TO THE HEALTH OSTAIL PRIOR TO THE EMPLOYEE RETURNING CONTACT THE HEALTH DETAIL AT 028-3806.		
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Gary M. Flangas M.D.	Mym.	8-13-13
Address (include Chy, State, Zip)	Phone#:	
MARO IS TRACTOR HERENAM AND AVE. SUIT-#220.	LV NV. (702) 73	7-7753

Patient Name:

Patient Date of

Medical Record Number: 000107004

Location: PAL

Rendering Physician: MCCORMACK, MAUREEN

Referring Physician: FLANGAS, GARY

Accession Number: 1643724

Date of Service: 8/13/2013 8:12:00 AM Exam: XR L SPINE 2 OR 3 VW

XR LUMBAR SPINE

HISTORY: Lower back pain. COMPARISON: 7/11/2013.

TECHNIQUE: Lumbar spine, 3 views.

FINDINGS:

Orthopedic hardware is again seen bridging the posterior aspect of the L4 through the S1 levels. Interdisc spacers are also noted at these levels of prior fusion. The alignment of the lumbar spine is anatomic. The heights of the vertebral bodies are well-preserved. The soft tissues are unremarkable. No other significant findings are seen.

IMPRESSION:

Stable findings of posterior fusion at the L4 through the S1 levels. Electronically Signed By: MAUREEN MCCORMACK 8/13/2013 8:44

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AUG 26 2013

Gary Flangas, M.D.

American Board of Neurological Surgery
8285 W. Arby Avenue, #220
Las Vegas, Nevada 89113
(702) 737-7753 Fax 407-7066

#### FOLLOW-UP CONSULTATION

Patient:

Date: September 17, 2013

The patient returns today for follow-up. He is status post L4-5, L5-S1 lumbar interbody fusion with pedicle screw stabilization on 03/25/13. Clinically he is doing very well. He states he is over 75% improved from his preoperative status. He has some minor lower back discomfort at the end of the day.

#### On Exam

- General: On exam he is awake, alert, oriented x 4 and is in no apparent distress. His incision is well healed.
- Gait: Normal.
- · Station: Normal.
- Motor: Stable.
- · Sensory: Stable.

Diagnostic Studies and Testing

He has plain films of the lumbar spine which reveal an excellent construct and positive fusion of the grafts.

#### **Assessment**

Status post L4-5, L5-S1 lumbar interbody fusion with pedicle screw stabilization doing well.

Discussion of Management Options and Treatment Plan

We will return the patient back to work on a full duty basis. We will see him back in 1 month. If he does well with the full duty, then I anticipate that we will release him from our care and he will be MMI and stable and ratable.

Many M. Flanger M. B.

Gary Flangas, M.D.

American Board of Neurological Surgery GF/Ip

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SEP 2 6 2013

Patient Name: Patient Date of

Medical Record Number: 000107004

Location: CRK

Rendering Physician: TOPPER, BRUCE Referring Physician: FLANGAS, GARY

Accession Number: 1678949

Date of Service: 9/17/2013 11:11:00 AM

Exam: XR L SPINE 2 OR 3 VW

LUMBAR SPINE: 9/17/2013 10:51 AM CLINICAL HISTORY: Low back pain.

TECHNIQUE: Three views of the lumbar spine were obtained.

COMPARISON: August 13, 2013.

FINDINGS: Spinal hardware again noted. Bilateral posterior pedicular screws L4, L5 and S1 with vertical posterior stabilization bars. Interbody material L5-S1 and L4-5. Posterior horizontal stabilization short bar also noted. Alignment

appears essentially anatomic. No significant change from previous.

IMPRESSION:

Stable postoperative spine.

TlaElectronically Signed By: BRUCE TOPPER 9/17/2013 11:53

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SEP 2 7 2013

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# LAS VEGAS METROPOLITAN POLICE DEPARTMENT MEDICAL EVALUATION FORM

			Job Classification		Date of Injury
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Eye patch must be worn			atch life threatening emer	soon colle	,
☐ Keep Injury clean	€ Othe	- Andrew Control of the Control of t	LIA	Thomas	· / aughtie
Unable to carry or use weapon	25 001	0.0	1 1	11	J
F	بالدار المسترا	sede	tend Joha	24	* 1
Medication prescribed: (List)	WINTI IN	ROLL H	Y NA	with	
f medication is prescribed could the m			•	10.00	
Operate a motor vehicle safety in no		ations: Yes No	<del>5</del> .	1	RECEIVED
<ol><li>Carry and use assigned weapon: Y</li></ol>				- 1	WEELINED .
<ol><li>Maintain mental capacity which allow Required Training: Can employee park</li></ol>			s No	1 1	AUG 2 2012
				CCMS	I - LAS VEGAS
Drivers Training:	☐ Yes ☐ No Rema	BITCS:	*		A VECAS
Defensive Tactics/LVNR:	Yes No Rem				
Range Qualification:	☐ Yes - as long as em	ployee follows restriction	ons listed above.		
	□ No Remarks:				
	- · · · · · · · · · · · · · · · · · ·	REHABILITATION	P.TUÓ.T.		
NOTE FOR PT APPOINTMENTS: The			AMERICAN PROPERTY.		
lob Description Provided:	No E	mployee Is: I Improv	ving 🗆 Meinteining 🗅	Regressing	7.4
Time In Time O	ut Neo	d Appointment Da	te Time		
Physician or Clinician Signature				٥	ate 7-27-11
	7	Tran, MD			1 - 1 1 0
Physician or Clinician Print Name  MC SUNOUT	ac NPI#	1760544662		P	none 383-6210
Address Marks J	1	CityHen	den	Staty	21×89014
VMPD 74 (REV. 8 07)	DISTRIBUTION: WHO	TE - NEALTH & BAFETY BEI		EF PINK - PHYS	ICIAN

# ADVANCED CHIROPRACTIC ORTHOPEDICS

6837 W. Charleston Blvd. Las Vegas, Nevada 89117 Telephone (702) 240-0520 Fax (702) 240-2072

Rod Perry, D.C. F.A.C.O

Board Certified Chiropractic Orthopedist

November 7, 2013

CCMSI P.O. Box 35350 Las Vegas, NV 89133-5350

### IMPAIRMENT RATING EVALUATION

CLAIMANT: DOI: 07/24/12 CLAIM #: 12D34C270220

EMPLOYER: L.V.M.P.D.

BODY PART TO BE EVALUATED: Lumbar spine.

#### INTRODUCTION:

The above mentioned claimant entered the office today for the purpose of obtaining an impairment rating of his lumbar spine. He was identified today by a Nevada driver's ECEIVED license and a copy is maintained for the chart.

#### HISTORY OF INJURY:

NOV 2 0 2013

CCMSI

On 07/24/12 the claimant states that he was in training performing an officer carry when he injured his lower back.

#### CHRONOLOGY OF TREATMENT:

07/27/12:

UMC. Back strain. Light duty. Follow up.

10/04/12:

Seen by Dr. Flangas for neurosurgical evaluation. MRI of the lumbar spine reveals evidence of L4-L5, L5-S1 disc degeneration and evidence of inflammatory response at L5-S1, retrolisthesis of L5 on S1, bilateral facet arthropathy, L5-S1 hyperdense signal in the facet joints of L5-S1 and to a lesser degree L4-L5. This is a 35 year old male who appears to have

mechanical lower back pain. He also appears to have a degree of

retrolisthesis of L5 on S1.

10/17/12, 10/18/12, 10/24/12, 10/25/12, 10/31/12: Physical therapy.

12/06/12:

Follow up with Dr. Flangas. Schedule for surgical intervention.

#### CONT.) PAGE 2

03/25/13: Underwent surgical intervention. Bilateral L4-L5, L5-S1

microdiscectomy and decompression, L4-L5, L5-S1 posterior interbody fusion, L4-L5, L5-S1 posterior lateral fusion, L4-L5, L5-S1 seven stabilization with bone morphogenetic protein bone graft, microscopic

dissection.

06/11/13: Follow up with Dr. Flangas. Start physical therapy, strengthening and

stretching exercises. Discontinue TSLO.

08/13/13: Follow up with Dr. Flangas. Clinically doing well. He has lower back

pain at the end of the day but it is improved from his preoperative status. L4-L5, L5-S1 interbody fusion pedicle stabilization with residual lower

back pain.

09/17/13: Follow up with Dr. Flangas. Clinically doing well. 75 percent improved

from his preoperative status. Stable and ratable.

This is the extent of the medical records which have been provided.

#### PAST SURGERIES/MEDICAL HISTORY:

As indicated.

#### CURRENT MEDICATIONS:

As indicated.

#### ALLERGIES:

NKDA.

RECEIVED

NOV 2 0 2013

#### PHYSICAL EXAMINATION:

This is a who is currently working. He complains of lower back pain with some left lower extremity pain that does not pass his knee at this time.

Height: 6'1". Weight: 240 lb. Right hand dominant male.

He measures 48 cm for his quadriceps bilaterally and 45 cm for his calves. DTRs are found to be 2+/4 for patella tendon and Achilles tendon reflexes. Sensory component for the lower extremities shows decrease in some sensory component in the left lower extremity that is nondermatornal in nature.

Inspection of the lumbar spine shows a well healed 10 cm midline incision. Palpable lumbar guarding is noted on palpation. There is pain over the L4-L5, L5-S1 hardware region.

### CONT.) PAGE 3

Dual inclinometer measurements of range of motion were obtained. T12 range of motion is 60 degrees and sacral range of motion 10 degrees for 50 degrees of true lumbar flexion for 1% whole person impairment. On extension T12 range of motion is 10 degrees and sacral range of motion is zero degrees for 10 degrees of true lumbar extension for 5% whole person impairment. Right lateral flexion is 10 degrees for 3% whole person impairment and left lateral flexion is 18 degrees for 1% whole person impairment. These are added together for a total of 10% whole person impairment for loss of range of motion on flexion, extension and right and left lateral flexion.

### SUMMARY OF IMPAIRMENT:

This gentleman underwent a two level lumbar fusion. We must use the range of motion model. According to Table 15-7, Criteria for Whole Person for Specific Spine Disorders, to be used for the range of motion method, he would fall under IV-D for single level spinal fusion with right decompression residual signs and symptoms for the lumbar spine at 12% whole person impairment. We would add an additional level, Category E, for a total of 13% whole person impairment for Specific Spine Disorders. Neurologically he is intact? SLR is found to be negative. There are no signs of radiculopathy. We would combine 13% for Specific Spine Disorders with 10% for loss of range of motion for a total of 22% whole person impairment. Apportionment is not an issue in this case.

The patient should be awarded 22% whole person impairment and his claim should be closed and adjudicated.

Today's impairment rating was performed in accordance with the AMA Guides of Evaluation of Permanent Impairments, Fifth Edition, Third Printing. All measurements taken today were taken with a dual inclinometer as indicated in the Fifth Edition, Third Printing.

If you have any further questions or concerns, please feel free to contact my office.

Sincerely,

Rod Perry, D.C., F.A.C.O.

Board Certified Chiropractic Orthopedist

Fellow American Board of Chiropractic Orthopedist

Qualified Impairment Rating Physician-State of Nevada

RP: pz

Dictated but not edited

RECEIVED

NOV 2 0 2013

CCMSI

03-05-2013

ř. 3

, MAR. 1. 2013 11:25AV

SPECIALTY HEALTH 7753296243

Gary M. Flangas, MD

Re:

03/01/2013

Page 2

Thank you in advance for your prompt attention and cooperation in this matter. Should you have any questions, please do not hesitate to contact me at 775-329-6200.

Sincerely.

E. James Greenwald, M.D.

Medical Director

SpecialtyHealth MCO

330 East Liberty, Suite 200

Reno, NV 89501

Enclosure: As noted above.

CC: C.C.M.S.I.

Patient

Attorney, if applicable

File







November 22, 2013

RE:

Claimant:

Claim Number: Date of Injury:

Employer:

12D34C270220 07/24/2012

LVMPD

Dear

As a result of the recent PPD report received by Rod Perry D.C. on November 20, 2013 you have been found to have a Twenty two Percent (22%) impairment on a whole body basis for your lumbar. This award entitles you to a lump sum payment of \$119,164.98 or in Monthly payments of \$689.39until June 12, 2047 in accordance with Nevada Revised Statute 616C.490 (6) (C).

Pursuant to NRS 616C.495(2), acceptance of payment for a permanent partial disability in a lump sum terminates all benefits for compensation and constitutes a final settlement of all factual and legal issues in the case. By so accepting you waive all rights regarding the claim, including the right to appeal from the closure of the case or the percentage of disability, except reopening rights according to the provisions of NRS 616C.390.

Please note, if a response is not received in this office within 30 days from the date of this letter, it will be necessary to initiate installment payments.

Attached are the necessary forms for you to sign and have witnessed. Please read the documents carefully. Indicate your choice of payment on the Election of Method form, sign and return the election form and the reaffirmation form to this office as soon as possible. Upon receipt of the documents, a check will be issued and will be mailed to your home address.

If you disagree with the above determination, you have the right to request a hearing regarding this matter. If this is your intention, please complete the attached Request for Hearing form and return it to the Hearings Division at the address indicated on the form within 70 days from the date of this letter. Thank you for your cooperation.

Sincerely.

Kathleen O'Rourke

Claims Representative/CCMSI-LVMPD Enclosures Cc: File/LVMPD/GGRM

### PERMANENT PARTIAL DISABILITY AWARD CALCULATION WORK SHEET

	nployee:			D. O. I.:	DOB: 7/24/2012	Claim#		2D34C270	1220
verage	Monthly Wage:	\$6,275.47	* State Aver		\$5,222.63		Date of F		11/7/2013
te Awa	rd Offered:	11/22/2013	Date i	Evaluation R	eport Received:		11/20/	2013	
				Body Basis-	Verification				
escriptio	on:	lumbar	22.0	ARRIVA		22.02			
				_ %	Total:	22.00	₩ RR		
				Installment	Calculation				
		**							
Α.	\$5,222.63		22.00 %BB	= \$	689.39	Year of Birth	La	st TTD	
n.	Monthly Wage	3.000			Monthly Rate		TF	D, or DO	1
1,	\$689.39	7 x 12		= \$	8,272.68			2013	
	Monthly Rate			-	Annual Rate	+ 70	+	5	
<b>3</b> .		8 / 365.25		= \$	22.65	20000000000		2018	
	Annual Rate				Daily Rate				
15	L. ID. TTD	TDD/4		7/15/2	Calculation	First Payn	sent Date:	12/	1/2013
1)	Last Date TTD or Time Covered by			7/16/2		- 100 G G G G G G G G G G G G G G G G G G	h (b)****		30/2013
2)	Time Covered by		****DOI/date	1714/71121	N. 10 TO 10	er last TTD/TPD			
(3)	First Payment:	\$362.40	+		,757.56	+\$0.0		= _	\$3,119
	enanciale to	16 D	ay(s)		Month(s)	0	Year(s)		
(4)		Annual Payments:	_	2/1/2013	through	11/30/2046	- <del>-</del>	22.11	\$272,998
(5)	Time Covered by		Processing of the last of the	2/1/2046	through	6/12/2047		33 Y	s4,408
(6)	Final Payment:	\$4,136.34 6 M	onth(s)		271.80 Day(s)				Jr,400
	**** Monthly		nnual		Total of Installme	ent Payments:	25		\$280,526
	Monany				o Sum Calculatio				
	.5 % X	22.00	% BB X			u Ionthly Wage from (	A) above:		\$57,44
	.3 /4 /4	22.00	74 22 71					nimum Lui	mp Sum Ame
		Larr	nn Sum Calcul	ation of Dis	ability Up To and	I Including 25%			
					disability greater				
(4)	THE SET OF SECOND OF	·	following 2h)	Per NAC 61	6C.502	201	3	_	12
(1)	Effective Date of	Award (year, month	10110 8)						
(8)	Date of Birth (ye	ar, month)						_	_
(8) (9)	Date of Birth (ye.	ar, month) Age at Award Effective				\$680		_	
(8) (9) (10)	Date of Birth (yearnjured Employee of Monthly Rate Fro	ar, month) Age at Award Effective om (B)			nonths)	\$689		-	\$116.04
(8) (9) (10) (11)	Date of Birth (ye. Injured Employee A Monthly Rate Fro Factor from Tabl	ar, month) Age at Award Effective om (B) e for Present Value	Date = (7) minu					= -	\$116,04 \$3,11
(8) (9) (10) (11) (12)	Date of Birth (ye. Injured Employee / Monthly Rate Fro Factor from Tabl Insert Sum of (3)	ar, month) Age at Award Effective om (B) e for Present Value i. Add to sum of (11)	Date = (7) minu		nonths)			-	\$3,11 \$119,16
(7) (8) (9) (10) (11) (12) (13) (14)	Date of Birth (ye Injured Employee A Monthly Rate Fro Factor from Tabl Insert Sum of (3) Subtotal of (11) I Greater of (13) fi	ar, month) Age at Award Effective om (B) e for Present Value i. Add to sum of (11) plus (12): uil Lump Sum or Mit	Date = (7) minu only.	is (8) (years, r Gum:	nonths)			= -	\$3,11 \$119,16 \$119,16
(8) (9) (10) (11) (12) (13)	Date of Birth (ye Injured Employee A Monthly Rate Fro Factor from Tabl Insert Sum of (3) Subtotal of (11) I Greater of (13) fi	ar, month) Age at Award Effective om (B) e for Present Value 1. Add to sum of (11) plus (12): uil Lump Sum or Mir cable award payments	Date = (7) minu only.	is (8) (years, r Gum:	nonths)			- - + -	\$3,11 \$119,16

Injured Employee

Claim No: 12D34C270220 Employer: LVMPD Date: 11/22/2013

Date of Injury: 67/24/2012

TPA: CCMS1

#### ELECTION OF METHOD OF PAYMENT OF COMPENSATION

#### (Pursuant to NRS 616C.495)

NRS 616C.495(2) provides:

2. If the injured employee elects to receive his payment for a permanent partial disability in a lump sum, all of his benefits for componention terminate. His acceptance of that payment constitutes a final settlement of all factual and legal issues in the case. By an accepting he unives all of his rights regarding the claim, including the right to appeal from the closure of the case or the percentage of his disability, except:

(a) Illa right to reason his dains according to the provisions of NRS 616C.390; and (b) Any counseling, training at other reliabilitative services provided by the insurer.

(a) The right of the claiment to receive a henceft penalty to accordance with NRS 6160.120.

The cinimant, when he or she demands payment in a lump sum, must be provided with a written notice which prominently displays a statement describing the effects of accepting payment in a lump sum of an entire permanent partial dispbility award, any portion of such an award or any ancontested portion of such an award of the claimant has 30 days after the aming or personal delivery of the notice within which to retract or reaffirm the demand, before payment may be undersaid the cinimant's election becomes final.

I, have been advised that I may elect to receive my permanent partial disability compensation on an installment basis or, if eligible, and I so elect, on a lump sum basis.

Should I cleat to receive my compensation on an installment basis, payments will begin on December 1, 2013 and terminate on June 12, 2047 and will be paid at the \*monthly rate of \$689.39 for a total installment payment of \$280,526.54.

If I elect to receive my entitlement on a lump sum basis I will receive approximately \$119,164.98. This sum will vary depending on the date I elect to receive my lump sum payment. As provided by NRS 616C.495, if I elect to receive my payment for permanent partial disability in a lump sum, all of my benefits for compensation terminate.

My acceptance of the tump sum payment constitutes a final settlement of all factual and legal issues in this case, including but not limited to unresolved issues that are or could become the subject of pending littleation. By so accepting, I waive all of my rights regarding the claim, including, but not limited to, the right to appeal from the closure of the case or the percentage of my clisability, except:

- (a) My right to request reopening in accordance with the provisions of NRS 615C.390; and
- (b) Any counseling, training or other rehabilitation services provided by the insurer.

Further, I understand that I have twenty (20) days after this notice has been malled or personally delivered to me, within which to retract or renffirm my request for a immy sum. I also understand that I will not be paid a lamp sum until I have realisened this election in writing. I also understand that any lump sum. I received is subject to an offset based on any prior PPD payments I received before electing to accept a lump sum.

1. [] On an installment basis as provided by NRS 616C.490.  2. [] A lump sum of approximately \$119,164.98 as calculated pursuant to NRS 616C.495.  DATE: "  Zt // 3	Check one to indicate method of pay	ment desired and sign below.		
DATE: "/24//3 INARED EMPLOYEE:	1 [] On an installment basis as prov	iged by NKS 010C.490. \$110 164 98 as relevioled nursusatio?	VRS 616C.495.	
by Marie to Intersection	T'MIN utilify sent or givin evaluator?	11.12 TO 112 to en establishmen I was seen to by 1	CC (1204-121)	
DATE 11/26/13 WITNESS: by Halif lant howers	DATE: "/24//3	INFURED EMPLOYEE:		
	DATE 11/26/13	WITNESS:/	by Harry of	Tasto filturney to for
* Insurer: Designate whether morthly or annual rate.	7 7	6.11.	& IV	<i>Y</i>

D-100 par 1914)

War and the second second	

Claim No.: 12034C270220

Employer: LVMPQ

Date of injury: 07/24/2012

### REAFFIRMATION/RETRACTION OF LUMP SUM REQUEST

[Pursuant to NRS 616C.495(2) and NAC 616C.499(1)]

NAC 616C 499(1) provides: if an injured employee elects to receive his award for a parmanent partial disability in a lump sum, he must reaffirm his election within 20 days after receiving notification from the insuter pursuant to subsection 2 of NRS 616C.495 before the lump sum will be paid.

Please indicate whether you wish to reaffirm or retract your request for a lump sum payment by checking the appropriate box below. Your decision as indicated on this form constitutes your final election regarding the lump sum payment.

Pollure to return this form or not checking one of the boxes may result in a delay in the processing of your award.

	I reaffirm the request for my lump sum payment. I understand that in doing so, I am walving
[X]	I realism the request for my lump sum payment. I understand that in doing so, I am waiving all of my rights regarding the claim, except my right to request reopening and vecational
	rehabilitation.
1	
	I retrect the request for my lump sum payment.

Signature of injured Employee

Belinda A 11/26/13
Witness Date

0-11 (rev. 7/59)

(MRN 0000598468)

Encounter Date: 11/26/2021

UMC Enterprise Quick Care 1700 Wheeler Peak Dr. Las Vegas NV 89106-4503 Phone: 702-363-2566

Fax: 702-648-0298





INSURANÇE

BOYAR

DI AM

**GROUP #** 

SUBSCRIBER ID

11252021

Primary: CCMSI

24001101

\_\_\_\_\_

No Known Allergies

Order Date and Time: Nov 26, 2021 12:20 PM

MR Lumbar Spine Without contrast (Order ID: 47965422)

Diagnosts: Lumbar sprain, initial encounter (S33.5XXA)

Priority: Routine

Reason for exam: L/S-spine fusion, follow up; Back pain or radiculopathy, cancer or infection suspected

is this a Sensitive test that will require results to be delayed by 96 hours or Indefinitely? No

Location: Enterprise QC Room 8

Ordered by: David Huynh Winn, DO

Authorized by: David Huynh Winn, DO (NPI: 1821592445)

Received: 12/13/2021

# #0000598468

Admission Info: Outpatient Hospital Account: 18008188563

Description: 44 y.o. M Primary Service: None Unit Info:

### lmaging Orders and Results

### MR Lumbar Spine without contrast

Electronically signed by: David Huynh Winn, DO on 11/26/21 1220

Status: Active

Ordering user: David Huynh Winn, DO 11/26/21

Authorized by: David Huynh Winn, DO

1220

Ordering mode: Standard

Frequency: 11/26/21 -

Indications of use: L/S-spine fusion, follow up, Back pain or radiculopathy, cancer or infection suspected

Diagnoses

Lumbar sprain, initial encounter [S33.5XXA]

#### Questionnaire

Question

Answer

Is this a Sensitive test that will require results to be

No

delayed by 96 hours or Indefinitely?

#### Screening Form

#### **General Information**

MRN: 0000598468

Procedure

Ordering Provider

Authorizing Provider
David Huynh Winn, DO

Appointment Information

MRI LUMBAR SPINE WO

CONTRAST

**1** 702-383-3850

#### Screening Form Questions

No questions have been answered for this form.

### 

Electronically signed by: David Huynh Winn, DO on 11/26/21 1145

Status: Completed

This order may be acted on in another encounter.

Ordering user: David Huynh Winn, DO 11/26/21

Authorized by: David Huynh Winn, DO

1145

Ordering mode: Standard

Frequency: 11/26/21 -

Indications comment: back pain

Received: 12/13/2021

MRN: 0000598468)

Diagnoses

Lumbar sprain, initial encounter [S33.5XXA]

Questionnaire

Question

Answer

Is this a Sensitive test that will require results to be No

delayed by 96 hours or Indefinitely?

XR Lumbar Spine Complete (minimum 4 views) [47965418]

Resulted: 11/27/21 0909, Result status: Final result

Resulted by: Douglas Dougherty, MD

Performed: 11/26/21 1154 - 11/26/21 1205

Accession number: E1018246

Resulting lab: UMC RADIOLOGY

Narrative:

XR LUMBAR SPINE

HISTORY: back pain

COMPARISON: December 31, 2016

TECHNIQUE: Lumbar spine, 5 views.

FINDINGS:

Bilateral transpedicular screws and vertically oriented rods are present from L4 through S1. Hardware appears intact without evidence of component failure or loosening. Vertebral body heights and alignment are maintained. Degree of multilevel disk space narrowing appears stable. No spondylolysis is evident on the oblique views. No lytic or blastic bone lesions are identified. Intestinal gas pattern is nonobstructed

Impression:

IMPRESSION:

Stable postoperative lumbar spine

Received: 12/13/2021

# W #0000598468

Admission Info: Outpatient Hospital Account: 18008188563

Description: 44 y.o. M Primary Service: None Unit Info:

**1** Other Orders and Results

Spine/Ortho; Referral Ambulatory [47965421]

Electronically signed by: David Huynh Winn, DO on 11/26/21 1220 Status: Active

Ordering user: David Huynh Winn, DO 11/26/21 Authorized by: David Huynh Winn, DO

1220

Ordering mode: Standard Frequency: 11/26/21 -

Diagnoses

Lumbar sprain, initial encounter [S33.5XXA]

Order comments: History of lumbar spine fusion. Referral for concerns of sciatica positive straight leg test

(MRN: 0000598468)

MRN: 0000598468

David Huynh Winn, DO

Progress Notes 🖳

Encounter Date: 11/26/2021

Physician

Signed

Creation Time: 11/26/2021 11:49 AM

Specialty: Family Medicine

Subjective

Patient ID:

## Chief Complaint

Patient presents with

 Worker's Compensation f/u back pain 11/25

#### HPI

Worker's comp initial visitation for left-sided lumbar back pain with sciatica symptoms and left leg. Patient states that he was trying to get on his motorcycle when he felt a sudden pop and pain in his left back. Since then he has been experiencing sharp radiating pain down the posterior leg with activity. Improves with rest. Of note he has a history of lumbar spine surgery. His back surgery has hardware that is MRI compatible. He last saw a spine surgeon in 2017 and was told that MRI was negative and has not seen surgeon since.

No LMP for male patient.

Allergy:

Patient has no known allergies.

History reviewed. No pertinent past medical history.

Past Surgical History:

Procedure

Laterality

Date

APPENDECTOMY

#### Social History

Tobacco Use

Smoking status:
 Types:

Former Smoker Cigarettes

Smokeless tobacco:

**Never Used** 

Substance Use Topics

Alcohol use:

Yes

Drug use:

Never

**Current Outpatient Medications:** 

 cyclobenzaprine (FLEXERIL) 10 mg tablet, Take 1 tablet (10 mg total) 3 (three) times a day as needed by mouth for muscle spasms for up to 10 days, Disp: 30 tablet, Rfl: 0

 meloxicam (MOBIC) 15 mg tablet, Take 1 tablet (15 mg total) in the morning by mouth for 14 days., Disp: 14 tablet, Rfl: 0

#### ROS

All comprehensive systems are reviewed and are negative except as stated in HPI.

#### Physical Exam

Vitals and nursing note reviewed.

## Constitutional:

General: He is not in acute distress.

Appearance: He is not toxic-appearing or diaphoretic.

#### Musculoskeletal:

General: Tenderness present. No swelling. Normal range of motion.

Comments: Tenderness to palpation of left lumbar paraspinal muscles. There is pain with passive and active flexion and left side bending and rotation.

#### Neurological:

Sensory: No sensory deficit.

Motor: No weakness.

Coordination: Coordination normal.

Gait: Gait normal.

Comments: Straight leg positive for radiculopathy down the left leg

BP (!) 140/80 | Pulse 79 | Temp 36.9 °C (98.4 °F) | Resp 16 | Wt 126 kg (278 lb) | SpO2 100% | BMI 36.68 kg/m² PHQ-9 Total Score: 0

#### Assessment

Diagnoses and all orders for this visit:

## Lumbar sprain, initial encounter

- XR Lumbar Spine Complete (minimum 4 views)
- meloxicam (MOBIC) 15 mg tablet; Take 1 tablet (15 mg total) in the morning by mouth for 14 days.
- cyclobenzaprine (FLEXERIL) 10 mg tablet; Take 1 tablet (10 mg total) 3 (three) times a
  day as needed by mouth for muscle spasms for up to 10 days
- Spine/Ortho; Referral Ambulatory; Future
- MR Lumbar Spine without contrast
- -x-rays on my interpretation showed no hardware derangement or fractures.
- -no evidence cauda equina based on history and examination
- -suspect lumbar back strain with sciatica. Given history of surgery will initiate ortho spine referral and MRI of the back if symptoms are persistent. As right now will start with conservative management with NSAIDs and muscle relaxants as needed. Patient would likely benefit from time off work initially for 3 days and return to modified duty starting early next week. Follow-up in 1 week
- All questions answered.

#### David Winn DO

(Please note that portions of this note may have been completed with a voice recognition program. Efforts were made to edit the dictations but occasionally words are mis-transcribed.)

MRN: 0000598468

Justin Yeung, MD

Specialty: Family Medicine

Progress Notes 🙎

Encounter Date: 11/26/2021

Physician

Signed

Creation Time: 12/3/2021 9:54 AM

I have reviewed the notes, assessments, and/or procedures performed this visit, and I concur with the documentation.

Official Use Only: Rec'd by Health Detail: Rec'd by CCMSt.	470 MOM (1	ETROPOLITAN POLICE I		
ICC CCMSI: "CC Health Datelly";	OCCUPATION	NAL (NJURY/ ILL	NESS/ EXPOSUR	IE.
				Date of Injury
ATTN. PHYSICIAN: The Las Vagas Metropolitan Polit medical recovery. Numerous tasks have been identifi- Based on the detailed work restrictions provided be questions or concerns, please contact the HeRith Pol 1509	ed (Temporary Work Assignments) blow, a description of the Tempor	bns eldellave ere doldw (	are designed to socom vill be offered to the a	modate most infuries.
Today's Date Body Part(s)/Illness/Exposus	Shon on	First Report	☐ (nterim Reort	☐ Final Report
Discharged Condition Same	☐ Condition Improved	Condition Wo	rsened P	T Prescribed
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1700 Wheeler Peak Drive Las Vegas, NV 89106 702-383-2565 DataSet: DRS \_ocation Code: 3

Reading Location Name: DOUGLAS DOUGHERTY OFFICE

Reading Location State: NC

Location Name: ENTERPRISE OFFICK CARE

3i... ∂a.

Referring Doctor: Winn, David Visit No.: 100041352541D MRN: UMC598468D Order No.: E1018246UMC2

CDSM Tool: CDSM Outcome: Exam Date: 11/26/2021

Exam Description: XR SPINE LUMBAR COMPLETE 4+ VW

Bill Type: P

Reason for Exam; back pain

Procedure Note:

XR LUMBAR SPINE:

HISTORY: back pain

Comparison: December 31, 2018

TECHNIQUE: Lumbar spine, 5 views.

FINDINGS: Bilateral transpedicular screws and vertically oriented rods are present from 14 through S1.

Hardware appears intact without evidence of component failure or toosening. Vertebral body heights and alignment are maintained. Degree of multilevel disk space narrowing appears stable. No spondylolysis is evident on the oblique views. No lytic or blastic bone lesions are identified.

Inlumnal gas pattern is nonobstructed

IMPRESSION: Stable postoperative lumbar spine

Dictating Doctor Name:

Dictated Date: Dictated Time:

Approving Doctor Name: DOUGHERTY, DOUG

Approval Date: 11/27/2021 Approval Time: 09:09

Contract:

Exam Time: 11:54 POS Code: U

DocID: 1099933429

Adcox, Michael W (MRN: 0000598468) DOB: 6/13/1977

MRN: 0000598468

Jonathan D Brown, MD

Progress Notes 🕎

Encounter Date: 12/3/2021

Physician

Signed

Creation Time: 12/3/2021 5:27 PM

Specialty: Family Medicine

Durbin adiren

Subjective

#### Patient ID:

Patient presents for follow up of lumbar strain as previously documented. The patient's condition is the same at this time. Treatments prescribed include NSAIDs, muscle relaxer. Awaiting ortho TOC.

#### **Chief Complaint**

Patient presents with

 Work Related Injury follow up 11/25/21, back pain, med refills

#### Review of Systems

All other systems reviewed and are negative.

