

PRIMARY CARE FLOW SHEET

Date of Visit	Temp, Pulse, Resp.	Weight	Peak Flow	ECG	CXR	Hgb/Hct	Uric Acid	Cholesterol/Triglycerides	Urinalysis	AST/ALT	HCV Viral Load	HIV Viral Load	CD-4	Fasting Blood Sugar	Urine Microalbumin	Drug Level	RAI Swear	FOBT/Catcbe	Eye Exam	Mammogram	Tuberculin Vaccine	Tetanus Toxoid	Hepatitis A Vaccine	Hepatitis B Vaccine	Chole RIVINTRA	Chole RIVINTRA
5/21/12	98.6	179	210	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal

* If the provider orders a procedure to be completed after the current visit, check the box under the date of the visit that the procedure was ordered. On the next visit, review the chart and document any pending results under the date of the visit that the procedure was ordered.

CMC 7593 (11/03)
 PRIMARY CARE FLOW SHEET

GDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
 K 31793
 Schultz, M
 4/3/69

May 25, 2012 Dr. Aggarwal

California Correctional Health Care Services

CALIFORNIA STATE PRISON, SAN JUAN BENTIN

CHRONIC CARE FOLLOWUP VISIT

NAME: SCHULTZ, MICHAEL	CD/CR#: K31793	DATE OF SERVICE: 05/25/2012
DATE OF BIRTH: 04/03/1969	HOUSING: A EB 3095001LP	PAROLE DATE:

CHRONIC MEDICAL PROBLEMS:

1. Hypertension.
2. Left sacroiliac joint pain.
3. Right knee pain with medial meniscus tear on MRI.
4. Hypertension.
5. Mild prostatic.

SUBJECTIVE: The patient is a 43-year-old man here for follow up on several issues he is status post steroid injection of the left sacroiliac joint. He is also status post stab injury on the yard from which he is healing and is recovering from renal stones. The CT that was obtained about 10 days ago was positive for renal stones. Overall, he is feeling better. His flank pain has resolved. His puncture wounds are still hurting a slight bit, but are improving. He has no chest pain or shortness of breath. He has been off yard since the assault, so has not been able to do much exercise, but is trying to lose weight.

CURRENT MEDICATIONS:

1. Chlorthalidone.
2. Baclofen.
3. Docusone.
4. Fluocinonide cream.
5. Hydrochlorothiazide 25.
6. Hydrocortisone cream.
7. Ibuprofen.
8. Lisinopril 20.
9. Metoprolol 50 twice daily.
10. Morphine 90 mg twice daily.
11. Ormetopazole 20.
12. Artificial Tears.
13. Ranitidine.
14. Triamcinolone cream.

OBJECTIVE/OBSERVATION: VITAL SIGNS: Temperature 97.6, blood pressure 125/94, heart rate 71. Oxygen saturation 99%. **Weight 220.** **GENERAL:** The patient is in no acute distress. **SKIN:** Puncture wound at the left upper back and at the right upper arm. Both have eschar and very mild surrounding erythema without tenderness to palpation. They are clean, dry and intact. **LUNGS:** Clear to auscultation bilaterally. **HEART:** Regular rate and rhythm. No gallops, murmurs or rubs.

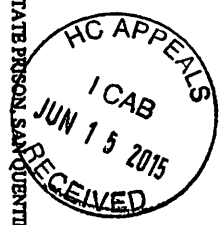
LABORATORY DATA/DIAGNOSTIC DATA: April 2012: Cholesterol 205, LDL 133, HDL 39. Comprehensive metabolic panel: CBC all normal. Microalbumin normal. A1c 5.6.

ASSESSMENT / PLAN:

1. Hypertension, elevated diastolic today, continue to follow. No change in medications. The patient is trying to lose weight.
2. Hypertension. I discussed the risks and benefits of lipid reduction. Recommend lifestyle modification. He does have a diet with a good amount of junk food. Exercise is limited because of his yard status, but he is motivated to try to lose weight. Would recheck lipids in about 6 months to determine whether he needs treatment.
3. Glucose intolerance. His A1c has been normal for over a year. I would remove this from his problem list, especially as he is losing weight.
4. Stab puncture wound is healing.

DICTIONATED BY: Sona Aggarwal, MD
 SCHULTZ MICHAEL

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(B7)

PRIMARY CARE FLOW SHEET

Date of Visit	5/13/08	5/29/08	8-1-08	8-28-08	10-2-08	10-6-08
Temp, Pulse, Resp.	97.7/61/14	98.2/63/20	97.8/67	98.4/67	97.9/67	98.0/67
Blood Pressure	123/81	107/55	138/76	132/69	132/69	132/69
Weight	219	207	209	209	212	212
Peak Flow	92/106/1					
*EKG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*CXR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Hgb/Hct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Hgb A1c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Fasting LDL/HDL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Cholesterol/Triglycerides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*AST/ALT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*HCV Viral Load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*HIV Viral Load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*CD-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Fasting Blood Sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urine Microalbumin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAP Smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOBT/Guac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mammogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza Vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal Vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus Toxoid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A Vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B Vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinic RWMTA	4. Kodon	1. Kodon	1. Kodon	1. Kodon	1. Kodon	1. Kodon
Clinic Provider	Sares	Sares	Sares	Sares	Sares	Sares
ALLERGIES	NKDA					

* If the provider orders a procedure to be completed after the current visit, check the box under the date of the visit that the procedure was ordered. On the next visit, review the chart and document any pending results under the date of the visit that the procedure was ordered.

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH:
 Schultz, M
 K31793
 4/3/1969

Comments:

PRIMARY CARE FLOW SHEET

Date of Visit	11-21-08	12-29-09	4-20-09	6-8-09	8-20-09	1-12-10
Temp, Pulse, Resp.	97.8/58	97.8/58	97.8/58	97.8/58	97.8/58	97.8/58
Blood Pressure	148/87	129/85	124/85	124/85	124/85	124/85
Weight	212	214	212	208	219	215
Peak Flow	127/82					
*EKG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*CXR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Hgb/Hct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Hgb A1c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Fasting LDL/HDL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Cholesterol/Triglycerides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*AST/ALT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*HCV Viral Load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*HIV Viral Load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*CD-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Fasting Blood Sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urine Microalbumin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAP Smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOBT/Guac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mammogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza Vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal Vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus Toxoid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A Vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B Vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinic RWMTA	Chase	Chase	Chase	Chase	Chase	Chase
Clinic Provider	Ames	Ames	Ames	Ames	Ames	Ames
ALLERGIES	Penicillin/ceph					

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CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH:
 K31793
 Schultz, Michael
 4-3-69

Comments:

California Correctional Health Care Services

CALIFORNIA STATE PRISON, SAN QUENTIN

- Nephrolithiasis, recent CT revealed punctate nephrolithiasis in bilateral kidneys as well as mild right hydronephrosis. We will discuss this with Dr. Gerstheim to determine if he should have lithotripsy versus metabolic renal stone workup versus repeat CT to follow this. His renal function has been normal by laboratories.
- Sacroiliac joint pain, just status post the injection, hopefully it will improve his pain.
- Healthcare maintenance: Tetanus is up-to-date. Urine microalbumin is done. He might benefit from hepatitis A and B screening.

EDUCATION: Education done on the treatment plan above and the kidney stones.

FOLLOWUP: Follow up will be in 3 months.

