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Report Date: 09/29/2026

Case Information

General Information of Patient

This case information compiles demographic, clinical, and claim-related data extracted from medical records spanning 2023 through 2026, centered on a motor vehicle collision occurring on 03/14/2025. The records include primary care, emergency, imaging, surgical, rehabilitative, neurological, psychological, and billing documentation. Discrepancies, such as conflicting reports regarding loss of consciousness, are documented where found.

Personal and Demographic Information

Identity and Vital Statistics

- **Full Name:** Daniel R. Okafor
- **Date of Birth:** 08/21/1982
- **Gender:** Male
- **Age:**
 - 40 years old (as of 06/08/2023 office visit)
 - 42 years old (as of 03/14/2025 MVC and 11/20/2024 physical)
 - 43 years old (as of 09/16/2025 pre-operative evaluation)

Physical Characteristics

- **Height:** 5'11"
- **Weight:**
 - 204 lb (06/08/2023)
 - 201 lb (11/20/2024)
- **BMI:**
 - 28.4 (06/08/2023)
 - 28.0 (11/20/2024)
 - 28.6 (09/16/2025)
- **Hand Dominance:** Right-hand dominant

Marital and Family Status

- **Marital Status:** Married
- **Children:** 2 children (including a 3-year-old)

Case and Claim Details

Identification Numbers

- **Medical Record Number (MRN):**
 - OPFM-204471 (Oak Park Family Medicine) ([source](#))
 - SRMC-00918264 (Sutterfield Regional Medical Center) ([source](#))
 - SSOI-77410 (Sierra Spine and Orthopedic Institute) ([source](#))
 - SNA-40216 (Sacramento Neurology Associates) ([source](#))
 - VAI-558210 (Valley Advanced Imaging) ([source](#))
 - CPT-30982 (Capitol Physical Therapy) ([source](#))
 - CIPC-61905 (Capital Interventional Pain Center) ([source](#))
 - MBH-2291 (Midtown Behavioral Health) ([source](#))

- DCW-11873 (Delta Chiropractic) ([source](#))
- RX-PT-7730418 (Laguna Community Pharmacy) ([source](#))
- PCR 25-031407 (River City Fire EMS) ([source](#))

• **Other Identifiers:**

- Incident # RCFD-25-0314-0877 (River City Fire EMS) ([source](#))
- NRR Job 26-01184 (Consolidated Billing) ([source](#))

Claim History and Status

- **Claim Type:** Third-party auto liability ([source](#))
- **Date of Injury / Alleged Onset Date:** 03/14/2025 ([source](#))
- **Current Work Status:** Working modified duty with permanent restrictions (no lifting over 25 lb occasionally or 15 lb frequently, no repetitive overhead work, change position every 45 minutes, no commercial driving requiring repetitive head rotation) as of 03/12/2026 ([source](#))
- **Work Status History:**
 - Off work 03/14/2025 through 04/20/2025 ([source](#))
 - Modified duty from 04/21/2025 (no lifting over 15 lb, no overhead work) ([source](#))
 - Off work post-surgery (09/23/2025) until cleared ([source](#))
 - Returned to modified duty 12/01/2025 ([source](#))
- **Loss of Consciousness Discrepancy:**
 - EMS documented no loss of consciousness ([source](#))
 - ED physician documented no loss of consciousness ([source](#))
 - ED triage documented 'blacked out for a second' ([source](#))
 - Patient later reported possibly blacking out for a few seconds (neurology consult 04/29/2025) ([source](#))

Alleged Impairments / Claimed Injuries

- The patient/claimant has reported the following conditions:
 - C5-C6 disc herniation with right C6 radiculopathy (post-traumatic) ([source](#))
 - Postconcussional syndrome ([source](#))
 - Post-traumatic headache ([source](#))
 - L4-L5 disc protrusion with radiculopathy ([source](#))
 - Adjustment disorder with mixed anxiety and depressed mood ([source](#))
 - Driving-related phobia/anxiety ([source](#))
 - Cervical sprain/strain ([source](#))
 - Lumbar sprain/strain ([source](#))
- **Permanent Impairment Ratings:**
 - Cervical: 25% whole person impairment (DRE Category IV) ([source](#))
 - Lumbar: 6% whole person impairment (DRE Category II) ([source](#))
- **Apportionment:** 85% of cervical condition attributed to collision, 15% to pre-existing degeneration ([source](#))

Education and Work History

Work History

- **Most Recent Job:** Warehouse Operations Supervisor ([source](#))
 - **Duties:** Supervisory responsibilities; lifting (including 50 lb cartons); operating pallet jacks ([source](#))

Activities of Daily Living and Social History

Living Situation and ADLs

- **Personal Care:** Difficulty lifting his 3-year-old child; limited ability to sit longer than 30 minutes; difficulty turning head while driving ([source](#))
- **Hobbies / Other Activities:** Plays recreational basketball weekly (pre-injury); loss of ability to play basketball post-injury ([source](#)) ([source](#))

Social and Religious History

- **Substance Use:**
 - Tobacco: Never smoker ([source](#))
 - Alcohol: 2-3 drinks per week ([source](#))
 - Drugs: No drug use ([source](#))
- **Social Activities:** Married with 2 children; recreational basketball ([source](#))

Medical Chronology

Date of Medical Visit: 06/08/2023

06/08/2023

- **Type of Visit:** Office Visit
- **Facility Name:** Oak Park Family Medicine
- **Provider Name:** Priya Raman, MD
- **Subjective/HPI/CC/Hospital Course:** 40-year-old male warehouse operations supervisor with low back pain for 3 days after lifting a 50 lb carton at work on 06/05/2023. Pain is central lower lumbar, aching, 5/10, worse with bending, improved with rest and ibuprofen. Denies radiation into legs, numbness, tingling, weakness, or bowel/bladder changes. No prior history of back problems. Did not file workers' compensation claim.
- **Objective/PE:** BP 128/82, HR 74, T 98.2 F, Wt 204 lb, Ht 5'11", BMI 28.4. Mild tenderness and muscle guarding bilateral L4-S1 paraspinals. Flexion limited to 70 degrees by pain; extension full. Straight leg raise negative bilaterally. Strength 5/5 bilateral lower extremities. Reflexes 2+ and symmetric. Sensation intact. Cervical spine full, painless range of motion.
- **Diagnoses:** Strain of muscle, fascia and tendon of lower back, initial encounter (S39.012A)
- **Plan/Assessment:** Ibuprofen 600 mg PO every 8 hours with food as needed x 10 days. Activity as tolerated; avoid heavy lifting over 25 lb x 1 week. No imaging indicated at this time (no red flags). Return if not improved in 4-6 weeks.
- **Medication(s):** Ibuprofen 600 mg PO every 8 hours with food as needed x 10 days
- **Referrals:** Chiropractor (Delta Chiropractic)
- **Source References:** ([source](#)) ([source](#))

Date of Medical Visit: 06/12/2023

06/12/2023

- **Type of Visit:** Chiropractic Initial Examination
- **Facility Name:** Delta Chiropractic
- **Provider Name:** James Whitaker, DC
- **Subjective/HPI/CC/Hospital Course:** Low back pain for 1 week after lifting at work. Pain 5/10, non-radiating. No neck complaints.
- **Objective/PE:** Oswestry Disability Index 22% (moderate). Cervical exam normal.
- **Imaging:** Lumbar spine 3-view radiographs (in-office): normal alignment, no fracture or spondylolisthesis. Mild disc space narrowing at L5-S1 with small anterior osteophytes, consistent with early degenerative change. Remaining disc spaces preserved.
- **Diagnoses:** Strain of muscle of lower back (S39.012A); Segmental dysfunction, lumbar region (M99.03); Other intervertebral disc degeneration, lumbosacral region (M51.37)
- **Plan/Assessment:** Chiropractic manipulative treatment (98940), manual therapy (97140), and electrical stimulation (97012).
- **Source References:** ([source](#))

Date of Medical Visit: 06/15/2023

06/15/2023

- **Type of Visit:** Chiropractic Office Visit
- **Facility Name:** Delta Chiropractic
- **Provider Name:** James Whitaker, DC
- **Subjective/HPI/CC/Hospital Course:** Pain 4/10, improving.
- **Plan/Assessment:** Chiropractic manipulative treatment (98940) and manual therapy (97140).
- **Source References:** ([source](#))

Date of Medical Visit: 06/20/2023

06/20/2023

- **Type of Visit:** Chiropractic Office Visit
- **Facility Name:** Delta Chiropractic
- **Provider Name:** James Whitaker, DC
- **Subjective/HPI/CC/Hospital Course:** Pain 3/10. Able to lift at work with care.
- **Plan/Assessment:** Chiropractic manipulative treatment (98940) and manual therapy (97140).
- **Source References:** ([source](#))

Date of Medical Visit: 06/28/2023

06/28/2023

- **Type of Visit:** Chiropractic Office Visit
- **Facility Name:** Delta Chiropractic
- **Provider Name:** James Whitaker, DC
- **Subjective/HPI/CC/Hospital Course:** Pain 1/10, minimal symptoms.
- **Plan/Assessment:** Chiropractic manipulative treatment (98940).
- **Source References:** ([source](#))

Date of Medical Visit: 07/06/2023

07/06/2023

- **Type of Visit:** Chiropractic Office Visit (Discharge)
- **Facility Name:** Delta Chiropractic
- **Provider Name:** James Whitaker, DC
- **Subjective/HPI/CC/Hospital Course:** Pain 0/10. Patient reports complete resolution of low back pain.
- **Objective/PE:** Full lumbar range of motion. Oswestry 0%.
- **Plan/Assessment:** Discharged to home exercise program; return as needed. No permanent impairment anticipated.
- **Source References:** ([source](#))

Date of Medical Visit: 11/20/2024

11/20/2024

- **Type of Visit:** Preventive visit
- **Facility Name:** Oak Park Family Medicine
- **Provider Name:** Priya Raman, MD

- **Subjective/HPI/CC/Hospital Course:** 42-year-old male presents for annual physical. Feels well. Works full duty as a warehouse operations supervisor; plays recreational basketball weekly. Reports the 2023 low back strain fully resolved by July 2023 after 5 chiropractic visits with no recurrence. Denies neck pain, back pain, joint pain, stiffness, headaches, dizziness, numbness, tingling, weakness, anxiety, or depression. PHQ-2 score 0; GAD-2 score 0.
- **Objective/PE:** BP 124/80, HR 68, Wt 201 lb, BMI 28.0. Neck supple with full range of motion without pain. Back without tenderness, full range of motion. Strength 5/5 all extremities, reflexes 2+ symmetric, sensation intact.
- **Social History:** Married, 2 children. Never smoker. Alcohol 2-3 drinks per week. No drug use.
- **Diagnoses:** Encounter for general adult medical exam without abnormal findings (Z00.00); Hyperlipidemia, unspecified (E78.5)
- **Plan/Assessment:** Lipid panel ordered. Continue exercise. Influenza vaccine administered. Return in 1 year.
- **Medication(s):** None. No known drug allergies.
- **Source References:** ([source](#))

Date of Medical Visit: 03/14/2025

03/14/2025

- **Type of Visit:** Emergency Department Visit
- **Facility Name:** Sutterfield Regional Medical Center
- **Provider Name:** Kevin Marsh, MD
- **Subjective/HPI/CC/Hospital Course:** 42-year-old male presents after rear-end MVC at approximately 17:15. Restrained driver, stopped, struck from behind by pickup truck. Reports striking back of head on headrest. No loss of consciousness per patient (though triage note states patient reported he “blacked out for a second”). Complaints of posterior neck pain radiating to right trapezius, frontal headache, nausea without vomiting, and low back pain. Denies extremity numbness or weakness, vision changes, chest or abdominal pain.
- **Objective/PE:** Alert, mild distress due to pain. No scalp hematoma or laceration; mild occiput tenderness. C-collar in place with midline tenderness C5-C6 and right paraspinal spasm. Lumbar paraspinal tenderness bilateral without step-off. 4 cm linear abrasion left clavicle consistent with seatbelt. Lungs clear. GCS 15. Cranial nerves II-XII intact. Strength 5/5 x4. Sensation intact. Normal gait. Mild difficulty with serial 7s. Vitals: BP 148/92, HR 98, RR 18, Temp 98.4 F, SpO2 98%, Pain 8/10.
- **Imaging:** CT head without contrast and CT cervical spine without contrast performed. Preliminary reads: no acute intracranial abnormality; no cervical fracture. Final radiology addendum: straightening of cervical lordosis; mild disc osteophyte complex at C5-C6 without significant canal stenosis.
- **Diagnoses:** Sprain of ligaments of cervical spine, initial encounter (S13.4XXA); Sprain of ligaments of lumbar spine, initial encounter (S33.5XXA); Concussion without loss of consciousness, initial encounter (S06.0X0A); Abrasion of left front wall of thorax, initial encounter (S20.312A); Car driver injured in collision with other motor vehicle in traffic accident (V43.52XA)
- **Plan/Assessment:** Canadian C-Spine Rule criteria met for imaging given dangerous mechanism and midline tenderness. CT negative for fracture. Mild traumatic brain injury with post-concussive symptoms (headache, nausea, slowed concentration). Seatbelt sign limited to clavicle; no chest or abdominal findings. C-collar cleared clinically and removed. Stable for discharge. Discharge instructions: concussion precautions provided, avoid driving x 24 hours, follow up with primary care in 2-3 days.

