

**RE: ATILANO BAEZ**

**August 17, 2006**

**Page 2**

He walks sliding a walker next to him. I recommended, the last time I saw him, a new MRI under sedation, because of movement on the table, and I recommended at that time that his claim be reopened for referral back to either Dr. Grondel or Dr. Grover for evaluation.

He did go back and see Dr. Thomas Vater on March 1, 2006, this year. Dr. Vater said that the injury to his low back was related to the industrial injury. We have this record in front of us. He is a board certified orthopedic spine surgeon.

A new MRI was done, and this time, he now has a real disc herniation at 4-5. This is an obvious change from his old MRI, and is a new issue. This was done at Red Rock Radiology.

He continues to have knee problems, but now the big issue is the back.

I saw him August 8, 2006. He has a lot of paraspinous muscle spasm. He continues to have the S1 radiculopathy. He has new findings on the MRI.

**EXAM:** Exam as of August 8, 2006 revealed pain levels 8-9, located in the back and down primarily the right leg and into the foot. Vital signs: height 5'6", weight 232, blood pressure 170/126, pulse 102, temperature 98, pulse ox 98.

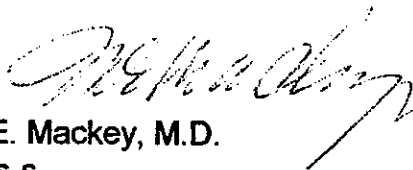
**MEDICATIONS:** OxyContin 20mg every 8 hours.

**DIAGNOSIS**            **HERNIATED LUMBAR DISC, NEW; AGGRAVATION OF  
PREEXISTENT BACK DISEASE DOCUMENTED ON  
PREVIOUS EXAM PRIOR TO CLOSURE OF HIS CLAIM.**

I strongly recommend reopening for the purposes of re-evaluating his low back.

We will be glad to forward you any of the records that you may need if you do not have them.

Sincerely,



Maureen E. Mackey, M.D.

MEM:pmss-s

*Maureen E. Mackey, M.D.*

*Maureen E. Mackey, M.D.*

*Physical Medicine and Rehabilitation*

*Board Certified Physical Medicine  
& Rehabilitation  
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Ratings  
ADL2 - Texas*

August 17, 2006

**RE: ATILANO BAEZ**  
**CLAIM #: SCC0107333**  
**EMP: ALPINE STEEL**  
**DI: 09-11-01**

To Whom It May Concern:

Mr. Baez is a 51-year old male with an injury to his knee and back. He previously was seen by Dr. LaTourette who got an MRI of the lumbar spine, and found degenerative arthritic changes, with an anterior osteophyte at L2-3.

Dr. LaTourette noted the fracture of the right fibula, the arthroscopy of the knee, and he said that the patient had a lumbar strain with myelopathy. That may or may not be a typographical error. He recommended, in 2002, that the patient's claim be reopened, and that he should see a spine specialist.

The patient did see Dr. Grover, a spine specialist, on April 18, 2002. His diagnosis was persistent low back pain, with right lower extremity radiculopathy, persistent neck pain, and industrial injury to the knee.

Another evaluation was done by Dr. Bigler. This suggests only the knee. The MRI of the lumbar spine, as noted, showed some degenerative arthritic changes.

He saw Dr. Quan Haduong on July 25, 2003. He recommended nerve conduction studies, and gave him manual therapy of the cervical, thoracic and lumbar spine, and said that this improved the back problem. Evidently, he recommended further treatment for the back. This was after the PPD January 8, 2002.

Then he saw me in 2004. He had a lot of paraspinous muscle spasm in the back, decreased sensation in S1 on the left, increased pain about the lateral portion of the knee, and absent ankle jerks.