

Re: Siva Reddy

In addition to the problems with his back and neck, Mr Reddy suffers from ongoing headaches since his injury on 12 February 2014. His current symptoms are of chronic and refractory neck, bilateral shoulder and arm pain, left stronger than right, with chronic low back pain and leg pain left and right, radiating down into his feet, and chronic headaches and fatigue.

His body weight is 93 kg. He complains of frequent urination. He is a non- smoker and has no medical allergies.

Examination

On neurological examination Mr Reddy appeared somewhat lethargic and with loss of energy. His gait was slow and antalgic. His muscular strength was preserved, and muscle tone and bulk were normal. Deep tendon reflexes were symmetrical, with no pathological signs. He had hypersensitivity for pin prick testing in both hands, and a restricted range of movements in his lumbar and cervical spine. He had significant tenderness on palpation of the spinous processes from cervical through thoracic to the lumbar regions.

- B. Consistency of condition with stated cause; is the condition work-related and/or has the worker's employment been a contributing factor to: 1. the worker's condition or 2. to the recurrence, aggravation, acceleration, exacerbation or deterioration of any pre- existing injury or disease.**

Mr Reddy has suffered from chronic and refractory pain in his neck, low back region, shoulders and legs since March 2011, and his symptoms significantly aggravated after a work- related injury on 12 February 2014. In addition, he has suffered from chronic headaches since his injury on 12 February 2014. Hence, my impression is that his condition is work- related.

C. Diagnoses.

1. Chronic and refractory neck pain, bilateral shoulder pain and arm pain, left more than right;
2. Chronic and refractory low back pain and bilateral leg pain;
3. Chronic and refractory headaches since work-related injury on 12 February 2014;
4. Bulged intervertebral discs in segments C5/6 and L5/S1, with no significant neural compromise on MRI scan;
5. Chronic fatigue and loss of energy;
6. Depression.

- D. Worker's current fitness for work; both fitness for pre- injury employment and/or fitness for alternative duties. If so, what restrictions are placed on the worker?**

Mr Reddy is unfit for pre- injury employment and alternative duties.

E. Necessity for further treatment.

Despite having been investigated by several neurosurgeons and orthopaedic specialists, Mr Reddy is in need of further investigations of his condition. My recommendation would be to perform a SPECT/CT scan of the whole spine to rule out abnormal metabolic uptake in the facet joints, intervertebral discs and sacroiliac joints. I would also suggest arranging flexion/extension x-rays of the cervical and lumbar spine to rule out potential instability. Mr Reddy would also certainly benefit from consultations with a neurologist and pain specialist.

F. Prognosis.

Given failed improvement on maximum conservative management, a history of work- related injury, litigation and multiplicity of his symptoms, my prognosis with regards to his functional recovery or return to work is quite pessimistic.

Yours sincerely

DICTATED BUT NOT SIGHTED

Dr Ales Aliashkevich
Neurosurgeon and Spinal Surgeon