X Sonia Aggarwal, MD

Sonia Aggarwal, MD
Digitally Authenticated on 5/21/2012 4:14 PM

SLA/gjd D: 05/25/2012 10:21:00 am

T: 05/26/2012 01:50:06 pm

Job #: 445568

Dr. Gerstheim

Immunization Status: **EST**

Date & Time Immunization Status: **5-23-12**

Reason for Treatment: ER Admission Routine Follow-Up OTHER:

Treatment / Procedure Received: **1. EST**

ER Physician / Medical Director / Emergency: N (If return without ER physician - Request discharging facility to FAX to 1714 419-6500 and Notify On-Site Supervisor in Response (OC Supervisor) Upon Next Daily Day of call. 6877)

On-Call Physician Notified (On Call MD notified of all ER and Admission Returns): Y N - Name: **Dr. Gerstheim**

Return Housing Appropriate: Y N

Return Medications Reviewed with MD: Y N **1cc chlorzox 1 x 3 day Logg to RL**

Scheduled POP Follow-Up (ER or Admission Returns Within 6 days): Y N Date: **1 wk**

Return From: **OC-Site Appointment with Original RFS (DOC 72497)** Y N

Vital Signs: **T: 98.4 P: 95 R: 16 BP: 136/86 mm Hg Pulse Ox: 100% RA**

Nurses Note: **(Return Assessment: Pain: 4/10 Bordered on Vicodin. Site clean dry at incision. P change & swelling. Aggarwal, Sonia)**

DATE: **5-28-12** TIME: **1507**

INTERDISCIPLINARY PROGRESS NOTES:
Treatment in 71718-Area - Inmate-Patient Return from OT/ST/18

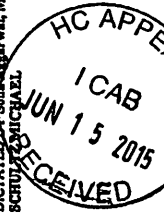
DATE TIME (MM/DD/YYYY) TIME (HH:MM) BY (LAST NAME, FIRST NAME, INITIALS)

3 ER 95

Schultz Michael
D.O.B. 4.3.69
4/3/12

Printed on: 05/25/2012 06:14:15 AM

DICTATED BY: Sonia Aggarwal, MD
SCRIBED BY: S. AGGARWAL



32

DATE	TIME	NOTES
5/21/12	0940	V/S = BP: 159/84 mmHg; T/P/R: 983/82/16/min; SaO2: 98%; RR: 22; 165; TP has multiple puncture wound while fighting in the yard yesterday on 5/17/12. He was sent to TRA for treatment. Come back to RN-line for follow-up. The multiple puncture wound: 3 on the back almost healed & areas on. The sup area multiple abrasion is almost healed, too. The nose scratched wound is almost healed too. All of them, so head to do damage change. Just keep enough moisture prevent infection only. The only wound need to do the wound care is on (R) upper arm. 2.7x2.5 cm laceration wound now. Save Abx exist and bandaid enough medical supply. Instruct TP how to self-change by himself and reported to us if any infection sign (red-pain-swelling). No need for further F/A since the wound is almost healed. ————— S. Han/RK

INSTITUTION: SBSP
 HOUSING UNIT: 3 E B 0 9 5
 CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH: Schultz, Michael
 K 31793
 4-3-69

CDC 7380 (Rev. 04/09)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

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INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES
5/20	1149	TH brought from SB yard. P/P MED. Hand down away. P/P MED. B/P 132/91 dep. coter good. bleeding. BP 132/91 dep. coter good. bleeding. BP 132/91 dep. coter good. bleeding.
		P 075
		P 164
		R 18
		SPD 1002
		win a bet by created below E eye and on bridge of nose. 2 punch-trial missing (ante) he could have 180 "get it" he had 2 puffs that got knocked on - lost on the yard - A system, showed me
		A.T. #3205 - to X-ray, no active bleeding
		med. NC (extra band-aids given) P/R go Dentist
		last there. Specific instructions given p/r to take if IP prep use. He understands. All p/r may use. Abx R & food to pharmacy. 3EB 95

INSTITUTION: SBSP
 HOUSING UNIT: 3EB 95
 CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH: Schultz, M
 K 31903
 4/3/69

CDC 7380 (Rev. 04/09)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

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INTERDISCIPLINARY PROGRESS NOTES

K31793

DOCTORS MEDICAL CENTER
San Pablo Campus 2000 Vale Road. San Pablo, CA 94806
PT: SCHULTZ, MICHAEL DOB: 04/03/1969
ADM: 11/13/12
ACCT: 001300063747 MR#: 0000000001153379 ROOM:
Thomas Mampalam, MD* 201211130990733100
AUTH ID: 1251

OPERATIVE REPORT

DATE OF SURGERY:
11/13/2012 at Doctors Medical Center in San Pablo.

PREOPERATIVE DIAGNOSIS:
Low back pain with possible facet or sacroiliac pain syndrome.

OPERATIVE PROCEDURE:
Left L5-S1 facet and trigger point injection into joint and adjacent muscular trigger. *NOT L4-L5 area*

SURGEON:
Thomas Mampalam, MD

COMPLICATIONS:
None.

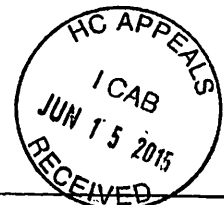
PROCEDURE IN DETAIL:
The procedure was performed in the x-ray suite at Doctors Hospital in San Pablo. The patient was placed in the prone position on the x-ray table. The entire lumbar area was prepped and draped in usual sterile fashion. The patient was examined under x-ray, and it appeared that the focus of his pain was at the left L5-S1 facet joint area. Over this area, I raised the skin wheal with 1% lidocaine. Then I inserted a spinal needle with the tip directed to the left L5-S1 facet joint. Into the facet joint and adjacent muscular trigger point, I injected 240 mg of Depo-Medrol, then withdrew the needle. The patient

DOCTORS MEDICAL CENTER
San Pablo Campus
2000 Vale Road
San Pablo, CA 94806

PATIENT NAME: SCHULTZ, MICHAEL
PHYSICIAN NAME: Thomas Mampalam, MD*
DATE OF ADMISSION: 11/13/12
ACCOUNT NUMBER: 001300063747
MRN: 0000000001153379
ROOM:

K31793

OPERATIVE REPORT
Page 1 of 2



DOCTORS MEDICAL CENTER

San Pablo Campus 2000 Vale Road, San Pablo, CA 94806

PT: SCHULTZ, MICHAEL DOB: 04/03/1969

ADM: 11/13/12

ACCT: 001300063747 MR#: 0000000001153379

Thomas Mampalam, MD*

AUTH ID: 1251

OPERATIVE REPORT

tolerated the procedure well without any apparent adverse effects.

TM: Spheris77732

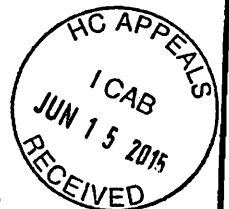
D: 11/13/12 11:01 T: 11/13/12 11:26 DOCUMENT: 201211130990733100

Thomas Mampalam, MD*

DOCTORS MEDICAL CENTER
San Pablo Campus
2000 Vale Road
San Pablo, CA 94806

PATIENT NAME: SCHULTZ, MICHAEL
PHYSICIAN NAME: Thomas Mampalam, MD*
DATE OF ADMISSION: 11/13/12
ACCOUNT NUMBER: 001300063747
MRN: 0000000001153379
ROOM:

OPERATIVE REPORT
Page 2 of 2



CHRONIC CARE FOLLOWUP VISIT

NAME: SCHULTZ, MICHAEL	CDCR#: K31793	DATE OF SERVICE: 08/31/2012
DATE OF BIRTH: 04/03/1969	HOUSING: A EB 3095001LP	PAROLE DATE:

TIME: 10:45 a.m.

LOCATION: East Block Clinic

CHRONIC MEDICAL PROBLEMS:

1. Pain in the left buttock area.
2. Pain in the right knee with a history of a meniscus tear.
3. Hypertension.
4. Mild psoriasis.
5. Rosacea.
6. Nephrolithiasis.
6. Facet joint pain. It is not sacroiliac joint pain, although I think he had sacroiliac joint pain 1 time and facet joint pain in the lumbar spine at the second time, so this is not really a radicular pain, it is more of an inflammatory pain.

SUBJECTIVE: The patient reports, and indeed this is in the notes as well, that he was stabbed in May on the yard and ever since then he has been assigned to a walk alone yard which actually he has gone to once when he had to leave his cell for a cell search. He does not like the walk alone yard and feels it does not do him any good. It is too dirty to go out there. As a result, he has not been able to take showers since there are no showers on the walk alone yard and he is having difficulty with his psoriasis because of that.