#### Physical Exam

Vitals reviewed.

#### Constitutional:

Appearance: He is well-developed.

#### HENT:

Head: Normocephalic and atraumatic.

#### Eyes:

Pupils: Pupils are equal, round, and reactive to light.

#### Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

#### Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

## Musculoskeletal:

Lumbar back: Tenderness (perispinal muscles) present. Decreased range of motion.

#### Skin:

Findings: No rash.

Blood pressure (!) 146/78, pulse (!) 92, temperature 36.7 °C (98 °F), temperature source Temporal, resp. rate 18, height 185.4 cm (6' 1"), weight 127 kg (280 lb), SpO2 98 %.

#### Assessment

Diagnoses and all orders for this visit:

## Lumbar radiculopathy

- cyclobenzaprine (FLEXERIL) 10 mg tablet; Take 1 tablet (10 mg total) 3 (three) times a day as needed by mouth for muscle spasms for up to 10 days
- meloxicam (MOBIC) 15 mg tablet; Take 1 tablet (15 mg total) in the morning by mouth for 14 days.

F/u 2 weeks

Official Use Only: Rec'd by Health Detait: Rec'd by CCMSt:		TROPOLITAN POLICE DEPARTME			
MEDICAL EVALUATION FORM					
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Jonathan Brown MD NDT: 1549667718	9	3	12/3		
wantess (morane ork) 2(4)4' Vib)		Phone#			
Enterprise Quick Care					

1700 Wheeler Peak Drive Las Vegas, NV 89106 702-383-2565

Received: 12/28/2021

Encounter Date: 12/17/2021

MRN: 0000598468

Jonathan D Brown, MD

Progress Notes 🖳

Encounter Date: 12/17/2021

Physician

Signed

Creation Time: 12/17/2021 3:21 PM

Specialty: Family Medicine

Subjective

#### Patient ID:

Patient presents for follow up of lumbar strain as previously documented. The patient's condition is the same at this time. Treatments prescribed include NSAIDs, rest. Awaiting ortho TOC.

#### **Chief Complaint**

Patient presents with

Worker's Compensation
 Lower back pain

## Review of Systems

All other systems reviewed and are negative.

#### **Physical Exam**

Vitals reviewed.

## Constitutional:

Appearance: He is well-developed and well-nourished.

#### HENT:

Head: Normocephalic and atraumatic.

Mouth/Throat:

Mouth: Oropharynx is clear and moist.

#### Eyes:

Extraocular Movements: EOM normal.

Pupils: Pupils are equal, round, and reactive to light.

#### Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

## Pulmonary:

Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds.

#### Musculoskeletal:

Lumbar back: Tenderness (perispinal muscles) present. Decreased range of motion.

#### Skin:

Findings: No rash.

Received: 12/28/2021

Encounter Date: 12/17/2021

Blood pressure 122/72, pulse 78, temperature 37.1 °C (98.8 °F), resp. rate 18, height 185.4 cm (6' 1"), weight 127 kg (279 lb), SpO2 96 %.

Assessment

Diagnoses and all orders for this visit:

Lumbar strain, subsequent encounter

Cont current management. Awaiting ortho TOC

Rec'd by Realth Detail: Roc'd by CCMSI:	ETROPOLITAN POLICE		
	L EVALUATION		
CC CCMSI: CC Health Detail: A.A. OCCUPAT	ONAL INJURY/JLI	NESS/ EXPOSUR	
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1700 Wheeler Peak Drive Las Vegas, NV 89106			

Pueblo Medical Imaging

8551 W. Lake Mead Blvd., Suite 150, Las Vegas, NV 89128 2628 W. Charleston Blvd., Suite B, Las Vegas, NV 89102 100 N Green Valley Pkwy, Suite 150, Henderson, NV 89074 5495 S. Rainbow Blvd Suite 101 Las Vegas, NV 89118 (702) 228-0031 • Fax (702) 228-7253 • www.pmily.com

Patient: X-Ray #:

DOB:

Referring Doctor: DAVID HUYNH WINN, DO

Exam Date: 12/22/2021 Exam Time: 12:30 PM Accession #: 2031485

PROCEDURE: MRI L-SPINE WITHOUT CONTRAST

EXAM: MRI L-SPINE WITHOUT CONTRAST 12/22/2021 11:30 AM PST

COMPARISON: None

HISTORY: Lower back pain

#### TECHNIQUE:

Sagittal T1-weighted, T2-weighted FSE and STIR. Axial T2 weighted FSE and gradient echo.

FINDINGS: Postoperative changes consistent with prior decompression and posterior fusion from L4 through S1. Alignment is satisfactory at these levels.

Alignment: Alignment is intact without subluxation. No evidence of transitional anatomy.

Cord: The visualized spinal cord is of normal caliber and signal intensity. Conus medullaris and cauda equina appear unremarkable.

Osseous structures: No compression fractures. No abnormal bone marrow edema.

T12-1: No disc bulge or disc protrusion. No spinal stenosis or neural foraminal narrowing.

L1-2: No disc bulge or disc protrusion. No spinal stenosis or neural foraminal narrowing.

L2-3: No disc bulge or disc protrusion. No spinal stenosis or neural foraminal narrowing.

L3-4: Mild degenerative disc disease. Minimal 1 to 2 mm circumferential disc bulge. Moderate ligamentum flavum and facet hypertrophy. A synovial cyst is seen arising medially from the left facet joint causing mild to moderate spinal stenosis and effacing the left lateral recess. There is suspected compression of the left L4 nerve root. There is severe left-sided subarticular recess narrowing.

L4-5: Prior posterior fusion and laminectomies. No disc bulge or disc protrusion. No spinal stenosis or neural foraminal narrowing.

L5-1: Prior posterior fusion and laminectomies. No disc bulge or disc protrusion. No spinal stenosis or neural foraminal narrowing.

#### IMPRESSION:

1. Moderate spinal stenosis with severe left subarticular recess narrowing at L3-4. This is predominantly secondary to a synovial cyst arising medially from the left facet joint measuring 7 x 6 mm in axial cross-section. There is also minimal disc bulge and moderate ligamentum flavum and facet hypertrophy at this level. Suspected compression of left L4 nerve root.

Dictated By: Nader Beheshti M.D. at 2021-12-22 15:40:00

Electronically Signed By: Nader Beheshti M.D. at 2021-12-22 15:50:43

Workstation: C29WQD2

Received: 02/15/2022

Gary Flangas, M.D.

American Board of Neurological Surgery 8285 W. Arby Avenue, #220 Las Vegas, Nevada 89113 (702) 737-7753 Fax 407-7066

## **NEW PATIENT** OFFICE CONSULTATION REPORT

Patient:

Date: January 13, 2022

Primary Working Diagnosis:

Requested by:

Chief Complaint

Low back pain and left lower extremity leg pain.

History of Condition

The patient is ight-handed white male who was initially involved in a work-related injury on 11/30/08 while working for the Las Vegas Metropolitan Police Department. He was pursuing a suspect over multiple walls and then was involved in an altercation with the suspect when he injured his lower back. He eventually underwent L4-5 and L5-S1 lumbar interbody fusion on 03/25/13. He did very well following the surgery and he was returned back to work at full duty. The patient states he had a second work injury on 11/25/21. He was getting on his motorcycle and was wearing his heavy gear when he developed the sudden onset of increasing pain in his lower back with radiating pain into his left lower extremity. The change in his symptoms were extremely dramatic. He always had some residual back pain prior to this event, but not anything of this magnitude. Also he was not having the leg pain prior to this most recent work injury. The pain is along the left anterolateral thigh to the level of the knee. He currently rates it as 6 to 7/10 in intensity; it was 10/10 in intensity. He has been utilizing Flexeril and Meloxicam which seems to help a little bit. He has not done any physical therapy or pain management. His symptoms are worse with wearing his uniform or any type of heavy lifting. He describes his pain as aching and stabbing in nature.

NOTE: A complete system review, medical, past, family and social history was recorded by the patient, and is available on request.

**Review of Systems** 

Pertinent Positives: Recent weight gain, generalized fatigue, difficulties sleeping, ringing of the ears, shortness of breath, irregular heartbeat, muscle aches and pains, joint pain and swelling, depression, anxiety, heat sensitivity.

Medical, Past and Family History Allergies: No known drug allergies.

Past Medical History: Lumbar fusion, labral repair left shoulder.

Family History: Diabetes.

Medications: Flexeril, Meloxicam.

#### Social History

Non-medical drug use: He denies IV drug abuse.

Caffeine: He drinks caffeinated products.

Nicotine: He does not smoke, although he has in the past.

Alcohol: He drinks beer on a weekly basis.

#### Physical Exam

#### General

Height/Weight: 6'1" tall and weighs 280 pounds.

Physical Description: He is awake, alert, oriented x 4 and is in no apparent distress.

#### **HEENT**

 The patient is normocephalic, atraumatic. Pupils are equal, round, and reactive to light and accommodation. Extraocular muscles are intact without evidence of nystagmus. Tongue and uvula are midline. There is no evidence of facial asymmetry. Hearing is intact grossly bilaterally. He has a normal shoulder shrug.

#### <u>Musculos</u>keletal

- · Gait: Markedly antalgic.
- Station: Normal.
- Range of motion: Back reveals markedly diminished range of motion. Positive straight leg raise on the left.
- Motor: 5/5, except for 4+/5 left quadriceps strength.

#### **Neurological**

- The patient is oriented to person, date, and place.
- Memory, attention span, concentration: Normal.
- · Language: Speaks English fluently.
- Fund of knowledge: Adequate.

#### Cranial nerves

As above

#### Sensation

Sensory is diminished along the right anterolateral thigh.

#### Reflexes

DTR's are 2+ throughout.

## **Diagnostic Studies and Testing**

The patient has an MRI of the lumbar spine and by my interpretation there are postoperative changes at L4-5 and L5-S1. At L3-4 there are degenerative disc changes with broad-based disc bulging and bilateral facet arthropathy and hypertrophic ligamentum flavum. There is also evidence of a left L4-5 synovial cyst. Combined, this results in central spinal stenosis as well as left greater than right superior articular facet recess and lateral recess stenosis and impingement of the bilateral L4 nerve roots.

Discussion of Management Options and Treatment Plan

The patient is a parameter and an anded white male who has signs and symptoms consistent with a left L4 lumbar radiculopathy and who has evidence of adjacent segment deterioration above his prior fusion at L4-5 and L5-S1. The plan is to refer him to pain management for a left L3-4 epidural steroid injection. We will see him back in approximately 1 month for follow-up. If he fails to improve, then I anticipate that we will need to extend the fusion up to involve the L3-4 level. Risks, benefits and alternatives have been explained and all of his questions have been asked and answered.

My M. Frank

Gary Flangas, M.D. American Board of Neurological Surgery GF/lp

Dictated but not proofread. Subject to transcription variance.

01-21-22; 04:45PM; ; 702-407-7066 Received: #1/24/2022 Official Use Only: LAS VEGAS METROPOLITAN POLICE DEPARTMENT Rec'd by CCMSI: Rec'd by Health Detail: MEDICAL EVALUATION FORM OCCUPATIONAL INJURY/ ILLNESS/ EXPOSURE CC CCMSI: CC Health Detail: ATTN. PHYSICIAN: The Lat Vegat Metropolitan Police Department offers a structured Return-To-Work Program for Injuredidisatived employees during their medical recovery. Numerous tasks have been identified (Temporary Work Assignments) which are available and are designed to accommodate most injuries. Based on the detailed work restrictions provided below, a description of the Tamporary Work Assignments will be effored to the employee, if you have measured on concerns, please contact the Health Detail Section at (702) 828-3696.

HEALTH DETAIL FAX #: (702) 828-3696. ATTN. PHYSICIAN: The Las Vegas Metropolitan Police Department offers a structured Return-To-Work Program for Injured/disabled employees during their Today's Date Body Part(s)/liness/Exposure: First Report Interim Reort Final Report 01/13/2022 LUMBAR SPINE Condition Same Discharged Condition Improved Condition Worsened ☐ PT Prescribed Consultation Required Further Diagnostic Studies required Stable Yes No Ratable Yes No. Continuation of a previously reported full duty Time off work: Release to Full Duty: Physician's Objective Findings/Treatments/Prognosis: SEND TO DR. SCHIFINI/ DR. KUCERA FOR INJECTION THERAPY: LEFT L3.4 ESI'S **Modified Duty** NOTE: IF THE EMPLOYEE/PATIENT IS BEING RELEASED TO WORK, MODIFIED DUTY. THE FOLLOWING INFORMATION MUST BE COMPLETED AND RETURNED TO THE HEALTH DETAIL PRIOR TO THE EMPLOYEE'S JOB DESCRIPTION, PLEASE CONTACT THE HEALTH DETAIL AT (702) 828-3696. Release to Modified Duty: 01/13/2022 through 02/15/2022 (Estimated) \_\_ Continuation of a previously reported modified duty -MAY RETURN TO MODIFIED DUTY WITH FOLLOWING RESTRICTIONS: (CHECK ALL THAT APPLY) ☑ No lifting over ☐ 10 ☑ 20 ☐ 50 Pounds ✓ No combat/altercation activities No pulling, pushing or carrying over No operating a marked patrol vehicle in the line of duty ☐ 10 ☑ 20 ☐ 50 Pounds ☑ No reaching/working above shoulder No repetitive motion to injured part Body Part: LUMBAR SPINE No climbing stairs/ladders Unable to carry or use weapon Other NO DUTY BELT \*\*REQUIRED TRAINING: CAN EMPLOYEE PARTICIPATE IN THE FOLLOWING REQUIRED TRAINING? Drivers Training: Yes No Defensive Tactics: Yes No AOST: Yes V No Range Qualification: 🔲 Yes 🗹 No Remarks: Medication Prescribed " ALL MEDICATIONS PRESCRIBED MUST BE LISTED. Name of Medication Quantity Dosage Frequency FLEXARIL 10MG: 1 PO Q TID, #90 MOBIC 15MG Physical Therapy NOTE FOR PT APPOINTMENTS: This portion must be completed by the Therapists Job Description Provided: Yes No Employee is: Improving Maintaining Regressing

Physician/Therapist Signature (form must be signed)

Time in: 3:00PM Time out: 3:45PM Next Appointment: Date 02/15/2022

Physician or Clinician Print Name: Rhysiciamor Clidioige Signatura. MA Date: DR. GARY M. FLANGAS

Address (Include City, State, Zip)

8285 W ARBY AVE, #220, LAS VEGAS, NV 89113 LVMPD 74 (Rev. 11/19/2020) INFOPATH 2010

Phone#:

702-737-7753

10:15AM

01/13/2022

## www.controlpain.com

## JOSEPH J. SCHIFINI, M.D., LTD

Diplomate of the American Board of Anesthesiology Practice of Anostheelology and Pain Medicine

## LAS VEGAS SURGERY CENTER

CONSULTATION PERFORMED BY:

JOSEPH J. SCHIFINI, M.D.

CONSULTATION REQUESTED BY:

GARY FLANGAS, M.D.

DATE OF INJURY:

November 25, 2021

The patient was examined and interviewed, and there are limited medical records to review.

CHIEF COMPLAINT:

Lower back pain, left greater than right, and

bilateral leg pain, left greater than right.

HISTORY:

The patient is a vho is employed

He complains of constant aching, stabbing, and numbing type pain in the lower back. He divides his pain into 70% lower back pain, 10% hip and buttock pain, 10% right leg pain, and 10% left leg pain. His pain is increased with lifting, bending, twisting, standing, and sitting. Using a hot tub does decrease his pain. This pain does affect his sleep. He is currently taking no medications for his pain. He rates his pain as an average of six out.

of ten with a high of nine out of ten.

The patient states that this pain began on HISTORY OF PRESENT ILLNESS: November 25, 2021, when he was at work as a motorcycle police officer. He felt lower back pain during training. He went to U.M.C. where he received conservative treatment. He was referred to Dr. Flangas who ordered a lumbar MRI and referred the patient to me for consideration of Injection therapy.

DIAGNOSTIC AND IMAGING STUDIES: The patient had an MRI of the lumbar spine performed on December 22, 2021, which showed L3-4 disc bulge and degenerative disc disease, as well as L4 through S1 fusion and L3-4 spinal stenosis.

PAST MEDICAL HISTORY:

Nonsignificant. The patient denies any medical

problems. The patient denies any use of blood thinners.

**MEDICATIONS:** 

The patient takes Flexeril.

PATIENT:

CONF#: 0207-4423 21D34J953196 DATE OF DICTATION: DATE OF PROCEDURE: 02/07/22

02/07/22

PHYSICIAN: JOSEPH J. SCHIFINI, M.D.

TRANSCRIBER: bis

**PAGE TWO** 

**ALLERGIES:** 

None.

PAST SURGICAL HISTORY:

Significant for lumbar surgery, appendectomy, and

right shoulder labrum surgery.

SOCIAL HISTORY:

l le doss not

smoke. He drinks socially. He denies any history of substance abuse.

**FAMILY HISTORY:** 

Significant for diabetes.

REVIEW OF SYSTEMS: Significant for weight gain. The patient denies any significant change in vision, chest pain, cough, change in bowel habits, dizziness, easy bleeding, fainting, fever, itching, shortness of breath, stomach problems, urinary problems or

weight loss.

PHYSICAL EXAMINATION: The patient is 6'1" tall and weighs 290 pounds. In general, he was alert, oriented times three, well-developed, well-nourished, well-groomed, pleasant and cooperative. The patient exhibited no obvious pain behavior.

On examination of his trunk, there were no obvious asymmetries, defects, masses, rashes, lesions, ulcers or scoliosis. He did have a large midline vertical scar as well as tendemess and spasm to palpation over the lumbar spine. He was able to flex to 50% of normal for his age and to extend to 75% of normal for his age, both of which reproduced lower back pain, flexion greater than extension. Extension and rotation to the left and right were negative. Sensation to the trunk area was normal. There were no exiliary or groin lymph nodes palpated.

On examination of his lower extremities, there were no obvious asymmetries, defects, masses, scars, tenderness, rashes, lesions, uicers, clubbing, cyanosis, swelling or edema. He had normal gait, balance and posture and was able to toe walk, heel walk and squat with normal strength. His muscle strength/tone in the hip flexors, quadriceps and ability to dorsiflex bilaterally was normal. Seated straight leg raise was negative bilaterally at 90 degrees. Knee jerk was present bilaterally. Ankle jerk was absent on the right, but normal on the left. Extensor hallucis longus strength, Hoover's test and Patrick's test were normal bilaterally. Sensation, heel, knee, and shin coordination, and joint stability were normal bilaterally.

#### IMPRESSION:

- L3-4 disc bulge.
- L3-4 degenerative disc disease.
- L3-4 spinal stenosis.
- 4. Lumbar post fusion syndrome.
- Subjective bilateral lower extremity radiculitis, left greater than right.

PATIENT: UP 1953196
CONF#: 0207-4
PHYSICIAN: JOSEPH J. SCHIFINI, M.D.

DATE OF DICTATION: 02/07/22 DATE OF PROCEDURE: 02/07/22

TRANSCRIBER: bjs

## PAGE THREE

- Failed conservative therapy.
- Status post work related injury on November 25, 2021.

#### PLAN:

- Perform left L3-4 transforaminal selective epidural steroid injection under fluoroscopic guidance.
- Continue current medication regimen.
- The patient is to follow up with Dr. Flangas as planned.

JOSEPH J. SCHIFINI, M.D. Dictated not edited.

Joseph Schiffi-

JJS/bjs

DOT: 02/07/22

cc: Gary Flangas, M.D., Fax 702-407-7066 Sheri Lindsey, Claims Examiner, CCMSI Workers' Compensation, 702-477-7019

PATIENT: 34J953196
PHYSICIAN: JOSEPH J. SCHIFINI, M.D.

DATE OF DICTATION: DATE OF PROCEDURE:

02/07/22

TRANSCRIBER: bjs

## PROCEDURE NOTE

LAS VEGAS SURGERY CENTER 870 SOUTH RANCHO DRIVE LAS VEGAS, NEVADA 89106 (702) 870-2090

PHYSICIAN:

JOSEPH J. SCHIFINI, M.D.

DATE OF INJURY:

November 25, 2021

PROCEDURE (S) PERFORMED:

- 1. Left L4-5 transforaminal selective epidural steroid injection under fluoroscopic guidance.
- 2. Intravenous conscious sedation with Versed.

INDICATIONS:

- 1. L3-4 disc bulge.
- 2. L3-4 degenerative disc disease.
- L3-4 spinal stenosis. 3.
- Lumbar post fusion syndrome. 4.
- 5. Subjective bilateral lower extremity radiculitis, left greater than right.
- Failed conservative therapy. 6.
- Status post work related injury on 7. November 25, 2021.

INFORMED CONSENT:

Prior to this procedure, the above proposed treatment plan was discussed, in great detail, with the patient using anatomical models and/or other means of explanation of the patient's condition and their recommended treatment. The patient was made aware that there are no guarantees given or implied with any treatment offered.

PATIENT: CONF#: 0215

PHYSICIAN: JOSEPH J. SCHIFINI, M.D.

DATE OF DICTATION: >-02/15/22 DATE OF PROCEDURE: 02/15/22

TRANSCRIBER: bis

#### PAGE TWO

The patient was informed and acknowledged understanding that there are certain unavoidable risks associated with any type of medical procedure and, in specific, pain-management procedures. The risk of injury or death is always present during these pain management procedures. Possible complications include, but are not necessarily limited to, nerve injury, loss of nerve function, loss of sensation, loss of motor function, inability to control or coordinate motion, worsening of pain, loss of the use of one or more extremities, pneumothorax, skin dimpling, paralysis, bleeding, infection, and death. No guarantee was implied or given regarding the effectiveness or outcome of the recommended treatment. The purpose of these injections is for diagnostic and/or therapeutic purposes. The patient was given an opportunity to ask and have their questions answered regarding the risks, benefits, options, and alternatives to this treatment plan. The patient stated they understood and accepted these recommendations and risks prior to this procedure.

PROCEDURE IN DETAIL: After written and informed consent in the pre-opholding area of the Las Vegas Surgery Center, the patient was placed on a gumey and taken to the procedure room. While in the procedure room, the patient was monitored with standard monitors while in the prone position with a bolster under the abdomen. The patient was monitored by a trained observer, not integrally involved in the procedure, and received a total of 2 mg of intravenous Versed for conscious sedation. The area over the left lumbosacral spine was prepped and draped in a sterile fashion. 1% Lidocaine was infiltrated into the skin overlying the left L4-5 neuroforamen as identified with fluoroscopic guidance. Once this area was prepped, draped and anesthetized, a #22 gauge 5 inch needle was easily inserted into the superior area of the left L4-5 neuroforamen, as identified with multiple views of fluoroscopy. Once the needle was thought to be in good position, its position was confirmed with the use of 1 cc of Isovue-M 300 dye, which nicely outlined the nerve root and anterior epidural space at that level. Real-time fluoroscopy was utilized to check and confirm that no vascular uptake was present. Once needle position was confirmed, a total of 3 cc of medication was injected after negative aspiration. The medication consisted of 1 cc of Celestone and 2 cc of 2% Lidocaine. The patient tolerated this procedure well and was observed in the recovery room for 30 minutes prior to discharge. The patient was discharged in stable, ambulatory condition with instructions.

#### PLAN:

The patient is to follow up in my office in one week for reevaluation.

PATIENT: 21D34J953196

PHYSICIAN: JOSEPH J. SCHIFINI, M.D.

DATE OF DICTATION: 02/15/22 DATE OF PROCEDURE: 02/15/22

TRANSCRIBER: bjs

Received: 02/18/2022

## **PAGE THREE**

- 2. The patient is to continue the current medication regimen.
- 3. The patient is to follow up with Dr. Flangas as planned.

JOSEPH J. SCHIFINI, M.D.

Joseph Hohlyn

Dictated not edited.

JJS/bjs

DOT: 02/15/22

cc: Gary Flangas, M.D., Fax 702-407-7066

Sheri Lindsey, Claims Examiner, CCMSI Workers' Compensation,

702-477-7019

PATIENT: CONF#: 0215-4458 D34J953196 PHYSICIAN: JOSEPH J. SCHIFINI, M.D.

DATE OF DICTATION: DATE OF PROCEDURE:

02/15/22 02/15/22

TRANSCRIBER: bjs

Received: 03/09/2022

# PAIN MAN@GEMENT HISTORY AND HYSICAL

PAIN MANUSEMENT HIS TORT AND
nary Complaint: Back paun
Medications:
□ Xarelto □ Prasugrel/Effient □ Pradaxa □ Eliquis □ Lovenox  Blood Thinners: □ NA □ Aspirin □ Plavix □ Coumadin □ Ibuprofen □ Other
2.44.22
Allergies/Reactions: (IV which thives)
T. CVN.
Pregnancy Test: WA Result: WA Weight: 132 Kg  BP: 124 90 HR: SaO2: AMC TO SAO2: AMC
Pregnancy Test: WA Result: WA Weight: 961.
BP: 124/90 HR: 67 SaO2: 10 SaO2: No. Tachycard a CHR)
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Diabetes.
Smoker: Y No Fks/day
Normal Other
Cardiac ————————————————————————————————————
Respirato
Neuro 2
Diagnosis:
Plan:
115/2
Physician  870 South Rancho Drive Las Vegas, NV 89106
LAS VEGAS SURGERY CENTER  LVS-014 (07/18)



ID: 179765 DOS: 2/15/2022 DOB DR: SCHIFINI, JUSEPH

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www.controlpain.com

## JOSEPH J. SCHIFINI, M.D., LTD

Diplomate of the American Board of Anesthesiology Practice of Anesthesiology and Pain Medicine

February 22, 2022

Gary M. Flangas, M.D. 10001 S. Eastern Ave, Suite 408 Henderson, NV 89052

RE:

W/C 21D34j953196

DOB:

DOI:

November 25, 2021

Dear Dr. Flangas:

This is just a brief letter to inform you that I saw your patient today in follow up, one week after his initial left L3-4 transforaminal selective epidural steroid injection under fluoroscopic guidance. As you may recall, approximately 60% immediate relief of his pain following this initial injection attempt secondary to a local anesthetic effect. Today, he reports approximately 50% long term relief with a Visual Analog Pain Scale score of two out of ten. He is concerned about his continued symptoms and would like to have a second injection of the same type to hopefully reduce his symptoms further. I went over risks, benefits, options, and alternatives with him in great detail.

So far, his exam remains unchanged. I will schedule him for a second injection of the same type. In the meantime, he will continue his medication regimen and follow up with you as planned. Please do not hesitate to contact me regarding his care.

Sincerely,

Joseph J. Schifini, M.D.

Dictated, not edited

Joech Shiff

Gary M. Flangas, M.D.; FAX: 702-407-7066

Sheri Lindsey, Claims Examiner, COMSI; FAX: 702-477-7019

JJS/dt 0222-8622

## Gary Flangas, M.D.

American Board of Neurological Surgery 8285 W. Arby Avenue, #220 Las Vegas, Nevada 89113 (702) 737-7753 Fax 407-7066

#### FOLLOW-UP CONSULTATION

Patien	it:				
Date:	Febr	uary	24,	2022	

The patient returns today for follow-up. In the patient returns to any patient in the patient returns to any patient returns t

## On Exam

- . General: On exam he is awake, alert, oriented x 4 and is in no apparent distress.
- Cranial Nerves: Cranial nerves II through XII are intact.
- · Gait: Non-antalgic.
- · Station: Normal.
- Neurological: Stable.

#### Assessment

Left L4 lumbar radiculopathy clinically improved following an epidural steroid injection.

#### Discussion of Management Options and Treatment Plan

We will place him back at full duty work restrictions. We will see him back in 1 month for follow-up after his second epidural steroid injection.

My Line

Gary Flangas, M.D. American Board of Neurological Surgery GF/Ip

Dictated but not proofread. Subject to transcription variance.

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					sification		Date of Injury	
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www.controlpaln.com

## JOSEPH J. SCHIFINI, M.D., LTD

Diplomate of the American Board of Anesthesiology Practice of Anesthesiology and Pain Medicine

## LAS VEGAS SURGERY CENTER

Gary Fiangas, M.D. 8285 W. Arby Ave, Suite 220 Las Vegas, Nevada 89113

RE:

DOI: November 25, 2021

Dear Dr. Flangas:

This is just a brief letter to inform you that I did perform a second injection in the form of a left L3-4 transforaminal selective epidural steroid injection under fluoroscopic guidance today on your patient. The patient tolerated the procedure well. He rated his pain preprocedure as a three cut of ten which was reduced to a postoperative level of one out of ten following this injection, secondary to a local anesthetic effect. Hopefully, the steroid medication contained within this injection will provide him with some long term relief. I will reevaluate him in one to two weeks and I will keep you informed as to his progress. Please do not hesitate to contact me regarding this patient's care.

Sincerely,

JOSEPH J. SCHIFINI, M.D. Dictated not edited.

Joseph Stehter

JJS/bjs

DOT: 03/01/22

cc: Gary Flangas, M.D., Fax 702-407-7066

Sheri Lindsey, Claims Examiner, CCMSI Workers' Compensation,

702-477-7019

PATIENT:

CONF#: 0301-4516

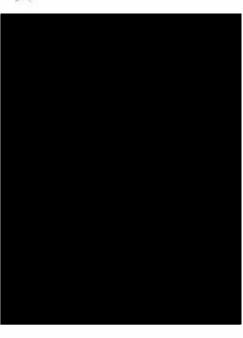
21D34J953196

PHYSICIAN: JOSEPH J. SCHIFINI, M.D.

DATE OF DICTATION:

03/01/22

DATE OF PROCEDURE: TRANSCRIBER: bjs



#### PROCEDURE NOTE

RY CENTER ) DRIVE A 89106

JOSEPH J. SCHIFINI, M.D.

November 25, 2021

- Left L3-4 transforaminal selective epidural 1. steroid injection under fluoroscopic quidance.
- Intravenous conscious sedation with 2. Versed.

INDICATIONS:

- 1. L3-4 disc bulge.
- 2. L3-4 degenerative disc disease.
- L3-4 spinal stenosis. 3.
- 4. Lumbar post fusion syndrome.
- Subjective bilateral lower extremity 5. radiculitis, left greater than right.
- Failed conservative therapy. 6.
- Status post work related injury on 7. November 25, 2021.

INFORMED CONSENT:

Prior to this procedure, the above proposed treatment plan was discussed, in great detail, with the patient using anatomical models and/or other means of explanation of the patient's condition and their recommended treatment. The patient was made aware that there are no guarantees given or implied with any treatment offered.

PATIENT: CONF#: 0301-4516 21D34J953196 PHYSICIAN: JOSEPH J. SCHIFINI, M.D.

DATE OF DICTATION: 03/01/22 DATE OF PROCEDURE: 03/01/22

TRANSCRIBER: bjs

Received: 03/07/2022

## **PAGE TWO**

The patient was informed and acknowledged understanding that there are certain unavoidable risks associated with any type of medical procedure and, in specific, pain-management procedures. The risk of injury or death is always present during these pain management procedures. Possible complications include, but are not necessarily limited to, nerve injury, loss of nerve function, loss of sensation, loss of motor function, inability to control or coordinate motion, worsening of pain, loss of the use of one or more extremities, pneumothorax, skin dimpling, paralysis, bleeding, infection, and death. No guarantee was implied or given regarding the effectiveness or outcome of the recommended treatment. The purpose of these injections is for diagnostic and/or therapeutic purposes. The patient was given an opportunity to ask and have their questions answered regarding the risks, benefits, options, and alternatives to this treatment plan. The patient stated they understood and accepted these recommendations and risks prior to this procedure.

PROCEDURE IN DETAIL: After written and informed consent in the pre-op holding area of the Las Vegas Surgery Center, the patient was placed on a gurney and taken to the procedure room. While in the procedure room, the patient was monitored with standard monitors while in the prone position with a bolster under the abdomen. The patient was monitored by a trained observer, not integrally involved in the procedure, and received a total of 2 mg of intravenous Versed for conscious sedation. The area over the left lumbosacral spine was prepped and draped in a sterile fashion. 1% Lidocaine was infiltrated into the skin overlying the left L3-4 neuroforamen as identified with fluoroscopic guidance. Once this area was prepped, draped and anesthetized, a #22 gauge 5 inch needle was easily inserted into the superior area of the left L3-4 neuroforamen, as identified with multiple views of fluoroscopy. Once the needle was thought to be in good position, its position was confirmed with the use of 1 cc of Isovue-M 300 dye, which nicely outlined the nerve root and anterior epidural space at that level. Real-time fluoroscopy was utilized to check and confirm that no vascular uptake was present. Once needle position was confirmed, a total of 3 cc of medication was injected after negative aspiration. The medication consisted of 1 cc of Celestone and 2 cc of 2% Lidocaine. The patient tolerated this procedure well and was observed in the recovery room for 30 minutes prior to discharge. The patient was discharged in stable, ambulatory condition with instructions.

#### PLAN:

The patient is to follow up in my office in one week for reevaluation.

PATIENT: 21D34J953196

PHYSICIAN: JOSEPH J. SCHIFINI, M.D.

DATE OF DICTATION: DATE OF PROCEDURE:

03/01/22

TRANSCRIBER: bis

## **PAGE THREE**

- The patient is to continue the current medication regimen. 2.
- 3. The patient is to follow up with Dr. Flangas as planned.