- **Medication(s):** Ketorolac 15 mg IV and ondansetron 4 mg IV administered in ED. Discharge prescriptions: Cyclobenzaprine 5 mg PO three times daily as needed for muscle spasm (#20, no refills); ibuprofen 600 mg PO every 6 hours as needed for pain (#30).
- **Source References:** ([source](#)) ([source](#))

Date of Medical Visit: 03/18/2025

03/18/2025

- **Type of Visit:** Office Visit (ED follow-up)
- **Facility Name:** Oak Park Family Medicine
- **Provider Name:** Priya Raman, MD
- **Subjective/HPI/CC/Hospital Course:** Patient presents with neck pain, low back pain, and headaches following a motor vehicle collision on 03/14/2025. He was the restrained driver of a 2019 Honda Accord stopped at a red light when rear-ended by a pickup truck at an estimated 35-40 mph. Seen at Sutterfield Regional ED the same day; CT head and CT cervical spine negative for acute injury. Reports neck pain 7/10, worse on the right, with new tingling into the right thumb and index finger starting 03/16/2025. Low back pain 5/10 with intermittent right buttock pain. Daily frontal headaches, light sensitivity, and “feeling foggy” at work. Taking cyclobenzaprine and ibuprofen from the ED with partial relief. Has been off work since the accident.
- **Objective/PE:** Vitals: BP 136/86, HR 82, Pain 7/10. Cervical spine: tenderness and spasm right C4-C7 paraspinals and right upper trapezius; rotation R 40°/L 55°, extension 25° (all painful); Spurling test positive on the right. Lumbar spine: tenderness L4-S1 bilateral, R greater than L; flexion 50°; straight leg raise positive right at 60°. Neuro: decreased light-touch sensation right thumb and index finger; strength 5/5 except right wrist extension 5-/5; biceps reflex 2+ L, 1+ R. Mental status: alert and oriented x3; mildly slowed on serial 7s.
- **Diagnoses:** Sprain of ligaments of cervical spine, initial encounter (S13.4XXA); Radiculopathy, cervical region (M54.12); Sprain of ligaments of lumbar spine, initial encounter (S33.5XXA); Concussion without loss of consciousness, initial encounter (S06.0X0A); Car driver injured in collision with other motor vehicle in traffic accident, initial encounter (V43.52XA)
- **Plan/Assessment:** Meloxicam 15 mg PO daily (replaces ibuprofen); continue cyclobenzaprine 5 mg PO at bedtime as needed. Referral to Capitol Physical Therapy — cervical and lumbar, 2x/week x 6 weeks. MRI cervical and lumbar spine without contrast if radicular symptoms persist beyond 3 weeks. Referral to neurology for post-concussion symptoms. Work status: off work 03/14/2025 through 04/01/2025; re-evaluate at next visit. Follow up in 2 weeks. Causation statement: patient had no neck complaints and a normal cervical exam at his 11/20/2024 physical; based on history and exam, current cervical symptoms are more likely than not related to the 03/14/2025 collision; his 2023 lumbar strain had resolved.
- **Medication(s):** Meloxicam 15 mg PO daily; Cyclobenzaprine 5 mg PO at bedtime as needed
- **Referrals:** Capitol Physical Therapy (cervical and lumbar, 2x/week x 6 weeks); Neurology for post-concussion symptoms
- **Source References:** ([source](#)) ([source](#))

Date of Medical Visit: 03/25/2025

03/25/2025

- **Type of Visit:** PT Initial Evaluation
- **Facility Name:** Capitol Physical Therapy

- **Provider Name:** Hannah Lee, PT, DPT
- **Subjective/HPI/CC/Hospital Course:** Patient reports neck pain (current 6/10, worst 8/10) with right arm tingling into the thumb, low back pain (current 4/10, worst 6/10), and daily headaches since MVC on 03/14/2025. Difficulty sleeping more than 4 hours, turning head while driving, lifting his 3-year-old, and sitting longer than 30 minutes. Currently off work.
- **Objective/PE:** Cervical flexion 30 deg (pain, normal 50), extension 25 deg (pain, normal 60), rotation R/L 45/60 deg (normal 80). Lumbar flexion 45 deg (normal 60). Grip strength R/L 82/110 lb. Positive Spurling test right; positive upper limb tension test (median bias) right. Hypomobile C4-C6 with muscle guarding. Straight leg raise positive right at 55 deg. Outcome measures: NDI 42% (severe disability), ODI 30% (moderate disability), Patient-Specific Functional Scale 3.3/10 (significant limitation).
- **Diagnoses:** Post-traumatic cervical sprain with right cervical radiculopathy; lumbar sprain with right radicular features. Good rehabilitation potential.
- **Plan/Assessment:** PT 2x/week x 8 weeks (16 visits): manual therapy, therapeutic exercise, neuromuscular re-education, cervical traction trial, home exercise program. Goals (8 weeks): NDI below 20%; cervical rotation 70 degrees bilaterally for safe driving; sit 60 minutes without increased symptoms; return to full-duty work.
- **Source References:** ([source](#))

Date of Medical Visit: 03/27/2025

03/27/2025

- **Type of Visit:** PT
- **Facility Name:** Capitol Physical Therapy
- **Provider Name:** Hannah Lee, PT, DPT
- **Subjective/HPI/CC/Hospital Course:** Neck pain 6/10, back pain 4/10.
- **Plan/Assessment:** Traction trial with temporary relief of arm tingling. CPT codes 97110, 97140, 97012.
- **Source References:** ([source](#))

Date of Medical Visit: 04/01/2025

04/01/2025

- **Type of Visit:** Office Visit
- **Facility Name:** Oak Park Family Medicine
- **Provider Name:** Priya Raman, MD
- **Subjective/HPI/CC/Hospital Course:** Neck pain 6/10 with persistent right arm tingling. Headaches improving slightly.
- **Plan/Assessment:** MRI cervical and lumbar spine ordered (scheduled 04/10/2025 at Valley Advanced Imaging). Referred to Sierra Spine and Orthopedic Institute.
- **Medical Source Statement (MSS):** Off work through 04/20/2025. Return to modified duty 04/21/2025 with no lifting over 15 lb, no overhead work, and position changes allowed every 30 minutes.
- **Referrals:** Sierra Spine and Orthopedic Institute; Physical therapy (started 03/25/2025)
- **Source References:** ([source](#))

Date of Medical Visit: 04/03/2025

04/03/2025

- **Type of Visit:** PT

- **Facility Name:** Capitol Physical Therapy
- **Provider Name:** Hannah Lee, PT, DPT
- **Subjective/HPI/CC/Hospital Course:** Neck pain 5/10, back pain 3/10.
- **Plan/Assessment:** CPT codes 97110, 97140, 97012.
- **Source References:** ([source](#))

Date of Medical Visit: 04/08/2025

04/08/2025

- **Type of Visit:** PT
- **Facility Name:** Capitol Physical Therapy
- **Provider Name:** Hannah Lee, PT, DPT
- **Subjective/HPI/CC/Hospital Course:** Neck pain 6/10, back pain 3/10. Flare after sleeping poorly.
- **Plan/Assessment:** CPT codes 97110, 97140, 97012.
- **Source References:** ([source](#))

Date of Medical Visit: 04/10/2025

04/10/2025

- **Type of Visit:** MRI
- **Facility Name:** Valley Imaging
- **Provider Name:** Robert Ng, MD
- **Imaging:** MRI lumbar spine without contrast. Findings: L4-L5 3 mm right paracentral disc protrusion with annular fissure, contacting the traversing right L5 nerve root; mild right lateral recess narrowing. L5-S1 moderate disc desiccation, mild disc height loss, mild bilateral facet arthropathy, small central disc bulge without nerve root contact. No fracture or high-grade stenosis.
- **Diagnoses:** L4-L5 right paracentral disc protrusion with annular fissure contacting right L5 nerve root; chronic degenerative disc disease and mild facet arthropathy at L5-S1
- **Source References:** ([source](#))

Date of Medical Visit: 04/15/2025

04/15/2025

- **Type of Visit:** PT
- **Facility Name:** Capitol Physical Therapy
- **Provider Name:** Hannah Lee, PT, DPT
- **Subjective/HPI/CC/Hospital Course:** Neck pain 5/10, back pain 3/10.
- **Plan/Assessment:** CPT codes 97110, 97140, 97112.
- **Source References:** ([source](#))

Date of Medical Visit: 04/17/2025

04/17/2025

- **Type of Visit:** Office Visit (Orthopedic Spine Consultation)
- **Facility Name:** Sierra Spine
- **Provider Name:** Marcus Hale, MD, Orthopedic Spine Surgery
- **Subjective/HPI/CC/Hospital Course:** 42-year-old right-hand-dominant male with neck pain radiating to the right arm and low back pain following a rear-end MVC on 03/14/2025. Neck pain 7/10 radiating to

right lateral forearm, thumb, and index finger; low back pain 4/10 with occasional right buttock pain. No prior neck complaints; prior lumbar strain in 2023 resolved with chiropractic care.

- **Objective/PE:** Cervical rotation limited to 50° right; positive Spurling and shoulder abduction relief sign on right. Right biceps 5-/5, right wrist extensors 4+/5; decreased light touch in right C6 dermatome; right brachioradialis reflex 1+ (left 2+). Hoffmann negative, no clonus. Lumbar tenderness at L4-L5; positive right SLR at 60°; EHL 5/5 bilaterally.
- **Imaging:** MRI cervical (04/10/2025): C5-C6 right paracentral/foraminal 4 mm extrusion with moderate right foraminal stenosis. MRI lumbar (04/10/2025): L4-L5 right paracentral protrusion with annular fissure; L5-S1 degenerative disc disease.
- **Diagnoses:** M50.121 Cervical disc disorder at C5-C6 with radiculopathy; M51.16 Intervertebral disc disorders with radiculopathy, lumbar region; M51.37 Other intervertebral disc degeneration, lumbosacral region (pre-existing)
- **Plan/Assessment:** Continue physical therapy; referral to Capital Interventional Pain Center for possible cervical epidural steroid injection. Surgical options discussed if no improvement with 3-6 months of conservative care or if neurologic deficit progresses. Causation opinion: within reasonable medical probability, the C5-C6 disc herniation and right C6 radiculopathy were caused by the 03/14/2025 collision; L4-L5 protrusion likely collision-related; L5-S1 degeneration pre-existing.
- **Medical Source Statement (MSS):** Modified duty from 04/21/2025 — no lifting over 15 lb, no overhead work.
- **Medication(s):** Gabapentin 300 mg PO at bedtime, titrate to three times daily
- **Referrals:** Capital Interventional Pain Center (cervical epidural steroid injection evaluation); continued physical therapy
- **Source References:** ([source](#)) ([source](#))

Date of Medical Visit: 04/22/2025

04/22/2025

- **Type of Visit:** PT
- **Facility Name:** Capitol Physical Therapy
- **Provider Name:** Hannah Lee, PT, DPT
- **Subjective/HPI/CC/Hospital Course:** Lumbar symptoms improving steadily (ODI 30% to 18%). Cervical symptoms partially improved (NDI 42% to 34%); right thumb/index paresthesias persist and are intermittently worse with sustained desk work.
- **Objective/PE:** Cervical rotation R 55 / L 70 deg. Grip R 90 lb. Traction provides only temporary relief.
- **Plan/Assessment:** Recommend continuing plan of care; request authorization for 12 additional visits.
- **Source References:** ([source](#))

Date of Medical Visit: 04/24/2025

04/24/2025

- **Type of Visit:** PT
- **Facility Name:** Capitol Physical Therapy
- **Provider Name:** Hannah Lee, PT, DPT
- **Subjective/HPI/CC/Hospital Course:** Neck pain 5/10, back pain 3/10. Started modified duty 04/21 with increased neck pain.
- **Plan/Assessment:** CPT codes 97110, 97140.

- **Source References:** ([source](#))

Date of Medical Visit: 04/29/2025

04/29/2025

- **Type of Visit:** Neurology Consultation
- **Facility Name:** Sacramento Neurology
- **Provider Name:** Elena Voss, MD
- **Subjective/HPI/CC/Hospital Course:** Post-traumatic headaches and cognitive complaints following MVC on 03/14/2025 with head strike on headrest. Patient reports possible brief loss of consciousness (“may have blacked out for a few seconds”). Daily bifrontal and occipital headaches 5-6/10, light sensitivity, word-finding difficulty, and poor concentration at work. No headaches prior to accident.
- **Objective/PE:** MoCA 26/30 (lost points in delayed recall and serial 7s). Rivermead Post-Concussion Questionnaire 31 (moderate symptom burden). HIT-6 62 (severe impact). Cranial nerves intact, no papilledema, tandem gait normal, mild convergence insufficiency. Right C6 sensory deficit as documented by spine surgeon.
- **Diagnoses:** Postconcussional syndrome (F07.81); Post-traumatic headache, unspecified, not intractable (G44.309); Concussion with loss of consciousness of 30 minutes or less, subsequent encounter (S06.0X1D)
- **Plan/Assessment:** Start amitriptyline 10 mg PO at bedtime for headache prevention and sleep. Referral for vestibular/oculomotor therapy. Limit screen time with graded return to cognitive activity. EMG/NCS of right upper extremity ordered (scheduled 08/05/2025). Follow up in 3 months. Note: LOC history inconsistent across records; brief LOC cannot be excluded.
- **Medication(s):** Amitriptyline 10 mg PO at bedtime
- **Referrals:** Vestibular/oculomotor therapy; EMG/NCS right upper extremity
- **Source References:** ([source](#))

Date of Medical Visit: 05/01/2025

05/01/2025

- **Type of Visit:** PT
- **Facility Name:** Capitol Physical Therapy
- **Provider Name:** Hannah Lee, PT, DPT
- **Subjective/HPI/CC/Hospital Course:** Neck pain 6/10, back pain 3/10. Right arm numbness increasing.
- **Plan/Assessment:** CPT codes 97110, 97140.
- **Source References:** ([source](#))

The provided reference window contains only an insurance utilization management denial letter and appeal outcome addendum from Pacific Crest Health Plan. This document is administrative in nature—it is not a clinical encounter with a date of service, facility, and treating provider. The dates mentioned (05/02/2025, 05/13/2025, 06/30/2025) relate to the insurance review process, not clinical visits. The only clinician named is Priya Raman, MD, who authored a letter of medical necessity, but no clinical encounter details (facility, visit type, exam findings) are provided for that letter.