He has started having pain in his left buttock area again, and he wonders if he can go back for another corticosteroid injection. His last one was on 05/22/2012. Previously, I believe, it was in November 2011 and that was when it was the sacroiliac joint. He states he gets relief for 3 to 4 months each time.

The patient also had an episode of nephrolithiasis in May. He has not had any further problems, but he wonders whether something can be done about it so that he gets rid of the kidney stones he has that were seen on the CT scan and does not have any episodes of nephrolithiasis. He was advised to drink more water and keep his urine dilute. I am going to refer him to Dr. Gershbein to see if there is anything more than can be done in this situation.

CURRENT MEDICATIONS:

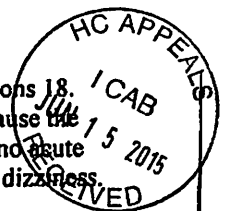
1. Baclofen 10 mg at bedtime.
2. Chlorpheniramine 4 mg 4 times a day as needed.
3. DSS 100 mg 2 times a day.
4. Flunisolide 0.05% cream for psoriasis, apply twice a day on Saturday and Sunday.
5. Hydrochlorothiazide 25 mg daily.
6. Hydrocortisone 1% cream.
7. Ibuprofen 600 mg 3 times a day as needed.
8. Lisinopril 20 mg daily.
9. Metoprolol 50 mg twice a day.
10. Morphine ER 3 tablets, 90 mg, twice a day.
11. Omeprazole 20 mg daily.
12. Artificial tears as needed.
13. Ranitidine 150 mg twice a day as needed.
14. Triamcinolone 0.1% cream.

OBJECTIVE/OBSERVATION: VITAL SIGNS: Temperature 97.7, blood pressure 117/68, pulse 62, respirations 18. Oxygen saturation 100% on room air. No pain. Weight 225 pounds. This is going back up in part at least because the patient has not been able to exercise. GENERAL: The patient is a well-developed, obese, 43-year-old man in no acute distress. LUNGS: Clear. HEART: Rate is regular; no peripheral edema; no chest pain, shortness of breath or dizziness.

Dictated by Doreen Leighton, MD
SCHULTZ MICHAEL

RECEIVED SEP 13 2012

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BACK: Pressure over the sacroiliac joint does not elicit any pain on the left side, so this apparently may be the facet joint problem again.

LABORATORY DATA/DIAGNOSTIC DATA: The patient had laboratory studies in May showing blood in his urine, a normal basic metabolic panel and CBC and a normal urinalysis a few days after the event and a negative urine culture. The original problem was on 05/03/2012. The urine was clear on 05/08/2012. Comprehensive metabolic panel normal on 05/09/2012. A 24-hour urine on 05/31/2012 revealed a high total volume of 3500 mL, normal volume, normal calcium of 6.8 and normal uric acid in the 24-hour specimen. He then had a repeat on 06/11/2012 and he had 2650 mL, creatinine normal and calcium normal. He had a citric acid in the 24-hour urine, I guess, which was within normal and a normal creatinine.

ASSESSMENT/PLAN:

1. Back and left buttock pain. The plan is to refer back to Dr. Mampalam for evaluation and injection.
2. Hypertension, stable and well controlled. Continue current medication. Follow up in 2 to 3 months.
3. Nephrolithiasis. I am referring to Urology for evaluation and comment on the stone situation. It does not seem as if there are not high calcium levels in the urine and does not seem as if there will be a solution except for watchful waiting and keeping the urine dilute, but we will see what Dr. Gershbein recommends.
4. Mild psoriasis. Because of the psoriasis, I am going to give this patient a shower Chrono for daily showers until he gets his regular yard privileges back. We will follow up in 2 to 3 months.

EDUCATION:

FOLLOWUP: Followup for all these chronic problems will be in 2 to 3 months.

X DL

Doreen Leighton, MD
Digitally Authenticated on 9/13/2012 4:42 PM

DL/jcd D: 08/31/2012 11:20:00 am

T: 09/06/2012 04:35:32 pm

Job #: 524154

RECEIVED SEP 13 2012

CHRONIC CARE FOLLOWUP VISIT/PROGRESS NOTE

NAME: SCHULTZ, MICHAEL	CDCR#: K31793	DATE OF SERVICE: 11/20/2012
DATE OF BIRTH: 04/03/1969	HOUSING: A EB 2070001LP	PAROLE DATE:

CHRONIC MEDICAL PROBLEMS:

- 1. Low back pain and sacroiliitis.
- 2. Right knee pain with meniscus tear.
- 3. Hypertension.
- 4. Mild psoriasis.
- 5. Rosacea.

SUBJECTIVE: The patient had a corticosteroid injection with Dr. Mampalam on 11/13/2012. He reports that he is having much better results this time. According to Dr. Mampalam's note, this was not an epidural injection but an injection into the left L5-S1 facet joint area and this was Depo-Medrol 250 mg. The patient reports feeling a lot better especially in conjunction with his other medications. He is still not going to the yard. The investigation is dragging on for another 60 days. He has requested to be assigned to a different yard, but so far that has not occurred.

MEDICATIONS:

- 1. Chlorpheniramine 1 four times a day as needed.
- 2. DSS 100 mg, 2 twice a day.
- 3. Fluocinonide 0.5% cream as needed.
- 4. Hydrochlorothiazide 25 mg daily.
- 5. Hydrocortisone 1% cream as needed.
- 6. Ibuprofen 600 mg, 1 three times a day with food as needed.
- 7. Lisinopril 20 mg daily.
- 8. Metoprolol 50 mg twice a day.
- 9. Morphine ER 30 mg, 3 twice a day.
- 10. Omeprazole 20 mg daily.
- 11. Artificial Tears as needed.
- 12. Ranitidine 150 mg twice a day as needed.
- 13. Triamcinolone 0.1% cream.

OBJECTIVE/OBSERVATION:

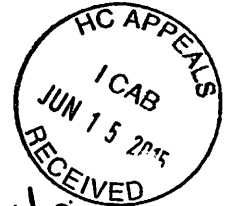
LABORATORY DATA/DIAGNOSTIC DATA:

ASSESSMENT AND PLAN:

- 1. Low back pain. As the patient has had face joint corticosteroid injection with significant relief the plan is to continue his other pain medicines the same and follow up in 8-10 weeks.
- 2. Right knee pain. This is stable. The patient is wearing his knee sleeve. I am renewing his lower tier Chrono. Followup in 8-10 weeks.
- 3. Hypertension, stable and controlled. Continue same management.
- 4. Psoriasis and rosacea, same.
- 5. Nephrolithiasis, asymptomatic.

EDUCATION:

FOLLOWUP: As above.



X DL

Doreen Leighton, MD
 Digitally Authenticated on 11/30/2012 2:49 PM
 DL/sm D: 11/20/2012 09:56:00 am
 T: 11/30/2012 12:53:39 pm
 Dictated by Doreen Leighton, MD
 SCHULTZ MICHAEL

I believe she is being forced to cut peoples meds for cost and
No medical Reasoning - why all of sudden 180° Reverse
(BB)

Job #: 586671
 RECEIVED NOV 30 2012
 Saved: 2012-12-26T13:03:19Z
 No Sense!

