PRINT CLEAR

State of California, Division of Workers' Compensation

REQUEST FOR AUTHORIZATION

DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

☑ New Request ☐ Resubmission – Change in Material Facts

☐ Expedited Review: Check box if employee faces an imminent and serious threat to his or her health

☐ Check box if request is a written confirmation of a prior oral request.

Employee Information

Name (Last, First, Middle): Gamino Alan			
Date of Injury (MM/DD/YYYY) : 01/24/2023		Date of Birth (MM/DD/YYYY): 04/10/1987	
Claim Number: 4A2302G37SD-0001		Employer: Macys/Bloomingdale	

Requesting Physician Information

Name: Eric Gofnung, DC			
Practice Name: Eric Gofnung Chiro Corp.		Contact Name: Ilse Ponce	
Address: 6221 Wilshire Blvd Suite 604		City: Los Angeles	State: CA
Zip Code: 90048	Phone: (323) 933-2444	Fax Number: (323) 903-0301	
Specialty: Chiropractor		NPI Number: 1821137134	
E-mail Address: ilse.ponce@gofnung.com			

Claims Administrator Information

Company Name: Sedgwick		Contact Name:	
Address: PO BOX 14450		City: LEXINGTON	State: KY
Zip Code: 40512	Phone: (866) 247-2287	Fax Number:	
E-mail Address:			

Requested Treatment (see instructions for guidance; attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical Radiculitis	M54.12.	Electrical Stimulation	G0283	1 x a week for 6 weeks
Thoracic Facet-Induced	M54.6	Therapeutic Exercises	97110	
Lumbar Facet-Induced	M47.816	Massage Therapy	97124	
Shoulder Tenosynovitis/Bu	M75.52.	CMT 3-4 regions	98941	
Knee Infrapatellar Tendinit	M76.50	Extraspinal Manipulation w/spinal	98943	

Requesting Physician Signature:  Date: 05/17/2023

Claims Administrator/Utilization Review Organization (URO) Response

☐ Approved ☐ Denied or Modified (See Separate decision letter) ☐ Delay (See separate notification of delay)

☐ Requested treatment has been previously denied ☐ Liability for treatment is disputed (See separate letter)

Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

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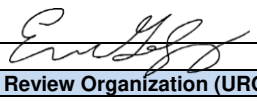
Cervical Radiculitis	M54.12.	X-Rays Of Thoracic Spine.		
Thoracic Facet-Induced	M54.6	MRI Of Cervical Spine And Lumbar Spine.		
Lumbar Facet-Induced	M47.816	Upper Extremity NCV/EMG Study		
Shoulder Tenosynovitis/Bu	M75.52.	Lower Extremity NCV/EMG Study		
Knee Infrapatellar Tendini	M76.50	Interventional Pain Management Evaluation		

Requesting Physician Signature:  Date: 05/17/2023

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Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

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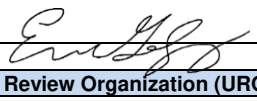
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical Radiculitis	M54.12.	Psychiatric Versus Psychological Evaluation		
Thoracic Facet-Induced	M54.6			
Lumbar Facet-Induced	M47.816			
Shoulder Tenosynovitis/Bu	M75.52.			
Knee Infrapatellar Tendini	M76.50			

Requesting Physician Signature:  Date: 05/17/2023

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Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

ERIC E. GOFNUNG CHIROPRACTIC CORP.

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

6221 Wilshire Boulevard, Suite 604/Los Angeles, California90048/Tel. (323) 933-2444 /Fax (323) 933-2909

May 17, 2023

Workers Defenders Law Group
Natalia Foley, ESQ.
751 S. Weir Canyon Road Stuie 157-455
Los Angeles, CA 90048

Re:	Patient:	Gamino Alan
	SSN:	XXX-XX-4132
	EMP:	Macys/Bloomingdale
	INS:	Sedgwick
	Claim #:	4A2302G37SD-0001
	WCAB #:	ADJ17287003
	DOI:	CT: 01/25/2022-01/24/2023
	D.O.E./Consultation:	May 17, 2023

Primary Treating Physician's
Follow up Evaluation Report
And Request for Authorization

Time Spent Face to face:	**15 minutes**
Time Spent on Report Preparation	**15 minutes**

Dear Gentlepersons:

The above-named patient was seen for a Primary Treating Physician's Follow up Evaluation on May 17, 2023, in my office located at 6221 Wilshire Boulevard, Suite 604, Los Angeles, California 90048. The following information contained in this report is derived from a review of the available medical records, as well as the oral history as presented by the patient. **Dr. Gofnung is the PTP and the patient was examined by Dr. Gofnung.**

The history of injury as related by the patient, the physical examination findings, my conclusions and overall recommendations are as follows.

