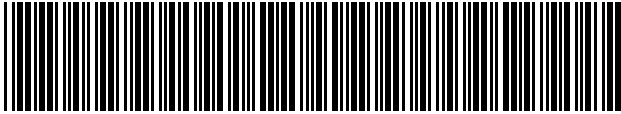


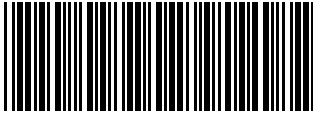


Delivery Types: CD - 1
Records of. : Alberto Hernandez
Defendant. : Reyes Holdings, Llc Adm'd by Sedgwick
Client/Insured :
Adjuster: EVA CALDERON
Claim #: 22RH009775
File Number :
Case Number : ADJ17075462

CA1129035CC1-012



5474146



ID# INFO:

CA1129035CC1-012

Location : **Workers Defenders Law Group**
 751 S WEIR CANYON RD STE 157-455
 Anaheim, CA 92808

Record Types : Workers Compensation

Deliver To : **Workers Defenders Law Group**

Attention : Natalia Foley
 751 S Weir Canyon Rd., Ste 157 455
 Anaheim, CA 92808

Attorney : Natalia Foley

Office Responsible for Delivery
 90503

Hand/Mail Delivery Field Office
 MAIL

Customer A/c#

1203666

Route #

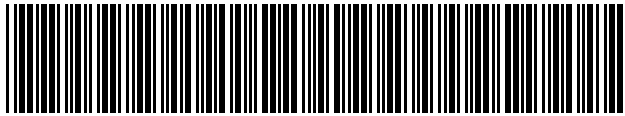
Note(s) :

Primary Provider :

Additional Recipients :

Delivery Types: CD - 1
Records of. : Alberto Hernandez
Defendant. : Reyes Holdings, Llc Adm'd by Sedgwick
Client/Insured :
Adjuster : EVA CALDERON
Claim # : 22RH009775
File Number :
Case Number : ADJ17075462

CA1129035CC1-012



5474146



ID# INFO:

CA1129035CC1-012

Location : **Workers Defenders Law Group**
 751 S WEIR CANYON RD STE 157-455
 Anaheim, CA 92808

Record Types : Workers Compensation

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Attention : Natalia Foley
 751 S Weir Canyon Rd., Ste 157 455
 Anaheim, CA 92808

Attorney : Natalia Foley
Office Responsible for Delivery
 90503
Hand/Mail Delivery Field Office
 MAIL

Customer A/c#
 1203666
Route #

Note(s) :

THE ITEMS IDENTIFIED ABOVE HAVE BEEN RECEIVED IN GOOD ORDER.

RECEIVED BY: _____ DATE: _____

DATE	ACTIVITY	EXP.CODE	REP. #	TIME	NAME/COMMENTS

REQUEST: CA1129035


I am employed in Los Angeles County, California. I am over the age of 18 and not a party to the within action; my business address is: 1816 Tribute Road, Suite 100
Sacramento, CA 95815

On 06/27/2023, I gave notice to: SEE SERVICE LIST BELOW

On the above date, I served true copies of the following documents;
Subpoena

To each party appearing in this action, at the address below, by placing true copies thereof enclosed in a sealed envelope with postage fully pre-paid, in the United States mail at 1816 Tribute Road, Suite 100
Sacramento, CA 95815

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on 06/27/2023.

SIGNED: 
Valerie G. Farrell

Workers Defenders Law Group
Natalia Foley
751 South Weir Canyon Road, Suite 157 455
Anaheim, CA 92808

PROOF OF SERVICE BY MAIL

00001

ATTORNEY OR PARTY WITHOUT ATTORNEY: KELSEY L. PADDOCK (BAR # 287004) HANNA, BROPHY, MACLEAN, MCALEER & JENSEN, LLP - SF 180 GRAND AVENUE, SUITE 750, OAKLAND, CA 94612 ATTORNEY FOR: REYES HOLDINGS, LLC ADM'D BY SEDGWICK	TELEPHONE NO 707-508-4277	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA STREET ADDRESS: 130 EAST ORTEGA STREET MAILING ADDRESS: CITY AND ZIP CODE: SANTA BARBARA, 93102 BRANCH NAME: WCAB SANTA BARBARA		
PLAINTIFF/PETITIONER: ALBERTO HERNANDEZ DEFENDANT/RESPONDENT: REYES HOLDINGS, LLC ADM'D BY SEDGWICK CASE NUMBER: ADJ17075462		
NOTICE OF DEPOSITION		

NOTICE TO ALL PARTIES AND THEIR ATTORNEY(S):

1. The production of documents by the Custodian of Records of the following business will be required as follows:

WORKERS DEFENDERS LAW GROUP 751 S WEIR CANYON RD STE 157-455, ANAHEIM, CA 92808	DATE 07/17/2023	TIME 09:00 AM
--	--------------------	------------------

NO DEPOSITION TESTIMONY WILL BE TAKEN, the deponent need not appear if he or she complies with Evidence Code Sections 1560 through 1566, and Code of Civil Procedure Section 2018 through 2021. True, legible and durable copies of all documents described in the Affidavit supporting Subpoena Duces Tecum, which are certified by the above named Custodian will be accepted as sufficient compliance by said Custodian.

Date: 06/26/2023

KELSEY L. PADDOCK
(Type or Print Name)

/S/ KELSEY L. PADDOCK
(Signature)

ATTORNEY AT LAW
(Title)

DECLARATION FOR SUBPOENA DUCES TECUM

Case No. ADJ17075462

STATE OF CALIFORNIA, County of SANTA BARBARA

The undersigned states:

That he /she is (one of) the attorney(s) of record / representative(s) for the applicant/defendant in the action captioned on the reverse hereof. That the subpoenaed Custodian of Records has in his/her possession or under his/her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reasons:

To assist in determining one or more of the following: To determine present and/or past physical conditions; nature, extent and duration of sickness; injury, disability arising out of employment and in the course of employment and/or necessity of further treatment; employment occupation and duties, earnings and earnings capacity self-procured and future medical treatment, vocational rehabilitation under Labor Code 129.5 and status as Q.I.W (Qualified Injured Worker).; Jurisdiction and statute of limitations. If no objection is made by any party to this case prior to copying then no valid objection exists.

Declaration for Injuries on or After January 1, 1990 and Before January 1, 1994

[X] That an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by the dependent(s) of the decedent, and that a true copy of the form filed is attached hereto. (Check box if applicable and part of the declaration below. See instructions on front of subpoena.)

I declare under penalty that the foregoing is true and correct

Executed on 06/27/2023, at OAKLAND California.

/S/ KELSEY L. PADDOCK Signature
HANNA, BROPHY, MACLEAN, MCALEER & JENSEN, LLP - SF 180 GRAND AVENUE, SUITE 750 OAKLAND, CA 94612 Address
415-543-9110 Telephone

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of

I, the undersigned, state that I served the foregoing subpoena by showing the original and delivering a true copy thereof, together with a copy of the Declaration in support thereof, to each of the following named persons, via Hand, at the date and place set forth opposite each name.

Table with 3 columns: Name of Person Served, Date, Place. Row 1: CUSTODIAN, 07/07/2023, 751 S WEIR CANYON RD STE 157-455 ANAHEIM, CA 92808

I declare under penalty of perjury that the foregoing is true and correct

Executed on 07/07/2023

Shawn Collins Signature

REQUEST: CA1129035

I am employed in Los Angeles County, California. I am over the age of 18 and not a party to the within action; my business address is: 1816 Tribute Road, Suite 100
Sacramento, CA 95815

On 06/27/2023, I gave notice to: SEE SERVICE LIST BELOW

On the above date, I served true copies of the following documents;
Subpoena

To each party appearing in this action, at the address below, by placing true copies thereof enclosed in a sealed envelope with postage fully pre-paid, in the United States mail at 1816 Tribute Road, Suite 100
Sacramento, CA 95815

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on 06/27/2023.

SIGNED: 
Valerie G. Farrell

Workers Defenders Law Group
Natalia Foley
751 South Weir Canyon Road, Suite 157 455
Anaheim, CA 92808

Proof of Service by Mail

00004

ATTORNEY OR PARTY WITHOUT ATTORNEY: KELSEY L. PADDOCK (BAR # 287004) HANNA, BROPHY, MACLEAN, MCALEER & JENSEN, LLP - SF 180 GRAND AVENUE, SUITE 750, OAKLAND, CA 94612 ATTORNEY FOR: REYES HOLDINGS, LLC ADM'D BY SEDGWICK	TELEPHONE NO 415-543-9110	FOR COURT USE ONLY
WCAB, COUNTY OF SANTA BARBARA STREET ADDRESS: 130 EAST ORTEGA STREET MAILING ADDRESS: CITY AND ZIP CODE: SANTA BARBARA, 93102 BRANCH NAME: WCAB SANTA BARBARA		
PLAINTIFF/PETITIONER: ALBERTO HERNANDEZ DEFENDANT/RESPONDENT: REYES HOLDINGS, LLC ADM'D BY SEDGWICK CASE NUMBER: ADJ17075462		
NOTICE OF DEPOSITION		

NOTICE TO ALL PARTIES AND THEIR ATTORNEY(S):

1. The production of documents by the Custodian of Records of the following business will be required as follows:

	DATE	TIME
WORKERS DEFENDERS LAW GROUP 751 S WEIR CANYON RD STE 157-455, ANAHEIM, CA 92808	07/17/2023	09:00 AM

NO DEPOSITION TESTIMONY WILL BE TAKEN, the deponent need not appear if he or she complies with Evidence Code Sections 1560 through 1566, and Code of Civil Procedure Section 2018 through 2021. True, legible and durable copies of all documents described in the Affidavit supporting Subpoena Duces Tecum, which are certified by the above named Custodian will be accepted as sufficient compliance by said Custodian.

Date: 06/26/2023

KELSEY L. PADDOCK
(Type or Print Name)

/S/ KELSEY L. PADDOCK
(Signature)

ATTORNEY AT LAW
(Title)

ATTACHMENT 3

PERTAINING TO:

Alberto Hernandez

Date of Birth: 10/10/1964, Social Security Number: XXX-XX-2281

Any and all workers' compensation records including but not limited to claim files, medical records, medical billing records, payments made, benefit records, application for benefits, first reports of injury, witness statements, benefits paid, denial notices, correspondence, notes, memoranda, electronic records, including adjuster notes and/or any other documentation pertaining to the record subject.

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

WORKERS' COMPENSATION APPEALS BOARD

ALBERTO HERNANDEZ

Claimant/Applicant,

vs.

REYES HOLDINGS, LLC ADM'D BY
SEDGWICK

Employer/Insurance Carrier/Defendant.

Case No. ADJ17075462

(IF APPLICATION HAS BEEN FILED, CASE NUMBER
MUST BE INDICATED REGARDLESS OF DATE OF INJURY)

SUBPOENA DUCES TECUM

(When records are mailed, identify them by using above
Case number or attaching a copy of subpoena)

Where no application has been filed for injuries on or after
January 1, 1990 and before January 1, 1994, subpoena will
be valid without a case number, but subpoena must be served
on claimant and employer and/or insurance carrier.

See instruction below.*

The People of the State of California Send Greetings to:

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

WE COMMAND YOU to appear before COMPEX LEGAL SERVICES

at 325 MAPLE AVENUE, TORRANCE, CALIFORNIA, 90503

on the 17th day of July, 2023 at 09:00 o'clock A.M. to testify in the above entitled matter and to bring with you and
produce the following described documents, papers, books and records:

SEE ATTACHMENT 3

(Do not produce X-rays unless specifically mentioned above.)

For failure to attend as required, you may be deemed guilty of a contempt and liable to pay to the parties aggrieved all
losses and damages sustained thereby and forfeit one hundred dollars in addition thereto.

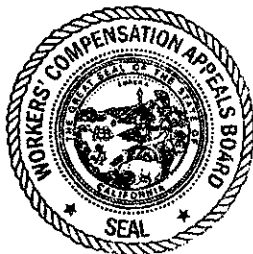
This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is
served herewith.

Date: 06/26/2023

WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA

Noah Temple

Secretary, Assistant Secretary, Workers' Compensation Judge



***FOR INJURIES OCCURRING ON OR AFTER JANUARY 1, 1990
AND BEFORE JANUARY 1, 1994**

If no Application for Adjudication of Claim has been filed, a declaration under
penalty of perjury that the Employee's Claim for Workers' Compensation Benefits
(Form DWC-1) has been filed pursuant to Labor Code Section 5401 must be
executed properly.

**SEE REVERSE SIDE
[SUBPOENA INVALID WITHOUT DECLARATION]**

You may fully comply with this subpoena by mailing the records described (or authenticated copies Evid. Code 1561) to the person and place
stated above within ten (10) days of the date of service of this subpoena.

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or city Police Department unless accompanied by notice
from this Board that deposit of the witness fee has been made in accordance with Government Code 68097.2, et seq.

00007



Order Details	
Order Location:	Workers Defenders Law Group
Form Created By:	D14 Production
Date & Time :	7/28/2023 9:23:50 AM
Depo Date :	7/17/2023 12:00:00 AM

Record Subject Information	
Subject Name :	Alberto Hernandez
AKA:	
SSN :	XXX-XX-2281
DOB :	10/10/1964

Location Information	
<input type="checkbox"/> Billing Office Only	<input type="checkbox"/> Film Only Location

Client Preferences	
Load File :	Not Required
Long Page Handling:	No
Custodian Certificate :	Copy

CNR Verification		
<input type="checkbox"/> CNR Received	<input type="checkbox"/> CNR Rejected	<input type="checkbox"/> CNR Approved

ITEM Received	
Status	Comments

Material Received	
Status	Comments

Record Type and Mode of Receipt		
Workers Defenders Law Group 751 S WEIR CANYON RD STE 157-455, Anaheim, California, 92808		
	Status	Comments
Workers Compensation	All Items Record Types Received - Workers' Compensation	All Items Record Types Received- Workers' Compensation

Fee Paid					
Check Number	Payee Name	Amount	Check Date	Payment Type	Memo
300690751	Workers Defenders Law Group	15.00	6/23/2023 1:44:07 PM	Witness Fee	

Clause Information	
Date Range :	Treated By:
Any and all workers' compensation records including but not limited to claim files, medical records, medical billing records, payments made, benefit records, application for benefits, first reports of injury, witness statements, benefits paid, denial notices, correspondence, notes, memoranda, electronic records, including adjuster notes and/or any other documentation pertaining to the record subject.	

Jack H. Akmakjian, M.D.

**Mailing Address:
1680 Plum Lane
Redlands, California 92374
(909) 335-2323**

February 13, 2020

WORKERS' COMPENSATION APPEALS BOARD

Disability Evaluation Unit
464 West 4th Street, Suite 239
San Bernardino, California 92401

EMPLOYEE	:	ALBERTO HERNANDEZ
EMPLOYER	:	Reyes Coca Cola Bottling
D/INJURY	:	CT December 1, 2008 to July 16, 2018; November 15, 2019
CLAIM NO.	:	18R11004183; 18RH004185
EAMS NO.	:	ADJ11396739; ADJ112956944
EXAM DATE	:	February 13, 2020

ORTHOPEDIC PANEL QUALIFIED MEDICAL RE-EVALUATION

Gentlepersons:

This is an **ORTHOPEDIC PANEL QUALIFIED MEDICAL RE-EVALUATION**, performed in the County of Riverside at 13800 Heacock Street, #C114, Moreno Valley, California 92553 on February 13, 2020. Since my last evaluation on June 23, 2019 his situation has changed. He seems to have more subjective complaints than objective complaints. He reported that he had a new injury on November 15, 2019.

This shall be billed at the ML-101 level, noting the following:

- A) Face to face time with the applicant: .50 hours
- B) Record review time: 2.5 hours
- C) Report Preparation time: 2.5 hours

CURRENT COMPLAINTS:

HEAD: The applicant complains of aching pain in the head that comes and goes and varies with activity. The applicant rates the pain as 7 to 10 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with lateral head rotation. The symptoms are alleviated with rest and ibuprofen 200 mg as needed.

Since the time of his last evaluation on July 23, 2019, his head symptoms have been the same.

NECK: The applicant complains of stabbing, popping, locking, and aching pain in the neck that comes and goes and varies with activity. He notes pins and needles sensation and weakness in the neck. The symptoms are aggravated with extreme neck movement, driving, and prolonged sitting. The symptoms are alleviated with hot baths, rest, topical pain cream, ibuprofen 200 mg as needed, naproxen 500 mg twice a day, and Metaxalone 800 mg twice a day.

Since the time of his last evaluation on July 23, 2019, his neck symptoms have been the same.

RIGHT SHOULDER: The applicant complains of burning, stabbing, and aching pain in the right shoulder that is constant and varies with activity. He notes pins and needles sensation, weakness, and numbness in the right shoulder. The applicant rates the pain as 7 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with lifting, carrying objects, pushing, pulling, driving, and reaching overhead. The symptoms are alleviated with hot baths, rest, topical pain cream, ibuprofen 200 mg as needed, naproxen 500 mg twice a day, and Metaxalone 800 mg twice a day.

Since the time of his last evaluation on July 23, 2019, his right shoulder symptoms have been the same.

LEFT SHOULDER: The applicant complains of burning, stabbing, and aching pain in the left shoulder that is constant and varies with activity. He notes pins and needles sensation, weakness, and numbness in the left shoulder. The applicant rates the pain as 4 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with lifting, carrying objects, pushing, pulling, driving, and reaching overhead. The symptoms are alleviated with hot baths, rest, topical pain cream, ibuprofen 200 mg as needed, naproxen 500 mg twice a day, and Metaxalone 800 mg twice a day.

Since the time of his last evaluation on July 23, 2019, his left shoulder symptoms have been the same.

RIGHT ARM: The applicant complains of burning, stabbing, and aching pain in the right arm that comes and goes and varies with activity. He notes pins and needles sensation, weakness, and numbness in the right arm. The applicant rates the pain as 6 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with lifting, carrying objects, pushing, pulling, driving, and reaching overhead. The symptoms are alleviated with hot baths, rest, topical pain cream, ibuprofen 200 mg as needed, naproxen 500 mg twice a day, and Metaxalone 800 mg twice a day.

Since the time of his last evaluation on July 23, 2019, his right arm symptoms have been the same.

LEFT ARM: The applicant complains of burning, stabbing, and aching pain in the left arm that comes and goes and varies with activity. He notes pins and needles sensation, weakness, and numbness in the left arm. The applicant rates the pain as 3 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with lifting, carrying objects, pushing, pulling, driving, and

reaching overhead. The symptoms are alleviated with hot baths, rest, topical pain cream, ibuprofen 200 mg as needed, naproxen 500 mg twice a day, and Metaxalone 800 mg twice a day.

Since the time of his last evaluation on July 23, 2019, his left arm symptoms have been the same.

RIGHT WRIST: The applicant complains of burning, stabbing, and aching pain in the right wrist that comes and goes and varies with activity. He notes pins and needles sensation, weakness, and numbness in the right wrist. The applicant rates the pain as 6 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with gripping, grasping, lifting, carrying objects, pushing, pulling, driving, and reaching overhead. The symptoms are alleviated with hot baths, rest, topical pain cream, ibuprofen 200 mg as needed, naproxen 500 mg twice a day, and Metaxalone 800 mg twice a day.

Since the time of his last evaluation on July 23, 2019, his right wrist symptoms have been the same.

LEFT WRIST: The applicant complains of burning, stabbing, and aching pain in the left wrist that comes and goes and varies with activity. He notes pins and needles sensation, weakness, and numbness in the left wrist. The applicant rates the pain as 3 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with gripping, grasping, lifting, carrying objects, pushing, pulling, driving, and reaching overhead. The symptoms are alleviated with hot baths, rest, topical pain cream, ibuprofen 200 mg as needed, naproxen 500 mg twice a day, and Metaxalone 800 mg twice a day.

Since the time of his last evaluation on July 23, 2019, his left wrist symptoms have been the same.

RIGHT FIFTH FINGER: The applicant notes numbness in the right fifth finger but denies pain. The numbness radiates to his right first to fourth fingers. The symptoms are aggravated with forceful movement and constant use of the right hand. The symptoms are alleviated with stretching exercises.

Since the time of his last evaluation on July 23, 2019, his right finger symptoms have been the same.

LEFT FIFTH FINGER: The applicant notes numbness in the left fifth finger but denies pain. The symptoms are aggravated with constant use of the left hand. The symptoms are alleviated with stretching exercises.

Since the time of his last evaluation on July 23, 2019, his left fifth finger symptoms have been the same.

BACK: The applicant complains of burning and aching pain in the back that is constant and varies with activity. He notes pins and needles sensation, weakness, and numbness in the back. The applicant rates the pain as 8 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with bending, forceful back movement, and prolonged sitting and standing. The symptoms are alleviated with hot baths, rest, topical pain cream, ibuprofen 200 mg as needed, naproxen 500 mg twice a day, and Metaxalone 800 mg twice a day.

Since the time of his last evaluation on July 23, 2019, his back symptoms have been the same.

RIGHT KNEE: The applicant complains of stabbing, locking, and aching pain in the right knee that comes and goes and varies with activity. The applicant rates the pain as 8 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with forceful right knee movement and prolonged sitting and standing. The symptoms are alleviated with hot baths, rest, topical pain cream, ibuprofen 200 mg as needed, naproxen 500 mg twice a day, and Metaxalone 800 mg twice a day.

Since the time of his last evaluation on July 23, 2019, his right knee symptoms have been the same.

RIGHT LEG: The applicant complains of stabbing and aching pain in the right leg that comes and goes and varies with activity. He notes weakness in the right leg. The applicant rates the pain as 8 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with forceful right leg movement and prolonged sitting and standing. The symptoms are alleviated with hot baths, rest, topical pain cream, ibuprofen 200 mg as needed, naproxen 500 mg twice a day, and Metaxalone 800 mg twice a day.

Since the time of his last evaluation on July 23, 2019, his right leg symptoms have been the same.

ACTIVITIES OF DAILY LIVING: The applicant is independent with grooming, oral care, toileting, transferring position from sitting to standing, eating, managing medications, using the phone, and managing money. The applicant has some difficulty with bathing, dressing, walking, climbing stairs, and cooking.

INTERVAL HISTORY:

Mr. Hernandez was last evaluated on July 23, 2019; at which time, he complained of pain in the head, neck, shoulders, arms, wrists, fifth fingers, back, right knee, and right leg. The applicant was diagnosed with:

1. Cervical HNP at C5-6 of 2.8 mm with mild bilateral neuroforaminal narrowing.
2. Cervical radiculopathy.

3. Lumbar spondylolisthesis L5-S1, 7 mm; 3.6 mm L5-S1 disc bulge with bilateral protrusion with mild foraminal stenosis bilaterally.
4. Lumbar radiculopathy.
5. Right carpal tunnel syndrome.

In October 2019, the applicant underwent an MRI of the neck and head (exact results unknown). He also underwent an MRI of the back which revealed an injury. The applicant was recommended stretching exercises and walking.

The applicant is presently not working. The applicant reports he had a new injury on November 15, 2019 and has been off work since November 15, 2019.

The applicant is currently taking medications of lansoprazole 15 mg once a day for stomach prophylaxis, ibuprofen 200 mg as needed, naproxen 500 mg twice a day, and Metaxalone 800 mg twice a day.

The applicant has a scheduled follow-up visit with Dr. Haronian in Pomona, California on February 24, 2020.

PHYSICAL EXAMINATION:

Height	:	5 feet 5 inches
Weight	:	145 pounds
Blood Pressure	:	141/94
Pulse	:	86

On examination today he has a multitude of orthopedic complaints but he appears to be relatively functional. He reported today that the main problems were his neck and lower back. It is difficult to tell what he felt was the worst.

NECK

On examination of his neck he reported that he had tightness across his neck. He reported pain across the neck. I was not able to clinically feel any spasm. He demonstrated good range of motion of the neck. On range of motion he mostly noted pain subjectively across the right shoulder and he reports he has intermittent symptoms of upper extremity pain particularly on the right.

RANGE OF MOTION IN DEGREES:

Cervical Spine:

Flexion	:	50
Extension	:	50
Right Rotation	:	70
Left Rotation	:	70

Right Lateral Bend : 40
Left Lateral Bend : 40

DORSAL SPINE

He reports some mild pain across the lower back but demonstrated a normal range of motion of the thoracic spine with flexion to the floor, extension of 40 degrees and lateral rotation of 30 degrees. Rotational activities were noted to be at 30 degrees. I did not identify any muscle spasm.

LUMBAR SPINE

I could feel the step off at L5 and somewhere he has spondylolisthesis. I could feel spasm in the lower back.

RANGE OF MOTION IN DEGREES:

Lumbar Spine:

Flexion : He can touch the floor
Extension : 20
Right Lateral Bend : 20
Left Lateral Bend : 20

Straight leg raising was positive on the right at 70 degrees with a positive Lasegue's and a negative on the left at 90 degrees with a negative Lasegue's. Faber and Gaenslen's were negative.

SHOULDERS

There is no tenderness or swelling in either shoulder.

RANGE OF MOTION IN DEGREES:

Shoulders:

	RIGHT	LEFT
Forward Flexion :	180	180
Abduction :	180	180
Internal Rotation :	90	90
External Rotation :	90	90
Extension :	50	50
Adduction :	50	50

Impingement sign was negative and he had excellent range of motion in both shoulders.

Upper arm circumference measurements

RIGHT (cm)	LEFT (cm)
25	25

ELBOW AND FOREARM

The applicant has no tenderness in either elbow, including the area of the extensor carpi radialis brevis tendon. There is full unrestricted passive and active range of motion bilaterally. There is no laxity or instability.

RANGE OF MOTION IN DEGREES:	RIGHT	LEFT
Elbows:		
Flexion :	135	135
Extension :	0	0
Pronation :	90	90
Supination :	90	90

There is no swelling, erythema or other skin lesions. Tinel's sign is negative over the ulnar nerve groove at the elbows.

Forearm circumference measurements:

RIGHT (cm)	LEFT (cm)
24	24

WRIST AND HAND

He had a positive Tinel's and Phalen's across the right wrist. Wrist range of motion was measured using goniometer times three. Passive and active range of motion is unrestricted and 100% of normal.

RANGE OF MOTION IN DEGREES	RIGHT	LEFT
Wrists:		
Dorsiflexion :	45	45
Palmar Flexion :	50	50
Ulnar Deviation :	35	35
Radial Deviation :	25	25

He was able to make a full fist and good thumb opposition to all fingers was noted.

MOTOR EXAMINATION OF THE UPPER EXTREMITIES

The muscle strength was checked in both upper extremities. The results are as follows:

	RIGHT	LEFT	MAJOR NERVE DISTRIBUTION
Shoulder Abduction	5/5	5/5	C4
Elbow Flexion	5/5	5/5	C5
Wrist Extension	5/5	5/5	C6
Elbow Extension	5/5	5/5	C7
Finger Abduction	5/5	5/5	C8, T1

Grip Strength (kg)

Right – 30/28/26 Left – 28/26/26

Thigh circumference measurements:

RIGHT (cm)	LEFT (cm)
38	38

KNEES

The applicant has no tenderness in either knee. There is full unrestricted range of motion in both knees. No crepitus or clicking is noted with flexion/extension. There is no mediolateral laxity or instability.

Both patellae track in the midline. No effusion is noted in either knee.

TESTS:	RIGHT	LEFT
Lachman	Negative	Negative
McMurray	Negative	Negative
Anterior drawer	Negative	Negative
Pivot shift	Negative	Negative
Apley	Negative	Negative

Calf circumference measurements:

RIGHT (cm)	LEFT (cm)
29	29

MUSCLE STRENGTH OF THE LOWER EXTREMITIES

The muscle strength was checked in both lower extremities. The results are as follows:

	RIGHT	LEFT	MAJOR NERVE DISTRIBUTION
Hip Flexion	5/5	5/5	L2, L3
Knee Flexion	5/5	5/5	L4, L5
Knee Extension	5/5	5/5	L3, L4
Ankle Dorsiflexion	5/5	5/5	L4, L5
Big Toe Extension	5/5	5/5	L5
Ankle Plantar Flexion	5/5	5/5	L5, S1

DIAGNOSIS:

1. Cervical disc protrusion of 3.2 mm with annular fissure noted at C5-6 with left greater than right neuroforaminal narrowing, abutment of the left exiting nerve root on the most recent MRI study dated October 25, 2019. The prior MRI study shows cervical HNP at C5-6 of 2.8 mm with mild bilateral neuroforaminal narrowing.
2. Cervical radiculopathy.
3. Lumbar spondylolisthesis L5-S1, 7 mm; 3.6 mm L5-S1 disc bulge with bilateral protrusion with mild foraminal stenosis bilaterally.
4. Lumbar radiculopathy.
5. Right carpal tunnel syndrome.

DISCUSSION:

This is somewhat of a complex case. The applicant has had cumulative trauma type injuries and has reported a new injury on November 15, 2019. As I noted before I am not going to address anything related to non-orthopedic issues. As I mentioned in my last evaluation I want him to see a pain doctor for cervical and lumbar epidural injections. He reports he had just been seen by a pain doctor, Dr. Cohen, and these injections are also being recommended. From a treatment perspective, at this point I don't see much else to offer this patient.

On my examination today the findings were mostly normal. He had more subjective complaints than objective complaints. He complained that axial contraction in his neck caused pain which he does not have. He also had pain to the lower back with light touch, trunk rotation and axial compression which all can be consistent with nonorganic findings. Therefore, in my opinion I feel that the best option for this applicant is to be declared permanent and stationary. Based on the nonorganic behavior that has been demonstrated he would not be a good surgical candidate and probably would not improve.

DISABILITY STATUS:

The applicant is permanent and stationary and maximally medically improved.

WORK RESTRICTIONS:

He should have limitations of no heavy lifting and repetitive overhead work for his neck, no heavy work for the lumbar spine, and no repetitive gripping or grasping with the right wrist.

VOCATIONAL REHABILITATION:

Vocational rehabilitation is indicated if his work restrictions cannot be accommodated.

CAUSATION:

Based on the mechanism of injury I feel the applicant was injured while working for Reyes Coca Cola Bottling Company for the cervical spine, lumbar spine and the right wrist. He has significant other subjective complaints but none of those body parts show objective findings on examination and I cannot support any injury to those body parts.

APPORTIONMENT:

He claimed a cumulative trauma injury from January 1, 2018 to July 1, 2018 which was related to stress. He claimed a cumulative trauma injury from December 1, 2008 to July 16, 2018 which included multiple body parts, but the only body parts I would accept is the neck, lower back and right wrist. In addition, he is now reporting that he sustained a specific injury on November 15, 2019. He reports that he was working light duty and was helping at the dock loading a truck. When he pulled the door down he felt pain in his neck and also pain in the lower back. I asked him if this was an exacerbation or if it made the pain worse and he reports that it made the pain worse. He is currently off work and treating for this. I believe that injury hurt his neck more than it hurt his lower back according to what he is reporting. The applicant therefore should have apportionment in regards to this.

For the cervical spine and right carpal tunnel syndrome, 80% of his complaints are apportionable to the cumulative trauma from December 1, 2008 to July 16, 2018 and 20% is apportioned to the new specific injury of November 15, 2019.

For the lumbar spine, he has underlying spondylolisthesis which was asymptomatic previously. He will be given 15% apportionment to preexisting disease, 70% is apportioned to the cumulative trauma injury from December 1, 2008 to July 16, 2018, and 15% to the specific injury of November 15, 2019.

FUTURE MEDICAL TREATMENT:

I have no problem with this applicant receiving future treatment in the form of pain management. I would be cautious about performing surgery on this applicant at this point based on his physical

exam today and questions that have arisen regarding the possibility of nonorganic behavior. I told him that I don't think that he would be a good candidate for surgical intervention. Although he does have underlying findings and pathology that would warrant surgical intervention in some people, I do not believe he is as symptomatic as he is alluding to.

PERMANENT IMPAIRMENT RATING PER AMA FIFTH EDITION GUIDES:

For his cervical spine, based on EMG studies he has nonverifiable pain in his upper extremities, therefore he is DRE Cervical Category II with 8% whole person impairment.

For the lumbar spine, no significant radicular pain was identified and he would receive a DRE Lumbar Category II with 8% whole person impairment.

For the right carpal tunnel symptomology, Table 16-15 on page 492 was utilized. He would receive a 39% impairment for median involvement below the forearm. Combined with Table 16-10 on page 482 this gives him a grade 4 classification with 25% impairment. This would provide the applicant with a 10% upper extremity impairment which converts using Table 16-3 on page 439 to 6% whole person impairment.

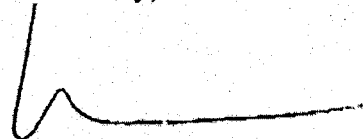
Thank you for referring this applicant for my evaluation and, if there are any further questions, please do not hesitate to contact this office.

SOURCE OF ALL FACTS AND DISCLOSURE:

The source of all facts was the history given by the applicant. I personally interviewed the applicant, performed the physical examination, reviewed the history with the applicant, reviewed the medical records, if any, provided, dictated this report and it reflects my professional observations, conclusions and recommendations. Face-to-face time conformed with DWC guidelines. 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 the information that I have indicated and received from others. As to this 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. Labor Code 139.3 was not violated. Assistance with preparation of this report was provided by Michelle Ilaida, Historian, Rapid Care, Record Summarizer, and Sylvia Zimmerman, Assistant, all of whom were trained by Arrowhead Evaluation Services, Inc. Please note that all times listed reflect physician time spent, not staff time.

Date of Report: February 13, 2020. Signed this 9th day of March, 2020 at San Bernardino County, California.

Yours truly,



Jack H. Akmakjian, M.D.
Diplomate, American Board of Orthopedic Surgery
Fellow, American Academy of Orthopedic Surgeons
JHA/db

HERNANDEZ, Alberto
Page 12

Date of Exam: February 13, 2020

cc: Law Offices of Natalia Foley
8018 E. Santa Ana Cyn, Suite 100-215
Anaheim, California 92808

Law Offices of Morgan & Leahy, LLP
21031 Ventura Boulevard, Suite 2010
Woodland Hills, California 91364
Attention: Timothy Morgan, Esquire

Sedgwick CMS
P.O. Box 14450
Lexington, Kentucky 40512
Attention: Charles Han, Claims Examiner

Attached: Review of medical records

REVIEW OF MEDICAL RECORDS:

Hernandez, Alberto

DOB: 10/10/1964

08/10/18 - Dr's 1st Rpt by Rafael Rios, DC.

08/13/18 - 08/29/18 (6 visits) - Chiro Progress Notes by Rafael Rios DC.

09/04/18 - 09/13/18 (4 visits) - Chiro Progress Notes by Rafael Rios DC.

11/18/18 - Initial Orthopedic Panel Qualified Med Eval by Peter Sofia, MD. DOI: CT 12/01/08-07/16/18, 01/01/18-07/01/18. Employed with Coca Cola for 9 years and employer switched to Reyes Bottling. Pt had to lift about 50 pounds along with standing and walking pallet jacks, forklifts, bending, lifting, making pallets, etc. He was not able to meet the production standards and had to do overtime. So he changed jobs from a daytime picker to nighttime forklift where he was some picking very little. Developed diffuse pains around September 2017 and was not treated. Had lot of sleep trouble and pain complaints. Chiro did not help. Had neck pain radiating to arms, mid back pain and LBP. Also had R shoulder, R hand and wrist pain with N/T. Reported lower back pain radiating to leg and medial knee and ankle. Had some discomfort and giving way of the knee and ankle. Rated all pains at 7/10. Not under any tx and only has OTC med. Prior to this job, he has worked as a machine operator for a phone production company called Foanex. Pt says 5 to 7 years ago, he was trying to move a stuck pallet pushing with his leg and hurt his entire R leg. Had x-rays, PT, and was on light duty for few months. No difficulty with ADLs. Lumbar MRI showed mild neural foramen at L4-L5, L5-S1 and some degenerative. Mild neural foramen at two levels. PSH: Herniorrhaphy. PE: C/S: Mild diffuse tenderness in paraspinous and trapezial muscles, neck pain. Spurling's and compression test cause LBP. Upper Ext: Decreased sensation of R thumb to other fingers of the R hand. R Shoulder: Rather mild anterior tenderness and slight pain on ROM. Minimal crepitus and slight pain on strength testing. B/L Hands and Wrists: Slight muscle wasting at the thenar eminence bilaterally. Positive Tinel's sign. Mid Back: Diffuse tenderness everywhere touched of T/S. L/S: Diffuse tenderness including central, right-to-right buttock and left-to-left buttock. R knee: Primarily medial tenderness. Lower Ext: Does complain of radiating positive R leg pain. Dx: 1) Cervical strain w/o complaints or findings of radiculopathy. 2) R shoulder rotator cuff tendinitis, bursitis, mild. 3) Probable b/l CTS. 4) Thoracic strain, benign MRI. 5) Lumbosacral strain superimposed on two-level degenerative changes, possible R leg radiculopathy. 6) Probable early R knee arthritis. 7) Unexplained discomfort R ankle. Tx: Lumbar epidural. Plan: Recommended PT, acu, chiro, EMG/NCV of b/l upper and lower extremities. Causation: Neck, mid back, low back, R shoulder, and b/l hands are related to industrial injury. R knee, R ankle are not related to industrial. Apportionment: Will address apportionment when reached MMI and is P&S. Work Status: Continue to do current assignment. Need further treatment.