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Per the inclusion/exclusion rules, this record is excluded as administrative (insurance denial/appeal correspondence) rather than a valid clinical encounter. No clinical encounters can be rendered from this window.

Date of Medical Visit: 05/06/2025

05/06/2025

- **Type of Visit:** PT
- **Facility Name:** Capitol Physical Therapy
- **Provider Name:** Hannah Lee, PT, DPT
- **Subjective/HPI/CC/Hospital Course:** Neck pain 6/10, back pain 3/10. Last visit; further visits pending insurance authorization.
- **Plan/Assessment:** CPT codes 97110, 97140, 97012.
- **Source References:** ([source](#))

Date of Medical Visit: 05/08/2025

05/08/2025

- **Type of Visit:** PT
- **Facility Name:** Capitol Physical Therapy
- **Provider Name:** Hannah Lee, PT, DPT
- **Subjective/HPI/CC/Hospital Course:** All 12 authorized visits used as of 05/06/2025. Cervical radicular symptoms worsening over last 2 weeks - communicated to referring physician.
- **Plan/Assessment:** Patient placed on hold; payer authorization for additional visits pending. Patient instructed in updated home exercise program.
- **Source References:** ([source](#))

Date of Medical Visit: 05/27/2025

05/27/2025

- **Type of Visit:** Telephone Encounter
- **Facility Name:** Oak Park Family Medicine
- **Provider Name:** Priya Raman, MD
- **Subjective/HPI/CC/Hospital Course:** Patient reports worsening right arm pain and numbness, now waking him at night. Has not been able to attend any treatment since 05/06/2025 due to insurance denial. Appeal of PT denial still pending.
- **Plan/Assessment:** Advised ED precautions for weakness or bowel/bladder changes. Pain management consult (Capital Interventional Pain) earliest availability 06/20/2025.
- **Source References:** ([source](#))

Date of Medical Visit: 06/20/2025

06/20/2025

- **Type of Visit:** Office Visit (New Patient Consultation, CPT 99204)
- **Facility Name:** Capital Interventional Pain Clinic
- **Provider Name:** Samuel Kim, MD
- **Subjective/HPI/CC/Hospital Course:** Right arm pain 8/10 with numbness waking the patient nightly. Low back pain 5/10 with right posterior thigh pain to the knee. Gap in treatment from 05/06/2025 to 06/20/2025 due to PT authorization denial on 05/09/2025; this was the earliest available pain appointment.

- **Objective/PE:** Exam consistent with right C6 radiculopathy and right L5 radicular pain. Urine drug screen negative. CURES report reviewed: no controlled substances.
- **Diagnoses:** Cervical disc disorder at C5-C6 with radiculopathy (M50.121); Lumbar disc disorder with radiculopathy (M51.16); Radiculopathy, lumbosacral region (M54.17)
- **Plan/Assessment:** C7-T1 interlaminar cervical ESI, then right L4-L5 transforaminal ESI.
- **Medication(s):** Gabapentin 300 mg three times daily; Meloxicam
- **Source References:** ([source](#))

Date of Medical Visit: 07/02/2025

07/02/2025

- **Type of Visit:** Procedure (Cervical Interlaminar Epidural Steroid Injection, C7-T1, CPT 62321)
- **Facility Name:** Capital Interventional Pain Clinic
- **Provider Name:** Samuel Kim, MD
- **Procedure:** Cervical interlaminar epidural steroid injection at C7-T1 under fluoroscopy with contrast epidurogram confirming epidural spread, right-sided bias to C5-C6. Dexamethasone 10 mg (preservative-free) with 2 mL preservative-free normal saline. No sedation; local anesthetic 1% lidocaine to skin.
- **Objective/PE:** Pre-procedure pain 7/10. Post-procedure pain 3/10. No complications. Discharged ambulatory.
- **Source References:** ([source](#))

Date of Medical Visit: 07/17/2025

07/17/2025

- **Type of Visit:** Office Visit (Follow-up, CPT 99213)
- **Facility Name:** Capital Interventional Pain Clinic
- **Provider Name:** Samuel Kim, MD
- **Subjective/HPI/CC/Hospital Course:** Reports approximately 50% relief of right arm pain for 2.5 weeks after the cervical ESI, now returning. Numbness unchanged.
- **Plan/Assessment:** Discussed repeat injection versus surgical re-evaluation; patient prefers to see Dr. Hale. Proceed with lumbar injection as planned.
- **Referrals:** Surgical re-evaluation with Dr. Marcus Hale
- **Source References:** ([source](#))

Date of Medical Visit: 07/24/2025

07/24/2025

- **Type of Visit:** Procedure (Right L4-L5 Transforaminal Epidural Steroid Injection, CPT 64483)
- **Facility Name:** Capital Interventional Pain Clinic
- **Provider Name:** Samuel Kim, MD
- **Procedure:** Right L4-L5 transforaminal epidural steroid injection under fluoroscopy; contrast outlined right L5 nerve root with no vascular uptake. Dexamethasone 10 mg with 1 mL 1% preservative-free lidocaine.
- **Objective/PE:** Pre-procedure pain: low back 5/10, right leg 6/10. Post-procedure leg pain 1/10. No complications.
- **Diagnoses:** Cervical disc disorder at C5-C6 with radiculopathy (M50.121); Lumbar disc disorder with radiculopathy (M51.16); Radiculopathy, lumbosacral region (M54.17)

- **Source References:** (source) (source)

Date of Medical Visit: 08/05/2025

08/05/2025

- **Type of Visit:** Electrodiagnostic Study (EMG / Nerve Conduction)
- **Facility Name:** Sacramento Neurology
- **Provider Name:** Elena Voss, MD
- **Subjective/HPI/CC/Hospital Course:** Right arm pain and numbness in C6 distribution following MVC on 03/14/2025; prior MRI showed C5-C6 right foraminal stenosis.
- **Objective/PE:** Nerve conduction studies normal across right median motor, ulnar motor, radial sensory, median sensory, lateral antebrachial cutaneous, and median F-wave. Needle EMG showed 1+ fibrillations/positive sharp waves with large polyphasic motor units and reduced recruitment in right biceps and brachioradialis (C5-6), 1+ fibs with mildly reduced recruitment in pronator teres (C6-7), and 1+ fibs in right C6 paraspinal; deltoid, triceps, and first dorsal interosseous normal.
- **Diagnoses:** M54.12 - Radiculopathy, cervical region. Electrodiagnostic evidence of right C6 radiculopathy with active denervation and chronic reinnervation; no evidence of carpal tunnel syndrome, ulnar neuropathy, or brachial plexopathy; normal sensory responses support a pre-ganglionic (root) lesion.
- **Source References:** (source) (source)

Date of Medical Visit: 08/14/2025

08/14/2025

- **Type of Visit:** Office Visit (Orthopedic Spine Follow-up)
- **Facility Name:** Sutterfield Regional Medical Center
- **Provider Name:** Marcus Hale, MD
- **Subjective/HPI/CC/Hospital Course:** Seen 5 months after MVC. Cervical interlaminar ESI on 07/02/2025 provided ~50% relief for 2.5 weeks, then full return of symptoms. Right arm pain 7/10 with constant numbness; dropping objects with right hand. Lumbar TFESI on 07/24/2025 gave 70% relief of right leg symptoms, ongoing. PT interrupted since 05/06/2025 due to insurance denial. EMG/NCS on 08/05/2025 confirmed right C6 radiculopathy with active denervation.
- **Objective/PE:** Right wrist extension 4/5 (worsened from 4+/5), right biceps 4+/5. Right brachioradialis reflex trace. Grip R 70 lb / L 112 lb. Hoffmann negative. Lumbar SLR now negative.
- **Diagnoses:** Progressive right C6 radiculopathy with motor deficit due to C5-C6 disc extrusion, refractory to more than 5 months of conservative treatment.
- **Plan/Assessment:** Recommend C5-C6 anterior cervical discectomy and fusion (ACDF). Risks, benefits, and alternatives including cervical disc arthroplasty discussed; arthroplasty less favored due to facet and uncovertebral spondylosis at the level. Surgery scheduled 09/23/2025; pre-admission testing 09/16/2025. Continue gabapentin. Modified duty continues until surgery.
- **Medication(s):** Gabapentin (continued)
- **Source References:** (source)

Date of Medical Visit: 09/16/2025

09/16/2025

- **Type of Visit:** Pre-Operative History and Physical Evaluation

- **Facility Name:** Sutterfield Regional Medical Center
- **Provider Name:** Grace Holloway, NP
- **Subjective/HPI/CC/Hospital Course:** 43-year-old male with C5-C6 disc herniation and right C6 radiculopathy since MVC on 03/14/2025, refractory to physical therapy, medications, and cervical epidural steroid injection. Scheduled for anterior cervical discectomy and fusion C5-C6.
- **Objective/PE:** BP 132/84, HR 76, SpO2 99%, BMI 28.6. Airway Mallampati II, full mouth opening. Heart RRR, lungs clear. ASA Class II.
- **Diagnoses:** C5-C6 disc herniation; Right C6 radiculopathy; Hyperlipidemia
- **Plan/Assessment:** Medically optimized for planned surgery. Low cardiac risk (RCRI 0). Proceed as scheduled.
- **Medication(s):** Gabapentin 300 mg PO three times daily; Meloxicam 15 mg PO daily (hold 7 days before surgery); Cyclobenzaprine 5 mg PO at bedtime as needed
- **Labs:** WBC 7.2 K/uL, Hemoglobin 14.8 g/dL, Platelets 241 K/uL, Sodium 139 mmol/L, Potassium 4.1 mmol/L, Creatinine 0.94 mg/dL, Glucose 96 mg/dL, PT/INR 12.1 sec/1.0. ECG: Normal sinus rhythm, rate 72, normal intervals.
- **Source References:** ([source](#)) ([source](#))

Date of Medical Visit: 09/23/2025

09/23/2025

- **Type of Visit:** Surgery
- **Facility Name:** Sutterfield Regional Medical Center
- **Provider Name:** Marcus Hale, MD
- **Subjective/HPI/CC/Hospital Course:** Patient sustained a rear-end motor vehicle collision on 03/14/2025. Symptoms persisted despite more than 5 months of conservative care including physical therapy, NSAIDs, gabapentin, and a C7-T1 interlaminar epidural steroid injection.
- **Objective/PE:** Intraoperative findings included a large extruded right paracentral disc fragment beneath the posterior longitudinal ligament compressing the right C6 nerve root. Mild uncovertebral osteophyte present. Neuromonitoring remained stable throughout.
- **Diagnoses:** C5-C6 disc herniation with right C6 radiculopathy (M50.121), post-traumatic, date of injury 03/14/2025.
- **Procedure:** Anterior cervical discectomy and interbody fusion at C5-C6 (CPT 22551) with insertion of 7 mm lordotic PEEK cage packed with morselized allograft (22853, 20930), anterior instrumentation with 14 mm plate and four 14 mm variable-angle screws (22845), and intraoperative neurophysiologic monitoring (95940). Complete discectomy performed; PLL resected; right foraminotomy with 1 mm Kerrison until nerve root freely decompressed; endplates prepared. Estimated blood loss 30 mL. No complications; patient extubated and taken to PACU in stable condition.
- **Imaging:** MRI 04/10/2025 demonstrated a 4 mm right paracentral/foraminal disc herniation at C5-C6 with moderate right foraminal stenosis. Final intraoperative fluoroscopy confirmed good hardware position.
- **Source References:** ([source](#)) ([source](#))

Date of Medical Visit: 10/07/2025

10/07/2025

- **Type of Visit:** Office Visit (2-Week Post-op)

- **Provider Name:** Brian Tran, PA-C
- **Subjective/HPI/CC/Hospital Course:** Right arm pain 2/10, down from 7/10 pre-op. Intermittent right thumb numbness. Mild dysphagia resolving. Stopped oxycodone 10/01/2025.
- **Objective/PE:** Incision healed, no signs of infection.
- **Plan/Assessment:** Wean collar. Continue gabapentin. Off work.
- **Medication(s):** Gabapentin (continued); oxycodone discontinued 10/01/2025
- **Source References:** ([source](#))

Date of Medical Visit: 11/04/2025

11/04/2025

- **Type of Visit:** PT Evaluation
- **Facility Name:** Capitol Physical Therapy
- **Provider Name:** Hannah Lee, PT, DPT
- **Subjective/HPI/CC/Hospital Course:** Six weeks status post C5-C6 ACDF (09/23/2025). Right arm pain resolved; intermittent right thumb numbness. Neck pain 4/10 with stiffness.
- **Objective/PE:** NDI 36%. Cervical rotation R 40 / L 45 deg. Deep neck flexor endurance 8 seconds (normal more than 38).
- **Plan/Assessment:** PT 2x/week x 10 weeks.
- **Source References:** ([source](#))

Date of Medical Visit: 11/18/2025

11/18/2025

- **Type of Visit:** Office Visit (8-Week Post-op)
- **Provider Name:** Marcus Hale, MD
- **Subjective/HPI/CC/Hospital Course:** Right arm pain resolved. Thumb numbness occasional. Neck pain 3/10 with stiffness.
- **Objective/PE:** Right wrist extension 5/-5, grip R 95 lb.
- **Imaging:** Cervical x-rays (AP, lateral, flexion-extension; CPT 72052): hardware intact, cage well positioned, early bridging bone, no motion on flexion-extension views.
- **Plan/Assessment:** Continue post-op PT (started 11/04/2025). May resume NSAIDs 12/23/2025.
- **Medical Source Statement (MSS):** Return to modified duty 12/01/2025: no lifting over 20 lb, no repetitive overhead work, no ladder climbing.
- **Source References:** ([source](#))

Date of Medical Visit: 11/20/2025

11/20/2025

- **Type of Visit:** PT
- **Facility Name:** Capitol Physical Therapy
- **Provider Name:** Hannah Lee, PT, DPT
- **Subjective/HPI/CC/Hospital Course:** Neck pain 3/10.
- **Objective/PE:** Tolerating progressive scapular and deep neck flexor strengthening.
- **Source References:** ([source](#))