This authorization for treatment is made in compliance with Labor Code 4610 and 8 CCR 9792.6(o) and therefore serves as a written request for authorization for today's

evaluation/consultation and treatment recommendations as described in this report. Please comply with Labor Code 4610, 8 CCR 9792.11 – 9792.15, 8 CCR 10112 – 10112.3 (formerly 8 CCR 10225 – 10225.2) and Labor Code 5814.6. Please comply with Sandhagen v. State Compensation Insurance Fund (2008) 44 Cal. 4 ch 230. Please comply with Jesus Cervantes v. El Aguila Food Products, Inc. and Ciga, et al., WCAB en banc, 7-0, November 19, 2009. Be aware that Labor Code 4610(b) requires the defendant to conduct utilization review on any and all requests for treatment. Furthermore, Labor Code 4610 Utilization Review deadlines are mandatory. It is the defendant's duty to forward all consultation and treatment authorization requests to utilization review. Be aware the defendant and insurance company has five working days to authorize, delay, modify or deny a request for all treatment, but 10 days for spinal surgery. Please issue timely payment for medical care and treatment rendered in order to avoid payment of interests and penalties, per labor codes referenced. Failure of the defendant or insurance company to respond in writing within five working days results in an authorization by default. Furthermore, failure to pay for "self-procured" medical care when utilization deadlines are missed triggers penalties for the defendant or the insurance company due to violation of 8 CCR 10225 – 10225.2 and Labor Code 5814/5814.6 and 4603.2b. When there is a dispute with regard to treatment, the right to proceed with the Labor Code 4062 process belongs exclusively to the injured employee. If the treatment recommendations are not authorized by the insurance carrier, this report and bill should be kept together by the Workers' Compensation carrier for the review company. The claims examiner should forward this report to the defense attorney and nurse case manager.

Interim History:

The patient reports he continues to work for Bloomingdale on a part-time basis with work restrictions and he is able to continue doing so. The patient reports he is feeling better with chiropractic and physiotherapy treatment. The patient underwent MRI studies of the cervical and lumbar spine which was discussed with the patient, which showed disc herniations and affecting the neural foramen. Please see review of record section for details. The patient reports he does have neck pain which radiates to upper extremities and low back pain which radiates to lower extremities. The patient reports he has AME or QME evaluations scheduled for May 23, 2023. The patient denies any accidents or injuries. Please note that the patient had left knee tenderness at the infrapatellar tendon which was not diagnosed and this was consistent with infrapatellar tendinitis.

Current Complaints (May 17, 2023):

1. Neck pain radiating to bilateral shoulders with tingling at times, the symptoms being intermittent and slight to moderate.

2. Left shoulder pain, frequent and slight to moderate.

3. Upper back pain, slight and intermittent to frequent.

4. Low back pain with radiation to lower extremities bilaterally, alternating at times with tingling, intermittent and slight to moderate.

5. Anxiety, depression.

Physical Evaluation (May 17, 2023) – Positive Findings:

Cervical Spine:

Examination of the cervical spine revealed tenderness to palpation of bilateral paracervical and upper trapezium musculature. Tenderness and hypomobility is noted at C5 through C7 vertebral regions.

Shoulder depression test is positive on the left.

Ranges of motion for the cervical spine were decreased and painful, measured as follows:

Cervical Spine Range of Motion Testing		
Movement	Normal	Actual
Flexion	50	**40**
Extension	60	**38**
Right Lateral Flexion	45	**30**
Left Lateral Flexion	45	**37**
Right Rotation	80	**58**
Left Rotation	80	**62**

Shoulders & Upper Arms:

Left Shoulder:

The patient's left shoulder was held at normal non-antalgic position.

Tenderness was noted over the supraspinatus musculature as well as tendon over anterior shoulder at insertion as well as subacromial and subdeltoid bursa.

Hawkins test is positive at the left shoulder.

