

**THE WELLNESS STUDIO**  
**3711 Long Beach Blvd., Suite 200**  
**Long Beach, CA 90807**  
**(562) 426-2244 Fax (562) 426-2277**

July 9, 2018

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

Sedgwick CMS  
P.O. Box 14152  
Lexington, KY 40512

**PRIMARY TREATING PHYSICIAN'S  
PERMANENT AND STATIONARY REPORT  
(104)**

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<b>PATIENT'S NAME:</b>	<b>WASHINGTON, ALAN</b>
<b>DATE OF BIRTH:</b>	May 15, 1956 (62)
<b>SOCIAL SECURITY NUMBER:</b>	XXX-XX-8059
<b>DATE OF INJURY:</b>	1) CT March 3, 2016 to March 12, 2018 2) September 7, 2017
<b>EMPLOYER:</b>	Albertsons Distribution Center
<b>OCCUPATION:</b>	Driver
<b>CLAIM NO.:</b>	Unassigned
<b>WCAB NO.:</b>	ADJ11233298; ADJ11233336; ADJ11243148
<b>DATE OF EVALUATION:</b>	July 9, 2018

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

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|----------|--|------------------|
| <b>1</b> | <b>Face to Face Time with Applicant</b>                | <b>1.0 hours</b> |
| <b>2</b> | <b>Report Preparation &amp; Disability Calculation</b> | <b>3.0 hours</b> |
| <b>3</b> | <b>Apportionment and/or Causation</b>                  | <b>.5 hours</b>  |

**Total time spent: 4.5 hours**

To Whom It May Concern:

At the request of the Applicant Attorney, Natalia Foley, Mr. Alan Washington presents today, July 9, 2018, for a permanent and stationary evaluation and treatment in my office located at 3711 Long Beach Blvd. Suite 200, Long Beach California 90807. At your request, I performed a Medical Legal Permanent and Stationary Evaluation.

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 vital signs, and measurements, under my direction. The history of injury and job description was done by myself and when necessary with the help of Industrial Interpretation company.

**HISTORY OF INJURY:**

Name of Patient : Washington, Alan

Date of Injury : 1) CT 03/03/2016 to  
03/12/2018  
2) 09/07/2017

Date of Examination : 07/09/2018

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### ***Primary Treating Physician's Permanent and Stationary Report***

The patient is a 62-year-old, right-handed male, who states that while employed with Albertsons Distribution Center as a driver class A, he developed symptoms of stress from March 3, 2016 to March 12, 2018 as well as sustaining a specific injury on September 7, 2017.

From March 3, 2016 to March 12, 2018, the patient attributes the onset of stress related symptoms due to a specific incident where he was completing a delivery and had spent hours unloading. Then, he was denied access to a restroom and the delivery was then declined, which caused him problems with his employer and possibly jeopardized his position.

Since then, the patient has had problems sleeping with headaches and symptoms of anxiety.

On September 7, 2017, while stepping out of his truck, he slipped and twisted awkwardly. He 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 September 27, 2017.

The patient received chiropractic therapy, seven sessions, and he noted his symptoms were improving. He was last seen by the chiropractor on November 29, 2017.

The patient 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 March 4, 2003 to present as a driver class A. He worked more than 30 hours per week. His job duties included driving an 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.

#### **HISTORY OF TREATMENT:**

Initially, I have seen this patient on May 15, 2018 for evaluation of his specific injury on September 7, 2017 and cumulative trauma injury sustained from March 3, 2016 to March 12, 2018 while working as a driver for Albertsons Distribution Center. At the time of evaluation, he complained of moderate pain in the neck, middle, and lower back. He was recommended with physical therapy, chiropractic treatment, acupuncture, ECSWT and medications. It was my opinion that the patient's current symptomatology was a result of the specific injury on September 7, 2017 and cumulative work-related injuries that occurred from March 3, 2016 to March 12, 2018.

During this evaluation, he remained symptomatic despite the treatments provided to him. He was provided with three sessions of extracorporeal shockwave therapy to the cervical spine on May 18, 2018, May 25, 2018 and June 1, 2018 and two session for the lumbar spine on June 8, 2018 and June 22, 2018. He was placed on temporary totally disability.