Date of Medical Visit: 12/04/2025

12/04/2025

- **Type of Visit:** PT
- **Facility Name:** Capitol Physical Therapy
- **Provider Name:** Hannah Lee, PT, DPT
- **Subjective/HPI/CC/Hospital Course:** Returned to modified duty on 12/01/2025; mild increase in neck fatigue by end of shift.
- **Source References:** ([source](#))

Date of Medical Visit: 12/09/2025

12/09/2025

- **Type of Visit:** Neurology Follow-up (Office Visit, CPT 99214)
- **Facility Name:** Sacramento Neurology
- **Provider Name:** Elena Voss, MD
- **Subjective/HPI/CC/Hospital Course:** Headaches reduced to 1-2 per week at 3/10 severity on amitriptyline 10 mg. Completed 8 sessions of vestibular therapy. Concentration improved; occasional word-finding difficulty when fatigued. Reports anxiety when driving, especially when vehicles approach from behind; avoids freeways. Sleep 5-6 hours.
- **Objective/PE:** MoCA 28/30. HIT-6 score 52. Neurologic exam normal apart from mild residual decrease in right thumb sensation.
- **Diagnoses:** Postconcussional syndrome, improving (F07.81); Post-traumatic headache, improving (G44.309); Driving-related anxiety
- **Plan/Assessment:** Continue amitriptyline 10 mg at bedtime with planned taper in 3 months. Referral to Midtown Behavioral Health for evaluation of anxiety after the motor vehicle collision. Follow up as needed.
- **Medication(s):** Amitriptyline 10 mg at bedtime
- **Referrals:** Midtown Behavioral Health for evaluation of anxiety after the motor vehicle collision
- **Source References:** ([source](#))

Date of Medical Visit: 01/08/2026

01/08/2026

- **Type of Visit:** PT
- **Facility Name:** Capitol Physical Therapy
- **Provider Name:** Hannah Lee, PT, DPT
- **Subjective/HPI/CC/Hospital Course:** Low back pain flare 5/10 after lifting a pallet jack at work; right buttock pain returned.
- **Plan/Assessment:** Added lumbar stabilization.
- **Source References:** ([source](#))

Date of Medical Visit: 01/13/2026

01/13/2026

- **Type of Visit:** Psychological Intake Evaluation
- **Facility Name:** Midtown Behavioral Health

- **Provider Name:** Lauren Brooks, PsyD
- **Subjective/HPI/CC/Hospital Course:** 43-year-old male referred for anxiety and driving avoidance following rear-end MVC on 03/14/2025. Reports intrusive memories of impact 2-3 times weekly, startle response when vehicles approach from behind, freeway avoidance adding 25 minutes to commute, irritability, and low mood related to chronic pain and loss of ability to play basketball and lift his children. No prior mental health treatment; PHQ-2 and GAD-2 were 0 at 11/2024 physical.
- **Objective/PE:** Alert, cooperative, good eye contact. Mood “on edge.” Affect anxious and congruent. Thought process linear. Denies suicidal or homicidal ideation. Standardized measures: PCL-5 score 29 (below 31-33 provisional PTSD cutoff but clinically significant); PHQ-9 score 11 (moderate depression); GAD-7 score 12 (moderate anxiety).
- **Diagnoses:** F43.23 Adjustment disorder with mixed anxiety and depressed mood; F40.298 Other specified phobia (driving-related)
- **Plan/Assessment:** Weekly cognitive behavioral therapy x 12 sessions including graded exposure for driving. Coordinate with PCP regarding SSRI (sertraline 50 mg daily started 01/20/2026). Reassess PCL-5, PHQ-9, and GAD-7 at session 6. Symptoms directly related to 03/14/2025 collision and resulting chronic pain/functional loss.
- **Medication(s):** Sertraline 50 mg daily (started by PCP 01/20/2026)
- **Source References:** ([source](#))

Date of Medical Visit: 01/29/2026

01/29/2026

- **Type of Visit:** PT Discharge
- **Facility Name:** Capitol Physical Therapy
- **Provider Name:** Hannah Lee, PT, DPT
- **Objective/PE:** NDI 16% (initial 42%, post-op 36%). Oswestry Disability Index 22% (initial 30%). Cervical rotation R/L 60/65 deg (initial 45/60, post-op 40/45). Neck pain 2/10 (initial 6/10, post-op 4/10).
- **Plan/Assessment:** Good cervical recovery with persistent loss of cervical rotation expected after fusion. Recurrent lumbar symptoms with lifting. Plateaued with skilled therapy; discharged to independent home program.
- **Source References:** ([source](#))

Date of Medical Visit: 03/12/2026

03/12/2026

- **Type of Visit:** Follow-up / Narrative Report (Maximum Medical Improvement Evaluation)
- **Facility Name:** Sierra Spine (per document title)
- **Provider Name:** Marcus Hale, MD
- **Subjective/HPI/CC/Hospital Course:** Almost 6 months post C5-C6 ACDF. Neck pain 2-3/10, worse after 6+ hours of work. No right arm pain; rare right thumb numbness. Low back pain 3-5/10 with lifting; intermittent right buttock pain. Working modified duty.
- **Objective/PE:** Cervical rotation R 60 / L 65 deg; extension 35 deg. Strength 5/5 bilateral upper extremities. Reflexes symmetric. Lumbar flexion 50 deg; SLR negative.
- **Imaging:** Cervical x-rays 03/12/2026: solid fusion C5-C6, no hardware complication. No adjacent segment change at C4-C5 or C6-C7 compared with 04/10/2025 MRI.

- **Diagnoses:** Cervical DRE Category IV, 25% whole person impairment (AMA Guides, 5th Ed.). Lumbar DRE Category II, 6% whole person impairment. Causation: cervical injury requiring C5-C6 fusion attributed to 03/14/2025 collision (85% collision, 15% pre-existing asymptomatic C5-C6 spondylosis). Lumbar L4-L5 protrusion and radicular symptoms attributed to collision; L5-S1 degenerative disease pre-existing.
- **Plan/Assessment:** Patient at maximum medical improvement as of 03/12/2026 for the cervical spine. Future medical care: annual orthopedic spine follow-up with cervical x-rays for life; lumbar transforaminal ESI 1-2 per year for 5 years for flares; PT 12 visits per year for 3 years for flares; adjacent segment surgery risk ~2.9% per year (~25% within 10 years), possible but not certain; medications ongoing.
- **Medical Source Statement (MSS):** Permanent work restrictions: no lifting over 25 lb occasionally or 15 lb frequently; no repetitive overhead work; change position every 45 minutes; no commercial driving requiring repetitive head rotation.
- **Medication(s):** NSAID and gabapentin as needed, ongoing.
- **Source References:** ([source](#)) ([source](#))

Source Documents

The following pages contain the original documents submitted for this report.

Oak Park Family Medicine

3310 Broadway, Suite 200, Sacramento, CA 95817 | Tel (916) 555-0110 | Fax (916) 555-0111

OFFICE VISIT - PROGRESS NOTE

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	OPFM-204471	Sex	Male
Date of Service	06/08/2023	Provider	Priya Raman, MD
Visit Type	Acute visit	Referring	Self

Chief Complaint

Low back pain x 3 days after lifting at work.

History of Present Illness

40-year-old male warehouse operations supervisor reports onset of low back pain on 06/05/2023 after lifting a 50 lb carton at work. Pain is central lower lumbar, aching, 5/10, worse with bending, improved with rest and ibuprofen. **Denies radiation into the legs, numbness, tingling, or weakness.** Denies bowel or bladder changes. No prior history of back problems. **Denies any neck pain.** Did not file a workers' compensation claim; states 'it's just a tweak.'

Review of Systems

Negative except as noted in HPI. No fever, weight loss, or night pain.

Physical Examination

Vitals	BP 128/82, HR 74, T 98.2 F, Wt 204 lb, Ht 5'11", BMI 28.4
Lumbar spine	Mild tenderness and muscle guarding bilateral L4-S1 paraspinals. Flexion limited to 70 degrees by pain. Extension full.
Neuro	Straight leg raise negative bilaterally. Strength 5/5 bilateral lower extremities. Reflexes 2+ and symmetric. Sensation intact.
Cervical spine	Full, painless range of motion. No tenderness.

Assessment

ICD-10	Diagnosis
S39.012A	Strain of muscle, fascia and tendon of lower back, initial encounter

Plan

- Ibuprofen 600 mg PO every 8 hours with food as needed x 10 days.
- Activity as tolerated; avoid heavy lifting over 25 lb x 1 week.
- Patient elects to see chiropractor (Delta Chiropractic) - referral provided.
- No imaging indicated at this time (no red flags). Return if not improved in 4-6 weeks.

Electronically signed by Priya Raman, MD on 06/08/2023 16:41. This document was generated from the facility's electronic health record.

Sutterfield Regional Medical Center

1200 Riverside Blvd, Sacramento, CA 95818 | Tel (916) 555-0100 | Fax (916) 555-0101

HOSPITAL DISCHARGE SUMMARY

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	SRMC-00918264	Sex	Male
Admit	09/23/2025	Discharge	09/24/2025
Attending	Marcus Hale, MD	Length of Stay	1 night (observation)

Principal Diagnosis

M50.121 - Cervical disc disorder at C5-C6 level with radiculopathy.

Procedure

C5-C6 anterior cervical discectomy and fusion 09/23/2025 (see operative report).

Hospital Course

Uncomplicated. Right arm pain improved from 8/10 pre-op to 3/10 on POD 1. Mild dysphagia to solids, tolerating soft diet. Voice normal. Upright AP/lateral cervical x-rays POD 1 show hardware in good position. Ambulating independently. Pain controlled on oral medications.

Pathology

Fragments of fibrocartilaginous disc tissue with degenerative change. No malignancy.

Discharge Medications

- Oxycodone-acetaminophen 5/325 mg, 1 tab PO every 6 hours as needed for severe pain, #30
- Acetaminophen 1,000 mg PO every 8 hours as needed for mild pain (do not exceed 3 g/day including oxycodone combination)
- Gabapentin 300 mg PO three times daily - continue
- Docusate 100 mg PO twice daily while on opioids
- Hold meloxicam and all NSAIDs for 3 months to support fusion

Instructions

Soft cervical collar for comfort x 2 weeks. No lifting over 10 lb. No driving while on opioids. Keep incision dry x 5 days. Follow up with Dr. Hale in 2 weeks. Work status: off work until cleared by surgeon.

Electronically signed by Marcus Hale, MD on 09/24/2025 13:45. This document was generated from the facility's electronic health record.

Sacramento Neurology Associates

2801 K Street, Suite 410, Sacramento, CA 95816 | Tel (916) 555-0190 | Fax (916) 555-0191

ELECTRODIAGNOSTIC STUDY REPORT (EMG / NERVE CONDUCTION)

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	SNA-40216	Sex	Male
Date of Service	08/05/2025	Physician	Elena Voss, MD
Study	Right upper extremity	CPT	95913, 95886

Indication

Right arm pain and numbness in C6 distribution after MVC 03/14/2025; MRI with C5-C6 right foraminal stenosis.

Nerve Conduction Studies

Nerve	Latency (ms)	Amplitude	Velocity (m/s)	Result
R median motor	3.6	8.9 mV	54	Normal
R ulnar motor	2.9	10.2 mV	58	Normal
R radial sensory	2.2	18 uV	-	Normal
R median sensory	3.1	32 uV	-	Normal
R lateral antebrachial cutaneous	2.3	14 uV	-	Normal (L 15 uV)
R median F-wave	27.9	-	-	Normal

Needle EMG

Muscle	Root	Fibs / PSW	Motor units	Recruitment
R deltoid	C5-6	None	Normal	Normal
R biceps	C5-6	1+	Large, polyphasic	Reduced
R brachioradialis	C5-6	1+	Large, polyphasic	Reduced
R pronator teres	C6-7	1+	Normal	Mildly reduced
R triceps	C7	None	Normal	Normal
R first dorsal interosseous	C8-T1	None	Normal	Normal
R C6 paraspinal	C6	1+	-	-

Interpretation

Abnormal study. Electrodiagnostic evidence of a **right C6 radiculopathy with active denervation and chronic reinnervation**. No evidence of carpal tunnel syndrome, ulnar neuropathy, or brachial plexopathy. Normal sensory responses support a pre-ganglionic (root) lesion.

Diagnosis

M54.12 - Radiculopathy, cervical region.

Electronically signed by Elena Voss, MD on 08/05/2025 15:02. This document was generated from the facility's electronic health record.

River City Fire Department - EMS Division

5770 Freeport Blvd, Sacramento, CA 95822 | Tel (916) 555-0135 | Fax (916) 555-0136

PREHOSPITAL PATIENT CARE REPORT (ePCR)

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	PCR 25-031407	Sex	Male
Incident Date	03/14/2025	Unit	Medic 14 (ALS)
Crew	T. Alvarez, Paramedic; K. Singh, EMT	Incident #	RCFD-25-0314-0877

Times

Dispatched	En route	On scene	Pt contact	Depart scene	At destination
17:21	17:22	17:29	17:31	17:48	18:09

Incident

Two-vehicle collision, Florin Rd at 24th St, Sacramento. Patient is the restrained driver of a sedan that was stopped at a red light and struck from behind by a full-size pickup. Moderate rear-end damage with trunk intrusion approximately 12 inches. Airbags not deployed. Patient self-extricated and was ambulatory at scene on EMS arrival. Law enforcement (Sacramento PD) on scene.

Chief Complaint / History

Neck pain 'mostly on the right side' and headache. Also complains of low back pain. **Patient denies loss of consciousness.** States his head 'snapped back and forward' and hit the headrest. Denies chest pain, abdominal pain, or shortness of breath. PMH: none. Meds: none. Allergies: NKDA.