Ranges of motion for the shoulders, right all normal and **left shoulder ranges of motion were decreased and painful, measured as follows:**

Shoulder Ranges Of Motion Testing			
Movement	Normal	Left Actual	Right Actual
Flexion	180	**170**	180
Extension	50	**48**	50
Abduction	180	**165**	180
Adduction	50	50	50
Internal Rotation	90	**75**	90
External Rotation	90	**80**	90

Grip Strength Testing:

Grip strength testing was performed utilizing the Jamar Dynamometer at the third notch, measured in kilograms, on 3 attempts and produced the following results:

Left: 0/0/0.
Right: 8/0/2.

Motor Testing of the Cervical Spine and Upper Extremities:

Left shoulder 4/5, all other myotomes 5/5.

Sensory Testing:

Sensory testing was deferred, prior testing showed **dysesthesia at left C6-C7 dermatomal levels.**

Thoracic Spine:

Examination of the thoracic spine revealed tenderness to palpation of bilateral parathoracic musculature. Tenderness at left trapezium and left interscapular region. Tenderness and hypomobility is noted at T1 through T2 vertebral regions.

Kemp's test is positive on the left.

Thoracic spine ranges of motion were decreased and painful, measured as follows:

Thoracic Spine Range of Motion Testing		
Movement	Normal	Actual
Flexion	60	**40**
Extension	0	**0**

Right Rotation	30	**20**
Left Rotation	30	**25**

Lumbar Spine:

Examination of the lumbosacral spine revealed tenderness to palpation of bilateral paralumbar musculature. Tenderness at left sacroiliac joint. Tenderness and hypomobility is noted over L4 through L5 vertebral regions.

Milgram's test is positive. Sacroiliac joint compression test is positive on the left.

Straight Leg Raising Test performed seated was positive bilaterally for back pain with increased radiculopathy to the left lower extremity.

Right: 85 degrees
Left: 80 degrees

Lumbar spine ranges of motion were decreased and painful, measured as follows:

Lumbar Spine Range of Motion Testing		
Movement	Normal	Actual
Flexion	60	**40**
Extension	25	**15**
Right Lateral Flexion	25	**20**
Left Lateral Flexion	25	**18**

Knees & Lower Legs:

Tenderness at left infrapatellar tendon and bursa, minimal.

Sensory Testing:

Sensory testing is deferred, **prior testing showed dysesthesia at left L5 dermatomal level.**

Review of records:

1) I reviewed the entire medical file with all pertinent patient information. I have reviewed my initial history, examination and medical file.

2) Review of Lumbar Spine MRI interpretation report study from April 6, 2023, as interpreted by Dr. Jafari: Multiple disc protrusions at L4-L5 and L5-S1, measuring 1.4

mm, causing mild bilateral neuroforaminal narrowing with straightening of lumbar lordotic curvature.

3) Review of Cervical Spine MRI interpretation from study of April 6, 2023, as interpreted by Dr. Jafari with findings consistent with: Multilevel disc protrusions at C5-C6, C6-C7, C7-T1 with disc protrusions over 2 mm with facet joint arthropathy at all levels, which was mild at C5-C6 and moderate at C6-C7 and C7-T1. Please note that there is bilateral neuroforaminal and lateral recess narrowing causing impingement on C6, C7 and T1 exiting nerve roots.

Diagnostic Impressions:

1. Cervical spine myofasciitis, M79.1.

2. Cervical facet-induced versus discogenic pain. Multilevel disc protrusions at C5-C6, C6-C7, C7-T1 with disc protrusions over 2 mm with facet joint arthropathy at all levels, which was mild at C5-C6 and moderate at C6-C7 and C7-T1. Please note that there is bilateral neuroforaminal and lateral recess narrowing causing impingement on C6, C7 and T1 exiting nerve roots, M53.82.

3. Cervical radiculitis, rule out, M54.12.

4. Thoracic spine myofasciitis, M79.1.

5. Thoracic facet-induced versus discogenic pain, M54.6.

6. Lumbar spine myofasciitis, M79.1.

7. Left sacroiliac joint dysfunction, sprain/strain, M53.3.

8. Lumbar facet-induced versus discogenic pain. Multiple disc protrusions at L4-L5 and L5-S1, measuring 1.4 mm, causing mild bilateral neuroforaminal narrowing with straightening of lumbar lordotic curvature, M47.816.

