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MEDICAL RECORD SUMMARY

Case Name/Number: Jane Doe v Business

Job Number: xxxxxxxx07

Claim Number: xxxxxxxx23

Patient Name: Jane Doe

Date of Birth: xx/xx/xxxx

Social Security #: xxx-xx-1234

Date of Injury: xx/xx/2016

Employer: Unknown

Place of Service: Premier MRI CT: Michigan Head & Spine Institute

Service On/Copied:

Method of Injury: Motor Vehicle Accident

Injuries Incurred: Headaches, low back pain, neck pain and numbness in the hands and fingers as well as blurred vision and right-sided hearing loss.

Provider/Facility/ Document Title	Dates of Service	Page Range	Summary
Premier MRI CT Michigan Head & Spine Institute – Novi MRI Brain without contrast	5/24/2017	1-2	<p>Exam: MRI Brain without contrast</p> <p>History: This [REDACTED] who was involved in a motor vehicle accident on [REDACTED]. She presents with headaches, neck pain and numbness in the hands and fingers as well as blurred vision and right-sided hearing loss. She also has a history of hypopituitarism.</p> <p>Impression: Mucous retention cysts verses lobulated mucosal thickening in the floors of the maxillary sinuses. Otherwise normal MRI of the brain with attention to the sella turcica.</p>
Premier MRI CT Michigan Head & Spine Institute – Novi MRI TMJ without contrast	12/10/2016	3-4	<p>Exam: MRI TMJ without contrast</p> <p>History: This [REDACTED] with bilateral temporomandibular joint pain after a motor vehicle accident on [REDACTED].</p> <p>Findings: The mandibular condyles appear normal in signal and morphology without erosion or other changes to indicate arthritis or other significant bony abnormality. The mandibular fossa appear normal bilaterally. There is normal positioning of the mandibular condyles with respect to the mandibular fossa in the closed mouth position bilaterally. TH biconcave articular disc however is displaced anteriorly in the closed mouth position. There is normal positioning of the mandibular condyles with respect to the mandibular fossa in the open mouth position bilaterally with normal anterior translation of the condyles with respect to the articular eminence. However, the biconcave articular disc remains displaced anteriorly bilaterally. There is no soft tissue mass or other abnormality of the surrounding soft tissue structures. The visualized portions of the mastoid air cells appear normal. Both seventh and eighth nerve complexes appear normal on the axial T1-weighted images.</p>
Premier MRI CT Michigan Head & Spine Institute – Novi MRI Cervical without contrast	5/19/2016	5-6	<p>Exam: MRI Cervical without contrast</p> <p>History: Cervicobrachial syndrome since motor vehicle accident</p> <p>Impression:</p>

			<ol style="list-style-type: none"> 1. Bulging Disc at C4-5. There is mild bony foraminal stenosis 2. Central Disc Herniation at C5-6 3. Bulging disk at C6-7 4. There is straightening of the cervical lordotic curve which may indicate cervical muscular spasm 5. 8mm nodule in the right lobe of the thyroid gland. This most likely represents an incidental finding. Given the patient's age and the size and appearance of the lesion, no specific follow-up is considered necessary.
Premier MRI CT Michigan Head & Spine Institute – Novi MRI Thoracic without contrast	5/19/2016	<u>7</u>	<p>Exam: MRI Thoracic without contrast</p> <p>History: Cervical Brachial syndrome since motor vehicle accident</p> <p>Impression: Normal MRI of the cervical spine</p>
Premier MRI CT Michigan Head & Spine Institute – Novi MRI Lumbar without contrast	5/19/2016	<u>8</u>	<p>Exam: MRI Lumbar without contrast</p> <p>History: Low back pain</p> <p>Impression: Bulging disc and facet hypertrophy at L4-5</p>



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MEDICAL RECORD INDEX

Name on Record: Jane Doe

Date of Birth: xx/xx/xxxx

Social Security Number: XXX-XX-1234

Provider	Facility Name	Type of Service	Dates of Service	Page Range
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Premier MRI CT	Michigan Head & Spine Institute - Novi	MRI Cervical without contrast	5/19/2016	5-6
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MICHIGAN HEAD & SPINE INSTITUTE - NOVI



