

**Harold Iseke Chiropractic Professional Corp  
Harold Iseke, D.C.**

**3711 Long Beach Blvd Ste #200 Long Beach, CA 90807  
Ph. (562) 980-0555 • Fax**

**DATE OF EXAMINATION:** 12/08/2021

**PATIENT:** GEORGE SOOHOO

**CLAIMS ADMINSTRATOR:**

**EMPLOYER:**

**OCCUPATION:**

**DATE OF BIRTH:** 11/28/1953

**CLAIM #:**

**DATE OF INJURY:** 08/16/2021

**PRIMARY TREATING PHYSICIAN'S INITIAL REPORT**

Mr. GEORGE SOOHOO presents in my Long Beach Office, located at 3711 Long Beach Blvd Ste #200, Long Beach, CA 90807 on 12/08/2021 for an evaluation in regards to the industrial injury dated 08/16/2021.

The patient was examined by the undersigned at the above address.

**JOB DESCRIPTION:**

The physical requirements of his job involved:

sitting, standing, waist twisting, simple grasping, fine manipulation, reaching above shoulder, reaching below shoulder, walking, neck bending, squatting, neck twisting, repetitive hand use, power grasping, pushing and pulling, walking on uneven ground, exposure to extremes in temperature, humidity or wetness, use of special visual or auditory protective equipment, working around equipment and machinery, exposure to excessive noise exposure to dust, gas fumes or chemicals, working with Biohazards, bending at the waist

Patient lifted 0-10 lbs Occassionally (up to 3 hrs)

Patient lifted 11-25 lbs Occassionally (up to 3 hrs)

Patient lifted 26-50 lbs Occassionally (up to 3 hrs)

Patient lifted 51-75 lbs Occassionally (up to 3 hrs)

Patient lifted 76-100 lbs Occassionally (up to 3 hrs)

Patient lifted 100+ lbs Occassionally (up to 3 hrs)

Patient carried 0-10 lbs Occassionally (up to 3 hrs)

**HISTORY OF INJURY:**

The patient appears to be reasonably cooperative with providing information concerning the above-captioned work injury. The following history is obtained from the patient to the best of the patient's recollection.

**JOB HISTORY:**

The patient works for California Institution for Men from 2010 to Present as a Dentist. He works up to 8 hours a day, 5 days a

week accumulating up to 40 hours a week. He has worked for this company for about 11 years. His job duties included seeing patients, administration, supervising, and surgeries.

The patient's job requirements included repetitive use of hands, prolonged sitting, pushing, pulling, reaching over and under.

Patient claims that he was exposed to many toxic chemicals such as aspeus.

Patient states that there were chemical odors present at work that would cause headaches.

#### CURRENT WORK STATUS:

The patient is currently still employed.

#### HISTORY OF INJURY:

The patient is a 68-year-old, right-handed male who states that while employed with California Institution for Men he sustained injuries to his head, ear, back, both hands, hips, circulatory and nervous system. Patient states that his pain level on a scale of 1 to 10 is a 7, with the pain being frequent on a daily basis. Since the injury, the pain has slightly increased.

In the time period of August 1, 2015 to July 6, 2018 the patient states while doing his daily duties of constantly sitting and bending over time he began to feel pain and discomfort. The patient states that while seeing patients he has to bend back and forth and constantly use his hands. Patient states that having to bend in the tight space for 11 years with this company over time he sustained injuries. On the day of August 16, 2021, the patient states he was picking up forms when he felt sharp pain in his back and radiation went down both legs. Patient states his back cracked and felt extreme pain. Patient states that he reported the injury to his supervisor and was given a cushion, change of chair, but is unsure if he was sent to the company or given any treatment. Patient states that he did seek out medical care on his own going to Kaiser where he was given physical therapy, pain medication, and an X-ray. Patient states that he missed 3-4 days due to his pain. Patient was not informed about the California labor laws on how to file an injury claim.