02/14/19 - Supplemental Orthopedic Panel Qualified Med Eval Rpt by Peter Sofia, MD. Multiple body parts accepted and entitled to have treatment. Pt is not P&S, MMI. Has not had tx. Does have mild carpal tunnel. Does have neck and back pain. Pt would benefit from tx and discussed treatment at length. Other treatments including but not limited to meds, PT, acupuncture, chiro, R shoulder injection, possibly epidural. Does have leg pain, still use epidurals.

11/11/19 - Initial Comprehensive Orthopedic Eval and Request for Authorization of a PTP by Edwin Haronian, MD. CT: 01/01/18-07/01/18, 12/01/08-07/16/18. Pt sustained injury while working as a loader/unloader with Reyes Coca Cola Bottling, worked 8 hrs/day, 5 days/wk up to 20-30 hrs of overtime/wk. Over the course of his employment, he gradually developed pain to his neck, shoulders, elbows, wrists/hands, fingers in both hands, upper and lower back, knees and feet, with weakness in the R leg, which he attributed to work duties entailing pulling orders consisting of coca cola product/drinks, lifting and carrying cases of soda, palletizing, shrink wrapping, and moving the pallets to different areas in the warehouse, and operating a stand up electrical pallet-jack. Precise activities required entailed prolonged standing and walking as well as continuous maneuvering of his arms and hands, repetitive bending, stopping, squatting, twisting, turning, forceful pushing and pulling, forceful gripping and grasping, reaching to all levels, torquing, lifting and carrying up to 50 pounds. Continued working and pain progressively worsened. Developed anxiety and stress as a result of his pain and working in a hostile environment indicating discriminated. C/o constant aching in neck, shoulders, elbows, wrist/hands, upper and lower back, knees, ankles and feet often becoming sharp and shooting pain which travelled to his arms and hands with episodes of N/T. Had frequent headaches associated with his neck pain. Had stiffness in the neck. Pain increased with prolonged sitting and driving. Had popping and clicking sensation in shoulders increased with reaching, pushing, pulling, and with any lifting. Had episodes of swelling, N/T in his elbows, forearms, and hands. C/o cramping and weakness in his hands and fingers. Knees gave out causing him to lose balance. Difficulty standing and walking for a prolonged period of time. Had difficulty ascending and descending stairs and at times walks with altered gait. Had difficulty sleeping and awakens with pain and discomfort. Pain level varies throughout the day depending on activities. OTC painkillers with temporary pain relief. C/o anxiety and stress due to pain and he is not able to function at his fullest capacity. On October 2018, began med care and treatment. Chiro, x-rays, MRI of neck, upper and lower back gave temporary relief. States has not received any med care or treatment for his anxiety and stress. Lateral view L/S showed grade I spondylolisthesis with greater than 5 mm transition of L5 on S1 with disc collapse at L5-S1 level and degenerative changes. PSH: In 2010, underwent R inguinal hernia repair. PE: C/S: Spasm and tenderness over the paravertebral musculature, upper trapezium, interscapular area and decreased ROM. Shoulder: Tenderness was noted at the acromioclavicular joint bilaterally. Positive impingement sign. Lumbar: Tenderness and spasm in the paravertebral muscles. Sciatic notch are was tender bilaterally. Toe and heel walks and squats with pain. Dx: 1) Cervical radiculopathy. 2) Lumbar radiculopathy, lumbar grade I spondylolisthesis at the L5-S1 level. 3) B/L shoulder impingement. Rx: Ibuprofen gel. Tx: Cervical and lumbar epidural injections. Plan: Requested authorization for cervical and lumbar epidural injections, cervical traction device. Work Status: Modified work duty with restrictions including lifting, pushing, and pulling greater than 10 pounds. Precluded from bending and twisting completely, squatting and kneeling completely, changing positions as needed. He may not drive a commercial vehicle. If work modifications are not accommodated, the patient can remain on TTD.

01/13/20 - F/U Rpt and Request for Authorization of PTP by Edwin Haronian, MD. DOI: CT 01/01/18-07/01/18. Claim denied, so confined to conservative management. PE: Spasm, tenderness, and guarding in the paravertebral musculature of the C/S and L/S with loss of ROM in

both. Decreased sensation bilaterally in the C6, and S1 dermatomes. B/l shoulders have impingement, and Hawkins signs with ROM in flexion and abduction over 120 degrees. Dx: 1) Cervical radiculopathy. 2) Radiculopathy lumbosacral region. 3) Shoulder S/S. Plan: Meds to be refilled. Work Status: Modified duty with same restrictions.

01/15/20 - STP's Pain Management Initial Rpt by Jonathan Kohan, MD. Pt sustained an industrial injury while performing usual duties while working for Reyes Coca Cola Bottling as a loader/unloader. During the course of employment, he began to experience a gradual onset of pain in his neck, shoulders, elbows, hands, wrists, fingers upper and lower back, knees and feet due to the nature of his work duties which entailed pulling orders consisting of coca cola product/drinks, lifting and carrying cases of soda, palletizing, using shrink wrap, moving the pallets to different areas in the warehouse, operating a stand up electrical pallet-jack, constantly standing, walking, bending, stooping, squatting, twisting, turning, pushing, pulling, gripping, grasping, reaching, lifting and carrying. Also developed anxiety and stress due to the hostile environment. Chiro with temporary relief. Neck pain rated at 7/10, pain radiated to both shoulders, arms to the hands with N/T. Had occasional headaches. Pain increased with prolonged sitting and standing. Had difficulty sleeping and awakens with pain rated at 10 being the worst. Experienced 6-7/10 pain in both shoulders R greater than L with popping. Increased pain with above shoulder reaching and lifting. C/o 5-6/10 pain in both elbows with movement and pain extends to forearm, hand, and fingers with N/T. Had difficulty with lifting and carrying objects and with rotating arm. Experienced ongoing 5-6/10 pain in both hands/wrist with N/T extends to forearm and radiates to hand and fingers. Noted grip weakness and difficulty with holding objects with fine motor coordination. Pain increased with gripping, grasping, pushing, pulling, rotating, and repetitive hand and finger movements. Had ongoing 7/10 pain in his upper back between the shoulder blades with pain and stiffness in low back radiates to both hips, buttocks and lower extremities to the feet with N/T and weakness. LBP increased with prolonged standing, walking and sitting, as well as lifting and twisting. Unable to sit or stand for more than 15 minutes. Had difficulty bending forward, backwards and side-to-side. Experienced ongoing 5-6/10 pain in both knees with popping, locking, and giving way. Difficulty standing, walking, squatting, kneeling for a prolonged period of time. C/o 5-6/10 pain in both feet/ankles. Walks with an uneven gait. Had continuous episodes of anxiety, stress, and depression due to chronic pain and disability status. PSH: R inguinal hernia repair in 2010. PE: C/S: Tenderness to palpation over paravertebral, trapezius, deltoid, and rhomboids area with moderate spasm. Tenderness over paraspinous muscles. Shoulder: Tenderness over the shoulder joint bilaterally. L/S: Tenderness to palpation over the lumbar paravertebral area with moderate spasm noted. Tenderness over paraspinous muscles over lower lumbar spine. Dx: 1) Cervical disc protrusions with radiculopathy, mainly on the R. 2) Lumbar disc protrusion with radiculopathy, mainly on the R. 3) Lumbar anterolisthesis (grade I at L5-S1). Tx: Cervical epidural injection. Work Status: Off duty.

NOTE: Remainder of the record includes those previously reviewed, review of medical records, AME or OME declaration of service of medical - legal report, note, proof of service.

JHA/rpc

State of California
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

AME or OME Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(i))

Case Name: ALBERTO HERNANDEZ v Reyes Coca Cola Bottling
(employee name) (claims administrator name, or if none employer)

Claim No.: 18R11004183; 18RH004185 **EAMS or WCAB Case No. (if any):** ADJ11396739; ADJ112956944

I, Briseida Chavez, declare:
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: 1680 PLUM LANE REDLANDS CA 92374
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:
 - A depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.
 - B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
 - C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
 - D placing the sealed envelope for pick up by a professional messenger service for service. (Messenger must return to you a completed declaration of personal service.)
 - E personally delivering the sealed envelope to the person or firm named below at the address shown below.

Means of service:
(For each addressee, enter A - E as appropriate)

Date Served:

Addressee and Address Shown on Envelope:

A
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A

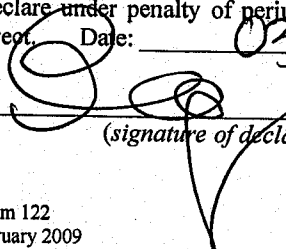
3/11/20
3/11/20
3/11/20

Law Offices of Natalia Foley 8018 E. Santa Ana Cyn, Suite 100-215 Anaheim, California 92808

Law Offices of Morgan & Leahy, LLP 21031 Ventura Boulevard, Suite 2010 Woodland Hills, California 91364

Sedgwick CMS-SENT ELECTRONICALLY

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 03/11/20


(signature of declarant)

Briseida Chavez
(print name)

Jack H. Akmakjian, M.D.

**1680 Plum Lane
Redlands, California 92374
(909) 335-2323**

July 23, 2019

WORKERS' COMPENSATION APPEALS BOARD

Disability Evaluation Unit
464 West 4th Street, Suite 239
San Bernardino, California 92401

EMPLOYEE	:	ALBERTO HERNANDEZ
EMPLOYER	:	Coca Cola Bottling
D/INJURY	:	CT December 1, 2008 to July 16, 2018
CLAIM NO.	:	18R11004183
EAMS NO.	:	ADJ11396739
EXAM DATE	:	July 23, 2019

INITIAL ORTHOPEDIC PANEL QUALIFIED MEDICAL EVALUATION:

Gentlepersons:

This is an **INITIAL ORTHOPEDIC PANEL QUALIFIED MEDICAL EVALUATION**, performed in the County of Riverside at 13800 Heacock Street, #C114, Moreno Valley, California 92553 on July 23, 2019. He has complaints of neck pain radiating into the arm and low back pain radiating into the right leg.

This shall be billed at the ML-103 level, noting the following:

- A) Face to face time with the applicant: .75 hours
- B) Record review time: 3.25 hours (4+ hours [A+B combined] = 2 factors)
- C) Issue of causation addressed per request of referring party = 1 factor

CURRENT COMPLAINTS:

HEAD: The applicant complains of headache that comes and goes. The applicant rates the pain as 7 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with lateral head rotation. The symptoms are alleviated with hot baths, rest and ibuprofen 200 mg three times a day.

NECK: The applicant complains of burning, stabbing, popping, locking, weakness, and aching pain in the neck that comes and goes and varies with activity. The applicant rates the pain as 7 to 10 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with lateral neck rotation, extreme neck movement, driving, and prolonged sitting. The symptoms are alleviated with hot baths, rest and ibuprofen 200 mg three times a day.

RIGHT SHOULDER: The applicant complains of pins and needles sensation, burning, stabbing, weakness, numbness, and aching pain in the right shoulder that is constant and varies with activity. The applicant rates the pain as 6 to 7 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with gripping, grasping, lifting, carrying objects, pushing, pulling, driving, and reaching overhead. The symptoms are alleviated with hot baths, rest and ibuprofen 200 mg three times a day.

LEFT SHOULDER: The applicant complains of burning, stabbing, weakness, numbness, and aching pain in the left shoulder that comes and goes and varies with activity. The applicant rates the pain as 3 to 4 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with gripping, grasping, lifting, carrying objects, pushing, pulling, driving, and reaching overhead. The symptoms are alleviated with hot baths, rest, and ibuprofen 200 mg three times a day.

RIGHT ARM: The applicant complains of burning, stabbing, weakness, numbness, and aching pain in the right arm that comes and goes and varies with activity. The applicant rates the pain as 5 to 6 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with gripping, grasping, lifting, carrying objects, pushing, pulling, driving, and reaching overhead. The symptoms are alleviated with hot baths, rest and ibuprofen 200 mg three times a day.

LEFT ARM: The applicant complains of burning, stabbing, weakness, numbness, and aching pain in the left arm that comes and goes and varies with activity. The applicant rates the pain as 2 to 3 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with gripping, grasping, lifting, carrying objects, pushing, pulling, driving, and reaching overhead. The symptoms are alleviated with hot baths, rest and ibuprofen 200 mg three times a day.

RIGHT WRIST: The applicant pins and needles sensation, burning, stabbing, weakness, and aching pain in the right wrist that comes and goes and varies with activity. The applicant rates the pain as 5 to 6 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with gripping, grasping, lifting, carrying objects, pushing, pulling, driving, and reaching overhead. The symptoms are alleviated with hot baths, rest and ibuprofen 200 mg three times a day.

LEFT WRIST: The applicant complains of pins and needles sensation, burning, stabbing, weakness, and aching pain in the left wrist that comes and goes and varies with activity. The applicant rates the pain as 2 to 3 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with gripping, grasping, lifting, carrying objects, pushing, pulling, driving, and reaching overhead. The symptoms are alleviated with hot baths, rest and ibuprofen 200 mg three times a day.

RIGHT FIFTH FINGER: The applicant complains of pins and needles sensation, burning, stabbing, weakness, numbness, and aching pain in the right fifth finger that comes and goes and varies with activity. The symptoms are aggravated with gripping, grasping, lifting, carrying objects, pushing, pulling, driving, and reaching overhead. The symptoms are alleviated with hot baths, rest and ibuprofen 200 mg three times a day.

LEFT FIFTH FINGER: The applicant complains of pins and needles sensation, numbness and aching pain in the left fifth finger that comes and goes and varies with activity. The applicant rates the pain as 2 to 3 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with gripping, grasping, lifting, carrying objects, pushing, pulling, driving, and reaching overhead. The symptoms are alleviated with hot baths, rest and ibuprofen 200 mg three times a day.

BACK: The applicant complains of pins and needles sensation, burning, stabbing, weakness, numbness, and aching pain in the back that is constant and varies with activity. The applicant rates the pain as 7 to 8 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with gripping, grasping, lifting, carrying objects, pushing, pulling, driving, and reaching overhead. The symptoms are alleviated with hot baths, rest and ibuprofen 200 mg three times a day.

RIGHT KNEE: The applicant complains of stabbing, locking, weakness, and aching pain in the right knee that comes and goes and varies with activity. The applicant rates the pain as 7 to 8 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with gripping, grasping, lifting, carrying objects, pushing, pulling, driving, and reaching overhead. The symptoms are alleviated with hot baths, rest and ibuprofen 200 mg three times a day.

RIGHT LEG: The applicant complains of stabbing, weakness, strain, and aching pain in the right leg that comes and goes and varies with activity. The applicant rates the pain as 4 to 5 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with gripping, grasping, lifting, carrying objects, pushing, pulling, driving, and reaching overhead. The symptoms are alleviated with hot baths, rest and ibuprofen 200 mg three times a day.

ACTIVITIES OF DAILY LIVING: The applicant is independent with toileting, eating, managing medications, and managing money. The applicant has some difficulty with bathing, dressing, grooming, oral care, and transferring, walking, climbing stairs, using the phone, housework, driving, and shopping. The applicant is dependent with laundry.

HISTORY OF INJURY AS RELATED BY THE APPLICANT:

The applicant is a 54-year-old, right-hand-dominant male, born on October 10, 1964, who claims to have sustained an injury through cumulative trauma during the course of his usual and customary duties as a loader for Reyes Coca Cola Bottling, LLC.

Cumulative Trauma Injury: January 1, 2018 to July 1, 2018

MECHANISM OF INJURY: The applicant attributes his stress-related cumulative trauma injury from January 1, 2018 to July 1, 2018, as having resulted from pain due to repetitive and prolonged work activities.

INITIAL TREATMENT: The applicant denies receiving treatment for his stress-related cumulative trauma injury. Any stress related complaints would need to be evaluated and commented on by a psychiatrist or psychologist.

Cumulative Trauma Injury: December 1, 2008 to July 16, 2018

MECHANISM OF INJURY: The applicant states that he sustained injuries to his head, neck, upper extremities, back and lower extremities from December 1, 2008 to July 16, 2018, on a cumulative trauma basis from repetitive work activities such as lifting, carrying, pushing and pulling cases of soda weighing up to 50 pounds, constant use of the hands, reaching overhead, bending, squatting, and prolonged standing and walking. The applicant states he noticed worsening of pain in 2018. The applicant states he did not report the injury to his employer due to a previous bad experience.

INITIAL TREATMENT: The applicant states he personally acquired medical treatment in August 2018 at Rafael Rios II Chiropractic, Inc. in Pomona Valley, California. Chiropractic therapy was recommended.

SUBSEQUENT TREATMENT: The applicant underwent chiropractic treatment for the neck, shoulders, arms, wrists, fingers, back, right knee, right leg, and feet twice a week for three to four months, which was not beneficial. The applicant was recommended to have an injection (exact details unknown).

The applicant underwent an MRI of the head, neck and low back in October 2018 and also an EMG/Nerve Conduction Study of both upper and lower extremities. He does not know the results of the studies.

JOB DESCRIPTION:

The applicant usually works eight to 12 hours a day, five to six days a week as a full-time loader. Physically, he was required to frequently lift, carry, push and pull cases of bottled soda weighing up to 50 pounds, bend, reach overhead, squat, and stand and walk for prolonged periods. His job duties consisted of preparing and completing orders, stacking cases of sodas using an electric pallet jack, and loading orders onto delivery trucks.

OCCUPATIONAL HISTORY:

The applicant began working with Reyes Coca Cola Bottling, LLC in August 2008 and has been working for them for ten years and 11 months. The applicant is currently working on full duty.

Employers: Prior to that, he worked as a machine operator for Foamex from 1988 to 1998 (exact employment dates unknown).

PREVIOUS INJURIES:

INDUSTRIAL: In 2011 or 2012, the applicant states he sustained an umbilical hernia due to repetitive heavy lifting and underwent an umbilical hernia repair. The applicant states he has fully recovered from the injury.

The applicant reports being involved in a motor vehicle accident 20 to 25 years ago (the applicant cannot recall any details regarding the accident).

NONINDUSTRIAL: None.

SUBSEQUENT INJURIES:

INDUSTRIAL: None.

NONINDUSTRIAL: None.

PAST MEDICAL HISTORY:

PREVIOUS SYMPTOMS/TREATMENT TO AFFECTED AREAS: None.

MEDICAL ILLNESSES: None.

SURGERIES: Umbilical hernia repair in 2011 or 2012 (exact date unknown).

ALLERGIES: The applicant has no known allergies.

CURRENT MEDICATIONS: Ibuprofen 200 mg three times a day.

FAMILY HISTORY: Family history is remarkable for diabetes and hypertension on both sides.

SYSTEM REVIEW: System review is unremarkable.

SOCIAL HISTORY: The applicant does not smoke nor drink any alcohol.

MARRIAGE/CHILDREN: He is married and has four children ages 30, 29, 28, and 26.

RECREATIONAL ACTIVITIES: None.

SERVICE-RELATED DISABILITY: None.

PHYSICAL EXAMINATION:

Vital Signs:

Height	:	5 feet 5 inches
Weight	:	142 pounds
Blood Pressure	:	122/92
Pulse	:	71

The applicant is right hand dominant.

NECK

He has reasonably good range of motion of the neck.

RANGE OF MOTION IN DEGREES (Dual-Inclinometer Method):

Cervical Spine:

Flexion	:	45
Extension	:	45
Right Rotation	:	70
Left Rotation	:	70
Right Lateral Bend	:	40
Left Lateral Bend	:	40

Discomfort across the right trapezial ridge is noted.

DORSAL SPINE

There is no tenderness in the upper back. There is no evidence of scoliosis or kyphosis. The paraspinal muscles do not show any swelling or asymmetry. There is no evidence of muscle spasm. Sensation is normal along all dermatomes in the dorsal spine.

LUMBAR SPINE

His main problem is the lower back. He has pain with lumbar range of motion.

RANGE OF MOTION IN DEGREES (Dual-Inclinometer Method):

Lumbar Spine:

Flexion	:	40
Extension	:	15
Right Lateral Bend	:	15
Left Lateral Bend	:	15

He has a step-off that can be palpated at the L5-S1 level. This is where he is locally tender. When there is direct compression across the step-off he complains of pain. He has pain that radiates into the right leg across the L5 distribution for the most part.

Straight leg raise is positive on the right leg at 70 degrees with positive Lasegue, negative on the left.

SHOULDERS

There is no tenderness or swelling in either shoulder. Both shoulders have full range of motion. There are no signs of impingement.

RANGE OF MOTION IN DEGREES:	RIGHT	LEFT
Shoulders:		
Forward Flexion	190	190
Abduction	190	190
Internal Rotation	90	90
External Rotation	90	90
Extension	50	50
Adduction	50	50

Upper arm circumference measurements

RIGHT (cm)	LEFT (cm)
25.0	25.0

ELBOW AND FOREARM

There is no tenderness in either elbow, including the area of the extensor carpi radialis brevis tendon. There is full, unrestricted passive and active range of motion bilaterally. There is no laxity or instability. There is no swelling, erythema or other skin lesions.

RANGE OF MOTION IN DEGREES:	RIGHT	LEFT
Elbows:		
Flexion	135	135
Extension	0	0
Pronation	90	90
Supination	90	90

Tinel's sign is negative over the ulnar nerve groove at the elbows.

Forearm circumference measurements:

RIGHT (cm)	LEFT (cm)
25.0	24.0

WRIST AND HAND

Tinel's sign is positive and Phalen's across the right wrist with normal wrist range of motion.

RANGE OF MOTION IN DEGREES	RIGHT	LEFT
Wrists:		
Dorsiflexion :	45	45
Volar Flexion :	50	50
Ulnar Deviation :	35	35
Radial Deviation :	25	25

He is able to make a full fist.

MOTOR EXAMINATION OF THE UPPER EXTREMITIES

The muscle strength was checked in both upper extremities. The results are as follows:

	RIGHT	LEFT	MAJOR NERVE DISTRIBUTION
Shoulder Abduction	5/5	5/5	C4
Elbow Flexion	5/5	5/5	C5
Wrist Extension	5/5	5/5	C6
Elbow Extension	5/5	5/5	C7
Finger Abduction	5/5	5/5	C8, T1

Grip Strength (kg):

Right: 30/28/28 Left: 28/25/25

KNEES

There is no tenderness in either knee. There is full, unrestricted range of motion in both knees. No crepitus or clicking is noted with flexion / extension. There is no mediolateral laxity or instability.

Both patellae track in the midline. No effusion is noted in either knee.

TESTS:

	RIGHT	LEFT
Lachman	Negative	Negative
McMurray	Negative	Negative
Anterior drawer	Negative	Negative
Pivot shift	Negative	Negative
Apley	Negative	Negative

Thigh circumference measurements:

RIGHT (cm.)	LEFT (cm.)
38.0	38.0

Calf circumference measurements:

RIGHT (cm.)	LEFT (cm.)
29.0	29.0

MUSCLE STRENGTH OF THE LOWER EXTREMITIES

The muscle strength was checked in both lower extremities. The results are as follows:

	RIGHT	LEFT	MAJOR NERVE DISTRIBUTION
Hip Flexion	5/5	5/5	L2, L3
Knee Flexion	5/5	5/5	L4, L5
Knee Extension	5/5	5/5	L3, L4
Ankle Dorsiflexion	5/5	5/5	L4, L5
Big Toe Extension	5/5	5/5	L5
Ankle Plantar Flexion	5/5	5/5	L5, S1

DIAGNOSES:

1. Cervical HNP at C5-6 of 2.8 mm with mild bilateral neuroforaminal narrowing.
2. Cervical radiculopathy.
3. Lumbar spondylolisthesis L5-S1, 7 mm; 3.6 mm L5-S1 disc bulge with bilateral protrusion with mild foraminal stenosis bilaterally.
4. Lumbar radiculopathy.
5. Right carpal tunnel syndrome.

DISCUSSION:

Mr. Hernandez has two cumulative trauma injury claims. The one which pertains to orthopedic issues is from December 1, 2008 through July 16, 2008. Of significance is that Mr. Hernandez has a stress claim and during the evaluation he is noted to be somewhat of a confusing applicant to understand. However, I cannot address any problems related to stress and defer that to the appropriate specialist. As for his orthopedic complaints, what I have found on today's physical examination is that he does have evidence of a lumbar spondylolisthesis, radiculopathy in the right lower extremity, radiculopathy in the right upper extremity and right carpal tunnel syndrome as well.

Mr. Hernandez appears to be in the beginning stages of treatment. He had some chiropractic therapy without much benefit. He states that he has had MRI studies done of his neck and back along with electrodiagnostic studies of both upper and lower extremities; however, these are not

available to me. I will need to review these studies if available, otherwise new studies will need to be done.

Clinically he has right carpal tunnel syndrome and treatment may include bracing or surgery. As for his cervical spine and lumbar spines, he is a candidate for lumbar epidural injections and referral for orthopedic evaluation. For the lumbar spine, if his pain is intolerable, surgical stabilization of the spondylolisthesis is indicated. I will issue a supplemental report once the requested diagnostic studies have been provided for my review.

DISABILITY STATUS:

Mr. Hernandez is not permanent and stationary or maximally medically improved.

CAUSATION:

Causation appears to be industrial. Based on the mechanism of injury as described by Mr. Hernandez, it is reasonable that his usual and customary duties as a loader for Reyes Coca Cola Bottling, LLC has contributed to his cervical spine, lumbar spine and right wrist disability.

APPORTIONMENT:

I will address apportionment of disability when Mr. Hernandez has reached maximum medical improvement. I will need to review diagnostic studies. I anticipate there may be an issue of apportionment for the lumbar spine as he has underlying spondylolisthesis which is likely pre-existing. When he is finally made permanent and stationary, apportionment to the presence of the spondylolisthesis will be determined which is a known fact for people who have that known precipitator of low back pain.

I do not anticipate apportioning Mr. Hernandez's cervical spine or right carpal tunnel syndrome to anything other than the industrial cumulative trauma injury as claimed; however, if additional information becomes available, I would be pleased to review it.

Thank you for referring this applicant for my evaluation and, if there are any further questions, please do not hesitate to contact this office.

SOURCE OF ALL FACTS AND DISCLOSURE:

The source of all facts was the history given by the applicant and review of the previous examiner's medical reports. I personally interviewed the applicant, performed the physical examination, reviewed the history with the applicant, reviewed the medical records provided, dictated this report and it reflects my professional observations, conclusions and recommendations. Face-to-face time conformed with DWC guidelines. 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 the information that I have indicated and received from others. As to this 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. Labor Code 139.3 was not violated. Assistance with preparation of this report was provided by Michelle Maestro, Historian, Tonya Echeverria, Record Summarizer,

HERNANDEZ, Alberto

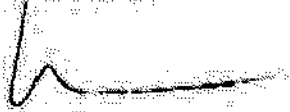
Date of Exam: July 23, 2019

Page 11

Sylvia Zimmerman, Assistant, and Lisa Melton, Editor, all of whom were trained by Arrowhead Evaluation Services, Inc. Please note that all times listed reflect physician time spent, not staff time.

Date of Report: July 23, 2019. Signed this 18th day of August, 2019 at San Bernardino County, California.

Yours truly,



JACK H. AKMAKJIAN, M.D.

Diplomate, American Board of Orthopedic Surgery

Fellow, American Academy of Orthopedic Surgeons

JHA/rk

cc: Law Offices of Natalia Foley
8306 Wilshire Boulevard, Suite 115
Beverly Hills, California 90211
Attention: Natalia Foley, Esquire

Law Offices of Morgan Leahy & Torigian, LLP
21031 Ventura Boulevard, Suite 2010
Woodland Hills, California 91364
Attention: Timothy Morgan, Esquire

Sedgwick CMS
P.O. Box 14450
Lexington, Kentucky 40512
Attention: Charles Han, Claims Examiner

Attached: Review of medical records

REVIEW OF MEDICAL RECORDS:

HERNANDEZ, Alberto

DOB: 10/10/1964

WC Claim Form dated 07/16/18, w/DOI: CT; 12/01/08 – 07/16/18. Upper back, lower back, R wrist and fingers, R leg.

Application for Adjudication dated 07/19/18, w/DOI: CT; 12/01/08 – 07/16/18. Applicant sustained injuries due to repetitive movements at work over a period of time. Injured body parts lower back, neck, shoulders, arms, head, foot, knees, fingers, stress, wrist, and R leg. Employed by Reyes Coca Cola Bottling, LLC as a Loader.

08/10/18 – Dr's 1st Rpt of Occupational Injury/Illness by Rafael Rios DC. DOI: CT; 12/01/08 – 07/16/18. Employed by Reyes Coca Cola Bottling, LLC as a Loader. Job Duties include lifting up to 50 lbs., 100 lbs. at docks; wears only gloves to support. Stress and strain due to repetitive movements at work over a period of time, injuring the lower back, neck, shoulders, arms, head, foot, knees, fingers, stress, wrist, and R leg. Med Hx of hernia surgery 5 yrs. ago w/employer. C/o pain to lower back, neck, shoulders, arms, head, foot, knees, fingers, stress, wrist, and R leg. Exam: Positive Soto Hall, Lewin's sit up, Milgram's, SLR w/moderate to severe pain in the C/S, T/S and L/S, w/pain on palpation. Dx: (1) Chronic s/s of C/S, post repetitive trauma. (2) S/s of L/S. (3) Discopathy of L/S. Findings/Dx are consistent w/Pt's account of injury/illness. Tx: Spinal manipulation, therapeutic exercises, manual therapy, EMS, heat to C/S, T/S and L/S. Regular duty.

08/13/18 – 08/29/18 (6 visits) – Chiro Progress Notes by Rafael Rios DC. C/o mid and LBP. No change, neck stiffness. Tx: Manual therapy, EMS, Diathermy, mechanical traction, heat and therapeutic exercises to C/S, T/S and L/S. Plan: Continue plan of care.

09/04/18 – 09/13/18 (4 visits) – Chiro Progress Notes by Rafael Rios DC. C/o mid back pain and LBP, and headache due to stress. Improving. Tx: Manual therapy, EMS, mechanical traction, therapeutic exercises, bicycle/elliptical to C/S, T/S and L/S. Plan: Continue plan of care.

09/06/18 – Rx Note by Rafael Rios DC. Tx: MRI of L/S.

Deposition: 09/20/18: Alberto Hernandez vs. Reyes Coca Cola Bottling, LLC; Ace American Insurance Company administered by Sedgwick Claims Management Services.

Page 05: Full name is Alberto Cervantes Hernandez. Page 06: Drove self to deposition. Works at the Rancho Cucamonga facility. Worked last night. Page 07: From 8:30 pm to 5:00 am. RTW this evening. Page 16: Currently working at the Reyes Holdings Rancho Cucamonga distribution facility w/o work restrictions. Page 17: Medical Rpt from Dr. Rios shows possible s/s of the back. Had a previous claim for strain of the leg, was on restricted work for a while, this was about 8 yrs. ago. Page 18: It as the R leg. Also had a claim for a hernia. Hired to work for Coca-Cola Enterprises or Coca-Cola Beverage Company in 2008. No second job between 2008 – 2018. Works a 40-hr. work week. Page 19: Overtime varies. Maybe 50 hrs. w/overtime in the last month. Page 20: 40-60 hrs. a week for the last 8 months. Injuries curtailed ability to work overtime, but still does it. Hernia was around 2011. Page 21: Was advised to have surgery, was

in a lot of pain. Page 22: Company clinic saw the hernia, sent Pt to chiro also. Hernia surgically repaired in 2011, no recurrence after surgical repair. Page 23: For the R leg strain, went to the doctor, had PT, it got better, not completely cured, but went back to work. Has pain here and there, nothing major. Page 24: Prior to Coca-Cola, worked for Foamex as a Machine Operator x20 yrs. from 1988 – 2008. Page 25: Had a hernia while there, around 1997. Prior to Foamex, worked at Pic 'n Save. Page 26: Prior to that, a water mattress company. No injuries at either job. Had an MVA, rear-ended one time, does not remember when, but it was not major. More than 20 yrs. ago. Page 27: Had medical Tx for it. The neck kind of hurts a little bit. Page 28: Claim on 07/16/18 for stress due to hostile work environment. Page 29: When Reyes took over the company, they did a TZA (where they walk w/you as you are working, and they want to know why you are not meeting the standards). Page 33: Harder to meet ELS standards after Reyes took over. Page 34: Feels that there is not enough time to complete work consistent w/standards. Page 37: Written up twice in the past 11 months. Page 38: Never been Dx'd w/mental illness/ disorder. Page 39: Feels life has changed, loss of appetite, gets headaches, stressed about potentially not being able to meet the standard. Page 40: Does not like working graveyard, has more seniority but is not picking as much and is driving a forklift. W/seniority, can choose to drive a forklift, go into the staging area, load trucks, job duties that does not require measurement under the ELS standard of picking. Page 41: Moved to graveyard around May. Is either always driving a forklift or is pulled after 2-3 hrs. of picking. Does not like graveyard, wants to go back to days where it is possible to rest, sleep, but if Pt goes back, it is too much, cannot handle it. Is already hurt, injured. Page 42: Never been to psychiatrist/psychologist or took meds for anxiety or psych issues. Has been to counselor about 30 yrs. ago for divorce. Told Dr. Rios about stress/anxiety, is going to therapy but wants to be prescribed meds for it, but doctor will not prescribe them. Scheduled for MRI today. Page 45: Mother passed on 01/31/18. Page 48: Afraid to go back to work if put back on picking, fears unable to meet the standard w/back injury. Is too much for Pt. Page 50: As a picker, you get a pallet jack, has a headset for orders to go throughout the warehouse to build a pallet. Page 51: Rides pallet jack throughout facility, gets off, grabs the product needed to build the pallet. Page 52: Given directions about where to go in the warehouse, the next stop. Page 53: When done, you print a ticket. When driving a forklift, you sit down and just move the steering wheel and the gears up/down the whole shift. You take the forklift and load trucks w/available pallets. Page 54: Occasionally builds pallets, but not the whole shift, primarily forklift duties the past 4-5 months. Page 55: Between 11/17 – 05/18, was just picking. No Tx during that time. Pain was not major, just mild, took OTC Tylenol, Advil. Page 58: The pain was gradual, feeling it little by little, more and more because of being pushed to do more than what Pt is able to do. Page 59: Reported all issues to Dr. Rios. Has headaches. Page 60: At least twice a day, tries not to take too many pills. Thinks it is caused by stress at work. Has strain behind the ear, a strain that pulls the head. Page 61: From the ear to the shoulder, on the arm, the wrist, and when starting to pick, the R fingers get numb. Then it goes down the R leg where there is strain from a long time ago. A pain that moves from the knee to the ankle, sometimes it is the ankle, sometimes it is the knee. Keeps working but feels like if the right step is not taken, then Pt is going to fall. Page 62: Did not report it due to bad experience when reporting hernia in 2011. Page 63: Has pain in the back, from the middle to the lower back, happened gradually. Page 64: Probably started around 12/17.

No Tx for it. Did not miss work. No issues w/L shoulder. Page 65: Issues w/L wrist and fingers when picking. Had strain to the R foot a long time ago, felt it recovered at that time, but not completely 100%. L foot is fine. Page 66: Fingers just get numb when picking. Page 68: Numbness in the wrists feels like it is going to come off. Does not wear wrist braces. No other Tx besides Dr. Rios'. Scheduled to RTW tonight w/o restrictions. Page 70: Three different types of pallets. Given 10-12 mins. to build a larger bulk pallet. It requires hurrying the pallet jack from one place to the next, get down and in a frantic fashion pile the materials onto the pallet. Page 72: No problems w/old standards. Page 74: Sometimes they stage pallets far from the dock. Page 75: Sees Dr. Rios twice a week for manipulation and therapy. Page 76: Goes to church, but not on a regular basis. Has declared bankruptcy before around 2008. Page 79: As a result of injuries, ADLs are more difficult. Just does it in pain. Page 80: On typical day off, just goes out to eat and tries to rest. Does not do any physical activities or exercise. Does not participate in recreational sports. Only taking OTC meds. Page 81: Told Dr. Rios about abilities to perform work duties. Page 82: Told him if picking, then Pt would not be able to go to work because of inability to meet the standard. Since Pt is not picking and is driving a forklift, Pt can do that. Cannot meet standard due to the back, so unable to meet the standard because the standard is unreasonable and because of physical complaint. Page 83: Dr. Rios recommended Pt take time off to get better, but Pt said he is not picking, is still in pain but it is not the same as lifting cases. Page 84: Is in a bad mood most of the time, but if in bed after working, Pt just takes pills when back hurts and falls asleep, then wakes up w/pain again and takes more pills. Been in bad mood for 3-4 months. Still wakes up w/back pain. Meds help relax a little bit, but in the middle of sleep, Pt wakes up w/back pain. If tired, Pt can fall asleep. Page 85: But wakes quickly because of pain and then it is hard to go back to sleep. Does not want to take pills every 4 hrs. Has been w/the company for about 10 yrs. in August. Likes work. Will be age 54 on October 10th. Page 86: Does not think it has much to do w/age and was able to move. Back just hurts, standard is difficult. Page 87: Physical movement at work includes reaching out, some pallets are big w/2-liters, it is above the head so there is reaching up, always reaching for cases, and reaching up to the heavy cases. Some cases are 50 lbs. Lightest cases about 5 lbs. 10% of items picked are heavy items of 50 lbs. Page 88: 50-lbs. products are at mid-chest level when pallet is full. The 2-liters comes in a case of eight. You have to reach up to just get it down. You have to move, twist body from L to R to try to get close to the product. Bend down when the pallet is almost empty. Is on feet walking w/o rest for the whole 8-hr. shift, sometimes is forced to do more. Page 89: Job duties the same for all 10 yrs. working, it is just the number of physical operations increased in a different amount of time than before. Page 90: Is picking more cases than before and doing more pallets, still cannot meet the standard. Pretty much worked at Coke and then was at a company x20 yrs. and other prior jobs. Page 93: Currently, not a happy person, always in a bad mood.