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STATE OF MICHIGAN MI Circuit Court 16th MI Circuit Court	SUBPOENA Order to Appear and/or Produce	[REDACTED]
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Court address: 40 N. Main, Mt. Clemens MI 48043-5654

Court telephone no.: 586-469-5351

Plaintiff(s)/Petitioner(s) <input type="checkbox"/> People of the State of Michigan <input checked="" type="checkbox"/> [REDACTED]	V	Defendant(s)/Respondent(s) [REDACTED]
<input checked="" type="checkbox"/> Civil <input type="checkbox"/> Criminal <input type="checkbox"/> Probate In the matter of		Charge

In the Name of the People of the State of Michigan. TO: **MICHIGAN HEAD & SPINE INSTITUTE** [REDACTED]

If you require special accommodations to use the court because of disabilities, please contact the court immediately to make arrangements.

YOU ARE ORDERED TO produce/permit inspection or copying of the following items:

RECORDS REQUESTED: The complete copy of all records, without limitation, including but not limited to: any and all sign in sheets, any and all medical reports, doctor notes/reports, nurse's notes/reports, consultation notes/reports, admission notes, treatment notes/history, lab results, medical orders, psychological reports, neuropsychological reports, physical therapy notes/orders/regimen, performance appraisals, exams, results, insurance documents, intake forms, patient history forms, discharge reports, disability prescriptions, prescriptions slips, discharge summaries, radiographic study reports, medical orders, Michigan Automated Prescription System Reports, and the like from [REDACTED] to present pertaining to [REDACTED] including but not limited to Michigan Head and Spine-Pontiac

Records due by: 10/27/2017

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Person requesting subpoena		Telephone no.
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Address		
[REDACTED]		
City	State	Zip
[REDACTED]	MI	[REDACTED]



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10/9/2017 /s/ [REDACTED]
Date Judge/Clerk/Attorney Bar no.

Court use only	
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 29275 Northwestern Highway, Suite 175
 Southfield, Michigan 48034

PONTIAC/BLOOMFIELD HILLS CT, X-ray
 44200 Woodward Avenue, Suite 112
 Pontiac, Michigan 48341

MADISON HEIGHTS Open MRI
 30781 Stephenson Highway
 Madison Heights, MI 48071

NOVI MRI, X-ray
 25500 Meadowbrook Road, Suite 150
 Novi, Michigan 48375

CLINTON TOWNSHIP MRI, X-ray
 43475 Dalcoma Drive, Suite 150
 Clinton Township, Michigan 48038

ALLEN PARK MRI only
 15670 Southfield Road
 Allen Park, MI 48101

Date: May 24, 2017

PATIENT: [REDACTED]

DOB: [REDACTED]

ACCOUNT#: [REDACTED]

REF PHYSICIAN: John Smith, MD

EXAM: MRI BRAIN WO

HISTORY: This is a [REDACTED] who was involved in a motor vehicle accident on 4/12/16. She presents with headaches, neck pain and numbness in the hands and fingers as well as blurred vision and right-sided hearing loss. She also has a history of hypopituitarism.

PROCEDURE: MR imaging through the brain was performed in the sagittal, axial and coronal planes utilizing T1 and T2-weighted spin echo, FLAIR and diffusion-weighted pulse sequences pulse sequences. The study includes 3 mm thin sagittal and coronal sections through the sella turcica. A 3-D coronal T2-weighted high-resolution sequence through the sella turcica was also obtained. The study was performed utilizing a high-resolution, 8 channel brain coil on a 1.5 Tesla high field MRI system.

FINDINGS: The pituitary gland is normal in size, contour and signal. The pituitary infundibulum is midline and appears normal. There is no mass of the pituitary gland or sella turcica. The suprasellar cistern and optic chiasm appear normal. The cavernous sinuses and their contents appear normal.

The ventricular system, cortical sulci and subarachnoid CSF spaces are normal. There is no hydrocephalus or mass effect on the ventricles.

