Edwin Haronian., M.D.
* 724 Corporate Center Drive. 2nd Floor Pomona, CA 917682650 *

Authorization Request

Today's Date: 10/18/2023
Our Chart No. 20080597
Patient Name: Alberto HERNANDEZ
DOB: 10/10/1964
Claim #: 22RH009775

Sedgwick
P O Box 14450
Lexington, KY 40512

Request from office Visit date: 10 09, 2023

You can contact us by phone, fax or email

***Peer to Peer Direct line only: 818-616-1633**
***Phone # : (818) 616-1666**
***Fax: (818) 827-4706**
***Email: UR@synapseortho.com**

Thank you.
Ivane Yu

Labor Code Section 4610, section (0) 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: 724 Corporate Center Drive. 2nd Floor Pomona, CA 917682650

On this date 10/18/2023 I served Request for Authorization to the above Insurance Co. Sedgwick P O Box 14450 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 10/18/2023 at Pomona, CA 917682650 I declare under penalty of perjury that the above is true and correct.

Signature: *Ivane Yu*
Ivane Yu

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 this 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): 10/19/2022;		Date of Birth(MM/DD/YYYY): 10/10/1964
Claim Number: 22RH009775;		Employer: Reyes Coca Cola Bottling/91730

Provider Information

Provider Name: Edwin Haronian.M.D.		
Peer to Peer Direct line: 818-616-1645		Contact Name:
Address: 724 Corporate Center Drive. 2nd Floor	City: Pomona	State: CA
Zip Code: 917682650	Phone: 818-616-1666	Fax Number: 818-827-4706
Provider Specialty: Orthopedics		NPI Number: 1063480192

Claims Administrator Information

Claims Administrator Name: Sedgwick		Contact Name:Snodgrass, Luc	
Address: P O Box 14450	City: Lexington		State: KY
Zip Code: 40512	Phone:562-981-1700	Fax Number: 866-716-0777	
E-mail Address:			

Requested Treatment (see instruction for guidance; attached additional pates 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	R20.2 Paresthesia of skin M79.609 Pain in unspecified limb S63.509D Sprain of wrist M54.17 Radiculopathy, lumbosacral region S43.409D Shoulder Sprain/Strain M75.40 Impingement syndrome, shoulder
ICD-Code	
Procedure Requested	**Request authorization for**: EMG/NVC of bilateral upper extremties and Injection Bilateral Shoulders.
CPT/HCPCS Code	
Other Information: (Frequency, Duration, Quantity, Facility, etc.)	

Treating Physician Signature: Date:10/18/2023

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:		

SYNAPSE MEDICAL GROUP

Patient Name	:	Alberto Hernandez
Date of Service	:	October 9, 2023
Claim #	:	22RH009775
Employer	:	Reyes Coca Cola Bottling/91730
Date of Birth	:	October 10, 1964
Date of Injury	:	10/19/2022
File #	:	20080597

FOLLOW-UP REPORT AND REQUEST FOR AUTHORIZATION OF A PRIMARY TREATING PHYSICIAN

Mr. Hernandez is a very pleasant gentleman who presents with complaint of a chronic pain in the low back, shoulders, knees, and the right ankle. We received denial to the MRIs to the above-mentioned body parts. In fact, we requested MRI with contrast for the left knee.

The patient does not have any updates at this point. We are prescribing him combination of ibuprofen gel, naproxen, Prevacid, and Skelaxin. He is using neuromuscular electrical stimulator and back support. As with medications he is more functional, he would like to have a refill today.

We would like to remind that the MRIs were requested in accordance with recommendation of QME from year of 2023. The patient is not MMI as per QME physician.

On physical examination, spasm and tenderness is noted in the paravertebral muscles of the low back. Discomfort with pain is noted on abduction of shoulders bilaterally against the gravity at approximately 90 degrees.

We certainly regret delays in the patient's care. We will refill ibuprofen gel, naproxen and Prevacid as with medications he is more functional. However, we continue to maintain that he needs to have above-mentioned diagnostic studies. ***Moreover, today we are formally requesting authorization for the electrodiagnostic studies of upper extremities to rule out peripheral nerve entrapment disorder***.

Furthermore, today we are formally requesting authorization for the bilateral corticosteroid injection into the subacromial spaces.

Next appointment will be in four weeks to re-assess clinical status and review medical records. We will re-assess clinical efficacy of medications as well. Activities which do not aggravate symptoms can be maintained. Work status remains to be unchanged.

DIAGNOSIS:

R20.2	Paresthesia	of	skin
M79.609	Pain	in	unspecified limb
S63.509D	Sprain	of	wrist
M54.17			Radiculopathy
lumbosacral			region
S43.409D	Shoulder		Sprain/Strain
M75.40	Impingement		syndrome
shoulder			

We are requesting that all the patient medical records, related or unrelated to this case be sent to our attention for review which will be incorporated in accessing the treatment and medical legal issues.

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, Marlen Sanchez, Jason Perez and Emily Shemwell. Sherry Leoni, DC and Grace Chang, DC and and Grace Chang, 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 Southern California Medical Group.

_____
Date

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

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

*Sedgwick
P O Box 14450
Lexington, KY 40512
Attn: Luc Snodgrass

*Natalia Foley, Esq
751 E. Weir Canyon Rd
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 10/18/2023 served the foregoing document described as:

EDWIN HARONIAN, M.D.
EVALUATION REPORT

Patient Name: Alberto Hernandez
File Number: 20080597
Claim #: 22RH009775
DOS: 10/9/2023

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:

Luc Snodgrass
Sedgwick
P O Box 14450
Lexington, KY 40512

Natalia Foley, Esq
751 E. Weir Canyon Rd
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 10/18/2023 at

Emily Shemwell