RE: Benetia Young vs. Star View Adolescent Center

WCAB#: ADJ12620825

(PROOF OF SERVICE BY MAIL - 1013a, 2015.5 C.C.P.)

I am a resident of/employed in the aforesaid county, State of California; I am over the age of eighteen years and not a party to the within action; my business/residence address is: 14531 Hamlin Street, Van Nuys, CA 91411.

On 01-21-20, I served the foregoing

Attending Physician's Report

Applicant Attorney:
Natalia Foley, Esq.
5753 E Santa Ana Cyn Rd., Ste. G#616
Anaheim, CA 92807

Insurance Carrier
Athens Administrators
P.O. Box 696
Concord, CA 94522

On the interested parties in this action by placing the true copy thereof, enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at Van Nuys, California, addressed as follows:

I certify (or declare), under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

01-21-20

Date

Signature of Declarant

IRENA E. HAMAMDJIAN

Full name of Declarant

State of California Additional pages attached ☐

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Check the boxes which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Forms PR-3 or PR-4.

X Periodic Report (Required 45 days after last report) ☐ Change in treatment plan ☐ Release From Care

☐ Change in work status ☐ Need for referral or consultation ☐ Response to request for information

☐ Change in patient's condition ☐ Need for surgery or hospitalization ☐ Request for authorization

☐ Other: _____

Patient

Young
Patient last name:

Benetia
Patient first name:

MI

20322 S Amantha Ave.
Patient Street Address/PO Box

Carson
Patient City

CA
State

90746
Zip Code

Female
Sex

shift lead
Occupation

[1] 310-415-1029
Phone Number

Date of Birth 1/8/1965

Claims Administrator

Date of Injury CT:
04/18/2019-10/10/2019

Athens Administrators
Claims Administrator Name:

19006760
Claim number:

P.O. Box 696
Claims Administrator Street Address/

Concord
Claims Administrator City

CA
State

94522
Zip Code

[1] 866-482-3535
Phone Number

Fax Number

Star View Adolescent Center
Employer Name

Phone Number

Subjective Complaints (The information below must be provided. You may use this form or you may substitute or append a narrative report):

Continued symptoms of both anxiety and depression.

Objective findings: *(Include significant physical examination, laboratory, imaging, or other diagnostic findings.)*

Continued objective functional improvement documented on progress note.

1. Major Depressive Disorder, Single Episode	ICD-10	F32.9
2. Generalized Anxiety Disorder	ICD-10	F41.1
3. Psychological Factors Affecting Medical Condition (stress-intensified headache, neck/shoulder/low back tension/pain, TMJ/dental reaction, nausea, chest pain, shortness of breath, peptic acid reaction, constipation, abdominal pain/cramping, diarrhea and possible stress-aggravated high blood pressure)	ICD-10	F54
4.	ICD-10	

ICD-10

Treatment Plan: Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/ referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture). Use of CPT codes is encouraged. Have there been any **changes** in treatment plan? If so, why?

Psychiatric medication (90792)
CBT Psychotherapy (90834)
All as needed and all as requested by RFA in effect according to guidelines.

Work Status: This patient has been instructed to:

☐ Remain off-work_____. **In the initial evaluation of 11-18-19, it was not possible to estimate the return-to-work date for regular or modified work. Defer to 2 to 3 months from today, 01-21-20.**

☐ See P&S evaluation of _____.

☐ Return to *modified* work on_____ with the following limitations or restrictions. (List all specific restrictions re: standing, sitting, bending, use of hands, etc.):

Ms. Young was found to be temporarily totally disabled on a combined physical and psychological basis.

☐ Return to full duty on_____ with no limitations or restrictions.

Primary Treating Physician: *(original signature, do not stamp)* Date of exam 11-18-19 (Last Treatment).

Physician signature:_____ Cal. License. Number : A23197

Executed at: Van Nuys, CA Date: 01-21-20

Physician Name: Thomas Curtis M.D. Specialty: Psychiatry

Physician address: 14531 Hamlin Street, Van Nuys, CA 91411 Phone Number: (818)780-4409

PRIVACY NOTICE: A statement of current data collection and use policies and certain privacy rights of injured workers may be found at the following website: http://www.dir.ca.gov/od_pub/privacy.html.

Re: Benetia Young vs. Star View Adolescent Center
WCAB #: ADJ12620825

(PROOF OF SERVICE BY MAIL - 1013a, 2015.5 C.C.P.)

