## ERIC E. GOFNUNG CHIROPRACTIC CORP.

QME OF THE STATE OF CALIFORNIA

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION
6221 Wilshire Boulevard, Suite 604 • Los Angeles, CA 90048 • Tel: (323) 933-2444 • Fax:
(323) 933-2909

## PROOF OF SERVICE BY MAIL

#### STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

Patient's Name:

El Segundo, CA 90245

I am a resident of the County aforesaid: and I am over the age of eighteen years and not a party to the within action: my business address is 6221 Wilshire Boulevard, Suite 604 Los Angeles, CA 90048.

Young, Benetia

On 5 day of <u>December</u> 2019, I served the within concerning:

Claim Number: 19006760 On the interested parties in said action, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid in Los Angeles, California, to be hand delivered Via United States Mail. [] MPN Request [] QME Appointment Notification [] Notice of Treating Physician [] Designation Of Primary Treating Physician [ ] Initial Comprehensive Report [] Medical Report Re-Evaluation Report / Progress Report (PR-2) [] Itemized – (Billing) / HFCA 11/25/2019 [ ] Doctor's First Report [] Med Legal Report RFA [] Permanent & Stationary [ ] Authorization Request for Evaluation/Treatment [] Financial Disclosure List all parties to whom documents were mailed to: Law offices Of Natalia Foley Athens Administrators P.O. Box 696 8306 Wilshire Blvd., Suite 115 Concord, CA 94522 Beverly Hills, CA 90211 Bethe C. Barley, Esq. Stander Reubens Thomas Kinsey 200 N Pacific Coast Highway, Suite 1550

I declare under penalty and perjury under the laws of the State of California, that the foregoing is true and correct, and that this Declaration was executed at Los Angeles, California on <u>5</u> day of <u>December</u> 2019.

Ilse Ponce

# ERIC E. GOFNUNG CHIROPRACTIC CORP.

#### SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

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

November 25, 2019

Law offices Of Natalia Foley 8306 Wilshire Blvd., Suite 115 Beverly Hills, CA 90211

Re: Patient:

Young, Benetia

SSN:

547-08-0936

EMP:

Star View Adolescent Center

INS:

Athens Administrators

Claim #: WCAB #:

19006760

WCAB # DOI: ADJ12213522 04/18/2019

D.O.E./Consultation:

November 25, 2019

Primary Treating Physician's
Followup Evaluation Report
And Request for Authorization

Dear Gentlepersons:

The above-named patient was seen for a Primary Treating Physician's Followup Evaluation on November 25, 2019, in my office located at 6221 Wilshire Boulevard, Suite 604, Los Angeles, California 90048. The following information contained in this report is derived from a review of the available medical records, as well as the oral history as presented by the patient My associate, Dr. Kravchenko, examined the patient and I, Dr. Gofnung, the primary treating physician, agree with Dr. Kravchenko's physical examination findings and conclusions.

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

This authorization for treatment is made in compliance with Labor Code 4610 and 8 CCR 9792.6(o) and therefore serves as a written request for authorization for today's evaluation/consultation and treatment recommendations as described in this report. Please comply with Labor Code 4610, 8 CCR 9792.11 – 9792.15, 8 CCR 10112 – 10112.3 (formerly 8 CCR 10225 – 10225.2) and Labor Code 5814.6. Please comply with Sandhagen v. State Compensation Insurance Fund (2008) 44 Cal. 4 ch 230. Please comply with Jesus Cervantes v. El Aguila Food Products, Inc. and Ciga, et al., WCAB en banc, 7-0, November 19, 2009. Be aware that Labor Code 4610(b) requires the defendant to conduct utilization review on any and all requests for treatment. Furthermore, Labor Code 4610 Utilization Review deadlines are mandatory. It is the defendant's duty to forward all consultation and treatment authorization requests to utilization