JOSEPH J. SCHIFINI, M.D.

Joseph Schoff

Dictated not edited.

JJS/bjs

DOT: 03/01/22

cc: Gary Flangas, M.D., Fax 702-407-7066 Sheri Lindsey, Claims Examiner, CCMSI Workers' Compensation, 702-477-7019

PATIENT:

CONF#: 0301-4516 PHYSICIAN: JOSEPH J. SCHIFINI, M.D.

21D34J953196

DATE OF DICTATION: DATE OF PROCEDURE:

03/01/22 03/01/22

TRANSCRIBER: bjs

## PAIN MAN SEMENT HISTORY AND HYSICAL

Primary Complaint: Back Daly		
Medications: Nebvolo   Nou prof	en	
☐ Xarelto ☐ Prasugrel/Effier	nt 🖸 Pradaxa 🚨 Eliquis	Lovenox
		adin   Ibuprofen
Dioba ( )		
Last Dose: 2/28/2-2	<u>Am</u>	
Allergies/Reactions: N CONTRA	St (Hyes, Itchy)	75 E 10
Latex Allergy: Yes	NO RXN: NA	
Pregnancy Test: N/A:	Result: Np	Weight: 132 Kg
BP: 143/87	HR:83	Sa02: 95%
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Physician	Date 830 South Rancho Drive	
	Las Vegas, NV 89106 Phone: 702.870.2090	
LAS VEGAS SURGERY CENTER	LVS-014 (07/18)	

ID: 179765 DOS: 3/1/2022 DOB DR: SCHIFINI, JOSEPH

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resistrolyde City, Sta	ite, Zip) 800 S. Tonopah	#240		3	1/22
The state of the s			Phone#:	> ~	
	Las Vegas, NV 8	29 1 00	( ]	702) 870-0	to the second

## Gary Flangas, M.D.

American Board of Neurological Surgery 8285 W. Arby Avenue, #220 Las Vegas, Nevada 89113 (702) 737-7753 Fax 407-7066

## FOLLOW-UP CONSULTATION

Patient

Date: March 29, 2022

The patient returns today for follow-up status post work-related injury occurring on 11/25/21. He is experiencing symptoms of low back pain and left lower extremity pain along the anterolateral aspect of the thigh to the level of the knee. He has undergone 2 epidural steroid injections by Dr. Schifini and at this point in time his pain is negligible and is tolerable. He has returned back to work at full duty and is doing well.

#### On Exam

- General: On exam he is awake, alert, oriented x 4 and is in no apparent distress.
- · Gait: Normal.
- · Station: Normal.
- Range of motion: Back reveals improved range of motion.
- Motor: Stable.Sensory: Stable.

#### **Assessment**

Lumbar radiculopathy clinically improved following epidural steroid injections x 2.

## Discussion of Management Options and Treatment Plan

Continue full duty work restrictions. He is MMI, stable and ratable. He will follow-up on a p.r.n. basis.

Gary Flangas, M.D.

WW. Lind

American Board of Neurological Surgery

GF/Ip

Dictated but not proofread. Subject to transcription variance.

Official Use Only:				
Rec'd by Health Detail: Rec'd by CCMSI:		TROPOLITAN POLICE		
CC CCMSI: CC Health Datailt;		NAL INJURY/ ILL		>E
Employee's Full Name		Classification	12001 224 0001	
		Classification	PO	Date of Injury 11/25/2021
ATTN. PHYSICIAN: The Las Vegas Metropolitan Police Department	t offers a structured i	Return-To-Work Program		
Based on the detailed work restrictions provided below a decen-	of the Temper	which are available and	are designed to accom	nmodaté most injuries.
questions or concerns, please contact the Health Detail Section at 1509	(702) B28-3696,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HEALTH DET	AIL FAX #; (702) 828-
Today's Date   Body Part(s)/Illness/Exposure;				
03/29/2022 LUMBAR	SPINE	☐ First Report	Interim Reort	☐ Final Report
	ition (mproved	Condition Wo	rsened P	T Beenedhad
☐ Consultation Required ☐ Further Diagnostic Studi	(2)		No Ratal	
Time off work: through	_ Release to Fu	il Duty: <u>03/29/20</u>	22 reported to	on of a previously all duty
Physician's Objective Findings/Treatments/Prognosis:				
PATIENT IS MMI - STABLE & RA	TEABLE. F	ULL DUTY -	DISMISS F	ROM CARE
Appl Nation Access	Modified Duty			
NOTE: IF THE EMPLOYEE/PATIENT IS BEING RELEASED TO WORK, TO THE HEALTH DETAIL PRIOR TO THE EMPLOYEE RETURNING 'CONTACT THE HEALTH DETAIL AT (783) 222, 238.	MODIFIED DUTY, THE TO WORK, IF YOU RE	FOLLOWING INFORMATEQUIRE A COPY OF TH	TION MUST BE COMPLE E EMPLOYEE'S JOB O	ETED AND RETURNED
TOTAL THE REAL METALE AT (188) 020-3089.				
Release to Modified Duty: through			on of a previously repor	ted modified duty
"MAY RETURN TO MODIFIED DUTY WITH FOLLOWING RESTRI		L THAT APPLY)		
☐ No lifting over ☐ 10 ☐ 20 ☐ 50 Pounds	☐ No co	mbat/altercation acti	vities	
No pulling, pushing or carrying over	☐ No op	erating a marked pa	trol vehicle in the fin	ne of duty
☐ 10 ☐ 20 ☐ 50 Pounds	-	aching/working abov		
No repetitive motion to injured part		vear splint/sling		
Body Part:	58	mbing stairs/ladders		
Unable to carry or use weapon	[] No an	inning statistianders		
Other				
**REQUIRED TRAINING: CAN EMPLOYEE PARTICIPA		WING REQUIRED	TOAMINOS	
Drivers Training: Yes No Defensive Taction			T: Yes No	
Range Qualification: Yes No Remarks:	s. [ ] 165 [ ] 140	AUS	Tes Lino	
	dianti B il			
** ALL MEDICATIONS PRESCRIBED MUST BE LISTED	dication Prescrib	ea .		
Name of Medication	Dosage	Fred	uency	Quantity
FLEXARIL 10MG: 1 PO Q TID, #90				- Ally
	<del>                                     </del>			
	Physical Therapy			
NOTE FOR PT APPOINTMENTS: This portion must be co	mpleted by the The		-	
Job Description Provided: Yes No Em	oloyee is: 🔲 Impr	oving 🔲 Maintainir	g Regressing	
Physician/Therapi				
Time in: 2:50PM Time out: 3:15PM	Next Appointment:		Time:	
Physician or Clinician Print Name:	Physician (	Clinisian Signature	e: Malate:	0/00/00
DR. GARY M. FLANGAS Address (include City, State, Zip)			0	3/29/2022
8285 W ARBY AVE, #220, LAS VEGA	AS NIV 2011	Phone#:	700 7	27 7752
VMPD 74 (Rev. 11/18/2020) INFOPATH 2010	NV DU	13	/UZ-/	<u>37-7753</u>

## Gary Flangas, M.D.

American Board of Neurological Surgery 8285 W. Arby Avenue, #220 Las Vegas, Nevada 89113 (702) 737-7753 Fax 407-7066

#### **FOLLOW-UP CONSULTATION**

Patient:		
Date: A	pril 26,	2022

The patient returns today for follow-up. Initially saw him for a work-related injury occurring on 11/30/08 while he was working for the Las Vegas Metropolitan Police Department. He underwent L4-5 and L5-S1 lumbar interbody fusions on 03/25/13 and he did very well following the surgery and had been returned back to work at full duty. The patient had a second work injury occurring on 11/25/21. He was getting on his motorcycle and he was wearing his heavy gear when he developed the sudden onset of increasing pain in his lower back with radiating pain into the left lower extremity. The change in symptoms was dramatic in nature and significantly altered his normal activities of daily living. The pain is along the left anterolateral thigh to the level of the knee. He was seen by pain management and Dr. Schiffini performed left L3-4 transforaminal epidural steroid injections and he did extremely well with the 2 injections that he received and we were able to return him back to work at full duty and he was deemed MMI, stable and ratable. He has been working for approximately 1 ½ months and his symptoms subsequently have returned to the exact same level that they were prior to the epidural steroid injections.

#### On Exam

- General: On exam he is awake, alert, oriented x 4.
- · Gait: Mildly antalgic.
- Station: Normal.
- Range of motion: Back decreased range of motion.
- Motor: 5/5, except for 4+/5 left quadriceps strength.
- Sensory: Sensory is diminished in the left anterior thigh region.

#### Diagnostic Studies and Testing

His MRI of the lumbar spine reveals postoperative changes at L4-5 and L5-S1. At L3-4 there are degenerative disc changes with broad-based disc bulging, bilateral facet arthropathy and hypertrophic ligamentum flavum. There is a left L4-5 synovial cyst. This results in central stenosis as well as left greater than right superior articular facet recess and lateral recess stenosis.

Discussion of Management Options and Treatment Plan

The patient is a signs and symptoms consistent with a left L4 lumbar radiculopathy. He has evidence of adjacent segment deterioration above

his prior fusion at L4-5 and L5-S1. He has failed to improve long term with physical therapy and epidural steroid injections x 2. I offered him a third injection, but the patient at this point in time does not feel that this is going to provide any long term benefit and he is more interested in surgical intervention. I have recommended removal of instrumentation, exploration of fusion from L4 to S1, followed by an L3-4 lumbar interbody fusion with pedicle screw stabilization. Risks, benefits and alternatives have been explained including the risks of bleeding, infection, weakness, and paralysis, and sensory loss, loss of bowel and bladder control, spinal fluid leak necessitating additional procedures, impotence, stroke, coma, heart attack, even death. All of his questions have been asked and answered and at this point in time he wants to schedule the surgery as soon as possible.

Gary Flangas, M.D.

American Board of Neurological Surgery GF/Ip

Dictated but not proofread. Subject to transcription variance.

		<b>■</b>			
Rec'd by Health Detail:	ficial Use Only: Recd by CCMSI:		ROPOLITAN POLICE		
English and the second	9000000 X05 00 W	1	EVALUATION -		
CC CCMSI:	CC Health Detait:	OCCUPATIO	Marie Company of the	NESS/ EXPOSUR	
Employee's Full Name			Classification	ВО	Date of Injury
ATTN. PHYSICIAN: The Las	Vegas Metropolitan Police Departmen	T offers a structured I	Seturn-To-Work Program	PO	11/25/2021
medical recovery. Numerous Based on the detailed work questions or concerns, plea 1509	s tasks have been identified (Temporar k restrictions provided below, a descr ise contact the Health Detail Section at	ry Work Assignments) ription of the Tempora	which are available not	d are designed to accome will be offered to the s	andusted seams statement
7 Date   Body F	Part(s)/Illness/Exposure: LUMBAR	RSPINE	First Report	☑ Interim Reort	Final Report
☐ Discharged ☐	Condition Same	dition Improved	☑ Condition Wo	rsened	T Prescribed
Consultation Requir	red Further Diagnostic Stud	lies required	Stable  Yes	No Ratat	ole Yes No
Time off work:	through	Release to Fu	Il Duty:	Continuation reported fu	on of a previously all duty
T	ndings/Treatments/Prognosis: I ATHY/LUMBAR STENOSIS;	REQUEST AUTHORI		/AL OF INSTRUMENT/ ATERAL INTERBODY	
NOTE: IF THE EMPLOYEE/PA TO THE HEALTH DETAIL PR CONTACT THE HEALTH DET	ATIENT IS BEING RELEASED TO WORK RIOR TO THE EMPLOYEE RETURNING I'AIL AT (702) 828-3696,	Modified Duty MODIFIED DUTY, THE TO WORK, IF YOU A	FOLLOWING INFORM	ATION MUST BE COMPLE HE EMPLOYEE'S JOB DI	ETED AND RETURNED ESCRIPTION, PLEASE
Release to Modified Dut	y: 04-26-2022 through 05	-24-2022 (Estin	nated) 🔲 Continua	tion of a previously repor	ted modified duty
*MAY RETURN TO MODIF	IED DUTY WITH FOLLOWING RESTR	UCTIONS: (CHECK A	L THAT APPLY)		
☑ No lifting over ☑ 1	10 🗌 20 🔲 50 Pounds	☑ No co	mbat/altercation ac	tivities	
No pulling, pushing	or carrying over	☑ No op	erating a marked p	atrol vehicle in the lin	e of duty
₩ 1	0 🔲 20 🔲 50 Pounds	☐ No re	aching/working abo	va shoulder	
☑ No repetitive motion	to injured part	☐ Must	wear splint/sling		
Body Pa	Int: LUMBAR SPINE	☑ No cli	mbing stairs/ladders		
Unable to carry or u					
☐ Other	- 10°				
	3: CAN EMPLOYEE PARTICIPA	ATE IN THE SOLL	WANG DECUMPER	TRAININGS	
Drivers Training: Yes		cs: ☐ Yes ☑ No		T: Yes 🗹 No	
Range Qualification:		C4. [ 148 & 140	A08	II. Tes MI NO	
Tange Gosinesdon.		ledication Prescrit	voet .		
" ALL MEDICATIONS	PRESCRIBED MUST BE LISTER	D.			
	ne of Medication	Dosage	Fre	quency	Quantity
FLEXARIL 10MG: 1 F	20 Q TID, #90	_			
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lob Description Provided		nployee is: Limpi	oving   Maintain	ing 🔲 Regressing	
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hysician or Clinician Pri			Date 05-24-2022 or Clinician Signatu		U PM
DR. GARY M. F		1 designi	- Sunday Blough		26-2022
Address (include City, St	ate, Zip)		Phone#		
3285 W ARBY A	AVE, #220, LAS VEG	AS, NV.891	13		37-7753

Received: 07/11/2022

### Gary Flangas, M.D.

American Board of Neurological Surgery 8285 W. Arby Avenue, #220 Las Vegas, Nevada 89113 (702) 737-7753 Fax 407-7066

#### FOLLOW-UP CONSULTATION

Patient: Date: May 31, 2022

The patient returns today for follow-up. He is a right-handed white male, well-known to myself. He underwent L4-5 and L5-S1 lumbar interbody fusion on 03/25/13. He did well following the surgery and was returned back to his work at full duty as a Metro Police Officer. The patient had a second work injury occurring on 11/25/21. He was getting off of his motorcycle and he was wearing heavy gear when he had the sudden onset of pain in his lower back with radiating pain into the left lower extremity. The change in symptoms was dramatic in nature and significantly is altering his normal activities of daily living. The pain currently is in the left anterolateral thigh to the level of the knee. He has been seen by pain management and underwent a left L3-4 transforaminal epidural steroid injection. He did well with 2 injections, but unfortunately the symptoms returned after he was sent back to work at full duty. He is now scheduled for surgery next week to entail removal of instrumentation at L4-5 and L5-S1 followed by an L3-4 lumbar interbody fusion with pedicle screw stabilization.

### On Exam

- General: On exam he is awake, alert, oriented x 4.
- Gait: Antalgic.
- Station: Normal.
- Range of motion: Back decreased range of motion.
- Motor: 5/5, except for 4+/5 left quadriceps strength.
- · Sensory: Sensory diminished left anterior thigh.

#### **Diagnostic Studies and Testing**

MRI reveals postop changes at L4-5 and L5-S1. At L3-4 there are degenerative disc changes with broad-based disc bulging, bilateral facet arthropathy and hypertrophic ligamentum flavum. There is a left L4-5 synovial cyst. There is central stenosis as well as left greater than right superior articular facet recess, lateral recess and foraminal narrowing.

### Discussion of Management Options and Treatment Plan

The patient is a 44-year-old right-handed white male who has signs and symptoms consistent with a left-sided lumbar radiculopathy primarily involving the left L4 nerve root distribution. He has evidence of adjacent segment deterioration above his prior fusion site. He has failed to improve with nonsurgical measures. He is to undergo an L3-4 lumbar interbody fusion with

pedicle screw stabilization as well as removal of instrumentation from L4 to S1. Risks, benefits and alternatives were explained including the risks of bleeding, infection, weakness, and paralysis, and sensory loss, loss of bowel and bladder control, spinal fluid leak, impotence, stroke, coma, heart attack, even death. All of his questions have been asked and answered and he is expressing a strong desire to proceed with the surgery as scheduled.

Gary Flangas, M.D.

American Board of Neurological Surgery GF/Ip

Dictated but not proofread Subject to transcription variance. Recv'd Date: 20220615 Bill DCN: 100122486903 Received 06/17/2022

DataSet: DRS

Location Code: 22

Reading Location Name: SPRING VALLEY HOSPITAL

Reading Location State: NV

Low ion Name: SPRING VALLEY HOSPITAL

F( Name:

Binn Date:

Referring Doctor: Flangas, Gary Michael

Visit No.: 912220811D MRN: SVH35299488D

Order No.: 37-XR-22-026080SVH2

CDSM Tool: CDSM Outcome: Exam Date: 6/1/2022

Exam Description: XR CHEST 2 VIEWS

Bill Type: P

Reason for Exam preop, preop

Procedure Note:

XR CHEST 2 VIEWS:

HISTORY: preop, preop,

Comparison: None.

TECHNIQUE: Chest, 2 views. PA and lateral views were performed.

FINDINGS: Cardiac silhouette is normal in size. The mediastinal contour is normal. The pulmonary vascularity is normal. The lungs are clear. No pleural effusions. No pneumothorax. No acute osseous abnormality.

IMPRESSION: 1. No acute cardiopulmonary process.

Diaming Doctor Name:

Dictated Date: Dictated Time:

Approving Doctor Name: GABAEFF, DINA

Approval Date: 06/01/2022 Approval Time: 16:54

Contract:

Exam Time: 15:52 POS Code: I

DocID: 1146094677

Received: 06/14/2022

vegas Neurosurgery &SpineCare...

DÓ NOT FI	GLOF FEATURES NOT VISIBLE
Les Neurosurgery & SpineCare.	Gary M. Flangas, MD, FAANS Board Certified in Neurological Surger;
8285 W. Arby Ave., Ste 220 Las Vega	ns. NV 89113 702-737-7753 • Fax: 702-407-7066
aine	Date 6/1/20
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ddress	
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LSO Back	k Beace
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LSO Back Dx: Lumba	k Beace e Radiculopathy
LSO Back Dx: Lumba	k Beace e Radiculopathy
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	m 54.160
LSO Back DX: Lumba	m 54.160
	m 54.160
J. M. Flanger 1	m 54.160

Received: 07/11/2022

## SVH- Spring Valley Hospital Medical Center 5400 S. Rambow Blvd Las Vegas, NV 89118-1859

Patient

SVH35299488 SHM4682805 MRN:

SVH0000912226811 FIN

DO3/Sex

Patient Room: SVH 3W2, 3026; A

6/6/2022 Admil:

Disch Time Disch

Attending: Flangas, Gary M MD

n/a Copy To

#### a see allower of here for determining to read the first that the first terminal term Operative Record

DOCUMENT NAME SERVICE DATE/TIME RESULT STATUS PERFORM INFORMATION: SIGN INFORMATION:

Operative Reports 6/6/2022 15:35 PDT Unauth Flangas, Gary M-MD (6/6/2022 15:35 PDT)

The state of the s

Operative Report

DATE OF SERVICE: 06/36/2022

PREOPERATIVE DEAGNOSES: Lumber radiculopathy; spinal stenosis, left L4-L5: left 13-L4

POSTOFERATIVE DIRECTORS : Lumber radiculopathy; roinal stanosis, left L4-L5; left L3-L4

synovial cyst.

PROCEDURES PERFORMEN: Remove insurumentation L4-S1, exploration fusion L4-S1, L3 and L4 laminectomies for decompression purposes, bilateral L3-L4 Smith-Petersen ostentomies, resection of left L3-L4 synovial cyst, L3-L4 posterior lumbar interbody fusion, L3-L4 posterolateral fusion, 13-14 pedicle screw stabilization utilizing bone comphogenic

proteir autologous and allograft kone. SURGEON: Gary Flanges, MD

Print Date/Time 6/7/2022 22:52 PDT

ASSISTANT: Dr. Doborsh Nelson.

ANKSTHESIA: General endocracheal anesthesia.

COMPLICATIONS: None.

ESTIMATED FLOOR LOSS: Approximately 500 mL. DRAIRS: A 10-French round paraspinal drain.

handed white male who has OPERATIVE INDICATIONS: The patient is a undergone 14-15 lumbar interbody fusion on 03/25/2013, he did well following the surgery and was returned back to work as a metro police officer. He had a second work injury occurring on 11/25/2021. He was getting off his motorcycle and was wearing heavy goar when he had the sudden onset of pain in his lower back with radiating pain into his left lower extremity. The pain is located along the left anterplateral thigh to the level of the knee. He has failed to improve with physical therapy and multiple epidural steroid injections. On exam, swate, elert, oriented x4. Sait antalgic. Station normal. Back decreased range of motion. Motor 5/5 except for 4+/5 left quadriceps strength. Sensory diminished left anterior thigh. MRI reveals postoperative changes at L4-L5, L5-St. L3-L4 revoals degenerative disk changes with broad-based disk bulge and bilateral facet arthropathy and hypertrophic ligamentum flavum. There is a left \_\_\_\_ synovial cyst. There is central stenosis as well as left greater than right superior articular facet recess, lateral recess stenosis. There was also severe bilateral foraminal narrowing. OPERATIVE MAPRATIVE: The patient was taken to the operating room, laid in supine position. After adequate anesthesia was obtained, he was turned to the prone position and placed upon an OSI Jackson table. Neuromonitoring was performed throughout the entire case and remained stable throughout the entire case. He was dressed and draped in the usual sterile manner. His previous incision was opened and then extended superiorly. The paraspinous musculature was taken down in a subperiosteal manner bilaterally out to the

Transcription

Report Request ID: 745211257

1 1

Page 1 of 2

Patient. MRN

FIN:

SVH35299488; SHM4682803

SVH0000912220811

Admit 6/6/2022 Disch:

Attending: Flangas, Gary M MD

### Operative Record

level of the transverse processes of 13 and 14. The instrumentation was identified and then afterwards we removed the instrumentation and then explared the fusion. Which was extremely solid and excellent bone growth in the area of the fusion. While removing the red, there was some adherence to the dura, which resulted in a dural opening. We patched it with muscle followed by Doragen and Gelfoam. There was a very nice tight seal as was noted throughout the entire case. We then directed our attention to 13-54. We performed 13 and 14 laminectomics for decompression purposes. We performed bilateral Smith-Pateusen estectories to adequately decompress the neural forsmins out laterally. We also resected a last \_\_\_\_ synovial cyst. We then placed pedicle screws at L3 and L4 utilizing C-arm iluoroscopy to help better screw trajectories. We than proceeded to perform a posterior lumbar interbody fusion by placing bilateral interbody bicaechanical devices mixed with bone autograft and allograft and bone morphogenic protein scaked aponges. We released our distraction. There was a nice signt counterstank tit. We then described the lateral rasses at 13 and 14, followed by 3 liners of GU Pulsavac irrigation solution. We laid bone rarphogenic protein soaked sponges as well as accoleques and allograft bone along the lateral masses at L3-14 to provide for posterolateral fusion. We connected our screws with 5.3 mm rods. Hemostasis was obtained. We irrigated with copious amounts of sterile 60 solution ar we did throughout the entire case. A 10-French round paraspinal drain was placed, brought through a separate stan site and afterwards indistru was closed in the usual multilayer fachion. Sterile dressing was applied and the patient was taken to recovery room in stable condition.

GARY FLANGAS, MD DD: 06/06/2022 18:35 DT: 06/07/2022 03:05

TID: 259408905 RECEIPT: 15781303

# SVH- Spring Valley Hospital Medical Center 5400 S. Rainbow Blvd. Las Vegas, NV 89118-1859

Patient:

SVH35299488; SHM4682805 MRN:

Admit: 6/6/2022

Disch: 6/10/2022

Disch Time: 13:40 PDT

SVH0000912220811 FIN:

Attending: Flangas, Gary M MD

### Discharge Summary

DOCUMENT NAME: SERVICE DATE/TIME: RESULT STATUS:

PERFORM INFORMATION: SIGN INFORMATION:

Discharge Summary 6/9/2022 18:22 PDT Auth (Verified)

Siddiqui MD, Abdulsami F (6/9/2022 18:23 PDT) Siddiqui MD, Abdulsami F (6/9/2022 18:23 PDT)

Patient Information

Attending Physician: Flangas, Gary M MD Admitting Diagnosis: radiculopathy Discharge Location: SVH 3W2

Primary Care Physician: No. Referring Doctor MD

Admit Date/Time: 06/06/22 09:13

Discharge Diagnosis

Acute left lumbar radiculopathy (M54.16)

Surgical Procedures

Fusion Spine Lumbar Transforam Interbody | REMOVE INSTRUMENTATION, EXPLORE FUSION LUMBAR FOUR TO SACRAL ONE - LUMBAR THREE, FOUR POSTERIOR

LUMBAR INTERBODY FUSION WITH

NEUROMONITORING

06/06/2022 09:55

Discharge Medications

cyclobenzaprine (Flexeril 5 mg oral tablet) 1 Tabs By Mouth Daily as needed Muscle Spasm for 10 Days diazePAM (diazePAM 5 mg oral tablet) 5 Milligram 1 Tabs By Mouth Every 6 hours as needed Other (See Comments) for 7 Days

oxycodone-acetaminophen (Percocet 10 mg-325 mg oral tablet) 1 Tabs By Mouth Every 4 hours as needed Pain 7 - 10

(Severe) for 7 Days

venlafaxine (venlafaxine 150 mg oral capsule, extended release) 150 Milligram 1 Capsules By Mouth Daily

ASA 81 mg po daily

#### Post Discharge Care

Discharge Request

. 06/09/22 18:01:00 PDT, Home Routine, in am after removal of drain

Pending Results

CBC with Diff ordered on 06/08/2022

Surgical Specimens LMC ordered on 06/06/2022

Hospital Course

came in for his scheduled L-spine fusion procedure.

Postoperatively was monitored. He had a dural tear for which she was on bedrest for 2 days. Physical therapy went well. He has been

Medical Record

Report Request ID: 750405022

Page 1 of 83



Print Date/Time 6/22/2022 11:10 PDT

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex:

FIN: SVH0000912220811

Attending: Flangas, Gary M MD

### Discharge Summary

cleared for discharge with outpatient follow-up with his surgeon.

Electronically Signed By: Siddiqui, Abdulsami MD On: 06.09.2022 18:23 PDT

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex:

FIN: SVH0000912220811

Attending: Flangas, Gary M MD

Operative Record

Patient: MRN:

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex:

SVH35299488; SHM4682805

SVH0000912220811 FIN:

Attending: Flangas, Gary M MD

### Operative Record

DOCUMENT NAME:

SERVICE DATE/TIME:03/20/2013

RESULT STATUS:

SIGN INFORMATION:

PERFORM INFORMATION:

Anesthesia Record 6/6/2022 16:00 PDT Auth (Verified)

Anderson CRNA, Kyle (6/6/2022 16:01 PDT)

Burke MD, Jason R (6/7/2022 18:34 PDT); Anderson CRNA,

Kyle (6/6/2022 16:01 PDT)

#### Postanesthesia Evaluation\*\*

Patient:

MRN: SVH35299488

FIN: SVH0000912220811

Age:

Associated Diagnoses: None Author: Anderson CRNA, Kyle

Postoperative Information

Post Operative Info:

Post operative day: Post Anesthesia Care Unit.

Patient location: PACU.

Assessment and Plan

Vitals: Vitals (ST)

Vital Signs (24 hrs)	<u>Last Charted</u>	<u>Minimum</u>	<u>Maximum</u>
Temp	L 36.1 (JUN 06 07:17)	L 36.1 (JUN 06 07:17)	L 36.1 (JUN 06 07:17)
Peripheral Pulse Rate	92 (JUN 06 07:17)	92 (JUN 06 07:17)	92 (JUN 06 07:17)
Resp Rate	16 (JUN 06 07:17)	16 (JUN 06 07:17)	16 (JUN 06 07:17)
SBP	H 144 (JUN 06 07:17)	H 144 (JUN 06 07:17)	H 144 (JUN 06 07:17)
DBP	C 92 (JUN 06 07:17)	C 92 (JUN 06 07:17)	C 92 (JUN 06 07:17)
SpO2	95 (JUN 06 07:17)	95 (JUN 06 07:17)	95 (JUN 06 07:17)
	Room air	Room air	Room air

, Vital Signs...

6/6/2022 7:17 PDT

Oxygen Therapy Room air Sp02 95 %

36.1 DegC LOW Temperature (Route Not Specified) Temperature Convert C to F 97 DegF LOW

Temperature Method Skin Peripheral Pulse Rate 92 bpm 16 br/min Respiratory Rate Systolic Blood Pressure 144 mmHg HI Diastolic Blood Pressure 92 mmHg >HHI BP Site Left arm

, Measurements from flowsheet : Measurements

6/6/2022 7:19 PDT

Weight 129.6 kg Daily Weight kg 129.6 kg Weight Method Measured Dosing Weight Method Measured BSA Measured 2.58 m2 Body Mass Index Measured 37.7 kg/m2

Blood Pressure: Within normal limits. Pulse: Within normal limits. Respirations: Within normal limits.

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

Page 8 of 83

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex: Attending:

SVH0000912220811 FIN:

Operative Record

Neurological/Mental Assessment:

Respiratory Function: Stable.

Mental Status: Sedated.

CV Support: None.

Pain: Pain Assessment

6/6/2022 7:35 PDT 6/6/2022 7:34 PDT

Last Documented Pain Score Pain Assessment Tool Utilized

Numeric, 4 Numeric

Primary Pain Location Lumbar Primary Pain Radiation Yes

numbness tingling legs

Primary Pain Radiation Characteristics intermittent, left greater than right

Primary Pain Quality

Aching, Radiating

Numeric Pain Scale

Primary Pain Time Pattern Constant

Nausea Status: Denies nausea. Hydration: Within normal limits.

Electronically Signed By: Anderson, Kyle CRNA

On: 06.06.2022 16:01 PDT

Electronically Signed On: 06.07.2022 18:34 PDT

Burke, Jason MD

SVH35299488; SHM4682805 SVH0000912220811

\* Transcribed \*

### PRE-ANESTHESIA RECORD

Effective 150	onitins:		ency	HAVE YOU OR HAVE 12. Glaucoma 13. Stiff Jaw or nec 14. A cold now 15. Shortness of bi 16. Chronic cough 17. Asthma 18. Heart attack 19. Chest pain; and 20, Palpitations	k reath	Yes	TO THE POPULAR IN
Medication name  CFC xxx /50  Flacking 0	eac Omj	As N	Ly,	12. Glaucoma 13. Stiff Jaw or nec 14. A cold now 15. Shortness of bi 16. Chronic cough 17. Asthma 18. Heart attack 39. Chest pain; and	k reath	000000	A H IS SO SO IN THE
Flekini D	2 mg	As N	Ly,	12. Glaucoma 13. Stiff Jaw or nec 14. A cold now 15. Shortness of bi 16. Chronic cough 17. Asthma 18. Heart attack 39. Chest pain; and	k reath	000000	TA A IN SE IN IN
Flekini D		As (U		14. A cold now 15. Shortness of bi 16. Chronic cough 17. Asthma 18. Heart attack 19. Chest pain; and	reath	00000	不可不不
Flekini D		As (U		14. A cold now 15. Shortness of bi 16. Chronic cough 17. Asthma 18. Heart attack 19. Chest pain; and	reath	0000	A MIN OR M
List all allergies and reactions to medications				16. Chronic cough 17. Asthma 18. Heart attack 19. Chest pain; ang		0 0 0	五年四年
List all allergies and reactions to medications		ds:	1212234	17. Asthma 18. Heart attack 19. Chest pain, and		0	A.
List all allergies and reactions to medications		ds:	portra della	19. Chest pain, and	jina"	.0	Y
List all allergies and reactions to medications		ds:	19.784 61.	19. Chest pain, and	gina:	-	
_	s and food	dst			gina:		
_	s and too	ds:		20, Palpitations			\$
NONE							5
				21, High blood pres	ssure	0	ΣĆ
				22. Hepatitis		TO.	1
				23. Hiatal hemia			7
				24. Rheumatic leve	ir .		두
List all previous surgery (and when):	_			25. Ulcers.		0	₫,
44-51 Frein 3/1	13			26. Stroke		D.	Ę
Distal Churcal FROISION 11				27. Seizures		uì.	7
Appendecemy 20	<u> </u>			.28. Blackout			X
,		700	.=	29. Back problems		Ø,	
	. 31	Yes	No	30. Muscle disease	S .		X
Flave you or your tamily had a high or unexpit level (typesthermia) during or after surgery?		ï	96	31. Arthritis			×
			70	32. Diabetes		<u> </u>	N N N
Have you or your lamily had any unusual read anesthesia?	CLIOTIO	101	<b>E</b> UT	33. Thyrold problem		Ē	
Have or are you taking "street drugs"?		, <u>D</u>	100 ·	34. Bleeding tender		0	Æ
. Have you had recent weight change?				35. Sickle cell anem			A
Are you pregnant?		_	を は	36. Blood transfusio	1.5		K M
Do you smoke? If yes, cigarettes per	2607	0	<u> 753.</u>	37. Kidney disease			ব্
Do you have caps, talse teeth, or contact lens		.53	<b>€</b>	38. Alds		<u> </u>	6
. Do you dink?	PCS:1	ষ্	Ö	39. Crib death in fan	nily	o o	8
How tanch? (-Z/)~y		- N	<u> </u>	40. Latex Allergy 41. Any others		Ü	A
		-		Section of the section of		٠.	_
marks:			<u></u>				
6/1/22	_						
ie i	Signature	(patient c	r person	filling out form)	AND ADDRESS OF THE PARTY OF THE		hours to
BAR CODE	4-		-	DATIEN	T IDENTIFICATION		-
III Juniarium oya jira jira jirah ji	y 😽 E	lealth.	System				
Continued Help Hamph	of a Distant Sand	Ministral - Horn	والمنازة المنازة		44.25209488		
		SIA REC		9122208	11-35299488		
OP1023 (PMM#-76	8493434)	(R 11/16)	(FOD)				

Patient:

SVH35299488; SHM4682805

MRN:

DOB/Sex:

Attending: Flangas, Gary M MD

Admit: 6/6/2022

Disch: 6/10/2022

FIN: SVH0000912220811

### Operative Record

DOCUMENT NAME:

SERVICE DATE/TIME:03/20/2013

RESULT STATUS:

PERFORM INFORMATION:

SIGN INFORMATION:

SVH OR Nursing Document

6/6/2022 15:38 PDT

Modified

Simpson, Laura (6/7/2022 07:22 PDT)

Simpson, Laura (6/7/2022 07:22 PDT); Manalaysay RN, Mary

G (6/6/2022 16:04 PDT)

# SVH OR Nursing Document

SVH OR Nursing Document Summary

Primary Physician:

Case Number:

Finalized Date/Time:

Pt. Name:

D.O.B./Sex:

Med Rec #:

Physician:

Financial #:

Pt. Type: Room/Bed:

Admit/Disch: Institution:

912220811

35299488

3026/A

06/06/22 09:13:00 -

Flangas, Gary M MD

Flangas, Gary M MD

SVHOR-2022-3775

# SVH Preprocedure Review and Prep

Pre-Care Text:

A.10 Confirms patient identity A.20 Verifies operative procedure, surgical site, and laterality A.30 Verifies

allergies Im.210 Collaborates in fluid and electrolyte management IM.300 Implements aseptic technique

Procedure

Fusion Spine Lumbar

Transforam

Verified

Verified

Interbody(Laterality NA)

Step A.