I am a resident of/employed in the aforesaid county, State of California; I am over the age of eighteen years and not a party to the within action; my business/residence address is: 14531 Hamlin Street, Van Nuys, CA 91411.

On December 11, 2019, I served the foregoing document described as:

PRIMARY TREATING PHYSICIAN'S INITIAL COMPREHENSIVE REPORT WITH PSYCHOLOGICAL TEST RESULTS, REQUEST FOR AUTHORIZATION FOR MEDICAL TREATMENT FORM AND ITEMIZED STATEMENT

On the interested parties in this action by placing the true copy thereof, enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at Van Nuys, California, addressed as follows

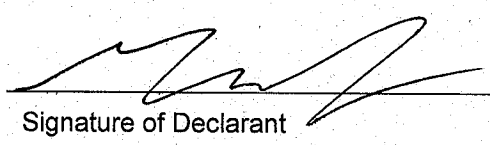
WCAB#:ADJ12620825
(Report served upon applicant attorney)

Applicant Attorney:
Natalia Foley, Esq.
5753 E Santa Ana Cyn Rd., Ste. G#616
Anaheim, CA 92807

Insurance Carrier:
Athens Administrators -ATTN: LEGAL DEPT.
P.O. Box 696
Concord, CA 94522

I certify (or declare), under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

December 11, 2019
Date



Signature of Declarant

Mark Simmons
Full name of Declarant

State of California, Division of Workers' Compensation

REQUEST FOR AUTHORIZATION

DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

☑New Request ☐ Resubmission – Change in Material Facts

☐Expedited 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 a prior oral request.

Employee Information

Name (Last, First, Middle): **Young, Benetia**

Date of Injury (MM/DD/YYYY): **CT: 04/18/2019-10/10/2019**

Date of Birth (MM/DD/YYYY): **1/8/1965**

Claim Number: **19006760**

Employer: **Star View Adolescent Center**

Requesting Physician Information

Name: **Gayle Windman, Ph.D.**

Practice Name: **Hamlin Psyche Center**

Contact Name: **Stella Natelli**

Address: **14531 Hamlin Street**

City: **Van Nuys**

State: **CA**

Zip Code: **91411**

Phone: **(818) 780-4409**

Fax Number: **(818) 780-4472**

Specialty: **Psyche**

NPI Number: **1952516601**

E-mail Address:

Claims Administrator Information

Company Name: **Athens Administrators**

Contact Name: **Timothy Chapin**

Address: **P.O. Box 696**

City: **Concord**

State: **CA**

Zip Code: **94522**

Phone: **[1] 866-482-3535**

Fax Number:

E-mail Address:

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

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Major Depressive Disorder, Single Episode Generalized Anxiety Disorder Psychological Factors Affecting Other Medical Conditions	F32.9 F41.1 F54	Cognitive behavior psychotherapy (CBT) sessions	90834	According to the CA MTUS—ODG Mental Stress Chapter, there would be a request for an initial trial of 6 CBT sessions over the next two months. **Medical necessity and clinical rationale:** Without such treatment, the depression, anxiety, sleep problems, stress-intensified medical symptoms and the related functional impairment could worsen rather than improve as expected

Requesting Physician Signature:

Date: 12/9/2019

Claims Administrator/Utilization Review Organization (URO) 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 (See separate letter)

Authorization Number (if assigned):

Date:

Authorized Agent Name:

Signature:

Phone:

Fax Number:

E-mail Address:

Comments:

HPC
Hamlin Psyche Center
www.hamlinpsychecenter.com

Medical Director
Thomas A. Curtis, M.D.

Clinical Director
Roberta Jalbuena, Ph.D.

Evaluating Psychologists
Gayle Windman, Ph.D.
Roberta Jalbuena, Ph.D.
Judith Schwafel, Ph.D.