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review. Be aware the defendant and insurance company has five working days to authorize, delay, modify or deny a request for all treatment, but 10 days for spinal surgery. Please issue timely payment for medical care and treatment rendered in order to avoid payment of interests and penalties, per labor codes referenced. Failure of the defendant or insurance company to respond in writing within five working days results in an authorization by default. Furthermore, failure to pay for "self-procured" medical care when utilization deadlines are missed triggers penalties for the defendant or the insurance company due to violation of 8 CCR 10225 – 10225.2 and Labor Code 5814/5814.6 and 4603.2b. When there is a dispute with regard to treatment, the right to proceed with the Labor Code 4062 process belongs exclusively to the injured employee. If the treatment recommendations are not authorized by the insurance carrier, this report and bill should be kept together by the Workers' Compensation carrier for the review company. The claims examiner should forward this report to the defense attorney and nurse case manager.

#### **Interim History:**

Ms. Young has been undergoing comprehensive course of treatment under our care consisting of chiropractic manipulations and adjunctive multimodality physiotherapy. She is feeling improvement with treatment, however, she remains symptomatic. The patient denies any new accidents or injuries. She has not returned to work until present.

## Current Complaints (November 25, 2019):

- 1. Neck pain, best described as frequent and moderate.
- 2. Left shoulder pain, frequent and moderate.
- 3. Mid back pain, frequent and moderate.
- 4. Lower back pain, frequent and moderate-to-severe.
- 5. Nausea, difficulty concentrating, dizziness, headaches, numbness in the left side of the face, anxiety and depression and sleep difficulty.

# Physical Evaluation (November 25, 2019) - Positive Findings:

Head & Face, Eyes, Ears, Nose and Mouth:

Reveals tenderness at left occipital region.

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### Cervical Spine:

Examination of the cervical spine revealed tenderness to palpation with myospasm of left paracervical and left upper trapezium musculature.

Tenderness and hypomobility were noted at C1 through C7 vertebral regions.

Shoulder depression test was positive on the left.

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

Cervical Spine Ranges of	Motion Testing		
Movement	Normal	Actual	
Flexion	50	35	
Extension	60	25	
Right Lateral Flexion	45	25	
Left Lateral Flexion	45	30	
Right Rotation	80	45	
Left Rotation	80	65	

# Shoulders & Upper Arms:

Exam revealed antalgic position of left shoulder, tenderness and myospasm noted at the left supraspinatus, infraspinatus and periscapular musculature as well as left deltoid musculature.

Hawkins test was positive at the left shoulder.

Ranges of motion for the shoulders, right normal, left decreased and painful with spasm and weakness, measured as follows:

Sh	oulder Ranges of I	Motion Testing	
Movement	Normal	Left Actual	Right Actual
Flexion	180	160	180
Extension	50	25	50
Abduction	180	150	180
Adduction	50	45	50
Internal Rotation	90	50	90
Extension Rotation	90	45	90

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## Motor Testing of The Cervical Spine and Upper Extremities:

Left deltoid 4/5, left wrist extensor 4/5, left wrist flexor 4/5, all other myotomes 5/5.

### Sensory Testing:

#### Dysesthesia at left C6-C7 dermatomal levels.

Upper Extremity Measurements in Centimeters				
	Measurements	Left	Right	
	Biceps	25	25.5	
	Forearms	20	19.5	

### Thoracic Spine:

Examination of thoracic spine revealed tenderness to palpation at left trapezium and rhomboid musculature with myospasm noted.

Ranges of motion of thoracic spine were decreased due to pain at the lumbar spine, measured as follows:

Thoracic Spine Rang	es of Motion Testing	
Movement	Normal	Actual
Flexion	60	45
Extension	0	0
Right Rotation	30	15
Left Rotation	30	18

### Lumbar Spine:

Examination of the lumbar spine revealed tenderness to palpation at bilateral paralumbar musculature with myospasm noted.

Tenderness and hypomobility were noted at L1 through L5 vertebral regions.

Milgram's test was positive.

Straight Leg Raising Test (supine) elicited increased lower back pain with increased radiculopathy to left lower extremity.

