



## MEDICAL COST PROJECTION

REFERRAL:

[REDACTED]

CLIENT:

[REDACTED]

ADDRESS:

[REDACTED]

ADDRESS:

[REDACTED]

San Antonio, TX [REDACTED]

[REDACTED]

PHONE:

[REDACTED]

PHONE:

[REDACTED]

DOB:

[REDACTED] Age 63

EMAIL:

[REDACTED]

DOI:

04/29/22

REFERRAL DATE:

04/24/23

REPORT DATE:

05/23/23

### INTRODUCTION

[REDACTED] was referred by Attorney [REDACTED] for the development of a Medical Cost Projection in effort to address current and future medical and non-medical needs related to injuries sustained on [REDACTED].

This Medical Cost Projection will briefly comment on [REDACTED] past medical treatment and outcomes, current medical status and treatment regimen, and future medical and non-medical recommendations with associated costs as related to the accident on [REDACTED]. Recommendations included in this Medical Cost Projection are based on a reasonable degree of certainty in an effort to manage symptoms, reduce complications/secondary diagnosis, maintain functioning, and optimize independence throughout [REDACTED] lifespan. The recommendations are gathered from information provided by medical providers, as well as knowledge/experience from this certified Life Care Planner and certified medical cost projectionist. The Medical Cost Projection report and tables were completed following a review of the provided medical records. Should additional information be received or [REDACTED] medical condition changes, the Medical Cost Projection should be revised as needed. As a client assessment or collaboration with the treating providers/experts on this case has not been conducted, this Medical Cost Projection does not take the place of a Life Care Plan.

## RECORDS REVIEWED

CEC Lakeway ER Physicians PLLC	04/30/2022
Central Texas Pain Center	05/06/2022 – 06/20/2022
Longhorn Imaging of Austin	05/23/2022
Primero Med	06/15/2022
The Pain Relief Surgicenter of Austin	06/20/2022
Pain Specialists of America (estimation)	09/01/2022
██████████ (Neurosurgeon)	
Capital Brain and Spine (estimation)	

## RELATED MEDICAL DIAGNOSES

- Cervical radicular pain
- Cervical spinal stenosis
- Cervical paraspinal muscle spasm
- Lumbago

## MEDICAL SUMMARY

██████████ presented to Complete Care Lakeway on ██████████ after she was involved in a motor vehicle accident (MVA) on ██████████ with complaints of neck, upper back, and lower back pain. She stated that she was a restrained passenger when another vehicle ran a yellow light and hit them on the front driver's side. She was discharged home with back exercises and Tizanidine 4 mg three times a day as needed for 7 days. ██████████ was initially evaluated at Central Texas Pain Center on 05/06/22 for her neck and mid-back pain. ██████████ reported she had gone to Urgent Care the following day due to new neck pain but no imaging was completed. ██████████ had a history of cervical facet osteoarthritis and had seen ██████████ for medial branch block (MBB) and radiofrequency ablations (RFA). Her last injections were about 2 years ago. ██████████/the pain management physician ordered a cervical MRI, and physical therapy, and prescribed Diclofenac 75 mg and Cyclobenzaprine 10 mg as needed for pain. She was to follow up in 4-6 weeks. She returned on 06/15/22 for a review of her MRI noting severe neck and right upper extremity pain on the right side. ██████████ prescribed Tizanidine HCL 4 mg every 8 hours as needed and Celebrex 100 mg twice a day, discontinued Diclofenac and Cyclobenzaprine and recommended an interlaminar epidural steroid injection (ESI) at C6-7. Dr. ██████████ noted he referred ██████████ to a neurosurgeon if her symptoms worsened. ██████████ underwent a cervical spine motion x-ray which noted instability between C 1-2 and adjacent levels,

severe posterior subluxation at C3-4, and severe anterior subluxation at C5-6. On 06/20/22, [REDACTED] underwent an interlaminar cervical ESI at C7-T1. [REDACTED] recommended a bilateral C5-7 MBB.

On 11/08/22, [REDACTED] was evaluated by [REDACTED] / neurosurgeon complaining of cervicalgia (right side) without radiculopathy and mild lumbago without radiculopathy. [REDACTED] noted 60% of pain relief for 10 days after his ESI. [REDACTED] participated in chiropractic sessions 3 times a week for 6 weeks. [REDACTED] reported that on her last sessions, she was given 6 injections to stimulate her nerves which helped, temporarily. She took Advil as needed. [REDACTED] recommended that she undergo an ACDF (anterior cervical discectomy and fusion) at C4-6.

## DIAGNOSTIC STUDIES

- MRI, Cervical Spine: mild uncinata process spurring and facet arthropathy at C2-3, C3-4 shallow central disc-osteophyte complex and osteophytic right foraminal encroachment with right exiting C4 radicular impingement, 4 mm of anterolisthesis at C5-6, 2 mm of anterolisthesis with partial uncovering of the disc, and C7-T1, T1-T2 (05/23/2022, referred by [REDACTED]).
- X-ray, Cervical Motion: Instability between C1-2 and an adjacent level. There was evidence of severe posterior subluxation at C3-4 and evidence of severe anterior subluxation at C5-6. (06/15/2022, referred by [REDACTED] / Chiropractor)

## SURGERY / PROCEDURE

- Cervical ESI at C7-T1 (06/20/22, [REDACTED]).

## CURRENT PROVIDERS & TREATMENT

### ██████████ / Pain management specialist

- Practice Name: Central Texas Pain Center
- Last Appointment: 06/20/22
- Next Appointment: Unknown
- Plan: ██████████ recommended a bilateral C5-7 MBB.