Administrator
Roberta Jalbuena, Ph.D.
administrator@hamlinpsychecenter.com

Treatment Coordinator
Stella Natelli
treatment@hamlinpsychecenter.com

Utilization Review
Jazmin Tapia
utilization@hamlinpsychecenter.com
Fax: 818-780-4472

Van Nuys
14531 Hamlin Street
Van Nuys, CA 91411
PH: (818) 780-4409
Fax: (818) 908-5186

Long Beach
4300 Long Beach Blvd., #240
Long Beach, CA 90807
PH: 562-513-3435
Fax: 562-513-3518

Los Angeles
3251 W. 6th Street,
Holmes Center, Suite 410
Los Angeles, CA 90020
PH: 213-352-1397
Fax: 213-352-1398

DECEMBER 9, 2019

ATHENS ADMINISTRATORS
P.O. BOX 696
CONCORD, CA 94522

RE:	**YOUNG, BENETIA**
WCAB #:	**ADJ12620825**
CLAIM #:	**19006760**
EMPLOYER:	**STAR VIEW ADOLESCENT CENTER**
SSN:	**547-08-0936**
DOB:	**01/08/1965**
DOI:	**CT: 04/18/2019-10/10/2019**
DOE:	**11/18/2019**

PRIMARY TREATING PHYSICIAN'S INITIAL COMPREHENSIVE REPORT WITH PSYCHOLOGICAL TEST RESULTS ITEMIZED STATEMENT

IT IS REQUESTED THAT PROMPT PAYMENT BE MADE FORTHWITH.
IRS REFERENCE #95-4581634

SERVICE RENDERED	UNITS	CPT CODE	AMOUNT BILLED
ML102 Evaluation	**N/A**	**N/A**	$ 625.00
TOTAL FOR EVALUATION			**$625.00**

CONTINUED ON NEXT PAGE

PRIMARY TREATING PHYSICIAN'S INITIAL COMPREHENSIVE REPORT WITH PSYCHOLOGICAL TEST RESULTS ITEMIZED STATEMENT (CONT'D)

IT IS REQUESTED THAT PROMPT PAYMENT BE MADE FORTHWITH.
IRS REFERENCE #95-4581634

SERVICE RENDERED	UNITS	CPT CODE	AMOUNT BILLED
PSYCHOLOGICAL TESTING (12 UNITS MAX)			
BECK DEPRESSION INVENTORY (0.5 hr)	1	96138.25	
NSQ REPORT (1 hr)	2	96139.25	
PERSONALITY ASSESSMENT SCREENER (1hr)	2	96139.25	
BECK ANXIETY INVENTORY (0.5 hr)	1	96139.25	
BECK SUICIDE SCALE (0.5 hr)	1	96139.25	
BECK HOPELESSNESS SCALE (0.5 hr)	1	96139.25	
MAJOR DEPRESSION INVENTORY (0.5 hr)	1	96139.25	
GAD-7 QUESTIONNAIRE (0.5 hr)	1	96139.25	
INSOMNIA SEVERITY INDEX (0.5 hr)	1	96139.25	
TOTAL FOR TESTING (PER 30 MIN)	**11.00**		**$ 638.66**
TOTAL AMOUNT DUE			**$1,263.66**

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PH: 562-513-3435
Fax: 562-513-3518

Los Angeles
3251 W. 6th Street,
Holmes Center, Suite 410
Los Angeles, CA 90020
PH: 213-352-1397
Fax: 213-352-1398

REQUEST FOR AUTHORIZATION

PRIMARY TREATING PHYSICIAN'S INITIAL COMPREHENSIVE REPORT WITH PSYCHOLOGICAL TEST RESULTS

DECEMBER 9, 2019

ATHENS ADMINISTRATORS
P.O. BOX 696
CONCORD, CA 94522

NATALIA FOLEY, ESQ.
5753 E SANTA ANA CYN RD., STE. G#616
ANAHEIM, CA 92807

RE:	**YOUNG, BENETIA**
WCAB #:	**ADJ12620825**
CLAIM #:	**19006760**
EMPLOYER:	**STAR VIEW ADOLESCENT CENTER**
SSN:	**547-08-0936**
DOB:	**01/08/1965**
DOI:	**CT: 04/18/2019-10/10/2019**
DOE:	**11/18/2019**

Gentlepersons:

Ms. Benetia Young, a 54-year-old shift lead for Star View Adolescent Center, completed psychological evaluation and testing on 11/18/2019 at the Long Beach office.

INTRODUCTION

On 10/10/2019, Ms. Young submitted an Application for Adjudication of Claim for Workers' Compensation Benefits citing a cumulative trauma date of injury from 04/18/2019 to 10/10/2019 involving her stress, anxiety, flashbacks, headache and sleep loss.