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Right: 55 degrees Left: 45 degrees

Ranges of motion for the lumbar spine were decreased and painful with spasm, measured as follows:

Lumbar Spine Ranges of M	Notion Testing	
Movement	Normal	Actual
Flexion	60	45
Extension	25	12
Right Lateral Flexion	25	15
Left Lateral Flexion	25	3 18

Motor, Gait& Coordination Testing of the Lumbar Spine and Lower Extremities:

Squatting is positive for back pain. Heel and toe walking difficulty and positive for back pain.

Girth & Log Length (Anterior Superior Iliac Spine to Medial Malleoli) measurements were taken of the lower extremities, as follows in centimeters:

Lower Extremity Measurements Circumferentially & Leg Length in Centimeters				
Measurements (in cm)	Left	Right		
Thigh - 10 cm above patella with knee extended	66	66.5		
Calf - at the thickest point	35	35.5		

## **Diagnostic Impressions:**

- 1. Cephalgia, closed head trauma, tinnitus left, trauma brain injury, rule out, G44.099, S09.90XA, H93.12, S06.2X9D.
  - 2. Cervical spine sprain/strain, cervical facet-induced versus discogenic pain, cervical radiculitis left, S13.4XXA, M53.82, M54.12.
  - 3. Lumbar spine sprain/strain, lumbar facet-induced versus discogenic pain, lumbar radiculitis left, S39.012A, M46.1, M54.16.
  - 4. Left shoulder sprain/strain, S43.401A.
  - 5. Left rotator cuff tear, rule out, M75.102.
  - 6. Left shoulder tenosynovitis and bursitis, M65.811.

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7. Insomnia, anxiety and depression, G47.00, F41.8.

## Discussion and Treatment Recommendations:

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

The patient requires x-rays of left shoulder.

The patient requires MRI of cervical and lumbar spine and left shoulder.

The patient requires NCV/EMG of upper extremities in order to fully evaluate her condition.

The patient is recommended psychiatric consultation with Dr. Musher.

The patient is recommended neurology consultation with regards to traumatic brain injury, close head trauma evaluation and treatment.

### Work Status:

The patient is to return to modified with the following restrictions. No repeated flexing, extending or rotating of the neck. No repeated work with left arm above shoulder height. No lifting in excess of 15 pounds. No repeated bending or stooping. If modified duty as indicated is not provided, the patient is then considered temporarily totally disabled until reevaluation in four weeks.

#### Disclosure:

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

In compliance with recent Workers' Compensation legislation (Labor Code Section 4628)(b): "I declare that Dr. Kravchenko examined the patient and may have assisted with initial

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preparation and assembly of components of this report, and I, Dr. Gofnung, the primary treating physician, have reviewed the report, edited the document, reviewed the final draft and I am in agreement with the findings, including any and all impressions and conclusions as described in the this report."

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

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

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

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

NOTE: The carrier/employer is requested to immediately comply with 8 CCR Section 9784 by overnight delivery service to minimize duplication of testing/treatment. This office considers "all medical information relating to the claim" to include all information that either has, will, or could reasonably be provided to a medical practitioner for elicitation of medical or medical-legal opinion as to the extent and compensability of injury, including any issues regarding AOE/COE to include, but not be limited to, all treating, evaluation, and testing reports, notes, documents, all sub rosa films, tapes, videos, reports; employer-level investigation documentation including

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statements of individuals; prior injury documentation; etc. This is a continuing and ongoing request to immediately comply with 8 CCR Section 9784 by overnight delivery service should such information become available at any time in the future. Obviously, time is of the essence in providing evaluation and treatment. Delay in providing information can only result in an unnecessary increase of treatment and testing costs to the employer.

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

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

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

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

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

Patient:

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Sincerely,

Eric E. Gofnung, D.C.

Manipulation Under Anesthesia Certified State Appointed Qualified Medical Evaluator Centified Industrial Injury Evaluator

day of November, 2019, in Los Angeles, California.

EEG:

Mayya Kravchenko, D.C., QME State Appointed Qualified Medical Evaluator Certified Industrial Injury Evaluator

Lones

day of November, 2019, in Los Angeles, California.