1. Patient Identification

(Name/DOB),

verbally verified

with patient/other

Procedure and/or

surgical site/side verified with

signed consent and

MD order

3b. Patient/Other

verified procedure

to be performed:

4. History and

Physical and /or

update, Diagnostic

tests

(radiology/labs)

available

4c. Risk of >500ml

blood (7ml/kg in

children). If yes,

Verified

Yes

Νo

adequate IV acess

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

Relationship to

Patient

2. Correct

verified with

patient/other

3a. Patient

procedure and/or

surgical side/site

Involved in Process:

4b. Difficult

size), instruments

Airway/Aspiration Risk. If yes, equipment/assistance

available

Verification of desired implants (type, style and

Yes

Verified

Yes

Self

No

Page 14 of 83

Patient: MRN:

SVH35299488 SHM4682805

Admit: 6/6/2022 Disch: 6/10/2022

DOB/Sex:

FIN: SVH0000912220811

Attending: Flangas, Gary M MD

# Operative Record

and fluids planned.

and any special equipment with Surgeon: Confirm Availability

Post-Care Text:

E.30 Evaluates verification process for correct patient, site, side and level surgery E.320 Evaluates

associated with increased risk for postoperative infection at the completion of the procedure

SVH Case Times

Entry 1

Set-Up Patient

In Room Time

Anesthesia Start Time Surgery

Cut Time Clean - Up

06/06/22 09:10:00

06/06/22 09:10:00

06/06/22 09:55:00

Out Room Time

Stop Time

Dressing On Time

06/06/22 15:52:00

06/06/22 15:52:00

06/06/22 15:38:00

SVH Case Attendees

Case Attendee Role Performed

Time In Time Out Procedure

NA)

Entry 1

Flangas, Gary M MD Surgeon

06/06/22 09:10:00 06/06/22 15:25:00

Fusion Spine Lumbar Transforam

Interbody (Laterality NA)

Entry 2

Gatynya, Pavel V MD Anesthesiologist of Record 06/06/22 09:10:00 06/06/22 14:41:00 Fusion Spine Lumbar

Transforam

Interbody(Laterality NA)

Entry 3

Nelson MD, Debra Surgeon Assistant

06/06/22 09:10:00 06/06/22 15:31:00 Fusion Spine Lumbar Transforam

Interbody (Laterality

Cole, Jeffrey E

06/06/22 09:10:00

06/06/22 14:38:00

Fusion Spine Lumbar

Interbody (Laterality

Radiology Technician

Case Attendee Role Performed Time In Time Out Procedure

NA)

Case Attendee Representatives Time In Time Out Procedure

Role Performed

NA 3

Entry 4 Manalaysay RN, Mary G Circulator 06/06/22 09:10:00 06/06/22 15:52:00 Fusion Spine Lumbar

Transforam

Interbody (Laterality NA)

Entry 5

Entry 7 Name, Name Neuromonitor Personnel

06/06/22 09:10:00 06/06/22 15:52:00 Fusion Spine Lumbar Transforam Interbody(Laterality NA)

Entry 10

Swallow, Megan Scrub Personnel 06/06/22 09:10:00 06/06/22 11:04:00 Pusion Spine Lumbar Transforam Interbody (Laterality NA)

Entry 8 Name, Name Industry Representatives

06/06/22 09:10:00 06/06/22 15:52:00 Fusion Spine Lumbar Transforam Interbody(Laterality NA)

Entry 9 Name, Name Industry

Transforam

Entry 6

06/06/22 09:10:00 06/06/22 15:52:00 Fusion Spine Lumbar Transforam Interbody (Laterality

Entry 11

Entry 12

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

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Patient: MRN:

SVH35299488 SHM4682805

DOB/Sex: Attending:

Flangas, Gary M MD

Admit: 6/6/2022

Disch: 6/10/2022

FIN: SVH0000912220811

#### Operative Record

Case Attendes

Zorayda

Role Performed Time In

Time Out Procedure

06/06/22 11:02:00 06/06/22 12:00:00 Fusion Spine Lumbar

Transforam

Siteman, Arthur

Scrub Relief

Interbody (Laterality NA)

Swallow, Megan

Scrub Personnel 06/06/22 11:55:00 06/06/22 15:52:00 Fusion Spine Lumbar

Transforam Interbody (Laterality NA) Ramos Nicha RN, Circulator Relief

06/06/22 11:30:00 06/06/22 12:10:00 Fusion Spine Lumbar

Transforam

Interbody (Laterality

NAL

Case Attendee

Role Performed Time In Time Out Procedure

Entry 13 Manalaysay RN, Mary G Circulator 06/06/22 12:02:00

06/06/22 15:52:00 Fusion Spine Lumbar Transforam

Interbody (Laterality NA)

Entry 14

Anderson CRNA, Kyle Nurse Anesthetist 06/06/22 14:40:00 06/06/22 15:52:00 Fusion Spine Lumbar

Transforam

Interbody (Laterality NA)

General Comments:

CAITLIN BAROODY AND DR. HSU - NEURO MONITOR PERSONNEL RUIZ, DEBRA - MED REP. ZEANNE HESTERMAN -

SYNTHES

MED. REP.

#### SVH Counts Verification

Procedure

Entry 1 Fusion Spine Lumbar

Transforam Interbody (Laterality NA) Initial Manalaysay RN, Mary G,

Count Type Count Participants

Swallow, Megan Count Status Correct Items Counted Sponge, Sharps

Surgeon Notified Surgeon Notified by Counted Items Used for Hemostasis or Packing Quantity Used for Hemostatis or

Count Completed

Entry 2

Fusion Spine Lumbar Transforam

Interbody (Laterality NA) 2nd Count Manalaysay RN, Mary G.

Swallow, Megan Correct

Sponge, Sharps 06/06/22 14:58:00

Yes

Manalaysay RN, Mary G

### SVH Universal Protocol Time Out

Pre-Care Text:

Procedure review,

consent and schedule

verified with

A.10 Confirms patient identity A.20 Verifies operative procedure, surgical site, and laterality A.30 Verifies

allergies Im.210 Collaborates in fluid and electrolyte management IM.300 Implements aseptic technique

Entry 1

N/A

Procedure

packing?

Fusion Spine Lumbar

Transforam Interbody (Laterality NA)

Verified

Patient

identification with two identifiers If laterality,

confirm side and

Laterality NA

Verified

site matches with Schedule, Consent and Imaging

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

Page 16 of 83

Patient:

SV/H35200488- CHM4682805 MRN:

Admit: 6/6/2022 Disch: 6/10/2022

Yes

Yes

DOB/Sex:

Attending: Flangas, Gary M MD

FIN: SVH0000912220811

Operative Record

Confirm site mark is visible and verified after draping

Confirm patient

positioning

Verified

Verified

Yes

Yes

Yes

Area inspected prior to draping to

ensure

alcohol-based antiseptic, if used, has dried thoroughly (Minimum

3 minutes). Anesthesia or

sedation provider discuss precautions taken based upon the patient's history/medication

use

Verify allergies

Confirm required

blood products are

Verified

Yes

administration and redosing timeframe Scrub Tech/Circulator

Confirm antibiotic

confirm needed equipment, specimen containers, instrumentation,

and sterility Verify that X-rays are for correct patient and appropriately

displayed Cole,

Name,

Time Out Participants

available

Flangas, Gary M MD, Gatynya, Pavel V MD, Nelson MD, Debra, Manalaysay RN, Mary

Swallow, Megan, Jeffrey E, Name.

Time that TIME OUT called

06/06/22 09:55:00

Verified that all Team Members in agreement:

Name, Name

Yes

General Comments:

SITE MARKING DONE PRE-OP. IN O.R. UNDER X RAY GUIDANCE.

SVH Fire Risk Assessment

Please check all that apply and add the corresponding

points

Entry 1 Use of ESU/bovie, laser, light source, defibrillator, drills/saw = 1 point

Yes

No

Pire Risk Score

1 pt = Low Fire Risk

Followed Standard Fire Safety

Precautions Followed posted guidelines for OR circulator/invasive procedure RN

Evaluate potential to convert to a

Level 3 risk

No

SVH Skin Assessment

Pre-Care Text:

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

Page 17 of 83

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022 Disch: 6/10/2022

DOB/Sex: Attending:

SVH0000912220811 FIN:

### Operative Record

A.240 Assesses baseline skin condition A.220.3 Assesses factors related to risks for ineffective tissue

perfusion Im.120 Implements protective measures to prevent skin/tissue injury due to mechanical

Sources

Im. 260 Administers prescribed prophylactic treatments

Assessment Site

Entry 1 Back

General Skin Assessment Prior

Clear

Post-Care Text:

E.10 Evaluates for signs and symptoms of physical injury to skin and tissue 2.20 Evaluates response

medications E. 270 Evaluates tissue perfusion

### SVH Patient Positioning

Pre-Care Text:

A.240 Assesses baseline skin compdition A.280 Identifies baseline musculoskeletal status A.40 Verifies presence of prosthetics or corrective devices IM.80 Applies safety devices IM.40 Positions the

patient

Entry 1 Procedure

Fusion Spine Lumbar Transforam

Body Position

Prone

Positioning Device

Interbody (Laterality NA) Arm Boards, Arm Strap,

Head Positioner, Read

Protector, Safety

Strap, Pillows, OR

Table - Spine

Extended on Padded

Armboard

Right Leg Position Press Points Checked

Left Arm Position

Extended on Padded

Armboard

Extended

Right Arm Position

Extended

Yes

Left Leg Position

Feet Uncrossed?

Ву

Yes

Gatynya, Pavel V MD. Manalaysay RN, Mary

G,

Swallow, Megan, Flangas, Gary M MD, Gatynya, Pavel V MD, Nelson MD, Debra,

Jeffrey E

Cole.

Pressure Injury

Reduction Dressing

Pressure Injury Dressing Needed

N/A

Final Position

Yes Approved by Surgeon

Post-Care Text:

E.10 Evaluates for signs and symptoms of physical injury to skin and tissue E.270 Evaluates tissue perfusion

E.290 Evaluates musculoskeletal status

### SVH Skin Prep

Pre-Care Text:

A.30 Verifies allergies A. 20 Verifies operative procedure surgical site and laterality A.240

baseline skin condition Im.270 Performs skin preparations Im.210 Administers prescribed solutions Im. 270 1

implements protective measures to prevent skin and tissue injury due to chemical sources

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

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Patient:

SVH35299488: SHM4682805

Admit: 6/6/2022

SVH0000912220811

MRN:

Disch: 6/10/2022

DOB/Sex:

Attending: Flangas, Gary M MD

Operative Record

Procedure Fusion Spine Lumbar Prep Area

FIM:

Back

Prep Agents

Duraprep

Skin Prep & Drape

Times

Prep Stop Prepped By

06/06/22 09:46:00 Manalaysay RN, Mary G

Interbody (Laterality NA)

Transforam

Drape Start

06/06/22 09:51:00

Hair Removal

Post-Care Text:

Needed

associated with increased risk for postoperative infection at the completion of the procedure

SVH General Case Data

Entry 1

Case Information

Wound Class ASA Class

Preop Diagnosis

Postop Diagnosis

Was this a robotic

assisted surgery?

Intraoperative Medications scanned to the MAR were administered by the surgeon or his licensed designee.

SVH OR 06

1-Clean ASA 2 (P2)

Case Level

Specialty

Was a

Laparoscopic/Endosco

Is Surgery a Result

pic Procedure

Performed? LUMBAR 3 LUMBAR 4

Postop Same As Preop

RADICULOPATHY LUMBAR 3 LUMBAR 4

RADICULOPATHY

No

of Trauma Was computer

navigation used?

Yes

No

Level 6

Neurological - SN

No

SVH Surgical Procedure

Entry 1

Procedure Description

Procedure Additional Pusion Spine Lumbar

Transforam Interbody REMOVE INSTRUMENTATION, EXPLORE FUSION LUMBAR

FOUR TO SACRAL ONE -LUMBAR THREE, FOUR POSTERIOR LUMBAR INTERBODY FUSION WITH NEUROMONITORING

Primary Procedure Yes

Anesthesia Type --

Procedure Detail

VALIDATE SELECTION IS CORRECT! Complication (s)

Primary Surgeon 06/06/22 09:55:00

Stop

Modifiers

Surgical Service

Flangas, Gary M MD

Laterality NA

06/06/22 15:33:00 Neurological - SN

None per Surgeon

General Comments:

CELL SAVER BLOOD PRODUCT GIVEN TOTAL 242 ML.

General

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

Page 19 of 83

Patient: MRN:

SVH35299488- SHM4682805

Admit: 6/6/2022 Disch: 6/10/2022

DOB/Sex:

Attending: Flangas, Gary M MD

FIN: SVH0000912220811

# Operative Record

### SVH Catheters, Drains, Tubes

Pre-Care Text:

A.240 Assesses baseline skin condition A.310 Identifies factors associated with an increased risk for hemorrhage or fluid and electrolyte imbalance Im.160 Maintains continuous surveillance Im.370 Monitors

physiological parameters

Device Type

Entry 1

CATHETER FOLEY TRAY UM

SIL CNTR 18FR10ML

UROT1036

Entry 2

DRAIN INCISION ROUND

MIDPERFORATED

RADIOPAQUE STRIPE WITH TROCAR POLYVINYL CHLORIDE LATEX FREE

DISPOSABLE STERILE 3/16IN DIAMETER

Location

Present on Arrival?

Collection Method

Inserted By Date/Time

Immediate DC? Drainage Color

DC'd at End of Case? DC'd By

URINARY BLADDER

Dependent Drainage Bag Manalaysay RN, Mary G

No Yellow

06/06/22 09:30:00

No

BACK No

Suction Reservoir Flangas, Gary M MD 06/06/22 14:55:00

No Red No

### Post-Care Text:

E.10 Evaluates for signs and symptoms of physical injury to skin and tissue E.340 Evaluates tubes and

are intact and functioning as planned

General Comments:

DRAINED 600 ML. OF HAZY YELLOW COLORED URINE OUTPUT POST-OF.

# SVH Cautery

Pre-Care Text:

A.240 Assesses baseline skin condition Im.50 Implements protective measures to prevent injury due to electrical sources Im.60 Uses supplies and equipment within safe parameters

ESU Type	Entry 1 SVH ELECTROSURGICAL UNIT 337-006690	Entry 2 SVH ELECTROSURGICAL
Audible Alarms On?	Yes	UNIT 337-006643
Cautery Settings		Yes
Coag Setting	45	
Cut Setting	45	
Blend Setting		
Bipolar Setting	45	
Setting (Other)		100
Time Used		180 AQUAMANTYS MACHINE
Power Level or		
Percentage		
Temperature		
Dispersive		
Electrode Needed?		n/a
Dispersive	220 <b>7700</b> 12T	
Electrode Lot Number		

Dispersive

Electrode Expiration Date

Dispersive

Electrode Site

Flangas, Gary M MD

02/29/24

Left Thigh

Flangas, Gary M MD

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

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Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex:

FIN: SVH0000912220811

Attending: Flangas, Gary M MD

### Operative Record

Skin Assessment Prior to Bovie Pad Clear

N/A

Application

Smoke Evacuation

Yes

Yes

Entry 2

Topical

X 2

06/06/22 13:29:00

FULLY STERILE 2994

Flangas, Gary M MD

Surgical Site

SURGIFLO HEMOSTATIC

MATRIX KIT W/THROMBIN

Device Used: Post-Care Text:

E.10 Evaluates for signs and symptoms of physical injury to skin and tissue

SVH Medication Administration

Pre-Care Text:

A.30 Verifies allergies A.350 Assesses susceptibility for infection IM.100 Administers prescribed medications

Time Administered Medication

Entry 1 06/06/22 09:55:00 363323540050 HEPAREN

10,000 UNITS X3 FOR CELL SAVER Irrigation

Route of Admin Site of Admin Dose

Volume Ву

Flangas, Gary M MD

Surgical Site

30,000 U

NDC # Lot # 6024434 Expiration Date 08/30/23

Manufacturer Name

Post-Care Text:

E.20 Evaluates response to medications

SVH Surgical Irrigation

Pre-Care Text:

IRRIGANT

A.310 Identifies factors associated with an increased risk for hemorrhage or fluid and electrolyte imbalance

Im.210 Administers prescribed solutions

Irrigant Irrigant Volume Nbr of Containers Additive

1000 HEPARIN

Entry 1

Normal Saline

Entry 2 Normal Saline

1000 SYSTEM DEBRIDEMENT

Normal Saline 1000 NEOSPORIN GU

Entry 3

1 amp

IRRIGATION CLEANSING

30000 units 1 Bottles

Dose Irrigation Deficit (Hysteroscopy) Irrigant Input Deficit Amount Irrigant Output

Post-Care Text:

E.20 Evaluates response to medications E.210 Evaluate neurological status

General Comments:

FOR CELL SAVER IRRIGATION

SVH Patient Care Devices

Pre-Care Text:

A.200 Assesses risk for normothermia regulation Im.280 Implements thermoregulation measures Im.40 Positions

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

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Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex: Attending:

Flangas, Gary IVI IVID

FIN:

SVH0000912220811

# Operative Record

the patient Im.60 Uses supplies and equipment within safe parameters A.240 Assesses baseline skin condition

A.310 Identifies factors associated with an increased risk for hemorrhage or fluid and electrolyte imbalance

Im.160 Maintains continuous surveillance Im.370 Monitors physiological parameters A.240 Assesses baseline

skin condition A.310 Identifies factors associated with an increased risk for hemorrhage or fluid and electrolyte imbalance Im.160 Maintains continuous surveillance Im.370 Monitors physiological

parameters

Entry 1

Entry 2

Entry 3

Equipment Type

SVH Surgical Controller

SVH WARMER, PATIENT

SCD MACHINE

337-005372

337-006645

337-006522

Equipment Setting

HIGH AS PER ANESTHESIOLOGIST

Comment

LOWER BODY

LOWER LEGS

Post-Care Text:

E.10 Evaluates for signs and symptoms of physical injury to skin and tissue E.260 Evaluates response

thermoregulation measures

SVH X-Ray & Images

Pre-Care Text:

A.240 Assesses baseline skin condition Im.110 Implements protective measures to prevent injury due to radiation sources

Site

Entry 1 Back

X-Ray Type

C-Arm

Post-Care Text:

E.10 Evaluates for signs and symptoms of physical injury to skin and tissue

SVH Implant Log MU3

Pre-Care Text:

A.20 Verifies operative procedure, surgical site, and laterality Im.350 Records implants inserted during the

operative or invasive procedure

Entry 1

Entry 2

Entry 3

IF THIS IS A TISSUE PLEASE DOCUMENT ON TISSUE SEGMENT

Davice Procedure

Fusion Spine Lumbar Transforam

Fusion Spine Lumbar

Fusion Spine Lumbar

Interbody (Laterality NA)

Transforam Interbody (Laterality NA) Transforam Interbody(Laterality

NA)

OPEN

Device Implanted By Implant/Explant

Flangas, Gary M MD

Flangas, Gary M MD

Flangas, Gary M MD

Device Type IMPLANTS

Implant LUMBAR SPINE IMPLANTS

Implant

Implant

Device Implant

LUMBAR SPINE IMPLANTS

LUMBAR SPINE

Identification Device Description

SCREW SPINAL TULIP

16171111

SCREW 6.5 X 55MM RELINE

SCREW SPINAL LOCK

MODULAR RELINE STERILE

POSTERIOR THORACOLUMBAR

MOD TRACTION 13176555

TULIP 5.5MM RELINE

Device Sarial Number

N/A

N/A

13550000

Device UDI Machine

N/A

N/A

Device Size Device UDI Human N/A

N/A

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

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Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex:

FIN:

SVH0000912220811

Attending: Flangas, Gary M MD

Operative Record

N/A

Device Manufactured

Device Lot Number Device Manufacturer

Date

Device Catalog

Number GTIN/UPN

Device Expiration Date

Device Implant Site

16171111

Nuvasive Inc

A/N

Nuvasive Inc

N/A

Nuvasive Inc

13176555

13550000

Device Usage Data

Device Quantity

Back

Back 4

Entry 5

Back 4

Entry 4

IF THIS IS A TISSUE PLEASE DOCUMENT ON TISSUE SEGMENT

Device Procedure

Fusion Spine Lumbar Transforam

Interbody (Laterality NA) Flangas, Gary M MD Implant

LUMBAR SPINE IMPLANTS

Fusion Spine Lumbar

Transforam

Interbody (Laterality NA) Flangas, Gary M MD Implant LUMBAR SPINE IMPLANTS

Device Implant Identification Device Description

Device Implanted By

Implant/Explant

Device Type

ROD 5.5 X 45MM LORDOTIC TI RELINE-0 14355045

SPACER VERTEBRAL 10X24X11MM REVOLVE OBLIQUE POSTERIOR ATRAUMATIC LUMBER

N/A

Device UDI Machine N/A

Davice Size Device UDI Human Device Lot Number

Device Manufacturer Nuvasive Inc

Device Manufactured Date

Device Serial Number

Device Catalog Number

GTIN/UPN

Device Expiration

Date Device Usage Data

Device Implant Site Device Quantity

Back

14355045

N/A

N/A N/A

Back

2

Depuy Spine

08.803.051

Post-Care Text:

E.30 Evaluates verification process for correct patient, site, side and level surgery

SVH Tissue Log

Pre-Care Text:

A.20 Verifies operative procedure, surgical site, and laterality Im.350 Records implants inserted

operative or invasive procedure Entry 1

Is this Implantable Tissue Implant/Explant

Implant Site

Tissue

Implant

Entry 2 Yes

Implant

Back

Entry 3 Yes

Implant Back

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

Page 23 of 83

Patient:

SVH35299488; SHM4682805

Admit: 6/6/2022

MRN:

Disch: 6/10/2022

DOB/Sex:

Attending: Flangas, Gary M MD

SVH0000912220811 FIN:

### Operative Record

Identification

Implant Item

PLUS

Temperature Biological Source Manufacturer

Size Catalog # Lot Number (NA if

none) Serial Number (NA if none)

Donor ID Expiration Date

Package Integrity Product Package

Intact Supplier Package Intact

Product Label Legible Temperature

Maintained Integrity Comment

Tissue Instance ID Package Opened By

G

Reconstitution MU3 Reconstitution

Required Reconstituted By

Reconstituted Date/Time Reconstituted Instructions

Reconstitution Details

Reconstituted With

Volume of Solution Used to Reconstitute Reconstitution Solution Lot Number Reconstitution Solution Serial

Number

Reconstitution

Solution Expiration Date Pluid Additives Additive Dose Additive Volume

Medication Additive Lot Number Medication Additive

Serial Number Medication Additive Expiration Date

PLIAFX PRIME DEMINERALIZED CORTICAL

BONE FIBERS 10CC BL-1800-10

ROOM TEMP Human LIFENET HEALTH N/A BL-1800-10 2114124-3013

2112124-3013 11/02/26

Yes Yes

Yes

INTACT

Manalaysay RN, Mary G

PLIAFX PRIME DEMINERALIZED CORTICAL

BONE FIBERS 10CC BL-1800-10 ROOM TEMP

Human LIFENET HEALTH N/A BL-1800-10

2014284-3005

2014284-3005 10/19/26

Yes Yes

Yes INTACT

Manalaysay RN, Mary G

No

GRAFT SOFT TISSUE 2.5X2,5CM DURAGEN

DURAL REGENERATION MATRIX

ROOM TEMP Animal

INTEGRA LIFESCIENCE

DP1011 5941203

N/A

55941203 11/30/24

Yes Yes

Yes

Yes

INTACT

Manalaysay RN. Mary

No

Patient: MRN: DOB/Sex:

Admit: 6/6/2022 Disch: 6/10/2022

FIN: SVH0000912220811

Attending: Flangas, Gary M MD

### Operative Record

Is this Implantable Tissue Implant/Explant Implant Site Tissue

Implant Back

Entry 4

Yes Implant Back

BONE MATRIX INFUSE

SMALL 7510200

ROOM TEMP

MEDTRONIC

MFG5793AAQ

MFG5793AAQ

09/01/23

Human

7510200

N/A

N/A

Yes

Yes

Yes

Yes

INTACT

Entry 5

Identification Implant Item

Temperature

Manufacturer

Catalog #

Size

none)

if none) Donor ID

Intact

Intact Product Label

Legible Temperature

Maintained Integrity Comment

Biological Source

Lot Number (NA if

Serial Number (NA

Expiration Date

Package Integrity Product Package

Supplier Package

GRAFT SOFT TISSUE 2.5X2.5CM DURAGEN PLUS DURAL REGENERATION

MATRIX ROOM TEMP Animal

INTEGRA LIFESCIENCE N/A

DP1011 5941203

55941203 11/30/24

Yes Yes Yes Yes

INTACT

No

Package Opened By Reconstitution MU3 Reconstitution Required Reconstituted By Reconstituted Date/Time Reconstituted Instructions

Tisave Instance ID

Manalaysay RN. Mary G

Ramos Nicha RN, Zorayda

Yes

Manalaysay RN, Mary G 06/06/22 14:02:00

Prepared according to manufacturer's recommendation on package insert

Sterile Water 3.2 ML

21-146-DK

09/01/23

Reconstitution Details

Reconstituted With Volume of Solution Used to Reconstitute Reconstitution Solution Lot Number Reconstitution Solution Serial

Number Reconstitution Solution Expiration Date Fluid Additives

Additive Dose

Additive Volume Print Date/Time 6/22/2022 11:10 PDT

Medical Record

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex:

FIN: SVH0000912220811

Attending:

riangas, Gary IVI IVID

### Operative Record

Medication Additive Lot Number Medication Additive Serial Number Medication Additive Expiration Date

Post-Care Text:

E.30 Evaluates verification process for correct patient, site, side and level surgery

SVH Cultures & Specimens

Pre-Care Text:

A.10 Confirms patient identity A.20 Verifies operative procedure, surgical site, and laterality Im. 320

Manages culture specimen collection Im.330 Manages specimen handling and disposition

Entry 1

Cultures Ordered

n/a

Specimens Ordered

Yes

Post-Care Text:

E.40 Evaluates correct processes have been performed for specimen handling and disposition General Comments:

LUMBAR 3-4 SYNOVIAL CYST

SVH Counts Verification - Final

Pre-Care Text:

A.10 Confirms patient identity Im.20 Performs required counts

Entry 1

Procedure Fusion Spine Lumbar Final Counts

Manalaysay RN, Mary

G,

Transforam

Performed By

Swallow, Megan

Final Count

Interbody (Laterality NA) 06/06/22 15:25:00

Items Included in

Sponge, Sharps

Completed

Pinal Count Status

Correct

Final Count Surgeon Notified Yes

Final

Post-Care Text:

E.50 Evaluates results of the surgical count

SVH Dressing/Packing

Pre-Care Text:

A.350 Assesses susceptibility for infection Im.250 Administers care to invasive device sites IM.290 Administers care to wound sites

Entry 1

Type

Dressing

Items

4x4, Mastisol,

Site and Details

BACK

Closure Technique

Steri-strips Primary

Yes

Post-Care Text:

E.320 Evaluates factors associated with increased risk for postoperative infection at the completion of

the

procedure

SVH IntraOp Outcomes

0.730 The patient's care is consistent

Entry 1 Yes

0.30 Patient's

procedure is performed on the

with the individualized correct site, side,

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

Page 26 of 83

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022 Disch: 6/10/2022

FIN:

SVH0000912220811

DOB/Sex:

Attending: Flangas, Gary M MD

### Operative Record

perioperative plan		and level	
of care		and 16467	
O.80 Patient is	Yes	O.130 Patient Yes	5
free from signs and		receives	
symptoms of injury		appropriately	
related to		administered	
positioning		medication(s)	
O.20 Patient is	Yes	O.40 Patient's Yes	3
free from		specimen(s) is	
unintended retained		managed in the	
foreign objects		appropriate manner	
0.60 Patient is	Yes	O.10 Patient is Yes	3
free from signs and		free from signs and	
symptoms of injury		symptoms of injury	
caused by		related to thermal	
extraneous objects		sources	
O.100 The patient	Yes	O.110 The patient Yes	3
is free from signs		is free from signs	
and symptoms of		and symptoms of	
chemical injury		radiation injury	
Q.70 Patient is	Yes	O.90 The patient is n/a	3
free from signs and		free from signs and	
symptoms of		symptoms of laser	
electrical injury		injury	
0.290 The patient	Yes	O.120 The patient Yes	S
is at or returning		is free from signs	
to normothermia at		and symptoms of	
the conclusion of		injury related to	
the immediate		transfer/transport	
postoperative period			

#### SVH Departure From OR

Entry 1

Verified

Present on Depart

Post-op Destination

Catheter, Drain, Oxygen PACU

Clear Skin Assessment

After Bovie Pad Removal

Kim RN, Seung Eun Report Given To Transported By Manalaysay RN, Mary G,

Anderson CRNA, Kyle

Via

General Skin Assessment After

Report Given By

Report Date/Time

Manalaysay RN, Mary

06/06/22 15:52:00

Stretcher

Clear

### SVH Universal Protocol Case Debrief

Pre-Care Text:

Verification of

PSWP:

https://corp-middb03.corp.uhsinc.biz/MidasWeb/corp-middb03.corp.uhsinc.biz/MAA/PocusStudy/default.aspx?InternalI A.10 Confirms patient identity A.20 Verifies operative procedure, surgical site, and laterality

A.30 Verifies allergies Im.210 Collaborates in fluid and electrolyte management IM.300 Implements aseptic

technique

Entry 1 Verification of Verified Count Status

Verification of Wound Classification Verification of

Verified

Verified

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

Page 27 of 83

Patient: MRN:

SVH35299488: SHM4682805

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex:

FIN:

SVH0000912220811

Attending:

Flangas, Gary MINID

### Operative Record

Procedure Performed

Verification of

Verified

Specimens

Discuss Plan of Care

Post-Op Diagnosis Verified Blood Loss with Surgeon and

EBL.

Nurse verbally confirms with team 06/06/22 15:00:00

Anesthesia

Post-Care Text:

E.30 Evaluates verification process for correct patient, site, side and level surgery E.320 Evaluates

factors

associated with increased risk for postoperative infection at the completion of the procedure

Case Comments

<None>

Finalized By: Simpson, Laura

Document Signatures

Signed By:

Manalaysay RN, Mary G 06/06/22 16:04 Simpson, Laura 06/07/22 07:22

Unfinalized History

Date/Time 06/07/22 07:16 Username VHSSIMPSL Reason for Unfinalizing Incomplete Pick List

Freetext Reason for Unfinalizing

FOR CHARGE PURPOSES ONLY

DOCUMENT NAME:

SERVICE DATE/TIME:03/20/2013

RESULT STATUS:

PERFORM INFORMATION:

SIGN INFORMATION:

Operative Reports 6/6/2022 15:35 PDT

Auth (Verified)

Flangas, Gary M MD (6/6/2022 15:35 PDT) Flangas, Gary M MD (6/8/2022 09:07 PDT)

Operative Report

DATE OF SERVICE: 06/06/2022

PREOPERATIVE DIAGNOSES: Lumbar radiculopathy; spinal stenosis, left L4-L5; left L3-L4

synovial cyst.