It would appear that Ms. Young's claim has become admitted for her neck and left shoulder. Athens Administrators provided Workers' Compensation disability payments. However, it would appear that the psyche component has become denied. Indeed, on 07/22/2019, Athens Administrators issued a denial letter.

There was a letter dated 10/10/2019 submitted by the applicant attorney, Natalia Foley, Esq., referring Ms. Young to Dr. Thomas Curtis for psychological evaluation and treatment. Dr. Curtis was designated as the primary treating physician.

On 10/10/2019, the applicant attorney requested medical-legal reporting from this office.

Dr. Curtis designated Gayle Windman, Ph.D. as the evaluating physician for this report.

It should be kept in mind that this initial treating psychological evaluation could not attest to what should be a more inclusive and detailed history of injury within the investigative reports, records, depositions and other materials of discovery, and afforded by and compensated for within the comparatively unlimited time frames of the medical-legal evaluations of PQME or AME psyche physicians.

It would be requested that the adjuster either promptly authorize the requested psychological treatment plan or submit this request to Utilization Review.

Would the defendant please provide copies for review of all reports, records, witness statements, depositions and all other discovery documents in this matter. This request would be ongoing for new documents.

IDENTIFYING DATA

Ms. Young is a 54–year-old female. She achieved a Bachelor's degree. Relevant to religious orientation, she identified as Christian and Jewish. She is widowed. She lives in Long Beach with her daughter, Renetia (25).

HISTORY OF THE WORK INJURY

Ms. Young began her employment at Star View Adolescent Center on 12/10/2018. Her last day of work there was on 10/25/2019.

Ms. Young was placed on disability by Dr. Eric E. Gofnung on 11/27/2019.

As a shift lead, Ms. Young's job duties included supervising, protecting and caring for "at risk youth," behavior intervention, crisis intervention and supervision, case management, documentation, providing direct/indirect service, typically developing peers in school, monitoring youth/student conduct, utilizing approved behavior management techniques to redirect and

modify inappropriate behavior and participating in intensive behavior intervention staff development in-service. Ms. Young received above average written work performance evaluations. For her good work, she also received raises in pay and verbal praise.

On 04/19/2019, Ms. Young completed her rounds which included room and bed checks for the at risk youths on probation. As she walked down the corridor, she passed two youths. Without warning, one of the youths, Savannah, forcefully grabbed her hair. Savannah pulled her down to the floor and dragged her about 15 feet. She viciously punched her face. Savannah struck her head and face over and over. A client and colleague intervened. She was rushed out of the facility and into the open courtyard. Ms. Young passed out. Savannah once told Ms. Young that she reminded her of a mother figure. Savannah's mother committed suicide. Ms. Young filed a police report. She pressed charges against Savannah.

Ms. Young was referred to the company doctor. She was diagnosed with bruises and contusions. She followed up with Kaiser Permanente. She continued to work. Ms. Young was demoted to youth counselor. She could no longer work in the unit where the trauma had transpired.

Ms. Young experienced post-traumatic stress reactions including fear. She became mistrustful and suspicious. She had to watch her back.

Ms. Young returned to her job as shift lead. On one occasion, a youth began to bang on the plastic partition. He was in a rage. He attempted to strangle himself. He began to punch Ms. Young in the stomach. He was restrained. A co-worker accused Ms. Young of instigating the outburst. Ms. Young was accused of making a clinical error. She was placed on suspension pending an investigation. She was given the choice to either resign or be terminated.

Ms. Young was referred to Eric Gofnung, D.C.

Ms. Young remained symptomatic. Her emotional condition will be further described in other sections of the report below.

APPLICANT'S REPORT OF EMOTIONAL SYMPTOMS

Ms. Young reported persistent depressive mood plus symptoms including changes in appetite and weight, decreased interest, insomnia, decreased energy, difficulty thinking and feelings of inadequacy.

Ms. Young experienced recurring periods of anxiety with symptoms including recurrent panic attacksm excessive anxiety and worry, difficulty controlling worry, restlessness, feeling "keyed up" or on edge, difficulty concentrating, irritability, muscle tension, abdominal distress, jumpiness and pressure.

There were unprovoked crying episodes that have occurred multiple times daily.

Ms. Young experienced stress-intensified medical symptoms with worsened headache, neck/shoulder/low back tension/pain, TMJ/dental reaction, nausea, chest pain, shortness of breath, peptic acid reaction, constipation, abdominal pain/cramping, diarrhea and possible stress-aggravated high blood pressure.

