

Date:	Friday, June 15, 2018	Time:	08:17 PM
To:	Law offices of Natalia Foley	From:	
Phone:		Phone:	
Fax:	+1 (310) 6269632	Fax:	
Number of pages including the cover page: 13			
Subject:	DOS: 6/15/2018 Med-Legals - Other		
Notes : Harold Iseke Chiropractic Professional Corp franqueline69@yahoo.com For Patient: Washington, Alan (44741); Claim Number: UNKNOWN			
Conexem Reference Number: 16838 Please send all replies to franqueline69@yahoo.com			

**Harold Iseke D.C.
3711 Long Beach Blvd., Suite 200
Long Beach, CA 90807**

**PRIMARY TREATING PHYSICIAN'S
BASIC MEDICAL LEGAL REPORT
(ML 102)**

June 12, 2018

The Law Offices of Natalia Foley
8306 Wilshire Blvd. #115
Beverly Hills, CA 90211

Re: WASHINGTON, ALAN

Date of Birth: 05/15/1956

SSN: XXX-XX-8059

Date of Injury: CT: 3/3/2016 – 3/12/2018; 3/6/2018 – 3/12/2018; 9/7/2017

Employer: Albertsons Distribution Center

Occupation: Driver

Carrier: Sedgwick Cms
P.O. Box 14152
Lexington, KY 40512

Claim Number: Pending

WCAB Number: ADJ11233298; ADJ11233336; ADJ11243148

Date of Evaluation: May 15, 2018

This report qualifies as an ML 102 for the following reasons:

1. Face to Face Time with Applicant	1.0 hours
2. Medical Research	2.0 hours
3. Apportionment and/or Causation	.15 hours

Total time spent: 3.15 hours

To Whom It May Concern:

At the request of the Applicant Attorney Natalia Foley, Mr. Washington presents today, 05/15/2018, for a basic medical legal evaluation and treatment in my office located at 3711 Long Beach Blvd. Suite 200, Long Beach California 90807. At your request, I performed a basic medical legal evaluation, consisting of the three complexity factors itemized above.

The following is the summation of my clinical evaluation, findings, progress, and treatment recommendations. This patient was seen in my Long Beach office. Jackie Aguirre obtained the

2

RE: WASHINGTON, ALAN
DOE: MAY 15, 2018

vital signs, and measurements, under my direction. The history of injury and job description was done by myself.

HISTORY OF INJURY:

The patient is a 61-year-old, right-handed male who states that while employed with Albertson's distributor as a driver class A, he developed symptoms of stress from March 3rd, 2016 to March 12, 2018 as well as sustaining a specific injury on September 7th, 2017.

03/03/2016 – 03/12/2018, he attributes the onset of stress related symptoms due to a specific incident where he was completing a delivery, and had spent hours unloading, and then was denied access to a restroom, the delivery was then declined, which caused him problems with his employer and possibly jeopardized his position.

Since then he has had problems sleeping, headaches, and symptoms of anxiety.

09/07/2017, while stepping out of his truck, he slipped, he twisted awkwardly and felt pain in his neck and left shoulder. He reported the incident and was sent an MPN list to select a provider, and he selected a chiropractor and was initially seen on 09/27/2017.

He received chiropractic therapy, 7 sessions, and he noted his symptoms were improving. He was last seen by the chiropractor on 11/29/2017.

He has since then received no further medical care for his symptoms.

The patient denies seeing any doctors nor receiving any treatments with regard to the symptoms. He has self medicated on his own taking over the counter analgesics to relieve his pain.

JOB DESCRIPTION:

The patient worked for Green Field Steakhouse from 03/04/2003 to PRESENT as a driver class A. He worked more than 30 hours per week. His job duties included driving 18 wheeler truck, making deliveries on time, and unloading delivery on site.