Miscellaneous Report(s)/Form(s):

Duplicate Medical Record, Health Insurance Claim Forms, Document Cover Sheets.

JHA/te

State of California
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

AME or OME Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(i))

Case Name: ALBERTO HERNANDEZ v Coca Cola Bottling
(employee name) *(claims administrator name, or if none employer)*

Claim No.: 18R11004183 **EAMS or WCAB Case No. (if any):** ADJ11396739

I, JOCELYN LUPERCIO, declare:
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: 1680 PLUM LN REDLANDS CA 92374
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:
 - A. depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.
 - B. placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
 - C. placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
 - D. placing the sealed envelope for pick up by a professional messenger service for service. *(Messenger must return to you a completed declaration of personal service.)*
 - E. personally delivering the sealed envelope to the person or firm named below at the address shown below.

<u>Means of service:</u> <i>(For each addressee, enter A - E as appropriate)</i>	<u>Date Served:</u>	<u>Addressee and Address Shown on Envelope:</u>
<u>A</u>	<u>08/20/19</u>	<u>Natalia Foley 8306 Wilshire Boulevard, Suite 115 Beverly Hills, California 90211</u>
<u>A</u>	<u>08/20/19</u>	<u>Morgan Leahy & Trivette, LLP 21031 Ventura Boulevard, Suite 2016 Woodland Hills, California 91364</u>
<u>A</u>	<u>08/20/19</u>	<u>Sedgwick - SENT ELECTRONICALLY</u>
<u>A</u>	<u>08/20/19</u>	

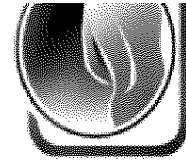
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 8-20-19

Jocelyn Lupercio
(signature of declarant)

Jocelyn Lupercio
(print name)

EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



- Minimally Invasive Spine Surgery
- Complex & Revision Spine Surgery
- Comprehensive Spine Care

SEDGWICK CMS Inc Everest National
 P.O. Box 14442
 Lexington, KY 40512
 Attn: Charles Han

Patient Name : Alberto Hernandez
 Date of Service : February 24, 2020
 Claim # : 18RH004183
 Employer : Reyes Coca Cola Bottling/91730
 Date of Birth : October 10, 1964
 Date of Injury : 11/15/2019
 CT:01/01/18-07/01/18
 File # : 20059453



- Certified, American Board of Orthopedic Surgery

AAOS AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

- Fellow, American Academy of Orthopedic Surgeons



- Member, North American Spine Society

ACS AMERICAN COLLEGE OF SPINE SURGERY

- American College of Spine Surgery



- Alumni, Kerlan-Jobe Orthopedic Clinic

PRIMARY TREATING PHYSICIAN'S INITIAL ORTHOPEDIC EVALUATION REPORT

The above captioned patient, a 55-year-old right-hand dominant male, presented in my Pomona office, located at 724 Corporate Center Drive, 2nd Floor, Pomona, California 91768, on February 24, 2020, for an orthopedic examination.

The following is a presentation of my initial evaluation and over all recommendations. The history was obtained by my medical historian, Mrs. Jessica Cisneros. I then reviewed the history in detail with patient.

HISTORY OF INJURY:

Mr. Hernandez is a 55-year-old right-hand-dominant male who sustained industrial injuries on November 15, 2019, while working as an order packer for Reyes Coca Cola Bottling, LLC.

The patient states on November 15, 2019 during the course of his employment, he was inspecting the semi-trucks making sure the load was

5651 SEPULVEDA BLVD., STE 201
 SHERMAN OAKS, CA 91411
 PH: (818)788-2400
 FAX: (818) 788-2453

724 CORPORATE CENTER DRIVE
 SECOND FLOOR
 POMONA, CA 91768
 PH. (909) 622-6222
 FX. (909) 622-6220

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hernandez, Alberto

February 24, 2020

Page 2 of 7

correct, closed and locked the container's doors. As he reached out and bent down to close and lock a door, he experienced immediate pain to his entire back. He had a lot of difficulty to straighten his back. He reported the injury to the warehouse manager and was allowed to go home. The patient tried to return to work however he was told they couldn't accommodate his work restrictions and was sent home. He was not sent to receive medical care as he was already under the medical care of a primary treating physician for other work-related injuries.

On the following Monday the patient tried to seek medical care with me however he wasn't scheduled and wasn't seen. He was told to return on his next appointment date which he did. He was examined and his work restrictions were extended.

He presents to my office today for a comprehensive orthopedic evaluation.

JOB DESCRIPTION:

The patient began employment with Reyes coca Cola Bottling/91730 in August 2008, as a Unloader/Loader.

He worked eight hours per day, five days per week, and up to 20-30 hours of overtime per week. His duties at the time of injury entailed: pulling orders consisting of coca cola product/drinks, lifting and carrying cases of soda, palletizing, shrink wrapping, and moving the pallets to different areas in the warehouse, and operating a stand-up electrical pallet jack.

The precise activities required entailed prolonged standing and walking, as well as continuous maneuvering of his arms and hands, and repetitive bending, stooping, squatting, twisting, turning, forceful pushing and pulling, forceful gripping and grasping, reaching to all levels, torqueing, lifting and carrying up to 50 pounds.

CURRENT WORK STATUS:

The patient is currently not working. He last worked on 11/15/2019.

He recently started receiving state disability benefits.

EMPLOYMENT HISTORY:

The patient has worked for Reyes Coca Cola Bottling Company, Inc., for approximately 12 years.

PRESENT COMPLAINTS:

The patient reports continuing complaints of neck pain and bilateral shoulder pain for the cumulative trauma sustained while also working for Reyes Coca Cola Bottling for which he is currently under care.

Thoracic and Lumbar Spine:

hernandez, AIBERTO

February 24, 2020

Page 3 of 7

The patient has complaints of continuous aching pain in the mid and lower back, often becoming sharp and shooting pain. His pain travels to his buttock and right leg down to his foot. He has episodes of weakness, numbness, and tingling in his right leg and foot. At times he feels like his right leg-knee is going to give out. His pain increases with prolonged standing, walking, sitting, and driving and getting up from a seated, from his car and bent position. His pain also increases with bending, twisting, and turning, heavy lifting and carrying and forceful pushing and pulling. He has difficulty sleeping and awakens with pain and discomfort. His pain level varies throughout the day depending on activities. He does not have bowel or bladder dysfunction. He suffers from increased pain in his lower back with sexual activities. He is having difficulty maintaining an erection. Pain medication provide him temporary pain relief.

MEDICAL HISTORY:

The patient has no known history of high blood pressure, diabetes, high cholesterol, gastritis, heart, kidney, lung or thyroid diseases, tuberculosis, cancer, ulcers, pneumonia, eye, ears or skin problems, seasonal allergies asthma, hepatitis, gout, Lupus, or arthritis.

SURGERIES:

The patient states in 2010 he underwent right inguinal herniorrhaphy.

PRIOR/SUBSEQUENT INJURIES:

The patient denies any previous or subsequent fractures or car accident injuries.

The patient states in 2010 he suffered a work-related injury with a prior employer developing an inguinal hernia which was surgically repaired and recovered.

MEDICATIONS:

The patient is currently taking pain and muscle relaxant medications.

ALLERGIES:

The patient has no known allergies to any medications.

SOCIAL HISTORY:

The patient is married and has three children.

He occasionally drinks and does not smoke.

FAMILY HISTORY:

His family history is noncontributory.

ACTIVITIES OF DAILY LIVING:

The patient states that prior to the above noted injury he had no disabling conditions and could perform all activities of daily living without any difficulties.

hernandez, Aiderio

February 24, 2020

Page 4 of 7

The patient states since the injuries noted above, there are episodes of increased pain to his neck, upper, mid and lower back, causing him difficulty with showering, dressing, grooming, and with house chores. He avoids standing, walking, sitting, and driving for prolonged periods of times. He avoids lifting greater than 15-20 pounds and is more aware of proper body mechanics.

PHYSICAL EXAMINATION:

HEIGHT: 5'5

WEIGHT: 142 lbs.

On examination, the patient noted to demonstrate difficulty raising from a seated position. The range of motion of the lumbar spine is limited with flexion to 35 degrees, extension to 10 degrees and right and left side bending to 20 degrees.

Thoracolumbar paravertebral muscle guarding/spasm noted on palpation. Straight leg raising is positive bilaterally, right side greater than left with decreased sensation over the right lower extremities L5 and S1 dermatomes ,and left lower extremity S1 dermatome.

Examination of the cervical spine reveals limited range of motion with paravertebral muscle guarding/spasm. There is decreased sensation over the bilateral C6 dermatomes.

DIAGNOSES:

Cervical radiculopathy .

Lumbar radiculopathy, lumbar grade I spondylolisthesis at L5-S1.

Bilateral shoulder impingement.

DISCUSSION:

The patient is seen for follow-up reporting a new date of injury occurring on November 15, 2019, while employed for Reyes Coca Cola Bottling. He is currently being treated for a work-related cumulative trauma while working with the same employer involving his neck, low back and both shoulders. The patient reports on November 15, 2019, he was inspecting semi-trucks making sure the load was correct and had bent down to close and lock the door of a truck, when he experienced an acute worsening of his low back and radiating leg symptoms. He was experiencing low back pain to a letter extent relative to cumulative trauma prior to this for which the patient has already been seen. The patient has undergone a course of conservative treatment for the lumbar spine already and was referred to Dr. Kohan for pain management on January 15, 2020, who has requested a lumbar epidural steroid injection. Based on the patient's objective findings, I am in agreement with Dr. Kohan's recommendation for a lumbar epidural steroid injection. The patient has also undergone more recent upper extremity EMG/nerve conduction studies on January 20, 2020, and the results are pending. He is also scheduled for lower extremity EMG/nerve conduction studies in March 2020. A request is made for the study reports once they become available. At this point, the patient will be continued on a home exercise regimen. No medications are refilled on today's office visit.

hernandez, Aiderio

February 24, 2020

Page 5 of 7

Regarding industrial causation, it is with reasonable medical probability that the combined work injuries of the cumulative trauma to July 1, 2018, and subsequent specific work injury occurring on November 15, 2019, caused industrial injury to the patient's back. The patient's neck, bilateral shoulder, and right wrist impairment and disability was caused by the work-related cumulative trauma injury while employed for Reyes Coca Cola Bottling.

The patient will be continued on his current work restrictions with no lifting, pushing, or pulling over 10 pounds and to avoid bending and twisting completely. He should also avoid squatting and kneeling completely. He should be allowed to change positions as needed. He is not to drive commercial trucks. If modified work is unavailable, then he will be considered temporarily totally disabled. The patient will be given a return appointment in four weeks.

I hope the above information has been helpful to you and thank you for referring this patient to my office for orthopedic examination.

We request to be added to the Address List for Services of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Worker's Compensation Appeals Board. We are advising the Worker's Compensation appeals Board that we may not appear at the hearings or Mandatory Settlement Conferences for the case in chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manual index No. 60610, effective February 1, 1995, we request that defendants, with full authority to resolve our lien, telephone our office and ask to speak with our "workers' compensation lien negotiator".

Authorizations for transportation, medication, physiotherapy, rehabilitation, a conditioning program and the above stated recommendations are requested based upon medically reasonable treatment requirements. This is per labor code 4600 and Title 8, Section 9792.6, C.C.R. and Rule 9785(b). Furthermore, we are requesting that all the medical records be forwarded to our office to avoid repetition in testing and treatment. Please provide us with information regarding the status of the case as soon as possible.

To complete this examination I have been assisted, as needed, for taking histories, taking x-rays, assisting with the patient, transcription of reports by some or all of the following personnel Alma Azucar, Maria Valles, Marlen Sanchez, Laura Casillas and Emily Shemwell. Sherry Leoni, DC, or Randy Cockrell, DC, may also have assisted in compiling and editing of this report. If required an interpreter was provided. All of the above individuals are qualified to perform the described activities by reason of individual training or under my direct supervision. I certify that this examiner reviewed the history and the past medical records directly with the patient. The examination of the patient, and interpretation of tests and x-rays, was all performed by this examiner. The dictation and the review of the final report were performed entirely by me. The opinions and conclusions contained in this report are entirely my own. I declare, under penalty of perjury, that the information contained in this report, and any attachments, is true and correct, and that there has not been a violation in this report of Section 139.3 L.C. to the best of my knowledge and belief, except as to information that I have indicated was received from others. As to that

hernandez, Aiderio

February 24, 2020

Page 6 of 7

information I declare under penalty of perjury, that I have accurately detailed the information provided me and, unless otherwise noted, I believe it to be true.

In order to prepare this report and complete the evaluation, time was spent without face to face with the patient. The billings reflect such time spent by the physician with the code 99358. Edwin Haronian, M.D. Inc. does not accept the Official Medical fee schedule as prime facie evidence to support the reasonableness of charges. Edwin Haronian, M.D. is a fellow of the American Academy of Orthopedic Surgeons and is board certified, specializing in disorder and surgery of the spine. Under penalty of perjury under the laws of the State of California, services are billed in accordance with our usual and customary fees. Additionally, this medical practice providing treatment to injured worker's experiences extraordinary expenses in the form of mandated paperwork and collection expenses, including the necessity to retain highly-trained personnel to appear before the Workers' compensation appeals board. Based on the level of services provided and overhead expenses for services contained within our geographical area, we bill in accordance with the provisions set-forth in Labor Code Section 5307.1. Please be advised that Dr. Haronian has a financial interest in Osteon Surgery Center, Kinetix Surgery Center and Pomona Orthopedics.



Edwin Haronian, M.D.
Certified Diplomate American
Board of Orthopedic Surgery
California License #A71385

March 14, 2020

Date

County where executed: Los Angeles County

RC/ks/

*Law Offices Of Natalia Foley
8018 E. Santa Ana Cyn Rd. Ste 100-215
Anaheim, CA 92808

*Morgan, Leahy & Torkigian LLP
21031 Ventura Blvd Ste 210
Woodland Hills, CA 91364

PROOF OF SERVICE
STATE OF CALIFORNIA

I am employed in the County of Los Angeles. I am over the age of 18 and not a party to the within action; my

00044

hernandez, Alberto

February 24, 2020

Page 7 of 7

business address is:

5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411

On 3/20/2020 served the foregoing document described as:

EDWIN HARONIAN, M.D.
EVALUATION REPORT

Patient Name: Alberto Hernandez

File Number: 20059453

Claim #: 18RH004183

DOS: 2/24/2020

On all interested parties in this action by electronic transmission a true copy of this narrative report from **5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411**

Addressed as follows:

Charles Han
SEDGWICK CMS Inc Everest National
P.O. Box 14442
Lexington, KY 40512

Law Offices Of Natalia Foley
8018 E. Santa Ana Cyn Rd. Ste 100-215
Anaheim, CA 92808

Morgan, Leahy & Torkigian LLP
21031 Ventura Blvd Ste 210
Woodland Hills, CA 91364

I declare that I am over the age of 18 years and not a party to this action. I also declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on 3/20/2020 at



Emily Shemwell



MORGAN, LEAHY & TORIGIAN, LLP

Timothy D. Morgan, Esq.
John R. Leahy, Esq.
Victoria K. Torigian, Esq.

21031 Ventura Blvd., Ste. 210, Woodland Hills, CA 91364 • P: (818) 854-6171 • F: (818) 854-6172 • www.mlflawyers.com

March 7, 2019

Law Offices of Natalia Foley
8306 Wilshire Blvd, Ste 115
Beverly Hills, CA 90211

RE: ALBERTO HERNANDEZ v. REYES COCA COLA BOTTLING LLC
ADJ NO/VENUE: ADJ11396739; ADJ11396777/LAO
CLAIM NO: 18RH004183; 18RH004185
DOI: CT 12/01/2008-07/16/2018; CT 01/01/2018-07/01/2018
FILE NO: 1160009

Dear Ms. Foley:

We have the supplemental report from Panel Qualified Medical Examiner (QME) Dr. Peter Sofia dated February 14, 2019.

He is recommending that your client elect to do one of two things:

1. Select a Medical Provider Network Orthopedist for the purpose of seeking conservative treatment.
2. Forego any current, conservative treatment and return to the Panel QME for a further examination in June 2019.

Please advise me immediately what your client intends to do regarding these issues and we can proceed accordingly. If I do not hear from you within the next twenty (20) days, I will assume your client is not interested in treatment and is willing to proceed with a further Panel QME examination.

Page 2

March 7, 2019

Law Offices of Natalia Foley

Re: Alberto Hernandez

I look forward to hearing from you.

Very truly yours,

MORGAN, LEAHY & TORIGIAN, LLP

A handwritten signature in black ink, appearing to read "T. Morgan", with a long horizontal flourish extending to the right.

Timothy D. Morgan
Attorney at Law

TDM:abj

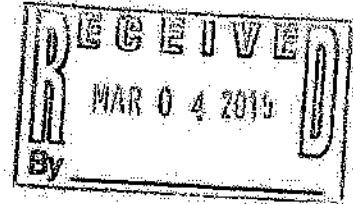
Enclosures: Peter Sofia, M.D. PQME Report dated February 14, 2019

cc: See attached Proof of Service and Mailing List.

Peter J. Sofia, M.D.

**Mailing Address:
1680 Plum Lane
Redlands, California 92374
(909) 335-2323**

February 14, 2019



WORKERS' COMPENSATION APPEALS BOARD
Disability Evaluation Unit
464 W. Fourth Street, Suite 239
San Bernardino, CA 92401-1411

EMPLOYEE	:	ALBERTO HERNANDEZ
EMPLOYER	:	Reyes Coca Cola Bottling, LLC
D/INJURY	:	CT December 1, 2008 – July 16, 2018 CT January 1, 2018 – July 1, 2018
CLAIM NO.	:	18RH004183; 18RH004185
WCAB NO.	:	ADJ11396739; ADJ11396777 (SBR)

**SUPPLEMENTAL ORTHOPEDIC PANEL QUALIFIED
MEDICAL EVALUATION REPORT:**

Gentlepersons:

There is a cover letter from defense attorney Timothy Morgan at Morgan Leahy & Torigian who notes that they did receive my report. I recommended imaging studies so the opinion can be finalized. That it is not exactly what I said, I did not actually request imaging studies and I did request EMG testing. More importantly, the first request was that the applicant be assigned an orthopedic surgeon to treat the body parts most of which I accepted. I never said anything about finalizing the case after testing. I said I would like to see him in the future when he is fully treated and then released, so frankly the defense attorney is misquoting my report. He next states he would like to know what is needed to generate a final report; as I have just stated, I believe the applicant needs treatment for industrial injuries. So I am a little bit puzzled that this has not been done. What has happened to applicants in the past is that I have requested additional testing and treatment, it is never done because it is denied, because the case is not accepted, and then I am repeatedly asked to finish the case even though a case that I accepted was never treated. They want to know what I need to generate a final report and the answer is I need to have the applicant treated, so they would like a supplemental report.

Supplementary medical records were received in this office and are reviewed as follows:

REVIEW OF SUPPLEMENTARY MEDICAL RECORDS:

01/24/19: In fact I did get the EMG testing that I was discussing above; we have Dr. Ronald Kent's report noting a rule out diagnosis of lumbosacral radiculopathy. He notes his work, his duties, and his complaints including low back, bilateral knees and ankles, right greater than left, and bilateral feet, all toes, right greater than left, plus weakness. That is actually much more profound than he told me frankly. He does a neurologic exam; mental status is intact, cranial nerves are intact, motor strength is intact, the extremities are well developed, normal tone and bulk, coordination is intact, gait is intact, sharp sensation intact, reflexes are symmetric, there is no abnormal reflexes. He then performs an EMG/NCV of the lower extremities and it is completely normal, although he does have a mildly positive MRI with the possibility of nerve impingement. The EMG test is negative, therefore we would consider his leg complaints to be nonverifiable radiculopathy.

01/10/19: Dr. Kent did the upper extremity evaluation; again he goes over the work, his complaints including numbness to the wrists and hands, and pain in the neck, but not in the arms between the neck and the hands which is important of course, indicating the EMG will be probably negative. He reviews his past history, again he has mental status exam up and then a cranial nerve exam, for the motor strength is intact, normal tone and bulk, coordination is intact, gait is intact, sensation is intact, reflexes are symmetric, trace but symmetric in the upper extremities. He then performs an EMG/NCV and his findings is mild bilateral carpal tunnel but no cervical radiculopathy, so it is actually relatively good news. His numbness is due to carpal tunnel which is much more easily treated than cervical radiculopathy. In addition, the carpal tunnel being mild he does not necessarily have to have aggressive treatment at this time.

DISCUSSION:

I am accepting multiple body parts and I believe the applicant is entitled to and should have treatment. I personally do not feel he is P&S, MMI. He has not had any treatment. He fortunately does not have a verified motor cervical radiculopathy or verified motor lumbar radiculopathy; he does have mild carpal tunnel, he does have neck and back pain and other complaints. I believe he would benefit from treatment and I believe I discussed treatment at length.

I also listed other treatments including but not limited to medication, physical therapy, acupuncture, chiropractic, right shoulder injection, possibly epidural. He does have leg pain although it is not verified, we still use epidurals. If treatment begins, then I would prefer treatment continue until the MPN orthopedic surgeon is satisfied the treatment has maxed out its benefit or one year. If they do not request any care I should see the applicant at six months after my visit, so that would be roughly early June 2019

I am saying though the applicant should have treatment, so whatever the parties can do to expedite that would be appropriate. I do not believe I have any other comments.

Thank you for the opportunity to review these records and prepare this report. If you have any further questions, please do not hesitate to contact this office.

SOURCE OF ALL FACTS AND DISCLOSURE:

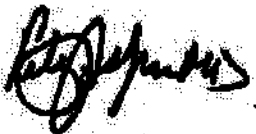
The source of all facts was from review of the cover letter, diagnostic studies and my previous medical report. I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to the information 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 indicated herein, that I believe it to be true. Labor Code 139.3 was not violated. Please note that all times listed reflect physician time spent and not staff time.

Under penalty of perjury, I declare that the following represents the physician time associated with supplemental report:

Report prep/review: 45 minutes

Date of Report: February 14, 2019. Signed this 28th day of February, 2019 at San Bernardino County, California.

Sincerely,



PETER J. SOFIA, M.D.

PJS/PRE/S2T

cc: Law Offices of Natalia Foley
8306 Wilshire Boulevard, Suite 115
Beverly Hills, CA 90211
Attn: Natalia Foley, Esq., Applicant Attorney

Morgan, Leahy & Torigian, LLP
21031 Ventura Boulevard, Suite 210
Woodland Hills, CA 91364
Attn: Timothy D. Morgan, Esq., Applicant Attorney

Sedgwick CMS
Post Office Box 14442
Lexington, KY 40512
Attn: Charles Han, Claims Representative

State of California
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

AME or OME Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(f))

Case Name: ALBERTO HERNANDEZ v Reyes Coca Cola Bottling, LLC
(employee name) (claims administrator name, or if none employer)

Claim No.: 18RH004183 EAMS or WCAB Case No. (if any): ADJ11396739

I, MARIA PARRA, declare:
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: 1680 PLUMLN REDLANDS CA 92374
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

- A depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.
- B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
- C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
- D placing the sealed envelope for pick up by a professional messenger service for service. (Messenger must return to you a completed declaration of personal service.)
- E personally delivering the sealed envelope to the person or firm named below at the address shown below.

Means of service:
(For each addressee, enter A - E as appropriate)

Date Served:

Addressee and Address Shown on Envelope:

A
A
A

03/01/19

03/01/19

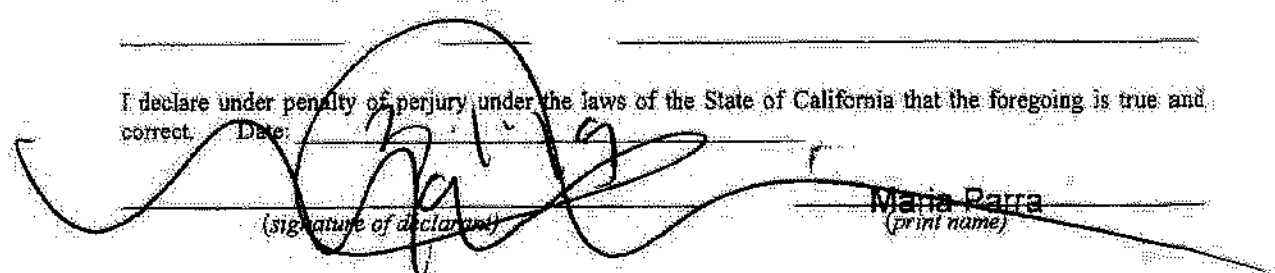
03/01/19

Law Offices of Natalia Potey, 8306 Wilshire Boulevard, Suite 116 Beverly Hills, CA 90211

Morgan, Leahy & Tricigan, LLP, 21031 Ventura Boulevard, Suite 210 Woodland Hills, CA 91364

Sedgwick CMS- SENT ELECTRONICALLY

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: _____


(signature of declarant)

Maria Parra
(print name)

1 UAN: MORGAN LEAHY WOODLAND HILLS

EAMS Administrator: Amber Jurich

2 Phone Number: (818) 854-6171

3 Email: ajurich@mltlawvers.com

4 RE: ALBERTO HERNANDEZ v. REYES COCA COLA BOTTLING LLC

ADJ NO/VENUE: ADJ11396739; ADJ11396777/LAO

5 CLAIM NO: 18RH004183; 18RH004185

DOI: CT 12/01/2008-07/16/2018; CT 01/01/2018-07/01/2018

6 FILE NO: 1160009

7 **PROOF OF SERVICE BY MAIL**

8 I, the undersigned, am employed in the County of Los Angeles; I am over 18 years of age, and I
9 am not a party to the within action; my business address is: Morgan, Leahy & Torigian, LLP,
21031 Ventura Boulevard, Suite 210, Woodland Hills, CA 91364. On March 7, 2019 I served the
within:

10 **LETTER TO AA REGARDING PQME DATED MARCH 7, 2019**

11 on the parties listed below in said action by placing a true and correct copy thereof in a sealed
12 envelope with the required postage therein, fully prepaid, for collection and mailing on the date
and at the place shown below following ordinary business practices. I am readily familiar with
13 this business' practice for collecting and processing correspondence for mailing. On the same day
that this correspondence was placed for collection and mailing, it was deposited in the ordinary
14 course of business in a sealed envelope with postage fully prepaid and deposited in the United
States mail at Woodland Hills, CA, addressed as follows:

15 Mr. Charles Han
16 Sedgwick Claims Management Services
Post Office Box 14450
17 Lexington, KY 40512

18 Law Offices of Natalia Foley
8306 Wilshire Blvd, Ste 115
19 Beverly Hills, CA 90211

20 I declare under penalty of perjury under the laws of the State of California that the foregoing is
true and correct. Executed on March 7, 2019 at Woodland Hills, CA.

21
22 
23 Amber Jurich
24
25



Jonathan F. Kohan, M.D.
SPECIALIZING IN PAIN DISORDERS

MULTI-DISCIPLINARY
TREATMENT OF
CRPS (RSD)
CHRONIC PAIN SYNDROMES
CANCER PAIN
FIBROMYALGIA
NEURALGIAS
HEADACHE

SPINAL CORD STIMULATION
INTRATHECAL PUMP
PLACEMENT
DISCOGRAPHY
RADIOFREQUENCY ABLATION
SPINAL INJECTIONS

DIPLOMATE, AMERICAN BOARD
OF ANESTHESIOLOGY
FELLOWSHIP TRAINED IN PAIN
MEDICINE

Edwin Haronian, M.D.
724 Corporate Center Dr. 2nd Floor
2nd Floor
Pomona, CA 91768

Patient Name : Alberto Hernandez
Date of Service : January 15, 2020
Claim # : 18RH004183
Employer : Reyes Coca Cola Bottling/91730
Date of Birth : October 10, 1964
Date of Injury : CT:01/01/18-07/01/18
File # : 20059453

**SECONDARY TREATING PHYSICIAN PAIN MANAGEMENT
INITIAL REPORT**

Mr. Alberto Hernandez was seen in this office today for an initial pain management consultation. He was seen with the assistance of a certified Spanish-speaking interpreter. The following is a presentation of my initial evaluation and overall recommendations. The history was obtained by a qualified medical historian, Ms. Monica Bradburn. I then reviewed the history in detail with the patient.

HISTORY OF INJURY:

Mr. Alberto Hernandez is a 55-year-old, right-handed male who sustained an industrial injury while performing his usual and customary duties while working for Reyes Coca Cola Bottling as a loader/unloader. During the course of employment, he began to experience a gradual onset of pain in his neck, shoulders, elbows, hands, wrists, fingers upper and lower back, knees and feet due to the nature of his work duties which entailed pulling orders consisting of coca cola product/drinks, lifting and carrying cases of soda, palletizing, using shrink wrap, moving the pallets to different areas in the warehouse, operating a stand up electrical pallet-jack. He was constantly standing, walking, bending, stooping, squatting, twisting,

00053

Romanuez, Alberto

January 15, 2020

Page 2 of 15

turning, pushing, pulling, gripping, grasping, reaching, lifting and carrying. He also developed anxiety and stress due to the hostile environment. He also felt he was also being discriminated.

In October 2018, he was referred to Dr. Rios for a chiropractic evaluation. He was examined and x-rays were obtained. He was started on chiropractic treatment two times a week for three months with temporary pain relief. He underwent **MRI scans of the cervical, thoracic and lumbar spine**. Recommendations included an orthopedic evaluation. He was last examined in December 2019.

He underwent a QME evaluation with Dr. Peter Sofia. He also underwent a QME evaluation with Dr. Akmakjian. **MRI scans of the cervical, thoracic and lumbar spine. EMG studies of his upper extremities** were conducted.

On November 11, 2019, the patient was seen in your office for an orthopedic evaluation. He was examined and x-rays were obtained. He was provided with medication. He is seen today for a pain management evaluation.

CURRENT WORK STATUS:

The patient is currently not working. He last worked on November 15, 2019.

PRESENT COMPLAINTS:

Cervical Spine:

The patient experiences ongoing pain in his neck. He has pain that radiates to both shoulders, arms to the hands with numbness and tingling. He has occasional headaches. His pain is aggravated when tilting the head up and down or moving the head from side-to-side. The pain increases with prolonged sitting and standing. He has difficulty sleeping and awakens with pain.

The patient indicates that on a pain scale from 1-10, with 10 being the worst, his neck pain is rated as 7/10.

Bilateral Shoulders:

The patient experiences ongoing pain in both shoulders, right greater than left. He has popping on occasion with shoulder motion. He has increased pain with above-shoulder reaching and lifting. He also has difficulty sleeping.

The patient indicates that on a pain scale from 1-10, with 10 being the worst, his shoulder pain is rated as 6-7/10.

Hernandez, Alberto

January 15, 2020

Page 3 of 15

00055

Bilateral Elbows:

The patient experiences ongoing pain in both elbows. He has pain with movement of the elbow. His pain extends to the forearm, hand and fingers. He experiences numbness and tingling. He has difficulty with lifting and carrying objects and with rotating the

Romanuez, Alberto

January 15, 2020

Page 4 of 15

Bilateral Feet/ Ankles:

The patient experiences ongoing pain in both feet/ankles. He has difficulty standing and walking for prolonged periods of time. He walks with an uneven gait. He also has difficulty sleeping.

The patient indicates on a pain scale from 1-10, with 10 being the worst, his pain is rated 5-6/10.

PSYCHE:

The patient has continuous episodes of anxiety, stress and depression due to chronic pain and disability status.

WEIGHT:

Pre-injury weight: 135 pounds.

Present weight: 142 pounds.

ACTIVITIES OF DAILY LIVING:

The patient has difficulty with grooming, bathing, dressing, household chores and long periods of driving.

PAST MEDICAL HISTORY

He denies hypertension, diabetes, asthma, cardiovascular disease, renal or hepatic disease, tuberculosis, cancer, ulcers, pulmonary or thyroid disease, skin problems, gout, rheumatoid arthritis, lupus or any type of bone, muscle or joint disease.

SURGERIES/HOSPITALIZATIONS:

The patient underwent the following surgeries:

1. Right inguinal hernia repair-2010

PREVIOUS ACCIDENTS/INJURIES:

The patient sustained an industrial injury to the right inguinal hernia repair in 2010. He underwent surgery. He fully recovered and had no residual complaints.

CURRENT MEDICATIONS:

The patient is taking the following medication:

Romanuez, Alberto

January 15, 2020

Page 5 of 15

1. Naproxen
2. Prevacid
3. Skelaxin
4. Ibuprofen gel

ALLERGIES:

The patient denies any known medication allergies.

SOCIAL HISTORY:

The patient is married with children.

The patient drinks beer socially. He denies tobacco use.

The patient denies any use of past or present use of illegal substances.

FAMILY HISTORY:

The patient's family history is noncontributory.

REVIEW OF SYSTEMS:

HEENT: No problem with eyes, ears or throat. No blurred vision or tinnitus.

Respiratory: No cough, wheezing or shortness of breath.

Cardiovascular: No chest pain, heart murmur or palpitations.

Gastrointestinal: No known nausea, vomiting, constipation, diarrhea or gastrointestinal upset. There is no history of ulcers.

Genitourinary: No dysuria, frequency, urgency or incontinence.

Hematopoietic: No bleeding problems, clot formations or phlebitis.

Neurologic: The patient experiences occasional headaches.

Psychiatric: The patient complains of anxiety, stress and depression.

PHYSICAL EXAMINATION:

Height: 5'5".

Romanuez, Alberto

January 15, 2020

Page 6 of 15

Weight: 142 pounds.

GENERAL: The patient is a male in no distress secondary to pain.

HEENT: There is no jaundice or icterus. Cranial nerves II through XII are all grossly intact.

Cardiac: Regular Rate and Rhythm without Murmur.

Chest: Clear Bilaterally.

Abdomen: Soft and Non-tender.

Cervical Spine:

There is tenderness to palpation over paravertebral, trapezius, deltoid, and rhomboids area with moderate spasm. There is tenderness over paraspinous muscles. Axial Compression: Negative. Spurling: Negative.

Range of Motion	Measured	Normal	Spasm	Pain
Forward Flexion	50	50	Positive	Positive
Extension	60	60	Positive	Positive
R Lateral Flexion	45	45	Positive	Positive
L Lateral Flexion	45	45	Positive	Positive
R Rotation	80	80	Positive	Positive
L Rotation	80	80	Positive	Positive

Reflex (0-2)	Right	Left
Biceps	2	2
Triceps	2	2
Brachioradialis	2	2

Motor (0-5)	Right	Left
Deltoid	5	5
Biceps	5	5
Triceps	5	5
Supinator	5	5
Pronator Teres	5	5
Wrist Flexor	5	5
Wrist Extensors	5	5

Romanuez, Alberto

January 15, 2020

Page 7 of 15

Sensory:	<u>Right</u>	<u>Left</u>
Deltoid (C5)	Intact	Intact
Lat. Forearm, Thumb, Index (C6)	Decreased	Intact
Middle Finger (C7)	Intact	Intact
Med. Forearm/Little Finger (C8)	Intact	Intact
Medial Arm (T1)	Intact	Intact
Lateral Arm (T2)	Intact	Intact

<u>Shoulder Examination</u>			
Range of Motion:	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Flexion	180	180	180
Extension	50	50	50
Abduction	180	180	180
Adduction	50	50	50
Ext. Rotation	90	90	90
Int. Rotation	90	90	90

There is tenderness over the shoulder joint bilaterally. Impingement sign was negative on the right and left.

Spine: There is no evidence of scoliosis, lordosis, or kyphosis.

Stance and Gait: The patient has a normal gait and is able to ambulate without a cane. The patient is able to perform toe and heel walk with pain in the back.

Palpation: There is tenderness to palpation over the lumbar paravertebral area with moderate spasm noted. There is tenderness over paraspinous muscles over lower lumbar spine. There is no tenderness over the bilateral sacroiliac joints.

<u>Lumbar Spine:</u>				
Range of Motion:	<u>Measured</u>	<u>Normal</u>	<u>Spasm</u>	<u>Pain</u>
Flexion	40	90	Positive	Positive
Extension	15	30	Positive	Positive
R Lateral Flexion	15	30	Positive	Positive
L Lateral Flexion	15	30	Positive	Positive
R Rotation	15	30	Positive	Positive
L Rotation	15	30	Positive	Positive

Romanuez, Alberto

January 15, 2020

Page 8 of 15

Straight leg raise was negative on the right at 90 degrees and negative on the left at 90 degrees. Laseque is negative on the right and left.