The brain parenchyma, brain stem and cerebellum are normal in signal and morphology. There is no mass lesion, mass effect or alteration of signal intensity.

The orbits and retrobulbar regions are normal. The optic nerves and optic chiasm appear

PATIENT: [REDACTED]
Date: May 24, 2017
EXAM: MRI BRAIN WO
Page Two

normal.

The cerebellopontine angle cisterns and seventh and eighth nerve complexes appear normal.

There are mucous retention cysts or lobulated mucosal thickening of the floor the bilateral maxillary sinuses.

There are normal flow voids present within the intracranial carotid and vertebral basilar circulations.

There is no abnormal extra-axial fluid collection or mass.

The bony calvarium and the craniovertebral articulation appear normal.

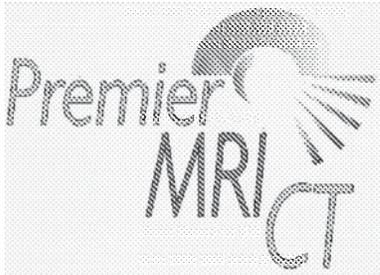
IMPRESSION: Mucous retention cyst versus lobulated mucosal thickening in the floors of the maxillary sinuses.

Otherwise normal MRI of the brain with attention to the sella turcica.



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Date: December 10, 2016

PATIENT: [REDACTED]

DOB: [REDACTED]

ACCOUNT#: [REDACTED]

REF PHYSICIAN: Thomas Jones, DO

EXAM: MRI TMJ WO CONTRAST

History: This is a 36-year-old female with bilateral temporomandibular joint pain after a motor vehicle accident on 4/12/16.

Procedure: MR imaging through the temporomandibular joints was performed in the axial, coronal and oblique sagittal planes utilizing T1 weighted fast spin echo, fat-suppressed T2 fast spin echo and T2*gradient echo pulse sequences. The sagittal sequences were obtained in the open and closed mouth positions utilizing a dedicated TMJ coil on a high-field 1.5 Tesla MR system.

Findings: The mandibular condyles appear normal in signal and morphology without erosion or other changes to indicate arthritis or other significant bony abnormality. The mandibular fossa appear normal bilaterally.

There is normal positioning of the mandibular condyles with respect to the mandibular fossa in the closed mouth position bilaterally. The biconcave articular disc however is displaced anteriorly in the closed mouth position.

There is normal positioning of the mandibular condyles with respect to the mandibular fossa in the open mouth position bilaterally with normal anterior translation of the condyles with respect to the articular eminence. However, the biconcave articular disc remains displaced anteriorly bilaterally.

There is no soft tissue mass or other abnormality of the surrounding soft tissue structures.

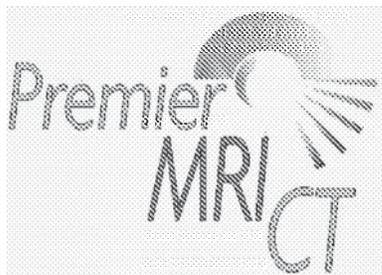
PATIENT: [REDACTED]
Date: December 10, 2016
EXAM: MRI TMJ WO CONTRAST
Page Two

The visualized portions of the mastoid air cells appear normal. Both seventh and eighth nerve complexes appear normal on the axial T1-weighted images.



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Date: May 19, 2016
PATIENT: [REDACTED]
DOB: [REDACTED]
ACCOUNT#: [REDACTED]
REF PHYSICIAN: Thomas Jones, DO
EXAM: MRI CERVICAL WO

HISTORY: Cervicobrachial syndrome since a motor vehicle accident

PROCEDURE: MR imaging through the cervical spine was performed in the sagittal and axial planes utilizing T1 and T2-weighted spin echo pulse sequences. The study includes oblique sagittal T2 sequences angled perpendicular to the neural foramina.

FINDINGS: The cervical vertebra are normal in signal and height. There is no fracture or pathologic marrow signal.

The cervical spinal cord appears normal in signal and morphology. No syrinx or intraspinal mass.

The paraspinal soft tissues are unremarkable.