POSTOPERATIVE DIAGNOSES: Lumbar radiculopathy; spinal stenosis, left L4-L5; left L3-L4

synovial cyst.

PROCEDURES PERFORMED: Remove instrumentation L4-S1, exploration fusion L4-S1, L3 and L4 laminectomies for decompression purposes, bilateral L3-L4 Smith-Petersen osteotomies, resection of left L3-L4 synovial cyst, L3-L4 posterior lumbar interbody fusion, L3-L4 posterolateral fusion, L3-L4 pedicle screw stabilization utilizing bone morphogenic

protein autologous and allograft bone. SURGEON: Gary Flangas, MD ASSISTANT: Dr. Deborah Nelson.

ANESTHESIA: General endotracheal anesthesia.

COMPLICATIONS: None.

ESTIMATED BLOOD LOSS: Approximately 500 mL. DRAINS: A 10-French round paraspinal drain.

ight-handed white male who has OPERATIVE INDICATIONS: The patient is a undergone L4-L5 lumbar interbody fusion on 03/25/2013, he did well following the surgery

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

Page 28 of 83

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022 Disch: 6/10/2022

FIN:

SVH0000912220811

DOB/Sex: Attending:

Flangas,Gary M MD

## Operative Record

and was returned back to work as a metro police officer. He had a second work injury occurring on 11/25/2021. He was getting off his motorcycle and was wearing heavy gear when he had the sudden onset of pain in his lower back with radiating pain into his left lower extremity. The pain is located along the left anterolateral thigh to the level of the knee. He has failed to improve with physical therapy and multiple epidural steroid injections. On exam, awake, alert, oriented x4. Gait antalgic. Station normal. Back decreased range of motion. Motor 5/5 except for 4+/5 left quadriceps strength. Sensory diminished left anterior thigh. MRI reveals postoperative changes at L4-L5, L5-S1. L3-L4 reveals degenerative disk changes with broad-based disk bulge and bilateral facet arthropathy and hypertrophic ligamentum flavum. There is a left \_\_\_\_ synovial cyst. There is central stenosis as well as left greater than right superior articular facet recess, lateral recess stemosis. There was also severe bilateral foraminal narrowing. OPERATIVE NARRATIVE: The patient was taken to the operating room, laid in supine position. After adequate anesthesia was obtained, he was turned to the prone position and placed upon an OSI Jackson table. Neuromonitoring was performed throughout the entire case and remained stable throughout the entire case. He was dressed and draped in the usual sterile manner. His previous incision was opened and then extended superiorly. The paraspinous musculature was taken down in a subperiosteal manner bilaterally out to the level of the transverse processes of L3 and L4. The instrumentation was identified and then afterwards we removed the instrumentation and then explored the fusion, which was extremely solid and excellent bone growth in the area of the fusion. While removing the rod, there was some adherence to the dura, which resulted in a dural opening. We patched it with muscle followed by Duragen and Gelfoam. There was a very nice tight seal as was noted throughout the entire case. We then directed our attention to L3-L4. We performed L3 and L4 laminectomies for decompression purposes. We performed bilateral Smith-Petersen osteotomies to adequately decompress the neural foramina out laterally. We also resected a left \_\_\_\_ synovial cyst. We then placed pedicle screws at L3 and L4 utilizing C-arm fluoroscopy to help better screw trajectories. We then proceeded to perform a posterior lumbar interbody fusion by placing bilateral interbody biomechanical devices mixed with bone autograft and allograft and bone morphogenic protein soaked sponges. We released our distraction. There was a nice tight countersunk fit. We then decorticated the lateral masses at L3 and L4, followed by 3 liters of GU Pulsavac irrigation solution. We laid bone morphogenic protein soaked sponges as well as autologous and allograft bone along the lateral masses at L3-L4 to provide for posterolateral fusion. We connected our screws with 5.5 mm rods. Hemostasis was obtained. We irrigated with copious amounts of sterile GU solution as we did throughout the entire case. A 10-French round paraspinal drain was placed, brought through a separate stab site and afterwards incision was closed in the usual multilayer fashion. Sterile dressing was applied and the patient was taken to recovery room in stable condition.

GARY FLANGAS, MD DD: 06/06/2022 18:35 DT: 06/07/2022 03:05

TID: 259408805 RECEIPT: 15781303

Electronically Signed By: Flangas, Gary

On: 06.08.2022 09:07 PDT



Patient: MRN:

SVH35299488: SHM4682805

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex:

SVH0000912220811 FIN:

Attending: Flangas, Gary M MD

### Operative Record

DOCUMENT NAME:

SERVICE DATE/TIME:03/20/2013

RESULT STATUS:

PERFORM INFORMATION:

SIGN INFORMATION:

SVH PACU 1 Nursing Document

6/6/2022 15:38 PDT

Auth (Verified)

Kim RN, Seung Eun (6/6/2022 18:00 PDT) Kim RN, Seung Eun (6/6/2022 18:00 PDT)

SVH PACU 1 Nursing Document

SVH PACU 1 Nursing Document Summary

Primary Physician:

Flangas, Gary M MD

Case Number:

SVHOR-2022-3775 06/06/22 18:00:58

Finalized Date/Time: Pt. Name:

D.O.B./Sex:

35299488

Med Rec #: Physician:

Flangas, Gary M MD

Pinancial #:

912220811

Pt. Type:

1

Room/Bed: Admit/Disch:

3026/A 06/06/22 09:13:00 -

Institution:

SVH PACU I Case Times

Pre-Care Text:

PSWP:

https://corp-widdb03.corp.uhsinc.biz/MidasWeb/corp-middb03.corp.uhsinc.biz/MAA/FocusStudy/default.aspx?InternalI

Entry 1

In PACU I

06/06/22 15:52:00

Ready for PACU I Discharge

06/06/22 17:20:00

Discharge from PACU

06/06/22 17:20:00

SVH PACU I Acuity

Entry 1

Acuity Start Time Acuity Level

06/06/22 15:52:00 PH1 General

Acuity Stop Time

06/06/22 17:20:00

SVH PACU I Care Plan

Pre-Care Text:

A.340 Reports deviation in diagnostic study results Im.370 monitors physiological parameters A.360 Assesses

pain control Im.310 Implements pain guidelines A.210 Identifies physiological status Im.370 Monitors physiological parameters A.220 Identifies baseline cardiac status Im.370 Monitors physiological parameters

A.230 Identifies baseline respiratory status Im.390 Monitors changes in respiratory status A.10 Confirms

patient identity Im.500 Provides status reports to designated support person

Entry 1

Yes

0.290 The patient is at or returning to normothermia at

0.330 The patient demonstrates and/or reports adequate

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

Page 30 of 83

Patient:

Yes

Yes

Admit: 6/6/2022

Yes

Yes

MRN:

SVH35299488; SHM4682805

Disch: 6/10/2022

DOB/Sex:

FIN: SVH0000912220811

Attending: Flangas, Gary M MD

### Operative Record

the conclusion of

the immediate

postoperative period 0.310 Patient's

respiratory status is maintained at or

improved from baseline levels

O.220 Patient's gastrointestinal status is

maintained at or improved from baseline levels

pain control

O.250 Patient's musculoskeletal

status is maintained at or improved from

baseline levels O.320 Patient's cardiovascular status is maintained at or

improved from baseline levels

Post-Care Text:

E.260 Evaluates response to thermoregulation measures E.20 Evaluates response to medications E.210

neurological status E.270 Evaluates tissue perfusion E.250 Evaluates response to pain management interventions E.220 Evaluates response to administration of fluids and electrolytes E.10 Evaluates for signs

and symptoms of physical injury to skin and tissue E.550 Evaluates response to instructions

Finalized By: Kim RN, Seung Eun

Document Signatures

Signed By:

Kim RN, Seung Eun 06/06/22 18:00

DOCUMENT NAME:

SERVICE DATE/TIME:03/20/2013

RESULT STATUS:

PERFORM INFORMATION:

SIGN INFORMATION:

SVH Preop Nursing Document 6/6/2022 13:30 PDT

Auth (Verified)

Stokely RN, Janice (6/6/2022 10:54 PDT) Stokely RN, Janice (6/6/2022 10:54 PDT)

SVH PreOp Nursing Document

SVH PreOp Nursing Document Summary

Primary Physician:

Case Number:

Flangas, Gary M MD SVHOR-2022-3775

Pinalized Date/Time:

06/06/22 10:54:24

Pt. Name:

D.O.B./Sex:

35299488

Med Rec #: Physician:

Flangas, Gary M MD

Pinancial #:

912220811

Pt. Type: Room/Bed:

701/02

Admit/Disch:

Institution:

06/06/22 09:13:00 -

SVH PreOp Case Times

Pre-Care Text:

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

Page 31 of 83

Patient:

MRN: SVH35299488; SHM4682805

Flangas, Gary M MD

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex: Attending:

SVH0000912220811 FIN:

# Operative Record

PSWP:

https://corp-middb03.corp.uhsinc.biz/MidasWeb/corp-middb03.corp.uhsinc.biz/MAA/FocusStudy/default.aspx?InternalI D=643

Entry 1

Patient Arrival To

06/06/22 07:15:00

Patient Arrival to Holding Area

06/06/22 07:15:00

Preop

Patient Ready for

06/06/22 07:45:00

Depart PreOp

06/06/22 09:09:00

Surgery

SVH PreOp Care Plan

Pre-Care Text:

A.210 Identifies physiological status Im.370 monitors physiological parameters A. 240 Assesses baseline skin

condition Im.120 Implements protective measures to prevent skin/tissue injury due to mechanical Im.30 Transports according to individual needs A.360 Assesses pain control A. 510.7 Assesses psychosocial

sources issues

specific to the patient's medication management Im.220 Administers prescribed medications A.520

Identifies

barriers to communication Im.700.2 Explains expected sequence of events A.510.3 Elicits perceptions

ο£

surgery A. 530 Identifies patient and designated support person's educational needs Im.150 Develops individualized plan of care A. 510.2 Reports philosophical, cultural, and spiritual beliefs and values A.510.1 identifies individual values and wishes concerning care A.510.8 Maintains patient's dignity

0.130 Patient

appropriately

administered

medication(s)

in decisions

0.700 Patient or

affecting his or her perioperative plan of care

0.740 Patient's

maintained

right to privacy is

designated support

person participates

received

and

privacy Im.740 Provides care in a mondiscriminatory, nonprejudical manner regardless of the setting in which

care is given Im.740.1 Provides care without prejudicial behavior Im.770 Maintains patient

confidentiality

Entry 1 0.120 Patient is Yes

free from signs and symptoms of injury related to

transfer/transport 0.50 Patient's

current status is communicated

continuum of care

Yes

Yes

Yes

throughout the

0.720 Patient's value system,

lifestyle, ethnicity, and

culture are considered. respected, and

incorporated in the perioperative plan

of care 0.760 Patient receives consistent

and comparable care regardless of the setting

Post-Care Text:

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

Page 32 of 83

Yes

Yes

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022

SVH0000912220811

Disch: 6/10/2022

DOB/Sex:

Attending: Flangas, Gary M MD

Operative Record

FIN:

E.10 Evaluates for signs and symptoms of physical injury to skin and tissue E.250 Evaluates response to pain

management interventions E.550 Evaluates response to instructions 6.520 Evaluates psychosocial

response to plan of care

Finalized By: Stokely RN, Janice

Document Signatures

Signed By:

Stokely RN, Janice 06/06/22 10:54

Received: 06/28/2022...

SVH- Spring Valley Hospital Medical Center

Patient: MRN:

SVH35299488- SHM4682805

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex: Attending: Flangas, Gary M MD

FIN: SVH0000912220811

Physician Orders

SVH35299488; SHM4682805 SVH0000912220811

### ' Transcribed '

Spring - Enc	#912220811-IPT-SU	R- Physician	Ozdş** 6/1/2	2022 - 1 pg		,
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	69-7954. #1 702-963 02-365-7517 Fex 702		Ende F 702-853-1 Ende F 702-853-8		02-233-7711 ex 702-233-7722	Specialty Hospital 702-777-7248
	702-369-7777 🗀 HH	Cat	h Let P 702-653-3 h Let F 702-853-8	1134 Ceth L	eb Fax 702-233-7986 ax 702-233-7955	
redx 702-388-8414	33.340	3		Rad F	ax 702-233-7340	OLSTO
Patient Information	iver's license			27		
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Gate of covid onset Asympto			do: is/was patien) of d. was patient in IC		vnocompromised? □Y o	es JNs
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Name of Insured (as it appears						
Insurance Company CCMS				D34J9531	96	
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Date of Procedure 06/06/202	22 Request	ed Time 9:0	0AM	□	Out Pt X In Pt	
Surgeon GARY M. FLANGAS, MI	Surgery Scheduler	NATALIE V.	Phone Numb	702-737-7	753 Procedure Leng	1th 4-5HRS.
Oizquesis and ICD-10 Code M5	4.16 LUMBAR R	ADICULOP	PATHY			
Procedure as it is to appear on the	e Consent (include su	rgical site and	side ! no abbrevi	iations; & CP	Code	
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INTERBODY FUSIO	N WITH NEURO	MONITORI	NG	741		
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Pre-Admission Testing Orders	I pretests obtained/or ine Culture	mpleted elsewi	nere, indicate:		PANEL HIV	
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	Ossmetch PR80 Chest PA/LAT Card		FP# DP	LIB	O Othe	er:
Prep Instructions: 3 Show	er with antibacterial so		wipes full body	8 186		
Day of Procedure Orders	er with Hibiciens	. 1. 2		2	11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·
Unine Pregnancy Test on all fe			e had a period in			
☑ Blood Glucose Level (POC) or ☑ CMP On admission. if patient			diabetes			
☐ Tranexamic Acid 1 gram i.V. p			losing incision. (	Do not give if	history of Glaucoma	))
Start IV: D LR 1000mL at 30m	Lihr 🗓 NS 10	00mL at 30mL	∕h ⊒ Ìs	olyte 1000mL		Vdl Loc
OVT Prevention: XO SCD	TED hose I P		Respiratory:	☐ Art Bloc	d Gas D PFT	⊃ SVN
Pre-Operative Antimicrobial age	nt: Administer x1 dos	e within 1 hour	prior to surgery	(2 hours for vi	encomycin or fluoroc	ruinolones)
Biliary, Cardiac, Gastroduodena Appendectomy, Colorectal, Hear	I, Hernia, Neurosurg	ery, Orthopedi	c, Plastic Surgi	ery, Thoracic	Vascular:   Cefar	colin** cefotelan 2g (V
Urologic Bactrim DS po cefa:	roen**+/- gentamicir	5mg/kg cat			lazolin**+/- Dazithr	
Alternative Antibiotic: ANC	EF 2GM IVPB O	COR			G FOR PATIENT W	
-Patient known to be colonized with Oate/Time	Physician Signature			THE R. P. LEWIS CO., LANSING, MICH.	Printed Name or Lice	Name and Address of the Owner, where the Party of the Owner, where the Owner, which the Own
05/27/2022 @ 2:00PM	/ / · · · ·	-langus	1900	GAR	M. FLANGAS	MD #7950
BAR CODE	The Valley X	Health S	Astem		ATIENT DENTIFICAT	•
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Page 1 of 1

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex:

SVH0000912220811 FIN:

Attending: Flangas, Gary M MD

### Physician Orders

DOCUMENT NAME: SERVICE DATE/TIME: RESULT STATUS:

Physician Orders 6/1/2022 00:00 PDT Auth (Verified)

PERFORM INFORMATION: SIGN INFORMATION:

Physician Orders\_20220601.pdf

Please click on link to see image.

SVH35299488; SHM4682805 SVH0000912220811

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### Attachment(s): 6/1/2022 00:00 PDT Physician Orders\_20220601.pdf

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Page 1 of 1

Patient:

SVH35299488; SHM4682805

Admit: 6/6/2022

MRN:

Disch: 6/10/2022

DOB/Sex:

Attending: Flangas, Gary M MD

FIN: SVH0000912220811

### Physician Orders

DOCUMENT NAME: SERVICE DATE/TIME: RESULT STATUS: PERFORM INFORMATION: SIGN INFORMATION:

Physician Orders 6/1/2022 00:00 PDT Auth (Verified)

Physician Orders\_20220601.pdf

Please click on link to see image.

SVH35299488; SHM4682805 SVH0000912220811

6/13/19//

### Attachment(s): 6/1/2022 00:00 PDT Physician Orders\_20220601.pdf

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Fax 702-835-9784	OR Fax 702-365-7517		OR'Enco F 702-853		OR Fax 702-233-7722	702-777-7248
702-388-4927	Radiology 702-359-7777 Fex 702-369-7618	HHOC	Cath Lab P 702-853 Cath Lab F 702-853	100	Cein Lab Fax 702-233-7989 Endo Fax 702-233-7955	7 ex 702-503-3000
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Patient: MRN:

SVH35299488 SHM4682805

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex:

FIN:

SVH0000912220811

Attending: Flangas, Gary M MD

### Progress Note - Physician

DOCUMENT NAME:

SERVICE DATE/TIME: RESULT STATUS:

PERFORM INFORMATION: SIGN INFORMATION:

Progress Note-Physician 6/9/2022 18:20 PDT

Auth (Verified)

Siddigui MD, Abdulsami F (6/9/2022 18:20 PDT) Siddiqui MD, Abdulsami F (6/9/2022 18:20 PDT)

Subjective

Pain controlled

<u>Allergies</u>

Allergies (Active and Proposed Allergies Only)

No Known Allergies (Severity: Unknown severity, Onset: Unknown)

Past Medical History

Active Problems (1)

No Chronic Problems

Past Surgical History

appendectorny 2008

Spinal Fusion 2013

Distal Clavicle Excision and Labrum repair Right - 2017

Social History

Alcohol

Details: Current, Beer, 3-5 times per week

Employment/School Details: Employed Home/Environment

Details: Lives with Spouse. Living situation: Home/Independent. Home equipment: CPAP/BiPAP. Alcohol abuse in household: No. Substance abuse in household; No. Smoker in household; No. Feels unsafe at home; No. Safe place to go: Yes. Family/Friends available for support: Yes.

Nutrition/Health

Details: Type of diet: Gluten Free, Paleo. Regular

Substance Abuse Details: Denies Tobacco

Details: Past; Comment(s): Quit 2021

Family History

No family history recorded

#### Objective

Measurements (most recent)

Height (cm)

185.40 cm

Videna RN, Marina

06/02 08:34

Weight

129.60 kg

Stokely RN, Janice

06/06 07:19

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

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Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex:

SVH0000912220811 FIN:

Attending: Flangas, Gary M MD

### Progress Note - Physician

Body Mass Index

37.70 kg/m2

Stokely RN, Janice

06/06 07:19

Vital Signs (24 hrs)	Last Ch	arted	Minimu	<u>m</u>	<u>Maximu</u>	m
Temp	36.8	06/09/2022 14:06	36.6	06/08/2022 22:57	36.6	06/08/2022 22:57
Peripheral Pulse Rate	99	06/09/2022 14:06	91	06/09/2022 09:57	H 104	06/08/2022 22:57
Resp Rate	16	06/09/2022 18:16	16	06/08/2022 18:56	18	06/09/2022 09:57
SBP	134	06/09/2022 14:06	114	06/08/2022 18:47	H 137	06/09/2022 08:52
DBP	H 89	06/09/2022 14:06	63	06/08/2022 18:47	H 89	06/09/2022 14:06
MAP	97	06/09/2022 14:06	75	06/08/2022 18:47	98	06/09/2022 08:52
SpO2	94	06/09/2022 14:06	L 92	06/08/2022 18:47	95	06/09/2022 08:52
O2 Therapy	Room ai	г	CPAP		Room ai	г

ntake and Output (curren	t encounter)
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	06/06 09:13	06/09 07:00	<u>06/08 07:00</u>	06/07 07:00	06/06 07:00
	06/09 18:20	06/09 18:20	06/09 06:59	06/08 06:59	06/07 06:59
<u>Intake</u>	5988 5	360	1660	750	3218.5
Output	6535	275	<b>296</b> 0	690	2610
Net Total	-546.5	85	-1300	60	608.5
<b>Urine Count</b>	4	2	2	<sup>60</sup> 0	0

#### Physical Exam

General: Alert, in no acute cardiopulmonary distress.

Mental Status: Oriented to person, place and time. Normal affect.

Head: Normocephalic.

Neck: Supple, Full range of motion.

Respiratory: Clear to auscultation and percussion. No wheezing, rales or monchi.

Cardiovascular: Heart sounds normal. No thrills. Regular rate and rhythm, no murmurs, rubs or gallops.

Gastrointestinal: Abdomen soft, non-tender, non-distended. Normal bowel sounds. No pulsatile mass. No hepatosplenomegaly. Genitourinary: No costovertebral angle tenderness.

Neurologic: Cranial nerves II-XII grossly intact. No focal neurological deficits. Moves all extremities spontaneously. Sensation intact bilaterally.

Musculoskeletaf: No cyanosis or clubbing. No gross deformities. Normal range of motion. Drain in place

#### Home Medications

cyclobenzaprine (Flexeril 5 mg oral tablet) 1 Tabs By Mouth Daily as needed Muscle Spasm for 10 Days diazePAM (diazePAM 5 mg oral tablet) 5 Milligram 1 Tabs By Mouth Every 6 hours as needed Other (See Comments) for 7 Days

oxycodone-acetaminophen (Percocet 10 mg-325 mg oral tablet) 1 Tabs By Mouth Every 4 hours as needed Pain 7 - 10 (Severe) for 7 Days

venlafaxine (venlafaxine 150 mg oral capsule, extended release) 150 Milligram 1 Capsules By Mouth Daily

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

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Patient:

SVH35299488; SHM4682805

Admit: 6/6/2022

MRN:

Disch: 6/10/2022

DOB/Sex:

Attending: Flangas, Gary M MD

SVH0000912220811 FIN:

### Progress Note - Physician

Inpatient Medications Medications (10) Active

SCHEDULED: (5)

ceFAZolin/Dex (ceFAZolin) 2 gm 50 mL, IV Piggyback, PREOP

cefazolin/SWFI 1 gm/10 mL IV Push (ceFAZolin) 1 gm 10 mL, IV Push, q8H

docusate sodium 100 mg Cap (Colace) 100 mg 1 Caps, Oral, BID

ethanol topical (Nozin 62% topical swab) 0.6 mL, Topical, BID

venlafaxine 75 mg ER Cap Effexor XR (venlafaxine extended release) 150 mg 2 Caps, Oral, Daily

CONTINUOUS: (0)

PRN: (5)

acetaminophen 325 mg Tab (Tylenol) 650 mg 2 Tabs, Oral, q6H

diazepam 5 mg Tab (diazePAM) (Valium) 5 mg 1 Tabs, Oral, q6H

HYDROmorphone 2 mg/mL injection (Dilaudid) 1 mg 0.5 mL, IV Push, q3H

ondansetron 4 mg/2 mL vial (Zofran) 4 mg 2 mL, IV Push, q6H

oxyCODONE -acetaminophen 10 mg-325 mg Tab (Percocet 10 mg-325 mg oral tablet) 1 Tabs, Oral, q4H

72 hour Antibiotic History

Active Antibiotics

ceFAZotin 1 gm, 10 mL, IV Push, q8H

Day of Therapy:

Last Administered

First Administered

06/09/2022 18:16

06/06/2022 23:40

Results

CBC, BMP Coagulation Trend (last	7 <b>.37</b>	7.60	11.63	7.34
WBC	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Hgb	12.8	12.7	13.8	18.6 H
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
lct	38.2	38.1	41.1	54.9 H
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Baso # Auto	0.04	0.05	0.02	0.07
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Baso % Auto	0.5	0.7	0.2	1.0
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Eos # Auto	<b>0.15</b>	0.09	0.01	0.20
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Eos % Auto	2.0	1.2	0.1	2.7
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
mmature Grans %	0.3	0.4	0.5	0.3
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
mmature Grans # Auto	0.02	0.03	0.06	0.02
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022 Disch: 6/10/2022

DOB/Sex: Attending: Flangas, Gary M MD

FIN: SVH0000912220811

# Progress Note - Physician

Lymph # Auto	1.69	2.13	1.97	2.35
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Lymph % Auto	22.9	28.0	16.9	32.0
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Mono # Auto	0.67	0.61	1.03	0.64
Blanco Of Archa	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Mono % Auto	9.1 06/09/2022 07:31	8.0 06/08/2022 08:13	8.9 06/07/2022 07:37	8.7 06/01/2022 16:14
Neut # Auto	4.80	4.69	8.54	4.06
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Neut % Auto	65.2	61.7	73.4	55.3
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Plt	190	151	202	261
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Glucose Level	112 H	112 H		
	06/07/2022 07:37	06/01/2022 16:14		
Sodium	<b>138</b> 06/07/2022 07:37	139 06/01/2022 16:14		
Potassium	3.7	3.4 L		
r otassium	06/07/2022 07:37	06/01/2022 15:14		
Chloride	106	107		
	06/07/2022 07:37	06/01/2022 16:14		
CO2	26	23		
	06/07/2022 07:37	06/01/2022 16:14		
Creatinine	0.952	1.220		
	06/07/2022 07:37	06/01/2022 16:14		
BUN	14	13		
BUN/Creat Ratio	06/07/2022 07:37	06/01/2022 16:14		
ON/Creat Ratio	15 06/07/2022 07:37	11 06/01/2022 16:14		
Calcium	8.1 L	9.5		<del></del>
	06/07/2022 07:37	06/01/2022 16:14		
Albumin, Level	4.1		<del> </del>	
	06/01/2022 16:14	<u> </u>		
Ur Protein	Negative			
	06/01/2022 16:14			
T Bili	0.7			
A 11. (7)4	06/01/2022 16:14		<u> </u>	
Alk Phos	<b>94</b> 06/01/2022 16:14			
AST				
no i	<b>26</b> 06/01/2022 16:14			
ALT	58	<del> </del>	<del>                                     </del>	<u></u>
	06/01/2022 16:14			
PTT	28			
	06/01/2022 16:14			
PT	11.0			
	06/01/2022 16:14	<u> </u>		

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex:

FIN:

SVH0000912220811

Attending: Flangas, Gary M MD

Progress Note - Physician						
INR	1.0 06/01/2022 16:14					

CBC (Last Within 24hrs) WBC: 7:37 x10e3/mcL (07:31) Hgb: 12.8 gm/dL (07:31) Hct: 38.2 % (07:31) Plt: 190 x10e3/mcL (07:31)

#### Microbiology

MRSA by PCR

Collected Dt/Tm:

Source:

Nasal

06/01/2022 16:14

Completed

Body Site:

Last Updated Dt/Tm:

06/01/2022 22:26

#### Assessment/Plan

Acute left lumbar radiculopathy (M54.16); Status post L-spine fusion. Dural tear-doing well. No headache

#### Discharge Planning:

- » Discharge Planning:
  - » Discharge To, Anticipated: Home with family care

Electronically Signed By: Siddiqui, Abdulsami MD On: 06.09,2022 18:20 PDT

DOCUMENT NAME: SERVICE DATE/TIME:

**RESULT STATUS:** 

PERFORM INFORMATION: SIGN INFORMATION:

Progress Note-Physician 6/8/2022 15:55 PDT Auth (Verified)

Siddiqui MD, Abdulsami F (6/8/2022 15:55 PDT) Siddiqui MD, Abdulsami F (6/8/2022 15:55 PDT)

Subjective

Doing well. While already walked to the washroom.

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

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Patient:

Admit: 6/6/2022

MRN:

SVH35299488; SHM4682805

Disch: 6/10/2022

DOB/Sex:

FIN: SVH0000912220811

Attending: Flangas, Gary M MD

### Progress Note - Physician

#### **Allergies**

Allergies (Active and Proposed Allergies Only)

No Known Allergies (Severity: Unknown severity, Onset: Unknown)

#### Past Medical History

No problems documented:

#### Past Surgical History

appendectomy 2008

Spinal Fusion 2013

Distal Clavicle Excision and Labrum repair Right - 2017

#### Social History

Alcoho!

Details: Current, Beer, 3-5 times per week

Employment/School

Details: Employed

Home/Environment

Details: Lives with Spouse. Living situation: Home/Independent. Home equipment: CPAP/BiPAP. Alcohol abuse in household: No. Substance abuse in household: No. Smoker in household: No. Feels unsafe at home: No. Safe place to go: Yes. Family/Friends available for support: Yes.

Nutrition/Health

Details: Type of diet: Gluten Free, Paleo. Regular

Substance Abuse Details: Denies

Tobacco

Details: Past; Comment(s); Quit 2021

#### Family History

No family history recorded.

#### Objective

Measurements (most recent)								
Height (cm)	185.40 cm	Videna RN, Marina	06/02 08:34					
Weight	129.60 kg	Stokely RN, Janice	06/06 07:19					
Body Mass Index	37.70 kg/m2	Stokely RN, Janice	06/06 07:19					

Vital Signs (24 hrs)	Last Ch	Last Charted		Minimum		Maximum	
Temp	36.6	06/08/2022 14:48	36.8	06/08/2022 06:41	36.8	06/08/2022 06:41	
Peripheral Pulse Rate	H 102	06/08/2022 14:49	83	06/08/2022 13:30	H 102	06/08/2022 14:49	
Resp Rate	16	06/08/2022 15:54	16	06/07/2022 23:32	18	06/07/2022 19:50	
SBP	H 138	06/08/2022 14:48	113	06/08/2022 00:42	H 145	06/08/2022 10:59	
DBP	78	06/08/2022 14:48	68	06/08/2022 00:42	80	06/08/2022 10:59	

Patient:

SVH35299488; SHM4682805

Admit: 6/6/2022

MRN:

Disch: 6/10/2022

DOB/Sex:

Attending: Flangas, Gary M MD

SVH0000912220811 FIN:

### Progress Note - Physician

MAP 06/08/2022 14:48 78 06/08/2022 00:42 92 06/08/2022 14:48 SpO2 L 93 06/08/2022 14:49 L 93 06/08/2022 14:49 98 06/08/2022 06:42 O2 Flow Rate on 2 I/min

O2 Therapy

Room air

Room air

Nasal cannula

Intake and Output (current encounter)

/ No.		<del></del>			
	06/06 09:13	06/08 07:00	06/07 07:00	06/06 07:00	06/05 07:00
	06/08 15:55	06/08 15:55	06/08 06:59	06/07 06:59	06/06 06:59
<u>Intake</u>	3988 5	0	750	3218.5	0
<u>Output</u>	4600	1300	690	2610	0
Net Total	631.5	-1300	60	608.5	0

#### Physical Exam

General: Alert, in no acute cardiopulmonary distress.

Mental Status: Oriented to person, place and time. Normal affect.

Head: Normocephalic.

Neck: Supple, Full range of motion.

Respiratory: Clear to auscultation and percussion. No wheezing, rales or rhonchi.

Cardiovascular: Heart sounds normal. No thrills. Regular rate and rhythm, no murmurs, rubs or gallops.

Gastrointestinal: Abdomen soft, non-tender, non-distended. Normal bowel sounds. No pulsatile mass. No hepatosplenomegaly. Genitourinary: No costovertebral angle tenderness.