DATES	TIME	Triage & Treatment Area - Inmate-Patient Return From Off-Site
11/15/12	1230	Inmate Returned From: <u>4/13/12</u>
		Date & Time Inmate Departed San Quentin: <u>1220</u>
		Reason for Transport Off-Site (check One): <input type="checkbox"/> ER <input type="checkbox"/> Admission <input type="checkbox"/> Specialty Appointment <input checked="" type="checkbox"/> OTHER:
		Treatment / Procedure Received Off-Site: <u>Renal D/C Hydrocortisone inject</u>
		RN Reviewed Hospital Discharge Summary: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (If returned without D/C summary - Request discharging facility to FAX cc to TTA at 415-721-3551 and Notify Off-Site Scheduler to Request D/C Summary Plan Next Duty Day at ext. 3527)
		Return From Off-Site Appointment with Original RFS (CDC 7234)? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA
		On-Call Physician Notified (On Call MD notified of all ER and Admission Returns): <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Name: <u>Darius</u>
		Return Medications Reviewed with MD: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA Return to Housing Appropriate: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
		Schedule PCP Follow-Up (ER or Admission Returns Within 5 days): <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Date: <u>5 Dec</u>
		OT notified to schedule PCP appt. via TTA log entry <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA
		TTA MD Tomorrow <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Patients name put into TTA Follow up Book <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA
		Vital Signs: T: <u>96</u> P: <u>76</u> R: <u>20</u> BP: <u>112/70</u> O2 sat: <u>100%</u> Pain: <u>0</u> /10
		Last Medicated for Pain: <u>MA</u> Meds ordered or Changed Per POP/PCP Orders: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
		Breathing: <input checked="" type="checkbox"/> Even & Unlabored <input type="checkbox"/> Labored <input type="checkbox"/> SOB Speech: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Unclear Alert and Oriented: <input type="checkbox"/> Y <input type="checkbox"/> N
		Gait: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Unsteady Skin: <input type="checkbox"/> Warm & Dry <input type="checkbox"/> Diaphoretic Condition: <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable
		Nail Beds Pink: <input type="checkbox"/> Y <input type="checkbox"/> N Wound Care/Staples/Sutures Orders Reviewed / Written: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA
		Diet Explained and Ordered: <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA 24-Hr Lay-In-Given: <input type="checkbox"/> Y (fill our CDCR 7257) <input checked="" type="checkbox"/> NA
		Nurses Note: (Return Assessment): <u>ILL TO ADMI</u> <u>TOAD</u> <u>CAF</u>
		RETURN TO CUSTODY: <input type="checkbox"/> Y TIME <input type="checkbox"/> N RN Signature: <u>[Signature]</u> BY: <u>[Signature]</u>
INSTITUTION CSP - SQSP	HOUSING UNIT	SIGNATURE, PRINTED NAME & TITLE

RECEIVED
 NOV 14 2012

1. Disability Code: <input type="checkbox"/> TABE score ≤ 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DNS <input type="checkbox"/> DDP	2. Accommodation: <input type="checkbox"/> Additional time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*	3. Effective Communication: <input type="checkbox"/> P/I asked questions <input type="checkbox"/> P/I summed information Please check one: <input type="checkbox"/> Not reached* <input type="checkbox"/> Reached *See chrono / notes <input type="checkbox"/> Not applicable	Name (Last, First, MI), CDCR Number, DOB <u>Schultz, M</u> <u>K 31793</u>
4. Comments:			

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HEALTH CARE SERVICES
PHYSICIAN REQUEST FOR SERVICES

Route to eUHR

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME SCHULTZ, MICHAEL		CDC NUMBER K31793	INSTITUTION SQ E
DATE OF BIRTH 04/03/1969	EPRD DATE DEA	GENDER Male	
PRINCIPLE DIAGNOSIS Chronic LBP radiating to L buttock			
REQUESTED SERVICE(S) Epidural steroid inj.			# OF DAYS RECOMMENDED

Please circle all that apply: Diagnostic Procedure Consultation Outpatient Inpatient Initial Follow-up

Requested Treatment/Service is: **EMERGENT** **URGENT** **ROUTINE**

For the purpose of retrospective review, if emergent or urgent, please justify: _____

Proposed Provider: **Dr Malmpalam** Anticipated Length of Stay: _____

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer): _____

Medical Necessity (briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant):

L4-5 bulging disc; prior esi were effective for 3-4 mos; last one was done in May 2012.

Estimated time for service delivery, recovery, rehabilitation and follow-up: _____

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months): _____

Comments (diagrams, risk factors, prognosis, alternative management, etc.): _____

REQUESTING PHYSICIAN I Leighton	APPROVED / AUTHORIZED / DENIED / DEFERRED BY	DATE
REQUESTING PHYSICIAN SIGNATURE <i>[Signature]</i>	DATE 8/31/2012	Utilization management tracking #:
DATE OF CONSULTATION	PRINTED NAME OF CONSULTANT	

FINDINGS: _____

RECOMMENDATIONS: _____

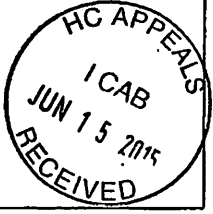
FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: _____

CONSULTANT SIGNATURE	DATE
ETA RN SIGNATURE	DATE
PCP SIGNATURE	DATE

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH	
SCHULTZ, MICHAEL	
K31793	
04/03/1969	

Attach Progress Note page for additional information.
THIS FORM MUST BE RETURNED WITH THE PATIENT!!!

- DISTRIBUTION:
- ORIGINAL - FILE IN UHR
 - GREEN - TO UHR PENDING ORIGINAL
 - CANARY - CONSULTANT
 - PINK - UM
 - GOLD - SPECIALTY SCHEDULER



HEALTH CARE SERVICES
PHYSICIAN REQUEST FOR SERVICES

Route to eUHR

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME	SCHULTZ, MICHAEL	CDC NUMBER	K31793	INSTITUTION	SQ E
DATE OF BIRTH	04/03/1969	EPRD DATE	DEA	GENDER	Male
PRINCIPLE DIAGNOSIS	nephrolithiasis				
REQUESTED SERVICE(S)	urology eval			# OF DAYS RECOMMENDED	

Please circle all that apply: Diagnostic Procedure Consultation Outpatient Inpatient Initial Follow-up

Requested Treatment/Service is: EMERGENT URGENT ROUTINE

For the purpose of retrospective review, if emergent or urgent, please justify: _____

Proposed Provider: D. Gershbein _____ Anticipated Length of Stay: _____

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer): _____

Medical Necessity (briefly describe the clinical situation: the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant):

43 yo man, 1st episode of ureterolithiasis 5/12. CT scan showed several "punctate" stones, no obstruction. No stone was recovered. Need for further evaluation/treatment?

Estimated time for service delivery, recovery, rehabilitation and follow-up: _____

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months): _____

Comments (diagrams, risk factors, prognosis, alternative management, etc.): _____

REQUESTING PHYSICIAN	Leighton	APPROVED / AUTHORIZED / DENIED / DEFERRED BY	DATE
REQUESTING PHYSICIAN SIGNATURE	<i>D. Leighton</i>	DATE	8/31/2012
DATE OF CONSULTATION		Utilization management tracking #:	
		PRINTED NAME OF CONSULTANT	

FINDINGS: _____

RECOMMENDATIONS: _____

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: _____

CONSULTANT SIGNATURE	DATE	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
ETA RN SIGNATURE	DATE	
PCP SIGNATURE	DATE	
Attach Progress Note page for additional information. THIS FORM MUST BE RETURNED WITH THE PATIENT!!!		SCHULTZ, MICHAEL K31793 04/03/1969

- DISTRIBUTION:
- ORIGINAL - FILE IN UHR
 - GREEN - TO UHR PENDING ORIGINAL
 - CANARY - CONSULTANT
 - PINK - UM
 - GOLD - SPECIALTY SCHEDULER

RECEIVED AUG 31 2012

Saved 2012-12-26T14:04:49Z

CPHCS
Chronic Pain Provider-Patient Agreement/Informed Consent
for Opioid Pain Medication

This is an agreement between Schultz, Michael (the patient) and Dr M. Joulfs (the provider) concerning the use of opioid medications for the treatment of a chronic pain problem.