Assessment

GCS	15 (E4 V5 M6)
Neuro	Alert, oriented x 4. Moves all extremities. Grip strength equal. Denies numbness at this time.
Spine	Midline cervical tenderness at C5-C6. Right paraspinal cervical tenderness. Lumbar tenderness on palpation.
Skin	Seatbelt abrasion left clavicle, 4 cm.

Vital Signs

Time	BP	HR	RR	SpO2	Pain
17:34	152/94	104	20	98% RA	7/10
17:52	146/90	98	18	98% RA	7/10

Interventions

- Spinal motion restriction per protocol due to midline cervical tenderness - cervical collar applied, patient secured to stretcher.
- Cold pack to posterior neck.
- No medications administered.

Disposition

Transported non-emergent to Sutterfield Regional Medical Center ED. Care transferred to RN J. Park at 18:12.

Billing

HCPCS	Description	Units	Charge
A0427	ALS emergency transport, level 1	1	\$2,150.00
A0425	Ground mileage, per statute mile	7	\$154.00

Report completed by Tomas Alvarez, Paramedic (CA Lic. P-90213) on 03/14/2025 19:02.

Valley Advanced Imaging

2025 Howe Ave, Suite 110, Sacramento, CA 95825 | Tel (916) 555-0160 | Fax (916) 555-0161

MRI LUMBAR SPINE WITHOUT CONTRAST

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	VAI-558210	Sex	Male
Exam Date	04/10/2025	Radiologist	Robert Ng, MD
Ordering	Priya Raman, MD	CPT / Accession	72148 / MR-25-10449

Clinical History

Low back pain with intermittent right buttock and posterior thigh pain after MVC 03/14/2025. Prior lumbar strain 2023.

Technique

Multipplanar, multisequence MRI of the lumbar spine without contrast on a 3.0 Tesla system.

Comparison

None available. (Outside chiropractic radiographs from 2023 referenced in history were not provided for comparison.)

Findings

Five non-rib-bearing lumbar vertebrae. Alignment normal. Conus terminates at L1. No fracture or marrow edema.

Level	Findings
L1-L2 / L2-L3	Normal.
L3-L4	Mild disc bulge. No stenosis.
L4-L5	3 mm right paracentral disc protrusion with a high-intensity zone (annular fissure). Contacts the traversing right L5 nerve root in the lateral recess. Mild right lateral recess narrowing. Neural foramina patent.
L5-S1	Moderate disc desiccation and mild disc height loss. Mild bilateral facet arthropathy. Small central disc bulge without nerve root contact. No significant stenosis.

Impression

- L4-L5 right paracentral 3 mm disc protrusion with annular fissure, contacting the traversing right L5 nerve root.
- Chronic-appearing degenerative disc disease and mild facet arthropathy at L5-S1.
- No fracture or high-grade stenosis.

Electronically signed by Robert Ng, MD on 04/10/2025 16:44. This document was generated from the facility's electronic health record.

Sierra Spine and Orthopedic Institute

1580 Creekside Dr, Suite 300, Folsom, CA 95630 | Tel (916) 555-0180 | Fax (916) 555-0181

POST-OPERATIVE FOLLOW-UP VISITS

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	SSOI-77410	Sex	Male
Dates of Service	10/07/2025; 11/18/2025	Provider	Marcus Hale, MD / Brian Tran, PA-C
Visit Type	Global post-op (CPT 99024)	Surgery	C5-C6 ACDF 09/23/2025

10/07/2025 - 2-Week Post-op (Brian Tran, PA-C)

Incision healed, no signs of infection. Right arm pain 2/10, down from 7/10 pre-op. Intermittent right thumb numbness. Mild dysphagia resolving. Stopped oxycodone 10/01/2025. Wean collar. Continue gabapentin. Off work.

11/18/2025 - 8-Week Post-op (Marcus Hale, MD)

Right arm pain resolved. Thumb numbness occasional. Neck pain 3/10 with stiffness. Right wrist extension 5-/5, grip R 95 lb. Cervical x-rays (AP, lateral, flexion-extension; CPT 72052): hardware intact, cage well positioned, early bridging bone, no motion on flexion-extension views. Continue post-op PT (started 11/04/2025). May resume NSAIDs 12/23/2025.

Work Status (11/18/2025)

Return to modified duty 12/01/2025: no lifting over 20 lb, no repetitive overhead work, no ladder climbing.

Electronically signed by Marcus Hale, MD on 11/18/2025 15:55. This document was generated from the facility's electronic health record.

Capitol Physical Therapy and Sports Rehab

9261 Elk Grove Florin Rd, Elk Grove, CA 95624 | Tel (916) 555-0170 | Fax (916) 555-0171

PHYSICAL THERAPY INITIAL EVALUATION

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	CPT-30982	Sex	Male
Date of Service	03/25/2025	Therapist	Hannah Lee, PT, DPT
Referring	Priya Raman, MD	CPT	97162, 97110, 97140

Subjective

Patient reports neck pain (current 6/10, worst 8/10) with right arm tingling into the thumb, low back pain (current 4/10, worst 6/10), and daily headaches since MVC 03/14/2025. Difficulty sleeping more than 4 hours, turning head while driving, lifting his 3-year-old, and sitting longer than 30 minutes. Currently off work.

Outcome Measures

Measure	Score	Interpretation
Neck Disability Index (NDI)	42%	Severe disability
Oswestry Disability Index (ODI)	30%	Moderate disability
Patient-Specific Functional Scale	3.3 / 10	Significant limitation

Objective

Motion	Measured	Normal
Cervical flexion	30 deg (pain)	50 deg
Cervical extension	25 deg (pain)	60 deg
Cervical rotation R / L	45 / 60 deg	80 deg
Lumbar flexion	45 deg	60 deg
Grip strength R / L (dynamometer)	82 / 110 lb	-

Positive Spurling test right; positive upper limb tension test (median bias) right. Hypomobile C4-C6 with muscle guarding. Straight leg raise positive right at 55 deg.

Assessment

Signs and symptoms consistent with post-traumatic cervical sprain with right cervical radiculopathy and lumbar sprain with right radicular features. Good rehabilitation potential.

Plan

2x/week x 8 weeks (16 visits): manual therapy, therapeutic exercise, neuromuscular re-education, cervical traction trial, home exercise program.

Goals (8 weeks)

- NDI below 20%
- Cervical rotation 70 degrees bilaterally for safe driving
- Sit 60 minutes without increased symptoms
- Return to full-duty work

Electronically signed by Hannah Lee, PT, DPT on 03/25/2025 18:10. This document was generated from the facility's electronic health record.

Capital Interventional Pain Center

6600 Bruceville Rd, Suite 120, Sacramento, CA 95823 | Tel (916) 555-0142 | Fax (916) 555-0143

PAIN MANAGEMENT CONSULTATION AND PROCEDURE RECORDS

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	CIPC-61905	Sex	Male
Date Range	06/20/2025 - 07/24/2025	Provider	Samuel Kim, MD, Interventional Pain
Referring	Marcus Hale, MD	Encounters	4

06/20/2025 - New Patient Consultation (CPT 99204)

Right arm pain 8/10 and numbness waking the patient nightly. Low back pain 5/10 with right posterior thigh pain to the knee. **Notes a gap in treatment from 05/06/2025 to 06/20/2025:** PT authorization was denied 05/09/2025, and this was the earliest available pain appointment. Taking gabapentin 300 mg three times daily and meloxicam. Exam consistent with right C6 radiculopathy and right L5 radicular pain. Plan: C7-T1 interlaminar cervical ESI, then right L4-L5 transforaminal ESI. Urine drug screen negative. CURES report reviewed: no controlled substances.

07/02/2025 - Procedure: Cervical Interlaminar Epidural Steroid Injection, C7-T1 (CPT 62321)

Pre-procedure pain	7/10
Guidance	Fluoroscopy with contrast epidurogram confirming epidural spread, right-sided bias to C5-C6
Medication	Dexamethasone 10 mg (preservative-free) with 2 mL preservative-free normal saline
Sedation	None. Local anesthetic 1% lidocaine to skin.
Complications	None. Post-procedure pain 3/10. Discharged ambulatory.

07/17/2025 - Follow-up (CPT 99213)

Reports approximately 50% relief of right arm pain for 2.5 weeks after the cervical ESI, now returning. Numbness unchanged. Discussed repeat injection versus surgical re-evaluation; patient prefers to see Dr. Hale. Proceed with lumbar injection as planned.

07/24/2025 - Procedure: Right L4-L5 Transforaminal Epidural Steroid Injection (CPT 64483)

Pre-procedure pain	Low back 5/10, right leg 6/10
Guidance	Fluoroscopy; contrast outlined right L5 nerve root with no vascular uptake
Medication	Dexamethasone 10 mg with 1 mL 1% preservative-free lidocaine
Complications	None. Post-procedure leg pain 1/10.

Diagnoses

ICD-10	Diagnosis
M50.121	Cervical disc disorder at C5-C6 with radiculopathy
M51.16	Lumbar disc disorder with radiculopathy
M54.17	Radiculopathy, lumbosacral region

Electronically signed by Samuel Kim, MD on 07/24/2025 11:40. This document was generated from the facility's electronic health record.

Sierra Spine and Orthopedic Institute

1580 Creekside Dr, Suite 300, Folsom, CA 95630 | Tel (916) 555-0180 | Fax (916) 555-0181

ORTHOPEDIC SPINE CONSULTATION

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	SSOI-77410	Sex	Male
Date of Service	04/17/2025	Provider	Marcus Hale, MD, Orthopedic Spine Surgery
Referring	Priya Raman, MD	CPT	99204

History of Present Illness

42-year-old right-hand-dominant male seen for neck pain with right arm radiation and low back pain after a rear-end MVC on 03/14/2025. Neck pain 7/10 radiating to the right lateral forearm, thumb, and index finger. Low back pain 4/10 with occasional right buttock pain. No prior neck complaints. Prior lumbar strain 2023 resolved with chiropractic care.

Examination

Cervical	Rotation limited R 50 deg. Positive Spurling right. Shoulder abduction relief sign positive right.
Motor	Right biceps 5-/5, right wrist extensors 4+/5. Otherwise 5/5.
Sensory	Decreased light touch right C6 dermatome.
Reflexes	Right brachioradialis 1+, left 2+. Hoffmann negative bilaterally. No clonus.
Lumbar	Tenderness L4-L5. SLR positive right at 60 deg. EHL 5/5 bilaterally.

Imaging Review

MRI cervical 04/10/2025: C5-C6 right paracentral/foraminal 4 mm extrusion with moderate right foraminal stenosis. MRI lumbar 04/10/2025: L4-L5 right paracentral protrusion with annular fissure; L5-S1 degenerative disc disease.

Assessment

ICD-10	Diagnosis
M50.121	Cervical disc disorder at C5-C6 level with radiculopathy
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region (pre-existing)

Plan

- Continue physical therapy. Refer to Capital Interventional Pain Center for consideration of cervical epidural steroid injection.
- Start gabapentin 300 mg PO at bedtime, titrate to three times daily.
- Surgical options discussed if symptoms fail to improve with 3-6 months of conservative care or neurologic deficit progresses.
- Work status: modified duty from 04/21/2025 - no lifting over 15 lb, no overhead work.

Causation Opinion

Within reasonable medical probability, the C5-C6 disc herniation and right C6 radiculopathy were caused by the 03/14/2025 collision. The patient was asymptomatic in the neck before the collision, and imaging suggests an acute herniation superimposed on mild pre-existing spondylosis. The L4-L5 protrusion is likely related to the collision; L5-S1 degeneration is pre-existing and consistent with 2023 radiographs.

Electronically signed by Marcus Hale, MD on 04/17/2025 17:48. This document was generated from the facility's electronic health record.

Oak Park Family Medicine

3310 Broadway, Suite 200, Sacramento, CA 95817 | Tel (916) 555-0110 | Fax (916) 555-0111

ANNUAL PREVENTIVE EXAMINATION

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	OPFM-204471	Sex	Male
Date of Service	11/20/2024	Provider	Priya Raman, MD
Visit Type	Preventive visit	CPT	99396

Interval History

42-year-old male presents for annual physical. Feels well. Works full duty as a warehouse operations supervisor; plays recreational basketball weekly. Reports the 2023 low back strain **fully resolved by July 2023** after 5 chiropractic visits with no recurrence.

Review of Systems

Musculoskeletal	Denies neck pain, back pain, joint pain, or stiffness.
Neurologic	Denies headaches, dizziness, numbness, tingling, or weakness.
Psychiatric	PHQ-2 score 0. GAD-2 score 0. Denies anxiety or depression.

Past Medical History

- Hyperlipidemia (diet-controlled)
- Lumbar strain 06/2023 - resolved

Medications

None. Allergies: No known drug allergies.

Social History

Married, 2 children. Never smoker. Alcohol 2-3 drinks per week. No drug use.

Physical Examination

Vitals	BP 124/80, HR 68, Wt 201 lb, BMI 28.0
Neck	Supple. Full range of motion without pain.
Back	No tenderness. Full range of motion.
Neuro	Strength 5/5 all extremities. Reflexes 2+ symmetric. Sensation intact.

Assessment and Plan

ICD-10	Diagnosis
Z00.00	Encounter for general adult medical exam without abnormal findings
E78.5	Hyperlipidemia, unspecified

Lipid panel ordered. Continue exercise. Influenza vaccine administered. Return in 1 year.

Electronically signed by Priya Raman, MD on 11/20/2024 10:12. This document was generated from the facility's electronic health record.