The patient's job requirements included sitting, walking, standing, squatting, bending, twisting, flexing, side-bending, extending the neck, reaching, pushing, pulling, grasping, gripping, working overhead and lifting of approximately up to 60 pounds.

CURRENT WORK STATUS:

The patient is currently working with full duties for Albertsons Distribution Center. He is working eight to twelve hours per day, five days per week.

PRESENT COMPLAINTS:

3

**RE: WASHINGTON, ALAN
DOE: MAY 15, 2018**

Cervical Spine: The patient complains of frequent moderate achy neck pain and stiffness, associated with sudden or repetitive movement, lifting 10 pounds, looking up, looking down and twisting.

Thoracic Spine: The patient complains of frequent achy, stabbing upper/mid back pain and stiffness, associated with sudden or repetitive movement, lifting 10 pounds, standing, walking, bending, twisting and squatting.

Lumbar Spine: The patient complains of frequent moderate sharp low back pain and stiffness, associated with sudden or repetitive movement, lifting 10 pounds, standing, walking, bending, kneeling, twisting and squatting.

Sleep: There is complaint of loss of sleep due to pain.

PAST MEDICAL HISTORY:

Medical:

He has high blood pressure, and takes medication to control his blood pressure. He had a cancerous mass on his left kidney.

Medication:

The patient is currently taking amlodipine, losartam, Tylenol as needed for pain.

Surgery:

He underwent a surgery to remove a portion of his kidney, due to a cancerous growth.

Hospitalization/Fractures:

He states he had a previous sports related injury, fractured his right ankle. He underwent a surgery and had hardware placed.

Previous Industrial Injuries:

The patient denies any previous industrial injuries.

Previous Automobile Accidents:

The patient denies previous automobile accidents.

Non-Industrial Injuries:

4

RE: WASHINGTON, ALAN
DOE: MAY 15, 2018

As a young adult, he fractured his right ankle while playing football. He required surgery and hardware was placed.

Allergies:

The patient has no known allergies to food, medications or latex.

SOCIAL HISTORY:

The patient is divorced and has three children. He neither smokes cigarettes nor drinks alcoholic beverages.

FAMILY HISTORY:

The patient's father is deceased.

The patient's mother is 80 years old, and has elevated blood pressure, and has recently diagnosed with cancer.

REVIEW OF SYSTEMS:

Constitutional: No history of fever, unexpected weight gain, fatigue, sweat and chills.

Eyes: No history blurred vision. Has no history of glaucoma and blindness.

ENT: No history of ringing in the ears, hearing loss, congestion or difficulty swallowing.

Cardiovascular: No history of chest pain, arrhythmia, palpitations, valve disease, heart attack or high blood pressure.

Respiratory: No history of shortness of breath, wheezing, cough or require oxygen.

Gastrointestinal: No history of constipation.

Genitourinary: Patient has history of frequent urination, under care for Kidney problem. No history of difficulty urinating, pain during urination, kidney stones, painful intercourse or blood in the urine.

Endocrine: No history of thyroid problems, diabetes, bleeding gums, blood disorder, or hair loss.

Musculoskeletal: Difficulty walking, due to chronic pain.

Skin: No history of easy bruising, itching, or rash.

Neurologic: No history of headaches and dizziness.

5

RE: WASHINGTON, ALAN
DOE: MAY 15, 2018

Psychiatric: No history of anxiety. No panic attacks or suicidal attempts.