#### **CURRENT WORK STATUS:**

Name of Patient : Washington, Alan

Date of Injury : 1) CT 03/03/2016 to  
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***Primary Treating Physician's Permanent and Stationary Report***

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:**

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

**PAST MEDICAL HISTORY:**

**PRIOR INDUSTRIAL INJURIES:**

The patient denies any previous industrial injuries.

**PRIOR MOTOR VEHICLE ACCIDENTS:**

The patient denies previous automobile accidents.

**PRIOR NON-INDUSTRIAL INJURIES:**

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

**PRIOR HOSPITALIZATION/FRACTURES:**

The patient states he had a previous sport- related injury and fractured his right ankle. He underwent a surgery and had hardware placed.

**PRIOR SURGERIES:**

The patient underwent a surgery to remove a portion of his kidney due to a cancerous growth.

**MAJOR ILLNESSES:**

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

**MEDICATIONS CURRENTLY TAKING:**

The patient is currently taking Amlodipine, Losartan and Tylenol as needed for pain.

**ALLERGIES:**

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

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***Primary Treating Physician's Permanent and Stationary Report***

**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 was recently diagnosed with cancer.

**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 – Without Difficulty
15. Climb stairs – Without Difficulty

Sensory Function

16. Feel contact your skin – Without Difficulty
17. Taste – Without Difficulty
18. Smell – Without Difficulty
19. Hear – Without Difficulty
20. See – Not Marked

Hand Functions

21. Grasp – Without Difficulty
22. Differentiate between what you touch – Without Difficulty
23. Lift – Not Marked

Travel

24. Ride on land forms of transportation – Without Difficulty
25. Drive a vehicle – Without Difficulty

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26. Fly on a plane – Without Difficulty

Sexual Function

- 27. Orgasm – With Some Difficulty
- 28. Ejaculate – With Some Difficulty
- 29. Achieve an erection – With Some Difficulty

Sleep

- 30. Sleep restfully – Not Marked
- 31. Sleep normally at night – Not Marked

**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 – 2
  - b. Pain at its worst – 2
  - c. Pain on the average – 2
  - d. Pain aggravated by activity – 3
  - e. Frequency of pain – 3
  
- II. ACTIVITY LIMITATION (Rated 0-10; 0-None & 10-Unable to perform)
  - a. Pain interfere with your ability to walk 1 block – 2
  - b. Pain prevent you from lifting 10 lbs. – 2
  - c. Pain interfere with ability to sit for ½ hour – 2
  - d. Pain interfere with ability to stand for ½ hour – 3
  - e. Pain interfere with ability to get enough sleep – 2
  - f. Pain interfere with ability to participate in social activities – 2
  - g. Pain interfere with ability to travel 1 hour by car – 2
  - h. Pain interfere with general daily activities – 2
  - i. Limit activities to prevent pain from getting worse – 3
  - 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 – 3
  - m. Pain interfere with ability to write or type – 3
  - n. Pain interfere with ability to dress yourself – 3
  - o. Pain interfere with ability to engage in sexual activity – 3
  - p. Pain interfere with ability to concentrate – 3
  
- III. MOOD (Rated 0-10; 0-Extremely good & 10-Extremely bad)
  - a. Overall mood – 2
  - b. Over past week, how anxious or worried have you been due to pain – 2
  - c. Over past week, how depressed have you been due to pain – 2
  - d. Over past week, how irritable have you been due to pain – 2
  - e. In general, how anxious/worried about performing activities because they might make your pain/symptoms worse – 2

**EPWORTH SLEEPINESS SCALE**

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

<b>Situation</b>	<b>Chance of Dozing</b>	<b><u>Chance of Dozing and Sleeping</u></b>
Sitting and reading		1
Watching TV		2
Sitting inactive in a public place (e.g. theater, meeting)		0
As a passenger in a car for an hour without a break		1
Lying down to rest in the afternoon when circumstances permit		1
Sitting and talking to someone		2
Sitting quietly after lunch without alcohol		0
In a car, while stopped for a few minutes in traffic		0
		<b>Total score: 7</b>

**REVIEW OF SYSTEM:**

Constitutional: The patient has no history of fever, unexpected weight gain, fatigue, sweat or chills.  
Eyes: The patient has history of right lower eyelid weakness. He has an appointment this week.  
ENT: The patient has no history of ringing in the ears, hearing loss, congestion or difficulty swallowing.  
Cardiovascular: The patient has history of hypertension.  
Respiratory: The patient has no history of shortness of breath, wheezing, cough or require oxygen.  
Gastrointestinal: The patient has no history of constipation.  
Genitourinary: The patient has no history of frequent urination, difficulty urinating, pain during urination, kidney stones, painful intercourse, menstrual problems or blood in the urine.  
Endocrine: The patient has history of a cancerous mass on the left kidney.  
Musculoskeletal: The patient has no history of difficulty walking.  
Skin: The patient has no history of easy bruising, itching or rash.  
Neurologic: The patient has no history of headaches or dizziness.  
Psychiatric: The patient has no history of anxiety due to chronic pain and stress.