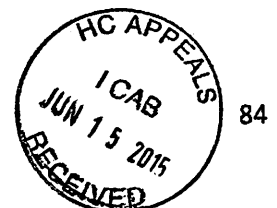
1. I understand that opioid medications are used as one part of a chronic pain treatment program and that they have risks and side effects involved with taking them. I have been informed of these risks and discussed them with my provider.
2. I understand that the medication will probably not eliminate my pain, but will be used to attempt to reduce my pain enough that I may become more active. Most patients see about a 30% decrease in their pain.
3. Chronic pain is a difficult problem that requires a team approach. I must keep all the appointments (Physical Therapy, specialist clinicians, pain groups and counselors) that my pain management provider recommends for my treatment, or my opioid medication may be stopped.
4. I understand that treatment with opioid pain medications is being started on a trial basis. I will get more medications depending on the benefits I show and also the problems that develop.
5. In particular, I understand that opioid medications can cause physical dependence. If I suddenly stop or decrease the medication, I could have withdrawal symptoms (flu-like syndrome such as nausea, vomiting, diarrhea, aches, sweats, chills) that may occur within 24-48 hours of the last dose. I understand that opioid withdrawal is quite uncomfortable, but not a life-threatening condition.
6. Overdose on this medication may cause death by stopping my breathing; this can be possibly be reversed by emergency medical personnel if they know I have taken opioid medications.
7. If the medication causes drowsiness, sedation, or dizziness, I understand that if my job requires, I must not drive a motor vehicle or operate machinery that could put my life or someone else's life in jeopardy.
8. I understand it is my responsibility to inform the provider of any and all side effects I have from this medication.
9. I agree to take this medication as prescribed and not to self diagnose, or demand the provider change the amount or frequency of the medication without a medical reason. Running out early, needing early refills, or increasing doses or more frequent dosing may be signs of misuse of the medication and may be reasons for the provider to discontinue prescribing to me.
10. Seeking opioid medication from other providers may be a reason for my provider to discontinue the opioids.
11. I agree not to sell, lend, or in any way give my medication to any other person. If I am found to be cheeking my medicine it will be stopped. If I am suspected of hoarding my medication, custody may be notified and a search of my housing may result.
12. I agree not to drink alcohol or take other non-prescribed mood-altering drugs while I am taking opioid medication.
13. My provider may request urine or blood drug screens from time to time to monitor my use of pain medications, and to detect improper use of medications not prescribed. I agree to submit to these tests and understand if I refuse the testing, my provider will need to stop my opioid medication. In the event that these tests indicate that my use of opioids or other medications presents a health risk to myself or to others, my provider may taper and stop the opioid medication. If my test results indicate a danger to myself or others, I authorize my medical provider to notify Custody. MS (pt. initial).

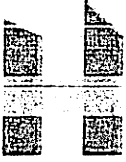
14. I understand that there is a risk that opioid addiction could occur. This means that I might become psychologically dependent on the medication, using it to change my mood or get high, or be unable to control my use of it. People with past history of alcohol or drug abuse problems are more susceptible to addiction. If this occurs, the medication will be discontinued. I have read the above, asked questions, and understand the agreement. If I violate the agreement, I know that the doctor may discontinue this form of treatment.

Patient Signature: [Signature]
Provider Signature: [Signature]
Date: 8/19/10

CDCR Stamp:
Patient Name: <u>Schultz, Michael</u>
CDCR #: <u>K31793</u>
DOB:

CDCR 7474 (12/09)





HEALTH CARE SERVICES



October 15, 2011

To:

SGHULTZ, MICHAEL
K31793

3EB095S

You take pain medicines that are controlled by the laws of the United States and can be dangerous. This means that Health Care Services has to make sure that everyone that takes these medicines takes them correctly and safely.

All patients (even outside of prison), who take this kind of medicine have to agree to some rules. The rules are called a Pain Medicine Contract. Some people break the rules and buy, sell, trade or save their medicine for good and bad reasons. This is both illegal and unsafe and is not allowed.

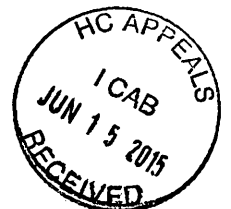
We give you pain medicine to help you deal with your pain so that you can do basic things like walk to chow, bathe and sleep. Pain medicines do not fully get rid of pain. You will still have some pain even after you take the medicine. You can always ask your doctor to stop or change the medicines or talk about your choices.

The next 3 pages are your Pain Medicine Contract. Read them and sign and date the last 2 pages. Then, send the last page to us by November 15, 2011. If you don't, your pain medicines will be stopped. Do this even if you already did a pain contract before. If you don't understand the contract, fill out a sick call to let us know. We can help you.

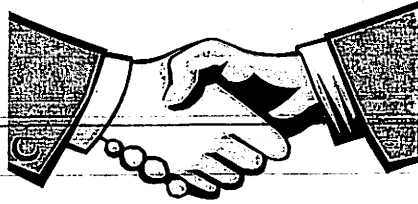
The pain medicines you take now:

ORAMORPH

The contract will continue even if your medicines or doses change.



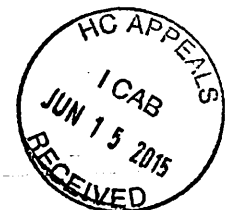
Pain Medicine Contract (4 parts)



PART 1 THINGS I WILL DO



- only get my pain medicine from the med pass nurse
- act properly and quietly during pill pass; follow all nurse and officer rules
- take my pain medicine as prescribed (not more, not less)
- tell my doctor if I am having problems with my pain medicine
- tell my doctor about all of the other pills and medicines I am taking (including pills from canteen, herbs, vitamins)
- tell my doctor about all of my health problems
- only ask for changes in pain medicine during medical ducats with my doctor (NOT IN TTA)
- tell my doctor if I go to the TTA or emergency room
- let my doctor check my urine (piss) or blood to see what drugs I am taking
- see other doctors, do physical therapy, get tests that my doctor thinks are needed



Pain Medicine Contract Summary - to be put in your medical record

PART 1 THINGS I WILL DO

- only get my pain medicine from the med pass nurse
- act properly and quietly during pill pass; follow all nurse and officer rules
- take my pain medicine as prescribed (not more, not less)
- tell my doctor if I am having problems with my pain medicine
- tell my doctor about all of the other pills and medicines I am taking (including pills from canteen, herbs, vitamins)
- tell my doctor about all of my health problems
- only ask for changes in pain medicine during medical ducats with my doctor (NOT IN TTA)
- tell my doctor if I go to the TTA or emergency room
- let my doctor check my urine (piss) or blood to see what drugs I am taking
- see other doctors, do physical therapy, get tests that my doctor thinks are needed

PART 2 THINGS I WON'T DO

- cheek or save my medicine
- share, sell or trade my medicine with anyone
- use someone else's medicine
- use illegal or street drugs (like cocaine, heroin, meth, etc.)
- change how I take my medicine without asking my doctor
- refuse ducats
- refuse drug testing

PART 3 I UNDERSTAND

- Pain medicines do not completely get rid of pain.
- If I break any of the rules in parts 1 and 2, my doctor will no longer order pain medicine for me. I won't be allowed to get pain medicines.
- Health Care Services may work with custody to look at any misuse or sale of pain medicine. This may result in a CDCR 115.

I understand pg. 1 of this part contract threatens to stop meds if I do not sign and return this form.

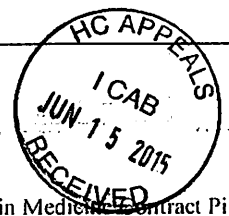
PART 4 SIGN THE CONTRACT AGAIN

I Disagree Vehemently with language used in this Contract and sign under duress.

Michael Schultz
Sign your name

October 19, 2011
Today's Date

CSP San Quentin
Name: SCHULTZ, MICHAEL
CDCR #: K31793
DOB: 4/3/1969



July 29, 2014

FR: Schultz, Michael Joseph
CDC# K-31793
San Quentin State Prison

TO: Dr. T. Mampalam

RE: L4 & L5, SI Injections
For 2012-2014

Dr. Mampalam,

I am writing this in hopes that we may find a solution to my pain/ cause of it, because my Primary Care Provider here in Prison, Dr. Leighton, has been trying to down play the pain I am actually feeling and wants to discontinue not only my medications, but the Injections I have received from you over the 3 past years. She says "They do not help you" when I've argued with her to the contrary.