Neurologic: Cranial nerves II-XII grossly intact. No focal neurological deficits. Moves all extremities spontaneously. Sensation intact bilaterally. Drain in place

Musculoskeletal: No cyanosis or clubbing. No gross deformities. Normal range of motion.

cyclobenzaprine (Flexeril 5 mg oral tablet) 1 Tabs By Mouth Daily as needed Muscle Spasm for 10 Days venlafaxine (venlafaxine 150 mg oral capsule, extended release) 150 Milligram 1 Capsules By Mouth Daily

#### Inpatient Medications

Medications (10) Active

SCHEDULED: (5)

ceFAZolin/Dex (ceFAZolin) 2 gm 50 ml, IV Piggyback, PREOP

cefazolin/SWFI 1 gm/10 mL IV Push (ceFAZolin) 1 gm 10 mL, IV Push, q8H

docusate sodium 100 mg Cap (Colace) 100 mg 1 Caps, Oral, BID

ethanol topical (Nozin 62% topical swab) 0.6 mL, Topical, BID

venlafaxine 75 mg ER Cap Effexor XR (venlafaxine extended release) 150 mg 2 Caps, Oral, Daily

CONTINUOUS: (0)

PRN: (5)

acetaminophen 325 mg Tab (Tylenol) 650 mg 2 Tabs, Oral, q6H diazepam 5 mg Tab (diazePAM) (Valium) 5 mg 1 Tabs, Oral, q6H

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

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Patient: MRN:

SVH35299488: SHM4682805

Admit: 6/6/2022 Disch: 6/10/2022

DOB/Sex:

FIN: SVH0000912220811

Attending: Flangas, Gary M MD

### Progress Note - Physician

HYDROcodone -acetaminophen 10 mg-325 mg tab (Norco 10 mg-325 mg oral tablet) 1 Tabs, Oral, q4H HYDROmorphone 1 mg/mL inj (Dilaudid) 1 mg 1 mL, IV Push, q3H ondansetron 4 mg/2 mL vial (Zofran) 4 mg 2 mL, IV Push, q6H

72 hour Antibiotic History

Active Antibiotics

ceFAZolin 1 gm, 10 mL, IV Push, q8H

Day of Therapy: Last Administered 06/08/2022 08:40

First Administered 06/06/2022 23:40

Completed/Discontinued Antibiotics

ceFAZolin IV. Once ceFAZolin IV, Once

Stop Date/Time Last Administered 06/06/2022 15:59 06/06/2022 15:43 06/06/2022 10:11 06/06/2022 12:53

First Administered 06/06/2022 15:43

06/06/2022 09:16

Results

CBC, BMP, Coagulation Trend (last 4 resulted)

CEO, DIVIT. COMMINGENTIALION TREND (IE.		122.55	h
MBC	7.60	11.63	7.34
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Hgb	12.7	13.8	18.6 H
	06/08/20 <b>22 08</b> :13	06/07/2022 07:37	06/01/2022 16:14
Hct	38.1	41.1	54.9 H
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Baso # Auto	0.05	0.02	0.07
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Baso % Auto	0.7	0.2	1.0
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Eos # Auto	0.09	0.01	0.20
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Eos % Auto	1,2	0.1	2.7
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Immature Grans %	0.4	0.5	0.3
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Immature Grans # Auto	0.03	0.06	0.02
	06/08/2022 <b>08</b> :13	06/07/2022 07:37	06/01/2022 16:14
Lymph # Auto	2.13	1.97	2.35
<u> </u>	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Lymph % Auto	28.0	16.9	32.0
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Mono # Auto	0.61	1.03	0.64
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Mono % Auto	8.0	8.9	8.7
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Neut # Auto	4.69	8.54	4.06

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022 Disch: 6/10/2022

DOB/Sex:

Attending: Flangas, Gary M MD

FIN: SVH0000912220811

### Progress Note - Physician

	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Neut % Auto	61.7	73.4	55.3
THE TO AUTO	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Pit	151	202	261
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Glucose Level	112 H	112 H	
	06/07/2022 07:37	06/01/2022 16:14	
Sodium	138	139	
	06/07/2022 07:37	06/01/2022 16:14	
Potassium	3.7	3.4 L	
	06/07/2022 07:37	06/01/2022 16:14	
Chloride	106	107	
	06/07/2022 07:37	06/01/2022 16:14	
CO2	26	23	
	06/07/2022 07:37	06/01/2022 16:14	
Creatinine	0.952	1.220	
	06/07/2022 07:37	06/01/2022 16:14	
вли	14	13	
	06/07/2022 07:37	06/01/2022 16:14	
BUN/Creat Ratio	15	11	
	06/07/2022 07:37	06/01/2022 16:14	
Calcium	8.1 L	9.5	(I)
	06/07/2022 07:37	06/01/2022 16:14	
Albumin. Level	4.1		
	06/01/2022 16:14		1
Ur Protein	Negative		
	06/01/2022 16:14		
T BIG	0.7		
	06/01/2022 16:14		
Alk Phos	94		
	06/01/2022 16:14	<del></del>	
AST	26		
	06/01/2022 16:14		+ + + + + + + + + + + + + + + + + + + +
ALT	58 06/01/2022 16:14		
		+	
PT <b>T</b>	28 06/01/2022 16:14		
PT			
p- 1	11.0 06/01/2022 16:14		
IND			
INR	<b>1.0</b> 06/01/2022 16:14		
	po/01/2022 10:14	1	<u></u>

CBC (Last Within 24hrs) WBC: 7.6 x10e3/mcL (08:13) Hgb: 12.7 gm/dL (08:13) Hct: 38.1 % (08:13) Plt: 151 x10e3/mcL (08:13)

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022

FIN:

Disch: 6/10/2022 SVH0000912220811

DOB/Sex:

Attending: Flangas, Gary M MD

### Progress Note - Physician

#### Microbiology

MRSA by PCR

Collected Dt/Tm:

Source:

Nasal

06/01/2022 16:14

Completed

Body Site:

Last Updated Dt/Tm:

06/01/2022 22:26

#### Assessment/Plan

Acute left lumbar radiculopathy (M54.16): Status post L-spine fusion. Dural tear. Pain control. Pain management. Monitor labs. PT in the next 24 to 48 hours

#### Discharge Planning:

- » Discharge Planning:
  - » Discharge To, Anticipated: Home with family care

Electronically Signed By: Siddiqui, Abdulsami MD On: 06.08.2022 15:55 PDT

DOCUMENT NAME: SERVICE DATE/TIME: RESULT STATUS:

PERFORM INFORMATION: SIGN INFORMATION:

Progress Note-Physician 6/8/2022 11:50 PDT Auth (Verified)

Flangas, Gary M MD (6/8/2022 11:52 PDT) Flangas, Gary M MD (6/8/2022 11:52 PDT)

<u>Subjective</u> doing well no complaints no radicular symptoms no headache

<u>Objective</u>

Vital Signs (24 hrs)	Last Ch	arted	Minimu	ım	Maximu	m
Temp	36.8	06/08/2022 06:41	36.7	06/07/2022 13:46	37	06/07/2022 14:43
Peripheral Pulse Rate	90	06/08/2022 10:59	90	06/08/2022 06:42	H 105	06/07/2022 14:44
Resp Rate	18	06/08/2022 10:59	16	06/07/2022 23:32	18	06/07/2022 11:58
SBP	H 145	06/08/2022 10:59	113	06/08/2022 00:42	H 145	06/08/2022 10:59

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

Page 50 of 83

Received: 06/28/2022

SVH- Spring Valley Hospital Medical Center

CPAP

Patient: MRN:

\$VH35299488; \$HM4682805

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex:

80

91

96

FIN: SVH0000912220811

DBP

MAP

SpO2

Attending: Flangas, Gary M MD

Progres	ss Note -				
06/08/2022 10:59	68	06/07/2022 14:43	80	06/08/2022 10:59	
06/08/2022 10:59	78	06/08/2022 00:42	91	06/08/2022 10:59	
06/08/2022 10:59	96	06/08/2022 00:42	98	06/07/2022 14:52	

O2 Flow Rate on 3

//min O2 Therapy Nasal cannula

CPAP

Pain Scores (Last Within 24hrs) Numeric Pain Scale: 6 (10:28)

Intake and Output (current encounter)

	06/06 09:13 06/08 11:51	06/08 07:00 06/08 11:51	06/07 07:00 06/08 06:59	06/06 07:00 06/07 06:59	06/05 07:00 06/06 06:59
<u>Intake</u>	3965 5	0	750	3218.5	0
Output	3300	0	690	2610	0
Net Total	වලින් රි	0	60	608.5	0

Physical Exam awake alert oriented x 4 NAD mtr/sens intact

#### Home Medications

cyclobenzaprine (Flexeril 5 mg oral tablet) 1 Tabs By Mouth Daily as needed Muscle Spasm for 10 Days ventafaxine (ventafaxine 150 mg oral capsule, extended release) 150 Milligram 1 Capsules By Mouth Daily

#### Inpatient Medications

Medications (10) Active

SCHEDULED: (5)

ceFAZolin/Dex (ceFAZolin) 2 gm 50 mL, IV Piggyback, PREOP

cefazolin/SWFI 1 gm/10 mL IV Push (ceFAZolin) 1 gm 10 mL, IV Push, q8H

docusate sodium 100 mg Cap (Colace) 100 mg 1 Caps, Oral, BID

ethanol topical (Nozin 62% topical swab) 0.6 mL, Topical, BID

venlafaxine 75 mg ER Cap Effexor XR (venlafaxine extended release) 150 mg 2 Caps, Oral, Daily

CONTINUOUS: (0)

PRN: (5)

acetaminophen 325 mg Tab (Tylenol) 650 mg 2 Tabs, Oral, q6H

diazepam 5 mg Tab (diazePAM) (Valium) 5 mg 1 Tabs, Oral, q6H

HYDROcodone -acetaminophen 10 mg-325 mg tab (Norco 10 mg-325 mg oral tablet) 1 Tabs, Oral, q4H

HYDROmorphone 1 mg/mL inj (Dilaudid) 1 mg 1 mL, IV Push, q3H

ondansetron 4 mg/2 mL vial (Zofran) 4 mg 2 mL, IV Push, q6H

Patient: MRN:

SVH35299488: SHM4682805

Admit: 6/6/2022

\_\_\_

Disch: 6/10/2022

DOB/Sex:

Attending: Flangas, Gary M MD

FIN: SVH0000912220811

### Progress Note - Physician

## Results

Recent Labs
General Chemistry

Sodium	138 mmol/L (Normal)	06/07/2022 07:37
Potassium	3.7 mmol/L (Normal)	06/07/2022 07:37
Chloride	106 mmol/L (Normal)	06/07/2022 07:37
CO2	26 mmoi/L (Normal)	06/07/2022 07:37
Anion Gap	6 mmoi/L (Normal)	06/07/2022 07:37
Glucose Level	112 mg/dL (High)	06/07/2022 07:37
BUN	14 mg/dL (Normal)	06/07/2022 07:37
Creatinine	0.952 mg/dL (Normal)	06/07/2022 07:37
BUN/Creat Ratio	15 (Normal)	06/07/2022 07:37
Calcium	8.1 mg/dL (Low)	06/07/2022 07:37
Estimated Creatinine Clearance	111.88 mL/min ()	06/07/2022 09:02
eGFR Non-African American	97 mL/min/1.73m2 (Normal)	06/07/2022 07:37
eGFR African American	112 mL/min/1.73m2 (Normal)	06/07/2022 07:37
eGFR Pediatric	Not Reported (N/A)	06/07/2022 07:37

### General Hematology

WBC	7.60 x10e3/mcL (Normal)	06/08/2022 08:13		
RBC	4.33 x10e6/mcL (Normal)	06/08/2022 08:13		
Hgb	12.7 gm/dL (Normal)	06/08/2022 08:13		
Hct	38.1 % (Normal)	06/08/2022 08:13		
MCV	88.0 Femtoliters (Normal)	06/08/2022 08:13		
MCH	29.3 pg (Normal)	06/08/2022 08:13		
MCHC	33.3 gm/dL (Normal)	06/08/2022 08:13		
RDW-CV	12.6 % (Normal)	06/08/2022 08:13		
RDW-SD	41.0 Femtoliters (Normal)	06/08/2022 08:13		
Pit	151 x10e3/mcL (Normal)	06/08/2022 08:13		
MPV	9.9 Femtoliters (Normal)	06/08/2022 08:13		
NRBC %	0.0 /100 WBC (Normal)	06/08/2022 08:13		

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022 Disch: 6/10/2022

DOB/Sex:

FIN: SVH0000912220811

Attending: Flangas, Gary M MD

### Progress Note - Physician

NRBC #	0.00 x10e3/mcL (Normal)	06/08/2022 08:13
Neut % Auto	61.7 % (N/A)	06/08/2022 08:13
Lymph % Auto	28.0 % (N/A)	06/08/2022 08:13
Mono % Auto	8.0 % (N/A)	06/08/2022 08:13
Eos % Auto	1.2 % (N/A)	06/08/2022 08:13
Baso % Auto	0.7 % (N/A)	06/08/2022 08:13
Immature Grans %	0.4 % (Normal)	06/08/2022 08:13
Neut # Auto	4.69 x10e3/mcL (Normal)	06/08/2022 08:13
Lymph # Auto	2,13 x10e3/mcL (Normal)	06/08/2022 08:13
Mono # Auto	0.61 x10e3/mcL (Normal)	06/08/2022 08:13
Eos # Auto	0.09 x10e3/mcL (Normal)	06/08/2022 08:13
Baso # Auto	0,05 x10e3/mcL (Normal)	06/08/2022 08:13
Immature Grans # Auto	0.03 x10e3/mcL (Normal)	06/08/2022 08:13

CBC, BMP, Coaquiation Trend (last 4 resulted)

WBC	7.60	11.63	7.34	-
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Hgb	12.7	13.8	18.6 H	
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Hct	38.1	41.1	54.9 H	
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Baso # Auto	0.05	0.02	0.07	
<u></u>	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Baso % Auto	0.7	0.2	1.0	
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Eos # Auto	0.09	0.01	0.20	<del></del>
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Eos % Auto	1.2	0.1	2.7	
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Immature Grans %	0.4	0.5	0.3	
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Immature Grans # Auto	0.03	0.06	0.02	
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Lymph # Auto	2.13	1.97	2.35	
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Lymph % Auto	28.0	16.9	32.0	
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Mono # Auto	0.61	1.03	0.64	

Patient: SVH35299488: SHM4682805

Admit: 6/6/2022 Disch: 6/10/2022

DOB/Sex: Attending: Flangas,Gary M MD FIN: SVH0000912220811

## Progress Note - Physician

	7709.0001	0.00 1.11) 0.010.1		
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Mono % Auto	8.0 06/08/2022 08:13	8.9 06/07/2022 07:37	8.7 06/01/2022 16:14	
Neut # Auto	4.69 06/08/2022 08:13	8.54 06/07/2022 07:37	4.06 06/01/2022 16:14	
Neut % Auto	61.7 06/08/2022 08:13	73.4 06/07/2022 07:37	55.3 06/01/2022 16:14	
Pit	151 06/08/2022 08:13	202 06/07/2022 07:37	261 06/01/2022 16:14	
Glucose Level	112 H 06/07/2022 07:37	112 H 06/01/2022 18:14		
Sodium	138 06/07/2022 07:37	139 06/01/2022 16:14		
Potassium	<b>3.7</b> 06/07/2022 07:37	3.4 L 06/01/2022 16:14		
Chloride	106 06/07/2022 07:37	107 06/01/2022 16:14		
CO2	26 06/07/2022 07:37	23 06/01/2022 16:14		
Creatinine	<b>0.952</b> <b>06/</b> 07/2022 07:37	1.220 06/01/2022 16:14		**
BUN	14 06/07/2022 07:37	13 06/01/2022 16:14		
BUN/Creat Ratio	15 06/07/2022 07:37	11 06/01/2022 16:14		
Calcium	8.1 L 06/07/2022 07:37	9.5 06/01/2022 16:14		
Albumin. Level	<b>4.1</b> 06/01/2022 16:14			
Ur Protein	Negative 06/01/2022 16:14			
T Bili	<b>0.7</b> 06/01/2022 16:14			
Alk Phos	94 06/01/2022 16:14			
AST	<b>26</b> <b>06</b> /01/2022 16:14			
ALT	58 06/01/2022 16:14			
PTT	28 06/01/2022 16:14			
PT	11.0 06/01/2022 16:14			
INR	1.0 06/01/2022 16:14			

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex:

FIN:

SVH0000912220811

Attending: Flangas, Gary M MD

### Progress Note - Physician

CBC (Last Within 24hrs) WBC: 7.6 x10e3/mcL (08:13) Hgb: 12.7 gm/dL (08:13) Hct: 38.1 % (08:13) Pit: 151 x10e3/mcL (08:13)

Differential (Last Within 24hrs)

- Automated -

Neut % Auto: 61.7 % (08:13) Lymph % Auto: 28 % (08:13) Mono % Auto: 8 % (08:13) Eos % Auto: 1.2 % (08:13) Baso % Auto: 0.7 % (08:13) Immature Grans %: 0.4 % (08:13) Neut # Auto: 4.69 x10e3/mcL (08:13) Lymph # Auto: 2.13 x10e3/mcL (08:13) Mono # Auto: 0.61 x10e3/mcL (08:13) Baso # Auto: 0.05 x10e3/mcL (08:13)

Immature Grans # Auto: 0.03 x10e3/mcL (08:13)

Microbiology

MRSA by PCR

Collected Dt/Tm:

Source:

Nasal

06/01/2022 16:14

Completed

Body Site:

Last Updated Dt/Tm:

06/01/2022 22:26

Assessment/Plan

s/p lumbar fusion doing well sit up in bed and progress to oob as tolerated

Electronically Signed By: Flangas, Gary

On: 06.08.2022 11:52 PDT

Patient: MRN:

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex:

SVH35299488; SHM4682805

FIN: SVH0000912220811

Attending:

Flangas, Gary M MD

### Progress Note - Physician

DOCUMENT NAME: SERVICE DATE/TIME: RESULT STATUS:

Progress Note-Physician 6/7/2022 16:20 PDT Auth (Verified)

PERFORM INFORMATION: SIGN INFORMATION:

Siddiqui MD, Abdulsami F (6/7/2022 16:20 PDT) Siddiqui MD, Abdulsami F (6/7/2022 16:20 PDT)

Subjective

Laying in bed flat due to the dural tear

Pain controlled

(Active and Proposed Allergies Only)

No Known Allergies (Severity: Unknown severity, Onset: Unknown)

Past Medical History

No problems documented.

Past Surgical History

appendectomy 2008

Spinal Fusion 2013

Distal Clavicle Excision and Labrum repair Right - 2017

Social History

Alcohol

Details: Current, Beer, 3-5 times per week

Employment/School Details: Employed Home/Environment

<u>Details:</u> Lives with Spouse. Living situation: Home/Independent. Home equipment: CPAP/BIPAP, Alcohol abuse in household: No. Substance abuse in household: No. Smoker in household: No. Feels unsafe at home: No. Safe place to go: Yes. Family/Friends available for support: Yes.

Nutrition/Health

Details: Type of diet: Gluten Free, Paleo. Regular

Substance Abuse Details: Denies Tobacco

Details: Past; Comment(s): Quit 2021

Family History

No family history recorded.

#### **Objective**

Measurements (most recent)

Height (cm) 185.40 cm Videna RN, Marina Weight 129,60 kg Stokely RN, Janice **Body Mass Index** 37.70 kg/m2 Stokely RN, Janice

06/02 08:34 06/06 07:19 06/06 07:19

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

Page 56 of 83

Patient: MRN:

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex:

SVH35299488; SHM4682805

FIN:

SVH0000912220811

Attending: Flangas, Gary M MD

### Progress Note - Physician

Vital Signs (24 hrs)	Last Ch	arted	Minim	um	Maximu	m
Temp	37	06/07/2022 14:43	36.7	06/06/2022 17:31	37	06/07/2022 14:43
Heart Rate Monitored	H 102	06/06/2022 17:00	96	06/06/2022 16:30	H 102	06/06/2022 17:00
Resp Rate	17	06/07/2022 15:08	14	06/06/2022 17:00	18	06/07/2022 07:08
SBP	126	06/07/2022 14:52	119	06/06/2022 23:00	H 163	06/06/2022 16:30
OBP	72	06/07/2022 14:52	68	06/07/2022 14:43	C 94	06/06/2022 16:30
MAP	83	06/07/2022 14:52	77	06/07/2022 10:51	120	06/06/2022 16:30
SpO2	98	06/07/2022 14:52	94	06/06/2022 17:31	98	06/07/2022 07:08
O2 Flow Rate			on 17	l/min		
O2 Therapy	CPAP		Nasal c	annula	CPAP	

Intake and Output (current encounter)

	06/06 09:13	06/07 07:00	06/06 07:00	06/05 07:00	06/04 07:00
	06/07 16:20	06/07 16:20	06/07 06:59	06/06 06:59	06/05 06:59
<u>Intake</u>	3218 5	0	3218.5	0	0
Output	3200	590	2610	0	0
Net Total	18.5	-590	608.5	0	0

#### Physical Exam

General: Alert, in no acute cardiopulmonary distress.

Mental Status: Oriented to person, place and time. Normal affect,

Head: Normocephalic.

Neck: Supple, Full range of motion.

Respiratory: Clear to auscultation and percussion, No wheezing, rales or rhonchi.

Cardiovascular: Heart sounds normal. No thrills. Regular rate and rhythm, no murmurs, rubs or gallops.

Gastrointestinat Abdomen soft, non-tender, non-distended. Normal bowel sounds. No pulsatile mass. No hepatosplenomegaly.

Genitourinary: No costovertebral angle tenderness.

Neurologic: Cranial nerves II-XII grossly intact. No focal neurological deficits. Moves all extremities spontaneously. Sensation intact

Musculoskeletal: No cyanosis or clubbing. No gross deformities. Normal range of motion.

#### Home Medications

cyclobenzaprine (Flexeril 5 mg oral tablet) 1 Tabs By Mouth Daily as needed Muscle Spasm for 10 Days venlafaxine (venlafaxine 150 mg oral capsule, extended release) 150 Milligram 1 Capsules By Mouth Daily

Inpatient Medications Medications (10) Active SCHEDULED: (5)

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

Patient: MRN:

SVH35299488: SHM4682805

Admit: 6/6/2022

Disch: 6/10/2022 SVH0000912220811

DOB/Sex: Attending:

Flangas, Gary M MD

### Progress Note - Physician

ceFAZolin/Dex (ceFAZolin) 2 gm 50 mL, IV Piggyback, PREOP cefazolin/SWFI 1 gm/10 mL IV Push (ceFAZolin) 1 gm 10 mL, IV Push, q8H docusate sodium 100 mg Cap (Colace) 100 mg 1 Caps, Oral, BID ethanol topical (Nozin 62% topical swab) 0.6 mL, Topical, BiD venlafaxine 75 mg ER Cap Effexor XR (venlafaxine extended release) 150 mg 2 Caps, Oral, Daily CONTINUOUS: (0) PRN: (5) acetaminophen 325 mg Tab (Tylenol) 650 mg 2 Tabs, Oral, q6H diazepam 5 mg Tab (diazePAM) (Valium) 5 mg 1 Tabs, Oral, q6H HYDROcodone -acetaminophen 10 mg-325 mg tab (Norco 10 mg-325 mg oral tablet) 1 Tabs, Oral, q4H HYDROmorphone 1 mg/mL inj (Dilaudid) 1 mg 1 mL, IV Push, q3H ondansetron 4 mg/2 mL, vial (Zofran) 4 mg 2 mL, IV Push, q6H

72 hour Antibiotic History

Active Antibiotics ceFAZolin 1 gm, 10 mL, IV Push, q8H 
 Day of Therapy:
 Last Administered
 First Administered

 2
 06/07/2022 08:29
 06/06/2022 23:40

FIN:

Completed/Discontinued Antibiotics
ceFAZolin IV, Once
ceFAZolin IV, Once

 Stop Date/Time
 Last Administered

 06/06/2022 15:59
 06/06/2022 15:43

 06/06/2022 10:11
 06/06/2022 12:53

96/06/2022 15:43 06/06/2022 09:16

Results

CBC, BMP, Coagulation Trend (last 4 resulted)

WBC	11.63 06/07/2022 07:37	7.34 06/01/2022 16:14	
Hgb	13.8 06/07/2022 07:37	18.6 H 06/01/2022 16:14	
Hct	<b>41.1</b> 06/07/2022 07:37	<b>54.9 H</b> 06/01/2022 16:14	
Baso # Auto	<b>0.02</b> 06/07/2022 07:37	0.07 06/01/2022 16:14	
Baso % Auto	<b>0.2</b> 06/07/2022 07:37	1.0 06/01/2022 16:14	
Eos # Auto	0.01 06/07/2022 07:37	0.20 06/01/2022 16:14	
Eos % Auto	<b>0.1</b> 06/07/2022 07:37	2.7 06/01/2022 16:14	
Immature Grans %	<b>0.5</b> 06/07/2022 07:37	0.3 06/01/2022 16:14	
Immature Grans # Auto	<b>0.06</b> <b>06</b> /07/2022 07:37	0.02 06/01/2022 16:14	
Lymph # Auto	1.97	2.35	

FIN:

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022 Disch: 6/10/2022

DOB/Sex:

SVH0000912220811

Attending: Flangas, Gary M MD

### Progress Note - Physician

L	. 10g/0001	vote - i nysician		
	06/07/2022 07:37	06/01/2022 16:14		
Lymph % Auto	16.9	32.0	-	
	06/07/2022 07:37	06/01/2022 16:14		
Mono # Auto	1.03	0.64		
	06/07/2022 07:37	06/01/2022 16:14		
Mono % Auto	8.9	8.7		
L	06/07/2022 07:37	06/01/2022 16:14		
Neut # Auto	8.54	4.06		
Neut % Auto	06/07/2022 07:37 73.4	06/01/2022 16:14		
Weut % Auto	06/07/2022 07:37	55.3 06/01/2022 16:14		
PIt	202	261	· · · · · · · · · · · · · · · · · · ·	
	06/07/2022 07:37	06/01/2022 16:14		
Giucose Level	112 H	112 H		
	06/07/2022 07:37	06/01/2022 16:14		
Sodium	138	139		
	06/07/2022 07:37	06/01/2022 16:14		
Potassium	3.7	3.4 L		
E-1	06/07/2022 07:37	06/01/2022 16:14		
Chloride	106	107		}
CO2	06/07/2022 07:37	06/01/2022 16:14		
CO2	26 06/07/2022 07:37	23 06/01/2022 16:14		
Creatinine	0.952	1,220		<del></del>
	06/07/2022 07:37	06/01/2022 16:14		77).
BUN	14	13		
	06/07/2022 07:37	06/01/2022 16:14		
BUN/Creat Ratio	15	11		
51,15	06/07/2022 07:37	06/01/2022 16:14		
Calcium	8.1 L	9.5		
	06/07/2022 07:37	06/01/2022 16:14		
Albumin. Level	4.1 06/01/2022 16:14			Í
Ur Protein	Negative			
oi Fioteni	06/01/2022 16:14			
T Bili	0.7			<del></del>
	06/01/2022 16:14	ĺ		
Alk Phos	94			
	06/01/2022 16:14			
AST	26		<u> </u>	
	06/01/2022 16:14			
ALT	58			
	06/01/2022 16:14			
РТТ	<b>28</b> 06/01/2022 16:14			
PT	11.0		<u>.</u>	
,	06/01/2022 16:14			
NR	1.0			
		L		

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022

DOB/Sex:

Disch: 6/10/2022

Attending:

Flangas, Gary M MD

FIN: SVH0000912220811

### Progress Note - Physician

06/01/2022 16:14

CBC (Last Within 24hrs) WBC: 11.63 x10e3/mcL (07:37) Hgb: 13.8 gm/dL (07:37) Hct: 41.1 % (07:37) Plt: 202 x10e3/mcL (07:37)

Microbiology

MRSA by PCR

Source:

Nasal

Completed

Body Site:

Collected Dt/Tm:

06/01/2022 16:14

Last Updated DVTm:

06/01/2022 22:26

#### Assessment/Plan

Acute left lumbar radiculopathy (M54.16): Status post L-spine fusion. Dural tear. Pain control. Pain management. Monitor labs. PT in the next 24 to 48 hours

#### Discharge Planning:

- » Discharge Planning:
  - » Discharge To, Anticipated: Home with family care

Electronically Signed By: Siddiqui, Abdulsami MD

On: 06.07.2022 16:20 PDT

6/13/1977

\* Transcribed \*

$\odot$	
POST-OPERATIVE / PRO	CEDURE PROGRESS NOTE
POST-OPERATIVE NOTE (The Physician must also dictate an Op	eralive Report.)
	V/opythan, tring Stancin
(LI 63/4 3 V DA	Push tyle
Post-Operative Diagnosis: Cv.	
Procedure: Remove Inst L4-51;	Explore torion 64-4.
	CO resection ( 72/11 yours) x1 Cx
Findings: Lalu 1428, Porterola-	Petron, A+4 ILACUS Atubiliedia
MANO, Auto, NUAF, Alla, A	<u> </u>
No. of the second secon	Washing C. America
Surgeon Attending: 1-1 wg k /	Assistant Surgeon: N 4/1 0
Anestheslologist: Type of Anesthesia: C F 7 N	
Operative Note (Description of Procedure):	
Complications:	
	10.00
Estimated Blood Loss: 🌫 🛇 0 mL:	
Orains:	
10 Fr Reval	
Specimens:	<del></del>
2	
Patient Status: Strub	
Confirmation # for Dictated Operative Report:	
h	6/6/22
Physician Signature	License # Date/Time
DISCHARGE NOTE (Ambulatory Surgery ONLY)	
Final Diagnosis;	
CHAIR CHAIRMAN AND CHAIRMAN AND CHAIRMAN CHAIRMA	
the second states and the second states and the second states are second second states and second states and second states are second states as the second states are secon	
nstructions to Patient:	
Physical Activity:	
Medications:	
	Follow Up Care:
	Follow Up Care:
Condition On Discharge:	Follow Up Care:
Condition On Discharge:	Follow Up Care:
Condition On Discharge:	Follow Up Care:
Condition On Discharge:	Follow Up Care:
Condition On Discharge: Disposition:	
Condition On Discharge: Disposition:  Physician Signature	License <b>≇</b> Date/Time
Physician Signature  BAR CODE	License # Date/Time  PATIENT IDENTIFICATION
Condition On Discharge: Disposition:  Physician Signature	License # Date/Time  PATIENT IDENTIFICATION
Physician Signature  BAR CODE  The Valley A Health	License # Date/Time  Patient identification  System.  912220811-35299488
Physician Signature  BAR CODE  The Valley Health  PN1078  POST-OPERATIVE / PROC	License # Date/Time  Patient Identification  System.  912220811-35299488
Physician Signature  BAR CODE  The Valley A Health	License Date/Time  Patient identification  System  912220811-35299488

Patient: MRN:

Admit: 6/6/2022

SVH35299488; SHM4682805

Disch: 6/10/2022

SVH0000912220811

DOB/Sex:

Attending: Flangas, Gary M MD

Progress Note

DOCUMENT NAME:

SERVICE DATE/TIME:

RESULT STATUS:

PERFORM INFORMATION: SIGN INFORMATION:

Progress Note-Nurse 6/10/2022 10:00 PDT

Auth (Verified)

Gonzales RN, Teresita (6/10/2022 15:29 PDT) Gonzales RN, Teresita (6/10/2022 15:29 PDT)

FIN:

IV removed, no tele present at this time, patient verbalized understanding of discharge instructions and follow up care. Patient has no further questions at this time. Meds sent to preferred pharmacy, per patient he does not need any DME, does not want help scheduling follow up appointments.

DOCUMENT NAME:

PERFORM INFORMATION:

SERVICE DATE/TIME: RESULT STATUS:

SIGN INFORMATION:

Progress Note-Nurse 6/7/2022 13:23 PDT

Auth (Verified) Rogacion RN, Adie! (6/7/2022 13:23 PDT) Rogacion RN, Adiel (6/7/2022 13:23 PDT)

JP to gravity only and pt can roll side to side doing log rolls per Dr. Flangas.

DOCUMENT NAME:

SERVICE DATE/TIME:

RESULT STATUS:

PERFORM INFORMATION:

SIGN INFORMATION:

Progress Note-Nurse 6/6/2022 17:50 PDT

Modified

Rogacion RN, Adiel (6/6/2022 17:54 PDT); Rogacion RN,

Adiel (6/6/2022 17:53 PDT)

Rogacion RN, Adiel (6/6/2022 17:54 PDT); Rogacion RN,

Adiel (6/6/2022 17:53 PDT)

Addendum by Rogacion RN, Adiel on June 06, 2022 17:54 PDT

Instructed pt to be strict flat on bed for the next 24hrs until notified by Dr. Flangas.

Received pt from PACU A/O 3-4 at this time with slight confusion d/t sensitivity to narcotics. VSS NAD, per family member, pt has sever OSA and needed to have CPAP at night and family member will provide later today. Call light within reach and instructed to call if needing assistance.

DOCUMENT NAME:

SERVICE DATE/TIME: RESULT STATUS:

PERFORM INFORMATION: SIGN INFORMATION:

Progress Note-Physician 6/9/2022 18:20 PDT Auth (Verified)

Siddiqui MD Abdulsami F (6/9/2022 18:20 PDT) Siddiqui MD, Abdulsami F (6/9/2022 18:20 PDT)

Subjective Pain controlled

Allergies

(Active and Proposed Allergies Only)

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

Page 62 of 83

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex:

FIN: SVH0000912220811

Attending: Flangas, Gary M MD

### Progress Note

No Known Allergies (Severity: Unknown severity, Onset: Unknown)

#### Past Medical History

Active Problems (1)

No Chronic Problems

### Past Surgical History

appendectomy 2008

Spinal Fusion 2013

Distal Clavicle Excision and Labrum repair Right - 2017

#### Social History

Alcohol

Details: Current, Beer, 3-5 times per week

Employment/School

Details: Employed

Home/Environment

Details: Lives with Spouse. Living situation: Home/Independent. Home equipment: CPAP/BiPAP. Alcohol abuse in household: No. Substance abuse in household; No. Smoker in household; No. Feels unsafe at home; No. Safe place to go: Yes. Family/Friends available for support: Yes.

Nutrition/Health

Details: Type of diet: Gluten Free, Paleo. Regular

Substance Abuse Details: Denies

Tobacco

Details: Past; Comment(s): Quit 2021

#### Family History

No family history recorded.