Ms. Young experienced post-concussive symptoms including headache, blurred vision, dizziness, faintness, loss of balance, phobia to bright light and loud noises and ringing in the ears.

Due to her mental disorder, Ms. Young experienced impairment in her daily activities including her personal hygiene, bodily habits, eating habits, sleep habits and sexual habits. Because of her nervousness, there was increased urinary frequency. There were problems with stress-related

constipation and diarrhea. Due to stress-related overeating and depressive inactivity, Ms. Young developed a gain of weight of about 70 pounds. Ms. Young experienced a depressively decreased interest in her basic self-care activities including combing her hair, bathing regularly and dressing appropriately without prompting. In addition, there was decreased motivation to perform normal housekeeping activities including making the bed, cooking a meal, doing the dishes, vacuuming and engaging in yard work. Ms. Young developed decreased sexual interest due to depression, anxiety, withdrawal, irritability, anger and damaged self-esteem. Ms. Young developed difficulty falling and staying asleep due to depression, anxiety, worry and nightmares. Ms. Young uses Trazodone to fall asleep. Because of her insomnia, Ms. Young experienced excessive daytime sleepiness, morning headaches, trouble concentrating and personality change.

Due to her emotional distress, Ms. Young had difficulty interacting appropriately with others including family members, friends and neighbors. Ms. Young became emotionally withdrawn. Due to her mental disorder, Ms. Young developed attitudes that impaired her ability to socialize including guardedness, defensiveness, mistrustfulness, suspiciousness and fearfulness. Ms. Young became irritable and impatient with people. There were problems with being antagonistic to others, short-temperedness and inappropriate outbursts. Ms. Young experienced difficulty tolerating prolonged contact with people because of her pain, depression, anxiety, irritability, emotional withdrawal and quickness to anger. There was insufficient emotional control such that Ms. Young yelled at others.

Because of Ms. Young's emotional disturbances, there was difficulty paying attention, concentrating and remembering things. Ms. Young experienced problems with distractibility, slowed thinking, mental confusion, mental blocking, loss of her train of thought and stuttering. Because of her cognitive impairment, Ms. Young had difficulty communicating her thoughts. Ms. Young's cognitive functioning became impaired such that there was difficulty in her ability to read a magazine or a book and to watch a television show or movie. Ms. Young also had problems remembering where she left things around the house, telephone numbers, appointments, birthdays, directions and what people told her. Due to Ms. Young's depression and anxiety, there was psychological fatigue and energy depletion.

PERSONAL AND FAMILY HISTORY

Ms. Young was the fifth of 11 children. She was born and raised in Southern California.

Ms. Young's mother, Mary (78), achieved a high school education with a reported occupation of housewife. Ms. Young described her relationship with her mother as mostly positive.

Ms. Young's father, Sylvester Sr. (81), achieved a high school education with a reported occupation of constriction tiling and remodeling homes. Ms. Young described her relationship with her father as mostly positive.

Ms. Young's stepmother, Valerie (65), achieved a college education and is now retired from Pacific Bell. Ms. Young described her relationship with her stepmother as mostly positive.

Ms. Young described her childhood as happy and normal. She reported no significant childhood problems with peer relations, school behavior, school performance or adolescent turmoil.

Ms. Young has been single. She has been content with her single lifestyle. Ms. Young did not want to be in a relationship at this time because of her emotional state.

Ms. Young provided the following information about past partners. She was married from 11/16/1990 to 05/02/2000, when he passed away. Ms. Young has since recovered from her grief following this loss.

Ms. Young's grandmother, Lila, died in approximately 1998 at the age of 95. Her grandfather, Maniffee, died before she was born. Ms. Young processed normal grief reaction to these losses.

There were issues of family illness. Ms. Young's mother suffers from Alzheimer's and dementia. Ms. Young visits her mother every Sunday and Wednesday for an hour in Carson. Her other siblings route days and time frames according to their workload. Ms. Young wishes her mother was not experiencing Alzheimer's or dementia symptoms. However, the teamwork with her siblings provides motivation for their mother to thrive.

INJURY AND LEGAL HISTORY

Ms. Young reported no previous significant accidents and no significant prior litigation. Additionally, there have been no past convictions of any felonies.

FINANCIAL HISTORY

Ms. Young reported no significant prior financial issues.