### ██████████ / Spine Surgeon

- Practice Name: Capital Brain and Spine
- Last Appointment: 11/08/2022
- Next Appointment: Unknown
- Plan: ██████████ recommended that she undergo an ACDF (anterior cervical discectomy and fusion) at C4-6.

## MEDICATIONS (\*Generic)

- OTC Advil 200 mg, 1-2 tablets every 6-8 hours as needed for pain\*
- Tizanidine HCL 4 mg every 8 hours as needed\*
- Celebrex 100 mg twice a day\*

## SYMPTOMS / LIMITATIONS / ACTIVITIES OF DAILY LIVING

- Neck pain mostly right side with the movement
- Pain was exacerbated with neck flexion, extension, and rotation.
- Mild lumbar pain with movement
- Pain exacerbated by bending, twisting, and lifting

## RELEVANT UNRELATED MEDICAL DIAGNOSES

- Anxiety
- Lumpectomy
- Hysterectomy
- Breast implants

## CONCLUSION

Recommendations of future care and costs are reflected in the Medical Cost Projection tables. It is anticipated [REDACTED] will have chronic symptoms and residual disabilities necessitating long term care. Physicians have recommended additional surgical interventions to improve [REDACTED] symptoms, functioning, and quality of life. Ongoing treatment is also indicated for [REDACTED] injuries and residual disabilities to improve [REDACTED] symptoms, functioning, and quality of life. The attached tables include recommendations to assist in [REDACTED] needs.

The attached Medical Cost Projection tables outline the recommendations for [REDACTED] current and future needs. National Vital Statistics Report, Vol. 71, No. 1, August 8, 2022, Table 1 yields an average life expectancy of a 63 year old to be 19.9 additional years. A life expectancy of 20 additional years was used in determining frequency and cost of [REDACTED] needs. Costs are based on usual, customary and reasonable (UCR) charges within [REDACTED] geographical location.

The Medical Cost Projection tables reflect what can be reasonably anticipated for [REDACTED] future medical and non-medical needs based on the information provided. This report is a projection of [REDACTED] [REDACTED] current and future medical and non-medical needs and should be updated with significant changes to [REDACTED] condition.

Thank you for the opportunity to assist with [REDACTED] case.

James Bramblett, DC, BS, LCP-C, IR-C, MCP-C, FCE-C

## Medical Cost Projection tables

RECOMMENDATION	DURATION (BEGIN / END)	FREQUENCY / REPLACEMENT	COST	FREQ	TOTAL
<b>MEDICAL CARE</b>					
Visits, Pain Medicine	20 years	Every 4 months	\$465.00	60	\$27,900.00
Visits, Neurosurgeon	20 years	Yearly	\$575.00	20	\$11,500.00
<b>PROCEDURES / SURGERIES</b>					
Cervical Injections (Interlaminar ESI / MBB / RFA) (1 level bilateral - C4 - C5) <i>(Includes physician, anesthesia/medication, and facility charges)</i>	20 years	Allow every 1-5 years (Allow 6)	\$6,034.00	6	\$36,204.00
Cervical Injections (MBB) (2 level bilateral - C5 - C7) <i>(Includes physician, anesthesia/medication, and facility charges)</i>	20 years	Allow 1	\$18,520.00	1	\$18,520.00
Cervical ACDF (2 level - C4-C6) <i>(All inclusive - physician, anesthesia, facility, medications, follow-up, diagnostics, labwork, rehab, DME, and home care)</i>	20 years	Allow 1	\$258,208.00	1	\$258,208.00
<b>THERAPEUTIC EVALUATIONS &amp; MODALITIES</b>					

RECOMMENDATION	DURATION (BEGIN / END)	FREQUENCY / REPLACEMENT	COST	FREQ	TOTAL
Chiropractic Sessions	20 years	Allow 10-30 sessions (Allow 20)	\$325.86	20	\$6,517.20
Physical Therapy Evaluation	20 years	Every 3-7 years (Allow 4)	\$270.00	4	\$1,080.00
Physical Therapy Sessions	20 years	12 sessions per evaluation (48 total)	\$327.50	48	\$15,720.00
<b>DIAGNOSTIC STUDIES &amp; LAB WORK</b>					
X-rays, Lumbar Spine	20 years	Once	\$152.81	1	\$152.81
MRI, Lumbar spine (without contrast)	20 years	Once	\$2,325.00	1	\$2,325.00
X-rays, Cervical Spine (2-3 views)	20 years	Every 3-7 years (Allow 4)	\$132.07	4	\$528.28
MRI, Cervical Spine (without contrast)	20 years	Every 5-15 years (Allow 2)	\$2,325.00	2	\$4,650.00
Lab work (CMP, CBC, A1C, etc.) - <i>included in routine annual check-up with PCP</i>	20 years	Yearly	\$183.16	20	\$3,663.20

RECOMMENDATION	DURATION (BEGIN / END)	FREQUENCY / REPLACEMENT	COST	FREQ	TOTAL
Specimen Handling Fee	20 years	Yearly for LE (excludes routine health maintenance)	\$21.00	20	\$420.00
<b>MEDICATIONS</b>					
Gabapentin 300mg, 3 times a day*	20 years	Monthly (#90)	\$87.00	240	\$20,880.00
Tizanidine 4 mg every evening as needed for spasms *	20 years	Monthly (#30)	\$25.00	240	\$6,000.00
OTC Motrin 200 mg, 1-2 tablets every 6-8 hours as needed for pain*	20 years	Yearly (#100)	\$11.00	20	\$220.00
				<b>TOTAL</b>	<b>\$414,488.49</b>