Sierra Spine and Orthopedic Institute

1580 Creekside Dr, Suite 300, Folsom, CA 95630 | Tel (916) 555-0180 | Fax (916) 555-0181

ORTHOPEDIC SPINE FOLLOW-UP - SURGICAL RECOMMENDATION

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	SSOI-77410	Sex	Male
Date of Service	08/14/2025	Provider	Marcus Hale, MD
Visit Type	Follow-up	CPT	99215

Interval History

Seen 5 months after MVC. Had cervical interlaminar ESI 07/02/2025 with about 50% relief lasting 2.5 weeks, then full return of symptoms. Right arm pain 7/10, numbness now constant. Dropping objects with right hand. Lumbar TFESI 07/24/2025 gave 70% relief of right leg symptoms, which is ongoing. Physical therapy was interrupted from 05/06/2025 due to an insurance denial. EMG/NCS 08/05/2025 confirmed right C6 radiculopathy with active denervation.

Examination

Right wrist extension 4/5 (worsened from 4+/5), right biceps 4+/5. Right brachioradialis reflex trace. Grip R 70 lb / L 112 lb. Hoffmann negative. Lumbar SLR now negative.

Assessment

Progressive right C6 radiculopathy with motor deficit due to C5-C6 disc extrusion, refractory to more than 5 months of conservative treatment.

Plan

- Recommend **C5-C6 anterior cervical discectomy and fusion (ACDF)**. Risks, benefits, and alternatives, including cervical disc arthroplasty, were discussed. Arthroplasty is less favored because of facet and uncovertebral spondylosis at the level.
- Surgery scheduled 09/23/2025 at Sutterfield Regional Medical Center. Pre-admission testing 09/16/2025.
- Continue gabapentin. Work status: modified duty continues until surgery.

Electronically signed by Marcus Hale, MD on 08/14/2025 16:22. This document was generated from the facility's electronic health record.

Laguna Community Pharmacy #0442

9170 Laguna Main St, Elk Grove, CA 95758 | Tel (916) 555-0177 | Fax (916) 555-0178

PATIENT PRESCRIPTION DISPENSING HISTORY

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	RX-PT-7730418	Sex	Male
Date Range	01/01/2025 - 02/28/2026	Pharmacist	Andrea Kovacs, PharmD
Printed	03/02/2026		

Fill date	Medication	Qty	Days	Prescriber
03/14/2025	Cyclobenzaprine 5 mg tab	20	7	K. Marsh, MD
03/14/2025	Ibuprofen 600 mg tab	30	8	K. Marsh, MD
03/18/2025	Meloxicam 15 mg tab	30	30	P. Raman, MD
04/17/2025	Gabapentin 300 mg cap	90	30	M. Hale, MD
04/19/2025	Meloxicam 15 mg tab	30	30	P. Raman, MD
04/29/2025	Amitriptyline 10 mg tab	30	30	E. Voss, MD
05/17/2025	Gabapentin 300 mg cap	90	30	M. Hale, MD
05/20/2025	Meloxicam 15 mg tab	30	30	P. Raman, MD
05/29/2025	Amitriptyline 10 mg tab	30	30	E. Voss, MD
06/16/2025	Gabapentin 300 mg cap	90	30	M. Hale, MD
07/15/2025	Gabapentin 300 mg cap	90	30	M. Hale, MD
07/18/2025	Meloxicam 15 mg tab	30	30	P. Raman, MD
08/14/2025	Gabapentin 300 mg cap	90	30	M. Hale, MD
09/12/2025	Gabapentin 300 mg cap	90	30	M. Hale, MD
09/24/2025	Oxycodone-acetaminophen 5/325 mg tab	30	7	M. Hale, MD
09/24/2025	Docusate sodium 100 mg cap	30	15	M. Hale, MD
10/12/2025	Gabapentin 300 mg cap	90	30	M. Hale, MD
10/28/2025	Amitriptyline 10 mg tab	30	30	E. Voss, MD
11/14/2025	Gabapentin 300 mg cap (taper)	60	30	M. Hale, MD
12/09/2025	Amitriptyline 10 mg tab	90	90	E. Voss, MD
12/23/2025	Meloxicam 15 mg tab	30	30	P. Raman, MD
01/20/2026	Sertraline 50 mg tab	30	30	P. Raman, MD
02/19/2026	Sertraline 50 mg tab	30	30	P. Raman, MD

Notes

No amitriptyline fills recorded between 05/29/2025 and 10/28/2025 (possible non-adherence or samples; not documented).

Dispensing history certified true and correct copy of pharmacy records - Andrea Kovacs, PharmD, 03/02/2026.

Sutterfield Regional Medical Center

1200 Riverside Blvd, Sacramento, CA 95818 | Tel (916) 555-0100 | Fax (916) 555-0101

RADIOLOGY REPORT - CT HEAD AND CT CERVICAL SPINE

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	SRMC-00918264	Sex	Male
Exam Date	03/14/2025 19:10	Radiologist	Anita Desai, MD
Ordering	Kevin Marsh, MD	Accession	CT25-0314-4471 / 4472

Exam 1: CT Head Without Contrast (CPT 70450)

Indication

Head strike in MVC, headache, nausea.

Findings

No acute intracranial hemorrhage, mass effect, or midline shift. Gray-white differentiation preserved. Ventricles and sulci normal for age. No calvarial fracture. Mastoid air cells and paranasal sinuses clear.

Impression

No acute intracranial abnormality.

Exam 2: CT Cervical Spine Without Contrast (CPT 72125)

Findings

No acute fracture or traumatic malalignment. Straightening of the normal cervical lordosis, which may reflect muscle spasm or positioning. Prevertebral soft tissues normal. **Mild disc osteophyte complex at C5-C6 with mild right uncovertebral hypertrophy.** No significant canal stenosis by CT. CT is limited for evaluating disc herniation and neural structures.

Impression

- No acute fracture or malalignment of the cervical spine.
- Straightening of cervical lordosis.
- Mild C5-C6 degenerative disc osteophyte complex. MRI recommended if radicular symptoms develop.

Report Status

Preliminary read by teleradiology 03/14/2025 20:30. Final read 03/15/2025 07:45.

Electronically signed by Anita Desai, MD on 03/15/2025 07:45. This document was generated from the facility's electronic health record.

Capitol Physical Therapy and Sports Rehab

9261 Elk Grove Florin Rd, Elk Grove, CA 95624 | Tel (916) 555-0170 | Fax (916) 555-0171

PHYSICAL THERAPY PROGRESS REPORT AND VISIT LOG

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	CPT-30982	Sex	Male
Report Date	04/22/2025	Therapist	Hannah Lee, PT, DPT
Visits to Date	8 of 12 authorized (at report)	Date Range	03/25/2025 - 05/06/2025

Visit Log

Date	Neck pain	Back pain	CPT codes	Notes
03/25/2025	6/10	4/10	97162, 97110, 97140	Initial evaluation
03/27/2025	6/10	4/10	97110, 97140, 97012	Traction trial - temporary relief of arm tingling
04/01/2025	6/10	4/10	97110, 97140, 97112	
04/03/2025	5/10	3/10	97110, 97140, 97012	
04/08/2025	6/10	3/10	97110, 97140, 97012	Flare after sleeping poorly
04/10/2025	-	-	-	Cancelled - MRI appointment
04/15/2025	5/10	3/10	97110, 97140, 97112	
04/17/2025	5/10	3/10	97110, 97140	
04/22/2025	4/10	3/10	97110, 97140, 97012	Progress report
04/24/2025	5/10	3/10	97110, 97140	Started modified duty 04/21 - increased neck pain
04/29/2025	5/10	3/10	97110, 97140, 97012	
05/01/2025	6/10	3/10	97110, 97140	Right arm numbness increasing
05/06/2025	6/10	3/10	97110, 97140, 97012	Last visit - further visits pending insurance authorization

Progress Summary (04/22/2025)

Lumbar symptoms improving steadily (ODI 30% to 18%). Cervical symptoms partially improved (NDI 42% to 34%); right thumb/index paresthesias persist and are intermittently worse with sustained desk work. Cervical rotation R 55 / L 70 deg. Grip R 90 lb. Traction provides only temporary relief. Recommend continuing plan of care; request authorization for 12 additional visits.

Discharge / Hold Note (05/08/2025)

All 12 authorized visits used as of 05/06/2025. Patient placed on hold; payer authorization for additional visits pending. Patient instructed in updated home exercise program. Cervical radicular symptoms worsening over last 2 weeks - communicated to referring physician.

Electronically signed by Hannah Lee, PT, DPT on 05/08/2025 12:15. This document was generated from the facility's electronic health record.

Pacific Crest Health Plan - Utilization Management

PO Box 44120, Sacramento, CA 95853 | Tel (800) 555-0199 | Fax (800) 555-0198

NOTICE OF ADVERSE BENEFIT DETERMINATION

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	Member ID PCH884120931	Sex	Male
Notice Date	05/09/2025	Reference #	UM-25-0509-33817
Requesting Provider	Capitol Physical Therapy and Sports Rehab	Service	PT 97110/97140 x 12 visits

Dear Mr. Okafor,

We reviewed a request for 12 additional physical therapy visits received on 05/02/2025. After review by a licensed physical therapist reviewer, the request has been **DENIED**.

Reason for Denial

Documentation shows limited objective improvement in cervical function after 11 visits. The Plan's physical therapy criteria require measurable functional progress for continued care. In addition, the injury is related to a motor vehicle accident; the Plan may seek reimbursement from the responsible third-party auto insurer (see Coordination of Benefits and Subrogation section of your Evidence of Coverage).

Your Right to Appeal

You or your provider may file an appeal within 180 days of this notice. Expedited appeals are decided within 72 hours when a delay could seriously jeopardize your health. You may also request an Independent Medical Review through the California Department of Managed Health Care.

Appeal Outcome (Addendum dated 06/30/2025)

Upon appeal with a letter of medical necessity from Priya Raman, MD dated 05/13/2025, the decision was **overturned on 06/30/2025**. Eight visits were approved. The patient subsequently pursued interventional and surgical care.

Pacific Crest Health Plan - Utilization Management Department. This notice was sent to the member and requesting provider.

Capitol Physical Therapy and Sports Rehab

9261 Elk Grove Florin Rd, Elk Grove, CA 95624 | Tel (916) 555-0170 | Fax (916) 555-0171

POST-OPERATIVE PHYSICAL THERAPY - EVALUATION AND DISCHARGE SUMMARY

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	CPT-30982	Sex	Male
Date Range	11/04/2025 - 01/29/2026	Therapist	Hannah Lee, PT, DPT
Referring	Marcus Hale, MD	Visits	18

Post-op Evaluation - 11/04/2025 (CPT 97163)

Six weeks status post C5-C6 ACDF (09/23/2025). Right arm pain resolved; intermittent right thumb numbness. Neck pain 4/10, stiffness. NDI 36%. Cervical rotation R 40 / L 45 deg. Deep neck flexor endurance 8 seconds (normal more than 38). Plan 2x/week x 10 weeks.

Interim Notes

- 11/20/2025 - Tolerating progressive scapular and deep neck flexor strengthening. Neck pain 3/10.
- 12/04/2025 - Returned to modified duty on 12/01/2025; mild increase in neck fatigue by end of shift.
- 12/23/2025 - Missed visit (holiday closure).
- 01/08/2026 - Low back pain flare 5/10 after lifting a pallet jack at work; right buttock pain returned. Added lumbar stabilization.

Discharge - 01/29/2026

Measure	Initial (03/25/2025)	Post-op eval (11/04/2025)	Discharge (01/29/2026)
Neck Disability Index	42%	36%	16%
Oswestry Disability Index	30%	-	22%
Cervical rotation R / L	45 / 60 deg	40 / 45 deg	60 / 65 deg
Neck pain (current)	6/10	4/10	2/10

Assessment at Discharge

Good cervical recovery with **persistent loss of cervical rotation** expected after fusion. Recurrent lumbar symptoms with lifting. Plateaued with skilled therapy; discharged to independent home program.

Electronically signed by Hannah Lee, PT, DPT on 01/29/2026 17:30. This document was generated from the facility's electronic health record.

Sacramento Neurology Associates

2801 K Street, Suite 410, Sacramento, CA 95816 | Tel (916) 555-0190 | Fax (916) 555-0191

NEUROLOGY CONSULTATION

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	SNA-40216	Sex	Male
Date of Service	04/29/2025	Provider	Elena Voss, MD, Neurology
Referring	Priya Raman, MD	CPT	99205

History

Post-traumatic headaches and cognitive complaints after MVC 03/14/2025 with head strike on headrest. **Patient now reports he 'may have blacked out for a few seconds'; he recalls the impact and then 'the next thing, the other driver was knocking on my window.'** Daily bifrontal and occipital headaches 5-6/10, light sensitivity, word-finding difficulty, and poor concentration at work. No headaches before the accident.

Screening

Instrument	Score	Comment
MoCA	26/30	Lost points in delayed recall and serial 7s
Rivermead Post-Concussion Questionnaire	31	Moderate symptom burden
HIT-6 (headache impact)	62	Severe impact

Neurologic Exam

Cranial nerves intact. No papilledema. Strength and sensation as documented by spine surgeon (right C6 sensory deficit). Tandem gait normal. Mild convergence insufficiency.

Assessment

ICD-10	Diagnosis
F07.81	Postconcussional syndrome
G44.309	Post-traumatic headache, unspecified, not intractable
S06.0X1D	Concussion with loss of consciousness of 30 minutes or less, subsequent encounter (see note)

Note: loss of consciousness history is inconsistent across records (EMS and ED physician documented no LOC; ED triage documented 'blacked out for a second'). A brief LOC cannot be excluded.

Plan

- Amitriptyline 10 mg PO at bedtime for headache prevention and sleep.
- Vestibular/oculomotor therapy referral.
- Limit screen time; graded return to cognitive activity.
- Order EMG/NCS of right upper extremity (scheduled 08/05/2025).
- Follow up in 3 months.

Electronically signed by Elena Voss, MD on 04/29/2025 18:20. This document was generated from the facility's electronic health record.