**PHYSICAL EXAMINATION:**

**VITAL SIGNS:**

Height: 6'2"  
Weight: 230 lbs.  
Temperature: 97.8 °F  
B.P.: 189/114 mmHg  
Pulse: 73 bpm

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The patient is right-hand dominant.

**JAMAR Grip Strength results: (Second Notch)**

Right: 12, 12, 14 kg.

Left: 16, 15, 15 kg.

**Upper Extremity Measurement (CM):**

	Right	Left
Biceps	31	31
Arm	29	29

**Lower Extremity Measurement (CM):**

	Right	Left
Thigh	60	61
Calf	37	37

**General:** The patient does not use assistive devices or supports.

**Cervical Spine:**

The ranges of motion are decreased and painful.

<b>RANGE OF MOTION:</b>	<b><u>Exam</u></b>	<b><u>Normal</u></b>
Extension	22°	60°
Flexion	30°	50°
Left Lateral Bending	25°	45°
Left Rotation	70°	80°
Right Lateral Bending	25°	45°
Right Rotation	70°	80°

**ORTHOPEDIC TEST:**

Cervical Compression Positive

**Thoracic Spine:**

**INSPECTION:** There is no bruising, swelling, atrophy, or lesion present at the thoracic spine.

**PALPATION:** There is tenderness to palpation over the bilateral trapezii, spinous processes, thoracic paravertebral muscles and thoracolumbar junction. There is muscle spasm of the bilateral levator scapulae, bilateral rhomboids, bilateral scapular area, bilateral trapezii and thoracic paravertebral muscles.

The ranges of motion are decreased and painful.

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<b>RANGE OF MOTION:</b>	<b><u>Exam</u></b>	<b><u>Normal</u></b>
Flexion	42°	45°
Right Rotation	25°	30°
Left Rotation	23°	30°

**ORTHOPEDIC TESTS:**

Kemps test Positive

**Lumbar Spine:**

**INSPECTION:** There is no bruising, swelling, atrophy, or lesion present at the lumbar spine.

**PALPATION:** There is tenderness to palpation over the bilateral gluteus, bilateral sacroiliac joints, lumbar paravertebral muscles, spinous processes and thoracolumbar junction. There is muscle spasm of the bilateral gluteus, lumbar paravertebral muscles and thoracolumbar junction.

The ranges of motion are decreased and painful.

<b>RANGE OF MOTION:</b>	<b><u>Exam</u></b>	<b><u>Normal</u></b>
Extension	20°	25°
Flexion	55°	60°
Left Lateral Bending	22°	25°
Right Lateral Bending	20°	25°

**ORTHOPEDIC TESTS:**

Kemps test Positive

Motor strength is 5+/5 bilaterally in the upper and lower extremities.

Deep tendon reflexes are normal and equal bilaterally at 2/2.

**Functional Testing:**

Standing on heels: Able to perform.

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: Able to perform.

**DIAGNOSES:**

1. Spinal enthesopathy, cervical region (M46.02).
2. Cervicalgia (M54.2).
3. Spinal enthesopathy, thoracic region (M46.04).
4. Low back pain (M54.5).
5. Spinal enthesopathy, lumbar region (M46.06).
6. Chronic pain due to trauma (G89.21).



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***Primary Treating Physician's Permanent and Stationary Report***

**APPROPRIATENESS OF TREATMENT:**

Considering the clinical presentation and response to treatment, management for the patient was conservative in nature. He was provided with rehabilitative program and medication which afforded relief of his symptoms. With this, I opine that the rendered treatments are all medically necessary, appropriate and reasonable for his condition.