Patient states that there have been coworkers with similar injuries but is unsure of the employer's response to those claims. Since the accident he has had PTSD. Patient states that he does not go out as much anymore due to his pain. Patient states he has trouble sleeping.

#### SOCIAL HISTORY:

Patient is married with no children. Patient does not drink alcohol or smoke cigarettes.

#### FAMILY HISTORY:

Father is Deceased; Heart attack.

Mother is Deceased; old age.

#### PAST MEDICAL HISTORY:

##### Medical:

Patient states he has had hypertension, diabetes, sleep apnea, vertigo, lipotimia, kidney/lung cancer since 2019.

##### Medication:

Patient is currently taking medication: metformin, losartan, Uitek, chlorithiadil, clopidogrel, blood thinners, SSRIs.

##### Surgery:

Patient states he has had previous surgery to remove his right kidney in 2019.

##### Hospitalization/Fractures:

Patient was hospitalized after kidney removal surgery.

Previous Industrial Injuries:

Patient states he has a previous industrial injury.

Previous Automobile Accidents:

Patient states he has had no previous automobile accident.

Non-Industrial Injuries:

Patient denies any non-industrial injuries.

Allergies:

Patient is allergic to aspirin and lisinopril

REVIEW OF SYSTEMS

Constitutional: No history of fever, unexpected weight gain, fatigue, sweats and chills.

Eyes: Patient states he wears glasses.

ENT: Patient states he has a history of hearing loss.

Cardiovascular: Patient states he has a history of high blood pressure.

Respiratory: Patient states he has a history of shortness of breath.

Gastrointestinal: No history of constipation.

Genitourinary: Patient states he has a history of frequent urination.

Endocrine: Patient states that he has a history of diabetes.

Musculoskeletal: Patient has difficulty walking due to his pain on his right hip.

Skin: Patient states he has a history of rash.

Neurologic: Patient states he has a history of headaches and dizziness.

Psychiatric: Patient states he has anxiety and PTSD.

ACTIVITIES OF DAILY LIVING

Self-Care

1. Take a shower – With some Difficulty
2. Brush your teeth – Without Difficulty
3. Dress yourself – With some Difficulty
4. Comb your hair – Without difficulty
5. Eat/Drink without discomfort – Without Difficulty
6. Go to the toilet – With some Difficulty

Communication

7. Write comfortably – With some Difficulty
8. Type – Without Difficulty
9. Speak – Without Difficulty

Physical Activity

10. Stand – Without Difficulty
11. Sit – With some Difficulty
12. Recline – With some Difficulty
13. Walk Normally – With some Difficulty

14. Climb stairs – With some Difficulty

Sensory Function

15. Feel contact your skin - Without Difficulty

16. Taste – Without Difficulty

17. Smell – Without Difficulty

18. Hear – With Difficulty

19. See – Wears glasses

Hand Functions

20. Grasp – With Difficulty

21. Differentiate between what you touch - Without Difficulty

22. Lift – With Difficulty

Travel

23. Ride on landforms of transportation – Without Difficulty

24. Drive a vehicle – With some Difficulty

Sleep

25. Sleep restfully – With Difficulty

26. How many hours can you sleep at night? 5hours.

### **REVIEW OF RECORDS:**

NO MEDICAL RECORDS TO REVIEW

### **CURRENT COMPLAINTS:**

#### **Back - Lumbar Spine**

Pain in the back. Patient reports their pain today in the back is 4 to 6 out of 10 with 10 being the worst. The pain is described as sharp and occurs intermittent. The pain is made worse with prolonged repetitive bending, prolonged repetitive twisting, and prolonged repetitive lifting. Associated symptoms include joint stiffness, numbness, tenderness, radiation bilateral legs.

#### **Hand (Left) - not wrist or fingers**

Pain in the left hand. Patient reports their pain today in the left hand is 4 to 6 out of 10 with 10 being the worst. The pain is described as dull, achy and occurs intermittent. The pain is made worse with prolonged repetitive pulling, prolonged repetitive gripping, prolonged repetitive grasping, and prolonged repetitive pushing. Associated symptoms include joint stiffness, numbness, tenderness.