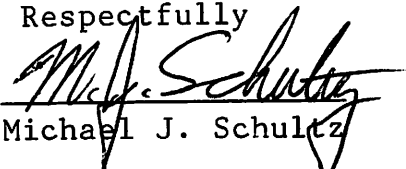
The Injections I have received in the L5 & SI help a lot and they reduce my pain approx. 35-40% which is actually tremendous relief, but seems to wear off little by little every month and the same pain returns.

My Primary Care Provider has suggested/ordered that I do Isometric exercises to "fix" whatever is causing my problem. I do try. but I am limited to what I can do in my cell. I am also limited to what I can do when I'm allowed to go outside, due to overcrowded conditions too.

I am hoping you might be able to convince my Primary Care Provider Dr. Leighton that I do need these injections or maybe undergo Surgery (if need be) to repair whatever is causing this pain because she does not seem to understand exactly the amount of pain I'm dealing with constantly everyday.

Thank you for your time to read this and all your help in this matter.

Respectfully


Michael J. Schultz

Pg1of1



(C)

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Refer to (20150001) ST-1

Treatment Options for Sacroiliac Joint Dysfunction

Treatments for sacroiliac joint dysfunction are usually conservative (meaning non-surgical) and focus on trying to restore normal motion in the joint.

Typical treatments for sacroiliac joint dysfunction include:

- **Ice, heat and rest**

Initial treatment recommendations will typically include use of ice or cold packs, applied in 15 to 20 minute intervals as needed to reduce inflammation in the area, along with rest to reduce irritation. Depending on the duration of sharp, intense pain, ice can be continued anywhere between 2 days to 2 weeks. Once the inflammation is less, gradual return to normal activities may be advisable. Application of heat (such as a heat wrap or hot bath) may help the healing process, but not during the acute, high intense pain time frame.

- **Medications**

~~First line of treatment~~ often may include pain medications (such as acetaminophen), as well as anti-inflammatory medications (such as ibuprofen or naproxen) to reduce the swelling that is usually contributing to the patient's pain. **Chiropractic manipulations**

Manual manipulation provided by a chiropractor, osteopath, or other qualified health practitioner may help. This can be highly effective when the SI joint is fixated or "stuck." It may be irritating if the SI joint is hypermobile (see previous definitions). This is accomplished by a number of methods including (but not limited to): side-posture manipulation, drop technique, blocking techniques, and instrument guided methods. Your health care provider will choose a method they feel is most appropriate for your specific case. Read more with Chiropractic Procedures for the Sacroiliac Joint.

- **Supports or braces**

~~When the SI joint is "hypermobile" or too loose, an "orthotic" or brace about the size of a rather wide belt can be wrapped around the waist and pulled snugly to stabilize the area. This can sometimes be very helpful at times when the joint is inflamed or painful. When it calms down, the orthotic can be weaned away.~~ *Never received one*

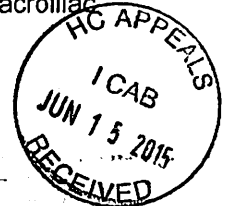
- **Physical therapy and exercise**

Controlled, gradual physical therapy may be helpful to strengthen the muscles around the sacroiliac joint and appropriately increase range of motion. In addition, any type of gentle, low impact aerobic exercise will help increase the flow of blood to the area, which in turn stimulates a healing response. ~~For severe pain, water therapy may be a reasonable option, as the water provides buoyancy for the body and reduces stress on the painful joint. Read more with Exercise for Sciatic Pain from Sacroiliac Joint Dysfunction~~

- **Sacroiliac joint injections**

While the primary reason for sacroiliac joint injections is to determine whether or not the sacroiliac joint is the cause of the patient's pain, it is also useful in providing immediate pain relief. As part of the injection, an anesthetic (such as lidocaine or bupivacaine, or novacaine) is typically injected along with an anti-inflammatory medication (such as a corticosteroid) to help reduce inflammation around the joint, which in turn will help alleviate the pain. The immediate pain relief can help the patient start with a physical therapy program and return to normal activity levels.

~~For severe cases of pain that are not addressed by several weeks or months of one or a combination of the above treatments, surgery may be a possible option. In surgery, one or both of the sacroiliac joints may be fused with the goal of eliminating any abnormal motion.~~



(C1)

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People who have any of the following should contact their healthcare provider for advice:

- If you are 70 years or older with new back pain
- Pain that does not go away, even at night or when lying down.
- Weakness in one or both legs or problems with bladder, bowel, or sexual function can be signs of cauda equina syndrome, arising from compression of the nerve bundle at the base of the spine. These symptoms should be evaluated as soon as possible.
- If you have back pain accompanied by unexplained fever or weight loss
- If you have a history of cancer, a weakened immune system, osteoporosis, or if the person has used corticosteroids (eg, prednisone) for a prolonged period of time
- If the back pain is a result of falling or an accident, especially if you are older than 50 years.
- If pain spreads into the lower leg, particularly if accompanied by weakness of the leg.
- If back pain does not improve within four weeks.

LOW BACK PAIN TESTS — The vast majority of people with low back pain improve within 4 to 6 weeks without treatment or with simple measures that can be performed at home. It is not usually necessary to consult a healthcare provider if the pain improves [1]. (See "Diagnostic testing for low back pain".)

Imaging tests — Imaging tests, including plain x-rays, CT (computed tomography) scanning, or an MRI (magnetic resonance imaging), may be recommended for people with certain conditions [2].

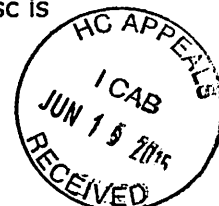
X-rays — X-rays may be recommended for selected people who have risk factors or signs of infection, cancer, or vertebral compression fracture related to osteoporosis (see 'When to seek help' above).

However, x-rays do not usually show enough detail to diagnose a herniated disc or spinal stenosis. Other common conditions, such as degenerative disc disease, facet joint arthropathy, and disc space narrowing, are seen so frequently in people without low back pain that it is usually not helpful to get x-rays to look for these, especially since their presence does not change treatment in the first 4 to 6 weeks.

CT and MRI — CT scanning and MRI provide detailed images of the soft tissues and bony structures of the back. A CT or MRI is usually necessary to diagnose a herniated disc or spinal stenosis. One of these tests may be recommended if surgery is being considered or if low back pain persists for more than 4 to 6 weeks and the cause of pain cannot be determined with other methods.

However, most people with low back pain do not require a CT or MRI. Disc and spine abnormalities are common among people without low back pain. In fact, a herniated disc is seen on MRI or CT in 25 percent of people without low back pain.

LOW BACK PAIN TREATMENT — Unless low back pain is caused by a serious medical condition, a rapid recovery is expected, even if there is a bulging disc. The body breaks



down bulging discs, taking pressure off the nerve. Care of an attack of low back pain includes several simple elements. (See "Treatment of acute low back pain".)

Remaining active — Many people are afraid that they will hurt their back further or delay recovery by remaining active. However, remaining active is one of the best things you can do for your back. In fact, prolonged bed rest is not recommended. Studies have shown that people with low back pain recover faster when they remain active. Movement helps to relieve muscle spasms and prevents loss of muscle strength.

Although high-impact activities should be avoided, it is fine to continue doing regular day-to-day activities and light exercises, such as walking. If certain activities cause the back to hurt too much, it is fine to stop that activity and try another.

If back pain is severe, bedrest may be necessary for a short period of time, generally no more than one day [3]. When in bed, the most comfortable position may be to lie on the back with a pillow behind the knees and the head and shoulders elevated, or to lie on the side with the upper knee bent and a pillow between the knees.

Heat — Using a heating pad can help with low back pain during the first few weeks. It is not clear if cold packs help as well [4].

Work — Most experts recommend that people with low back pain continue to work if it is possible to avoid prolonged standing or sitting, heavy lifting, and twisting. Some people need to stay home from work if their occupation does not allow them to sit or stand comfortably. While standing at work, stepping on a block of wood with one foot (and periodically alternating the foot on the block) may be helpful.