ACTIVITIES OF DAILY LIVING:

Self-Care

1. Take a bath – Without difficulty
2. Brush your teeth - Without difficulty
3. Dress yourself- Without difficulty
4. Comb your hair - Without difficulty
5. Eat/Drink without discomfort- Without difficulty
6. Go to the toilet – Without difficulty
7. Urinate normally- Without difficulty

Communication

8. Write comfortably – Without difficulty
9. Type – Without difficulty
10. Speak - Without difficulty

Physical Activity

11. Stand – Without difficulty
12. Sit – Without difficulty
13. Recline – Without difficulty
14. Walk Normally – With some difficulty
15. Climb stairs – With some difficulty

Sensory Function

16. Feel contact your skin - Without difficulty
17. Taste - Without difficulty
18. Smell - Without difficulty
19. Hear - Without difficulty
20. See – Without difficulty

Hand Functions

21. Grasp – Without difficulty
22. Differentiate between what you touch – Without difficulty
23. Lift – With some difficulty

Travel

24. Ride on land forms of transportation - With some difficulty
25. Drive a vehicle - With some difficulty
26. Fly on a plane – Without difficulty

Sleep

27. Sleep restfully – With some difficulty
28. Sleep normally at night – With some difficulty

6

RE: WASHINGTON, ALAN
DOE: MAY 15, 2018

PAIN QUESTIONNAIRE:

Patient's self-assessment form (AMA Guides 5th Edition; Table 18-4 pg 576)

I. PAIN (Rated 0-10; 0-None & 10-Excruciating)

- a. Pain now – 5
- b. Pain at its worst – 8
- c. Pain on the average – 5
- d. Pain aggravated by activity – 4
- e. Frequency of pain – 5

II. ACTIVITY LIMITATION (Rated 0-10; 0-None & 10-Unable to perform)

- a. Pain interfere with your ability to walk 1 block – 4
- b. Pain prevent you from lifting 10 lbs. – 6
- c. Pain interfere with ability to sit for ½ hour – 5
- d. Pain interfere with ability to stand for ½ hour – 6
- e. Pain interfere with ability to get enough sleep – 5
- f. Pain interfere with ability to participate in social activities – 4
- g. Pain interfere with ability to travel 1 hour by car – 3
- h. Pain interfere with general daily activities – 5
- i. Limit activities to prevent pain from getting worse – 5
- j. Pain interfere with relationships with family/partner/significant others – 3
- k. Pain interfere with ability to do jobs around home – 3
- l. Pain interfere with ability to shower or bathe without help – 2
- m. Pain interfere with ability to write or type – 0
- n. Pain interfere with ability to dress yourself – 1
- o. Pain interfere with ability to engage in sexual activity – 5
- p. Pain interfere with ability to concentrate – 3

III. MOOD (Rated 0-10; 0-Extremely good & 10-Extremely bad)

- a. Overall mood – 5
- b. Over past week, how anxious or worried have you been due to pain – 6
- c. Over past week, how depressed have you been due to pain – 4
- d. Over past week, how irritable have you been due to pain – 3
- e. In general, how anxious/worried about performing activities because they might make your pain/symptoms worse – 3

EPWORTH SLEEPINESS SCALE:

- 0 = would never doze off
- 1 = slight chance dozing
- 2 = moderate chance of dozing
- 3 = high chance of dozing

Situation Chance of Dozing

Chance of Dozing and Sleeping

Sitting and reading

1

8

RE: WASHINGTON, ALAN
DOE: MAY 15, 2018

Lumbar Spine: The ranges of motion are decreased and painful.

Extension 20°/25°

Flexion 55°/60°

Left Lateral Bending 22°/25°

Right Lateral Bending 20°/25°

There is tenderness to palpation of the bilateral gluteus, bilateral SI joints, lumbar paravertebral muscles, spinous processes and thoracolumbar junction. There is muscle spasm of the bilateral gluteus, lumbar paravertebral muscles and thoracolumbar junction. Kemp's is positive.

FUNCTIONAL TESTING:

Standing On Heels: Increased Lower Back Pain

Standing on Toes: Able To Perform

Standing on right foot: Able To Perform

Standing on left foot: Able To Perform

Kneeling: Able to Perform

Squatting: Increased Lower Back Pain

REVIEW OF MEDICAL RECORDS:

None available at this time.