#### **Hand (Right) - not wrist or fingers**

Pain in the right hand. Patient reports their pain today in the left hand is 4 to 6 out of 10 with 10 being the worst. The pain is described as dull, achy and occurs intermittent. The pain is made worse with prolonged repetitive pulling, prolonged repetitive gripping, prolonged repetitive grasping, and prolonged repetitive pushing. Associated symptoms include joint stiffness, numbness, tenderness.

Patient's average pain level is 8.

Patient's worst pain level was 8.

Patient's today pain level is 7.

### **PHYSICAL EXAMINATION:**

The patient is 68 years of age.

Height: 5' 3"

Weight: 180 lbs

BMI: 31.9

Temperature: 97.8

Blood Pressure: 123/76

Pulse: 92

Respiration: 18

Left Bicep: 27.000

Right Bicep: 29.000

Left Forearm: 27.000

Right Forearm: 27.000  
Left Wrist: 18.000  
Right Wrist: 18.000  
Left Grip 1lb: 24.000  
Right Grip 1lb: 33.000  
Left Grip 2lb: 24.000  
Right Grip 2lb: 31.000  
Left Grip 3lb: 28.000  
Right Grip 3lb: 26.000  
Left Thigh: 40.000  
Right Thigh: 39.000  
Left Calf: 35.000  
Right Calf: 35.000  
Left Ankle: 23.000  
Right Ankle: 23.000

Dominant Hand: Right

**General:**

Appearance: Well developed-well nourished  
Orientation: Oriented to Time, Place and Person  
Mood and Affect: Appropriate  
Posture: Antalgic  
Gait and Station: Antalgic

**Lumbar:** There is pain in the Lumbar R.O.M, acceleration with flexion, deceleration with extension. Gowers sign present

**Hand:** There is no bruising, swelling, atrophy, or lesion present at the hands.

**Lumbar:**

- Kemp's is positive

**Lumbar:** Left Lumbar Palpation reveals tenderness in the L1 Facets , Thoracolumbar junction [Moderate]. There is spasm at the lumbar paravertebral muscles, Gluteus, thoracolumbar junction. Right Lumbar Palpation reveals tenderness in the L1 Facets , Thoracolumbar junction [Moderate]. There is spasm at the lumbar paravertebral muscles, Gluteus, thoracolumbar junction.

**Lumbar:**

- Extension: Unidirectional: 25 degrees (with pain) / Normal Rating: 30
- Flexion: Unidirectional: 55 degrees (with pain) / Normal Rating: 90
- Left Lateral Bending: Unidirectional: 25 degrees (with pain) / Normal Rating: 25
- Right Lateral Bending: Unidirectional: 25 degrees (with pain) / Normal Rating: 25

**Jamar Dynanometer on position 2**

Left Grip Strength Test 1 result: 24  
Left Grip Strength Test 2 result: 24  
Left Grip Strength Test 3 result: 28  
Right Grip Strength Test 1 result: 33