FABER test is negative on the right and left.

Neurologic:		
Reflexes (0-2)	<u>Right</u>	<u>Left</u>
Patellar	2	2
Achilles	2	2

Motor (0-5):	<u>Right</u>	<u>Left</u>
Hip flexion	5	5
Hip abductors	5	5
Hip adductors	5	5
Ankle dorsiflexion	5	5
Ankle plantar flex.	5	5

Sensory (pinprick)	<u>Right</u>	<u>Left</u>
Anterior Thigh	Intact	Intact
Medial Calf/Inner Foot	Intact	Intact
Lateral Calf	Decreased	Intact
Posterior Calf/Outer Foot	Decreased	Decreased

REVIEW OF MEDICAL RECORDS/DIAGNOSTIC STUDIES:

Cervical spine MRI is from October 22, 2019, it shows disc protrusions at multiple levels with mild degenerative changes. Mild foraminal stenosis is reported on the left at C3-C4, C4-C5, but it is more prominent on the left at C5-C6. There is foraminal stenosis on the right at C5-C6, but there is abutment of the exiting nerve root on the left. At C6-C7, there is no foraminal stenosis.

Lumbar spine MRI from October 1, 2018, shows disc protrusions at L4-L5 and L5-S1 level with mild degenerative changes. Foraminal stenosis is mainly on the left at L5-S1 and is mild and bilaterally at L4-L5.

Thoracic spine MRI from October 1, 2018, is normal.

IMPRESSION:

Cervical disc protrusions with radiculopathy, mainly on the right.

Hernandez, Alberto

January 15, 2020

Page 9 of 15

Lumbar disc protrusion with radiculopathy, mainly on the right.
Lumbar anterolisthesis (grade I at L5-S1).

RECOMMENDATION:

Mr. Hernandez is a 55-year-old gentleman, who was injured while working his duties for the above company as a Loader and Unloader. While working he started having pain in the multiple body parts as detailed above, but continued to not improve despite over-the-counter medication, which he was taking. Meanwhile, he also developed anxiety, and stress as a result of the work environment.

In 2018, he saw a chiropractor and underwent a course of chiropractic treatment, but after he did not improve, he was sent for multiple diagnostic studies and then had evaluations with a couple of doctors, including Dr. Akmakjian. Recently, his care has been transferred to Dr. Haronian, but has not been able to go back to work since past several months, now referred for pain management evaluation.

Neck pain is constant increasing by any lifting, pushing, pulling, has been radiating to the right upper extremity more than left upper extremity as well as both shoulders with a pain level of 7/10. Low back complaints are also constant, sometimes extending to his mid back area with difficulty with any prolonged standing, sitting, bending, twisting, heavy lifting, pushing, and pulling. It has been radiating mainly to right upper extremity. He does have pain in his other body parts to a lesser extent, and this include knee pain. For the above, he has been taking naproxen.

On examination, gait is normal. Tenderness over the lumbar spine is noted with decreased range of motion in flexion and extension. Straight leg raise causes back pain mainly on the right side with decreased sensation over the L5 and S1. Reflexes and motor examination are within normal limits. Over the cervical spine area, neck and shoulder range of motion are within normal limits, but decreased sensation is noted over the C6 distribution on the right side mainly with tenderness and mild-to-moderate spasm that extends trapezius and deltoid on both sides.

The option of epidural injection has been mentioned to Mr. Hernandez, and I reviewed it with him in more detail. He has been refractory to several rounds of treatment, it appears, and has not been able to go back to work as a result of lack of improvement with this treatment.

His complaints and physical examination findings are consistent with the MRI of the cervical spine and lumbar spine, and, therefore, one epidural injection is reasonable at L5-S1 and at C6-C7 level. These were reviewed with him and all his questions and

Romanuez, Alberto

January 15, 2020

Page 10 of 15

concerns were addressed.

He would like to proceed because of the low back and lower extremity symptoms have been more prominent and these will be submitted for review. The patient, to remind, has a grade I anterolisthesis of L5 on S1 and so far has not been provided with the option of surgery. I have reviewed Dr. Sofia's supplemental report from February 14, 2019, and he does provide the patient with treatment for his right shoulder including the option of epidurals that he is discussing.

At a later time, the patient may consider similar procedure over the cervical spine area, if not improved, but, assuming that he has this recommended procedure done over the lumbar spine, I would like to see him back approximately two months later to assess his response.

ATTACHMENT:

**References and peer reviewed articles related to the requested authorization for
Cervical Epidural Injections**

References

ACOEM Guidelines – page 175

Cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for the nerve root compromise.

Colorado Medical Treatment Guidelines – Division of Workers' Compensation

Cervical Epidural Steroid Injection (ESI) – page 21

A) Description - Cervical ESIs are injections of corticosteroid into the epidural space. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs.

B) Needle placement - Radiographic guidance with epidurogram is indicated to document placement and ensure maximal efficacy. Spinal imaging is required for all epidural steroid injections. Contrast epidurograms allow one to verify the flow of medication into the epidural space.

C) Indications - Cervical ESIs are useful in patients with symptoms of cervical radicular pain syndromes. They have less defined usefulness in non-radicular pain. There is some evidence that epidural steroid injections are effective for patients with

Romanuez, Alberto

January 15, 2020

Page 11 of 15

radicular pain or radiculopathy (sensory or motor loss in a specific dermatome or myotome). Although there is no evidence regarding the effectiveness of ESI for non-radicular pain, it is a generally accepted intervention. MRI or CT scans are required before thoracic and cervical ESIs to assure adequate epidural space.

Time to Produce Effect: Local anesthetic, approximately 30 minutes; corticosteroid, 48 to 72 hours for 80% of patients and 2 weeks for 20%.

Frequency: One or more divided levels can be injected in one session. Whether injections are repeated depends upon the patient's response to the previous injection session. Subsequent injection sessions may occur after 1 to 2 weeks if patient response has been favorable. Injections can be repeated after a hiatus of three months if the patient has demonstrated functional gain and pain returns or worsens. If ESIs are repeated in the future, there should be increasing duration of relief and continued functional gain.

Optimal Duration: Usually 1 to 3 sessions of injection(s), depending upon each patient's response and functional gain.

Maximum Duration: Up to 3 to 4 sessions of injections may be done as per the patient's response to pain and function. Patients should be reassessed after each injection session.

Orthopaedic Knowledge Update: Spine 2

American Academy of Orthopaedic Surgeons - page 194-5

The primary indication for the implementation of an ESI (epidural steroid injection) rests on the presence of radicular pain that cannot be managed by other means. Radicular pain is characteristic in that it is referred into the affected extremity in a dermatomal pattern and often is associated with paresthesia, dysesthesia, or hypesthesia. ...

ESIs have become an integral part of the nonsurgical management of lumbar disc herniations and radiculopathy and are endorsed by the North American Spine Society and the Agency for Health Care Policy and Research. The most commonly quoted beneficial response rates are that 60% to 75% of patients receive at least some radicular pain relief. ...

Bush and Hillier described the response to CESIs (cervical epidural steroid injections) for radicular pain in a prospective, noncontrolled fashion. ... An average of 2.5 injections

Romanuez, Alberto

January 15, 2020

Page 12 of 15

per patient was required for adequate pain control. At 7 months' follow-up, 47% of patients had partial and 46% had full neurologic recovery. Ninety-four percent reported pain relief, with none requiring surgery. ... this study suggests that CESIs might provide a nonsurgical treatment alternative for painful cervical radiculopathy.

Peer Reviewed Articles

**Epidural Steroids in the Management of Chronic Spinal Pain:
A Systematic Review**

Salahadin A, Sukdeb D, Trescot AM, Schultz DM, Adlaka R, Atluri SL, Smith HS,
Manchikanti L.

Pain Physician 2007; 10:185-212.

In managing cervical radiculopathy with cervical interlaminar epidural steroid injections, the evidence was moderate for short-term improvement and long-term improvement. ... The evidence for cervical transforaminal epidural steroid injections in managing cervical nerve root pain was strong with short-term and long-term improvement. ...

In the 2 new cervical transforaminal studies, Kolstad et al and Line et al both showed that cervical epidural transforaminal injections can lead to pain relief significant enough to prevent patients from having to undergo surgery. Yang et al also concluded that lumbar transforaminal injections reduce the need for lumbar surgical decompression. ...

Regarding pathophysiology, investigations into the biochemistry of disc degeneration and herniation indicate that intraspinal inflammation is a major cause of radicular pain. ... Corticosteroids have powerful anti-inflammatory effects, which include inhibition of prostaglandin synthesis, blockade of PLA2 activity, and stabilization of inflammatory cell membranes.

Therapeutic spinal corticosteroid injections for the management of radiculopathies.

Slipman CW, Chow DW.

Phys Med Rehabil Clin N Am. 2002 Aug;13(3):697-711.

Current literature and a recent meta-analysis suggest a favorable role for corticosteroid injections in the nonoperative treatment of radiculopathy. The superior results reported in recent literature may be attributable to precise fluoroscopically guided transforaminal placement of injectate close to the disc-nerve root interface and near the dorsal root ganglia, maximizing the therapeutic effect. The favorable results of corticosteroid injections in the treatment of radiculopathy caused by a focal disc

Romanuez, Alberto

January 15, 2020

Page 13 of 15

herniation are consistent with the biochemical construct of radicular pain. The preliminary unfavorable results of therapeutic SNRB for radicular pain caused by epidural or intraneural fibrosis or occurring after trauma may relate to a biomechanical rather than a biochemical etiology. Outcomes for acquired cervical or lumbar spinal stenosis are intermediate compared with those observed for herniated discs and scarring or trauma. Such results may stem from the multifactorial origin of stenosis symptoms; they may develop from impaired venous flow, restricted neural glide, inflammation, or structural root injury. Better-designed studies that use strict inclusion criteria that stratify patients into categories according to the mechanism of injury (atraumatic versus traumatic), the presence or absence of neurologic deficits or imaging abnormalities, and prior treatment will provide the basis for evidence-based treatment decisions. Such an emphasis is just beginning and inevitably will occur. Until then, decisions have to be predicated on the limited and flawed work conducted to date. Nevertheless, the information gleaned from these published reports provides valuable insight not available just a decade ago.

We request to be added to the Address List for Services of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Worker's Compensation Appeals Board. We are advising the Worker's Compensation appeals Board that we may not appear at the hearings or Mandatory Settlement Conferences for the case in chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manual index No. 60610, effective February 1, 1995, we request that defendants, with full authority to resolve our lien, telephone our office and ask to speak with our "workers' compensation lien negotiator".

Authorizations for transportation, medication, physiotherapy, rehabilitation, a conditioning program and the above stated recommendations are requested based upon medically reasonable treatment requirements. This is per labor code 4600 and Title 8, Section 9792.6, C.C.R. and Rule 9785(b). Furthermore, we are requesting that all the medical records be forwarded to our office to avoid repetition in testing and treatment. Please provide us with information regarding the status of the case as soon as possible.

To complete this examination I have been assisted, as needed, for taking histories, taking x-rays, assisting with the patient, transcription of reports by some or all of the following personnel Alma Azucar, Maria Valles, Marlen Sanchez, Laura Casillas and Emily Shemwell. Sherry Leoni, DC, or Randy Cockrell, DC, may also have assisted in compiling and editing of this report. If required an interpreter was provided. All of the above individuals are qualified to perform the described activities by reason of individual training or under my direct supervision. I certify that this examiner reviewed the history and the past medical records directly with the patient. The examination of the patient, and interpretation of tests and x-rays, was all performed by this examiner. The dictation and the review of the final report were performed entirely by me. The opinions and conclusions contained in this report are entirely my own. I declare, under penalty of perjury, that the information contained in this report, and any attachments, is true and correct, and that there has not been a violation in this report of Section 139.3 L.C. to the best of my knowledge and belief, except as to information that I have indicated was received from others. As to that

Romanuez, Alberto

January 15, 2020

Page 14 of 15

information I declare under penalty of perjury, that I have accurately detailed the information provided me and, unless otherwise noted, I believe it to be true.

In order to prepare this report and complete the evaluation, time was spent without face to face with the patient. The billings reflect such time spent by the physician with the code 99358. Jonathan F. Kohan, M.D. Inc. does not accept the Official Medical fee schedule as prime facie evidence to support the reasonableness of charges. Jonathan F. Kohan, M.D. is a Diplomate of American Board of Anesthesiology and is fellowship trained in Pain Medicine. Under penalty of perjury under the laws of the State of California, services are billed in accordance with our usual and customary fees. Additionally, this medical practice providing treatment to injured worker's experiences extraordinary expenses in the form of mandated paperwork and collection expenses, including the necessity to retain highly-trained personnel to appear before the Workers' compensation appeals board. Based on the level of services provided and overhead expenses for services contained within our geographical area, we bill in accordance with the provisions set-forth in Labor Code Section 5307.1. Please be advised that Dr. Kohan has a financial interest in Pacific Anesthesia Group.



February 1,

2020

Date

Jonathan F. Kohan, M.D.
Diplomate American Board of
Anesthesiology
Fellowship-Trained in Pain
Medicine

County where executed: Los Angeles County

JFK

*SEDGWICK CMS Inc Everest National
P.O. Box 14442
Lexington, KY 40512
Attn: Charles Han

*Morgan, Leahy & Torkigian LLP
21031 Ventura Blvd Ste 210
Woodland Hills, CA 91364

Hernandez, Alberto

January 15, 2020

Page 15 of 15

*Law Offices Of Natalia Foley
8018 E. Santa Ana Cyn Rd. Ste 100-215
Anaheim, CA 92808

PROOF OF SERVICE
STATE OF CALIFORNIA

I am employed in the County of Los Angeles. I am over the age of 18 and not a party to the within action; my business address is:

5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411

On 2/3/2020 served the foregoing document described as:

JONATHAN F. KOHAN, M.D.
EVALUATION REPORT

Patient Name: Alberto Hernandez
File Number: 20059453
Claim #: 18RH004183
DOS: 1/15/2020

On all interested parties in this action by electronic transmission a true copy of this narrative report from **5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411**

Addressed as follows:

Edwin Haronian, M.D.
724 Corporate Center Dr. 2nd Floor
2nd Floor
Pomona, CA 91768

Charles Han
SEDGWICK CMS Inc Everest National
P.O. Box 14442
Lexington, KY 40512

Morgan, Leahy & Torkigian LLP
21031 Ventura Blvd Ste 210
Woodland Hills, CA 91364

Law Offices Of Natalia Foley
8018 E. Santa Ana Cyn Rd. Ste 100-215
Anaheim, CA 92808

I declare that I am over the age of 18 years and not a party to this action. I also declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on 2/3/2020 at



Emily Shemwell

Jonathan F. Kohan., M.D.

* 724 Corporate Center Drive Pomona, CA 917682650 *

Surgical Authorization Request

Current Date: 02/04/2020

Our Chart No. 20059453

Patient Name: Alberto HERNANDEZ

DOB: 10/10/1964

Claim #: 18RH004183

Claim #:18RH004185

Request from office Visit date: 01 15, 2020

SEDGWICK CMS Inc Everest National

P.O. Box 14442

Lexington, KY 40512

You can contact us by phone, fax or email.

***Peer to Peer Direct line only: 818-906-4658**

***Phone: (818) 616-1645**

***Fax: (818) 583-1717**

***Email: SurgicalUR@synapsedoctor.com**

In accordance with 8 C.C.R. 9792.6 written authorization for the above captioned procedure is hereby requested. For clarification purposes, it is noted in 9792.6 (a) (4) "Request for authorization" means any written request for assurance that appropriate reimbursement will be made for a specific course of proposed medical treatment...'

Please be advised that Dr. Haronian has financial interest in Osteon Surgery Center and Kinetix Surgery Center.

Please consider this request for authorization a request for written assurance that reimbursement for the proposed procedure be made according to the usual and customary charges of the Ambulatory Surgical Center rendering service and within the timeframes set forth withing 8 C.C.R. 9792.5 and Labor Code Section 4603.2

Labor Code Section 4610, section (f) states that "no person other than a licensed physician... may modify, delay or deny request for authorization of medical treatment. Labor Code Section 4610 section (g) states the time frame for UR. (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician. In cases where the review is retrospective, the decision shall be communicated to the individual who received services, or to the individual's designee, within 30 days of receipt of information that is reasonably necessary to make this determination. All of the denial or medication procedures contained in Labor Code section 4610 (g) (2) and (3) are mandatory, and if the statutory requirements are not met, the utilization review report is not admissible. The only other procedure for disputing the treatment is a QME, pursuant to Labor Code section 4062.

Proof of Service State of California, County of Los Angeles

I am a resident of the county of Los Angeles; I am over the age of eighteen years and not a party to the within entitled action. My business address is: 5651 Sepulveda Blvd. Suite 201 Sherman Oaks, CA 91411 or 724 Corporate Center Drive. 2nd Floor, Pomona, CA 91768

On this date 02/04/2020 I served Request for Authorization to the above Insurance Co. SEDGWICK CMS Inc Everest National P.O. Box 14442 Lexington, KY 40512, by transmitting via US Postal Services between the hours of 8:00am and 5:00pm. I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed in Los Angeles, CA.

Executed on 02/04/2020 at Sherman Oaks, California.

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

Signature: Austin Pathak

Austin Pathak

State of California
Division of Workers' Compensation
REQUEST FOR AUTHORIZATION

DWC Form RFA - California Code of Regulations, title 8, section 9785.

This form must accompany the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or narrative report substantiation the requested treatment.

New Request Resubmission - Change in Material Facts

Expedite 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 prior oral request.

Employee Information

Employee Name (Last, First, Middle): HERNANDEZ, Alberto

Date of Injury (MM/DD/YYYY): ;CT:01/01/18-07/01/18
ADJ11396777

Date of Birth(MM/DD/YYYY): 10/10/1964

CT:12/01/08-07/16/18
18RH004183

Claim Number: 18RH004183;18RH004185

Employer: Reyes Coca Cola Bottling/91730

Provider Information

Provider Name: Jonathan F. Kohan, M.D.

Peer to Peer Direct line: 818-906-4658

Contact Name:

Address: 724 Corporate Center
Drive

City: Pomona

State: CA

Zip Code: 917682650

Phone: 818-616-1645

Fax Number: 818-583-1717

Provider Specialty: Pain Management

NPI Number: 1518028422

Claims Administrator Information

Claims Administrator Name: SEDGWICK CMS Inc Everest
National

Contact Name: Han, Charles

Address: P.O. Box 14442

City: Lexington

State: KY

Zip Code: 40512

Phone: 800-854-6188

Fax Number: 877-922-7236

E-mail Address:

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

Either state the requested treatment in the below space or indicate the specific page number(s) of the accompanying medical report on which the request treatment can be found. Up to five (5) procedures may be entered; attached additional request on a separate sheet.

Diagnosis	M50.00	Cervical Radiculopathy
	M54.17	Radiculopathy, lumbosacral region
	S43.409D	Shoulder Sprain/Strain


ICD-Code

Procedure Requested

Request for Authorization: Lumbar Epidural Injection at L5-S1

CPT/HCPCS Code

Other Information: (Frequency,
Duration, Quantity, Facility, etc.)

Treating Physician Signature: 	Date: 02/04/2020
---	------------------

Claims Administrator 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

Authorization Number (if assigned):

Date:

Authorized Agent Name:

Signature:

Phone:

Fax Number:

E-mail Address:

Comments:



Jonathan F. Kohan, M.D.
SPECIALIZING IN PAIN DISORDERS

MULTI-DISCIPLINARY
TREATMENT OF
CRPS (RSD)
CHRONIC PAIN SYNDROMES
CANCER PAIN
FIBROMYALGIA
NEURALGIAS
HEADACHE

SPINAL CORD STIMULATION
INTRATHECAL PUMP
PLACEMENT
DISCOGRAPHY
RADIOFREQUENCY ABLATION
SPINAL INJECTIONS

Edwin Haronian, M.D.
724 Corporate Center Dr. 2nd Floor
2nd Floor
Pomona, CA 91768

Patient Name : Alberto Hernandez
Date of Service : January 15, 2020
Claim # : 18RH004183
Employer : Reyes Coca Cola Bottling/91730
Date of Birth : October 10, 1964
Date of Injury : CT:01/01/18-07/01/18
File # : 20059453

**SECONDARY TREATING PHYSICIAN PAIN MANAGEMENT
INITIAL REPORT**

Mr. Alberto Hernandez was seen in this office today for an initial pain management consultation. He was seen with the assistance of a certified Spanish-speaking interpreter. The following is a presentation of my initial evaluation and overall recommendations. The history was obtained by a qualified medical historian, Ms. Monica Bradburn. I then reviewed the history in detail with the patient.

HISTORY OF INJURY:

Mr. Alberto Hernandez is a 55-year-old, right-handed male who sustained an industrial injury while performing his usual and customary duties while working for Reyes Coca Cola Bottling as a loader/unloader. During the course of employment, he began to experience a gradual onset of pain in his neck, shoulders, elbows, hands, wrists, fingers upper and lower back, knees and feet due to the nature of his work duties which entailed pulling orders consisting of coca cola product/drinks, lifting and carrying cases of soda, palletizing, using shrink wrap, moving the pallets to different areas in the warehouse, operating a stand up electrical pallet-jack. He was constantly standing, walking, bending, stooping, squatting, twisting,

DIPLOMATE, AMERICAN BOARD
OF ANESTHESIOLOGY
FELLOWSHIP TRAINED IN PAIN
MEDICINE

Hernandez, Alberto
January 15, 2020
Page 2 of 15

turning, pushing, pulling, gripping, grasping, reaching, lifting and carrying. He also developed anxiety and stress due to the hostile environment. He also felt he was also being discriminated.

In October 2018, he was referred to Dr. Rios for a chiropractic evaluation. He was examined and x-rays were obtained. He was started on chiropractic treatment two times a week for three months with temporary pain relief. He underwent **MRI scans of the cervical, thoracic and lumbar spine**. Recommendations included an orthopedic evaluation. He was last examined in December 2019.

He underwent a QME evaluation with Dr. Peter Sofia. He also underwent a QME evaluation with Dr. Akmakjian. **MRI scans of the cervical, thoracic and lumbar spine. EMG studies of his upper extremities** were conducted.

On November 11, 2019, the patient was seen in your office for an orthopedic evaluation. He was examined and x-rays were obtained. He was provided with medication. He is seen today for a pain management evaluation.

CURRENT WORK STATUS:

The patient is currently not working. He last worked on November 15, 2019.

PRESENT COMPLAINTS:

Cervical Spine:

The patient experiences ongoing pain in his neck. He has pain that radiates to both shoulders, arms to the hands with numbness and tingling. He has occasional headaches. His pain is aggravated when tilting the head up and down or moving the head from side-to-side. The pain increases with prolonged sitting and standing. He has difficulty sleeping and awakens with pain.

The patient indicates that on a pain scale from 1-10, with 10 being the worst, his neck pain is rated as 7/10.

Bilateral Shoulders:

The patient experiences ongoing pain in both shoulders, right greater than left. He has popping on occasion with shoulder motion. He has increased pain with above-shoulder reaching and lifting. He also has difficulty sleeping.

The patient indicates that on a pain scale from 1-10, with 10 being the worst, his shoulder pain is rated as 6-7/10.

Hernandez, Alberto
January 15, 2020
Page 3 of 15

Bilateral Elbows:

The patient experiences ongoing pain in both elbows. He has pain with movement of the elbow. His pain extends to the forearm, hand and fingers. He experiences numbness and tingling. He has difficulty with lifting and carrying objects and with rotating the arm. He also has difficulty sleeping.

The patient indicates that on a pain scale from 1-10, with 10 being the worst, his elbow pain is rated 5-6/10.

Bilateral Hands/Wrists:

The patient experiences ongoing pain in both hands/wrists. He experiences numbness and tingling that extends to the forearm and radiates to the hand and fingers. He notes grip weakness and has difficulty with holding objects and with fine motor coordination. His wrist pain increases with gripping, grasping, pushing and pulling, rotating, and repetitive hand and finger movements. He also has difficulty sleeping.

The patient indicates that on a pain scale from 1-10, with 10 being the worst, his hand/wrist pain is rated 5-6/10.

Thoracolumbar Spine:

The patient has ongoing pain in his upper back between the shoulder blades. He has pain and stiffness in his low back. His pain radiates to both hips, buttocks and lower extremities to the feet with numbness, tingling and weakness. His low back pain increases with prolonged standing, walking and sitting, as well as lifting, and twisting. He is unable to sit for more than 15 minutes, or stand for more than 15 minutes, before his pain increases. He has difficulty bending forward, backwards and side-to-side. He also has difficulty sleeping and awakens with pain. He denies bowel or bladder dysfunction.

The patient indicates that on a pain scale from 1-10, with 10 being the worst, his back pain is rated 7/10.

Bilateral Knees:

The patient experiences ongoing pain in both knees. He notes popping with knee motion. He has locking and giving way. He has difficulty standing and walking for a prolonged period of time. He has difficulty with squatting, kneeling and stairs. He also has difficulty sleeping and awakens with pain.

The patient indicates on a pain scale from 1-10, with 10 being the worst, his knee pain is rated 5-6/10.

Hernandez, Alberto
January 15, 2020
Page 4 of 15

Bilateral Feet/ Ankles:

The patient experiences ongoing pain in both feet/ankles. He has difficulty standing and walking for prolonged periods of time. He walks with an uneven gait. He also has difficulty sleeping.

The patient indicates on a pain scale from 1-10, with 10 being the worst, his pain is rated 5-6/10.

PSYCHE:

The patient has continuous episodes of anxiety, stress and depression due to chronic pain and disability status.

WEIGHT:

Pre-injury weight: 135 pounds.

Present weight: 142 pounds.

ACTIVITIES OF DAILY LIVING:

The patient has difficulty with grooming, bathing, dressing, household chores and long periods of driving.

PAST MEDICAL HISTORY

He denies hypertension, diabetes, asthma, cardiovascular disease, renal or hepatic disease, tuberculosis, cancer, ulcers, pulmonary or thyroid disease, skin problems, gout, rheumatoid arthritis, lupus or any type of bone, muscle or joint disease.

SURGERIES/HOSPITALIZATIONS:

The patient underwent the following surgeries:

1. Right inguinal hernia repair-2010

PREVIOUS ACCIDENTS/INJURIES:

The patient sustained an industrial injury to the right inguinal hernia repair in 2010. He underwent surgery. He fully recovered and had no residual complaints.

CURRENT MEDICATIONS:

The patient is taking the following medication:

Hernandez, Alberto
January 15, 2020
Page 5 of 15

1. Naproxen
2. Prevacid
3. Skelaxin
4. Ibuprofen gel

ALLERGIES:

The patient denies any known medication allergies.

SOCIAL HISTORY:

The patient is married with children.

The patient drinks beer socially. He denies tobacco use.

The patient denies any use of past or present use of illegal substances.

FAMILY HISTORY:

The patient's family history is noncontributory.

REVIEW OF SYSTEMS:

HEENT: No problem with eyes, ears or throat. No blurred vision or tinnitus.

Respiratory: No cough, wheezing or shortness of breath.

Cardiovascular: No chest pain, heart murmur or palpitations.

Gastrointestinal: No known nausea, vomiting, constipation, diarrhea or gastrointestinal upset. There is no history of ulcers.

Genitourinary: No dysuria, frequency, urgency or incontinence.

Hematopoietic: No bleeding problems, clot formations or phlebitis.

Neurologic: The patient experiences occasional headaches.

Psychiatric: The patient complains of anxiety, stress and depression.

PHYSICAL EXAMINATION:

Height: 5'5".

Hernandez, Alberto
 January 15, 2020
 Page 6 of 15

Weight: 142 pounds.

GENERAL: The patient is a male in no distress secondary to pain.

HEENT: There is no jaundice or icterus. Cranial nerves II through XII are all grossly intact.

Cardiac: Regular Rate and Rhythm without Murmur.

Chest: Clear Bilaterally.

Abdomen: Soft and Non-tender.

Cervical Spine:

There is tenderness to palpation over paravertebral, trapezius, deltoid, and rhomboids area with moderate spasm. There is tenderness over paraspinous muscles. Axial Compression: Negative. Spurling: Negative.

Range of Motion	Measured	Normal	Spasm	Pain
Forward Flexion	50	50	Positive	Positive
Extension	60	60	Positive	Positive
R Lateral Flexion	45	45	Positive	Positive
L Lateral Flexion	45	45	Positive	Positive
R Rotation	80	80	Positive	Positive
L Rotation	80	80	Positive	Positive

Reflex (0-2)	Right	Left
Biceps	2	2
Triceps	2	2
Brachioradialis	2	2

Motor (0-5)	Right	Left
Deltoid	5	5
Biceps	5	5
Triceps	5	5
Supinator	5	5
Pronator Teres	5	5
Wrist Flexor	5	5
Wrist Extensors	5	5

Hernandez, Alberto
 January 15, 2020
 Page 7 of 15

Sensory:	<u>Right</u>	<u>Left</u>
Deltoid (C5)	Intact	Intact
Lat. Forearm, Thumb, Index (C6)	Decreased	Intact
Middle Finger (C7)	Intact	Intact
Med. Forearm/Little Finger (C8)	Intact	Intact
Medial Arm (T1)	Intact	Intact
Lateral Arm (T2)	Intact	Intact

<u>Shoulder Examination</u>			
Range of Motion:	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Flexion	180	180	180
Extension	50	50	50
Abduction	180	180	180
Adduction	50	50	50
Ext. Rotation	90	90	90
Int. Rotation	90	90	90

There is tenderness over the shoulder joint bilaterally. Impingement sign was negative on the right and left.

Spine: There is no evidence of scoliosis, lordosis, or kyphosis.

Stance and Gait: The patient has a normal gait and is able to ambulate without a cane. The patient is able to perform toe and heel walk with pain in the back.

Palpation: There is tenderness to palpation over the lumbar paravertebral area with moderate spasm noted. There is tenderness over paraspinous muscles over lower lumbar spine. There is no tenderness over the bilateral sacroiliac joints.

<u>Lumbar Spine:</u>				
Range of Motion:	<u>Measured</u>	<u>Normal</u>	<u>Spasm</u>	<u>Pain</u>
Flexion	40	90	Positive	Positive
Extension	15	30	Positive	Positive
R Lateral Flexion	15	30	Positive	Positive
L Lateral Flexion	15	30	Positive	Positive
R Rotation	15	30	Positive	Positive
L Rotation	15	30	Positive	Positive

Hernandez, Alberto
January 15, 2020
Page 8 of 15

Straight leg raise was negative on the right at 90 degrees and negative on the left at 90 degrees. Laseque is negative on the right and left.

FABER test is negative on the right and left.

Neurologic:		
Reflexes (0-2)	<u>Right</u>	<u>Left</u>
Patellar	2	2
Achilles	2	2

Motor (0-5):	<u>Right</u>	<u>Left</u>
Hip flexion	5	5
Hip abductors	5	5
Hip adductors	5	5
Ankle dorsiflexion	5	5
Ankle plantar flex.	5	5

Sensory (pinprick)	<u>Right</u>	<u>Left</u>
Anterior Thigh	Intact	Intact
Medial Calf/Inner Foot	Intact	Intact
Lateral Calf	Decreased	Intact
Posterior Calf/Outer Foot	Decreased	Decreased

REVIEW OF MEDICAL RECORDS/DIAGNOSTIC STUDIES:

Cervical spine MRI is from October 22, 2019, it shows disc protrusions at multiple levels with mild degenerative changes. Mild foraminal stenosis is reported on the left at C3-C4, C4-C5, but it is more prominent on the left at C5-C6. There is foraminal stenosis on the right at C5-C6, but there is abutment of the exiting nerve root on the left. At C6-C7, there is no foraminal stenosis.

Lumbar spine MRI from October 1, 2018, shows disc protrusions at L4-L5 and L5-S1 level with mild degenerative changes. Foraminal stenosis is mainly on the left at L5-S1 and is mild and bilaterally at L4-L5.

Thoracic spine MRI from October 1, 2018, is normal.

IMPRESSION:

Cervical disc protrusions with radiculopathy, mainly on the right.

Hernandez, Alberto
January 15, 2020
Page 9 of 15

Lumbar disc protrusion with radiculopathy, mainly on the right.
Lumbar anterolisthesis (grade I at L5-S1).

RECOMMENDATION:

Mr. Hernandez is a 55-year-old gentleman, who was injured while working his duties for the above company as a Loader and Unloader. While working he started having pain in the multiple body parts as detailed above, but continued to not improve despite over-the-counter medication, which he was taking. Meanwhile, he also developed anxiety, and stress as a result of the work environment.

In 2018, he saw a chiropractor and underwent a course of chiropractic treatment, but after he did not improve, he was sent for multiple diagnostic studies and then had evaluations with a couple of doctors, including Dr. Akmakjian. Recently, his care has been transferred to Dr. Haronian, but has not been able to go back to work since past several months, now referred for pain management evaluation.

Neck pain is constant increasing by any lifting, pushing, pulling, has been radiating to the right upper extremity more than left upper extremity as well as both shoulders with a pain level of 7/10. Low back complaints are also constant, sometimes extending to his mid back area with difficulty with any prolonged standing, sitting, bending, twisting, heavy lifting, pushing, and pulling. It has been radiating mainly to right upper extremity. He does have pain in his other body parts to a lesser extent, and this include knee pain. For the above, he has been taking naproxen.

On examination, gait is normal. Tenderness over the lumbar spine is noted with decreased range of motion in flexion and extension. Straight leg raise causes back pain mainly on the right side with decreased sensation over the L5 and S1. Reflexes and motor examination are within normal limits. Over the cervical spine area, neck and shoulder range of motion are within normal limits, but decreased sensation is noted over the C6 distribution on the right side mainly with tenderness and mild-to-moderate spasm that extends trapezius and deltoid on both sides.

The option of epidural injection has been mentioned to Mr. Hernandez, and I reviewed it with him in more detail. He has been refractory to several rounds of treatment, it appears, and has not been able to go back to work as a result of lack of improvement with this treatment.

His complaints and physical examination findings are consistent with the MRI of the cervical spine and lumbar spine, and, therefore, one epidural injection is reasonable at L5-S1 and at C6-C7 level. These were reviewed with him and all his questions and

Hernandez, Alberto
January 15, 2020
Page 10 of 15

concerns were addressed.

He would like to proceed because of the low back and lower extremity symptoms have been more prominent and these will be submitted for review. The patient, to remind, has a grade I anterolisthesis of L5 on S1 and so far has not been provided with the option of surgery. I have reviewed Dr. Sofia's supplemental report from February 14, 2019, and he does provide the patient with treatment for his right shoulder including the option of epidurals that he is discussing.

At a later time, the patient may consider similar procedure over the cervical spine area, if not improved, but, assuming that he has this recommended procedure done over the lumbar spine, I would like to see him back approximately two months later to assess his response.

ATTACHMENT:

References and peer reviewed articles related to the requested authorization for Cervical Epidural Injections

Referencess

ACOEM Guidelines - page 175

Cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for the nerve root compromise.

Colorado Medical Treatment Guidelines - Division of Workers' Compensation
Cervical Epidural Steroid Injection (ESI) - page 21

- A) Description - Cervical ESIs are injections of corticosteroid into the epidural space. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs.
- B) Needle placement - Radiographic guidance with epidurogram is indicated to document placement and ensure maximal efficacy. Spinal imaging is required for all epidural steroid injections. Contrast epidurograms allow one to verify the flow of medication into the epidural space.
- C) Indications - Cervical ESIs are useful in patients with symptoms of cervical radicular pain syndromes. They have less defined usefulness in non-radicular pain. There is some evidence that epidural steroid injections are effective for patients with

Hernandez, Alberto
January 15, 2020
Page 11 of 15

radicular pain or radiculopathy (sensory or motor loss in a specific dermatome or myotome). Although there is no evidence regarding the effectiveness of ESI for non-radicular pain, it is a generally accepted intervention. MRI or CT scans are required before thoracic and cervical ESIs to assure adequate epidural space.

Time to Produce Effect: Local anesthetic, approximately 30 minutes; corticosteroid, 48 to 72 hours for 80% of patients and 2 weeks for 20%.

Frequency: One or more divided levels can be injected in one session. Whether injections are repeated depends upon the patient's response to the previous injection session. Subsequent injection sessions may occur after 1 to 2 weeks if patient response has been favorable. Injections can be repeated after a hiatus of three months if the patient has demonstrated functional gain and pain returns or worsens. If ESIs are repeated in the future, there should be increasing duration of relief and continued functional gain.

Optimal Duration: Usually 1 to 3 sessions of injection(s), depending upon each patient's response and functional gain.

Maximum Duration: Up to 3 to 4 sessions of injections may be done as per the patient's response to pain and function. Patients should be reassessed after each injection session.

Orthopaedic Knowledge Update: Spine 2

American Academy of Orthopaedic Surgeons – page 194-5

The primary indication for the implementation of an ESI (epidural steroid injection) rests on the presence of radicular pain that cannot be managed by other means. Radicular pain is characteristic in that it is referred into the affected extremity in a dermatomal pattern and often is associated with paresthesia, dysesthesia, or hypesthesia. ...