**DISCUSSION:**

Mr. Alan Washington is a 54-year old male who claims of specific injury on September 7, 2017 and cumulative work-related injury from March 3, 2016 to March 12, 2018 while working as a driver for Albertsons Distribution Center. He was employed approximately from March 4, 2003 to present, he sustained industrial injury to his cervical, thoracic, lumbar spine, while stepping out of his truck, and he slipped and twisted awkwardly. He reported the incident and he received chiropractic therapy, seven sessions, and he noted his symptoms were improving. Due to his chronic pain, he also developed anxiety, depression, and stress.

The patient presented to my office initially on May 15, 2018. During these evaluations, he persistently complained of pain in the neck, middle and lower back despite the treatments. Shockwave therapy was also rendered which minimally improved his symptoms.

At this juncture, the patient still complains of frequent pain in the neck, middle and lower back. He also complains of stress and anxiety secondary to pain.

**DISABILITY STATUS:**

After thorough review of all medical records concerned and the findings obtained from this evaluation, there is enough evidence to support the premise that the patient has reached a plateau in terms of his condition. He has reached maximum medical improvement on July 09, 2018.

**SUBJECTIVE FACTORS OF DISABILITY:**

1. Frequent moderate achy neck pain with stiffness
2. Frequent achy, stabbing upper/mid back pain with stiffness
3. Frequent moderate sharp low back pain with stiffness.

**OBJECTIVE FACTORS OF DISABILITY:**

**Cervical Spine:**

1. There is decreased and painful range of motion.
2. Positive orthopedic test.

**Thoracic Spine:**

1. There is tenderness to palpation over the bilateral trapezii, spinous processes, thoracic paravertebral muscles and thoracolumbar junction.

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2. There is muscle spasm of the bilateral levator scapulae, bilateral rhomboids, bilateral scapular area, bilateral trapezii and thoracic paravertebral muscles.
3. There is decreased and painful range of motion.
4. Positive orthopedic test.

**Lumbar Spine:**

1. There is tenderness to palpation over the bilateral gluteus, bilateral sacroiliac joints, lumbar paravertebral muscles, spinous processes and thoracolumbar junction.
2. There is muscle spasm of the bilateral gluteus, lumbar paravertebral muscles and thoracolumbar junction.
3. There is limited range of motion.
4. Positive orthopedic test.

**IMPAIRMENT RATING:**

The AMA Guides states that *"the physicians judgment based upon experience, training, skill, thoroughness in clinical evaluation, and ability to apply guides criteria as intended, will enable appropriate and reproducible assessment to be made of clinical impairment"*. (Chapter 15)

**Cervical spine:** Impairment of the cervical spine is determined using the Diagnosis-Related Estimates (DRE) method. Clinical history and examination findings are compatible with cumulative injury. On examination, she has tenderness, muscle spasm and limited range of motion in all planes. Referencing Table 15-5 on page 392, he is placed under DRE Cervical Category II with **6% whole person impairment (WPI)**.

**Thoracic spine:** The DRE method is also used in determining impairment for the thoracic spine. He has tenderness, spasms and restricted range of motion. Based on these findings, he is assigned with **6% WPI**, under DRE Thoracic Category II, Table 15-4 on page 389.

**Lumbar spine:** In determining the lumbar spine impairment, the DRE method is also utilized. Objectively, he has tenderness, spasm and limitation of motion. Using Table 15-3 on page 384, he is placed under DRE Lumbar Category II and is given **6% WPI**.

Combining the above taken whole person impairments using the Combined Values Chart on page 604, yields to a **total of 17% spinal whole person impairment**.

**Pain:** The burden of the patient's condition has been increased by pain-related impairment in excess of the pain component already incorporated in the WPI rating. This is in reference to Chapter 18 Section 18.3d on page 573 which states that, *"If the individual appears to have pain-related impairment that has increased the burden of his or her condition slightly, the examiner may increase the percentage [of whole person impairment according to the body or organ rating system] by up to 3%."* This conclusion is based on the fact that he continues to have significant pain in the affected body parts causing marked alteration in performance of his activities of daily living. Therefore, I have assigned an additional pain-related impairment of 2% WPI.

In summary, the 17% WPI for the spine is then added to the 2% pain-related WPI. Therefore, the patient has a total of **19% whole person impairment (WPI)**.