Right Grip Strength Test 2 result: 31

Right Grip Strength Test 3 result: 26

### **Deep Tendon Reflexes Upper**

Biceps: Left 2

Biceps Right: 2

Triceps Left: 2

Triceps Right: 2

Brachioradialis Left: 2

Brachioradialis Right: 2

### **Deep Tendon Reflexes Lower**

Knee Left: 2

Knee Right: 2

Medial Hamstring Left: 2

Medial Hamstring Right: 2

Ankles Left: 2

Ankles Right: 2

### **Motor Myotome Upper**

Deltoid, Biceps Left result: 5

Deltoid, Biceps Right result: 5

Wrist Extensors, Biceps Right result: 5

Wrist Extensors, Biceps Right result: 5

Wrist Flexors, Tricep, Finger Extensors Left result: 5

Wrist Flexors, Tricep, Finger Extensors Right result: 5

Finger Flexors, Hand intrinsics Left result: 5

Finger Flexors, Hand intrinsics Right result: 5

Hand Intrinsics Left result: 5

Hand Intrinsics Right result: 5

### **Motor Myotome Lower**

Quadriceps Left result: 5

Quadriceps Right result: 5

Hip Flexors Left result: 5

Hip Flexors Right result: 5

Hip Adductors Left result: 5

Hip Adductors Right result: 5

Extensor Hallucis Longus Left result: 5

Extensor Hallucis Longus Right result: 5

Ankle Plantar Flexors Left result: 5

Ankle Plantar Flexors Right result: 5

### **CURRENT DIAGNOSES:**

- Chronic pain due to trauma (G89.21)
- Myalgia (M79.1)
- Sleep disorder, unspecified (G47.9)
- Spinal enthesopathy, lumbar region (M46.06)
- Pain in right hand (M79.641)
- Pain in left hand (M79.642)

## TREATMENT RECOMMENDATIONS:

<b>Diagnosis</b>	<b>Procedure Requested</b>	<b>Charge Code</b>	<b>Other Info</b>
<b>M46.06</b>	Chiro therapy- 2 x week for 6 weeks	<b>00000</b>	
<b>M46.06</b>	EMG/NCV bilateral lower extremities- Recommend Electrodiagnostic testing in the lower extremities to asses for radioculopathy versus neuropathy	<b>00000</b>	
<b>M46.06</b>	X-Ray- to rule out internal derangement.	<b>00000</b>	
<b>M79.641</b>	Chiro therapy- 2 x week for 6 weeks	<b>00000</b>	
<b>M79.642</b>	Chiro therapy- 2 x week for 6 weeks	<b>00000</b>	

## **Patient's self-assessment form**

### I. PAIN (Rated 0-10; 0-None & 10-Excruciating)

- a. Pain now -7
- b. Pain at its worst -8
- c. Pain on the average -8
- d. Pain aggravated by activity -8
- e. Frequency of pain -8

### II. ACTIVITY LIMITATION (Rated 0-10; 0-None & 10-Unable to perform)

- a. Pain interfere with your ability to walk 1 block -8
- b. Pain prevent you from lifting 10 lbs. -8
- c. Pain interfere with ability to sit for ½ hour -9
- d. Pain interfere with ability to stand for ½ hour -9
- e. Pain interfere with ability to get enough sleep -8
- f. Pain interfere with ability to participate in social activities -8
- g. Pain interfere with ability to travel 1 hour by car -8
- h. Pain interfere with general daily activities -8
- a. Limit activities to prevent pain from getting worse -8
- j. Pain interfere with relationships with family/partner/significant others -8
- k. Pain interfere with ability to do jobs around home -9
- ax. Pain interfere with ability to shower or bathe without help -7
- all. Pain interfere with ability to write or type -8
- n. Pain interfere with ability to dress yourself -7
- o. Pain interfere with ability to engage in sexual activity -8
- p. Pain interfere with ability to concentrate -8

### III. MOOD (Rated 0-10; 0-Extremely good & 10-Extremely bad)

- a. Overall mood -8
- b. Over past week, how anxious or worried have you been due to pain -8
- c. Over past week, how depressed have you been due to pain -7

- d. Over past week, how irritable have you been due to pain –9
- e. In general, how anxious/worried about performing activities because they might make your pain/symptoms worse –8

**DISCUSSION:**

**WORKING FOR SAME EMPLOYER: FULL DUTY**

**CAUSATION**

The patient's medical findings are consistent with his description of the work-related injuries that occurred on 08/16/2021. Therefore, it is in my opinion, causation is to the industrial accident in question.