ESIs have become an integral part of the nonsurgical management of lumbar disc herniations and radiculopathy and are endorsed by the North American Spine Society and the Agency for Health Care Policy and Research. The most commonly quoted beneficial response rates are that 60% to 75% of patients receive at least some radicular pain relief. ...

Bush and Hillier described the response to CESIs (cervical epidural steroid injections) for radicular pain in a prospective, noncontrolled fashion. ... An average of 2.5 injections

Hernandez, Alberto
January 15, 2020
Page 12 of 15

per patient was required for adequate pain control. At 7 months' follow-up, 47% of patients had partial and 46% had full neurologic recovery. Ninety-four percent reported pain relief, with none requiring surgery. ... this study suggests that CESIs might provide a nonsurgical treatment alternative for painful cervical radiculopathy.

Peer Reviewed Articles

**Epidural Steroids in the Management of Chronic Spinal Pain:
A Systematic Review**

Salahadin A, Sukdeb D, Trescot AM, Schultz DM, Adlaka R, Atluri SL, Smith HS,
Manchikanti L.
Pain Physician 2007; 10:185-212.

In managing cervical radiculopathy with cervical interlaminar epidural steroid injections, the evidence was moderate for short-term improvement and long-term improvement. ... The evidence for cervical transforaminal epidural steroid injections in managing cervical nerve root pain was strong with short-term and long-term improvement. ...

In the 2 new cervical transforaminal studies, Kolstad et al and Line et al both showed that cervical epidural transforaminal injections can lead to pain relief significant enough to prevent patients from having to undergo surgery. Yang et al also concluded that lumbar transforaminal injections reduce the need for lumbar surgical decompression. ...

Regarding pathophysiology, investigations into the biochemistry of disc degeneration and herniation indicate that intraspinal inflammation is a major cause of radicular pain. ... Corticosteroids have powerful anti-inflammatory effects, which include inhibition of prostaglandin synthesis, blockade of PLA2 activity, and stabilization of inflammatory cell membranes.

Therapeutic spinal corticosteroid injections for the management of radiculopathies.

Slipman CW, Chow DW.
Phys Med Rehabil Clin N Am. 2002 Aug;13(3):697-711.

Current literature and a recent meta-analysis suggest a favorable role for corticosteroid injections in the nonoperative treatment of radiculopathy. The superior results reported in recent literature may be attributable to precise fluoroscopically guided transforaminal placement of injectate close to the disc-nerve root interface and near the dorsal root ganglia, maximizing the therapeutic effect. The favorable results of corticosteroid injections in the treatment of radiculopathy caused by a focal disc

Hernandez, Alberto
January 15, 2020
Page 13 of 15

herniation are consistent with the biochemical construct of radicular pain. The preliminary unfavorable results of therapeutic SNRB for radicular pain caused by epidural or intraneural fibrosis or occurring after trauma may relate to a biomechanical rather than a biochemical etiology. Outcomes for acquired cervical or lumbar spinal stenosis are intermediate compared with those observed for herniated discs and scarring or trauma. Such results may stem from the multifactorial origin of stenosis symptoms; they may develop from impaired venous flow, restricted neural glide, inflammation, or structural root injury. Better-designed studies that use strict inclusion criteria that stratify patients into categories according to the mechanism of injury (atraumatic versus traumatic), the presence or absence of neurologic deficits or imaging abnormalities, and prior treatment will provide the basis for evidence-based treatment decisions. Such an emphasis is just beginning and inevitably will occur. Until then, decisions have to be predicated on the limited and flawed work conducted to date. Nevertheless, the information gleaned from these published reports provides valuable insight not available just a decade ago.

We request to be added to the Address List for Services of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Worker's Compensation Appeals Board. We are advising the Worker's Compensation appeals Board that we may not appear at the hearings or Mandatory Settlement Conferences for the case in chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manual index No. 60610, effective February 1, 1995, we request that defendants, with full authority to resolve our lien, telephone our office and ask to speak with our "workers' compensation lien negotiator".

Authorizations for transportation, medication, physiotherapy, rehabilitation, a conditioning program and the above stated recommendations are requested based upon medically reasonable treatment requirements. This is per labor code 4600 and Title 8, Section 9792.6, C.C.R. and Rule 9785(b). Furthermore, we are requesting that all the medical records be forwarded to our office to avoid repetition in testing and treatment. Please provide us with information regarding the status of the case as soon as possible.

To complete this examination I have been assisted, as needed, for taking histories, taking x-rays, assisting with the patient, transcription of reports by some or all of the following personnel Alma Azucar, Maria Valles, Marlen Sanchez, Laura Casillas and Emily Shemwell. Sherry Leoni, DC, or Randy Cockrell, DC, may also have assisted in compiling and editing of this report. If required an interpreter was provided. All of the above individuals are qualified to perform the described activities by reason of individual training or under my direct supervision. I certify that this examiner reviewed the history and the past medical records directly with the patient. The examination of the patient, and interpretation of tests and x-rays, was all performed by this examiner. The dictation and the review of the final report were performed entirely by me. The opinions and conclusions contained in this report are entirely my own. I declare, under penalty of perjury, that the information contained in this report, and any attachments, is true and correct, and that there has not been a violation in this report of Section 139.3 L.C. to the best of my knowledge and belief, except as to information that I have indicated was received from others. As to that

Hernandez, Alberto
January 15, 2020
Page 14 of 15

information I declare under penalty of perjury, that I have accurately detailed the information provided me and, unless otherwise noted, I believe it to be true.

In order to prepare this report and complete the evaluation, time was spent without face to face with the patient. The billings reflect such time spent by the physician with the code 99358. Jonathan F. Kohan, M.D. Inc. does not accept the Official Medical fee schedule as prime facie evidence to support the reasonableness of charges. Jonathan F. Kohan, M.D. is a Diplomate of American Board of Anesthesiology and is fellowship trained in Pain Medicine. Under penalty of perjury under the laws of the State of California, services are billed in accordance with our usual and customary fees. Additionally, this medical practice providing treatment to injured worker's experiences extraordinary expenses in the form of mandated paperwork and collection expenses, including the necessity to retain highly-trained personnel to appear before the Workers' compensation appeals board. Based on the level of services provided and overhead expenses for services contained within our geographical area, we bill in accordance with the provisions set-forth in Labor Code Section 5307.1. Please be advised that Dr. Kohan has a financial interest in Pacific Anesthesia Group.



Jonathan F. Kohan, M.D.
Diplomate American Board of
Anesthesiology
Fellowship-Trained in Pain
Medicine

February 1,
2020

Date

County where executed: Los Angeles County

JFK

*SEDCWICK CMS Inc Everest National
P.O. Box 14442
Lexington, KY 40512
Attn: Charles Han

*Morgan, Leahy & Torkigian LLP
21031 Ventura Blvd Ste 210
Woodland Hills, CA 91364

00083

Hernandez, Alberto
January 15, 2020
Page 15 of 15

*Law Offices Of Natalia Foley
8018 E. Santa Ana Cyn Rd. Ste 100-215
Anaheim, CA 92808

PROOF OF SERVICE
STATE OF CALIFORNIA

I am employed in the County of Los Angeles. I am over the age of 18 and not a party to the within action; my business address is:

5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411

On 2/3/2020 served the foregoing document described as:

JONATHAN F. KOHAN, M.D.
EVALUATION REPORT

Patient Name: Alberto Hernandez
File Number: 20059453
Claim #: 18RH004183
DOS: 1/15/2020

On all interested parties in this action by electronic transmission a true copy of this narrative report from **5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411**

Addressed as follows:

Edwin Haronian, M.D.
724 Corporate Center Dr. 2nd Floor
2nd Floor
Pomona, CA 91768

Charles Han
SEDGWICK CMS Inc Everest National
P.O. Box 14442
Lexington, KY 40512

Morgan, Leahy & Torkigian LLP
21031 Ventura Blvd Ste 210
Woodland Hills, CA 91364

Law Offices Of Natalia Foley
8018 E. Santa Ana Cyn Rd. Ste 100-215
Anaheim, CA 92808

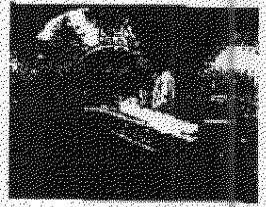
I declare that I am over the age of 18 years and not a party to this action. I also declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on 2/3/2020 at



Emily Shemwell



F&M RADIOLOGY MEDICAL CENTER INC.



Name:	Hernandez, Alberto	Consulting Physicians:
ID#:	S0956	Jeffrey D. Lovin, M.D.
Date of Birth:	10/10/1964	Marcus Van, M.D.
Date of Exam:	10/1/2018	Anand Lalaji, M.D.
Referring Doctor:	Rafael Rios, D.C.	George Mednik, M.D.

MAGNETIC RESONANCE IMAGING OF THE LUMBOSACRAL SPINE

FINDINGS: (cont.)

L1-L2 level: No posterior disk protrusion is present. There is no compromise of the sac, cord or neural foramina. No significant compromise of the neural foraminal exit zones is seen. The facet joints are unremarkable.

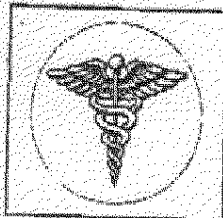
T12-L1 level: No posterior disk protrusion is present. There is no compromise of the sac, cord or neural foramina. No significant compromise of the neural foraminal exit zones is seen. The facet joints are unremarkable.

Thank you for allowing us to participate in the care of this patient.

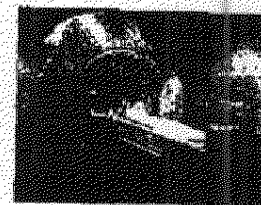
Electronically signed by:

GEORGE MEDNIK, Ph.D., M.D.
Diplomate American Board of Radiology

GM/mju
 D: 10/1/2018
 T: 10/2/2018
 121305



F&M RADIOLOGY MEDICAL CENTER INC.



Name:	Hernandez, Alberto	Consulting Physicians:
ID#:	S0956	Jeffrey D. Lovin, M.D.
Date of Birth:	10/10/1964	Marcus Van, M.D.
Date of Exam:	10/1/2018	Anand Lalaji, M.D.
Referring Doctor:	Rafael Rios, D.C.	George Mednik, M.D.

MAGNETIC RESONANCE IMAGING OF THE LUMBOSACRAL SPINE

FINDINGS:

The spinal cord is normal. The conus ends normally at the T12 level. Loss of intervertebral disk height and disk desiccation change is seen at the L5-S1 level with preservation normal lumbar spine lordosis.

Grade I anterolisthesis is seen at the L5-S1 level measuring 7 mm. No spondylolysis. The rest of the levels demonstrate normal alignment with no spondylolysis or spondylolisthesis seen.

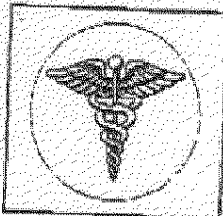
L5-S1 level: 3.6 mm slightly more to the left than to the right disk protrusion is seen impressing upon the anterior portion of the thecal sac with mild slightly more to the left than to the right neural foraminal stenosis. No extrusion or sequestration of disk material is seen.

L4-L5 level: 2.8 mm broad-based disk protrusion is seen with a focal central annular tear impressing upon the anterior portion of the thecal sac with mild bilateral neural foraminal stenosis. No extrusion or sequestration of disk material is seen.

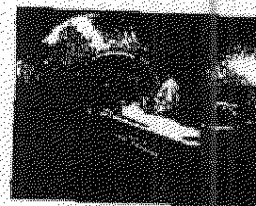
L3-L4 level: No posterior disk protrusion is present. There is no compromise of the sac, cord or neural foramina. No significant compromise of the neural foraminal exit zones is seen. The facet joints are unremarkable.

L2-L3 level: No posterior disk protrusion is present. There is no compromise of the sac, cord or neural foramina. No significant compromise of the neural foraminal exit zones is seen. The facet joints are unremarkable.

Continued on page 3



F&M RADIOLOGY MEDICAL CENTER INC.



Name:	Hernandez, Alberto	Consulting Physicians:
ID#:	S0956	Jeffrey D. Lovin, M.D.
Date of Birth:	10/10/1964	Marcus Van, M.D.
Date of Exam:	10/1/2018	Anand Lalaji, M.D.
Referring Doctor:	Rafael Rios, D.C.	George Mednik, M.D.

MAGNETIC RESONANCE IMAGING OF THE LUMBOSACRAL SPINE

IMPRESSION:

1. Loss of intervertebral disk height and disk desiccation change is seen at the L5-S1 level with preservation normal lumbar spine lordosis.
2. Grade I anterolisthesis is seen at the L5-S1 level measuring 7 mm. No spondylolysis. The rest of the levels demonstrate normal alignment with no spondylolysis or spondylolisthesis seen.
3. L5-S1 level: 3.6 mm slightly more to the left than to the right disk protrusion is seen impressing upon the anterior portion of the thecal sac with mild slightly more to the left than to the right neural foraminal stenosis. No extrusion or sequestration of disk material is seen.
4. L4-L5 level: 2.8 mm broad-based disk protrusion is seen with a focal central annular tear impressing upon the anterior portion of the thecal sac with mild bilateral neural foraminal stenosis. No extrusion or sequestration of disk material is seen.

INDICATION:

Work-related injury

TECHNIQUE:

Using GE Signa 1.5 Tesla MRI scanner, spin echo T1-weighted coronal and sagittal scout views were first obtained, followed by a sagittal spin echo T1, a fast-spin echo proton density series, and a fast-spin echo T2-weighted series for a total of six sequences. Multiple additional sagittal, inversion recovery, and axial T1-weighted sequences were obtained.

Continued on page 2



Jonathan F. Kohan, M.D.

SPECIALIZING IN PAIN DISORDERS

MULTI-DISCIPLINARY
TREATMENT OF
CRPS (RSD)
CHRONIC PAIN SYNDROMES
CANCER PAIN
FIBROMYALGIA
NEURALGIAS
HEADACHE

SPINAL CORD STIMULATION
INTRATHECAL PUMP
PLACEMENT
DISCOGRAPHY
RADIOFREQUENCY ABLATION
SPINAL INJECTIONS

DIPLOMATE, AMERICAN BOARD
OF ANESTHESIOLOGY
FELLOWSHIP TRAINED IN PAIN
MEDICINE

Edwin Haronian, M.D.
724 Corporate Center Dr. 2nd Floor
2nd Floor
Pomona, CA 91768

Patient Name : Alberto Hernandez
Date of Service : April 29, 2020
Claim # : 18RH004183
Employer : Reyes Coca Cola Bottling/91730
Date of Birth : October 10, 1964
Date of Injury : 11/15/2019
CT:01/01/18-07/01/18
File # : 20059453

**SECONDARY PHYSICIAN PAIN MANAGEMENT FOLLOW-UP
REPORT (VIDEO CONFERENCE)**

This special narrative report is reimbursable (1994) Official Medical Fee Schedule because one of the following: There was an unexpected or significant change in the patient's condition or the treatment plan; there is a change in patient care or status; submitted records were reviewed or specific questions were answered.

Mr. Hernandez is a 55-year-old gentleman who was seen through video conference. The patient continues to have significant pain in the low back and lower extremities despite medication which includes naproxen and Skelaxin. He has not been able to go back to work.

Lumbar epidural injections were discussed and recommended, but they have been denied based on compensability issues.

The patient would like to proceed with this procedure on a one-time basis at least, indicated due to significant pain in the low back, lower extremity, and pathology noted. He also has neck pain, but low back and lower extremity symptoms have been more severe for him.

00088

Romanuez, Alberto

April 29, 2020

Page 2 of 4

Supplemental Report from Dr. Sofia, as a QME is dated February 14, 2019. He reports records which include nerve conduction studies. He states that he is accepting multiple body parts and believes that the patient is entitled to have treatment. He does not believe that the patient is MMI. He does not have verifiable cervical radiculopathy or lumbar radiculopathy, but has mild carpal tunnel syndrome and would benefit from treatment.

If the patient undergo this procedure, I would like to see him back couple of months later to assess his response, but at this point, he was advised to continue with Dr. Haronian, and I will see him back on an as-needed basis.

DIAGNOSIS:

M50.00 Cervical Radiculopathy,
M54.17 Radiculopathy, lumbosacral region,
S43.409D Shoulder Sprain/Strain

This clinic visit was completed via video/audio telemedicine due to the COVID-19 outbreak, and the patient preferred a telemedicine visit relative to an in-person visit. I provided my evaluation with non-face-to-face time during this encounter. I connected with the patient on a video-enabled telemedicine application and verified that I am speaking with the correct person using 2 identifiers. I obtained verbal consent from the patient to perform this voluntary telemedicine evaluation (including obtaining a history from the patient). The patient has the right to refuse this evaluation. I have explained risks (including the potential loss of confidentiality), benefits, alternatives, and the potential need for subsequent face to face care. The patient understands that there is a risk of medical inaccuracies given that our recommendations will be made based on reported data (and we must, therefore, assume this information is accurate). Knowing that there is a risk that this information is not reported accurately and that the telemedicine video, audio, or data feed may be incomplete, the patient agrees to proceed with evaluation and holds Synapse Orthopedic Group harmless knowing these risks. I have notified the patient that other healthcare professions (including technical personnel) may be involved in this audio-video evaluation. All laws concerning confidentiality and patient access to medical records and copies of medical records apply to telemedicine.

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-10 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles. Please be advised that Dr. Kohan has a financial interest in the Pacific Anesthesia Group.



Jonathan F. Kohan, M.D.
Diplomate American Board of
Anesthesiology

May 7, 2020

Date

Hernandez, Alberto

April 29, 2020

Page 3 of 4

Fellowship-Trained in Pain
Medicine

*SEDGWICK CMS Inc Everest National
P.O. Box 14442
Lexington, KY 40512
Attn: Charles Han

*Morgan, Leahy & Torkigian LLP
21031 Ventura Blvd Ste 210
Woodland Hills, CA 91364

*Law Offices Of Natalia Foley
8018 E. Santa Ana Cyn Rd. Ste 100-215
Anaheim, CA 92808

PROOF OF SERVICE
STATE OF CALIFORNIA

I am employed in the County of Los Angeles. I am over the age of 18 and not a party to the within action; my business address is:

5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411

On 5/8/2020 served the foregoing document described as:

JONATHAN F. KOHAN, M.D.
EVALUATION REPORT

Patient Name: Alberto Hernandez
File Number: 20059453
Claim #: 18RH004183
DOS: 4/29/2020

On all interested parties in this action by electronic transmission a true copy of this narrative report from **5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411**

Addressed as follows:

Edwin Haronian, M.D.
724 Corporate Center Dr. 2nd Floor
2nd Floor
Pomona, CA 91768

Charles Han
SEDGWICK CMS Inc Everest National
P.O. Box 14442
Lexington, KY 40512

Romanuez, Alberto

April 29, 2020

Page 4 of 4

Morgan, Leahy & Torkigian LLP
21031 Ventura Blvd Ste 210
Woodland Hills, CA 91364

Law Offices Of Natalia Foley
8018 E. Santa Ana Cyn Rd. Ste 100-215
Anaheim, CA 92808

I declare that I am over the age of 18 years and not a party to this action. I also declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on 5/8/2020 at



Emily Shemwell

EDWIN HARONIAN, M.D.

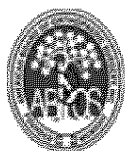
— DISORDERS & SURGERY OF THE SPINE —



- Minimally Invasive Spine Surgery
- Complex & Revision Spine Surgery
- Comprehensive Spine Care

SEDGWICK CMS Inc Everest National
 P.O. Box 14442
 Lexington, KY 40512
 Attn: Charles Han

Patient Name : Alberto Hernandez
 Date of Service : May 6, 2020
 Claim # : 18RH004183
 Employer : Reyes Coca Cola Bottling/91730
 Date of Birth : October 10, 1964
 Date of Injury : 11/15/2019
 CT:01/01/18-07/01/18
 File # : 20059453



- Certified, American Board of Orthopedic Surgery

AAOS - American Academy of Orthopedic Surgeons

- Fellow, American Academy of Orthopedic Surgeons



- Member, North American Spine Society

American College of Spine Surgery

- American College of Spine Surgery



- Alumni, Kerlan-Jobe Orthopedic Clinic

FOLLOW-UP REPORT OF A PRIMARY TREATING PHYSICIAN

Today's evaluation was made through telemedicine. The patient is complaining of lower back pain with radiating pain to the lower extremities with numbness, tingling, and weakness. He also has pain in the neck and shoulders. He was seen by the QME who has not yet declared him permanent and stationary and indicates that he requires the patient to have additional treatment. We will await for his final report at this time.

The patient was seen by Dr. Kohan who is the pain management physician in this case for lumbar epidural injections. He is scheduled for the first lumbar epidural injection. I will await for the injection and follow the patient's progress to the procedure.

He declines medical therapy. His disability status remains unchanged. As indicated, he could return to modified work. He is precluded from lifting, pushing, and pulling greater than 10 pounds, precluded from bending and twisting. Due to lack of work modifications available, he has remained on temporary total disability.

I will re-evaluate the patient back in four weeks.

5651 SEPULVEDA BLVD., STE 201
 SHERMAN OAKS, CA 91411
 PH: (818)788-2400
 FAX: (818) 788-2453

724 CORPORATE CENTER DRIVE
 SECOND FLOOR
 POMONA, CA 91768
 PH. (909) 622-6222
 FX. (909) 622-6220

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hernandez, Aiderio

May 6, 2020

Page 2 of 3

DIAGNOSIS:

M50.00 Cervical Radiculopathy

M54.17 Radiculopathy lumbosacral region


S43.409D Shoulder Sprain/Strain

This clinic visit was completed via video/audio telemedicine due to the COVID-19 outbreak, and the patient preferred a telemedicine visit relative to an in-person visit. I provided my evaluation with non-face-to-face time during this encounter. I connected with the patient on a video-enabled telemedicine application and verified that I am speaking with the correct person using 2 identifiers. I obtained verbal consent from the patient to perform this voluntary telemedicine evaluation (including obtaining a history from the patient). The patient has the right to refuse this evaluation. I have explained risks (including the potential loss of confidentiality), benefits, alternatives, and the potential need for subsequent face to face care. The patient understands that there is a risk of medical inaccuracies given that our recommendations will be made based on reported data (and we must, therefore, assume this information is accurate). Knowing that there is a risk that this information is not reported accurately and that the telemedicine video, audio, or data feed may be incomplete, the patient agrees to proceed with evaluation and holds Synapse Orthopedic Group harmless knowing these risks. I have notified the patient that other healthcare professions (including technical personnel) may be involved in this audio-video evaluation. All laws concerning confidentiality and patient access to medical records and copies of medical records apply to telemedicine.

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-10 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.

To complete this examination I have been assisted, as needed, for taking histories, taking x-rays, assisting with the patient, transcription of reports by some or all of the following personnel Alma Azucar, Natasha Yokum, Carmen Garcia and Emily Shemwell. Sherry Leoni, DC, or Randy Cockrell, DC, may also have assisted in compiling and editing of this report. If required an interpreter was provided. All of the above individuals are qualified to perform the described activities by reason of individual training or under my direct supervision.

Please be advised that Dr. Haronian has a financial interest in Osteon Surgery Center, Kinetix Surgery Center and Pomona Orthopedics.



May 10, 2020

Date

Edwin Haronian, M.D.
Certified Diplomate American
Board of Orthopedic Surgery
California License #A71385

*Morgan, Leahy & Torkigian LLP
21031 Ventura Blvd Ste 210
Woodland Hills, CA 91364

hernandez, Alberto

May 6, 2020

Page 3 of 3

*Law Offices Of Natalia Foley
8018 E. Santa Ana Cyn Rd. Ste 100-215
Anaheim, CA 92808

**PROOF OF SERVICE
STATE OF CALIFORNIA**

I am employed in the County of Los Angeles. I am over the age of 18 and not a party to the within action; my business address is:

5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411

On 5/18/2020 served the foregoing document described as:

EDWIN HARONIAN, M.D.
EVALUATION REPORT

Patient Name: Alberto Hernandez

File Number: 20059453

Claim #: 18RH004183

DOS: 5/6/2020

On all interested parties in this action by electronic transmission a true copy of this narrative report from **5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411**

Addressed as follows:

Charles Han
SEDGWICK CMS Inc Everest National
P.O. Box 14442
Lexington, KY 40512

Morgan, Leahy & Torkigian LLP
21031 Ventura Blvd Ste 210
Woodland Hills, CA 91364

Law Offices Of Natalia Foley
8018 E. Santa Ana Cyn Rd. Ste 100-215
Anaheim, CA 92808

I declare that I am over the age of 18 years and not a party to this action. I also declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on 5/18/2020 at



Emily Shemwell

EDWIN HARONIAN, M.D.

— DISORDERS & SURGERY OF THE SPINE —



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Patient Name : Alberto Hernandez
 Date of Service : November 11, 2019
 Claim # : 18RH004183
 Employer : Reyes Coca Cola Bottling/91730
 Date of Birth : October 10, 1964
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07/01/18ADJ11396777CT:12/01/08-
 07/16/1818RH004183

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ACSS AMERICAN COLLEGE OF SPINE SURGERY

- American College of Spine Surgery



- Alumni, Kerlan-Jobe Orthopedic Clinic

INITIAL COMPREHENSIVE ORTHOPEDIC EVALUATION AND REQUEST FOR AUTHORIZATION OF A PRIMARY TREATING PHYSICIAN

The above captioned patient, a 55-year-old right-hand dominant male, presented in my Pomona office, located at 724 Corporate Center Drive, 2nd Floor, Pomona, California 91768, on November 11, 2019, for an orthopedic examination.

The following is a presentation of my initial evaluation and over all recommendations. The evaluation took place with the assistance of a Spanish-speaking interpreter. The history was obtained by my medical historian, Ms. Alma Azucar. I then reviewed the history in detail with patient.

HISTORY OF INJURY:

Mr. Hernandez is a 55-year-old right-hand-dominant male who sustained industrial injuries on CT: 01/01/2018 to 07/01/2018 & CT: 12/01/2008 to 07/16/2018, while working as a Loader/Unloader with Reyes Coca

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Hernandez, Alberto
November 11, 2019
Page 2 of 14

Cola Bottling/91730.

The patient states over the course of his employment, he gradually developed pain to his neck, shoulders, elbows, wrists/hands, fingers in both hands, upper and lower back, knees, and feet, with weakness in the right leg, which he attributes to his work duties, entailing: pulling orders consisting of coca cola product/drinks, lifting and carrying cases of soda, palletizing, shrink wrapping, and moving the pallets to different areas in the warehouse, and operating a stand up electrical pallet-jack.

The precise activities required entailed prolonged standing and walking, as well as continuous maneuvering of his arms and hands, and repetitive bending, stooping, squatting, twisting, turning, forceful pushing and pulling, forceful gripping and grasping, reaching to all levels, torqueing, lifting and carrying up to 50 pounds.

He continued working and his pain progressively worsened.

He also developed anxiety and stress, as a result of his pain and working in a hostile environment, indicating he was also discriminated.

in October 2018, he began medical care and treatment, as per his attorneys' referral.

The patient received treatment in form of office visits by a chiropractor, Dr. Rios, in Pomona and Ontario, x-rays and **MRI studies to his neck, upper and lower back** were done, and he received chiropractic treatment to all the injured body parts at intervals of twice a week for about three months, which was completed in December 2018, with temporary pain relief. He was recommended an orthopedic evaluation. He was last examined and treated in December 2019.

He states he has not received any medical care or treatment for his anxiety and stress.

He was examined by Dr. Peter Sofia and Dr. Kent for **PQME evaluations. EMG studies** of his upper extremities were conducted, with positive findings. He was evaluated once by each physician. He was recommended future medical care.

He states when he initiated treatment he was kept on full duty and has continued working on full duty.

He presents to my office today for a comprehensive orthopedic evaluation.

JOB DESCRIPTION:

The patient began employment with Reyes coca Cola Bottling/91730 in August 2008, as a Unloader/Loader.

He worked eight hours per day, five days per week, and up to 20-30 hours of overtime per

Hernandez, Alberto

November 11, 2019

Page 3 of 14

week. His duties at the time of injury entailed: pulling orders consisting of coca cola product/drinks, lifting and carrying cases of soda, palletizing, shrink wrapping, and moving the pallets to different areas in the warehouse, and operating a stand up electrical pallet-jack.

The precise activities required entailed prolonged standing and walking, as well as continuous maneuvering of his arms and hands, and repetitive bending, stooping, squatting, twisting, turning, forceful pushing and pulling, forceful gripping and grasping, reaching to all levels, torqueing, lifting and carrying up to 50 pounds.

CURRENT WORK STATUS:

The patient is working full duty.

PRESENT COMPLAINTS:

Neck:

The patient presents today with complaints of continuous aching in the neck, often becoming sharp and shooting pain. His pain travels to his arms and hands. He has episodes of numbness and tingling in his arms and hands. He has frequent headaches, which he associates with his neck pain. He has stiffness in the neck. His pain increases with prolonged sitting and driving. He has difficulty sleeping and awakens with pain and discomfort. He complains of anxiety and stress due to his pain and the fact he is not able to function at his fullest capacity. His pain level varies throughout the day depending on activities. OTC painkillers provide him temporary pain relief.

Shoulders:

The patient has complaints of constant aching in the shoulders, at times becoming sharp, shooting, and throbbing pain. His pain travels to his arms and hands. He has a popping and clicking sensation in the shoulders. He has episodes of numbness and tingling in his arms. His pain increases with reaching, pushing, pulling, and with any lifting. His pain level varies throughout the day depending on activities. He has difficulty sleeping and awakens with pain and discomfort. OTC painkillers provide him temporary pain relief.

Elbows:

The patient has complaints of constant aching in the elbows, at times becoming sharp, shooting, and stabbing pain. His pain travels to his forearms and hands. He has episodes of swelling, numbness and tingling in his elbows, forearms and hands. His pain increases with reaching, pushing, pulling, and with any lifting. His pain level varies throughout the day depending on activities. OTC painkillers provide him temporary pain relief.

Wrists/Hands:

Hernandez, Alberto

November 11, 2019

Page 4 of 14

The patient has complaints of continuous aching in the wrists/hands, at times becoming sharp, shooting, and burning pain. His pain travels to his forearms. He has episodes of swelling, numbness, and tingling in his hands and fingers. He complains of cramping and weakness in his hands and fingers. His pain increases with gripping, grasping, and repetitive hand and finger movements. He has difficulty sleeping and awakens with pain and discomfort. His pain level varies throughout the day depending on activities. OTC painkillers provide him temporary pain relief.

Upper and Lower Back:

The patient has complaints of continuous nagging pain in the upper and lower back, often becoming sharp and shooting pain. His pain travels to his legs and feet. He has episodes of numbness and tingling in his legs and feet. He states coughing and sneezing aggravate his back pain. His pain increases with prolonged standing, walking, sitting, and driving. His pain also increases with bending, twisting, and turning. His pain level varies throughout the day depending on activities. He does not have bowel or bladder dysfunction. OTC painkillers provide him temporary pain relief.

Knees:

The patient has complaints of continuous aching in the knees, at times becoming sharp, shooting, and burning pain. His pain travels to his calves. He has clicking, popping and locking in his knees. He has episodes of swelling in the knees. His knees have given out, causing him to lose his balance. He has difficulty standing and walking for a prolonged period of time. He has difficulty ascending and descending stairs and at times walks with an altered gait. His pain level varies throughout the day depending on activities. OTC painkillers provide him temporary pain relief.

Ankles/Feet:

The patient has complaints of continuous aching in the ankles and feet, aggravated with prolonged standing and walking. He complains of cramping in his feet and has episodes of swelling, numbness and tingling in his feet. He walks with an altered gait. His pain level varies throughout the day depending on activities. OTC painkillers provide him temporary pain relief.

Psyche/Sleep:

The patient complains of anxiety and stress due to his pain and the fact he is not able to function at his fullest capacity. He has difficulty sleeping due to his pain.

MEDICAL HISTORY:

The patient has no known history of heart disease, high blood pressure, kidney disease, diabetes, tuberculosis, cancer, ulcers, pneumonia, lung disease, eye problems, skin

Hernandez, Alberto

November 11, 2019

Page 4 of 14

The patient has complaints of continuous aching in the wrists/hands, at times becoming sharp, shooting, and burning pain. His pain travels to his forearms. He has episodes of swelling, numbness, and tingling in his hands and fingers. He complains of cramping and weakness in his hands and fingers. His pain increases with gripping, grasping, and repetitive hand and finger movements. He has difficulty sleeping and awakens with pain and discomfort. His pain level varies throughout the day depending on activities. OTC painkillers provide him temporary pain relief.

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The patient has complaints of continuous nagging pain in the upper and lower back, often becoming sharp and shooting pain. His pain travels to his legs and feet. He has episodes of numbness and tingling in his legs and feet. He states coughing and sneezing aggravate his back pain. His pain increases with prolonged standing, walking, sitting, and driving. His pain also increases with bending, twisting, and turning. His pain level varies throughout the day depending on activities. He does not have bowel or bladder dysfunction. OTC painkillers provide him temporary pain relief.

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Ankles/Feet:

The patient has complaints of continuous aching in the ankles and feet, aggravated with prolonged standing and walking. He complains of cramping in his feet and has episodes of swelling, numbness and tingling in his feet. He walks with an altered gait. His pain level varies throughout the day depending on activities. OTC painkillers provide him temporary pain relief.

Psyche/Sleep:

The patient complains of anxiety and stress due to his pain and the fact he is not able to function at his fullest capacity. He has difficulty sleeping due to his pain.

MEDICAL HISTORY:

The patient has no known history of heart disease, high blood pressure, kidney disease, diabetes, tuberculosis, cancer, ulcers, pneumonia, lung disease, eye problems, skin

Hernandez, Alberto
November 11, 2019
Page 5 of 14

problems, asthma, hepatitis, liver disease, thyroid disease, gout, rheumatoid arthritis, Lupus, or arthritis.

SURGERIES:

The patient states in 2010, he underwent a right inguinal hernia repair.

PRIOR/SUBSEQUENT INJURIES:

The patient states in 2010, he underwent a right inguinal hernia repair, work-related and recovered.

MEDICATIONS:

The patient is currently taking Ibuprofen 200mg., and Advil for his pain.

ALLERGIES:

The patient has no known allergies to any medications.

SOCIAL HISTORY:

The patient is married with children.

He is a social drinker and does not smoke.

FAMILY HISTORY:

His father suffered with prostate cancer and he suffers with diabetic, hypertensive, and has cancer in the blood under treatment.

ACTIVITIES OF DAILY LIVING:

The patient states that prior to the above noted injury he had no disabling conditions and could perform all activities of daily living without any difficulties.

The patient states since the injury dated CT: 01/01/2018 to 07/01/2018 & CT: 12/01/2008 to 07/16/2018, there are episodes of increased pain causing him difficulty with showering, dressing, grooming, and with house chores. He avoids standing, walking, sitting, and driving for prolonged periods of times. He is more aware of proper body mechanics.

PHYSICAL EXAMINATION:

HEIGHT: 5'05"

WEIGHT: 135 Lbs.

Cervical Spine Examination:

On visual inspection, there is no erythema, edema, swelling or deformity about the cervical spine or upper back area. The patient's head is held in a normal position. No torticollis was noted.

Hernandez, Alberto

November 11, 2019

Page 6 of 14

There is spasm and tenderness over the paravertebral musculature, upper trapezium, interscapular area, but not over the cervical spinous processes, or occiput.

Cervical Range of Motion	Patient ROM	Normal
Forward Flex	40°	50°
Extension	50°	60°
Lateral Flex (rt.)	35°	45°
Lateral Flex (lt.)	35°	45°
Rotation (rt.)	65°	80°
Rotation (lt.)	65°	80°

Range of motion was accomplished without discomfort and spasm.

Reflexes and special tests are as follows:

Reflexes and test	Right	Left	Normal
Tricep reflex	2+	2+	2+
Biceps reflex	2+	2+	2+
Brachioradialis reflex	2+	2+	2+
Tinel Signs (wrists)	Negative	Negative	Negative
Tinel signs (elbow)	Negative	Negative	Negative
Adson Test	Negative	Negative	Negative

Motor power testing for the cervical spine:

Muscle Group	Right	Left	Normal
Deltoid (C5)	4	5	5
Biceps (C6)	5	5	5
Triceps (C7)	5	5	5
Wrists Extensors (C6)	5	5	5
Wrist Flexors (C7)	5	5	5
Finger Flexors (C8)	5	5	5
Finger Abduction (T1)	5	5	5

Sensory Testing:

Dermatome	Right	Left	Normal
C5 (Deltoid)	Intact	Intact	Intact
C6 (Lat Forearm, Thumb, Index)	Decreased	Intact	Intact
C7 (Middle Finger)	Intact	Intact	Intact
C8 (Little finger, Med. Forearm)	Intact	Intact	Intact
T1 (Medial Arm)	Intact	Intact	Intact
T2 (Medial Arm)	Intact	Intact	Intact

Hernandez, Alberto
November 11, 2019
Page 7 of 14

JAMAR Grip Testing

Right
22/20/20

Left
18/16/18

Shoulder Examination:

Shoulder Range of Motion	Right	Left	Normal
Flexion	180°	180°	180°
Abduction	180°	180°	180°
Extension	50°	50°	50°
Ext Rotation	90°	90°	90°
Ext Internal Rotation	90°	90°	90°
Adduction	50°	50°	50°

No tenderness was noted at the anterior deltoid, supraspinatus insertion, biceps tendon.
Tenderness was noted at the acromioclavicular joint bilaterally.