Pain medications — Take a pain medication such as aspirin, acetaminophen (Tylenol®), or ibuprofen (eg, Advil®) or naproxen (Aleve®) (table 1). Stronger pain medications, such as narcotics, are reserved for people whose pain is not relieved with acetaminophen or NSAIDs.

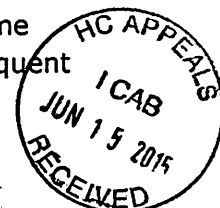
If medication is needed, it is usually more effective to take a dose on a regular basis for three to five days, rather than using the medication only when the pain becomes unbearable. (See "Patient information: Nonsteroidal antiinflammatory drugs (NSAIDs)".)

Muscle relaxants (eg, cyclobenzaprine, Flexeril®) are available by prescription, but can cause drowsiness and are probably no better than ibuprofen in relieving pain [5]. Muscle relaxants may be helpful before bedtime when used for a short time. People who need to be alert, such as while driving or operating machinery, should not use muscle relaxants.

Exercise — Back exercises or stretching routines should not be used immediately after a new episode of low back pain because this could worsen or prolong pain. However, as symptoms begin to resolve, a program of exercises can help to increase back flexibility and strengthen the muscles that support the back [6].

Recommended activities include those that involve strengthening and stretching, such as walking, swimming, ~~use of a stationary bicycle~~, and low-impact aerobics. Avoid activities that involve twisting, bending, are high impact, or that make the back hurt more. Some specific exercises may help strengthen the muscles of the lower back. People with frequent episodes of low back pain should continue these exercises indefinitely to prevent new episodes.

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Nonspecific low back pain may be treated with the following home exercises, although it is not known which are best. It's reasonable to try several of the following exercises to see how you respond:

- 90/90 rest position ([picture 1](#))
- Posterior pelvic tilt ([picture 2](#))
- Abdominal curl ([picture 3](#))
- Single knee to chest ([picture 4](#))
- Knee to chest, seated ([picture 5](#))
- Hamstring stretch ([picture 6](#))
- Aquatic exercise ([picture 7](#))
- Piriformis stretch ([picture 8](#))
- Trapeze (chinning bar) stretch ([picture 9](#))

tried for years **Physical therapy** — If back pain has been present for more than 4 to 6 weeks, a healthcare provider may recommend working with a physical therapist to develop a formal exercise program. Exercise programs may involve stretching, flexion and extension exercises, strengthening, aerobic activity, general overall fitness, or some combination of these components. The physical therapist may directly supervise exercise sessions, or can teach the person to perform the exercise program at home.

Manipulation — Manipulation is a technique used by physical therapists, chiropractors, osteopaths, massage therapists, and others to treat acute and chronic back pain. It involves moving a joint (spinal column) beyond the normal range of voluntary movement.

In clinical trials of people who had back pain for more than 4 weeks, manipulation was found to be safe and as effective as "conventional" treatments (eg, pain medication, rest, exercise) [7]. The optimal number of manipulations is not known; most clinical trials used two treatments per week for two to three weeks.

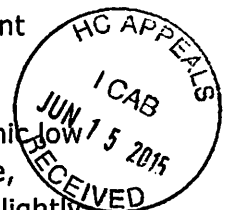
Acupuncture — Acupuncture involves inserting very fine needles into specific points, as determined by traditional Chinese maps of the body's flow of energy. Acupuncture may be a reasonable option for interested patients with access to an acupuncturist. In general, acupuncture is a safe treatment that may be helpful for chronic back pain [8]. It is not clear if acupuncture is helpful for people with recent-onset (acute) low back pain.

Massage and yoga — A few studies have evaluated massage and yoga for back pain treatment. The benefit of massage or yoga was found to be greatest in people with chronic back pain who expected to improve with one of these treatments [9].

Other treatments

✓ **Injections** — Some clinicians recommend injections of a local anesthetic into the soft tissues of the back to relieve chronic pain, although it is not clear if these injections are effective. The areas targeted by these injections are called trigger points. Trigger point injections may be of benefit in people with chronic back pain.

Injections of a steroid medication are sometimes recommended for people with chronic back pain with sciatica or radiculopathy. The injection is given into the epidural space, located below the spinal cord. Epidural steroid injections do appear to improve pain slightly at two and six weeks after the injection, but not at 3, 6, or 12 months after the injection.



There is no evidence that epidural steroid injections are helpful for people with back pain without sciatica.

- Corsets and braces are not helpful in treating or preventing low back pain.
- Traction involves the use of weights to realign or pull the spinal column into alignment. Clinical studies have shown no benefit from traction in the treatment of back pain in the first few weeks.
- Mattress choice — The benefit of a firm mattress in preventing or treating low back pain has not been proven. In one study, medium firm mattresses were more likely to improve chronic back pain compared to firm mattresses [10].

• Other interventions include ultrasound, interferential therapy, short-wave diathermy transcutaneous electrical nerve stimulation, low-level laser therapy, all of which involve applying energy to the skin's surface. None of these interventions have been proven to be effective, particularly during the first 4 to 6 weeks of an episode of back pain.

Chronic low back pain treatment — Long-term (chronic) back pain treatments are discussed in detail separately and are available by subscription. (See "Subacute and chronic low back pain: Nonsurgical interventional treatment" and "Subacute and chronic low back pain: Pharmacologic and noninterventional treatment".)

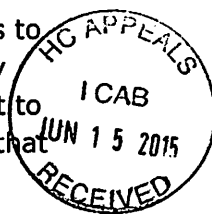
LOW BACK PAIN SURGERY — Only a small minority of people with low back pain will require surgery. Surgery is necessary if there is evidence of cauda equina syndrome (problems with the nerves at the base of the spinal cord), another serious back condition like a tumor or infection, or severe weakness due to spinal stenosis or compression of a nerve root. (See "Subacute and chronic low back pain: Surgical treatment".)

Surgery may also be considered for people with persistent radiculopathy due to herniated disc or spinal stenosis that has not responded to other (non-surgical) therapies. There is controversy about whether surgery is beneficial for people with degenerative disc disease alone.

Referral to an orthopedic surgeon or neurosurgeon is recommended under the following circumstances:

- Increasing neurologic problems (measurable weakness)
- Loss of sensation (eg, numbness) or bladder and bowel symptoms
- Failure to improve after four to six weeks of non-surgical management, with persistent and severe sciatica and evidence of nerve root involvement

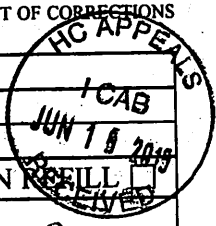
PREVENTING LOW BACK PAIN — There are a number of ways to prevent low back pain from returning. Perhaps the most important are exercise and staying active. Regular exercise that improves cardiovascular fitness can be combined with specific exercises to strengthen the muscles of the hips and torso. The abdominal muscles are particularly important in supporting the lower back and preventing back pain. It is also important to avoid activities that involve repetitive bending or twisting and high-impact activities that increase stress in the spine.