**ADDENDUM:**

*The above report is not to be construed as a complete physical examination for general health purposes. Only those symptoms which are involved in the injury or that might relate to the injury have been assessed.*

**STATEMENT PURSUANT TO RULE 10978:**

*I certify that this examiner reviewed the history and any excerpts of prior medical records. All the opinions and conclusions contained in this report are my own.*

**STATEMENT PURSUANT TO LABOR CODE SECTION 4628(J):**

*I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.*

**STATEMENT PURSUANT TO LABOR CODE SECTION 139.3:**

*I declare under penalty of perjury that I have not violated Labor Code Section 139.3, and I have not offered, delivered, received, or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referral, examination or evaluation. I further declare under penalty of perjury that the contents of my report and the billing related thereto are true and correct to the best of my knowledge.*

Sincerely,



Harold Iseke, D.C.

Signed at Los Angeles County

Date: 12/08/2021



**State of California**  
**Division of Workers' Compensation**  
**Request for Authorization for Medical Treatment (DWC for RFA)**

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or narrative report substantiating the requested treatment.

New Request  Resubmission – Change in Material Facts

Expedited Review: Check box if employee faces an imminent and serious threat to his or her health

Check box if request is a written confirmation of a prior oral request.

**Employee Information**

Name (Last, First, Middle): GEORGE SOOHOO

Date of Injury (MM/DD/YYYY): 08/16/2021

Date of Birth (MM/DD/YYYY): 11/28/1953

Claim Number:

Employer:

**Requesting Physician Information**

Name: Iseke, Harold D.C.

Practice Name: Harold Iseke Chiropractic Professional Corp

Contact Name: Iseke, Harold D.C.

Address: 3711 Long Beach Blvd #200

City: Long Beach

State: CA

Zip Code: 90807

Phone: (562) 980-0555

Fax Number:

Specialty:

NPI Number: 1780120386

E-mail Address: kenui740@yahoo.com

**Claims Administrator Information**

Company Name:

Contact Name:

Address:

City:

State:

Zip Code:

Phone:

Fax Number:

E-mail Address:

**Requested Treatment (see instructions for guidance; attach additional pages if necessary)**

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis	ICD-Code	Procedure Requested	CPT/HCPCS Code	Other Information: (Frequency, Duration, Quantity, Facility, etc.)
Spinal enthesopathy, lumbar region (M46.06)	M46.06	EXAMINATION: 4 to 6 weeks	00000	

Requesting Physician Signature:



Date of Request: 04/27/2022

**Claims Administrator/Utilization Review Organization (URO) Response**

Approved  Denied or modified (See Separate decision letter)  Delay (See separate notification of delay)

Requested treatment has been previously denied  Liability for treatment is disputed (See separate letter)

Authorization Number (if Assigned):

Date:

Authorized Agent Name:

Signature

Phone:

Fax Number:

E-mail Address:

Comments:

**Diagnosis      Procedure Requested      Charge Code      Other Info**  
**M46.06      EXAMINATION: 4 to 6 weeks      00000**



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Spinal enthesopathy, lumbar region (M46.06)	M46.06	EMG/NCV bilateral upper extremities- Recommend Electrodiagnostic testing in the upper extremities to asses for radioculopathy versus neuropathy	00000	
Spinal enthesopathy, lumbar region (M46.06)	M46.06	Follow-up - 4 to 6 weeks from todays exam	00000	
Pain in right hand (M79.641)	M79.641	Chiro therapy- 2 x week for 6 weeks	00000	
Pain in right hand (M79.641)	M79.641	Follow-up - 4 to 6 weeks from todays exam	00000	

Requesting Physician Signature: 

Date of Request: 03/09/2022

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Approved  Denied or modified (See Separate decision letter)  Delay (See separate notification of delay)

Requested treatment has been previously denied  Liability for treatment is disputed (See separate letter)

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Date:

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Signature

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Comments:

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Pain in right hand (M79.641)	M79.641	EMG/NCV bilateral upper extremities- Recommend Electrodiagnostic testing in the upper extremities to asses for radioculopathy versus neuropathy	00000	
Pain in left hand (M79.642)	M79.642	Chiro therapy- 2 x week for 6 weeks	00000	
Pain in left hand (M79.642)	M79.642	EMG/NCV bilateral upper extremities- Recommend Electrodiagnostic testing in the upper extremities to asses for radioculopathy versus neuropathy	00000	