Impingement sign was positive bilaterally. Hawkins sign was negative on the right and left. Jobe's sign was negative on the right and left.

Apprehension test and re-location test were negative. No sulcus was present. Yergason test was negative bilaterally. No deformity or incision was noted around the shoulder area.

Elbow Examination:

Elbow Range of Motion	Right	Left	Normal
Flexion	140°	140°	140°
Extension	0°	0°	0°
Pronation	80°	80°	80°
Supination	80°	80°	80°

No tenderness was noted over the lateral (tennis) or medial (Golfers) epicondyles. Resisted wrist extension did not elicit tenderness over the lateral epicondyle. The lateral pivot shift test did not reproduce instability. No olecranon bursitis was noted.

Wrist & Hands Examination:

Wrist Range of Motion	Right	Left	Normal
Flexion	60°	60°	60°
Extension	60°	60°	60°
Ulnar Deviation	30°	30°	30°
Radial Deviation	20°	20°	20°

No mechanical block was noted to range of motion. There was no tenderness over the distal radius or the carpus. No tenderness was noted at the anatomic snuffbox or the TFCC.

Hernandez, Alberto

November 11, 2019

Page 8 of 14

Finkelstein test was normal. Tinel testing was negative. Phalen and reverse Phalen (praying position) testing were negative. Two-point discrimination was within normal limits.

No atrophy or tenderness was noted in the thenar, hypothenar, and intrinsic hand musculatures. The radial pulses are present and equal bilaterally.

No triggering was noted in any digit. Range of motion was painless without mechanical block. The thumbs bilaterally (adduction) reach the head of the 5th metacarpal. Thumb abduction is 90° bilaterally.

Lumbar Examination:

Patient has a normal gait and is ambulating with no assistive device. On visual inspection, there is no deformity, defect, or swelling about the dorsolumbar spine. No scar or incision was noted. There is no evidence of deformity such as scoliosis or kyphosis.

There is tenderness and spasm in the paravertebral muscle, but not the spinous processes and the flank. The sciatic notch area was tender bilaterally. The patient toe and heel walks with pain. The patient squats with pain.

Lumbar Range of Motion	ROM	Normal	Spasm	Pain
Forward Flex	50°	60° finger to ankle	Present	Present
Extension	20°	25°	Present	Present
Lateral Flex (rt.)	20°	25°	Present	Present
Lateral Flex (lt.)	20°	25°	Present	Present
Rotation (rt.)	20°	25°	Present	Present
Rotation (lt.)	20°	25°	Present	Present

Supine straight leg raising: Right 90, Left 90 with no back pain. Sitting straight leg rising was similar. Lasegue test was negative bilaterally.

Motor Function	Right	Left	Normal
Ankle Dorsiflex L4	5	5	5
Great Toe Ext L5	5	5	5
Ankle Planar Flex S1	5	5	5
Knee Ext L4, L5	5	5	5
Knee Flexion	5	5	5
Hip Abductors	5	5	5
Hip Adductors	5	5	5

Deep tendon reflexes are equal at the knee and ankle joints. Palpation over the sacroiliac joint did not elicit tenderness. The FABER (Patrick's) test was negative bilaterally.

Hernandez, Alberto

November 11, 2019

Page 9 of 14

Sensory Function	Right	Left	Normal
L3 Anterior Thigh	Intact	Intact	Intact
L4 Medial Leg, Inner Foot	Intact	Intact	Intact
L5 Lateral Leg, Mid Foot	Decreased with pain	Intact	Intact
S1 Post. Leg, Outer Foot	Decreased with pain	Decreased with pain	Intact

Hip Examination:

Hip Range of Motion	Right	Left	Normal
Flexion	100°	100°	100°
Extension	0°	0°	0°
Abduction	25°	25°	25°
Adduction	15°	15°	15°
Ext Rotation	35°	35°	35°
Internal Rotation	20°	20°	20°

Range of motion was accomplished with no pain or mechanical block. Strength of hips were normal. There was no pain with flexion, adduction, internal rotation, or external rotation. No tenderness was noted at the ASIS, rectus femoris, or greater trochanter. Trendeleberg sign and Ober test were negative. There was no iliopsoas or iliotibial band clicking.

REVIEW OF RADIOGRAPHIC EXAMINATION:

X-ray studies of the cervical spine were obtained. The AP view revealed relatively normal findings. The lateral view revealed significant loss of disc height at the C5-C6 level with degenerative changes at that level. No fractures were noted. Open mouth view revealed normal atlantodental interspace.

Four views of the lumbar spine were obtained. The AP view revealed relatively normal findings. The lateral view revealed grade I spondylolisthesis with greater than 5-mm of transition of L5 on S1 with disc collapse at the L5-S1 level and degenerative changes noted. No other abnormalities were seen.

REVIEW OF MEDICAL RECORDS:

Formal range of motion studies were performed using double electronic inclinometers, and the report is attached.

I have been provided with stack of the patient's medical records. Once they are reviewed in their entirety, I will then provide a supplemental report.

Within the medical records, there are MRI studies which were reviewed today. An MRI of

Hernandez, Alberto

November 11, 2019

Page 10 of 14

the cervical spine dated October 1, 2018, was reviewed. This reveals a 2-mm disc bulge at the C4-C5 level and a 3-mm disc bulge at the C5-C6 level. There is loss of intervertebral disc height and disc desiccation from C4 through C7.

MRI of the thoracic spine was reviewed revealing relatively normal findings. This is dated October 1, 2018.

There is an MRI of the lumbar spine dated October 1, 2018, revealing loss of intervertebral disc height and disc desiccation at L5-S1 with a grade I anterolisthesis measuring 7 mm. There is a 4-mm disc herniation at the L5-S1 level with bilateral neural foraminal stenosis and a 3-mm disc herniation at the L4-L5 level with an annular tear and mild bilateral neural foraminal stenosis.

An MRI of the cervical spine dated October 25, 2019, was reviewed. This reveals grade I posterolisthesis of C5 on C6 with reversal of cervical lordosis. There is disc desiccation from C2-C3 through C6-C7 with moderate associated loss of disc height at the C5-C6 level. A 2.3 mm disc herniation at the C2-C3 level and a 2-mm disc herniation is seen at the C3-C4 level with mild left neural foraminal narrowing. At the C4-C5 level, there is a 5-mm disc herniation with mild left neural foraminal narrowing. There is a disc protrusion at the C5-C6 level measuring 3 mm with subtle increase signal in the spinal cord likely reflecting myelopathy. There is mild left greater than right neural foraminal narrowing with abutment of the left exiting nerve root and an annular fissure.

A QME report from Dr. Sofia dated February 14, 2014, was reviewed. This is a supplemental report. Within the report, he reviews the patient's medical records. He indicates that he is accepting multiple body parts and the patient should have treatment. He states that he has not yet reached maximum medical improvement since the patient has not received any treatment. He states that the patient does not have verified motor cervical radiculopathy or verified motor lumbar radiculopathy and has mild carpal tunnel. He recommends treatment to include physical therapy, acupuncture, chiropractic treatment, and right shoulder injection and possible epidurals in the neck and low back. He states that he will reevaluate the patient.

DIAGNOSES:

Cervical radiculopathy.

Lumbar radiculopathy, lumbar grade I spondylolisthesis at the L5-S1 level.

Bilateral shoulder impingement.

DISCUSSION:

The patient is a 55-year-old male who sustained a continuous trauma injury while working as a Loader & Unloader for Coca-Cola. He indicates that he developed pain to multiple body parts due to his repetitive motion activities at work. He continued working and his pain progressively worsened. He was required to pull orders consisting of Coca-Cola products, lift and carrying cases of soda, palletizing shrink ramping, moving pallets to different areas

Hernandez, Alberto

November 11, 2019

Page 11 of 14

and he also operated a standup electric pallet jack. He continued working and his pain progressively worsened. He was required to lift and carry up to 50 pounds. He was seen by a chiropractor. He was seen by two different orthopedic QMEs.

The patient is presenting to my attention for comprehensive orthopedic evaluation and to take over the role of the primary treating physician. He is complaining of pain in the neck, low back, and both shoulders. He describes radiating pain to the upper and lower extremities mainly on the right side with numbness, tingling, and weakness. He has difficulty with prolonged sitting, standing, walking, lifting, pushing, and pulling.

On physical examination, there is spasm, tenderness, and guarding noted in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion. Decreased dermatomal sensation with pain is noted over the right C6 dermatome as well as bilateral S1 and L5 dermatomes.

Impingement is noted to be positive over the shoulders bilaterally and loss of motor function over the right shoulder noted to be grade 4/5.

As it relates to causation, it is with reasonable medical probability, the patient has sustained injuries to multiple body parts due to his industrial accident.

I am requesting for my name to be entered in your records to reflect upon the fact that I am taking over the role of the primary treating physician.

The patient has been seen by two different QMEs. I am requesting for the reports to be forwarded to my attention. The report of one QME report Dr. Sofia that has been forwarded to my attention was reviewed today. The patient was also seen by a QME Dr. Akmakjian and I am awaiting for this report to be forwarded to my attention.

MRI studies were reviewed today. X-ray studies were also reviewed. The patient has had extensive conservative treatment in the form of physiotherapy modalities, range of motion exercises, and muscular strengthening activities, however, he does continue to be significantly symptomatic. He does have disc pathology at the C5-C6 as well as at the L5-S1 levels. The option for epidural injections versus surgical intervention was discussed with the patient. He wishes to proceed with epidural injections prior to considering surgery.

Based on the above, I am requesting authorization for the patient to be seen by Dr. Kohan for pain management consultation on consideration for cervical and lumbar epidural injections.

Medications will be provided to the patient today, so that he could use to help reduce his pain and increase his functional capacity. Ibuprofen gel will be provided to the patient, so that he could use to help reduce his pain and help reduce the need for taking oral pain medications.

Hernandez, Alberto
November 11, 2019
Page 12 of 14

Cervical traction device is being requested, so that the patient can use at home on his own on a daily basis to help reduce the stress over the intervertebral disc spaces, reduce his radiculopathy, and increase his functional capacity.

I am indicating that the patient can return to modified work activities. He is precluded from lifting, pushing, and pulling greater than 10 pounds. He is precluded from bending and twisting completely, squatting and kneeling completely. He should be changing positions as needed. He may not drive a commercial vehicle. If work modifications are not accommodated, the patient can remain on temporary total disability.

I will re-evaluate the patient back in four weeks.

I hope the above information has been helpful to you and thank you for referring this patient to my office for orthopedic examination.

We request to be added to the Address List for Services of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Worker's Compensation Appeals Board. We are advising the Worker's Compensation appeals Board that we may not appear at the hearings or Mandatory Settlement Conferences for the case in chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manual index No. 60610, effective February 1, 1995, we request that defendants, with full authority to resolve our lien, telephone our office and ask to speak with our "workers' compensation lien negotiator".

Authorizations for transportation, medication, physiotherapy, rehabilitation, a conditioning program and the above stated recommendations are requested based upon medically reasonable treatment requirements. This is per labor code 4600 and Title 8, Section 9792.6, C.C.R. and Rule 9785(b). Furthermore, we are requesting that all the medical records be forwarded to our office to avoid repetition in testing and treatment. Please provide us with information regarding the status of the case as soon as possible.

To complete this examination I have been assisted, as needed, for taking histories, taking x-rays, assisting with the patient, transcription of reports by some or all of the following personnel Alma Azucar, Maria Valles, Marlen Sanchez, Laura Casillas and Emily Shemwell. Sherry Leoni, DC, or Randy Cockrell, DC, may also have assisted in compiling and editing of this report. If required an interpreter was provided. All of the above individuals are qualified to perform the described activities by reason of individual training or under my direct supervision. I certify that this examiner reviewed the history and the past medical records directly with the patient. The examination of the patient, and interpretation of tests and x-rays, was all performed by this examiner. The dictation and the review of the final report were performed entirely by me. The opinions and conclusions contained in this report are entirely my own. I declare, under penalty of perjury, that the information contained in this report, and any attachments, is true and correct, and that there has not been a violation in this report of Section 139.3 L.C. to the best of my knowledge and belief, except as to information that I have indicated was received from others. As to that information I declare under penalty of perjury, that I have accurately detailed the information provided me and, unless otherwise noted, I believe it to be true.

In order to prepare this report and complete the evaluation, time was spent without face to face with the

Hernandez, Alberto
November 11, 2019
Page 13 of 14

patient. The billings reflect such time spent by the physician with the code 99358. Edwin Haronian, M.D. Inc. does not accept the Official Medical fee schedule as prime facie evidence to support the reasonableness of charges. Edwin Haronian, M.D. is a fellow of the American Academy of Orthopedic Surgeons and is board certified, specializing in disorder and surgery of the spine. Under penalty of perjury under the laws of the State of California, services are billed in accordance with our usual and customary fees. Additionally, this medical practice providing treatment to injured worker's experiences extraordinary expenses in the form of mandated paperwork and collection expenses, including the necessity to retain highly-trained personnel to appear before the Workers' compensation appeals board. Based on the level of services provided and overhead expenses for services contained within our geographical area, we bill in accordance with the provisions set-forth in Labor Code Section 5307.1. Please be advised that Dr. Haronian has a financial interest in Osteon Surgery Center, Kinetix Surgery Center and Pomona Orthopedics.



Edwin Haronian, M.D.
Certified Diplomate American
Board of Orthopedic Surgery
California License #A71385

November 24,
2019
Date

County where executed: Los Angeles County

SL

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

*Morgan, Leahy & Torkigian LLP
21031 Ventura Blvd Ste 210
Woodland Hills, CA 91364

PROOF OF SERVICE
STATE OF CALIFORNIA

I am employed in the County of Los Angeles. I am over the age of 18 and not a party to the within action; my business address is:

5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411

On 11/27/2019 served the foregoing document described as:

EDWIN HARONIAN, M.D.

00108

Hernandez, Alberto
November 11, 2019
Page 14 of 14

EVALUATION REPORT

Patient Name: Alberto Hernandez
File Number: 20059453
Claim #: 18RH004183
DOS: 11/11/2019

On all interested parties in this action by electronic transmission a true copy of this narrative report from **5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411**

Addressed as follows:

Charles Han
SEDGWICK CMS Inc Everest National
P.O. Box 14442
Lexington, KY 40512

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

Morgan, Leahy & Torkigian LLP
21031 Ventura Blvd Ste 210
Woodland Hills, CA 91364

I declare that I am over the age of 18 years and not a party to this action. I also declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on 11/27/2019 at



Emily Shemwell



MULTI-DISCIPLINARY
TREATMENT OF
CRPS (RSD)
CHRONIC PAIN SYNDROMES
CANCER PAIN
FIBROMYALGIA
NEURALGIAS
HEADACHE

SPINAL CORD STIMULATION
INTRATHECAL PUMP
PLACEMENT
DISCOGRAPHY
RADIOFREQUENCY ABLATION
SPINAL INJECTIONS

DIPLOMATE, AMERICAN BOARD
OF ANESTHESIOLOGY
FELLOWSHIP TRAINED IN PAIN
MEDICINE

Edwin Haronian, M.D.
724 Corporate Center Dr. 2nd Floor
2nd Floor
Pomona, CA 91768

Patient Name : Alberto Hernandez
Date of Service : March 18, 2020
Claim # : 18RH004183
Employer : Reyes Coca Cola Bottling/91730
Date of Birth : October 10, 1964
Date of Injury : 11/15/2019
CT:01/01/18-07/01/18
File # : 20059453

**SECONDARY PHYSICIAN PAIN MANAGEMENT FOLLOW-UP
REPORT**

Mr. Alberto is a very pleasant fine gentleman who presents today with complaint of a low back pain, so intense that it makes most activities including walking quite impossible. He failed to improve with conservative treatment. Pain is described as sharp and stabbing in the low back. We did request authorization for lumbar epidural injection to no avail. He is under care of Dr. Haronian who is prescribing him ibuprofen gel, naproxen, Prevacid, and Skelaxin which he is tolerating well. Claim is presently in disputed status and lumbar epidural injection was denied. He will have a medical-legal examination in approximately three weeks.

PHYSICAL EXAMINATION:

On physical examination, he is visibly uncomfortable, stands up with some discomfort; however, ambulates without antalgic gait.

DIAGNOSES:

Lumbosacral radiculopathy.
Lumbar sprain/strain.

00110

Romanuez, Alberto

March 18, 2020

Page 2 of 4

RECOMMENDATIONS:

We had a discussion with the patient. He understands the source of impediment. We do hope that upcoming medical-legal examination will eventuate in a fresh and dynamic turn in his treatment. Based on the reasonable medical probability, he sustained industrial injury and our decision is upheld. We are deferring medications and work status. Next appointment will be in six weeks.

I hope the above information has been helpful to you and if I can provide you with any further information, please do not hesitate to contact my office.

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-10 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles. Please be advised that Dr. Kohan has a financial interest in the Pacific Anesthesia Group.



Michael Nadzhafov, P.A.C, M.P.H.

March 20, 2020

Date



Jonathan F. Kohan, M.D.
Diplomate American Board of
Anesthesiology
Fellowship-Trained in Pain
Medicine

MN

*SEDGWICK CMS Inc Everest National
P.O. Box 14442
Lexington, KY 40512
Attn: Charles Han

*Morgan, Leahy & Torkigian LLP

Hernandez, Alberto

March 18, 2020

Page 3 of 4

21031 Ventura Blvd Ste 210
Woodland Hills, CA 91364

*Law Offices Of Natalia Foley
8018 E. Santa Ana Cyn Rd. Ste 100-215
Anaheim, CA 92808

PROOF OF SERVICE
STATE OF CALIFORNIA

I am employed in the County of Los Angeles. I am over the age of 18 and not a party to the within action; my business address is:

5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411

On 3/31/2020 served the foregoing document described as:

JONATHAN F. KOHAN, M.D.
EVALUATION REPORT

Patient Name: Alberto Hernandez

File Number: 20059453

Claim #: 18RH004183

DOS: 3/18/2020

On all interested parties in this action by electronic transmission a true copy of this narrative report from 5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411

Addressed as follows:

Edwin Haronian, M.D.
724 Corporate Center Dr. 2nd Floor
2nd Floor
Pomona, CA 91768

Charles Han
SEDGWICK CMS Inc Everest National
P.O. Box 14442
Lexington, KY 40512

Morgan, Leahy & Torkigian LLP
21031 Ventura Blvd Ste 210
Woodland Hills, CA 91364

Law Offices Of Natalia Foley
8018 E. Santa Ana Cyn Rd. Ste 100-215
Anaheim, CA 92808

I declare that I am over the age of 18 years and not a party to this action. I also declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on 3/31/2020 at



Emily Shemwell

HERNANDEZ, ALBERTO

March 18, 2020

Page 4 of 4

Edwin Haronian., M.D.

* 724 Corporate Center Drive Pomona, CA 917682650 *

Authorization Request

Today's Date: 12/01/2019

Our Chart No. 20059453

Patient Name: Alberto HERNANDEZ

DOB: 10/10/1964

Claim #: 18R11004183

Claim #:18RH004185

Request from office Visit date: 11 11, 2019

SEDGWICK CMS Inc Everest National

P.O. Box 14442

Lexington, KY 40512

You can contact us by phone, fax or email

***Peer to Peer Direct line only: 818-906-4658**

***Phone # : (818) 788-2400 Ext 606**

***Fax: (818) 827-4706**

***Email: UR@synapsedoctor.com**

Thank you.

Austin Pathak

Labor Code Section 4610, section (f) states that "no person other than a licensed physician... may modify, delay or deny request for authorization of medical treatment. Labor Code Section 4610 section (g) states the time frame for UR. (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician. In cases where the review is retrospective, the decision shall be communicated to the individual who received services, or to the individual's designee, within 30 days of receipt of information that is reasonably necessary to make this determination. All of the denial or medication procedures contained in Labor Code section 4610 (g) (2) and (3) are mandatory, and if the statutory requirements are not met, the utilization review report is not admissible. The only other procedure for disputing the treatment is a QME, pursuant to Labor Code section 4062.

Proof of Service State of California, County of Los Angeles

I am a resident of the county of Los Angeles; I am over the age of eighteen years and not a party to the within entitled action. My business address is: 5651 Sepulveda Blvd. Suite 201 Sherman Oaks, CA 91411 or 724 Corporate Center Drive. 2nd Floor, Pomona, CA 91768

On this date 12/01/2019 I served Request for Authorization to the above Insurance Co. SEDGWICK CMS Inc Everest National P.O. Box 14442 Lexington, KY 40512, by transmitting via US Postal Services between the hours of 8:00am and 5:00pm. I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed in Los Angeles, CA

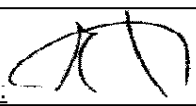
Executed on 12/01/2019 at Sherman Oaks, California. I declare under penalty of perjury that the above is true and correct.

Signature: Austin Pathak

Austin Pathak

State of California
Division of Workers' Compensation
REQUEST FOR AUTHORIZATION

DWC Form RFA - California Code of Regulations, title 8, section 9785.

<u>This form must accompany the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or narrative report substantiation the requested treatment.</u>		
<input type="checkbox"/> New Request <input type="checkbox"/> Resubmission - Change in Material Facts <input type="checkbox"/> Expedite Review: Check box if employee faces an imminent and serious threat this or her health <input type="checkbox"/> Check box if request is a written confirmation of prior oral request.		
<u>Employee Information</u>		
Employee Name (Last, First, Middle): HERNANDEZ,Alberto		
Date of Injury (MM/DD/YYYY): ;CT:01/01/18-07/01/18 ADJ11396777	Date of Birth(MM/DD/YYYY): 10/10/1964	
CT:12/01/08-07/16/18 18RH004183		
Claim Number: 18RH004183;18RH004185	Employer: Reyes Coca Cola Bottling/91730	
<u>Provider Information</u>		
Provider Name: Edwin Haronian.M.D.		
Peer to Peer Direct line: 818-906-4658		Contact Name:
Address: 724 Corporate Center Drive	City: Pomona	State: CA
Zip Code: 917682650	Phone: 818-616-1666	Fax Number: 818-827-4706
Provider Specialty: Orthopedics		NPI Number: 1063480192
<u>Claims Administrator Information</u>		
Claims Administrator Name: SEDGWICK CMS Inc Everest National		Contact Name:Han, Charles
Address: P.O. Box 14442	City: Lexington	State: KY
Zip Code: 40512	Phone:800-854-6188	Fax Number: 877-922-7236
E-mail Address:		
<u>Requested Treatment (see instruction for guidance; attached additional pates if necessary)</u>		
Either state the requested treatment in the below space or indicate the specific page number(s) of the accompanying medical report on which the request treatment can be found. Up to five (5) procedures may be entered; attached additional request on a separate sheet.		
Diagnosis	M50.00 Cervical Radiculopathy M54.17 Radiculopathy, lumbosacral region S43.409D Shoulder Sprain/Strain	
ICD-Code		
Procedure Requested	Request authorization for Consult: Pain Management with Jonathan Kohan MD for Cervical Epidural Injectios and Lumbar Epidural Injections.	
CPT/HCPCS Code		
Other Information: (Frequency, Duration, Quantity, Facility, etc.)		
Treating Physician Signature: 		Date: 12/01/2019
<u>Claims Administrator Response</u>		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (see separate decision letter <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed		
Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



- Minimally Invasive Spine Surgery
- Complex & Revision Spine Surgery
- Comprehensive Spine Care

SEDGWICK CMS Inc Everest National
 P.O. Box 14442
 Lexington, KY 40512
 Attn: Charles Han

Patient Name : Alberto Hernandez
 Date of Service : November 11, 2019
 Claim # : 18RH004183
 Employer : Reyes Coca Cola Bottling/91730
 Date of Birth : October 10, 1964
 Date of Injury : CT:01/01/18-
 07/01/18ADJ11396777CT:12/01/08-
 07/16/1818RH004183
 File # : 20059453



- Certified, American Board of Orthopedic Surgery

AAOS THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

- Fellow, American Academy of Orthopedic Surgeons



- Member, North American Spine Society

Logo of the American College of Spine Surgery

- American College of Spine Surgery



- Alumni, Kerlan-Jobe Orthopedic Clinic

INITIAL COMPREHENSIVE ORTHOPAEDIC EVALUATION AND REQUEST FOR AUTHORIZATION OF A PRIMARY TREATING PHYSICIAN

The above captioned patient, a 55-year-old right-hand dominant male, presented in my Pomona office, located at 724 Corporate Center Drive, 2nd Floor, Pomona, California 91768, on November 11, 2019, for an orthopedic examination.

The following is a presentation of my initial evaluation and over all recommendations. The evaluation took place with the assistance of a Spanish-speaking interpreter. The history was obtained by my medical historian, Ms. Alma Azucar. I then reviewed the history in detail with patient.

HISTORY OF INJURY:

Mr. Hernandez is a 55-year-old right-hand-dominant male who sustained industrial injuries on CT: 01/01/2018 to 07/01/2018 & CT: 12/01/2008 to 07/16/2018, while working as a Loader/Unloader with Reyes Coca

5651 SEPULVEDA BLVD., STE 201
 SHERMAN OAKS, CA 91411
 PH: (818)788-2400
 FAX: (818) 788-2453

724 CORPORATE CENTER DRIVE
 SECOND FLOOR
 POMONA, CA 91768
 PH. (909) 622-6222
 FX. (909) 622-6220

Hernandez, Alberto
November 11, 2019
Page 2 of 14

Cola Bottling/91730.

The patient states over the course of his employment, he gradually developed pain to his neck, shoulders, elbows, wrists/hands, fingers in both hands, upper and lower back, knees, and feet, with weakness in the right leg, which he attributes to his work duties, entailing: pulling orders consisting of coca cola product/drinks, lifting and carrying cases of soda, palletizing, shrink wrapping, and moving the pallets to different areas in the warehouse, and operating a stand up electrical pallet-jack.

The precise activities required entailed prolonged standing and walking, as well as continuous maneuvering of his arms and hands, and repetitive bending, stooping, squatting, twisting, turning, forceful pushing and pulling, forceful gripping and grasping, reaching to all levels, torquing, lifting and carrying up to 50 pounds.

He continued working and his pain progressively worsened.

He also developed anxiety and stress, as a result of his pain and working in a hostile environment, indicating he was also discriminated.

in October 2018, he began medical care and treatment, as per his attorneys' referral.

The patient received treatment in form of office visits by a chiropractor, Dr. Rios, in Pomona and Ontario, x-rays and **MRI studies to his neck, upper and lower back** were done, and he received chiropractic treatment to all the injured body parts at intervals of twice a week for about three months, which was completed in December 2018, with temporary pain relief. He was recommended an orthopedic evaluation. He was last examined and treated in December 2019.

He states he has not received any medical care or treatment for his anxiety and stress.

He was examined by Dr. Peter Sofia and Dr. Kent for **PQME evaluations. EMG studies** of his upper extremities were conducted, with positive findings. He was evaluated once by each physician. He was recommended future medical care.

He states when he initiated treatment he was kept on full duty and has continued working on full duty.

He presents to my office today for a comprehensive orthopedic evaluation.

JOB DESCRIPTION:

The patient began employment with Reyes coca Cola Bottling/91730 in August 2008, as a Unloader/Loader.

He worked eight hours per day, five days per week, and up to 20-30 hours of overtime per

Hernandez, Alberto
November 11, 2019
Page 3 of 14

week. His duties at the time of injury entailed: pulling orders consisting of coca cola product/drinks, lifting and carrying cases of soda, palletizing, shrink wrapping, and moving the pallets to different areas in the warehouse, and operating a stand up electrical pallet-jack.

The precise activities required entailed prolonged standing and walking, as well as continuous maneuvering of his arms and hands, and repetitive bending, stooping, squatting, twisting, turning, forceful pushing and pulling, forceful gripping and grasping, reaching to all levels, torqueing, lifting and carrying up to 50 pounds.

CURRENT WORK STATUS:

The patient is working full duty.

PRESENT COMPLAINTS:

Neck:

The patient presents today with complaints of continuous aching in the neck, often becoming sharp and shooting pain. His pain travels to his arms and hands. He has episodes of numbness and tingling in his arms and hands. He has frequent headaches, which he associates with his neck pain. He has stiffness in the neck. His pain increases with prolonged sitting and driving. He has difficulty sleeping and awakens with pain and discomfort. He complains of anxiety and stress due to his pain and the fact he is not able to function at his fullest capacity. His pain level varies throughout the day depending on activities. OTC painkillers provide him temporary pain relief.

Shoulders:

The patient has complaints of constant aching in the shoulders, at times becoming sharp, shooting, and throbbing pain. His pain travels to his arms and hands. He has a popping and clicking sensation in the shoulders. He has episodes of numbness and tingling in his arms. His pain increases with reaching, pushing, pulling, and with any lifting. His pain level varies throughout the day depending on activities. He has difficulty sleeping and awakens with pain and discomfort. OTC painkillers provide him temporary pain relief.

Elbows:

The patient has complaints of constant aching in the elbows, at times becoming sharp, shooting, and stabbing pain. His pain travels to his forearms and hands. He has episodes of swelling, numbness and tingling in his elbows, forearms and hands. His pain increases with reaching, pushing, pulling, and with any lifting. His pain level varies throughout the day depending on activities. OTC painkillers provide him temporary pain relief.

Wrists/Hands:

Hernandez, Alberto
November 11, 2019
Page 4 of 14

The patient has complaints of continuous aching in the wrists/hands, at times becoming sharp, shooting, and burning pain. His pain travels to his forearms. He has episodes of swelling, numbness, and tingling in his hands and fingers. He complains of cramping and weakness in his hands and fingers. His pain increases with gripping, grasping, and repetitive hand and finger movements. He has difficulty sleeping and awakens with pain and discomfort. His pain level varies throughout the day depending on activities. OTC painkillers provide him temporary pain relief.

Upper and Lower Back:

The patient has complaints of continuous nagging pain in the upper and lower back, often becoming sharp and shooting pain. His pain travels to his legs and feet. He has episodes of numbness and tingling in his legs and feet. He states coughing and sneezing aggravate his back pain. His pain increases with prolonged standing, walking, sitting, and driving. His pain also increases with bending, twisting, and turning. His pain level varies throughout the day depending on activities. He does not have bowel or bladder dysfunction. OTC painkillers provide him temporary pain relief.

Knees:

The patient has complaints of continuous aching in the knees, at times becoming sharp, shooting, and burning pain. His pain travels to his calves. He has clicking, popping and locking in his knees. He has episodes of swelling in the knees. His knees have given out, causing him to lose his balance. He has difficulty standing and walking for a prolonged period of time. He has difficulty ascending and descending stairs and at times walks with an altered gait. His pain level varies throughout the day depending on activities. OTC painkillers provide him temporary pain relief.

Ankles/Feet:

The patient has complaints of continuous aching in the ankles and feet, aggravated with prolonged standing and walking. He complains of cramping in his feet and has episodes of swelling, numbness and tingling in his feet. He walks with an altered gait. His pain level varies throughout the day depending on activities. OTC painkillers provide him temporary pain relief.

Psyche/Sleep:

The patient complains of anxiety and stress due to his pain and the fact he is not able to function at his fullest capacity. He has difficulty sleeping due to his pain.

MEDICAL HISTORY:

The patient has no known history of heart disease, high blood pressure, kidney disease, diabetes, tuberculosis, cancer, ulcers, pneumonia, lung disease, eye problems, skin

Hernandez, Alberto
November 11, 2019
Page 5 of 14

problems, asthma, hepatitis, liver disease, thyroid disease, gout, rheumatoid arthritis, Lupus, or arthritis.

SURGERIES:

The patient states in 2010, he underwent a right inguinal hernia repair.

PRIOR/SUBSEQUENT INJURIES:

The patient states in 2010, he underwent a right inguinal hernia repair, work-related and recovered.

MEDICATIONS:

The patient is currently taking Ibuprofen 200mg., and Advil for his pain.

ALLERGIES:

The patient has no known allergies to any medications.

SOCIAL HISTORY:

The patient is married with children.

He is a social drinker and does not smoke.

FAMILY HISTORY:

His father suffered with prostate cancer and he suffers with diabetic, hypertensive, and has cancer in the blood under treatment.

ACTIVITIES OF DAILY LIVING:

The patient states that prior to the above noted injury he had no disabling conditions and could perform all activities of daily living without any difficulties.

The patient states since the injury dated CT: 01/01/2018 to 07/01/2018 & CT: 12/01/2008 to 07/16/2018, there are episodes of increased pain causing him difficulty with showering, dressing, grooming, and with house chores. He avoids standing, walking, sitting, and driving for prolonged periods of times. He is more aware of proper body mechanics.

PHYSICAL EXAMINATION:

HEIGHT: 5'05"

WEIGHT: 135 Lbs.

Cervical Spine Examination:

On visual inspection, there is no erythema, edema, swelling or deformity about the cervical spine or upper back area. The patient's head is held in a normal position. No torticollis was noted.

Hernandez, Alberto
November 11, 2019
Page 6 of 14

There is spasm and tenderness over the paravertebral musculature, upper trapezium, interscapular area, but not over the cervical spinous processes, or occiput.

Cervical Range of Motion	Patient ROM	Normal
Forward Flex	40°	50°
Extension	50°	60°
Lateral Flex (rt.)	35°	45°
Lateral Flex (lt.)	35°	45°
Rotation (rt.)	65°	80°
Rotation (lt.)	65°	80°

Range of motion was accomplished without discomfort and spasm.

Reflexes and special tests are as follows:

Reflexes and test	Right	Left	Normal
Tricep reflex	2+	2+	2+
Biceps reflex	2+	2+	2+
Brachioradialis reflex	2+	2+	2+
Tinel Signs (wrists)	Negative	Negative	Negative
Tinel signs (elbow)	Negative	Negative	Negative
Adson Test	Negative	Negative	Negative

Motor power testing for the cervical spine:

Muscle Group	Right	Left	Normal
Deltoid (C5)	4	5	5
Biceps (C6)	5	5	5
Triceps (C7)	5	5	5
Wrists Extensors (C6)	5	5	5
Wrist Flexors (C7)	5	5	5
Finger Flexors (C8)	5	5	5
Finger Abduction (T1)	5	5	5

Sensory Testing:

Dermatome	Right	Left	Normal
C5 (Deltoid)	Intact	Intact	Intact
C6 (Lat Forearm, Thumb, Index)	Decreased	Intact	Intact
C7 (Middle Finger)	Intact	Intact	Intact
C8 (Little finger, Med. Forearm)	Intact	Intact	Intact
T1 (Medial Arm)	Intact	Intact	Intact
T2 (Medial Arm)	Intact	Intact	Intact

Hernandez, Alberto
November 11, 2019
Page 7 of 14

JAMAR Grip Testing

Right
 22/20/20

Left
 18/16/18

Shoulder Examination:

Shoulder Range of Motion	Right	Left	Normal
Flexion	180°	180°	180°
Abduction	180°	180°	180°
Extension	50°	50°	50°
Ext Rotation	90°	90°	90°
Ext Internal Rotation	90°	90°	90°
Adduction	50°	50°	50°

No tenderness was noted at the anterior deltoid, supraspinatus insertion, biceps tendon.
Tenderness was noted at the acromioclavicular joint bilaterally.

Impingement sign was positive bilaterally. Hawkins sign was negative on the right and left. Jobe's sign was negative on the right and left.

Apprehension test and re-location test were negative. No sulcus was present. Yergason test was negative bilaterally. No deformity or incision was noted around the shoulder area.

Elbow Examination:

Elbow Range of Motion	Right	Left	Normal
Flexion	140°	140°	140°
Extension	0°	0°	0°
Pronation	80°	80°	80°
Supination	80°	80°	80°

No tenderness was noted over the lateral (tennis) or medial (Golfers) epicondyles. Resisted wrist extension did not elicit tenderness over the lateral epicondyle. The lateral pivot shift test did not reproduce instability. No olecranon bursitis was noted.

Wrist & Hands Examination:

Wrist Range of Motion	Right	Left	Normal
Flexion	60°	60°	60°
Extension	60°	60°	60°
Ulnar Deviation	30°	30°	30°
Radial Deviation	20°	20°	20°

No mechanical block was noted to range of motion. There was no tenderness over the distal radius or the carpus. No tenderness was noted at the anatomic snuffbox or the TFCC.

Hernandez, Alberto
November 11, 2019
Page 8 of 14

Finkelstein test was normal. Tinel testing was negative. Phalen and reverse Phalen (praying position) testing were negative. Two-point discrimination was within normal limits.

No atrophy or tenderness was noted in the thenar, hypothenar, and intrinsic hand musculatures. The radial pulses are present and equal bilaterally.

No triggering was noted in any digit. Range of motion was painless without mechanical block. The thumbs bilaterally (adduction) reach the head of the 5th metacarpal. Thumb abduction is 90° bilaterally.