*Asked Dr. Leighton
2-12-2015
She told me
No even when
they do help!*

0062035

HEALTH CARE SERVICES REQUEST FORM



PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION

NAME Schultz Michael J.	CDC NUMBER K 31793	HOUSING 2E B 70
PATIENT SIGNATURE <i>[Signature]</i>		DATE 10-22-2014

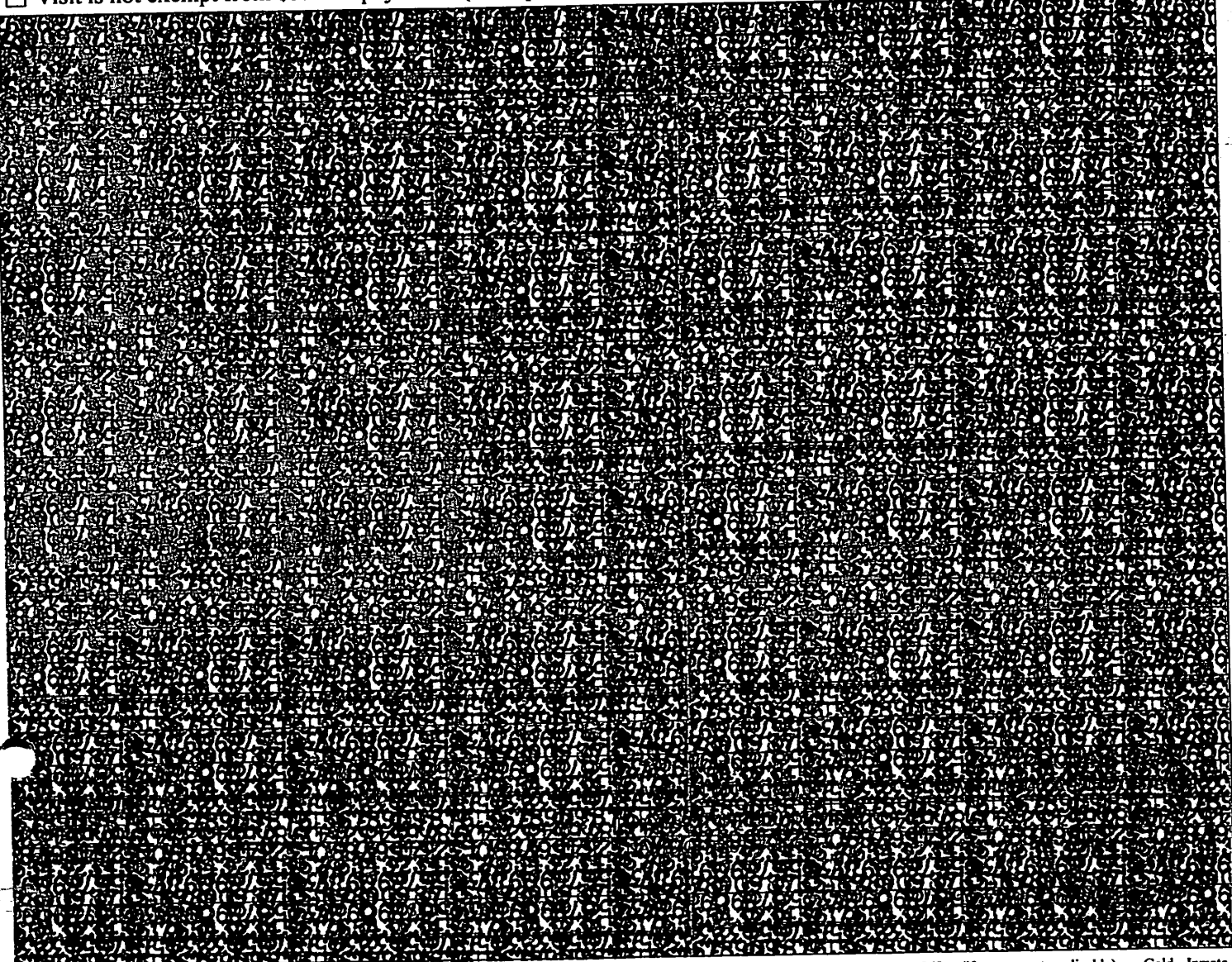
REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

On July 11, 2014, was told would be referred to see Neurologist for epidural injection into L5 S1 for pain relief. On Sept 11, 2014, was then admitted as above and again on Oct 11 was told I'm scheduled to be scheduled for appt. Meanwhile, I have been in pain and my other problems are not being addressed either.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)



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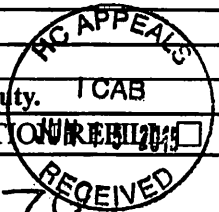


HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

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If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.



REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION

NAME: Schultz Michael | CDC NUMBER: K31793 | HOUSING: 2EB70

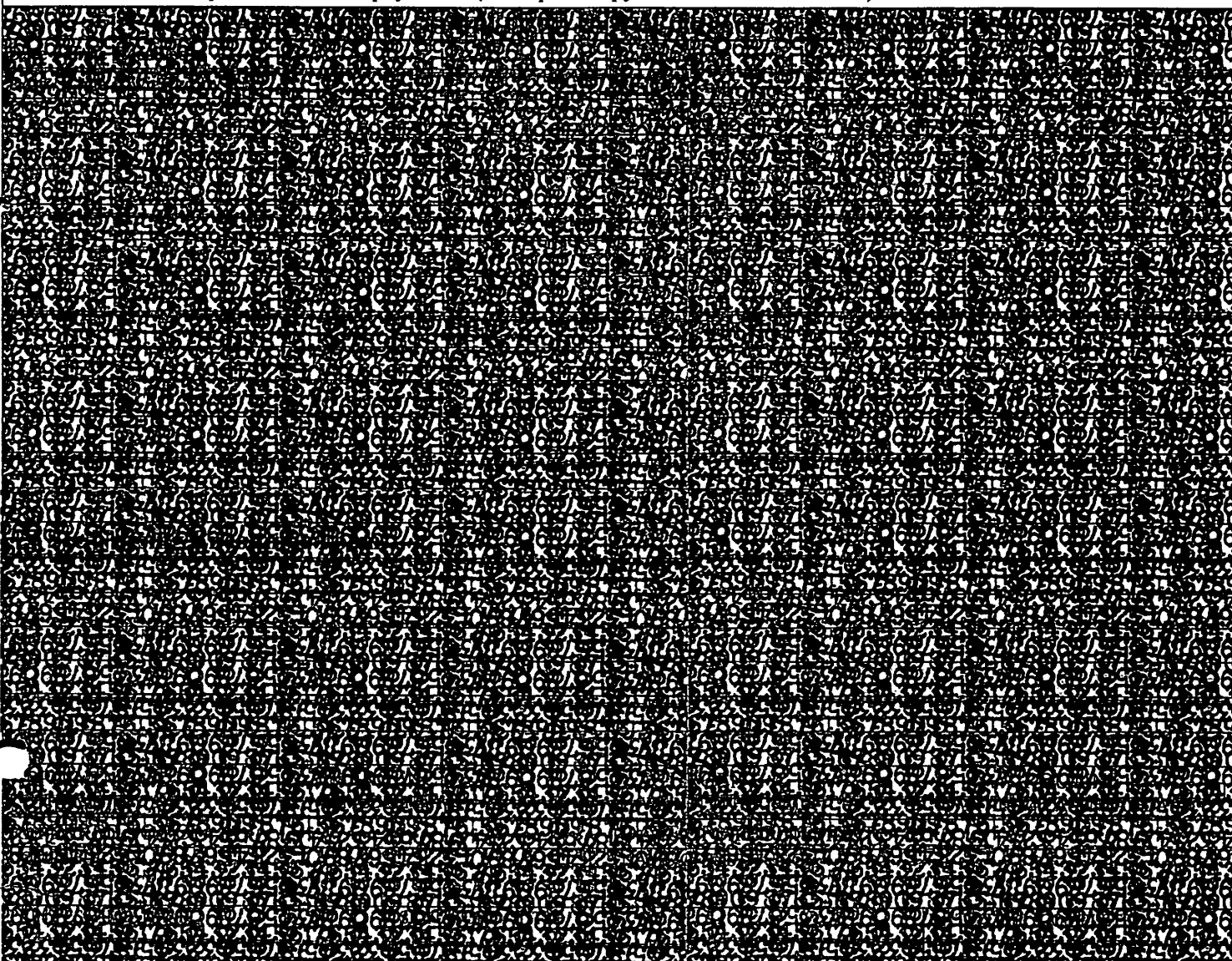
PATIENT SIGNATURE: [Signature] | DATE: 12/3/2014

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)
Medical Negligence - I was told by Dr. Leighton on July 15, 2014 I would receive an Epidural injection into L5/S1 joints. Its been over 5 months and I have not received. I have filed 602 and numerous sick call slips. I feel this is intentional delay of treatment.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)



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