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Pain in right hand (M79.641)	M79.641	Chiro therapy- 2 x week for 6 weeks	00000	

Requesting Physician Signature: 

Date of Request: 01/26/2022

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Pain in right hand (M79.641)	M79.641	Chiro therapy- 2 x week for 6 weeks	00000	
Spinal enthesopathy, lumbar region (M46.06)	M46.06	EMG/NCV bilateral lower extremities- Recommend Electrodiagnostic testing in the lower extremities to asses for radioculopathy versus neuropathy	00000	
Pain in left hand (M79.642)	M79.642	Chiro therapy- 2 x week for 6 weeks	00000	

Requesting Physician Signature: 

Date of Request: 12/08/2021

**Claims Administrator/Utilization Review Organization (URO) Response**

Approved  Denied or modified (See Separate decision letter)  Delay (See separate notification of delay)

Requested treatment has been previously denied  Liability for treatment is disputed (See separate letter)

Authorization Number (if Assigned):

Date:

Authorized Agent Name:

Signature

Phone:

Fax Number:

E-mail Address:

Comments:

Diagnosis	Procedure Requested	Charge Code	Other Info
<b>M46.06</b>	Chiro therapy- 2 x week for 6 weeks	<b>00000</b>	
<b>M46.06</b>	EMG/NCV bilateral lower extremities- Recommend Electrodiagnostic testing in the lower extremities to asses for radioculopathy versus neuropathy	<b>00000</b>	
<b>M46.06</b>	X-Ray- to rule out internal derangement.	<b>00000</b>	
<b>M79.641</b>	Chiro therapy- 2 x week for 6 weeks	<b>00000</b>	
<b>M79.642</b>	Chiro therapy- 2 x week for 6 weeks	<b>00000</b>	





**Member name:** George M Soohoo  
**Date of birth:** 11/28/1953  
**Gender:** M  
**Primary care physician:** DALJEET SINGH MD, M.D.  
**Date printed:** 3/2/2022

Below are your test results shared with you by your doctor or health care provider.

For general information about a test procedure, click the "About this test" link above.

To see more information about a test result, select the "Details" tab. To compare test results over time, click "Past results" or "Graph of past results."

Minor abnormalities of test results are not unusual and may not be significant. They are subject to the interpretation of your health care practitioner.

## Transcriptions

**CLINICAL HISTORY:** (per electronic medical record): 68 years Male  
**Reason:** right hip pain , under cancer treatment ( renal cancer since 2019 )

**EXAM:** HIP, RIGHT 2 -3 VIEWS- RADIOGRAPH(S)

**COMPARISON:** 9/27/2019

**FINDINGS/**

**IMPRESSION:**

**RIGHT HIP:**

- \* **Grade:** Grade 3
- \* **Other:** None.

**LEFT HIP:**

- \* Grade: Grade 2
- \* Other: None.

BONES:

- \* Avascular necrosis (AVN): No AVN present.
- \* Fractures: No fracture present.
- \* Other: No lesion present.

SOFT TISSUES: No significant abnormality.

MISCELLANEOUS: None.

=====

\*MODIFIED KELLGREN-LAWRENCE GRADING (#KH):

- \* Grade 0: Normal.
- \* Grade 1: Doubtful degeneration. Possible osteophytes. Doubtful joint space narrowing.
- \* Grade 2: Mild degeneration. Joint space narrowing less than 50%. Definite osteophytes.
- \* Grade 3: Moderate degeneration. Joint space narrowing 50%-90, moderate osteophytes, small pseudocysts with sclerotic walls, some sclerosis and possible deformity of the bone ends.
- \* Grade 4: Severe degeneration. Joint space narrowing >90%, large osteophytes, severe sclerosis and definite deformity of the bone ends.