MK:svl

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Requesting Physician	ı İnformation			
Name: Eric Gofnung, DC				
Practice Name: Eric Gof	nung Chiro Corp.	Co	ontact Name: Ilse Ponce	
Address: 6221 Wilshire B	3lvd Suite 604	Cit	ty: Los Angeles	State: CA
Zip Code: 90048	Phone: (32	23) 933-2444 Fa	x Number: (323) 903-0	301
Specialty: Chiropractor		NP	Pl Number: 1821137134	1
E-mail Address: ilse.pon	ELEMPTONIC PROPERTY OF THE PRO			
Claims Administrator	Information			
Company Name: Ather	ns Administrators	Co	ontact Name: Timothy C	
Address: P.O. Box 696		<del></del>	y: Concord	State: CA
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Requesting Physician	Information			And the second of the second o
Name: Eric Gofnung, DC				
Practice Name: Eric Gof	nung Chiro Corp.		Contact Name: Ilse Pond	e
Address: 6221 Wilshire B	Ivd Suite 604		City: Los Angeles	State: CA
Zip Code: 90048	Phone: (32	23) 933-2444 F	Fax Number: (323) 903-	0301
Specialty: Chiropractor		ľ	NPI Number: 182113713	34
E-mail Address: ilse.pon	ce@att.net			
Claims Administrator	Information			
Company Name: Ather	s Administrators		Contact Name: Timothy	Chapin
Address: P.O. Box 696			City: Concord	State: CA
Zip Code: 94522-0696	Phone: (92	25) 826-1226 <b>F</b>	Fax Number:	
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Lumbar Sprain	S33.5XXD	Left Shoulder		
Shoulder Tenosynovitis	M65.812			
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Authorized Agent Name	<b>):</b>		Signature:	
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Comments:				

✓ New Request	Chock how if own	Joyaa faasa on imminant an	Resubmission	- Change in Material Facts
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Claim Number: 1900676	····		Employer: Star View Adol	<u> </u>
Requesting Physician	2019 10-1119 2019 10-1119 10-1119 10-1119 10-1119 10-1119 10-1119 10-1119 10-1119 10-1119 10-1119 10-1119 10-11			
Name: Eric Gofnung, DC	AND SOCIETY OF STREET,	ne i pranti i i coma e si fan discolore la providenta de la coma de		
Practice Name: Eric Gof	nung Chiro Corp.		Contact Name: Ilse Pond	е
Address: 6221 Wilshire B			City: Los Angeles	State: CA
Zip Code: 90048	Phone: (3)		ax Number: (323) 903-0	0301
Specialty: Chiropractor		N	IPI Number: 182113713	4
E-mail Address: ilse.pon	ce@att.net			
Claims Administrator	Information			
Company Name: Athen	s Administrators		ontact Name: Timothy (	Chapin
Address: P.O. Box 696			City: Concord	State: CA
Zip Code: 94522-0696	Phone: (92	25) 826-1226 F	ax Number:	
E-mail Address:	and the second of the second			See the Committee of th
Requested Treatment	(see instruction	sitor guidance) attached a	dditional pages if ned	essary)
of the attached medical	report on which t		be found. Up to five (5	e the specific page number(s)  5) procedures may be entered;
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical Sprain	S13.4XXD	MRI of		
Lumbar Sprain	S33,5XXD	Cervical Spine		
Shoulder Tenosynovitis	M65.812	Lumbar Spine		
V.		Left Shoulder		
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		<i>_</i>		
Requesting Physician S	ignature:	Emily .	Date	e: 11/25/2019
	THE PARTY OF THE P	w/Organization/22RO)/Ros		
	ed or Modified (S	ee separate decision letter)		ate notification of delay) (See separate letter)
Authorization Number (in			Date:	
Authorized Agent Name			Signature:	
Phone:	Fax Nun	nber:	E-mail Address:	
Comments:				