DIAGNOSES:

- Sprain of ligaments of cervical spine, initial encounter (s13.4xxa)
- Cervicalgia (m54.2)
- Pain in thoracic spine (m54.6)
- Low back pain (m54.5)
- Sprain of ligaments of lumbar spine, initial encounter (S33.5xxA)
- Chronic pain due to trauma (g89.21)
- Sleep disorder, unspecified (G47.9)

DISCUSSION:

Mr. Washington claims of work-related injury he sustained on 3/3/2016 – 3/12/2018; 3/6/2018 – 3/12/2018; 9/7/2017, while performing his usual and customary job duties at Albertsons Distribution Center. The patient stated that while performing his usual and customary work duties on the above noted date, he injured his cervical spine, thoracic spine, and lumbar spine.

IMPAIRMENT RATING:

Mr. Washington has not reached maximum improvement as of this evaluation. Impairment rating is deferred at this time. I will be glad to perform a reevaluation after my recommended treatment

9

RE: WASHINGTON, ALAN
DOE: MAY 15, 2018

is implemented, and the patient's condition has reached Maximum Medical Improvement (MMI) or permanent and stationary status.

CAUSATION:

In view of the patient's history of injury, present complaints, mechanism of injury and today's clinical findings, it is my opinion that the patient's current symptomatology is a result of a work-related accident on 3/3/2016 – 3/12/2018; 3/6/2018 – 3/12/2018; 9/7/2017, during the course of his employment with Albertsons Distribution Center.

APPORTIONMENT:

Pursuant to Labor Code Section 4663, apportionment of permanent disability shall be based on causation. Review of the patient's past employment and prior injuries were taken into consideration along with a review of history and clinical examination. Apportionment is not an issue at this time.

WORK RESTRICTION:

The patient is working full duty for the same employer.

TREATMENT/THERAPY RECOMMENDATIONS & CORRELATING RESEARCH:

I am recommending the following treatment recommendations to increase the patient's functional recovery as soon as possible:

Initially per **MTUS/California Chronic Pain Medical Treatment Guidelines (May 2009)**, provide a trial of conservative care of chiropractic & physiotherapy 2 times a week for 2 weeks; and/or acupuncture 1-2 times a week for 2 weeks. Upon evidence of objective functional improvement will continue care of:

1. The patient is recommended for treatment of acupuncture; once a week for six weeks and the re-evaluation will take place at that time to assess status.
2. The patient is recommended for treatment of shockwave therapy; once a week for six weeks and the re-evaluation will take place at that time to assess status.

MEDICAL RESEARCH AND RELATED TREATMENT:

I have provided provision of treatments to address his ongoing pain symptoms in case of flare-ups and below are the citations supporting my past and future treatment recommendations.

Follow up visits

I advised the patient to continue with follow-up visits with his primary treating physician. The ODG-TWC 2013, Eleventh Edition, Procedure Summary determines office visits to be medical necessary. *"Evaluation and management of outpatient visits to the offices of medical doctor(s) plays a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the*

10

RE: WASHINGTON, ALAN
DOE: MAY 15, 2018

patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring.”

**Request authorization for acupuncture once a week for six weeks.
MTUS/California Chronic Pain Medical Treatment Guidelines (May 2009)**

Acupuncture

Acupuncture was requested because of its essential benefits and ability to “*reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm.*” This is in concordance with Title 8, California Code of Regulations, Article 5.5.2 Medical Treatment Utilization Schedule, Section § 9792.20, June 15, 2007. I believe that conservative measures must first be exhausted in eliminating my patient’s symptoms in the right wrist. As embodied in the ACOEM Guidelines, Second Edition; Chapter 3 – Initial Approaches to Treatments, under Patient’s Comfort, pages 46-47, it states that, “*Physical comfort, often a major concern of patients, can and should be achieved in several ways, including physical methods (self- and provider- provided).*” Hence, acupuncture was requested.

Request authorization for Shock Wave Therapy once a week for six weeks.