This report electronically signed by Christina Lee, MD on 2/10/2022 2:07 PM

### Component results

There is no component information for this result.

### General information

Ordered by: DALJEET SINGH MD, M.D.

Collected: 02/10/2022 11:01 AM

Resulted: 02/10/2022 11:01 AM

Result status: Final result

This test result has been released by an automatic process.

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**To spine**

DALJEET SINGH MD, M.D.

George M Soohoo

02/27/2022

Hello George

Dr Lou asked me to follow up with you on the spine , if you would like an epidural injection , please call or email Dr Cohen from physical medicine to help arrange this , I believe she saw you in 2019 - the referral is still active

DALJEET SINGH MD

---



**Member name:** George M Soohoo  
**Date of birth:** 11/28/1953  
**Gender:** M  
**Primary care physician:** DALJEET SINGH MD, M.D.  
**Date printed:** 3/2/2022

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Minor abnormalities of test results are not unusual and may not be significant. They are subject to the interpretation of your health care practitioner.

## Transcriptions

**CLINICAL HISTORY:** Reason for exam:->right leg radicular pain George M Soohoo is a 68 year old male with kidney cancer metastatic to lungs, c/o right leg radicular pain when bending forward. Please evaluate for lumbar spine disease. CREAT 1.68 (H) 01/20/2022  
GFR 41 (L) 01/20/2022 Does patient have any of the following items that may pose SIGNIFICANT MRI SAFETY RISKS:->None

**TECHNIQUE:** Study performed per protocol.

**CONTRAST:** 7 milliliter of GADAVIST was given on 2/23/2022 9:40:00 AM by route: INTRAVENOUS

**FINDINGS:**Spinal alignment similar to 2021 MRI.  
Disk bulges, spondylosis, facet degeneration.  
L5-S1 disc bulge, annulus fissure. 3 mm AP central disc protrusion.  
Minimal impingement on anterior thecal sac. Mild neural foramen

narrowing or disc bulges left more than right.

L4-5 disc bulge, degenerative anterolisthesis, moderate to severe facet degeneration. 2 mm AP central disc protrusion. Moderate central canal and subarticular recess narrowing. Mild to moderate bilateral foramen narrowing.

L3-4 disc bulge and annulus fissure. Mild subarticular recess narrowing. Mild neural foramen disc bulge.

L2-3 minimal disc bulge. No canal stenosis.

L1-2 no focal lesion.

Other levels show no canal stenosis.

No abnormal focal enhancement.

Posterior subcutaneous dependent mild lumbar edema --no clinical significance if patient has no subcutaneous physical finding or symptom.

No other soft tissue mass is seen.

Other disk space levels and neural foramina are unremarkable if not discussed above.

Mild clumping and/or irregular arrangement of nerve roots in the lumbar spine may represent arachnoid adhesion. Please correlate with clinical history of procedure, surgery, infection or trauma.

Questionable air-fluid level in right colon.

**IMPRESSION:** Spinal alignment similar to 2021 MRI.

Disk bulges, spondylosis, facet degeneration.

L5-S1 disc bulge, annulus fissure. 3 mm AP central disc protrusion. Minimal impingement on anterior thecal sac. Mild neural foramen narrowing or disc bulges left more than right.

L4-5 disc bulge, degenerative anterolisthesis, moderate to severe facet degeneration. 2 mm AP central disc protrusion. Moderate central canal and subarticular recess narrowing. Mild to moderate bilateral foramen narrowing.

L3-4 disc bulge and annulus fissure. Mild subarticular recess narrowing. Mild neural foramen disc bulge.

L2-3 minimal disc bulge. No canal stenosis.

L1-2 no focal lesion.

Other levels show no canal stenosis.

This report electronically signed by Johnny Soong on 2/24/2022 6:54 AM

## Component results

There is no component information for this result.

## General information

Ordered by: DAVID YENBOHR LOU MD, M.D.

Collected: 02/23/2022 9:58 AM

Resulted: 02/23/2022 9:58 AM

Result status: Final result

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