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***Primary Treating Physician's Permanent and Stationary Report***

*I reserve the right to alter my opinions in light of any additional submitted medical information that may be presented subsequent to this report.*

**APPLICATION OF THE ALMARAZ/GUZMAN EN BANC DECISION:**

The final impairment rating obtained based on the methods provided by the 5th Edition of the *AMA Guides* is deemed to be an accurate measure of the patient's functional loss. Thus, there is no indication that entails the need for the application of the Almaraz-Guzman En Banc Decision in this case.

**CAUSATION:**

It is with reasonable medical probability that Mr. Washington permanent disability to the neck, middle and lower back arose out of, in the course of his employment (AOE/COE) with Albertsons Distribution Center on a specific injury on September 7, 2017 and cumulative trauma injury from March 3, 2016 to March 12, 2018, based on the provided historical information, subjective complaints, objective factors, review of medical records and information available to me at this time.

I reserve the right to change my opinions once additional medical records are provided for my review.

**APPORTIONMENT:**

Causal analysis of permanent disability is assessed in the light of the effects of Senate Bill 899 as defined under California State Workers' Compensation Labor Code, Sections 4663 and 4664, and as it relates to current case laws, including Escobedo vs. Marshalls.

While it is opined that there is a direct relationship between the patient's injuries to the cervical, thoracic and lumbar spine and the specific and cumulative industrial trauma and it is my opinion that one hundred percent (100%) of the patient's current impairment arose out of, and in the course of his employment with Albertsons Distribution Center as he was able to perform his usual and customary duties as a driver. It is my medical opinion, within reasonable medical probability that 100% of the patient's permanent disability to the relative to the aforementioned body regions are due to the specific injury on September 7, 2017 and cumulative trauma injury from March 3, 2016 to March 12, 2018.

I reserve the right to change my opinions once additional medical records are provided for my review.

**WORK RESTRICTIONS:**

Mr. Washington condition has reached maximum medical improvement (MMI) on July 09, 2018. He can return to his previous occupation as a driver on modified duty with the following permanent work restrictions:

In regard to his neck, mid and lower back, he is restricted from heavy lifting, squatting, stooping prolonged standing, sitting, kneeling, climbing, twisting, walking on uneven grounds, or other activities involving comparable physical effort.

**SUPPLEMENTAL JOB DISPLACEMENT BENEFITS:**

If the work restrictions noted above are not honored by his employer, then he should be regarded as a Qualified Injured Worker (QIW), and therefore would be eligible for Supplemental Job Displacement Benefits.

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**FUTURE MEDICAL CARE:**

It is my opinion that this patient should be provided future medical care for flare-ups that would be reasonably expected for his condition. Future medical care is to include:

- Additional treatment which may involve up to 24 sessions of physical therapy per year for any acute flare-up.
- In addition, due to chronic pain, the ACOEM practice guidelines also recommends acupuncture treatments to help reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effects of medication-induced nausea, promote relaxation in anxious patients and reduce muscle spasm. Acupuncture treatments in particular, are of great benefit for patients suffering with neck, mid and lower back pain. In addition, the patient may necessitate pharmaceutical agents to include, but not limited to analgesics and NSAID'S. These medications would be prescribed by his medical physician.
- Moreover, due to the patient's residual neck, mid, and low back pain, it is also medically probably that Mr. Washington will require periodic orthopedic specialty evaluation, as well as medications, bracing, injections and even additional diagnostic studies (including x-rays, diagnostic ultrasound, MRI scans, EMG/NCV studies, etc.), in order to monitor for potential progression of the patient's industrially-related injury/pathology. Moreover, orthopedic specialty consultations should also be provided for consideration of possible surgery if the patient's symptoms significantly worsen and if so deemed appropriate and necessary by the specialist at the time of said specialty consultation.

The issue of future medical care should be evaluated on an annual basis.

Thank you for allowing me to participate in the care and treatment of this patient. If I may be of further assistance to you, please feel free to contact me at your convenience.

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

<b>4</b>	<b>Face to Face Time with Applicant</b>	<b>1.0 hours</b>
<b>5</b>	<b>Report Preparation &amp; Disability Calculation</b>	<b>3.0 hours</b>
<b>6</b>	<b>Apportionment and/or Causation</b>	<b>.5 hours</b>

**Total time spent: 4.5 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

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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 that I have indicated I 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.

The foregoing declaration was signed in The Wellness Studio, Long Beach, California, on July 9, 2018.

Sincerely Yours,



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Dr. Harold Iseke, D.C.