✓ New Request				Change in Material Facts	
		loyee faces an imminent and irmation of a prior oral reques		ner health	
		irmation of a prior oral reques	il.		
Employee Informatio					
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Requesting Physicial Name: Eric Gofnung, DC					
Practice Name: Eric Go		Co	ontact Name: Ilse Ponce		
Address: 6221 Wilshire I			ty: Los Angeles	State: CA	
Zip Code: 90048	Phone: (32		x Number: (323) 903-03		
Specialty: Chiropractor			Pl Number: 1821137134		
E-mail Address: ilse.por	nce@att.net				
Claims Administrator	linformation	general memorial memorial and the			
Company Name: Ather	ns Administrators	Co	ontact Name: Timothy Ch	apin	
Address: P.O. Box 696		Cit	ty: Concord	State: CA	
Zip Code: 94522-0696	Phone: (92	25) 826-1226 Fa	x Number:		
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		s for guidance; attached ad			
		vices, goods, or items in the b			
		he requested treatment can be tet if the space below is insuff		procedures may be entered;	
iist additional requests	on a separate site	set if the space below is insuli	icient.	Otto Info	
Diagnosis	ICD-Code	Service/Good Requested	CPT/HCPCS	Other Information: (Frequency, Duration	
(Required)	(Required)	(Required)	Code (If known)	Quantity, etc.)	
Cervical Sprain	S13.4XXD	NCV/EMG Studies			
Lumbar Sprain	S33.5XXD	Upper Extremities			
Shoulder Tenosynovitis	M65.812	<del></del>			
	10100.012				
	1000.012				
	W03.012				
	WI03.012				
Requesting Physician 9			Date	11/25/2010	
Requesting Physician S	Signature:	and y		11/25/2019	
Claims Administrator	Signature: //⊍tilization Revie	w.organization (FRO) Resp	oonse		
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©laims Administrator ☐ Approved ☐ Den	Signature: /Utilization Revie ied or Modified (Se ent has been previo	w Organization (JRO) Respect separate decision letter)	oon <b>se</b> Delay (See separate	notification of delay)	
Claims Administrator Approved Den Requested treatme	Signature: //Utilization Revie ied or Modified (So ent has been previo (if assigned):	w/@nganizerion (FRO) Respected Respe	oonse Delay (See separate treatment is disputed (S	notification of delay)	
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New Request Expedited Review:	Check box if emp	loyee faces an imminent a	nd se		Change in Material Facts her health
		firmation of a prior oral requ		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TO TIOS.
Employee Information	i.				
Name (Last, First, Midd	lle): Young, Benetia	a			
Date of Injury (MM/DD/	YYYY): 04/18/2019	9	Date	of Birth (MM/DD/YY)	YY): 01/08/1965
Claim Number: 1900676	Construction of the second sec		Emp	l <b>oyer</b> : Star View Adoles	cent Center
Requesting Physician					
Name: Eric Gofnung, DC					and the second s
Practice Name: Eric Gof				tact Name: Ilse Ponce	· · · · · · · · · · · · · · · · · · ·
Address: 6221 Wilshire E	<del></del>			Los Angeles	State: CA
Zip Code: 90048	Phone: (32	23) 933-2444		Number: (323) 903-030	01
Specialty: Chiropractor			NPI	Number: 1821137134	erich ig en
E-mail Address: ilse pon	The state of the s		ersamentare	NAMES OF THE PROPERTY OF THE P	
Claims Administrator					
Company Name: Athen	s Administrators			act Name: Timothy Ch	
Address: P.O. Box 696				Concord	State: CA
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E-mail Address:	lesson to district the obtained above annihilation and obtain	silor guidance/ attached	Samme elevis		MICANI PRINCIPALI PROPERTICA DE CATACATA A DE CATACATA
List each specific reque of the attached medical	ested medical services report on which t	vices, goods, or items in th	e bel n be	ow space or indicate found. Up to five (5)	the specific page number(s) procedures may be entered;
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requeste (Required)	ed	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical Sprain	S13.4XXD	Psychiatric Consultation			
Lumbar Sprain	S33.5XXD	With Dr. Gennady Mushe	er		
Shoulder Tenosynovitis	M65.812		<u>,</u>		
	and the second s				
		12/16/			
Requesting Physician S	lignature:	and I		Date:	11/25/2019
Claims Administrator/	Utilization Revie	w/Organization/(URO)/Ro	espo	nse	
☐ Approved ☐ Deni☐ Requested treatment		ee separate decision letter ously denied    Liability f		Delay (See separate eatment is disputed (S	e notification of delay) see separate letter)
Authorization Number (i	f assigned):		D	ate:	
Authorized Agent Name			Si	gnature:	
Phone:	Fax Nun	mber:	E	mail Address:	
Comments:			1359		

# **ProviderFinder**

Anthem.