There is straightening of the cervical lordotic curve.

At C2-3 and C3-4 the disks are normal. The canal and foramina are patent.

At C4-5 there is normal disc signal and height. There is less than 2 mm bulging of the disc. The canal diameter is adequate. There is mild bony foraminal stenosis on the left.

At C5-6 there is a central disc herniation that measures approximately 2.7 mm. The canal diameter is adequate. The foramina are patent.

PATIENT: [REDACTED]

Date: May 19, 2016

EXAM: MRI CERVICAL WO

Page Two

At C6-7 there is 2 mm bulging of the disc. The canal and foramina are patent.

At C7 T1-T2 through the disks are normal. The canal and foramina are patent.

IMPRESSION:

BULGING DISC AT C4-5. THERE IS MILD BONY FORAMINAL STENOSIS.

CENTRAL DISC HERNIATION AT C5-6.

BULGING DISC AT C6-7.

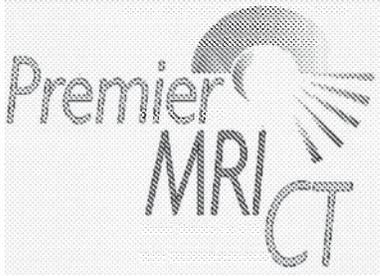
THERE IS STRAIGHTENING OF THE CERVICAL LORDOTIC CURVE WHICH MAY INDICATE CERVICAL MUSCULAR SPASM.

8 MM NODULE IN THE RIGHT LOBE OF THE THYROID GLAND. THIS MOST LIKELY REPRESENTS AN INCIDENTAL FINDING. GIVEN THE PATIENT'S AGE AND THE SIZE AND APPEARANCE OF THE LESION, NO SPECIFIC FOLLOW-UP IS CONSIDERED NECESSARY.



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Date: May 19, 2016
PATIENT: [REDACTED]
DOB: [REDACTED]
ACCOUNT#: [REDACTED]
REF PHYSICIAN: Sandra Stone, DO
EXAM: MRI THORACIC WO

History: Cervical brachial syndrome since a motor vehicle accident

Procedure: MR imaging through the thoracic spine was performed in the sagittal and axial planes utilizing T1 and T2-weighted spin echo and inversion recovery pulse sequences.

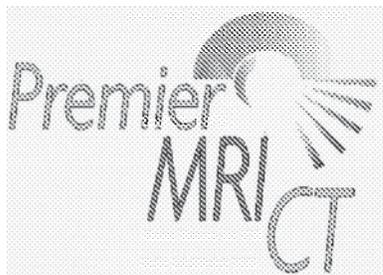
Findings: The thoracic vertebra are normal in signal, height and alignment. There is no fracture or pathologic marrow signal.

The thoracic spinal cord appears normal in signal and configuration. No evidence for syrinx, mass or other cord signal abnormality.

The paraspinous soft tissues are unremarkable.

The cervical discs are normal in signal and height. There is no bulge or herniation. The canal and foramina appear patent.

IMPRESSION:
 NORMAL MRI OF THE CERVICAL SPINE.



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Date: May 19, 2016
PATIENT: [REDACTED]
DOB: [REDACTED]
ACCOUNT#: [REDACTED]
REF PHYSICIAN: Thomas Jones, DO
EXAM: MRI LUMBAR WO

History: Low back pain

Procedure: MR imaging through the lumbar spine was performed in the sagittal, coronal and axial planes utilizing T1 and T2 weighted spin echo and inversion recovery pulse sequences.

Findings: The lumbar vertebra are normal in signal and height. There is no fracture or pathologic marrow signal.

The conus medullaris and cauda equina appear normal.

The paraspinous soft tissues are unremarkable.

At L4-5 there is normal disc signal and height. There is less than 2 mm bulging of the disc and there is facet hypertrophy. The canal diameter is adequate. There is mild bilateral foraminal stenosis.

The other lumbar discs are normal. The canal and foramina are patent at the other levels as well.

IMPRESSION:
BULGING DISC AND FACET HYPERTROPHY AT L4-5.