#### Objective

Measurements (most recent)						
Height (cm)	185,40 cm	Videna RN, Marina	06/02 08:34			
Weight	129.60 kg	Stokely RN, Janice	06/06 07:19			
Body Mass Index	37.70 kg/m2	Stokely RN, Janice	06/06 07:19			

Vital Signs (24 hrs)	Last CI	narted	Minimu	ım	Maximu	ım
Temp	36.8	06/09/2022 14:06	36.6	06/08/2022 22:57	36.6	06/08/2022 22:57
Peripheral Pulse Rate	99	06/09/2022 14:06	91	06/09/2022 09:57	H 104	06/08/2022 22:57
Resp Rate	16	06/09/2022 18:16	16	06/08/2022 18:56	18	06/09/2022 09:57
SBP	134	06/09/2022 14:06	114	06/08/2022 18:47	H 137	06/09/2022 08:52
DBP	H 89	06/09/2022 14:06	63	06/08/2022 18:47	H 89	06/09/2022 14:06

Patient: MRN:

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex:

SVH35299488; SHM4682805

FIN:

SVH0000912220811

Attending:

Flangas, Gary M MD

### Progress Note

MAP	97	06/09/2022 14:06	75	06/08/2022 18:47	98	06/09/2022 08:52
SpO2	94	06/09/2022 14:06	L 92	06/08/2022 18:47	95	06/09/2022 08:52
O2 Therapy	Room ai	r	CPAP		Room ai	r

Intake and Output (current encounter)

	06/06 <b>09:1</b> 3 06/09 18:20	06/09 07:00 06/09 18:20	06/08 07:00 06/09 06:59	06/07 07:00 06/08 06:59	06/06 07:00 06/07 06:59
<u>Intake</u>	5988.5	360	1660	750	3218.5
Output	9535	275	2960	690	2610
Net Total	-546 5	85	-1300	60	608.5
Urine Count	4	2	2	0	0

#### Physical Exam

General: Alert, in no acute cardiopulmonary distress.

Mental Status: Oriented to person, place and time. Normal affect.

Head: Normocephalic.

Neck: Supple, Full range of motion.

Respiratory: Clear to auscultation and percussion. No wheezing, rates or rhonchi,

Cardiovascular: Heart sounds normal. No thrills. Regular rate and rhythm, no murmurs, rubs or gallops.

Gastrointestinal: Abdomen soft, non-tender, non-distended. Normal bowel sounds. No pulsatile mass. No hepatosplenomegaly.

Genitourinary: No costovertebral angle tenderness.

Neurologic: Cranial nerves II-XII grossly intact. No focal neurological deficits. Moves all extremities spontaneously. Sensation intact

bilaterally.

Musculoskeletal: No cyanosis or clubbing. No gross deformities. Normal range of motion. Drain in place

#### Home Medications

cyclobenzaprine (Flexeril 5 mg oral tablet) 1 Tabs By Mouth Daily as needed Muscle Spasm for 10 Days diazePAM (diazePAM 5 mg oral tablet) 5 Milligram 1 Tabs By Mouth Every 6 hours as needed Other (See Comments) for

oxycodone-acetaminophen (Percocet 10 mg-325 mg oral tablet) 1 Tabs By Mouth Every 4 hours as needed Pain 7 - 10 (Severe) for 7 Days

venlafaxine (venlafaxine 150 mg oral capsule, extended release) 150 Milligram 1 Capsules By Mouth Daily

#### Inpatient Medications

Medications (10) Active

SCHEDULED: (5)

ceFAZolin/Dex (ceFAZolin) 2 gm 50 mL, IV Piggyback, PREOP

cefazolin/SWFI 1 gm/10 mL IV Push (ceFAZolin) 1 gm 10 mL, IV Push, q8H

docusate sodium 100 mg Cap (Colace) 100 mg 1 Caps, Oral, BID

ethanol topical (Nozin 62% topical swab) 0.6 mL, Topical, BfD

venlafaxine 75 mg ER Cap Effexor XR (venlafaxine extended release) 150 mg 2 Caps, Oral, Daily

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

Patient:

SVH35299488; SHM4682805

Admit: 6/6/2022 Disch: 6/10/2022

MRN:

SVH0000912220811

DOB/Sex:

Attending: Flangas, Gary M MD

### Progress Note

### CONTINUOUS: (0)

PRN: (5)

acetaminophen 325 mg Tab (Tylenol) 650 mg 2 Tabs, Oral, q6H diazepam 5 mg Tab (diazePAM) (Valium) 5 mg 1 Tabs, Oral, q6H HYDROmorphone 2 mg/mL injection (Dilaudid) 1 mg 0.5 mL, IV Push, q3H ondansetron 4 mg/2 mL vial (Zofran) 4 mg 2 mL, IV Push, q6H oxyCODONE -acetaminophen 10 mg-325 mg Tab (Percocet 10 mg-325 mg oraf tablet) 1 Tabs, Oraf, q4H

72 hour Antibiotic History

Active Antibiotics ceFAZolin 1 gm, 10 mL, IV Push, q8H Day of Therapy:

Last Administered

First Administered

06/09/2022 18:16

FIN:

06/06/2022 23:40

Results 8 4 1

CBC, BMP, Coaquilation Trend (las	7.37	7.60	11.63	7.34
WBC	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Hgb	12.8	12.7	13.8	18.6 H
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Hct	<b>38.2</b>	38.1	<b>41.1</b>	<b>54.9 H</b>
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Baso # Auto	0.04	<b>0.05</b>	0.02	0.07
	06/09/2022 07:31	06/08/2022 <b>0</b> 8:13	06/07/2022 07:37	06/01/2022 16:14
Baso % Auto	0.5	0.7	<b>0.2</b>	1.0
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Eos # Auto	0.15	0.09	0.01	<b>0.20</b>
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Eos % Auto	2.0	1.2	0.1	2.7
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Immature Grans %	<b>0.3</b>	0.4	0.5	0.3
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Immature Grans # Auto	0.02	0.03	0.06	0.02
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Lymph # Auto	1.69	2.13	1.97	2.35
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Lymph % Auto	<b>22.9</b>	28.0	16.9	32.0
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Mono # Auto	0.67	0.61	1.03	0.64
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Mono % Auto	9.1	8.0	8.9	8.7
	06/09/2022 07:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Neut # Auto	4.80	4.69	8.54	4.06

Patient: MRN;

SVH35299488; SHM4682805

Admit: 6/6/2022 Disch: 6/10/2022

FIN:

SVH0000912220811

DOB/Sex:

Attending: Flangas, Gary M MD

### Progress Note

	06/09/2022 <b>0</b> 7:31	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Neut % Auto	65.2 06/09/2022 <b>07</b> :31	61.7 06/08/2022 08:13	73.4 06/07/2022 07:37	<b>55.3</b> 06/01/2022 16:14
Pit	190 06/09/2022 <b>07</b> :31	151 06/08/2022 08:13	202 06/07/2022 07:37	261 06/01/2022 16:14
Glucose Level	112 H 06/07/2022 <b>07</b> :37	112 H 06/01/2022 16:14		
Sodium	138 06/07/2022 <b>07</b> :37	139 06/01/2022 16:14		
Potassium	<b>3.7</b> 06/07/2022 <b>07</b> :37	3.4 L 06/01/2022 16:14		
Chloride	106 06/07/2022 <b>07</b> :37	107 06/01/2022 16:14		
CO2	26 06/07/2022 <b>07</b> :37	23 06/01/2022 16:14		
Creatinine	0.952 06/07/2022 <b>07</b> :37	1.220 06/01/2022 16:14		
BUN	14 06/07/2022 <b>07</b> :37	13 06/01/2022 16:14		
BUN/Creat Ratio	15 06/07/2022 <b>07</b> :37	11 06/01/2022 16:14		
Calcium	8.1 L 06/07/2022 <b>07</b> :37	9.5 06/01/2022 16:14		
Albumin. Level	4.1 06/01/2022 <b>16</b> :14	4		55
Ur Protein	Negative 06/01/2022 16:14			
T Bili	0.7 06/01/2022 <b>16</b> :14			
Alk Phos	94 06/01/2022 16:14			
AST	26 06/01/2022 <b>16</b> :14			
ALT	58 06/01/2022 <b>16</b> :14			
PTT	28 06/01/2022 <b>16</b> :14			
PT	11.0 06/01/2022 16:14			
NR	1.0 06/01/2022 16:14			

CBC (Last Within 24hrs) WBC: 7.37 x10e3/mcL (07:31) Hgb: 12.8 gm/dL (07:31) Hct: 38.2 % (07:31) Plt: 190 x10e3/mcL (07:31)

Patient:

Admit: 6/6/2022

MRN:

SVH35299488: SHM4682805

Disch: 6/10/2022

DOB/Sex:

Attending: Flangas, Gary M MD

FIN: SVH0000912220811

### Progress Note

#### Microbiology

MRSA by PCR

Source:

Nasal

Completed

Body Site:

Collected Dt/Tm:

06/01/2022 16:14

Last Updated Dt/Tm:

06/01/2022 22:26

#### Assessment/Plan

Acute left lumbar radiculopathy (M54.16): Status post L-spine fusion. Dural tear-doing well. No headache

#### Discharge Planning:

- » Discharge Planning:
  - » Discharge To, Anticipated: Home with family care

Electronically Signed By: Siddiqui, Abdulsami MD On: 06.09.2022 18:20 PDT

DOCUMENT NAME: SERVICE DATE/TIME: **RESULT STATUS:** 

PERFORM INFORMATION: SIGN INFORMATION:

Progress Note-Physician 6/8/2022 15:55 PDT Auth (Verified)

Siddiqui MD, Abdulsami F (6/8/2022 15:55 PDT) Siddiqui MD, Abdulsami F (6/8/2022 15:55 PDT)

### <u>Subjective</u>

Doing well. While already walked to the washroom.

<u>Allergies</u>

Alleroies (Active and Proposed Allergies Only)

No Known Allergies (Severity: Unknown severity, Onset: Unknown)

#### Past Medical History

No problems documented.

#### Past Surgical History

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

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Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex:

FIN:

SVH0000912220811

Attending: Flangas, Gary M MD

### Progress Note

appendectomy 2008 Spinal Fusion 2013

Distal Clavide Excision and Labrum repair Right - 2017

Social History

Alcohol

Details: Current, Beer, 3-5 times per week

Employment/School <u>Details:</u> Employed Home/Environment

Details: Lives with Living situation: Home/Independent. Home equipment: CPAP/BiPAP. Alcohol abuse in household: No. Substance abuse in household: No. Smoker in household: No. Feels unsafe at home: No. Safe place to go: Yes. Family/Friends available for support: Yes.

Nutrition/Health

Details: Type of diet: Gluten Free, Paleo. Regular

Substance Abuse Details: Denies Tobacco

Details: Past; Comment(s): Quit 2021

Family History

No family history recorded.

### Objective

Measurements (most	recent)		
Height (cm)	185.40 cm	Videna RN, Marina	06/02 08:34
Weight	129.60 kg	Stokely RN, Janice	06/06 07:19
Body Mass Index	37.70 kg/m2	Stokely RN, Janice	06/06 07:19

Vital Signs (24 hrs)	Last Ch	arted	Minimu	ım	Maximu	m
Temp	36.6	06/08/2022 14:48	36.8	06/08/2022 06:41	36.8	06/08/2022 06:41
Peripheral Pulse Rate	H 102	06/08/2022 14:49	83	06/08/2022 13:30	H 102	06/08/2022 14:49
Resp Rate	16	06/08/2022 15:54	16	06/07/2022 23:32	18	06/07/2022 19:50
SBP	H 138	06/08/2022 14:48	113	06/08/2022 00:42	H 145	06/08/2022 10:59
DBP	78	06/08/2022 14:48	68	06/08/2022 00:42	80	06/08/2022 10:59
MAP	92	06/08/2022 14:48	78	06/08/2022 00:42	92	06/08/2022 14:48
SpO2	L 93	06/08/2022 14:49	L 93	06/08/2022 14:49	98	06/08/2022 06:42
O2 Flow Rate					on 2	/min
O2 Therapy	Room ai	r	Room a	úr	Nasai ca	nnula

Patient: MRN:

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex:

SVH35299488; SHM4682805

FIN:

SVH0000912220811

Attending: Flangas, Gary M MD

### Progress Note

Intake and Outo	out (current encounter)				
	06/06 69:13	06/08 07:00	06/07 07:00	06/06 07:00	06/05 07:00
	06/08 15:55	06/08 15:55	06/08 06:59	06/07 06:59	06/06 06:59
Intake	3968.5	0	750	3218.5	0
Output	4600	1300	690	2610	0
Net Total	-631 5	-1300	60	608.5	0

#### Physical Exam

General: Alert, in no acute cardiopulmonary distress.

Mental Status: Oriented to person, place and time. Normal affect.

Head: Normocephalic.

Neck: Supple, Full range of motion.

Respiratory: Clear to auscultation and percussion. No wheezing, rales or rhonchi.

Cardiovascular: Heart sounds normal. No thrills. Regular rate and rhythm, no murmurs, rubs or gallops.

Gastrointestinal: Abdomen soft, non-tender, non-distended. Normal bowel sounds. No pulsatile mass. No hepatosplenomegaly.

Genitourinary: No costovertebral angle tenderness.

Neurologic: Cranial nerves II-XII grossly intact. No focal neurological deficits. Moves all extremities spontaneously. Sensation intact

bilaterally. Drain in place

Musculoskeletal: No cyanosis or clubbing. No gross deformities. Normal range of motion.

cyclobenzaprine (Flexeril 5 mg oral tablet) 1 Tabs By Mouth Daily as needed Muscle Spasm for 10 Days ventafaxine (ventafaxine 150 mg oral capsule, extended release) 150 Milligram 1 Capsules By Mouth Daily

#### Inpatient Medications

Medications (10) Active

SCHEDULED: (5)

ceFAZolin/Dex (ceFAZolin) 2 gm 50 mL, IV Piggyback, PREOP

cefazolin/SWFI 1 gm/10 mL IV Push (ceFAZolin) 1 gm 10 mL, IV Push, q8H

docusate sodium 100 mg Cap (Colace) 100 mg 1 Caps, Oral, 8ID

ethanol topical (Nozin 62% topical swab) 0.6 mL, Topical, BID

ventafaxine 75 mg ER Cap Effexor XR (ventafaxine extended release) 150 mg 2 Caps, Oral, Daily

CONTINUOUS: (0)

PRN: (5)

acetaminophen 325 mg Tab (Tylenol) 650 mg 2 Tabs, Oral, q6H diazepam 5 mg Tab (diazePAM) (Valium) 5 mg 1 Tabs, Oral, q6H

HYDROcodone -acetaminophen 10 mg-325 mg tab (Norco 10 mg-325 mg oral tablet) 1 Tabs, Oral, q4H

HYDROmorphone 1 mg/mL inj (Dilaudid) 1 mg 1 mL, IV Push, q3H

ondansetron 4 mg/2 mL vial (Zofran) 4 mg 2 mL, IV Push, q6H

72 hour Antibiotic History

Active Antibiotics

Day of Therapy:

Last Administered

First Administered

ceFAZolin 1 gm, 10 mL, IV Push, q8H

3

06/08/2022 08:40

06/06/2022 23:40

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

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Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022 Disch: 6/10/2022

DOB/Sav

FIN: SVH0000912220811

DOB/Sex:

Attending: Flangas, Gary M MD

### Progress Note

 Completed/Discontinued Antibiotics
 Stop Date/Time
 Last Administered
 First Administered

 ceFAZolin IV, Once
 06/06/2022 15:59
 06/06/2022 15:43
 06/06/2022 15:43

 ceFAZolin IV, Once
 06/06/2022 10:11
 06/06/2022 12:53
 06/06/2022 09:16

Results

CBC, BMP, Coagulation Trend (last 4 resulted)

CBC, BMP, Coagulation Trend (last	4 resulted i			
WBC	7.60	11.63	7.34	
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Hgb	12.7	13.8	18.6 H	
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Hct	38.1 06/08/2022 08:13	<b>41.1</b> 06/07/2022 07:37	<b>54.9 H</b> 06/01/2022 16:14	
Base # Auto	0.05	0.02	0.07	
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Baso % Auto	<b>0.7</b>	<b>0.2</b>	1.0	
	<b>06/08/2</b> 022 <b>08</b> :13	06/07/2022 07:37	06/01/2022 16:14	
Eos # Auto	0.09	<b>0.01</b>	0.20	
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Eos % Auto	<b>1.2</b>	<b>0.1</b>	2.7	
	<b>06/08/</b> 2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Immature Grans %	0.4	<b>0.5</b>	0.3	
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Immature Grans # Auto	0.03	0.06	0.02	
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Lym <b>ph #</b> Auto	<b>2.13</b>	<b>1.97</b>	<b>2.35</b>	
	<b>06/08/2</b> 022 08:13	06/07/2022 07:37	06/01/2022 16:1 <b>4</b>	
Lymph % Auto	28.0	16.9	32.0	
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Mono # Auto	0.61	<b>1.03</b>	0.64	
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Mono % Auto	8.0	8.9	8.7	
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Neut # Auto	<b>4.69</b>	8.54	4.06	
	<b>06/08</b> /2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Neut % Auto	<b>61.7</b> <b>06/08</b> /2022 08:13	<b>73.4</b> 06/07/2022 07:37	<b>55.3</b> 06/01/2022 16:14	
PIt	<b>151</b>	202	261	
	<b>06/08/</b> 2022 08:13	06/07/2022 07:37	06/01/2022 16:14	
Glucose Level	112 H 06/07/2022 07:37	112 H 06/01/2022 16:14		
Sodium	138 96/07/2022 07:37	139 06/01/2022 16:14		
Potassium	3.7	3.4 L		
		•		

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex:

Attending: Flangas, Gary M MD

FIN: SVH0000912220811

	Prog	ress Note	
	06/07/2022 07:37	06/01/2022 16:14	
Chloride	106 06/07/2022 07:37	107 06/01/2022 16:14	
CO2	26 06/07/2022 07:37	23 06/01/2022 16:14	
Creatinine	0.952 06/07/2022 07:37	1.220 06/01/2022 16:14	
BUN	14 06/07/2022 07;37	13 06/01/2022 16:14	
BUN/Creat Ratio	15 06/07/2022 07:37	11 06/01/2022 16:14	
Calcium	8.1 L 06/07/2022 07:37	9.5 06/01/2022 16:14	
Albumin. Level	<b>4.1</b> 06/01/2022 16:14		
Ur Protein	Negative 06/01/2022 16:14		
T Bili	0.7 06/01/2022 16:14		
Alk Phos	94 06/01/2022 16:14		
AST	26 06/01/2022 16:14		
ALT	58 06/01/2022 16:14		
PTT	28 06/01/2022 16:14		
PT	11.0 06/01/2022 16:14	ii ii	
INR	1.0 06/01/2022 16:14		

CBC (Last Within 24hrs) WBC: 7.6 x10e3/mcL (08:13) Hgb: 12.7 gm/dL (08:13) Hct: 38.1 % (08:13) Plt: 151 x10e3/mcL (08:13)

### Microbiology

MRSA by PCR

Source:

Nasal

Completed Body Site:

Collected Dt/Tm:

06/01/2022 16:14

Last Updated Dt/Tm:

06/01/2022 22:26

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

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Received: 06/28/2022

SVH- Spring Valley Hospital Medical Center

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022 Disch: 6/10/2022

FIN:

SVH0000912220811

DOB/Sex:

Attending: Flangas, Gary M MD

Progress Note

#### Assessment/Plan

Acute left lumbar radiculopathy (M54,16): Status post L-spine fusion. Dural tear. Pain control. Pain management. Monitor labs. PT in the next 24 to 48 hours

## Discharge Planning:

- » Discharge Planning:
  - » Discharge To, Anticipated: Home with family care

Electronically Signed By: Siddiqui, Abdulsami MD On: 06.08.2022 15:55 PDT

DOCUMENT NAME: SERVICE DATE/TIME: RESULT STATUS:

PERFORM INFORMATION: SIGN INFORMATION:

Progress Note-Physician 6/8/2022 11:50 PDT Auth (Verified)

Flangas, Gary M MD (6/8/2022 11:52 PDT) Flangas, Gary M MD (6/8/2022 11:52 PDT)

#### Subjective

doing well no complaints no radicular symptoms

no headache

## **Objective**

Vital Signs (24 hrs)	Last Ch	arted	Minimu	ım	Maximu	m
Temp	36.8	06/08/2022 06:41	36.7	06/07/2022 13:46	37	06/07/2022 14:43
Peripheral Pulse Rate	90	06/08/2022 10:59	90	06/08/2022 06:42	H 105	06/07/2022 14:44
Resp Rate	18	06/08/2022 10:59	16	06/07/2022 23:32	18	06/07/2022 11:58
SBP	H 145	06/08/2022 10:59	113	06/08/2022 00:42	H 145	06/08/2022 10:59
DBP	80	06/08/2022 10:59	68	06/07/2022 14:43	80	06/08/2022 10:59
MAP	91	06/08/2022 10:59	78	06/08/2022 00:42	91	06/08/2022 10:59
SpO2	96	06/08/2022 10:59	96	06/08/2022 00:42	98	06/07/2022 14:52
O2 Flow Rate	on 3	l/min				
O2 Therapy	Nasal c	annula	CPAP		CPAP	

Pain Scores (Last Within 24hrs) Numeric Pain Scale: 6 (10:28)

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex:

Attending: Flangas, Gary M MD

FIN: SVH0000912220811

## Progress Note

Intake and Output (current encounter)

	06:06 09:13	06/08 07:00	06/07 07:00	06/06 07:00	06/05 07:00
	06/08 11:51	06/08 11:51	06/08 06:59	06/07 06:59	06/06 06:59
<u>Intake</u>	3968.5	0	750	3218.5	0
Output	3300	0	690	2610	0
Net Total	668.5	0	60	608.5	0

Physical Exam awake alert oriented x 4 NAD mtr/sens intact

#### Home Medications

cyclobenzaprine (Flexeril 5 mg oral tablet) 1 Tabs By Mouth Daily as needed Muscle Spasm for 10 Days venlafaxine (venlafaxine 150 mg oral capsule, extended release) 150 Milligram 1 Capsules By Mouth Daily

#### **Inpatient Medications**

Medications (10) Active

SCHEDULED: (5)

ceFAZolin/Dex (ceFAZolin) 2 gm 50 mL, IV Piggyback, PREOP

cefazolin/SWFI 1 gm/10 mL IV Push (ceFAZolin) 1 gm 10 mL, IV Push, q8H

docusate sodium 100 mg Cap (Colace) 100 mg 1 Caps, Oral, BID

ethanol topical (Nozin 62% topical swab) 0.6 mL, Topical, BID

venlafaxine 75 mg ER Cap Effexor XR (venlafaxine extended release) 150 mg 2 Caps, Oral, Daily

CONTINUOUS: (0)

PRN: (5)

acetaminophen 325 mg Tab (Tylenol) 650 mg 2 Tabs, Oral, q6H

diazepam 5 mg Tab (diazePAM) (Valium) 5 mg 1 Tabs, Oral, q6H

HYDROcodone -acetaminophen 10 mg-325 mg tab (Norco 10 mg-325 mg oral tablet) 1 Tabs, Oral, q4H

HYDROmorphone 1 mg/mL inj (Dilaudid) 1 mg 1 mL, IV Push, q3H

ondansetron 4 mg/2 mL vial (Zofran) 4 mg 2 mL, IV Push, q6H

Results
Recent Labs
General Chemistry

Sodium	138 mmol/L (Normal)	06/07/2022 07:37
Potassium	3.7 mmol/L (Normal)	06/07/2022 07:37
Chloride	106 mmol/L (Normal)	06/07/2022 07:37
CO2	26 mmol/L (Normal)	06/07/2022 07:37

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022 Disch: 6/10/2022

DOB/Sex:

FIN: SVH0000912220811

Attending: Flangas, Gary M MD

## Progress Note

Anion Gap	6 mmol/L (Normal)	06/07/2022 07:37	
Glucose Level	112 mg/dL (High)	26/07/2022 07 37	
BUN	14 mg/dL (Normal)	06/07/2022 07:37	
Creatinine	0.952 mg/dl. (Normal)	06/07/2022 07:37	
BUN/Creat Ratio	15 (Normal)	06/07/2022 07:37	
Calcium	S 1 mg/dL (Low)	06/07/2022 07:37	
Estimated Creatinine Clearance	111.88 mL/min ()	06/07/2022 09:02	
eGFR Non-African American	97 mL/min/1.73m2 (Normal)	06/07/2022 07:37	
eGFR African American	112 mL/min/1.73m2 (Normal)	06/07/2022 07:37	
eGFR Pediatric	Not Reported (N/A)	06/07/2022 07:37	

## General Hematology

WBC	7 60 x10e3/mcL (Normal)	06/08/2022 08:13	
RBC	4.33 x10e6/mcL (Normal)	06/08/2022 08:13	
Hgb	12.7 gm/dL (Normal)	06/08/2022 08:13	
Hct	38.1 % (Normal)	06/08/2022 08:13	
WCV	88.0 Femtoliters (Normal)	06/08/2022 08:13	
MCH	29.3 pg (Normal)	06/08/2022 08:13	
мснс	33.3 gm/dL (Normal)	06/08/2022 08:13	
RDW-CV	12.6 % (Normal)	06/08/2022 08:13	
RDW-SD	41.0 Femtoliters (Normal)	06/08/2022 08:13	
Pit	151 x10e3/mcL (Normal)	06/08/2022 08:13	
MPV	9.9 Femtoliters (Normal)	06/08/2022 08:13	
NRBC %	0.0 /100 WBC (Normal)	06/08/2022 08:13	
NRBC #	0.00 x10e3/mcL (Normal)	06/08/2022 08:13	
Neut % Auto	61.7 % (N/A)	06/08/2022 08:13	
Lymph % Auto	28.0 % (N/A)	06/08/2022 08:13	
Mono % Auto	8.0 % (N/A)	06/08/2022 08:13	
Eos % Auto	1.2 % (N/A)	06/08/2022 08:13	
Baso % Auto	0.7 % (N/A)	06/08/2022 08:13	
mmature Grans %	0.4 % (Normal)	06/08/2022 08:13	
Neut # Auto	4.69 x10e3/mcL (Normal)	06/08/2022 08:13	

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022 Disch: 6/10/2022

FIN:

SVH0000912220811

DOB/Sex:

Attending: Flangas, Gary M MD

## Progress Note

Lymph # Auto	2.13 x10e3/mcL (Normal)	06/08/2022 08:13
Mono # Auto	0.61 x10e3/mcL (Normal)	06/08/2022 08:13
Eos # Auto	0.09 x10e3/mcL (Normal)	06/08/2022 08:13
Baso # Auto	0.05 x10e3/mcL (Normal)	06/08/2022 08:13
Immature Grans # Auto	0.03 x10e3/mcL (Normal)	06/08/2022 08:13

CBC. BMP. Coagulation Trend (last 4 resulted)

CDC. DIVIR. CORGUNATION HERE HOST T	1000 100		
WBC	7.60	11.63	7.34
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Hgb	12.7	13.8	18.6 H
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Hct	38.1	41.1	54.9 H
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Baso # Auto	0.05	0.02	0.07
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Baso % Auto	0.7	<b>0.2</b>	1.0
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Eos # Auto	0.09	<b>0.01</b>	0.20
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Eos % Auto	1.2	0.1	2.7
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Immature Grans %	0.4	<b>0.5</b>	0.3
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Immature Grans # Auto	0.03	<b>0.06</b>	0.02
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Lymph # Auto	2.13	1.97	2.35
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Lymph % Auto	28.0	16.9	32.0
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Моло # Auto	0.61	1.03	0.64
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Mono % Auto	8.0	8.9	8.7
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Neut # Auto	4.69	<b>8.54</b>	4.06
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Neut % Auto	61.7	7 <b>3.4</b>	55.3
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Pit	151	202	261
	06/08/2022 08:13	06/07/2022 07:37	06/01/2022 16:14
Glucose Level	112 H 06/07/2022 07:37	112 H 06/01/2022 16:14	

Patient:

Admit: 6/6/2022

DOB/Sex:

MRN: SVH35299488; SHM4682805

Disch: 6/10/2022 SVH0000912220811

Attending:

Flangas, Gary M MD

Progress Note

FIN:

	Progr	ess ivole	
Sodium	138 06/07/2022 07:37	139 06/01/2022 16:14	
Potassium	3.7 06/07/2022 07:37	3.4 L 06/01/2022 16:14	
Chloride	106 06/07/2022 07:37	107 06/01/2022 16:14	
CO2	26 06/07/2022 07:37	23 06/01/2022 16:14	
Creatinine	0.952 06/07/2022 07:37	1.220 06/01/2022 16:14	
BUN	14 06/07/2022 07:37	13 06/01/2022 16:14	
BUN/Creat Ratio	15 06/07/2022 07:37	11 06/01/2022 16:14	
Calcium	8.1 L 06/07/2022 07:37	9.5 06/01/2022 16:14	
Albumin. Level	<b>4.1</b> 06/01/2022 16:14		
Ur Protein	Negative 06/01/2022 16:14		
T Bili	<b>0.7</b> 06/01/2022 16:14		
Alk Phos	94 06/01/2022 16:14	19	
AST	26 06/01/2022 16:14		
ALT	58 06/01/2022 16:14	UI .	
PTT	28 06/01/2022 16:14		
PT	11.0 06/01/2022 16:14		
INR	1.0 06/01/2022 16:14		

CBC (Last Within 24hrs) WBC: 7.6 x10e3/mcL (08:13) Hgb: 12.7 gm/dL (08:13) Hct: 38.1 % (08:13) Plt: 151 x10e3/mcL (08:13)

Differential (Last Within 24hrs)

- Automated -

Neut % Auto: 61.7 % (08:13) Lymph % Auto: 28 % (08:13) Mono % Auto: 8 % (08:13) Eos % Auto: 1.2 % (08:13)

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

Page 76 of 83

Patient:

SVH35299488; SHM4682805 MRN:

DOB/Sex: Attending:

Flangas, Gary M MD

Admit: 6/6/2022

Disch: 6/10/2022

SVH0000912220811 FIN:

## Progress Note

Baso % Auto: 0.7 % (08:13) Immature Grans %: 0.4 % (08:13) Neut # Auto: 4.69 x10e3/mcL (08:13) Lymph # Auto: 2.13 x10e3/mcl (08:13) Mono # Auto: 0.61 x10e3/mcL (08:13) Baso # Auto: 0.05 x10e3/mcL (08:13)

Immature Grans # Auto: 0.03 x10e3/mcL (08:13)

#### Microbiology

MRSA by PCR

Source:

Nasal

Collected Dt/Tm:

06/01/2022 16:14

Completed

Body Site:

Last Updated Dt/Tm:

06/01/2022 22:26

Asse ment/Plan s/p lumbar fusion doing well sit up in beal and progress to oob as tolerated

Electronically Signed By: Flangas, Gary On: 06.08.2022 11:52 PDT

DOCUMENT NAME: SERVICE DATE/TIME: **RESULT STATUS:** PERFORM INFORMATION: SIGN INFORMATION:

Subjective Laying in bed flat due to the dural tear Pain controlled

Allergies

Allergies (Active and Proposed Allergies Only)

Progress Note-Physician 6/7/2022 16:20 PDT Auth (Verified) Siddiqui MD, Abdulsami F (6/7/2022 16:20 PDT) Siddiqui MD, Abdulsami F (6/7/2022 16:20 PDT)

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022 Disch: 6/10/2022

DOB/Sex:

37133299466, 361101466266

FIN: SVH0000912220811

Attending: Flangas, Gary M MD

## Progress Note

No Known Allergies (Severity: Unknown severity, Onset: Unknown)

## Past Medical History

No problems documented.

#### Past Surgical History

appendectomy 2008

Spinal Fusion 2013

Distal Clavicle Excision and Labrum repair Right - 2017

## Social History

Alcohol

Details: Current, Beer, 3-5 times per week

Employment/School <u>Details:</u> Employed Home/Environment

<u>Details:</u> Lives with Spouse. Living situation: Home/Independent. Home equipment: CPAP/BiPAP. Alcohol abuse in household: No. Substance abuse in household: No. Smoker in household: No. Feets unsafe at home: No. Safe place to go: Yes. Family/Friends available for support: Yes.

Nutrition/Health

Ruthitomheann

Details: Type of diet: Gluten Free, Paleo. Regular

Substance Abuse <u>Details</u>: Denies Tobacco

Details: Past; Comment(s); Quit 2021

## Family History

No family history recorded.

## Objective

Measurements (most recent)						
Height (cm)	185.40 cm	Videna RN, Marina	06/02 08:34			
Weight	129.60 kg	Stokely RN, Janice	06/06 07:19			
Body Mass Index	37.70 kg/m2	Stokely RN, Janice	06/06 07:19			

Vital Signs (24 hrs)	Last Ch	arted	Minimu	ım	Maximu	m
Temp	37	06/07/2022 14:43	36.7	06/06/2022 17:31	37	06/07/2022 14:43
Heart Rate Monitored	H 102	06/06/2022 17:00	96	06/06/2022 16:30	H 102	06/06/2022 17:00
Resp Rate	17	06/07/2022 15:08	14	06/06/2022 17:00	18	06/07/2022 07:08
SBP	126	06/07/2022 14:52	119	06/06/2022 23:00	H 163	06/06/2022 16:30
DBP	72	06/07/2022 14:52	68	06/07/2022 14:43	C 94	06/06/2022 16:30
MAP	83	06/07/2022 14:52	77	06/07/2022 10:51	120	06/06/2022 16:30
SpO2	98	06/07/2022 14:52	94	06/06/2022 17:31	98	06/07/2022 07:08

Received: 06/28/2022...