9. Lumbar radiculitis left, rule out, M54.16

10. Left shoulder tenosynovitis/bursitis, M75.52.

11. Left shoulder impingement syndrome, rule out, M75.42.

12. Left knee infrapatellar tendinitis/bursitis, **resolving,** M76.50

Re: Patient: Gamino Alan
DOI: CT: 01/25/2022-01/24/2023
Date of Exam: May 17, 2023

Discussion and Treatment Recommendations:

The patient is recommended comprehensive treatment course consisting of chiropractic manipulations and adjunctive multimodality physiotherapy to include myofascial release, hydrocollator, infrared, cryotherapy, electrical stimulation, ultrasound, strengthening, range of motion (active / passive) joint mobilization, home program instruction, therapeutic exercise, intersegmental spine traction and all other appropriate physiotherapeutic modalities **for cervical, thoracic and lumbar spine and left shoulder and left knee at once a week for six weeks with a followup in six weeks**.

Diagnostic Studies Recommended:

1) The patient requires **x-rays of thoracic spine.**
2) The patient requires **MRI of cervical spine and lumbar spine.**
3) The patient is recommended **upper extremity NCV/EMG study** for further workup of cervical radicular complaints.
4) The patient is recommended **lower extremity NCV/EMG study** for further workup of lumbar radicular complaints.

Specialty evaluations recommended:

1) The patient is recommended **interventional pain management evaluation** for pharmacological management and to explore need for injections and other procedures.
2) The patient is recommended **psychiatric versus psychological evaluation** for further workup of psych related complaints.

Permanent and Stationary Status:

The patient's condition is not permanent and stationary.

Work Status/Disability Status:

No repeated work with left arm above shoulder height. No lifting over 15 pounds. No repeated bending or twisting. Must be able to change positions from sitting to standing as needed. Must have time for doctor's appointment. If work with restriction is not available, then the patient is considered temporarily totally disabled until reevaluation in six weeks.

Disclosure:

I derived the above opinions from the oral history as related by the patient, revealed by the available medical records, diagnostic testing, credibility of the patient, examination findings and my clinical experience. This evaluation was carried out at 6221 Wilshire Boulevard, Suite 604, Los Angeles, California 90048. I prepared this report, including any and all impressions and conclusions described in the discussion.

Re: Patient: Gamino Alan
DOI: CT: 01/25/2022-01/24/2023
Date of Exam: May 17, 2023

I performed the physical examination, reviewed the document and reached a conclusion, of this report which was transcribed by Acu Trans Solution LLC and I proofread and edited the final draft prior to signing the report in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (J) of Section 139.2.

In compliance with recent Workers' Compensation legislation (Labor Code Section 4628(J)): "I declare under penalty of perjury that the information contained in this report and it's attachments, if any, is true and correct to the best of my knowledge and belief, except as to information I have indicated I have received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true."

In compliance with recent Workers' Compensation legislation (Labor Code Section 5703 under AB 1300): "I have not violated Labor Code Section 139.3 and the contents of this report are true and correct to the best of my knowledge. This statement is made under penalty of perjury and is consistent with WCAB Rule 10978."

The undersigned further declares that the charges for this patient are in excess of the RVS and the OMFS codes due to high office and staff costs incurred to treat this patient, that the charges are the same for all patients of this office, and that they are reasonable and necessary in the circumstances. Additionally, a medical practice providing treatment to injured workers experiences extraordinary expenses in the form of mandated paperwork and collection expenses, including the necessity of appearances before the Workers' Compensation Appeals Board. This office does not accept the Official Medical Fee Schedule as prima facie evidence to support the reasonableness of charges. I am a board-certified Doctor of Chiropractic, a state-appointed Qualified Medical Evaluator, a Certified Industrial Injury Evaluator and certified in manipulation under anesthesia. Based on the level of services provided and overhead expenses for services contained within my geographical area, I bill in accordance with the provisions set forth in Labor Code Section 5307.1.