Sierra Spine and Orthopedic Institute

1580 Creekside Dr, Suite 300, Folsom, CA 95630 | Tel (916) 555-0180 | Fax (916) 555-0181

MAXIMUM MEDICAL IMPROVEMENT EVALUATION AND NARRATIVE REPORT

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	SSOI-77410	Sex	Male
Date of Service	03/12/2026	Provider	Marcus Hale, MD
Visit Type	Follow-up / narrative report	CPT	99215, 99080

Records Reviewed

Oak Park Family Medicine (2023-2025); Delta Chiropractic (2023); River City Fire EMS (03/14/2025); Sutterfield Regional ED, radiology, and surgical records; Valley Advanced Imaging MRIs (04/10/2025); Capitol PT; Capital Interventional Pain Center; Sacramento Neurology Associates.

Current Status

Almost 6 months after C5-C6 ACDF. Neck pain 2-3/10, worse after 6+ hours of work. No right arm pain. Rare right thumb numbness. Low back pain 3-5/10 with lifting, intermittent right buttock pain. Working modified duty. Cervical x-rays 03/12/2026: solid fusion C5-C6, no hardware complication. No adjacent segment change at C4-C5 or C6-C7 compared with the 04/10/2025 MRI.

Examination

Cervical rotation R 60 / L 65 deg; extension 35 deg. Strength 5/5 bilateral upper extremities. Reflexes symmetric. Lumbar flexion 50 deg, SLR negative.

Maximum Medical Improvement

Patient is at **maximum medical improvement as of 03/12/2026** for the cervical spine.

Permanent Work Restrictions

- No lifting over 25 lb occasionally or 15 lb frequently.
- No repetitive overhead work.
- Change position every 45 minutes.
- No commercial driving requiring repetitive head rotation.

Future Medical Care

Item	Frequency / Estimate
Orthopedic spine follow-up with cervical x-rays	Annually for life
Lumbar transforaminal ESI for flares	1-2 per year for 5 years
Physical therapy for flares	12 visits per year for 3 years
Risk of adjacent segment surgery (C4-C5 or C6-C7)	Published literature reports roughly 2.9% per year for symptomatic adjacent segment disease after anterior cervical fusion (about 25% within 10 years). Future surgery is possible but not certain.
Medications (NSAID, gabapentin as needed)	Ongoing

Causation and Apportionment

Within reasonable medical probability, the cervical injury requiring C5-C6 fusion was caused by the 03/14/2025 collision. The patient had no pre-accident neck symptoms or treatment. Mild pre-existing C5-C6 spondylosis was asymptomatic and made the patient more susceptible to injury; I attribute 85% of the cervical condition to the collision and 15% to pre-existing degeneration. For the lumbar spine, I attribute the L4-L5 protrusion and current radicular symptoms to the collision, and L5-S1 degenerative disease to pre-existing causes.

Impairment Rating

AMA Guides, 5th Edition: Cervical DRE Category IV, 25% whole person impairment. Lumbar DRE Category II, 6% whole person impairment.

Electronically signed by Marcus Hale, MD on 03/16/2026 09:30. This document was generated from the facility's electronic health record.

Sutterfield Regional Medical Center

1200 Riverside Blvd, Sacramento, CA 95818 | Tel (916) 555-0100 | Fax (916) 555-0101

OPERATIVE REPORT

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	SRMC-00918264	Sex	Male
Date of Surgery	09/23/2025	Surgeon	Marcus Hale, MD
Assistant	Brian Tran, PA-C	Anesthesia	General endotracheal - Olivia Chen, MD
Start / End	07:42 / 09:18	Est. Blood Loss	30 mL

Pre-operative Diagnosis

C5-C6 disc herniation with right C6 radiculopathy (M50.121), post-traumatic, date of injury 03/14/2025.

Post-operative Diagnosis

Same.

Procedures

CPT	Procedure
22551	Anterior cervical discectomy and interbody fusion, C5-C6, including decompression of spinal cord and nerve roots
22853	Insertion of interbody biomechanical device (PEEK cage, 7 mm), C5-C6
22845	Anterior instrumentation, 2-3 vertebral segments (C5-C6 plate)
20930	Allograft, morselized, for spine surgery
95940	Intraoperative neurophysiologic monitoring (SSEP / MEP)

Indications

The patient sustained a rear-end motor vehicle collision on 03/14/2025. MRI 04/10/2025 demonstrated a 4 mm right paracentral/foraminal disc herniation at C5-C6 with moderate right foraminal stenosis. EMG/NCS 08/05/2025 confirmed right C6 radiculopathy. Symptoms persisted despite more than 5 months of conservative care including physical therapy, NSAIDs, gabapentin, and a C7-T1 interlaminar epidural steroid injection. Risks including dysphagia, hoarseness, infection, bleeding, nonunion, adjacent segment disease, C5 palsy, and spinal cord injury were discussed. Patient consented.

Description of Procedure

The patient was placed supine under general anesthesia with baseline neuromonitoring obtained. A right-sided transverse incision was made over the C5-C6 level, confirmed by fluoroscopy. The platysma was divided and a standard Smith-Robinson approach was used. The longus colli was elevated bilaterally and a self-retaining retractor placed. Caspar pins were placed in C5 and C6. Complete discectomy was performed. **A large extruded right paracentral disc fragment was found beneath the posterior longitudinal ligament, compressing the right C6 nerve root.** The PLL was resected and the fragment removed. Right foraminotomy performed with a 1 mm Kerrison until the nerve root was freely decompressed. Mild uncovertebral osteophyte removed. Endplates prepared. A 7 mm lordotic PEEK cage packed with morselized allograft was inserted. A 14 mm anterior plate was secured with four 14 mm variable-angle screws. Final fluoroscopy confirmed good position. Neuromonitoring remained stable throughout. The wound was irrigated and closed in layers. A drain was not required.

Findings

Acute-appearing extruded disc fragment superimposed on mild chronic uncovertebral spondylosis at C5-C6.

Specimens

Disc material to pathology.

Complications

None. Patient extubated and taken to PACU in stable condition.

Electronically signed by Marcus Hale, MD on 09/23/2025 10:02. This document was generated from the facility's electronic health record.

Sutterfield Regional Medical Center

1200 Riverside Blvd, Sacramento, CA 95818 | Tel (916) 555-0100 | Fax (916) 555-0101

EMERGENCY DEPARTMENT RECORD

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	SRMC-00918264	Sex	Male
Arrival	03/14/2025 18:09	Discharge	03/14/2025 22:05
ED Physician	Kevin Marsh, MD	Acuity (ESI)	3
Arrival Mode	Ambulance (RCFD Medic 14)	CPT	99284

Triage Note - 18:16 (Jennifer Park, RN)

42 y/o M BIBA s/p rear-end MVC, restrained driver, no airbag deployment. C-collar in place. Complains of neck pain, headache, and low back pain. **Patient states he 'blacked out for a second' after impact.** Pain 8/10. Allergies: NKDA.

Triage Vitals

BP	HR	RR	Temp	SpO2	Pain
148/92	98	18	98.4 F	98%	8/10

Physician History of Present Illness - 18:40

42-year-old male presents after a rear-end motor vehicle collision at approximately 17:15. Restrained driver, stopped, struck from behind by a pickup truck. Reports striking the back of his head on the headrest. **No loss of consciousness per patient.** Complains of posterior neck pain radiating to the right trapezius, frontal headache, nausea without vomiting, and low back pain. Denies extremity numbness or weakness, vision changes, chest or abdominal pain.

Physical Examination

General	Alert, mild distress due to pain.
Head	No scalp hematoma or laceration. Mild tenderness occiput.
Neck	C-collar in place. Midline tenderness C5-C6. Right paraspinal spasm.
Back	Lumbar paraspinal tenderness bilateral. No step-off.
Chest	4 cm linear abrasion left clavicle consistent with seatbelt. Lungs clear. No chest wall tenderness.
Neuro	GCS 15. Cranial nerves II-XII intact. Strength 5/5 x 4. Sensation intact. Normal gait. Mild difficulty with serial 7s.

ED Course

- 18:52 - Ketorolac 15 mg IV and ondansetron 4 mg IV given.
- 19:10 - CT head without contrast and CT cervical spine without contrast performed (see separate radiology report).
- 20:35 - Preliminary CT reads: no acute intracranial abnormality; no cervical fracture. C-collar cleared clinically and removed.
- 21:15 - Reassessed: pain 5/10. Ambulating without difficulty. Tolerating PO.

Medical Decision Making

Canadian C-Spine Rule criteria met for imaging given dangerous mechanism and midline tenderness. CT negative for fracture. Mild traumatic brain injury with post-concussive symptoms (headache, nausea, slowed concentration). Seatbelt sign limited to clavicle; no chest or abdominal findings. Stable for discharge.

Diagnoses

ICD-10	Diagnosis
S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
S06.0X0A	Concussion without loss of consciousness, initial encounter
S20.311A	Abrasion of right front wall of thorax, initial encounter (see addendum)
V43.52XA	Car driver injured in collision with other motor vehicle in traffic accident

Discharge Prescriptions

- Cyclobenzaprine 5 mg PO three times daily as needed for muscle spasm, #20, no refills.
- Ibuprofen 600 mg PO every 6 hours as needed for pain, #30.
- Concussion precautions provided. Avoid driving x 24 hours. Follow up with primary care in 2-3 days.

Addendum - 03/15/2025 08:10 (Kevin Marsh, MD) - LATE ENTRY

Radiology final read of CT cervical spine reviewed: no fracture; straightening of cervical lordosis; **mild disc osteophyte complex at C5-C6** without significant canal stenosis. No change to disposition. Correction: seatbelt abrasion is on the **left** clavicle; diagnosis code should read S20.312A (left front wall of thorax).

Electronically signed by Kevin Marsh, MD on 03/14/2025 22:31; addendum 03/15/2025 08:10. This document was generated from the facility's electronic health record.

Valley Advanced Imaging

2025 Howe Ave, Suite 110, Sacramento, CA 95825 | Tel (916) 555-0160 | Fax (916) 555-0161

MRI CERVICAL SPINE WITHOUT CONTRAST

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	VAI-558210	Sex	Male
Exam Date	04/10/2025	Radiologist	Robert Ng, MD
Ordering	Priya Raman, MD	CPT / Accession	72141 / MR-25-10448

Clinical History

Neck pain with right arm paresthesias since motor vehicle collision 03/14/2025.

Technique

Multiplanar, multisequence MRI of the cervical spine without contrast on a 3.0 Tesla system.

Comparison

CT cervical spine 03/14/2025, Sutterfield Regional Medical Center.

Findings

Alignment: Straightening of cervical lordosis. No listhesis. Marrow signal: No fracture or marrow edema. Cord: Normal signal and caliber.

Level	Findings
C2-C3	No disc bulge or stenosis.
C3-C4	No disc bulge or stenosis.
C4-C5	Minimal 1-2 mm disc bulge. No canal or foraminal stenosis.
C5-C6	4 mm right paracentral and foraminal disc herniation (extrusion) with a mildly T2-hyperintense component, superimposed on a mild disc osteophyte complex. Mild flattening of the right ventral cord without cord signal change. Moderate right neural foraminal stenosis with likely impingement of the exiting right C6 nerve root. Mild left foraminal narrowing.
C6-C7	Minimal disc bulge. No stenosis.
C7-T1	Normal.

Impression

- C5-C6 right paracentral/foraminal disc extrusion measuring 4 mm, with moderate right foraminal stenosis and likely right C6 nerve root impingement, correlating with the reported right arm symptoms. The T2-hyperintense component may represent a relatively acute herniation.
- Mild underlying C5-C6 spondylosis.
- No fracture, ligamentous disruption, or cord signal abnormality.

Electronically signed by Robert Ng, MD on 04/10/2025 16:18. This document was generated from the facility's electronic health record.

Northstar Records Retrieval Services

400 Capitol Mall, Suite 900, Sacramento, CA 95814 | Tel (916) 555-0188 | Fax (916) 555-0189

CONSOLIDATED ITEMIZED MEDICAL BILLING (UB-04 / CMS-1500 SUMMARY)

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	NRR Job 26-01184	Sex	Male
Prepared	03/20/2026	Prepared For	Records custodian - billing compilation
Date of Injury	03/14/2025	Claim	Third-party auto liability

Date(s) of service	Provider	CPT / HCPCS	Description	Billed
03/14/2025	River City Fire Department	A0427, A0425 x7	ALS emergency ambulance transport	\$2,304.00
03/14/2025	Sutterfield Regional (ED facility)	99284, J1885, J2405	ED visit level 4, ketorolac, ondansetron	\$3,860.00
03/14/2025	Sutterfield Regional (ED physician)	99284	ED physician professional fee	\$1,150.00
03/14/2025	Sutterfield Regional (radiology)	70450, 72125	CT head and CT cervical spine	\$5,430.00
03/18/2025	Oak Park Family Medicine	99214	Office visit	\$245.00
04/01/2025	Oak Park Family Medicine	99213	Office visit	\$175.00
03/25/2025 - 05/06/2025	Capitol Physical Therapy	97162, 97110, 97140, 97112, 97012	12 PT visits	\$3,420.00
04/10/2025	Valley Advanced Imaging	72141, 72148	MRI cervical and lumbar spine	\$5,600.00
04/17/2025	Sierra Spine and Orthopedic	99204	New patient consultation	\$425.00
04/29/2025	Sacramento Neurology Associates	99205	New patient consultation	\$520.00
06/20/2025	Capital Interventional Pain	99204, 80305	Consultation, urine drug screen	\$525.00
07/02/2025	Capital Interventional Pain	62321, J1100	Cervical interlaminar ESI	\$3,200.00
07/17/2025	Capital Interventional Pain	99213	Follow-up	\$180.00
07/24/2025	Capital Interventional Pain	64483, J1100	Lumbar transforaminal ESI	\$3,400.00
08/05/2025	Sacramento Neurology Associates	95913, 95886	EMG/NCS right upper extremity	\$1,950.00
08/14/2025	Sierra Spine and Orthopedic	99215	Surgical consultation	\$340.00
09/16/2025	Sutterfield Regional	85025, 80048, 85610, 93000	Pre-admission testing	\$690.00
09/23/2025	Sierra Spine and Orthopedic (surgeon)	22551, 22853, 22845, 20930	C5-C6 ACDF professional fees	\$21,150.00
09/23/2025	Sierra Spine and Orthopedic (assistant)	22551-AS, 22853-AS, 22845-AS	Surgical assistant, PA-C	\$3,380.00
09/23/2025	Sutterfield Regional (anesthesia)	00600	Anesthesia, cervical spine procedure	\$4,100.00
09/23/2025	Sutterfield Regional (neuromonitoring)	95940, 95938, 95939	Intraoperative neuromonitoring	\$2,850.00
09/23/2025 - 09/24/2025	Sutterfield Regional (facility)	Rev codes 0360, 0278, 0762	OR, implants, observation stay	\$68,400.00
11/18/2025	Sierra Spine and Orthopedic	72052	Cervical x-rays with flexion-extension	\$310.00

Date(s) of service	Provider	CPT / HCPCS	Description	Billed
11/04/2025 - 01/29/2026	Capitol Physical Therapy	97163, 97110, 97140, 97530	18 post-op PT visits	\$5,130.00
12/09/2025	Sacramento Neurology Associates	99214	Follow-up	\$260.00
01/13/2026	Midtown Behavioral Health	90791	Psychological intake evaluation	\$350.00
03/12/2026	Sierra Spine and Orthopedic	99215, 72040, 99080	MMI evaluation, x-rays, narrative report	\$1,290.00
03/14/2025 - 02/28/2026	Laguna Community Pharmacy	NDC various	Prescription medications (23 fills)	\$1,486.40
			TOTAL BILLED CHARGES	\$142,120.40

Notes

- Pre-accident charges (Delta Chiropractic 2023; Oak Park Family Medicine 06/08/2023 and 11/20/2024) are excluded as unrelated to the claim.
- Pre-operative PT billed for 12 attended visits; the 04/10/2025 cancellation was not billed.
- Midtown Behavioral Health CBT sessions after 01/13/2026 not yet billed.