SVH- Spring Valley Hospital Medical Center

Patient: MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022

Disch: 6/10/2022

DOB/Sex:

FIN: SVH0000912220811

Attending: Flangas, Gary M MD

## Progress Note

O2 Flow Rate

O2 Therapy

CPAP

on 17 I/min

Nasal cannula

CPAP

Intake and Output (current encounter)

	06/06 09:13	06/07 07:00	06/06 07:00	06/05 07:00	06/04 07:00
	06/07 16:20	06/07 16:20	06/07 06:59	06/06 06:59	06/05 06:59
Intake	3218 5	0	3218.5	0	0
Output	3200	590	2610	0	0
Net Total	18.5	-590	608.5	0	0

## Physical Exam

General: Alert, in no acute cardiopulmonary distress.

Mental Status: Oriented to person, place and time. Normal affect.

Head: Normocephalic.

Neck: Supple, Full range of motion,

Respiratory: Clear to auscultation and percussion. No wheezing, rales or rhonchi.

Cardiovascular: Heart sounds normal. No thrills. Regular rate and rhythm, no murmurs, rubs or gallops.

Gastrointestinal: Abdomen soft, non-tender, non-distended. Normal bowel sounds. No pulsatile mass. No hepatosplenomegaly.

Genitourinary: No costovertebral angle tenderness.

Neurologic: Cranial nerves II-XII grossly intact. No focal neurological deficits. Moves all extremities spontaneously. Sensation intact bilaterally.

Musculoskeletal: No cyanosis or clubbing. No gross deformities. Normal range of motion.

cyclobenzaprine (Flexeril 5 mg oral tablet) 1 Tabs By Mouth Daily as needed Muscle Spasm for 10 Days venlafaxine (venlafaxine 150 mg oral capsule, extended release) 150 Milligram 1 Capsules By Mouth Daily

## Inpatient Medications

Medications (10) Active

SCHEDULED: (5)

ceFAZolin/Dex (ceFAZolin) 2 gm 50 mL, IV Piggyback, PREOP

cefazolin/SWFI 1 gm/10 mL IV Push (ceFAZolin) 1 gm 10 mL, IV Push, q8H

docusate sodium 100 mg Cap (Colace) 100 mg 1 Caps, Oral, BID

ethanot topical (Nozin 62% topical swab) 0.6 mL, Topical, BID

venlafaxine 75 mg ER Cap Effexor XR (venlafaxine extended release) 150 mg 2 Caps, Oral, Daily

CONTINUOUS: (0)

PRN: (5)

acetaminophen 325 mg Tab (Tylenol) 650 mg 2 Tabs, Oral, q6H

diazepam 5 mg Tab (diazePAM) (Valium) 5 mg 1 Tabs, Oral, q6H

HYDROcodone -acetaminophen 10 mg-325 mg tab (Norco 10 mg-325 mg oral tablet) 1 Tabs, Oral, q4H

HYDROmorphone 1 mg/mL inj (Dilaudid) 1 mg 1 mL, IV Push, q3H

ondansetron 4 mg/2 mL vial (Zofran) 4 mg 2 mL, IV Push, q6H

Print Date/Time 6/22/2022 11:10 PDT

Medical Record

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Patient:

SVH35299488; SHM4682805

Admit: 6/6/2022 Disch: 6/10/2022

DOB/Sex:

MRN:

FIN: SVH0000912220811

Progress Note

72 hour Antibiotic History

Active Antibiotics

Attending: Flangas, Gary M MD

ceFAZolin 1 gm, 10 mL, IV Push, q8H

Last Administered Day of Therapy: 06/07/2022 08:29

First Administered 06/06/2022 23:40

Completed/Discontinued Antibiotics

ceFAZolin IV, Once ceFAZolin IV, Once

Stop Date/Time Last Administered 06/06/2022 15:59

06/06/2022 10:11

06/06/2022 15:43 06/06/2022 12:53 First Administered 06/06/2022 15:43

06/06/2022 09:16

CBC, BMP, Coagulation Trend (last		
WBC	11.63 06/07/2022 07:37	7.34 06/01/2022 16:14
Hgb	13.8 06/07/2022 07:37	18.6 H 06/01/2022 16:14
Hct	41.1 06/07/2022 07:37	54.9 H 06/01/2022 16:14
Baso # Auto	0.02 06/07/2022 07:37	0.07 06/01/2022 16:14
Baso % Auto	0.2 06/07/2022 07:37	1.0 06/01/2022 16:14
Eos # Auto	0.01 06/07/2022 07:37	0.20 06/01/2022 16:14
Eos % Auto	<b>0.1</b> 06/07/2022 07:37	<b>2.7</b> 06/01/2022 16:14
Immature Grans %	0.5 06/07/2022 07:37	0.3 06/01/2022 16:14
Immature Grans # Auto	0.06 06/07/2022 07:37	0.02 06/01/2022 16:14
Lymph # Auto	1.97 06/07/2022 07:37	2.35 06/01/2022 16:14
Lymph % Auto	16.9 06/07/2022 07:37	32.0 06/01/2022 16:14
Mono # Auto	1.03 06/07/2022 07:37	0.64 06/01/2022 16:14
Mono % Auto	8.9 06/07/2022 07:37	8.7 06/01/2022 16:14
Neut # Auto	8.54 06/07/2022 07:37	4.06 06/01/2022 16:14
Neut % Auto	73.4 06/07/2022 07:37	55.3 06/01/2022 16:14

Patient:

SVH35299488; SHM4682805

Admit: 6/6/2022

FIN:

Disch: 6/10/2022 SVH0000912220811

MRN: DOB/Sex:

Attending: Flangas, Gary M MD

# Progress Note

Pit	202 06/07/2022 07:37	261 06/01/2022 16:14	
Glucose Level	112 H 06/07/2022 07:37	112 H 06/01/2022 16:14	
Sodium	138 06/07/2022 07:37	139 06/01/2022 16:14	
Potassium	<b>3.7</b> 06/07/2022 07:37	3.4 L 06/01/2022 16:14	
Chloride	106 06/07/2022 07:37	107 06/01/2022 16:14	
CO2	<b>26</b> 06/07/2022 07:37	23 06/01/2022 16:14	
Creatinine	0.952 06/07/2022 07:37	1.220 06/01/2022 16:14	
BUN	14 06/07/2022 07:37	13 06/01/2022 16:14	
BUN/Creat Ratio	15 06/07/2022 07:37	11 06/01/2022 16:14	
Calcium	8.1 L 06/07/2022 07:37	9.5 06/01/2022 16:14	
Albumin. Level	<b>4.1</b> <b>0</b> 6/01/2022 16:14		
Ur Protein	Negative 06/01/2022 16:14		
T Bill	0.7 06/01/2022 16:14		
Alk Phos	94 06/01/2022 16:14		
AST	<b>26</b> 06/01/2022 16:14		
ALT	58 06/01/2022 16:14		
PTT	28 06/01/2022 16:14		
PT	11.0 06/01/2022 16:14		
INR	1.0 06/01/2022 16:14		

CBC (Last Within 24hrs) WBC: 11.63 x10e3/mcL (07:37) Hgb: 13.8 gm/dL (07:37) Hct: 41.1 % (07:37) Plt: 202 x10e3/mcL (07:37)

Patient:

FIN:

Admit: 6/6/2022 Disch: 6/10/2022

MRN:

SVH35299488; SHM4682805

SVH0000912220811

DOB/Sex:

Attending: Flangas, Gary M MD

Progress Note

Microbiology

MRSA by PCR

Completed

Source: Collected Dt/Tm: Nasal 06/01/2022 16:14 Body Site:

Last Updated Dt/Tm:

06/01/2022 22:26

<u>Assessment/Plan</u>

Acute left lumbar radiculopathy (M54.16): Status post L-spine fusion.

Dural tear. Pain control, Pain management, Monitor labs. PT in the next 24 to 48 hours

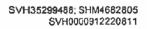
Discharge Planning:

» Discharge Planning:

» Discharge To, Anticipated: Home with family care

Electronically Signed By: Siddiqui, Abdulsami MD

On: 06.07.2022 16:20 PDT



\* Transcribed \*

POST-OPERATIVE / PROCEDURE	
POST-OPERATIVE NOTE (The Physician must also dictate an Operative Report	
Pre-Operative Diagnosis: Lumbur nudiculos	+ har 1 1 1 4 1 2 - capi-
(41 63/4 370014)	Lyst
Post-Operative Diagnosis:	
Procedure: Remove 2nst Lu-11', Excla	مد الاستام المراجل
	Lesection 6 43/11 NYAPOSYI Cyt
	, And sureup interfilled a
mon Andorner Marriet	
Surgeon Attending: 1/1 / Assistan	t Surgeon: N.Cl., v.
Surgeon Attending: 1-1 / Assistan	Dougeon. 70.277 02
Type of Anesthesia: CETA	
Operative Note (Description of Procedure):	
Complications:	
Estimated Blood Loss: > 500 mL:	
Drains:	
10 17 10 20	
Specimens:	
,1.	
2	
3.	
Patient Status: Strub	
Confirmation # for Dictated Operative Report:	
	6/6/22
Physician Signature	License # Date/Time
DISCHARGE NOTE (Ambulatory Surgery ONLY)	
Final Diagnosis:	
	Burnessan - Anna anna anna anna anna anna anna
	28 MM (1997)
Instructions to Patient:	
Physical Activity:	
Medications:	,
Wediosgoris.	
Diet: Follow Up C	are·
Condition On Discharge:	4.01
Disposition:	*
7	
	·
Physician Signature	License# Date/Time-
BAR CODE	PATIENT IDENTIFICATION
The Valley K Health System	NEE MAR BER SELD OF DRAIGH CHARLE CHARLES FOR LESS BERNA BER AND SECTION FOR ALL DRAIN
Command State Managhille - Change Continued and Continued	BI BU IN IN TRANSCOM ANTINIA KAN ANTINIA DA 17 ANTAN ANTINIA NA LA PARA
PN1078 POST-OPERATIVE PROCEDURE	912220811-35299488
PROGRESS NOTE	
(PMM# 79272704) (FI 8/12) (FOD)	MRN: 35299488 ADM/REG DT: 06/06/2022 Spring Valley Hospital

SVH35299488



History & Physical
\* Final Report \*

Result type: History & Physical

Result date: June 06, 2022 18:41 PDT

Result status: Auth (Verified)

Result title: Initial Evaluation Note

Performed by: Siddiqui MD, Abdulsami F on June 06, 2022 18:41 PDT Verified by: Siddiqui MD, Abdulsami F on June 06, 2022 18:41 PDT

Encounter info: SVH0000912220811, SVH Center, Inpatient, 6/6/2022 - 6/10/2022

# \* Final Report \*

#### **History of Present Illness**

with back pain and radiculopathy came in for scheduled L-spine fusion procedure.

He is postoperative complaining of pain. There was a dural tear Intra-Op for which she has been recommended for bedrest for the next 24 to 48 hours.

## Review of Systems

## **Review of Systems**

Constitutional: No weight loss, fever, chills, weakness or fatigue.

**HEENT:** No visual loss, blurred vision, double vision or yellow sclera. No hearing loss, sneezing, congestion, runny nose or sore throat.

Skin: No rash or itching.

Cardiovascular: No chest pain, chest pressure or chest discomfort. No palpitations or pedal edema.

Respiratory: No shortness of breath, cough or sputum production.

Gastrointestinal: No anorexia, nausea, vomiting or diarrhea. No abdominal pain or blood in stool

**Genitourinary:** No burning micturition. No urinary frequency or incontinence. **Neurologic:** No headache, dizzlness, syncope, unilateral weakness, ataxla, numbness or tingling in the extremities. No change in bowel or bladder control.

**Muscutoskeletal:** No muscle pain, joint pain or stiffness. **Hematologic:** No bleeding or bruising.

Lymphatics: No enlarged lymph nodes.

Psychiatric: No depression or anxiety.

Endocrine: No reports of sweating. No cold or heat intolerance. No polyuria or

polydipsia.

## **Objective**

Measurements (m	ost recent)		
Height (cm)	185.40 cm	Videna RN, Marina	06/02
Weight	129.60 kg	Stokely RN, Janice	08:34 06/06
Body Mass Index	37.70 kg/m2	Stokely RN, Janice	07:19 06/06
			07:19

Vital Signs (24 hrs)	<u>Las</u>	st Charted	Mini	imum_	Maxi	mum.
Temp	<b>36.</b> 7	06/06/2022 17:31	L 36.1	06/06/2022 07:17	L 36.1	06/06/2022 07:17
Heart Rate Monitored	H 19	02 06/06/2022 17:00	96	06/06/2022 16:10	H 103	06/06/2022 15:52

Printed by: Scott, Adam

Printed on: 2/17/2023 2:18 PST

## <u>Histories</u> Allergies

Allergies (Active and Proposed Allergies Only) No Known Allergies (Severity: Unknown severity, Onset: Unknown)

20.0

## Past Medical History

No problems documented.

## **Past Surgical History**

appendectomy 2008
Spinal Fusion 2013
Distal Clavicle Excision and Labrum repair
Rìght - 2017

## Social History

#### **Alcohol**

Details: Current, Beer, 3-5 times per week

Employment/School Details: Employed

## Home/Environment

<u>Details:</u> Lives with Spouse. Living situation: Home/Independent. Home equipment: CPAP/BiPAP. Alcohol abuse in household: No. Substance abuse in household: No. Smoker in household: No. Feels unsafe at home: No. Safe place to go: Yes. Family/Friends available for support: Yes.

Nutrition/Health

Details: Type of diet: Gluten Free, Paleo.

Regular

Substance Abuse Details: Denies

Tobacco

Details: Past; Comment(s): Quit 2021

#### Family History

## History & Physical \* Final Report \*

SVH35299488

Resp Rate	17	06/06/2022	14	06/06/2022	19	06/06/2022
		17:31		17:00	-+	15:52
CDD						
SBP	H 151	06/06/2022	H 140	06/06/2022	H 163	06/06/2022
		17:30		17:00		16:30
D8P	H 82	06/06/2022	H 81	06/06/2022	e 00	
DOF	H 02	, ,	L OT	06/06/2022	<b>C</b> 96	06/06/2022
		17:30		15:52		16:15
MAP	98	06/06/2022	98	06/06/2022	121	06/06/2022
					121	
		17:30		17:30		16:10
SpO2	94	06/06/2022	94	06/06/2022	97	06/06/2022
		17:31		15:52		16:45
03 Fl B						10.43
O2 Flow Rat	ie or	17 l/min	on	8 I/min		
O2 Therapy	N	asal cannula	No	nrebreather n	nack	
			110		1031	

Pain Scores (Last Within 24hrs)

FACES Pain Scale Score: 0 = No hurt (15:52)

FLACC Score: 0 (17:00) Numeric Pain Scale: 6 (18:31)

Physical Exam

Physical Exam

General: Alert, in no acute cardiopulmonary distress.

Mental Status: Oriented to person, place and time. Normal affect.

Head: Normocephalic.

Eyes: Pupils are equal, round and reactive to light. Extraocular muscles intact. Ear, Nose and Throat: Oropharynx clear, mucous membranes moist. Ears and nose without masses, lesions or deformities. Trachea midline.

Neck: Supple, Full range of motion.

Respiratory: Clear to auscultation and percussion. No wheezing, rales or

Cardiovascular: Heart sounds normal. No thrills. Regular rate and rhythm, no murmurs, rubs or gallops.

Gastrointestinal: Abdomen soft, non-tender, non-distended. Normal bowel sounds. No pulsatile mass. No hepatosplenomegaly.

Genitourinary: No costovertebral angle tenderness.

Neurologic: Cranial nerves II-XII grossly intact. No focal neurological deficits.

Moves all extremities spontaneously. Sensation intact bilaterally. Skin: No rashes or lesions. No petechiae or purpura. No edema.

Musculoskeletal: No cyanosis or clubbing. No gross deformities.

Lymphatics: Palpation of neck reveals no swelling or tendemess of neck nodes.

Assessment/Plan

Acute left lumbar radiculopathy (M54:16): Status post L-spine fusion. Dural tear. Pain control. Pain management. Monitor labs. PT in the next 24 to 48 hours

Discharge Planning:

» Discharge Planning:

» Discharge To, Anticipated: Home with family care

Printed by: Scott, Adam

Printed on: 2/17/2023 2:18 PST

No family history recorded.

Medications **Home Medications** cyclobenzaprine (Flexeril 5 mg oral tablet) 1 Tabs By Mouth Daily as needed Muscie Spasm for 10 Days venlafaxine (venlafaxine 150 mg oral capsule, extended release) 150 Milligram 1 Capsules By

Results

Mouth Daily

resulted) WBC	7.34			
	06/01/2022 16:14			
Hgb	18.6 H	1111	-	┼
90	06/01/2022	1		
	16:14			
Hct	54.9 H			
	06/01/2022			
	16:14		1.	1
Baso # Auto	0.07	- (-)	-	1
	06/01/2022	1		
	16:14	===		
Baso % Auto	1.0	-		
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History & Physical \* Final Report \*

SVH35299488

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Printed by: Scott, Adam Printed on: 2/17/2023 2:18 PST

History & Physical
\* Final Report \*

SVH35299488

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Imaging(s) XR Spine Lumbosacral 2 or 3 Views 06/06/2022 15:37

Signature Line

Electronically Signed By: Siddiqui, Abdulsami MD

On: 06.06.2022 18:41 PDT

## **Completed Action List:**

- \* Perform by Siddiqui MD, Abdulsami F on June 06, 2022 18:41 PDT
- \* Sign by Siddiqui MD, Abdulsami F on June 06, 2022 18:41 PDT
- \* VERIFY by Siddiqui MD, Abdulsami F on June 06, 2022 18:41 PDT

Printed by: Scott, Adam

Printed on: 2/17/2023 2:18 PST

Received: 08/19/2022

## SVH- Spring Valley Hospital Medical Center 5400 S. Rainbow Blvd, Las Vegas, NV 89118-1859

Patient:

MRN:

SVH35299488; SHM4682805

Admit: 6/6/2022

Disch:

Disch Time:

DOB/Sex:

FIN:

SVH0000912220811

Admitting: Flangas, Gary M MD

Attending: Flangas, Gary M MD

## Anesthesia Billing Data

OR: SVH OR 06	Anesthesiologist: Gatynya, Pavel V MD	Height: 185.4 cm
Surgery Date: 06/06/2022	Anesthesia Type: General	Weight: 129.6 kg
Surgeon: Flangas, Gary M MD	ASA Class: ASA 2 (P2)	Allergies: No Known Allergies

Pre-Op Diagnosis: LUMBAR 3 LUMBAR 4 RADICULOPATHY

Procedure: Fusion Spine Lumbar Transforam Interbody (Laterality NA)

Add'I Procedure Details: Fusion Spine Lumbar Transforam Interbody - REMOVE INSTRUMENTATION, EXPLORE FUSION LUMBAR FOUR TO SACRAL ONE - LUMBAR THREE, FOUR POSTERIOR LUMBAR INTERBODY FUSION WITH NEUROMONITORING

Received: 08/19/2022

SVH- Spring Valley Hospital Medical Center

Patient:

SVH35299488: SHM4682805

Admit: 6/6/2022

MRN:

Disch:

DOB/Sex:

Attending: Flangas, Gary M MD

FIN: SVH0000912220811

## Anesthesia Record

DOCUMENT NAME: SERVICE DATE/TIME:

Anesthesia Record 6/6/2022 16:00 PDT

RESULT STATUS:

Unauth

PERFORM INFORMATION: SIGN INFORMATION:

Anderson CRNA, Kyle (6/6/2022 16:01 PDT) Anderson CRNA, Kyle (6/6/2022 16:01 PDT)

## Postanesthesia Evaluation\*\*

Patient:

MRN: SVH35299488

FIN: SVH0000912220811

Age: Associated Diagnoses: None Author: Anderson CRNA, Kyle

## Postoperative Information

Post Operative Info:

Post operative day: Post Anesthesia Care Unit.

Patient location: PACU.

#### Assessment and Plan

Vitals: Vitals (ST)

Vital Signs (24 hrs)	Last C	harted	Minim	<u>um</u>	Maxir	num
Temp	L 36.1	(JUN 06 07:17)	L 36.1	(JUN 06 07:17)	L 36.1	(JUN 06 07:17)
Peripheral Pulse Rate	92	(JUN 06 07:17)	92	(JUN 06 07:17)	92	(JUN 06 07:17)
Resp Rate	16	(JUN 06 07:17)	16	(JUN 06 07:17)	16	(JUN 06 07:17)
SBP	H 144	(JUN 06 07:17)	H 144	(JUN 06 07:17)	H 144	(JUN 06 07:17)
DBP	C 92	(JUN 06 07:17)	C 92	(JUN 06 07:17)	C 92	(JUN 06 07:17)
SpO2	95	(JUN 06 07:17)	95	(JUN 06 07:17)	95	(JUN 06 07:17)
	Room	aír	Room	air	Room	air

, Vital Signs...

6/6/2022 7:17 POT

Oxygen Therapy Room air Sp02 95 %

Temperature (Route Not Specified) 36.1 DegC LOW Temperature Convert C to F 97 DegF LOW

Temperature Method 5kin Peripheral Pulse Rate 92 bpm Respiratory Rate 16 br/min Systolic Blood Pressure 144 mmHg HI Diastolic Blood Pressure 92 mmHg >HHI BP Site Left arm

, Measurements from flowsheet . Measurements

6/6/2022 7:19 POT

Reight 129.6 kg Daily Weight kg 129.6 kg Weight Method Measured Measured Dosing Weight Method BSA Measured 2.58 m2 Body Mass Index Measured 37.7 kg/m2

Blood Pressure: Within normal limits.

Pulse: Within normal limits. Respirations: Within normal limits.

Neurological/Mental Assessment

Mental Status: Sedated.

Print Date/Time 6/7/2022 02:16 PDT

Medical Record

Received: 08/19/2022

SVH- Spring Valley Hospital Medical Center

Patient:

SVH35299488; SHM4682805

Admit: 6/6/2022

MRN: DOB/Sex:

Disch: FIN: SVH0000912220811

Attending: Flangas, Gary M MD

Anesthesia Record

Respiratory Function: Stable.

CV Support: None. Pain: Pain Assessment

6/6/2022 7:35 PDT

Last Documented Pain Score Pain Assessment Tool Utilized

Numeric, 4 Numeric

6/6/2022 7:34 PDT

Primary Pain Location Lumbar Primary Pain Radiation Yes

Primary Pain Radiation Characteristics numbers tingling legs

intermittent, left greater than right

Frimary Pain Quality Aching, Radiating Numeric Pain Scale 4

Primary Pain Time Pattern Constant

Nausea Status: Denies nausea. Hydration: Within normal limits.

ADCOX, MICHAEL WAYNE 6/13/1977

SVH35299488; SHM4682805 SVH0000912220811

		•	* Auth (Verified) *	· (payir	_								
SVH- Spring Velley Hospital Medical Center 5400 S. Rainbow Blvd. Las Vegas, NV 89118		And Date F	esthesia Re inalized: 6/6/20 Page 1 of 4	Anesthesia Record Dale Finalized 6/6/2022 15:59 Page 1 of 4		OOL	SVH35299488 SVHOR-2022-3775 Fusion Some Lumbar Transforam Interbody (Laterality NA)	3775 umbar T	nenstoren	Interbody	Latero	₩ NA	
OR SVH OR 16 Surg Date: 6/6/2022 9:55 Surgeon Anesthesiologist Gatymya, Pavet V MD: Burke MD, Jason R Anes Type.		FIN NBR. Age. Gender Pre-Op Diagnosis: Procedure:	SVHIDDB9122 COMBAR3 LL Fusion Spine	SVHIDDIB912220811 CUMBARY LUMBA Fusion Spine Lumb	SVHINDINGS12220811  COMBARTS LUMBAR 4 RADICULOPATHY FUSION Spine Lumber Transferent Interbody	LOPATHY	DOB Height Weight Alergies	hi 123	1854 cm 1296 kg No Known Allergies	ergies			
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\* Auth (Verified) \*





7455 W. Washington Ave. Suite 302 Las Vegas, NV 89128 (855) 864-4322 Office

# Consent for Intraoperative Neurophysiologic Monitoring

Patient	Primary Reader, Dr. Ht.		Surgery Date Old 66/203	3
Patient email:			**	
		or commercial and or	1	

#### TO BE COMPLETED BY THE PATIENT

I bereby authorize Neuromonitoring Associates, LLC (NMA) and Monitoring Associates, LLC (MA) and for their employees or agents as may be designated to perform these made aware that surf they be designated to perform outsoperative neurophysiologic monitoring Associates, LLC (MA) and for their employees surface and/or subdermal electrodes made aware that surface and/or subdermal electrodes mile aware that surface and or subdermal electrodes mile aware that surfa and/or subdermal electrodes will be placed ever muscles and/or neural structures at multiple sites. I understand that these procedures may include direct stimulation to neural structures. It has been explained to me that the nerve/muscle function testing usually commences prior to surgery and continues in the neural structures. It has been explained to me that the nerve/muscle function testing usually commences prior to surgery and continues throughout the entire surgical procedure, and that there are minimal risks associated with the administration of IONM that can possibly include infants. that can possibly include infection, hums, seizures, bleeding at electrode sites, etc. The data obtained are included in the surgeon's decisionmaking process. The moniforing is customarily concluded at the end of the surgical procedure

Assignment of Benefits and Acknowledgement of Financial Responsibility The undersigned requests that NMA, MA, and their affiliated companies submit all invoices associated with the technical and professional Survices provided by NMA, MA, and their affiliated companies submit all invoices associated with the techniques of the plan, on my behalf. I further percent and country to MA, MA, and their affiliated companies during my surgery to my insurer or health benefits plan, on my behalf. I further permit and recreek that my insurance company reimburse NMA, MA, and their affiliated companies directly for any invoices submitted on my behalf for services provided by NMA, MA, and their affiliated companies. I bereby authorize the release of all information necessary to seemine payments of IONM pervices. I understand that I am responsible for forwarding all payments received by my insurance Carrier for the services conducted by NIMA, MA, and their affiliated companies. I understand failure to do so may result in further efforts with collection.

le addition to authorizing direct payment of applicable insurance coverage for IQNM services to NMA, MA, and their affiliated companies, I authorize NMA, MA, and their affiliated companies and/or their attorneys to file any necessary claims, demands or appeals with my insurer or health benefits plan from a denial of reimbursement or coverage for IONM services provided on my behalf effective (enter date of service.) affiliated companies ray rights to bring a legal action, if necessary, against my insurer or health benefits plan to recover the costs of or outforce my rights to develope of IONM services under my insurance or health benefits plan under applicable law, including without limitation under the Employee Retirement Income Security Act of 1974 (ERISA).

I recognize that NMA, MA, and their affiliated companies may disclose personal health information related to my receipt of IONM services for purposes of pursuing the actions authorized above, and I agree to provide necessary information to, and reasonably cooperate with and assist, NMA, MA, and their affiliated companies as necessary, to pursue third party payments of my claims for IONM services. I agree, in order for NMA and MA to service my account or to collect any amounts I may owe, NMA and MA may contact me by telephone at any telephone number associated with my account, including cell phone numbers. NMA and MA may also contact me by sending text messages or e-mails, using any e-mail address I provide. Methods of contact may include using prerecorded/artificial voice messages and/or use of an automatic dialing device, as applicable. Lagree that if my account is assigned to an outside collection agency or attorney, NMA and MA may add the fees charged by the collection agency or attorney to the balance due from me.

If you decline to have Nista, MA, and their affiliated companies submit any and all claims for reimbursement to your insurer, please check If you decline to have Notes, Allo, and the despensibility for self-payment of professional services.

the box below stating that you except all legal responsibility for self-payment of professional services.

If YOU AGREE WITH THE ABOVE, PLEASE SIGN BELOW. IF YOU DO NOT AGREE TO THE ABOVE, PLEASE CHECK AND IT YOU AGREE WITH THE ABOVE, PLEASE CHECK AND IF YOU AGREE WITE THE ALL PLISPONSIBILITY FOR SUBMITTING THE CLAIM TO YOUR INSURER. I do not want NMA and MA to bill my insurer on my behalf. I agree to be responsible directly to NMA, MA, and their affiliated companies for any charges associated with manifering my surger, Patient/Agent Signature

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## INTRAOPERATIVE NEUROPHYSIOLOGY

Print Time Stamp: 06-07-2022 05:42 AM EST

Surgery Date: HOSPITAL ID: 912220811 08/06/2022

Medical Rec. #: 35299488

Patient Type: Inpote

Patient:

Surgeon:

GARY MICHAEL FLANGAS, M.D.

Post Baselina 09:29 Final Trace Time: 15:16

Total Professional Time:

05:49 2361129

IONM Technologist: CALTLIN BAROODY, CNIM

Location:

SPRING VALLEY HOSPITAL

Diagnosis:

STENOSIS

Anasthesiologist: GATYNYA, PATEL MD

Procedure:

PLIF L3 - L4, POSTERIOR INSTRUMENTATION L4 - S1.

Conditions of the Recording:

All studies were performed on the alorementioned petient under real-timo physician direct supervision via internet communication allowing continuous or immediate contact between the interpreting monitoring physician and surgeon. Real time viewing of the data and real-time communication with the technologist, surgeon, and anesthesiologist was maintained throughout the procedure. Please see technician notes for details of stimulation and recording.

For upper and lower extremity SSEP monitoring, supramaximal intertexeed electrical stimulation was delivered to selected peripheral nerves bilisterably in order to monitor the functional integrity of the semistasensory pathways. EEG was monitored for cortical activity and utilized to monitor depth of aneathesia.

For spontaneous EMG monitoring, electrodes were applied to the selected muscles bilaterally in order to monitor the physiologic status of the peripheral nerves at potential risk. For neuromuscular junction monitoring, electrical stimulation was applied to a peripheral nerve and recorded from the corresponding muscle in order to assess the level of neuromuscular

The functional integrity of the motor tracts was monitored using motor evoked potentials (MEPs).

Description of the Recording:

Sometosensory Evoked Potentials (SSEPs) were performed to monitor the sensory system by stimulating nerves in the upper and lower extremitties. Beseline responses were recorded prior to the start of the procedure and subsequent responses were compared to baseline.

Cortical and Sub-Cortical waveforms were recorded from the sensory and sub-thallamic generators. Significant changes in SSEPs were there defined as delay in latency (by 10%) or decrease in amplitude (by 50%).

Bilateral ulner and tibial norve SSEP baselines were reproducible and reflebile. There were no significant changes in SSEPs during the case.

Upper SSEP Stimutation Site: Ulrar Nerve

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Lower SSEP Stimulation Site: Posterior Tibital

NCVs were recorded using electrodes placed at Erb's point to monitor ulnar nerve stimulation at the wrist and at the Popitical lossa to monitor tibial nerve stimulation at the anide. No changes were observed in ulnar stimulation to Erb's point and tibial stimulation to the Popitical lossa during the procedure.

NCV Recording Site : Erb's Point, Popliteel Forces.

The functional integrity of the motor tracts were monitored using motor evoked potentials (MEPs). The continued appearance of these MEPs Motor Evoked Potentials (MEPs) elicited by Transcranial stimulation of the motor cortex at C1 and C2. MEPs were measured using bipolar subdermal needle electrodes placed into the belty of monitored muscles, and throughout the operation were compared to previously recorded baseline values.

Upper and Lower TeaNEP responses were present at baseline. TeaMEPs were run intermittently throughout the procedural case. No changes were noted during the procedural in bilateral upper and lower extramities. No changes were noted at closing.

Motor responses were measured at the following muscles:

Upper MEP Muscles; ADM Muscle, APB Muscle.

Lower MEP Muscles: Abductor Hellucis, Gestroc Muscle, Peroneus Longus, Quadriceps Muscle, Tibialis Anterior.

Free Running Electromyography (EMG) was performed to monitor the integrity of the motor system and for nerve/root imitability. Recording electrodes were placed in assectes appropriate to the sits of the procedure.

Continuous free running EMG was quiet throughout the procedure.

Lower Needle EMG Muscles : Abductor Halfacis, Gastroc S1, Peroneus Longus L5,S1, Tib. Ant. L5, Vast. Medi L2-L4, RECTUS FEMORIS.

Continuous EEG was monitored via modified 10-20 montage throughout the surgical procedure to monitor codical function and depth of anesthesia. Data was used to help inform enesthesia for helping to keep patient well sectated but not too deep for intra-operative monitoring. EEG was symmetric throughout the procedure and no lateratizing events were observed during the case.

Train-of-Four Neuromuscular Junction (TOF) leading was performed to-verify the validity of monitoring procedures dependent upon active motor neuronal fising such as EMG, MEP monitoring, and/or Pedicle Stimulation. A response of 2 out of 4 or better is advisable.

Train of four (TOF) Neuro-muscular Junction Testing consistently produced 4 out of 4 responses for portions of the case where EMG monitoring was required.

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#### Summary:

Under direct physician supervision, Upper and lower SSEPs were repeatable, reproducible, and soliable for monitoring at baseline. The latencies and amplitudes were compared to baseline values. No significant variations were noted. Frae-running EMG was performed during the procedure and was unremarkable. EEG was unremarkable throughout the case. Train-of-Four Neuromuscular Junction testing produced 4 out of 4 stimulus responses. ToeMEPs were present at baseline and were obtainable throughout the case.

Impression:

This intraoperative monitoring study was unremarkable, as described above.

Andrew Hsu, MLD.

NOTE: This report was signed via Electronic Signature by Andrew Hau, M.D. on 06/07/2022 01:42 AM

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