Start New Search | Help Anthem Workers' Compensation Home Page MPN Name: Anthem Premier MPN

2 providers that meet your search criteria have been selected.

Refine Search Results Change Location/Name Start New Search 1.0

1 Create Directory Search Criteria: Your Search Criteria (from previous steps) Plan Name: Anthem Premier MPN; Lookup State: CA; Provider Types: Other Physicians and Health Professionals; Specialties: Psychiatry; Last Name Like: Musher; First Name Like: Gennady Legend C Board Certified Sort Results by: Name  $\nabla$ Musher, Gennady, MD Report Provider Data Map 6221 Wilshire Blvd Ste 401 Specialty: Psychlatry Los Angeles, CA 90048 Phone: (323) 655-3747 County: Los Angeles Gender: Male Musher, Gennady, MD Report Provider Data Map 6221 Wilshire Blvd Ste 401B Specialty: Psychiatry Los Angeles, CA 90048 Phone: (323) 655-3747 County: Los Angeles Gender: Male Change Location/Name Start New Search

To report inaccuracies in the provider information listed, please contact us at (877) 307-1245. You may also email us at wcpdo@anthemwc.com

Medical Access Assistant(s) can be reached at (844) 752-1144 or by email at anthempremiermaa@anthemwc.com

This directory was last updated on: 11/27/2019

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✓ New Request			☐ Posubmission	- Change in Material Facts	
	Check box if emp	loyee faces an imminent and	serious threat to his d	or her health	
		irmation of a prior oral reque			
Employee Informatio	n .				
Name (Last, First, Mide	and the second s				
Date of Injury (MM/DD	<del></del>		Date of Birth (MM/DD/Y	YYY): 01/08/1965	
Claim Number: 1900676			mployer: Star View Ado		
Requesting Physician	i.linionmation		<b>P</b>		
Name: Eric Gofnung, DC				removement of Employer states and plantament too bear 5 and assembly community to the season	
Practice Name: Eric Go	fnung Chiro Corp.		ontact Name: Ilse Pond	e	
Address: 6221 Wilshire E	3lvd Suite 604		ity: Los Angeles	State: CA	
Zip Code: 90048	Phone: (32	23) 933-2444 F	ax Number: (323) 903-	0301	
Specialty: Chiropractor		N	IPI Number: 182113713	34	
E-mail Address: ilse.por	nce@att.net				
Claims Administrator	Information				
Company Name: Ather	ns Administrators		ontact Name: Timothy	Chapin	
Address: P.O. Box 696			ity: Concord	State: CA	
Zip Code: 94522-0696	Phone: (92	25) 826-1226 F	Fax Number:		
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				e the specific page number(s)	
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Diagnosis	ICD-Code	Service/Good Requested	CPT/HCPCS	Other Information:	
(Required)	(Required)	(Required)	Code (If known)	(Frequency, Duration Quantity, etc.)	
Cervical Sprain	S13.4XXD	Neurology Consultation		Continuity, one,	
Lumbar Sprain	S33.5XXD	riculology Consultation			
Shoulder Tenosynovitis	M65.812				
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Claims Administrator	Utilization Revie	w.Organization/tiko)/Res			
		ee separate decision letter)		ate notification of delay)	
Requested treatme		ously denied Liability fo	treatment is disputed	(See separate letter)	
Authorization Number (	·		Date:		
Authorized Agent Name			Signature:		
Phone:	Fax Nun	nber:	E-mail Address:		
Comments:			tariya baran baran ba		