Shock Wave Therapy is a non-invasive, non-surgical treatment option for some musculoskeletal disorders. The term “shock wave” denotes a high-energy sound wave that terminates in a bursting of energy similar to a mini-explosion. The action of this procedure is the result of a process called cavitation, which is defined as the formation and movement of bubbles in a fluid. Strong forces exerted in the region of a moving bubble cause mechanical tissue disruption. The repair of the mechanical tissue disruption is the theoretical basis for the neovascularization process and subsequent pain relief following shock wave therapy. The mechanism of pain relief is attributed to a release of enzymes, which effect nociceptor, much like the action of transcutaneous electrical nerve stimulation (TENS). More importantly, studies have shown that neovascularization occurs following the application of this treatment. The concept behind shockwave therapy in orthopedic disorders is that the shockwave stimulates and reactivates healing to encourage revascularization and other elements necessary to advance normal tissue healing.

Additionally, shockwaves help to over-stimulate pain transmission nerves, which can lead to a reduction in sensitivity and pain. Thus, in order for shock wave therapy to be therapeutic, the energy should be focused at the point of existing pathology.

According to the ODG-TWC, shock wave therapy, specifically Extracorporeal Shock Wave Therapy (ESWT), is recommended as indicated for patients with calcifying tendinitis of the shoulder with inhomogenous deposits. Quality evidence has found that ESWT is equivalent to or better than surgery, and it may be given priority because of its non-invasiveness. In treating calcifying tendonitis, both high energy and low-energy ESWT provide a beneficial effect on shoulder function, as well as on self-rated pain and diminished size of calcifications, but high-energy ESWT appears to be superior to low-energy ESWT.

11

RE: WASHINGTON, ALAN
DOE: MAY 15, 2018

REQUEST FOR AUTHORIZATION:

I am officially requesting authorization for the above noted treatment, and I have provided an objective basis for the reasoning behind my treatment recommendations. The proposed treatment is consistent with the American Society of Interventional Pain Physicians (ASIPP) "Evidence Based Practice Guidelines," listed in the National Guidelines Clearinghouse that quotes 1175 references. SB 899, SB 227, and AB227 (which resulted in Labor Code 4604.5) clearly state that peer reviewed scientific research can be used to supersede and replace what is in, or omitted from, the ACOEM Guidelines. In other words, it is scientific, medically based guidelines that are to be applied to the Utilization Review process, not necessarily the ACOEM Guidelines. ACOEM stresses that its guidelines are not hard and fast rules. The ACOEM Guidelines apply to acute (less than three months old) injuries and are not appropriate in this patient's care.

This report qualifies as an ML 102 for the following reasons:

- | | |
|--|-------------------|
| 1. Face to Face Time with Applicant | 1.0 hours |
| 2. Medical Research | 2.0 hours |
| 3. Apportionment and/or Causation | .15 hours |
| Total time spent: | 3.15 hours |

AFFIDAVIT OF COMPLIANCE:

I, Harold Iseke, D.C., declare in compliance with WCAB Rules & Regulations of the State of California Consistent with Rule 10606, I certify by my signature that the preliminary history was provided by the patient who completed a history form, when necessary with the assistance of an interpreter who has been identified in the initial portion of this report. The patient's examination was performed solely by me.

Consistent with Labor Code Section 4628, this evaluation was performed on the date listed above at the Long Beach office location. The time spent performing this evaluation was in compliance with the guidelines established by the industrial Medical Council or the administrative director pursuant to paragraph (5) of Subdivision (1) of Section 139.2.

I declare under penalty of perjury that the information contained in this report and its 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.

I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and that I have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation. The contents of this report are true and correct to the best of my knowledge.

12

RE: WASHINGTON, ALAN
DOE: MAY 15, 2018

Sincerely,

A handwritten signature in black ink, appearing to be 'AI', written over a light gray dotted grid background.

Harold Iseke D.C.