Lumbar Examination:

Patient has a normal gait and is ambulating with no assistive device. On visual inspection, there is no deformity, defect, or swelling about the dorsolumbar spine. No scar or incision was noted. There is no evidence of deformity such as scoliosis or kyphosis.

There is tenderness and spasm in the paravertebral muscle, but not the spinous processes and the flank. The sciatic notch area was tender bilaterally. The patient toe and heel walks with pain. The patient squats with pain.

Lumbar Range of Motion	ROM	Normal	Spasm	Pain
Forward Flex	50°	60° finger to ankle	Present	Present
Extension	20°	25°	Present	Present
Lateral Flex (rt.)	20°	25°	Present	Present
Lateral Flex (lt.)	20°	25°	Present	Present
Rotation (rt.)	20°	25°	Present	Present
Rotation (lt.)	20°	25°	Present	Present

Supine straight leg raising: Right 90, Left 90 with no back pain. Sitting straight leg rising was similar. Lasegue test was negative bilaterally.

Motor Function	Right	Left	Normal
Ankle Dorsiflex L4	5	5	5
Great Toe Ext L5	5	5	5
Ankle Planar Flex S1	5	5	5
Knee Ext L4, L5	5	5	5
Knee Flexion	5	5	5
Hip Abductors	5	5	5
Hip Adductors	5	5	5

Deep tendon reflexes are equal at the knee and ankle joints. Palpation over the sacroiliac joint did not elicit tenderness. The FABER (Patrick's) test was negative bilaterally.

Hernandez, Alberto
November 11, 2019
Page 9 of 14

Sensory Function	Right	Left	Normal
L3 Anterior Thigh	Intact	Intact	Intact
L4 Medial Leg, Inner Foot	Intact	Intact	Intact
L5 Lateral Leg, Mid Foot	Decreased with pain	Intact	Intact
S1 Post. Leg, Outer Foot	Decreased with pain	Decreased with pain	Intact

Hip Examination:

Hip Range of Motion	Right	Left	Normal
Flexion	100°	100°	100°
Extension	0°	0°	0°
Abduction	25°	25°	25°
Adduction	15°	15°	15°
Ext Rotation	35°	35°	35°
Internal Rotation	20°	20°	20°

Range of motion was accomplished with no pain or mechanical block. Strength of hips were normal. There was no pain with flexion, adduction, internal rotation, or external rotation. No tenderness was noted at the ASIS, rectus femoris, or greater trochanter. Trendelenberg sign and Ober test were negative. There was no iliopsoas or iliotibial band clicking.

REVIEW OF RADIOGRAPHIC EXAMINATION:

X-ray studies of the cervical spine were obtained. The AP view revealed relatively normal findings. The lateral view revealed significant loss of disc height at the C5-C6 level with degenerative changes at that level. No fractures were noted. Open mouth view revealed normal atlantodental interspace.

Four views of the lumbar spine were obtained. The AP view revealed relatively normal findings. The lateral view revealed grade I spondylolisthesis with greater than 5-mm of transition of L5 on S1 with disc collapse at the L5-S1 level and degenerative changes noted. No other abnormalities were seen.

REVIEW OF MEDICAL RECORDS:

Formal range of motion studies were performed using double electronic inclinometers, and the report is attached.

I have been provided with stack of the patient's medical records. Once they are reviewed in their entirety, I will then provide a supplemental report.

Within the medical records, there are MRI studies which were reviewed today. An MRI of

Hernandez, Alberto
November 11, 2019
Page 10 of 14

the cervical spine dated October 1, 2018, was reviewed. This reveals a 2-mm disc bulge at the C4-C5 level and a 3-mm disc bulge at the C5-C6 level. There is loss of intervertebral disc height and disc desiccation from C4 through C7.

MRI of the thoracic spine was reviewed revealing relatively normal findings. This is dated October 1, 2018.

There is an MRI of the lumbar spine dated October 1, 2018, revealing loss of intervertebral disc height and disc desiccation at L5-S1 with a grade I anterolisthesis measuring 7 mm. There is a 4-mm disc herniation at the L5-S1 level with bilateral neural foraminal stenosis and a 3-mm disc herniation at the L4-L5 level with an annular tear and mild bilateral neural foraminal stenosis.

An MRI of the cervical spine dated October 25, 2019, was reviewed. This reveals grade I posterolisthesis of C5 on C6 with reversal of cervical lordosis. There is disc desiccation from C2-C3 through C6-C7 with moderate associated loss of disc height at the C5-C6 level. A 2.3 mm disc herniation at the C2-C3 level and a 2-mm disc herniation is seen at the C3-C4 level with mild left neural foraminal narrowing. At the C4-C5 level, there is a 5-mm disc herniation with mild left neural foraminal narrowing. There is a disc protrusion at the C5-C6 level measuring 3 mm with subtle increase signal in the spinal cord likely reflecting myelopathy. There is mild left greater than right neural foraminal narrowing with abutment of the left exiting nerve root and an annular fissure.

A QME report from Dr. Sofia dated February 14, 2014, was reviewed. This is a supplemental report. Within the report, he reviews the patient's medical records. He indicates that he is accepting multiple body parts and the patient should have treatment. He states that he has not yet reached maximum medical improvement since the patient has not received any treatment. He states that the patient does not have verified motor cervical radiculopathy or verified motor lumbar radiculopathy and has mild carpal tunnel. He recommends treatment to include physical therapy, acupuncture, chiropractic treatment, and right shoulder injection and possible epidurals in the neck and low back. He states that he will reevaluate the patient.

DIAGNOSES:

Cervical radiculopathy.

Lumbar radiculopathy, lumbar grade I spondylolisthesis at the L5-S1 level.

Bilateral shoulder impingement.

DISCUSSION:

The patient is a 55-year-old male who sustained a continuous trauma injury while working as a Loader & Unloader for Coca-Cola. He indicates that he developed pain to multiple body parts due to his repetitive motion activities at work. He continued working and his pain progressively worsened. He was required to pull orders consisting of Coca-Cola products, lift and carrying cases of soda, palletizing shrink ramping, moving pallets to different areas

Hernandez, Alberto
November 11, 2019
Page 11 of 14

and he also operated a standup electric pallet jack. He continued working and his pain progressively worsened. He was required to lift and carry up to 50 pounds. He was seen by a chiropractor. He was seen by two different orthopedic QMEs.

The patient is presenting to my attention for comprehensive orthopedic evaluation and to take over the role of the primary treating physician. He is complaining of pain in the neck, low back, and both shoulders. He describes radiating pain to the upper and lower extremities mainly on the right side with numbness, tingling, and weakness. He has difficulty with prolonged sitting, standing, walking, lifting, pushing, and pulling.

On physical examination, there is spasm, tenderness, and guarding noted in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion. Decreased dermatomal sensation with pain is noted over the right C6 dermatome as well as bilateral S1 and L5 dermatomes.

Impingement is noted to be positive over the shoulders bilaterally and loss of motor function over the right shoulder noted to be grade 4/5.

As it relates to causation, it is with reasonable medical probability, the patient has sustained injuries to multiple body parts due to his industrial accident.

I am requesting for my name to be entered in your records to reflect upon the fact that I am taking over the role of the primary treating physician.

The patient has been seen by two different QMEs. I am requesting for the reports to be forwarded to my attention. The report of one QME report Dr. Sofia that has been forwarded to my attention was reviewed today. The patient was also seen by a QME Dr. Akmakjian and I am awaiting for this report to be forwarded to my attention.

MRI studies were reviewed today. X-ray studies were also reviewed. The patient has had extensive conservative treatment in the form of physiotherapy modalities, range of motion exercises, and muscular strengthening activities, however, he does continue to be significantly symptomatic. He does have disc pathology at the C5-C6 as well as at the L5-S1 levels. The option for epidural injections versus surgical intervention was discussed with the patient. He wishes to proceed with epidural injections prior to considering surgery.
Based on the above, I am requesting authorization for the patient to be seen by Dr. Kohan for pain management consultation on consideration for cervical and lumbar epidural injections.

Medications will be provided to the patient today, so that he could use to help reduce his pain and increase his functional capacity. Ibuprofen gel will be provided to the patient, so that he could use to help reduce his pain and help reduce the need for taking oral pain medications.

Hernandez, Alberto
November 11, 2019
Page 12 of 14

Cervical traction device is being requested, so that the patient can use at home on his own on a daily basis to help reduce the stress over the intervertebral disc spaces, reduce his radiculopathy, and increase his functional capacity.

I am indicating that the patient can return to modified work activities. He is precluded from lifting, pushing, and pulling greater than 10 pounds. He is precluded from bending and twisting completely, squatting and kneeling completely. He should be changing positions as needed. He may not drive a commercial vehicle. If work modifications are not accommodated, the patient can remain on temporary total disability.

I will re-evaluate the patient back in four weeks.

I hope the above information has been helpful to you and thank you for referring this patient to my office for orthopedic examination.

We request to be added to the Address List for Services of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Worker's Compensation Appeals Board. We are advising the Worker's Compensation appeals Board that we may not appear at the hearings or Mandatory Settlement Conferences for the case in chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manual index No. 60610, effective February 1, 1995, we request that defendants, with full authority to resolve our lien, telephone our office and ask to speak with our "workers' compensation lien negotiator".

Authorizations for transportation, medication, physiotherapy, rehabilitation, a conditioning program and the above stated recommendations are requested based upon medically reasonable treatment requirements. This is per labor code 4600 and Title 8, Section 9792.6, C.C.R. and Rule 9785(b). Furthermore, we are requesting that all the medical records be forwarded to our office to avoid repetition in testing and treatment. Please provide us with information regarding the status of the case as soon as possible.

To complete this examination I have been assisted, as needed, for taking histories, taking x-rays, assisting with the patient, transcription of reports by some or all of the following personnel Alma Azucar, Maria Valles, Marlen Sanchez, Laura Casillas and Emily Shemwell. Sherry Leoni, DC, or Randy Cockrell, DC, may also have assisted in compiling and editing of this report. If required an interpreter was provided. All of the above individuals are qualified to perform the described activities by reason of individual training or under my direct supervision. I certify that this examiner reviewed the history and the past medical records directly with the patient. The examination of the patient, and interpretation of tests and x-rays, was all performed by this examiner. The dictation and the review of the final report were performed entirely by me. The opinions and conclusions contained in this report are entirely my own. I declare, under penalty of perjury, that the information contained in this report, and any attachments, is true and correct, and that there has not been a violation in this report of Section 139.3 L.C. to the best of my knowledge and belief, except as to information that I have indicated was received from others. As to that information I declare under penalty of perjury, that I have accurately detailed the information provided me and, unless otherwise noted, I believe it to be true.

In order to prepare this report and complete the evaluation, time was spent without face to face with the

Hernandez, Alberto
November 11, 2019
Page 13 of 14

patient. The billings reflect such time spent by the physician with the code 99358. Edwin Haronian, M.D. Inc. does not accept the Official Medical fee schedule as prime facie evidence to support the reasonableness of charges. Edwin Haronian, M.D. is a fellow of the American Academy of Orthopedic Surgeons and is board certified, specializing in disorder and surgery of the spine. Under penalty of perjury under the laws of the State of California, services are billed in accordance with our usual and customary fees. Additionally, this medical practice providing treatment to injured worker's experiences extraordinary expenses in the form of mandated paperwork and collection expenses, including the necessity to retain highly-trained personnel to appear before the Workers' compensation appeals board. Based on the level of services provided and overhead expenses for services contained within our geographical area, we bill in accordance with the provisions set-forth in Labor Code Section 5307.1. Please be advised that Dr. Haronian has a financial interest in Osteon Surgery Center, Kinetix Surgery Center and Pomona Orthopedics.



Edwin Haronian, M.D.
Certified Diplomate American
Board of Orthopedic Surgery
California License #A71385

November 24,
2019

Date

County where executed: Los Angeles County

SL

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

*Morgan, Leahy & Torkigian LLP
21031 Ventura Blvd Ste 210
Woodland Hills, CA 91364

PROOF OF SERVICE
STATE OF CALIFORNIA

I am employed in the County of Los Angeles. I am over the age of 18 and not a party to the within action; my business address is:

5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411

On 11/27/2019 served the foregoing document described as:

EDWIN HARONIAN, M.D.

Hernandez, Alberto
November 11, 2019
Page 14 of 14

EVALUATION REPORT

Patient Name: Alberto Hernandez
File Number: 20059453
Claim #: 18RH004183
DOS: 11/11/2019

On all interested parties in this action by electronic transmission a true copy of this narrative report from **5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411**

Addressed as follows:

Charles Han
SEDGWICK CMS Inc Everest National
P.O. Box 14442
Lexington, KY 40512

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

Morgan, Leahy & Torkigian LLP
21031 Ventura Blvd Ste 210
Woodland Hills, CA 91364

I declare that I am over the age of 18 years and not a party to this action. I also declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on 11/27/2019 at



Emily Shemwell

FAX

Date:	01/31/2020
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Pages including cover sheet:	18
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To:	
Phone	
Fax Phone	(310) 626-9632

From:	Marlen Sanchez
	Synapse Medical Group
	724 CORPORATE CENTER DR
Phone	(818) 538-5135 * 106
Fax Phone	18185385135

NOTE:

Documents

00130

EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



- Minimally Invasive Spine Surgery
- Complex & Revision Spine Surgery
- Comprehensive Spine Care

SEDGWICK CMS Inc Everest National
P.O. Box 14442
Lexington, KY 40512
Attn: Charles Han

Patient Name : Alberto Hernandez
Date of Service : January 13, 2020
Claim # : 18RH004183
Employer : Reyes Coca Cola Bottling/91730
Date of Birth : October 10, 1964
Date of Injury : CT:01/01/18-07/01/18
File # : 20059453



- Certified, American Board of Orthopedic Surgery

A.A.O.S. ASSOCIATION OF AMERICAN ORTHOPAEDIC SURGEONS
ASSOCIATION DE LA SOCIÉTÉ DES CHIRURGIENS ORTHOPÉDIQUES

- Fellow, American Academy of Orthopedic Surgeons



- Member, North American Spine Society

American College of Spine Surgery

- American College of Spine Surgery



- Alumni, Kerlan-Jobe Orthopedic Clinic

FOLLOW-UP REPORT AND REQUEST FOR AUTHORIZATION OF A PRIMARY TREATING PHYSICIAN

The patient is returning to my attention following his initial clinical visit November 11, 2019. Claim is now been denied, and as a result, we have been confined to conservative management.

Physical examination continues to show spasm, tenderness, and guarding in the paravertebral musculature of the cervical and lumbar spine with loss of range of motion in both. Decreased sensation is noted bilaterally in the C6, and S1 dermatomes. Bilateral shoulders have impingement, and Hawkins sigus with range of motion in flexion and abduction over 120 degrees.

The patient medications will be refilled.

Current work restrictions will continue. The patient has a pending evaluation with pain management.

Given that the claim of injury is denied, we are requesting authorization to conduct neurodiagnostics of the upper and lower extremities in order to provide appropriate AMA ratings at the time of maximum medical improvement, which he is approaching following the evaluation by pain management. These will be used to provide

5651 SEPULVEDA BLVD., STE 201
SHERMAN OAKS, CA 91411
PH: (818)788-2400
FAX: (818) 788-2453

724 CORPORATE CENTER DRIVE
SECOND FLOOR
POMONA, CA 91768
PH. (909) 622-6222
FX. (909) 622-6220

00131

Hernandez, Alberto

January 13, 2020

Page 2 of 3

appropriate AMA ratings as well as to rule out previously existing conditions for purposes of causation.

He will return to my attention in four to six weeks for further evaluation and recommendation.

DIAGNOSIS:

M50.00 Cervical Radiculopathy

M54.17 Radiculopathy lumbosacral region

S43.409D Shoulder Sprain/Strain

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-10 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.

To complete this examination I have been assisted, as needed, for taking histories, taking x-rays, assisting with the patient, transcription of reports by some or all of the following personnel Alma Azucar, Natasha Yokum, Carmen Garcia and Emily Shemwell. Sherry Leoni, DC, or Randy Cockrell, DC, may also have assisted in compiling and editing of this report. If required an interpreter was provided. All of the above individuals are qualified to perform the described activities by reason of individual training or under my direct supervision.

Please be advised that Dr. Haronian has a financial interest in Osteon Surgery Center, Kinetix Surgery Center and Pomona Orthopedics.



Nicholas Cascone, P.A.C

January 17,

2020

Date



Edwin Haronian, M.D.
Certified Diplomate American
Board of Orthopedic Surgery
California License #A71385
NC

*Morgan, Leahy & Torkigian LLP
21031 Ventura Blvd Ste 210
Woodland Hills, CA 91364

Hernandez, Alberto

January 13, 2020

Page 3 of 3

*Law Offices Of Natalia Foley
8018 E. Santa Ana Cyn Rd. Ste 100-215
Anaheim, CA 92808

PROOF OF SERVICE
STATE OF CALIFORNIA

I am employed in the County of Los Angeles. I am over the age of 18 and not a party to the within action; my business address is:

5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411

On 1/23/2020 served the foregoing document described as:

EDWIN HARONIAN, M.D.
EVALUATION REPORT

Patient Name: Alberto Hernandez

File Number: 20059453

Claim #: 18RH004183

DOS: 1/13/2020

On all interested parties in this action by electronic transmission a true copy of this narrative report from **5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411**

Addressed as follows:

Charles Han
SEDGWICK CMS Inc Everest National
P.O. Box 14442
Lexington, KY 40512

Morgan, Leahy & Torkigian LLP
21031 Ventura Blvd Ste 210
Woodland Hills, CA 91364

Law Offices Of Natalia Foley
8018 E. Santa Ana Cyn Rd. Ste 100-215
Anaheim, CA 92808

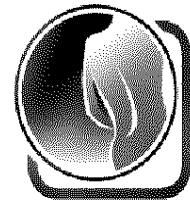
I declare that I am over the age of 18 years and not a party to this action. I also declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on 1/23/2020 at



Emily Shemwell

EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



- Minimally Invasive Spine Surgery
- Complex & Revision Spine Surgery
- Comprehensive Spine Care

SEDGWICK CMS Inc Everest National
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Patient Name : Alberto Hernandez
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Date of Birth : October 10, 1964
Date of Injury : CT:01/01/18-
07/01/18ADJ11396777CT:12/01/08-
07/16/1818RH004183
File # : 20059453



- Certified, American Board of Orthopedic Surgery

A.A.O.S. American Academy of Orthopedic Surgeons

- Fellow, American Academy of Orthopedic Surgeons



- Member, North American Spine Society

American College of Spine Surgery

- American College of Spine Surgery



- Alumni, Kerlan-Jobe Orthopedic Clinic

INITIAL COMPREHENSIVE ORTHOPEDIC EVALUATION AND REQUEST FOR AUTHORIZATION OF A PRIMARY TREATING PHYSICIAN

The above captioned patient, a 55-year-old right-hand dominant male, presented in my Pomona office, located at 724 Corporate Center Drive, 2nd Floor, Pomona, California 91768, on November 11, 2019, for an orthopedic examination.

The following is a presentation of my initial evaluation and over all recommendations. The evaluation took place with the assistance of a Spanish-speaking interpreter. The history was obtained by my medical historian, Ms. Alma Azucar. I then reviewed the history in detail with patient.

HISTORY OF INJURY:

Mr. Hernandez is a 55-year-old right-hand-dominant male who sustained industrial injuries on CT: 01/01/2018 to 07/01/2018 & CT: 12/01/2008 to 07/16/2018, while working as a Loader/Unloader with Reyes Coca

5651 SEPULVEDA BLVD., STE 201
SHERMAN OAKS, CA 91411
PH: (818)788-2400
FAX: (818) 788-2453

724 CORPORATE CENTER DRIVE
SECOND FLOOR
POMONA, CA 91768
PH. (909) 622-6222
FX. (909) 622-6220

00134

Hernandez, Alberto

November 11, 2019

Page 2 of 14

Cola Bottling/91730.

The patient states over the course of his employment, he gradually developed pain to his neck, shoulders, elbows, wrists/hands, fingers in both hands, upper and lower back, knees, and feet, with weakness in the right leg, which he attributes to his work duties, entailing: pulling orders consisting of coca cola product/drinks, lifting and carrying cases of soda, palletizing, shrink wrapping, and moving the pallets to different areas in the warehouse, and operating a stand up electrical pallet-jack.

The precise activities required entailed prolonged standing and walking, as well as continuous maneuvering of his arms and hands, and repetitive bending, stooping, squatting, twisting, turning, forceful pushing and pulling, forceful gripping and grasping, reaching to all levels, torqueing, lifting and carrying up to 50 pounds.

He continued working and his pain progressively worsened.

He also developed anxiety and stress, as a result of his pain and working in a hostile environment, indicating he was also discriminated.

in October 2018, he began medical care and treatment, as per his attorneys' referral.

The patient received treatment in form of office visits by a chiropractor, Dr. Rios, in Pomona and Ontario, x-rays and **MRI studies to his neck, upper and lower back** were done, and he received chiropractic treatment to all the injured body parts at intervals of twice a week for about three months, which was completed in December 2018, with temporary pain relief. He was recommended an orthopedic evaluation. He was last examined and treated in December 2019.

He states he has not received any medical care or treatment for his anxiety and stress.

He was examined by Dr. Peter Sofia and Dr. Kent for **PQME evaluations. EMG studies** of his upper extremities were conducted, with positive findings. He was evaluated once by each physician. He was recommended future medical care.

He states when he initiated treatment he was kept on full duty and has continued working on full duty.

He presents to my office today for a comprehensive orthopedic evaluation.

JOB DESCRIPTION:

The patient began employment with Reyes coca Cola Bottling/91730 in August 2008, as a Unloader/Loader.

He worked eight hours per day, five days per week, and up to 20-30 hours of overtime per

Hernandez, Alberto

November 11, 2019

Page 3 of 14

week. His duties at the time of injury entailed: pulling orders consisting of coca cola product/drinks, lifting and carrying cases of soda, palletizing, shrink wrapping, and moving the pallets to different areas in the warehouse, and operating a stand up electrical pallet-jack.

The precise activities required entailed prolonged standing and walking, as well as continuous maneuvering of his arms and hands, and repetitive bending, stooping, squatting, twisting, turning, forceful pushing and pulling, forceful gripping and grasping, reaching to all levels, torquing, lifting and carrying up to 50 pounds.

CURRENT WORK STATUS:

The patient is working full duty.

PRESENT COMPLAINTS:

Neck:

The patient presents today with complaints of continuous aching in the neck, often becoming sharp and shooting pain. His pain travels to his arms and hands. He has episodes of numbness and tingling in his arms and hands. He has frequent headaches, which he associates with his neck pain. He has stiffness in the neck. His pain increases with prolonged sitting and driving. He has difficulty sleeping and awakens with pain and discomfort. He complains of anxiety and stress due to his pain and the fact he is not able to function at his fullest capacity. His pain level varies throughout the day depending on activities. OTC painkillers provide him temporary pain relief.

Shoulders:

The patient has complaints of constant aching in the shoulders, at times becoming sharp, shooting, and throbbing pain. His pain travels to his arms and hands. He has a popping and clicking sensation in the shoulders. He has episodes of numbness and tingling in his arms. His pain increases with reaching, pushing, pulling, and with any lifting. His pain level varies throughout the day depending on activities. He has difficulty sleeping and awakens with pain and discomfort. OTC painkillers provide him temporary pain relief.

Elbows:

The patient has complaints of constant aching in the elbows, at times becoming sharp, shooting, and stabbing pain. His pain travels to his forearms and hands. He has episodes of swelling, numbness and tingling in his elbows, forearms and hands. His pain increases with reaching, pushing, pulling, and with any lifting. His pain level varies throughout the day depending on activities. OTC painkillers provide him temporary pain relief.

Wrists/Hands:

Hernandez, Alberto

November 11, 2019

Page 4 of 14

The patient has complaints of continuous aching in the wrists/hands, at times becoming sharp, shooting, and burning pain. His pain travels to his forearms. He has episodes of swelling, numbness, and tingling in his hands and fingers. He complains of cramping and weakness in his hands and fingers. His pain increases with gripping, grasping, and repetitive hand and finger movements. He has difficulty sleeping and awakens with pain and discomfort. His pain level varies throughout the day depending on activities. OTC painkillers provide him temporary pain relief.

Upper and Lower Back:

The patient has complaints of continuous nagging pain in the upper and lower back, often becoming sharp and shooting pain. His pain travels to his legs and feet. He has episodes of numbness and tingling in his legs and feet. He states coughing and sneezing aggravate his back pain. His pain increases with prolonged standing, walking, sitting, and driving. His pain also increases with bending, twisting, and turning. His pain level varies throughout the day depending on activities. He does not have bowel or bladder dysfunction. OTC painkillers provide him temporary pain relief.

Knees:

The patient has complaints of continuous aching in the knees, at times becoming sharp, shooting, and burning pain. His pain travels to his calves. He has clicking, popping and locking in his knees. He has episodes of swelling in the knees. His knees have given out, causing him to lose his balance. He has difficulty standing and walking for a prolonged period of time. He has difficulty ascending and descending stairs and at times walks with an altered gait. His pain level varies throughout the day depending on activities. OTC painkillers provide him temporary pain relief.

Ankles/Feet:

The patient has complaints of continuous aching in the ankles and feet, aggravated with prolonged standing and walking. He complains of cramping in his feet and has episodes of swelling, numbness and tingling in his feet. He walks with an altered gait. His pain level varies throughout the day depending on activities. OTC painkillers provide him temporary pain relief.

Psyche/Sleep:

The patient complains of anxiety and stress due to his pain and the fact he is not able to function at his fullest capacity. He has difficulty sleeping due to his pain.

MEDICAL HISTORY:

The patient has no known history of heart disease, high blood pressure, kidney disease, diabetes, tuberculosis, cancer, ulcers, pneumonia, lung disease, eye problems, skin

Hernandez, Alberto

November 11, 2019

Page 5 of 14

problems, asthma, hepatitis, liver disease, thyroid disease, gout, rheumatoid arthritis, Lupus, or arthritis.

SURGERIES:

The patient states in 2010, he underwent a right inguinal hernia repair.

PRIOR/SUBSEQUENT INJURIES:

The patient states in 2010, he underwent a right inguinal hernia repair, work-related and recovered.

MEDICATIONS:

The patient is currently taking Ibuprofen 200mg., and Advil for his pain.

ALLERGIES:

The patient has no known allergies to any medications.

SOCIAL HISTORY:

The patient is married with children.

He is a social drinker and does not smoke.

FAMILY HISTORY:

His father suffered with prostate cancer and he suffers with diabetic, hypertensive, and has cancer in the blood under treatment.

ACTIVITIES OF DAILY LIVING:

The patient states that prior to the above noted injury he had no disabling conditions and could perform all activities of daily living without any difficulties.

The patient states since the injury dated CT: 01/01/2018 to 07/01/2018 & CT: 12/01/2008 to 07/16/2018, there are episodes of increased pain causing him difficulty with showering, dressing, grooming, and with house chores. He avoids standing, walking, sitting, and driving for prolonged periods of times. He is more aware of proper body mechanics.

PHYSICAL EXAMINATION:

HEIGHT: 5'05"

WEIGHT: 135 Lbs.

Cervical Spine Examination:

On visual inspection, there is no erythema, edema, swelling or deformity about the cervical spine or upper back area. The patient's head is held in a normal position. No torticollis was noted.

Hernandez, Alberto
November 11, 2019
Page 6 of 14

There is spasm and tenderness over the paravertebral musculature, upper trapezium, interscapular area, but not over the cervical spinous processes, or occiput.

Cervical Range of Motion	Patient ROM	Normal
Forward Flex	40°	50°
Extension	50°	60°
Lateral Flex (rt.)	35°	45°
Lateral Flex (lt.)	35°	45°
Rotation (rt.)	65°	80°
Rotation (lt.)	65°	80°

Range of motion was accomplished without discomfort and spasm.

Reflexes and special tests are as follows:

Reflexes and test	Right	Left	Normal
Tricep reflex	2+	2+	2+
Biceps reflex	2+	2+	2+
Brachioradialis reflex	2+	2+	2+
Tinel Signs (wrists)	Negative	Negative	Negative
Tinel signs (elbow)	Negative	Negative	Negative
Adson Test	Negative	Negative	Negative

Motor power testing for the cervical spine:

Muscle Group	Right	Left	Normal
Deltoid (C5)	4	5	5
Biceps (C6)	5	5	5
Triceps (C7)	5	5	5
Wrists Extensors (C6)	5	5	5
Wrist Flexors (C7)	5	5	5
Finger Flexors (C8)	5	5	5
Finger Abduction (T1)	5	5	5

Sensory Testing:

Dermatome	Right	Left	Normal
C5 (Deltoid)	Intact	Intact	Intact
C6 (Lat Forearm, Thumb, Index)	Decreased	Intact	Intact
C7 (Middle Finger)	Intact	Intact	Intact
C8 (Little finger, Med. Forearm)	Intact	Intact	Intact
T1 (Medial Arm)	Intact	Intact	Intact
T2 (Medial Arm)	Intact	Intact	Intact

Hernandez, Alberto**November 11, 2019****Page 7 of 14****JAMAR Grip Testing**Right
22/20/20Left
18/16/18**Shoulder Examination:**

Shoulder Range of Motion	Right	Left	Normal
Flexion	180°	180°	180°
Abduction	180°	180°	180°
Extension	50°	50°	50°
Ext Rotation	90°	90°	90°
Ext Internal Rotation	90°	90°	90°
Adduction	50°	50°	50°

No tenderness was noted at the anterior deltoid, supraspinatus insertion, biceps tendon.

Tenderness was noted at the acromioclavicular joint bilaterally.

Impingement sign was positive bilaterally. Hawkins sign was negative on the right and left. Jobe's sign was negative on the right and left.

Apprehension test and re-location test were negative. No sulcus was present. Yergason test was negative bilaterally. No deformity or incision was noted around the shoulder area.

Elbow Examination:

Elbow Range of Motion	Right	Left	Normal
Flexion	140°	140°	140°
Extension	0°	0°	0°
Pronation	80°	80°	80°
Supination	80°	80°	80°

No tenderness was noted over the lateral (tennis) or medial (Golfers) epicondyles. Resisted wrist extension did not elicit tenderness over the lateral epicondyle. The lateral pivot shift test did not reproduce instability. No olecranon bursitis was noted.

Wrist & Hands Examination:

Wrist Range of Motion	Right	Left	Normal
Flexion	60°	60°	60°
Extension	60°	60°	60°
Ulnar Deviation	30°	30°	30°
Radial Deviation	20°	20°	20°

No mechanical block was noted to range of motion. There was no tenderness over the distal radius or the carpus. No tenderness was noted at the anatomic snuffbox or the TFCC.

Hernandez, Alberto

November 11, 2019

Page 8 of 14

Finkelstein test was normal. Tinel testing was negative. Phalen and reverse Phalen (praying position) testing were negative. Two-point discrimination was within normal limits.

No atrophy or tenderness was noted in the thenar, hypothenar, and intrinsic hand musculatures. The radial pulses are present and equal bilaterally.

No triggering was noted in any digit. Range of motion was painless without mechanical block. The thumbs bilaterally (adduction) reach the head of the 5th metacarpal. Thumb abduction is 90° bilaterally.

Lumbar Examination:

Patient has a normal gait and is ambulating with no assistive device. On visual inspection, there is no deformity, defect, or swelling about the dorsolumbar spine. No scar or incision was noted. There is no evidence of deformity such as scoliosis or kyphosis.

There is tenderness and spasm in the paravertebral muscle, but not the spinous processes and the flank. The sciatic notch area was tender bilaterally. The patient toe and heel walks with pain. The patient squats with pain.

Lumbar Range of Motion	ROM	Normal	Spasm	Pain
Forward Flex	50°	60° finger to ankle	Present	Present
Extension	20°	25°	Present	Present
Lateral Flex (rt.)	20°	25°	Present	Present
Lateral Flex (lt.)	20°	25°	Present	Present
Rotation (rt.)	20°	25°	Present	Present
Rotation (lt.)	20°	25°	Present	Present

Supine straight leg raising: Right 90, Left 90 with no back pain. Sitting straight leg rising was similar. Lasegue test was negative bilaterally.

Motor Function	Right	Left	Normal
Ankle Dorsiflex L4	5	5	5
Great Toe Ext L5	5	5	5
Ankle Planar Flex S1	5	5	5
Knee Ext L4, L5	5	5	5
Knee Flexion	5	5	5
Hip Abductors	5	5	5
Hip Adductors	5	5	5

Deep tendon reflexes are equal at the knee and ankle joints. Palpation over the sacroiliac joint did not elicit tenderness. The FABER (Patrick's) test was negative bilaterally.

Hernandez, Alberto**November 11, 2019****Page 9 of 14**

Sensory Function	Right	Left	Normal
L3 Anterior Thigh	Intact	Intact	Intact
L4 Medial Leg, Inner Foot	Intact	Intact	Intact
L5 Lateral Leg, Mid Foot	Decreased with pain	Intact	Intact
S1 Post. Leg, Outer Foot	Decreased with pain	Decreased with pain	Intact

Hip Examination:

Hip Range of Motion	Right	Left	Normal
Flexion	100°	100°	100°
Extension	0°	0°	0°
Abduction	25°	25°	25°
Adduction	15°	15°	15°
Ext Rotation	35°	35°	35°
Internal Rotation	20°	20°	20°

Range of motion was accomplished with no pain or mechanical block. Strength of hips were normal. There was no pain with flexion, adduction, internal rotation, or external rotation. No tenderness was noted at the ASIS, rectus femoris, or greater trochanter. Trendelenberg sign and Ober test were negative. There was no iliopsoas or iliotibial band clicking.

REVIEW OF RADIOGRAPHIC EXAMINATION:

X-ray studies of the cervical spine were obtained. The AP view revealed relatively normal findings. The lateral view revealed significant loss of disc height at the C5-C6 level with degenerative changes at that level. No fractures were noted. Open mouth view revealed normal atlantodental interspace.

Four views of the lumbar spine were obtained. The AP view revealed relatively normal findings. The lateral view revealed grade I spondylolisthesis with greater than 5-mm of transition of L5 on S1 with disc collapse at the L5-S1 level and degenerative changes noted. No other abnormalities were seen.

REVIEW OF MEDICAL RECORDS:

Formal range of motion studies were performed using double electronic inclinometers, and the report is attached.

I have been provided with stack of the patient's medical records. Once they are reviewed in their entirety, I will then provide a supplemental report.

Within the medical records, there are MRI studies which were reviewed today. An MRI of

Hernandez, Alberto

November 11, 2019

Page 10 of 14

the cervical spine dated October 1, 2018, was reviewed. This reveals a 2-mm disc bulge at the C4-C5 level and a 3-mm disc bulge at the C5-C6 level. There is loss of intervertebral disc height and disc desiccation from C4 through C7.

MRI of the thoracic spine was reviewed revealing relatively normal findings. This is dated October 1, 2018.

There is an MRI of the lumbar spine dated October 1, 2018, revealing loss of intervertebral disc height and disc desiccation at L5-S1 with a grade I anterolisthesis measuring 7 mm. There is a 4-mm disc herniation at the L5-S1 level with bilateral neural foraminal stenosis and a 3-mm disc herniation at the L4-L5 level with an annular tear and mild bilateral neural foraminal stenosis.

An MRI of the cervical spine dated October 25, 2019, was reviewed. This reveals grade I posterolisthesis of C5 on C6 with reversal of cervical lordosis. There is disc desiccation from C2-C3 through C6-C7 with moderate associated loss of disc height at the C5-C6 level. A 2.3 mm disc herniation at the C2-C3 level and a 2-mm disc herniation is seen at the C3-C4 level with mild left neural foraminal narrowing. At the C4-C5 level, there is a 5-mm disc herniation with mild left neural foraminal narrowing. There is a disc protrusion at the C5-C6 level measuring 3 mm with subtle increase signal in the spinal cord likely reflecting myelopathy. There is mild left greater than right neural foraminal narrowing with abutment of the left exiting nerve root and an annular fissure.

A QME report from Dr. Sofia dated February 14, 2014, was reviewed. This is a supplemental report. Within the report, he reviews the patient's medical records. He indicates that he is accepting multiple body parts and the patient should have treatment. He states that he has not yet reached maximum medical improvement since the patient has not received any treatment. He states that the patient does not have verified motor cervical radiculopathy or verified motor lumbar radiculopathy and has mild carpal tunnel. He recommends treatment to include physical therapy, acupuncture, chiropractic treatment, and right shoulder injection and possible epidurals in the neck and low back. He states that he will reevaluate the patient.

DIAGNOSES:

Cervical radiculopathy.

Lumbar radiculopathy, lumbar grade I spondylolisthesis at the L5-S1 level.

Bilateral shoulder impingement.

DISCUSSION:

The patient is a 55-year-old male who sustained a continuous trauma injury while working as a Loader & Unloader for Coca-Cola. He indicates that he developed pain to multiple body parts due to his repetitive motion activities at work. He continued working and his pain progressively worsened. He was required to pull orders consisting of Coca-Cola products, lift and carrying cases of soda, palletizing shrink ramping, moving pallets to different areas

Hernandez, Alberto

November 11, 2019

Page 11 of 14

and he also operated a standup electric pallet jack. He continued working and his pain progressively worsened. He was required to lift and carry up to 50 pounds. He was seen by a chiropractor. He was seen by two different orthopedic QMEs.