Billing figures compiled from provider itemized statements. Paid and adjusted amounts not shown.

Sacramento Neurology Associates

2801 K Street, Suite 410, Sacramento, CA 95816 | Tel (916) 555-0190 | Fax (916) 555-0191

NEUROLOGY FOLLOW-UP

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	SNA-40216	Sex	Male
Date of Service	12/09/2025	Provider	Elena Voss, MD
Visit Type	Follow-up	CPT	99214

Interval History

Headaches reduced to 1-2 per week, 3/10, on amitriptyline 10 mg. Completed 8 sessions of vestibular therapy. Concentration improved; still reports occasional word-finding difficulty when fatigued. Reports anxiety when driving, especially when vehicles approach from behind; avoids freeways. Sleep 5-6 hours.

Exam and Screening

MoCA 28/30. HIT-6 score 52. Neurologic exam normal apart from mild residual decrease in right thumb sensation.

Assessment

Postconcussional syndrome, improving (F07.81). Post-traumatic headache, improving (G44.309). Driving-related anxiety.

Plan

- Continue amitriptyline 10 mg at bedtime; plan taper in 3 months.
- Referral to Midtown Behavioral Health for evaluation of anxiety after the motor vehicle collision.
- Follow up as needed.

Electronically signed by Elena Voss, MD on 12/09/2025 17:14. This document was generated from the facility's electronic health record.

Sutterfield Regional Medical Center

1200 Riverside Blvd, Sacramento, CA 95818 | Tel (916) 555-0100 | Fax (916) 555-0101

PRE-OPERATIVE HISTORY AND PHYSICAL / ANESTHESIA EVALUATION

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	SRMC-00918264	Sex	Male
Date of Service	09/16/2025	Provider	Grace Holloway, NP (Pre-Admission Testing)
Surgeon	Marcus Hale, MD	Planned Surgery	C5-C6 ACDF 09/23/2025

History

43-year-old male with C5-C6 disc herniation and right C6 radiculopathy since MVC 03/14/2025, refractory to physical therapy, medications, and cervical epidural steroid injection. Scheduled for anterior cervical discectomy and fusion C5-C6.

Past Medical / Surgical History

- Hyperlipidemia
- Lumbar strain 2023 (resolved)
- No prior surgeries. No prior anesthesia complications.

Current Medications

- Gabapentin 300 mg PO three times daily
- Meloxicam 15 mg PO daily - **hold 7 days before surgery**
- Cyclobenzaprine 5 mg PO at bedtime as needed

Exam

BP 132/84, HR 76, SpO2 99%, BMI 28.6. Airway Mallampati II, full mouth opening. Heart RRR, lungs clear. ASA Class II.

Pre-operative Testing

Test	Result	Reference
WBC	7.2 K/uL	4.0-11.0
Hemoglobin	14.8 g/dL	13.5-17.5
Platelets	241 K/uL	150-400
Sodium	139 mmol/L	135-145
Potassium	4.1 mmol/L	3.5-5.1
Creatinine	0.94 mg/dL	0.7-1.3
Glucose	96 mg/dL	70-99
PT / INR	12.1 sec / 1.0	11-13.5 / 0.9-1.1
ECG	Normal sinus rhythm, rate 72, normal intervals	-

Assessment

Medically optimized for planned surgery. Low cardiac risk (RCRI 0). Proceed as scheduled.

Electronically signed by Grace Holloway, NP on 09/16/2025 14:20. This document was generated from the facility's electronic health record.

Midtown Behavioral Health

2100 J Street, Suite 205, Sacramento, CA 95816 | Tel (916) 555-0155 | Fax (916) 555-0156

PSYCHOLOGICAL INTAKE EVALUATION

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	MBH-2291	Sex	Male
Date of Service	01/13/2026	Provider	Lauren Brooks, PsyD, Licensed Psychologist
Referring	Elena Voss, MD	CPT	90791

Reason for Referral

Anxiety and avoidance of driving after rear-end MVC 03/14/2025.

History

Patient reports intrusive memories of the impact 2-3 times per week, startle response when vehicles approach from behind, avoidance of freeways (now adds 25 minutes to his commute), irritability, and low mood related to chronic pain and loss of ability to play basketball and lift his children. No prior mental health treatment. PHQ-2 and GAD-2 were 0 at his 11/2024 physical (per PCP records).

Standardized Measures

Measure	Score	Interpretation
PCL-5 (PTSD Checklist)	29	Below 31-33 provisional PTSD cutoff; clinically significant symptoms
PHQ-9	11	Moderate depressive symptoms
GAD-7	12	Moderate anxiety

Mental Status

Alert, cooperative, good eye contact. Mood 'on edge'. Affect anxious, congruent. Thought process linear. Denies suicidal or homicidal ideation.

Diagnoses

ICD-10	Diagnosis
F43.23	Adjustment disorder with mixed anxiety and depressed mood
F40.298	Other specified phobia (driving-related)

Plan

- Cognitive behavioral therapy weekly x 12 sessions, including graded exposure for driving.
- Coordinate with PCP regarding SSRI - PCP started sertraline 50 mg daily on 01/20/2026.
- Reassess PCL-5, PHQ-9, and GAD-7 at session 6.

Causation

Symptoms began after the 03/14/2025 collision and are directly related to it and to the resulting chronic pain and functional loss.

Electronically signed by Lauren Brooks, PsyD on 01/13/2026 19:05. This document was generated from the facility's electronic health record.

Oak Park Family Medicine

3310 Broadway, Suite 200, Sacramento, CA 95817 | Tel (916) 555-0110 | Fax (916) 555-0111

OFFICE VISIT - PROGRESS NOTE

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	OPFM-204471	Sex	Male
Date of Service	03/18/2025	Provider	Priya Raman, MD
Visit Type	ED follow-up	CPT	99214

Chief Complaint

Neck pain, low back pain, and headaches following a motor vehicle collision on 03/14/2025.

History of Present Illness

Patient was the restrained driver of a 2019 Honda Accord stopped at a red light when rear-ended by a pickup truck at an estimated 35-40 mph on 03/14/2025. Seen at Sutterfield Regional ED the same day; CT head and CT cervical spine negative for acute injury. Since then reports neck pain 7/10, worse on the right, with **new tingling into the right thumb and index finger** starting 03/16/2025. Low back pain 5/10 with intermittent right buttock pain. Daily frontal headaches, light sensitivity, and 'feeling foggy' at work. Taking cyclobenzaprine and ibuprofen from the ED with partial relief. Has been off work since the accident.

Physical Examination

Vitals	BP 136/86, HR 82, Pain 7/10
Cervical spine	Tenderness and spasm right C4-C7 paraspinals and right upper trapezius. Rotation R 40 deg / L 55 deg, extension 25 deg (all painful). Spurling test positive on the right.
Lumbar spine	Tenderness L4-S1 bilateral, R greater than L. Flexion 50 deg. Straight leg raise positive right at 60 deg.
Neuro	Decreased light-touch sensation right thumb and index finger. Strength 5/5 except right wrist extension 5-/5. Biceps reflex 2+ L, 1+ R.
Mental status	Alert and oriented x 3. Mildly slowed on serial 7s.

Assessment

ICD-10	Diagnosis
S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
M54.12	Radiculopathy, cervical region
S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
S06.0X0A	Concussion without loss of consciousness, initial encounter
V43.52XA	Car driver injured in collision with other motor vehicle in traffic accident, initial encounter

Plan

- Meloxicam 15 mg PO daily (replaces ibuprofen). Continue cyclobenzaprine 5 mg PO at bedtime as needed.
- Referral to Capitol Physical Therapy - cervical and lumbar, 2x/week x 6 weeks.
- MRI cervical and lumbar spine without contrast if radicular symptoms persist beyond 3 weeks.
- Referral to neurology for post-concussive symptoms.
- Work status: **Off work** 03/14/2025 through 04/01/2025; re-evaluate at next visit.
- Follow up in 2 weeks.

Causation Statement

Patient had no neck complaints and a normal cervical exam at his 11/20/2024 physical. Based on history and exam, current cervical symptoms are more likely than not related to the 03/14/2025 collision. His 2023 lumbar strain had resolved.

Electronically signed by Priya Raman, MD on 03/18/2025 17:05. This document was generated from the facility's electronic health record.

Oak Park Family Medicine

3310 Broadway, Suite 200, Sacramento, CA 95817 | Tel (916) 555-0110 | Fax (916) 555-0111

TELEPHONE ENCOUNTERS AND WORK STATUS NOTES

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	OPFM-204471	Sex	Male
Date Range	04/01/2025 - 05/27/2025	Provider	Priya Raman, MD
Visit Type	Office visit / telephone		

04/01/2025 - Office Visit (CPT 99213)

Neck pain 6/10, right arm tingling persists. Headaches improving slightly. PT started 03/25/2025. Ordered MRI cervical and lumbar spine (scheduled 04/10/2025 at Valley Advanced Imaging). Referred to Sierra Spine and Orthopedic Institute. Work status: off work through 04/20/2025. Return to modified duty 04/21/2025 - no lifting over 15 lb, no overhead work, allow position changes every 30 minutes.

05/12/2025 10:22 - Telephone Encounter (Documented by: Maria Lopez, MA)

Patient called stating Pacific Crest Health Plan denied additional physical therapy visits on 05/09/2025. States he cannot afford out-of-pocket PT at \$140 per visit. Asked if the office can help with an appeal. Message routed to Dr. Raman.

05/13/2025 08:05 - Provider Response

Letter of medical necessity for continued PT faxed to Pacific Crest UM. Advised patient to continue home exercise program and to schedule the pain management referral from Dr. Hale.

05/27/2025 15:40 - Telephone Encounter (Documented by: Maria Lopez, MA)

Patient reports worsening right arm pain and numbness, now waking him at night. Pain management consult (Capital Interventional Pain) earliest availability is 06/20/2025. **Appeal of PT denial still pending.** Patient states he has not been able to attend any treatment since 05/06/2025 due to the denial. Advised ED precautions for weakness or bowel/bladder changes.

Electronically signed by Priya Raman, MD on 05/27/2025 17:02. This document was generated from the facility's electronic health record.

Delta Chiropractic and Wellness

8120 Laguna Blvd, Elk Grove, CA 95758 | Tel (916) 555-0122 | Fax (916) 555-0123

CHIROPRACTIC TREATMENT RECORD

Patient	Daniel R. Okafor	DOB	08/21/1982
MRN / Acct	DCW-11873	Sex	Male
Date Range	06/12/2023 - 07/06/2023	Provider	James Whitaker, DC
Visits	5	Referring	Priya Raman, MD

Initial Examination - 06/12/2023

Chief complaint: low back pain x 1 week after lifting at work. Pain 5/10, non-radiating. Oswestry Disability Index 22% (moderate). No neck complaints. Cervical exam normal.

Radiographs - Lumbar Spine 3 Views (06/12/2023, in-office)

Alignment normal. No fracture or spondylolisthesis. **Mild disc space narrowing at L5-S1 with small anterior osteophytes, consistent with early degenerative change.** Remaining disc spaces preserved.

Diagnoses

ICD-10	Diagnosis
S39.012A	Strain of muscle of lower back
M99.03	Segmental dysfunction, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region

Treatment Log

Date	Pain (0-10)	Treatment	Notes
06/12/2023	5	98940, 97140, 97012	Initial exam; lumbar x-rays
06/15/2023	4	98940, 97140	Improving
06/20/2023	3	98940, 97140	Able to lift at work with care
06/28/2023	1	98940	Minimal symptoms
07/06/2023	0	98940	Discharged - goals met

Discharge Summary - 07/06/2023

Patient reports complete resolution of low back pain. Full lumbar range of motion. Oswestry 0%. Discharged to home exercise program. Return as needed. No permanent impairment anticipated.

Electronically signed by James Whitaker, DC on 07/06/2023 12:30. This document was generated from the facility's electronic health record.