NOTE: The carrier/employer is requested to immediately comply with 8 CCR Section 9784 by overnight delivery service to minimize duplication of testing/treatment. This office considers "all medical information relating to the claim" to include all information that either has, will, or could reasonably be provided to a medical practitioner for elicitation of medical or medical-legal opinion as to the extent and compensability of injury, including any issues regarding AOE/COE - to include, but not be limited to, all treating, evaluation, and testing reports, notes, documents, all sub rosa films, tapes, videos, reports; employer-level investigation documentation including statements of individuals; prior injury documentation; etc. This is a continuing and ongoing request to immediately comply with 8 CCR Section 9784 by overnight delivery service should such information become available at any time in the future. Obviously, time is of the essence in providing evaluation and treatment. Delay in providing information can only result in an unnecessary increase of treatment and testing costs to the employer.

I will assume the accuracy of any self-report of the examinee's employment activities, until and unless a formal Job Analysis or Description is provided. Should there be any concern as to the accuracy of the said employment information, please provide a Job Analysis/Description as soon as possible.

I request to be added to the Address List for Service of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Workers' Compensation Appeals Board. I am advising the Workers' Compensation Appeals Board that I may not appear at hearings or Mandatory settlement Conferences for the case in chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manuel Index No. 6.610, effective February 1, 1995, I request that defendants, with full authority to resolve my lien, telephone my office and ask to speak with me.

The above report is for medicolegal assessment and is not to be construed as a report on a complete physical examination for general health purposes. Only those symptoms which I believe have been involved in the injury, or might relate to the injury, have been assessed. Regarding the general health of the patient, the patient has been advised to continue under the care of and/or to get a physical examination for general purposes with a personal physician.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Should you have any questions with regard to this consultation please contact me at my office.

Re: Patient: Gamino Alan
DOI: CT: 01/25/2022-01/24/2023
Date of Exam: May 17, 2023

Sincerely,

_____

Eric E. Gofnung, D.C.
Manipulation Under Anesthesia Certified
State Appointed Qualified Medical Evaluator
Certified Industrial Injury Evaluator

Signed this 17th day of May, 2023, in Los Angeles, California.

EEG:svl

ERIC E. GOFNUNG CHIROPRACTIC CORP.

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

6221 Wilshire Blvd., Suite 604 • Los Angeles, California 90048 • Tel. (323) 933-2444• Fax (323) 933-2909

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am a citizen of the United States. I am over the age of 18 years and not a party of the above-entitled action; my business address is 6221 Wilshire Blvd., Suite 604, Los Angeles, CA 90048. I am familiar with a Company's practice where the mail, after being placed in a designated area, is given the appropriate postage and is deposited in a U. S. mailbox in the City of Los Angeles, after the close of the day's business. On June 2, 2023, I served the within following letter / forms on all parties in this action by placing a true copy thereof enclosed in a sealed envelope in the designated area for out-going mail addressed as set forth above or electronically on the specified parties with email addresses as identified. I declare under the penalty of perjury that the foregoing is true and correct under the laws of the State of California and that this declaration was executed at 6221 Wilshire Blvd., Suite 604, Los Angeles, CA 90048.

On **2nd** day of **June**, 2023, I served the within concerning:

Patient's Name: **GAMINO ALAN**
Claim Number: 4A2302G37SD-0001
WCAB / EAMS case No: ADJ17287003

- ☐ MPN Notice
- ☐ Designation of Primary Treating Physician & Authorization for Release of Medical Records
- ☐ Financial Disclosure
- ☒ Request for Authorization - **05/17/2023**
- ☒ Itemized – (Billing) / HFCA - **05/17/2023**
- ☐ QME Appointment Notification
- ☐ Primary Treating Physician's Referral
- ☐ Initial Consultation Report -
- ☒ Re-Evaluation Report / Progress Report (PR-2) **05/17/2023**
- ☐ Permanent & Stationary Evaluation Report – _____
- ☐ Post P&S Follow Up - _____
- ☐ Review of Records - _____
- ☐ PQME / Med Legal Report - _____
- ☐ Computerized Dynamic Range of Motion (Rom) And Functional Evaluation Report - _____

List all parties to whom documents were mailed to:

WORKERS DEFENDERS LAW GROUP
751 S WEIR CANYON RD STE 157-455
ANAHEIM CA 92808

Sedgwick
PO BOX 14450
LEXINGTON KY 40512

I declare under penalty and perjury under the laws of the State of California, that the foregoing is true and correct, and that this Declaration was executed at Los Angeles, California on **2nd** day of **June**, 2023.

ILSE PONCE