The patient is presenting to my attention for comprehensive orthopedic evaluation and to take over the role of the primary treating physician. He is complaining of pain in the neck, low back, and both shoulders. He describes radiating pain to the upper and lower extremities mainly on the right side with numbness, tingling, and weakness. He has difficulty with prolonged sitting, standing, walking, lifting, pushing, and pulling.

On physical examination, there is spasm, tenderness, and guarding noted in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion. Decreased dermatomal sensation with pain is noted over the right C6 dermatome as well as bilateral S1 and L5 dermatomes.

Impingement is noted to be positive over the shoulders bilaterally and loss of motor function over the right shoulder noted to be grade 4/5.

As it relates to causation, it is with reasonable medical probability, the patient has sustained injuries to multiple body parts due to his industrial accident.

I am requesting for my name to be entered in your records to reflect upon the fact that I am taking over the role of the primary treating physician.

The patient has been seen by two different QMEs. I am requesting for the reports to be forwarded to my attention. The report of one QME report Dr. Sofia that has been forwarded to my attention was reviewed today. The patient was also seen by a QME Dr. Akmakjian and I am awaiting for this report to be forwarded to my attention.

MRI studies were reviewed today. X-ray studies were also reviewed. The patient has had extensive conservative treatment in the form of physiotherapy modalities, range of motion exercises, and muscular strengthening activities, however, he does continue to be significantly symptomatic. He does have disc pathology at the C5-C6 as well as at the L5-S1 levels. The option for epidural injections versus surgical intervention was discussed with the patient. He wishes to proceed with epidural injections prior to considering surgery.

Based on the above, I am requesting authorization for the patient to be seen by Dr. Kohan for pain management consultation on consideration for cervical and lumbar epidural injections.

Medications will be provided to the patient today, so that he could use to help reduce his pain and increase his functional capacity. Ibuprofen gel will be provided to the patient, so that he could use to help reduce his pain and help reduce the need for taking oral pain medications.

Hernandez, Alberto
November 11, 2019
Page 12 of 14

Cervical traction device is being requested, so that the patient can use at home on his own on a daily basis to help reduce the stress over the intervertebral disc spaces, reduce his radiculopathy, and increase his functional capacity.

I am indicating that the patient can return to modified work activities. He is precluded from lifting, pushing, and pulling greater than 10 pounds. He is precluded from bending and twisting completely, squatting and kneeling completely. He should be changing positions as needed. He may not drive a commercial vehicle. If work modifications are not accommodated, the patient can remain on temporary total disability.

I will re-evaluate the patient back in four weeks.

I hope the above information has been helpful to you and thank you for referring this patient to my office for orthopedic examination.

We request to be added to the Address List for Services of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Worker's Compensation Appeals Board. We are advising the Worker's Compensation appeals Board that we may not appear at the hearings or Mandatory Settlement Conferences for the case in chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manual index No. 60610, effective February 1, 1995, we request that defendants, with full authority to resolve our lien, telephone our office and ask to speak with our "workers' compensation lien negotiator".

Authorizations for transportation, medication, physiotherapy, rehabilitation, a conditioning program and the above stated recommendations are requested based upon medically reasonable treatment requirements. This is per labor code 4600 and Title 8, Section 9792.6, C.C.R. and Rule 9785(b). Furthermore, we are requesting that all the medical records be forwarded to our office to avoid repetition in testing and treatment. Please provide us with information regarding the status of the case as soon as possible.

To complete this examination I have been assisted, as needed, for taking histories, taking x-rays, assisting with the patient, transcription of reports by some or all of the following personnel Alma Azucar, Maria Valles, Marlen Sanchez, Laura Casillas and Emily Shemwell. Sherry Leoni, DC, or Randy Cockrell, DC, may also have assisted in compiling and editing of this report. If required an interpreter was provided. All of the above individuals are qualified to perform the described activities by reason of individual training or under my direct supervision. I certify that this examiner reviewed the history and the past medical records directly with the patient. The examination of the patient, and interpretation of tests and x-rays, was all performed by this examiner. The dictation and the review of the final report were performed entirely by me. The opinions and conclusions contained in this report are entirely my own. I declare, under penalty of perjury, that the information contained in this report, and any attachments, is true and correct, and that there has not been a violation in this report of Section 139.3 L.C. to the best of my knowledge and belief, except as to information that I have indicated was received from others. As to that information I declare under penalty of perjury, that I have accurately detailed the information provided me and, unless otherwise noted, I believe it to be true.

In order to prepare this report and complete the evaluation, time was spent without face to face with the

Hernandez, Alberto

November 11, 2019

Page 13 of 14

patient. The billings reflect such time spent by the physician with the code 99358. Edwin Haronian, M.D. Inc. does not accept the Official Medical fee schedule as prime facie evidence to support the reasonableness of charges. Edwin Haronian, M.D. is a fellow of the American Academy of Orthopedic Surgeons and is board certified, specializing in disorder and surgery of the spine. Under penalty of perjury under the laws of the State of California, services are billed in accordance with our usual and customary fees. Additionally, this medical practice providing treatment to injured worker's experiences extraordinary expenses in the form of mandated paperwork and collection expenses, including the necessity to retain highly-trained personnel to appear before the Workers' compensation appeals board. Based on the level of services provided and overhead expenses for services contained within our geographical area, we bill in accordance with the provisions set-forth in Labor Code Section 5307.1. Please be advised that Dr. Haronian has a financial interest in Osteon Surgery Center, Kinetix Surgery Center and Pomona Orthopedics.



Edwin Haronian, M.D.
Certified Diplomate American
Board of Orthopedic Surgery
California License #A71385

November 24,
2019
Date

County where executed: Los Angeles County

SL

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

*Morgan, Leahy & Torkigian LLP
21031 Ventura Blvd Ste 210
Woodland Hills, CA 91364

PROOF OF SERVICE
STATE OF CALIFORNIA

I am employed in the County of Los Angeles. I am over the age of 18 and not a party to the within action; my business address is:

5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411

On 11/27/2019 served the foregoing document described as:

EDWIN HARONIAN, M.D.

00146

Hernandez, Alberto
November 11, 2019
Page 14 of 14

EVALUATION REPORT

Patient Name: Alberto Hernandez
File Number: 20059453
Claim #: 18RH004183
DOS: 11/11/2019

On all interested parties in this action by electronic transmission a true copy of this narrative report from **5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411**

Addressed as follows:

Charles Han
SEDGWICK CMS Inc Everest National
P.O. Box 14442
Lexington, KY 40512

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

Morgan, Leahy & Torkigian LLP
21031 Ventura Blvd Ste 210
Woodland Hills, CA 91364

I declare that I am over the age of 18 years and not a party to this action. I also declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on 11/27/2019 at



Emily Shemwell

FAX

Date:	01/31/2020
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Pages including cover sheet:	18
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To:	
Phone	
Fax Phone	(310) 626-9632

From:	Marlen Sanchez
	Synapse Medical Group
	724 CORPORATE CENTER DR
Phone	(818) 538-5135 * 106
Fax Phone	18185385135

NOTE:

Documents

00148

EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



- Minimally Invasive Spine Surgery
- Complex & Revision Spine Surgery
- Comprehensive Spine Care

SEDGWICK CMS Inc Everest National
P.O. Box 14442
Lexington, KY 40512
Attn: Charles Han

Patient Name : Alberto Hernandez
Date of Service : January 13, 2020
Claim # : 18RH004183
Employer : Reyes Coca Cola Bottling/91730
Date of Birth : October 10, 1964
Date of Injury : CT:01/01/18-07/01/18
File # : 20059453



- Certified, American Board of Orthopedic Surgery

A.A.O.S. ASSOCIATION OF AMERICAN ORTHOPAEDIC SURGEONS
ASSOCIATION DE LA SOCIÉTÉ DES CHIRURGIENS ORTHOPÉDIQUES

- Fellow, American Academy of Orthopedic Surgeons



- Member, North American Spine Society

American College of Spine Surgery

- American College of Spine Surgery



- Alumni, Kerlan-Jobe Orthopedic Clinic

FOLLOW-UP REPORT AND REQUEST FOR AUTHORIZATION OF A PRIMARY TREATING PHYSICIAN

The patient is returning to my attention following his initial clinical visit November 11, 2019. Claim is now been denied, and as a result, we have been confined to conservative management.

Physical examination continues to show spasm, tenderness, and guarding in the paravertebral musculature of the cervical and lumbar spine with loss of range of motion in both. Decreased sensation is noted bilaterally in the C6, and S1 dermatomes. Bilateral shoulders have impingement, and Hawkins sigus with range of motion in flexion and abduction over 120 degrees.

The patient medications will be refilled.

Current work restrictions will continue. The patient has a pending evaluation with pain management.

Given that the claim of injury is denied, we are requesting authorization to conduct neurodiagnostics of the upper and lower extremities in order to provide appropriate AMA ratings at the time of maximum medical improvement, which he is approaching following the evaluation by pain management. These will be used to provide

5651 SEPULVEDA BLVD., STE 201
SHERMAN OAKS, CA 91411
PH: (818)788-2400
FAX: (818) 788-2453

724 CORPORATE CENTER DRIVE
SECOND FLOOR
POMONA, CA 91768
PH. (909) 622-6222
FX. (909) 622-6220

00149

Hernandez, Alberto

January 13, 2020

Page 2 of 3

appropriate AMA ratings as well as to rule out previously existing conditions for purposes of causation.

He will return to my attention in four to six weeks for further evaluation and recommendation.

DIAGNOSIS:

M50.00 Cervical Radiculopathy

M54.17 Radiculopathy lumbosacral region

S43.409D Shoulder Sprain/Strain

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-10 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.

To complete this examination I have been assisted, as needed, for taking histories, taking x-rays, assisting with the patient, transcription of reports by some or all of the following personnel Alma Azucar, Natasha Yokum, Carmen Garcia and Emily Shemwell. Sherry Leoni, DC, or Randy Cockrell, DC, may also have assisted in compiling and editing of this report. If required an interpreter was provided. All of the above individuals are qualified to perform the described activities by reason of individual training or under my direct supervision.

Please be advised that Dr. Haronian has a financial interest in Osteon Surgery Center, Kinetix Surgery Center and Pomona Orthopedics.



Nicholas Cascone, P.A.C

January 17,

2020

Date



Edwin Haronian, M.D.
Certified Diplomate American
Board of Orthopedic Surgery
California License #A71385
NC

*Morgan, Leahy & Torkigian LLP
21031 Ventura Blvd Ste 210
Woodland Hills, CA 91364

Hernandez, Alberto

January 13, 2020

Page 3 of 3

*Law Offices Of Natalia Foley
8018 E. Santa Ana Cyn Rd. Ste 100-215
Anaheim, CA 92808

PROOF OF SERVICE
STATE OF CALIFORNIA

I am employed in the County of Los Angeles. I am over the age of 18 and not a party to the within action; my business address is:

5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411

On 1/23/2020 served the foregoing document described as:

EDWIN HARONIAN, M.D.
EVALUATION REPORT

Patient Name: Alberto Hernandez

File Number: 20059453

Claim #: 18RH004183

DOS: 1/13/2020

On all interested parties in this action by electronic transmission a true copy of this narrative report from **5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411**

Addressed as follows:

Charles Han
SEDGWICK CMS Inc Everest National
P.O. Box 14442
Lexington, KY 40512

Morgan, Leahy & Torkigian LLP
21031 Ventura Blvd Ste 210
Woodland Hills, CA 91364

Law Offices Of Natalia Foley
8018 E. Santa Ana Cyn Rd. Ste 100-215
Anaheim, CA 92808

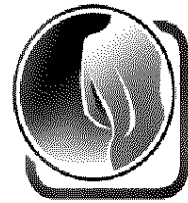
I declare that I am over the age of 18 years and not a party to this action. I also declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on 1/23/2020 at



Emily Shemwell

EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



- Minimally Invasive Spine Surgery
- Complex & Revision Spine Surgery
- Comprehensive Spine Care



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ASSOCIATION DE CHIRURGIENS ORTHOPÉDIQUES AMÉRICAINS

- Fellow, American Academy of Orthopedic Surgeons



- Member, North American Spine Society

AMERICAN COLLEGE OF SPINE SURGERY

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P.O. Box 14442
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Employer : Reyes Coca Cola Bottling/91730
Date of Birth : October 10, 1964
Date of Injury : CT:01/01/18-
07/01/18ADJ11396777CT:12/01/08-
07/16/1818RH004183
File # : 20059453

**INITIAL COMPREHENSIVE ORTHOPEDIC EVALUATION AND REQUEST
FOR AUTHORIZATION OF A PRIMARY TREATING PHYSICIAN**

The above captioned patient, a 55-year-old right-hand dominant male, presented in my Pomona office, located at 724 Corporate Center Drive, 2nd Floor, Pomona, California 91768, on November 11, 2019, for an orthopedic examination.

The following is a presentation of my initial evaluation and over all recommendations. The evaluation took place with the assistance of a Spanish-speaking interpreter. The history was obtained by my medical historian, Ms. Alma Azucar. I then reviewed the history in detail with patient.

HISTORY OF INJURY:

Mr. Hernandez is a 55-year-old right-hand-dominant male who sustained industrial injuries on CT: 01/01/2018 to 07/01/2018 & CT: 12/01/2008 to 07/16/2018, while working as a Loader/Unloader with Reyes Coca

5651 SEPULVEDA BLVD., STE 201
SHERMAN OAKS, CA 91411
PH: (818)788-2400
FAX: (818) 788-2453

724 CORPORATE CENTER DRIVE
SECOND FLOOR
POMONA, CA 91768
PH. (909) 622-6222
FX. (909) 622-6220

00152

Hernandez, Alberto

November 11, 2019

Page 2 of 14

Cola Bottling/91730.

The patient states over the course of his employment, he gradually developed pain to his neck, shoulders, elbows, wrists/hands, fingers in both hands, upper and lower back, knees, and feet, with weakness in the right leg, which he attributes to his work duties, entailing: pulling orders consisting of coca cola product/drinks, lifting and carrying cases of soda, palletizing, shrink wrapping, and moving the pallets to different areas in the warehouse, and operating a stand up electrical pallet-jack.

The precise activities required entailed prolonged standing and walking, as well as continuous maneuvering of his arms and hands, and repetitive bending, stooping, squatting, twisting, turning, forceful pushing and pulling, forceful gripping and grasping, reaching to all levels, torqueing, lifting and carrying up to 50 pounds.

He continued working and his pain progressively worsened.

He also developed anxiety and stress, as a result of his pain and working in a hostile environment, indicating he was also discriminated.

in October 2018, he began medical care and treatment, as per his attorneys' referral.

The patient received treatment in form of office visits by a chiropractor, Dr. Rios, in Pomona and Ontario, x-rays and **MRI studies to his neck, upper and lower back** were done, and he received chiropractic treatment to all the injured body parts at intervals of twice a week for about three months, which was completed in December 2018, with temporary pain relief. He was recommended an orthopedic evaluation. He was last examined and treated in December 2019.

He states he has not received any medical care or treatment for his anxiety and stress.

He was examined by Dr. Peter Sofia and Dr. Kent for **PQME evaluations. EMG studies** of his upper extremities were conducted, with positive findings. He was evaluated once by each physician. He was recommended future medical care.

He states when he initiated treatment he was kept on full duty and has continued working on full duty.

He presents to my office today for a comprehensive orthopedic evaluation.

JOB DESCRIPTION:

The patient began employment with Reyes coca Cola Bottling/91730 in August 2008, as a Unloader/Loader.

He worked eight hours per day, five days per week, and up to 20-30 hours of overtime per

Hernandez, Alberto

November 11, 2019

Page 3 of 14

week. His duties at the time of injury entailed: pulling orders consisting of coca cola product/drinks, lifting and carrying cases of soda, palletizing, shrink wrapping, and moving the pallets to different areas in the warehouse, and operating a stand up electrical pallet-jack.

The precise activities required entailed prolonged standing and walking, as well as continuous maneuvering of his arms and hands, and repetitive bending, stooping, squatting, twisting, turning, forceful pushing and pulling, forceful gripping and grasping, reaching to all levels, torquing, lifting and carrying up to 50 pounds.

CURRENT WORK STATUS:

The patient is working full duty.

PRESENT COMPLAINTS:

Neck:

The patient presents today with complaints of continuous aching in the neck, often becoming sharp and shooting pain. His pain travels to his arms and hands. He has episodes of numbness and tingling in his arms and hands. He has frequent headaches, which he associates with his neck pain. He has stiffness in the neck. His pain increases with prolonged sitting and driving. He has difficulty sleeping and awakens with pain and discomfort. He complains of anxiety and stress due to his pain and the fact he is not able to function at his fullest capacity. His pain level varies throughout the day depending on activities. OTC painkillers provide him temporary pain relief.

Shoulders:

The patient has complaints of constant aching in the shoulders, at times becoming sharp, shooting, and throbbing pain. His pain travels to his arms and hands. He has a popping and clicking sensation in the shoulders. He has episodes of numbness and tingling in his arms. His pain increases with reaching, pushing, pulling, and with any lifting. His pain level varies throughout the day depending on activities. He has difficulty sleeping and awakens with pain and discomfort. OTC painkillers provide him temporary pain relief.

Elbows:

The patient has complaints of constant aching in the elbows, at times becoming sharp, shooting, and stabbing pain. His pain travels to his forearms and hands. He has episodes of swelling, numbness and tingling in his elbows, forearms and hands. His pain increases with reaching, pushing, pulling, and with any lifting. His pain level varies throughout the day depending on activities. OTC painkillers provide him temporary pain relief.

Wrists/Hands:

Hernandez, Alberto

November 11, 2019

Page 4 of 14

The patient has complaints of continuous aching in the wrists/hands, at times becoming sharp, shooting, and burning pain. His pain travels to his forearms. He has episodes of swelling, numbness, and tingling in his hands and fingers. He complains of cramping and weakness in his hands and fingers. His pain increases with gripping, grasping, and repetitive hand and finger movements. He has difficulty sleeping and awakens with pain and discomfort. His pain level varies throughout the day depending on activities. OTC painkillers provide him temporary pain relief.

Upper and Lower Back:

The patient has complaints of continuous nagging pain in the upper and lower back, often becoming sharp and shooting pain. His pain travels to his legs and feet. He has episodes of numbness and tingling in his legs and feet. He states coughing and sneezing aggravate his back pain. His pain increases with prolonged standing, walking, sitting, and driving. His pain also increases with bending, twisting, and turning. His pain level varies throughout the day depending on activities. He does not have bowel or bladder dysfunction. OTC painkillers provide him temporary pain relief.

Knees:

The patient has complaints of continuous aching in the knees, at times becoming sharp, shooting, and burning pain. His pain travels to his calves. He has clicking, popping and locking in his knees. He has episodes of swelling in the knees. His knees have given out, causing him to lose his balance. He has difficulty standing and walking for a prolonged period of time. He has difficulty ascending and descending stairs and at times walks with an altered gait. His pain level varies throughout the day depending on activities. OTC painkillers provide him temporary pain relief.

Ankles/Feet:

The patient has complaints of continuous aching in the ankles and feet, aggravated with prolonged standing and walking. He complains of cramping in his feet and has episodes of swelling, numbness and tingling in his feet. He walks with an altered gait. His pain level varies throughout the day depending on activities. OTC painkillers provide him temporary pain relief.

Psyche/Sleep:

The patient complains of anxiety and stress due to his pain and the fact he is not able to function at his fullest capacity. He has difficulty sleeping due to his pain.

MEDICAL HISTORY:

The patient has no known history of heart disease, high blood pressure, kidney disease, diabetes, tuberculosis, cancer, ulcers, pneumonia, lung disease, eye problems, skin

Hernandez, Alberto

November 11, 2019

Page 5 of 14

problems, asthma, hepatitis, liver disease, thyroid disease, gout, rheumatoid arthritis, Lupus, or arthritis.

SURGERIES:

The patient states in 2010, he underwent a right inguinal hernia repair.

PRIOR/SUBSEQUENT INJURIES:

The patient states in 2010, he underwent a right inguinal hernia repair, work-related and recovered.

MEDICATIONS:

The patient is currently taking Ibuprofen 200mg., and Advil for his pain.

ALLERGIES:

The patient has no known allergies to any medications.

SOCIAL HISTORY:

The patient is married with children.

He is a social drinker and does not smoke.

FAMILY HISTORY:

His father suffered with prostate cancer and he suffers with diabetic, hypertensive, and has cancer in the blood under treatment.

ACTIVITIES OF DAILY LIVING:

The patient states that prior to the above noted injury he had no disabling conditions and could perform all activities of daily living without any difficulties.

The patient states since the injury dated CT: 01/01/2018 to 07/01/2018 & CT: 12/01/2008 to 07/16/2018, there are episodes of increased pain causing him difficulty with showering, dressing, grooming, and with house chores. He avoids standing, walking, sitting, and driving for prolonged periods of times. He is more aware of proper body mechanics.

PHYSICAL EXAMINATION:

HEIGHT: 5'05"

WEIGHT: 135 Lbs.

Cervical Spine Examination:

On visual inspection, there is no erythema, edema, swelling or deformity about the cervical spine or upper back area. The patient's head is held in a normal position. No torticollis was noted.

Hernandez, Alberto**November 11, 2019****Page 6 of 14**

There is spasm and tenderness over the paravertebral musculature, upper trapezium, interscapular area, but not over the cervical spinous processes, or occiput.

Cervical Range of Motion	Patient ROM	Normal
Forward Flex	40°	50°
Extension	50°	60°
Lateral Flex (rt.)	35°	45°
Lateral Flex (lt.)	35°	45°
Rotation (rt.)	65°	80°
Rotation (lt.)	65°	80°

Range of motion was accomplished without discomfort and spasm.

Reflexes and special tests are as follows:

Reflexes and test	Right	Left	Normal
Tricep reflex	2+	2+	2+
Biceps reflex	2+	2+	2+
Brachioradialis reflex	2+	2+	2+
Tinel Signs (wrists)	Negative	Negative	Negative
Tinel signs (elbow)	Negative	Negative	Negative
Adson Test	Negative	Negative	Negative

Motor power testing for the cervical spine:

Muscle Group	Right	Left	Normal
Deltoid (C5)	4	5	5
Biceps (C6)	5	5	5
Triceps (C7)	5	5	5
Wrists Extensors (C6)	5	5	5
Wrist Flexors (C7)	5	5	5
Finger Flexors (C8)	5	5	5
Finger Abduction (T1)	5	5	5

Sensory Testing:

Dermatome	Right	Left	Normal
C5 (Deltoid)	Intact	Intact	Intact
C6 (Lat Forearm, Thumb, Index)	Decreased	Intact	Intact
C7 (Middle Finger)	Intact	Intact	Intact
C8 (Little finger, Med. Forearm)	Intact	Intact	Intact
T1 (Medial Arm)	Intact	Intact	Intact
T2 (Medial Arm)	Intact	Intact	Intact

Hernandez, Alberto**November 11, 2019****Page 7 of 14****JAMAR Grip Testing**Right
22/20/20Left
18/16/18**Shoulder Examination:**

Shoulder Range of Motion	Right	Left	Normal
Flexion	180°	180°	180°
Abduction	180°	180°	180°
Extension	50°	50°	50°
Ext Rotation	90°	90°	90°
Ext Internal Rotation	90°	90°	90°
Adduction	50°	50°	50°

No tenderness was noted at the anterior deltoid, supraspinatus insertion, biceps tendon.
Tenderness was noted at the acromioclavicular joint bilaterally.

Impingement sign was positive bilaterally. Hawkins sign was negative on the right and left. Jobe's sign was negative on the right and left.

Apprehension test and re-location test were negative. No sulcus was present. Yergason test was negative bilaterally. No deformity or incision was noted around the shoulder area.

Elbow Examination:

Elbow Range of Motion	Right	Left	Normal
Flexion	140°	140°	140°
Extension	0°	0°	0°
Pronation	80°	80°	80°
Supination	80°	80°	80°

No tenderness was noted over the lateral (tennis) or medial (Golfers) epicondyles. Resisted wrist extension did not elicit tenderness over the lateral epicondyle. The lateral pivot shift test did not reproduce instability. No olecranon bursitis was noted.

Wrist & Hands Examination:

Wrist Range of Motion	Right	Left	Normal
Flexion	60°	60°	60°
Extension	60°	60°	60°
Ulnar Deviation	30°	30°	30°
Radial Deviation	20°	20°	20°

No mechanical block was noted to range of motion. There was no tenderness over the distal radius or the carpus. No tenderness was noted at the anatomic snuffbox or the TFCC.

Hernandez, Alberto

November 11, 2019

Page 8 of 14

Finkelstein test was normal. Tinel testing was negative. Phalen and reverse Phalen (praying position) testing were negative. Two-point discrimination was within normal limits.

No atrophy or tenderness was noted in the thenar, hypothenar, and intrinsic hand musculatures. The radial pulses are present and equal bilaterally.

No triggering was noted in any digit. Range of motion was painless without mechanical block. The thumbs bilaterally (adduction) reach the head of the 5th metacarpal. Thumb abduction is 90° bilaterally.

Lumbar Examination:

Patient has a normal gait and is ambulating with no assistive device. On visual inspection, there is no deformity, defect, or swelling about the dorsolumbar spine. No scar or incision was noted. There is no evidence of deformity such as scoliosis or kyphosis.

There is tenderness and spasm in the paravertebral muscle, but not the spinous processes and the flank. The sciatic notch area was tender bilaterally. The patient toe and heel walks with pain. The patient squats with pain.

Lumbar Range of Motion	ROM	Normal	Spasm	Pain
Forward Flex	50°	60° finger to ankle	Present	Present
Extension	20°	25°	Present	Present
Lateral Flex (rt.)	20°	25°	Present	Present
Lateral Flex (lt.)	20°	25°	Present	Present
Rotation (rt.)	20°	25°	Present	Present
Rotation (lt.)	20°	25°	Present	Present

Supine straight leg raising: Right 90, Left 90 with no back pain. Sitting straight leg rising was similar. Lasegue test was negative bilaterally.

Motor Function	Right	Left	Normal
Ankle Dorsiflex L4	5	5	5
Great Toe Ext L5	5	5	5
Ankle Planar Flex S1	5	5	5
Knee Ext L4, L5	5	5	5
Knee Flexion	5	5	5
Hip Abductors	5	5	5
Hip Adductors	5	5	5

Deep tendon reflexes are equal at the knee and ankle joints. Palpation over the sacroiliac joint did not elicit tenderness. The FABER (Patrick's) test was negative bilaterally.

Hernandez, Alberto**November 11, 2019****Page 9 of 14**

Sensory Function	Right	Left	Normal
L3 Anterior Thigh	Intact	Intact	Intact
L4 Medial Leg, Inner Foot	Intact	Intact	Intact
L5 Lateral Leg, Mid Foot	Decreased with pain	Intact	Intact
S1 Post. Leg, Outer Foot	Decreased with pain	Decreased with pain	Intact

Hip Examination:

Hip Range of Motion	Right	Left	Normal
Flexion	100°	100°	100°
Extension	0°	0°	0°
Abduction	25°	25°	25°
Adduction	15°	15°	15°
Ext Rotation	35°	35°	35°
Internal Rotation	20°	20°	20°

Range of motion was accomplished with no pain or mechanical block. Strength of hips were normal. There was no pain with flexion, adduction, internal rotation, or external rotation. No tenderness was noted at the ASIS, rectus femoris, or greater trochanter. Trendelenberg sign and Ober test were negative. There was no iliopsoas or iliotibial band clicking.

REVIEW OF RADIOGRAPHIC EXAMINATION:

X-ray studies of the cervical spine were obtained. The AP view revealed relatively normal findings. The lateral view revealed significant loss of disc height at the C5-C6 level with degenerative changes at that level. No fractures were noted. Open mouth view revealed normal atlantodental interspace.

Four views of the lumbar spine were obtained. The AP view revealed relatively normal findings. The lateral view revealed grade 1 spondylolisthesis with greater than 5-mm of transition of L5 on S1 with disc collapse at the L5-S1 level and degenerative changes noted. No other abnormalities were seen.

REVIEW OF MEDICAL RECORDS:

Formal range of motion studies were performed using double electronic inclinometers, and the report is attached.

I have been provided with stack of the patient's medical records. Once they are reviewed in their entirety, I will then provide a supplemental report.

Within the medical records, there are MRI studies which were reviewed today. An MRI of

Hernandez, Alberto

November 11, 2019

Page 10 of 14

the cervical spine dated October 1, 2018, was reviewed. This reveals a 2-mm disc bulge at the C4-C5 level and a 3-mm disc bulge at the C5-C6 level. There is loss of intervertebral disc height and disc desiccation from C4 through C7.

MRI of the thoracic spine was reviewed revealing relatively normal findings. This is dated October 1, 2018.

There is an MRI of the lumbar spine dated October 1, 2018, revealing loss of intervertebral disc height and disc desiccation at L5-S1 with a grade I anterolisthesis measuring 7 mm. There is a 4-mm disc herniation at the L5-S1 level with bilateral neural foraminal stenosis and a 3-mm disc herniation at the L4-L5 level with an annular tear and mild bilateral neural foraminal stenosis.

An MRI of the cervical spine dated October 25, 2019, was reviewed. This reveals grade I posterolisthesis of C5 on C6 with reversal of cervical lordosis. There is disc desiccation from C2-C3 through C6-C7 with moderate associated loss of disc height at the C5-C6 level. A 2.3 mm disc herniation at the C2-C3 level and a 2-mm disc herniation is seen at the C3-C4 level with mild left neural foraminal narrowing. At the C4-C5 level, there is a 5-mm disc herniation with mild left neural foraminal narrowing. There is a disc protrusion at the C5-C6 level measuring 3 mm with subtle increase signal in the spinal cord likely reflecting myelopathy. There is mild left greater than right neural foraminal narrowing with abutment of the left exiting nerve root and an annular fissure.

A QME report from Dr. Sofia dated February 14, 2014, was reviewed. This is a supplemental report. Within the report, he reviews the patient's medical records. He indicates that he is accepting multiple body parts and the patient should have treatment. He states that he has not yet reached maximum medical improvement since the patient has not received any treatment. He states that the patient does not have verified motor cervical radiculopathy or verified motor lumbar radiculopathy and has mild carpal tunnel. He recommends treatment to include physical therapy, acupuncture, chiropractic treatment, and right shoulder injection and possible epidurals in the neck and low back. He states that he will reevaluate the patient.

DIAGNOSES:

Cervical radiculopathy.

Lumbar radiculopathy, lumbar grade I spondylolisthesis at the L5-S1 level.

Bilateral shoulder impingement.

DISCUSSION:

The patient is a 55-year-old male who sustained a continuous trauma injury while working as a Loader & Unloader for Coca-Cola. He indicates that he developed pain to multiple body parts due to his repetitive motion activities at work. He continued working and his pain progressively worsened. He was required to pull orders consisting of Coca-Cola products, lift and carrying cases of soda, palletizing shrink ramping, moving pallets to different areas

Hernandez, Alberto

November 11, 2019

Page 11 of 14

and he also operated a standup electric pallet jack. He continued working and his pain progressively worsened. He was required to lift and carry up to 50 pounds. He was seen by a chiropractor. He was seen by two different orthopedic QMEs.

The patient is presenting to my attention for comprehensive orthopedic evaluation and to take over the role of the primary treating physician. He is complaining of pain in the neck, low back, and both shoulders. He describes radiating pain to the upper and lower extremities mainly on the right side with numbness, tingling, and weakness. He has difficulty with prolonged sitting, standing, walking, lifting, pushing, and pulling.

On physical examination, there is spasm, tenderness, and guarding noted in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion. Decreased dermatomal sensation with pain is noted over the right C6 dermatome as well as bilateral S1 and L5 dermatomes.

Impingement is noted to be positive over the shoulders bilaterally and loss of motor function over the right shoulder noted to be grade 4/5.

As it relates to causation, it is with reasonable medical probability, the patient has sustained injuries to multiple body parts due to his industrial accident.

I am requesting for my name to be entered in your records to reflect upon the fact that I am taking over the role of the primary treating physician.

The patient has been seen by two different QMEs. I am requesting for the reports to be forwarded to my attention. The report of one QME report Dr. Sofia that has been forwarded to my attention was reviewed today. The patient was also seen by a QME Dr. Akmakjian and I am awaiting for this report to be forwarded to my attention.

MRI studies were reviewed today. X-ray studies were also reviewed. The patient has had extensive conservative treatment in the form of physiotherapy modalities, range of motion exercises, and muscular strengthening activities, however, he does continue to be significantly symptomatic. He does have disc pathology at the C5-C6 as well as at the L5-S1 levels. The option for epidural injections versus surgical intervention was discussed with the patient. He wishes to proceed with epidural injections prior to considering surgery.

Based on the above, I am requesting authorization for the patient to be seen by Dr. Kohan for pain management consultation on consideration for cervical and lumbar epidural injections.

Medications will be provided to the patient today, so that he could use to help reduce his pain and increase his functional capacity. Ibuprofen gel will be provided to the patient, so that he could use to help reduce his pain and help reduce the need for taking oral pain medications.

Hernandez, Alberto

November 11, 2019

Page 12 of 14

Cervical traction device is being requested, so that the patient can use at home on his own on a daily basis to help reduce the stress over the intervertebral disc spaces, reduce his radiculopathy, and increase his functional capacity.

I am indicating that the patient can return to modified work activities. He is precluded from lifting, pushing, and pulling greater than 10 pounds. He is precluded from bending and twisting completely, squatting and kneeling completely. He should be changing positions as needed. He may not drive a commercial vehicle. If work modifications are not accommodated, the patient can remain on temporary total disability.

I will re-evaluate the patient back in four weeks.

I hope the above information has been helpful to you and thank you for referring this patient to my office for orthopedic examination.

We request to be added to the Address List for Services of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Worker's Compensation Appeals Board. We are advising the Worker's Compensation appeals Board that we may not appear at the hearings or Mandatory Settlement Conferences for the case in chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manual index No. 60610, effective February 1, 1995, we request that defendants, with full authority to resolve our lien, telephone our office and ask to speak with our "workers' compensation lien negotiator".

Authorizations for transportation, medication, physiotherapy, rehabilitation, a conditioning program and the above stated recommendations are requested based upon medically reasonable treatment requirements. This is per labor code 4600 and Title 8, Section 9792.6, C.C.R. and Rule 9785(b). Furthermore, we are requesting that all the medical records be forwarded to our office to avoid repetition in testing and treatment. Please provide us with information regarding the status of the case as soon as possible.

To complete this examination I have been assisted, as needed, for taking histories, taking x-rays, assisting with the patient, transcription of reports by some or all of the following personnel Alma Azucar, Maria Valles, Marlen Sanchez, Laura Casillas and Emily Shemwell. Sherry Leoni, DC, or Randy Cockrell, DC, may also have assisted in compiling and editing of this report. If required an interpreter was provided. All of the above individuals are qualified to perform the described activities by reason of individual training or under my direct supervision. I certify that this examiner reviewed the history and the past medical records directly with the patient. The examination of the patient, and interpretation of tests and x-rays, was all performed by this examiner. The dictation and the review of the final report were performed entirely by me. The opinions and conclusions contained in this report are entirely my own. I declare, under penalty of perjury, that the information contained in this report, and any attachments, is true and correct, and that there has not been a violation in this report of Section 139.3 L.C. to the best of my knowledge and belief, except as to information that I have indicated was received from others. As to that information I declare under penalty of perjury, that I have accurately detailed the information provided me and, unless otherwise noted, I believe it to be true.

In order to prepare this report and complete the evaluation, time was spent without face to face with the

00163

Hernandez, Alberto

November 11, 2019

Page 13 of 14

patient. The billings reflect such time spent by the physician with the code 99358. Edwin Haronian, M.D. Inc. does not accept the Official Medical fee schedule as prime facie evidence to support the reasonableness of charges. Edwin Haronian, M.D. is a fellow of the American Academy of Orthopedic Surgeons and is board certified, specializing in disorder and surgery of the spine. Under penalty of perjury under the laws of the State of California, services are billed in accordance with our usual and customary fees. Additionally, this medical practice providing treatment to injured worker's experiences extraordinary expenses in the form of mandated paperwork and collection expenses, including the necessity to retain highly-trained personnel to appear before the Workers' compensation appeals board. Based on the level of services provided and overhead expenses for services contained within our geographical area, we bill in accordance with the provisions set-forth in Labor Code Section 5307.1. Please be advised that Dr. Haronian has a financial interest in Osteon Surgery Center, Kinetix Surgery Center and Pomona Orthopedics.



Edwin Haronian, M.D.
Certified Diplomate American
Board of Orthopedic Surgery
California License #A71385

November 24,
2019
Date

County where executed: Los Angeles County

SL

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

*Morgan, Leahy & Torkigian LLP
21031 Ventura Blvd Ste 210
Woodland Hills, CA 91364

PROOF OF SERVICE
STATE OF CALIFORNIA

I am employed in the County of Los Angeles. I am over the age of 18 and not a party to the within action; my business address is:

5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411

On 11/27/2019 served the foregoing document described as:

EDWIN HARONIAN, M.D.

00164