PERSONAL LIFE STRESSORS

Ms. Young reported no significant issues in her personal life aside from those described elsewhere in this report.

WORK HISTORY

Ms. Young was employed by Star View Adolescent Center as a shift lead from 12/10/2018 to 10/25/2019.

Prior to that, Ms. Young worked for Early Strides from about 2018 to 12/10/2018. The reason given for leaving this job was to work closer to her home. Ms. Young's work performance was rated above average.

Before that, Ms. Young worked for Kedren from about 2008 to about 12/2017. The reason given for leaving this job was her department was closed down. Ms. Young's work performance was rated above average.

PRIOR WORK INJURIES

Ms. Young reported no other work injuries.

PSYCHOLOGICAL HISTORY

In regard to her mental health history, Ms. Young reported no previous episodes of comparable emotional upset or confusion. She has never undergone psychiatric hospitalization. There have been no suicide attempts. She has never previously been prescribed any psychotropic medication.

Ms. Young reported no prior professional contact with any psychotherapists. The first such contact was an examination for this case.

PERSONAL HABITS

In regard to her personal habits, Ms. Young stated that she is a non-smoker and that she never consumes alcoholic beverages. She has never been arrested for drunk driving; nor have there been any alcohol-related arrests. Ms. Young denied the use of any illegal drugs or the abuse of any legal ones.

MEDICAL HISTORY

Ms. Young reported she was diagnosed with migraine headache, irritable bowel, high blood pressure and chronic fatigue syndrome by Dr. Cho. These conditions may have become aggravated by her work stress, in part, as compensable consequences.

In regard to medication usage, Ms. Young has recently taken Trazodone, pain medication and high blood pressure medication.

MENTAL STATUS EXAMINATION

Ms. Young presented in interview as a 54-year-old female who was casually dressed.

Ms. Young initially presented as depressed and anxious. This was particularly evident when she described how she performs pool therapy. Once rapport had been established, Ms. Young became more open.

Ms. Young's manner of communication was depressed, particularly when revealing she misses her job. She enjoys helping the needy. Ms. Young's thought processes were noted to be anxious.

Ms. Young was preoccupied with worries about her career and economic future. She has fears of continued intractable pain.

There did not appear to be a loss of contact with reality in the form of visual or auditory hallucinations. There was no evidence of frank paranoia or delusions of persecution. There appeared to be an absence of frank schizophrenia or other psychosis.

Ms. Young was oriented to the day of the week and date. Ms. Young was able to retain the recollection of three simple items. Ms. Young's recall of past serial Presidents was adequate. Her ability to perform simple calculation -- the subtraction of serial sevens from 100 -- appeared to be unimpaired.

Ms. Young demonstrated diminished cognitive functioning in the clinical interview situation. She was noted to be revealing of defects in concentration. It appeared most likely that Ms. Young's cognitive deficits were caused by overwhelmed psychological coping mechanisms.

Ms. Young's motivation to recover appeared impaired by aspects of depression. There was no discernible indication of malingering. No fiscal incentives to stay ill and maintain health insurance. Overall, Ms. Young's credibility was deemed to be averagely credible.

Relevant to her need for treatment, Ms. Young's capacity for psychological insight and good psychological judgment was observed to be essentially unimpaired. She was interested in receiving psychotherapy.

PSYCHOLOGICAL TEST RESULTS

Ms. Young was provided with the following psychological tests:

For instance, the Beck Depression Inventory score of 28 placed Ms. Young in the moderate-to-severe range of subjective depression, according to Beck scoring criteria.

There was the administration of the Beck Anxiety Inventory (BAI). This test consists of descriptive statements of anxiety, which are endorsed on a 4-point scale. The BAI measures the severity of self-reported anxiety in adult outpatients over the age of 17 years. In this case, the total score of 21 indicated a moderate level of anxiety according to Beck scoring criteria.

The Beck Hopelessness Scale (BHS) has served as an important adjunct in psychotherapy as a predictor of suicide during therapy, as a lead to assessing suicidal ideation, as a clue to the source and resolution of a clinical impasse and as a technique to facilitate movement in psychotherapy. The BHS score yields only an estimate of the overall severity of a person's negative attitudes about the future. In addition, hopelessness has repeatedly been found to be a better predictor of suicidal intention than depression per se. In this particular case, the BHS score of 0 would be interpreted as reflecting a minimal level of hopelessness according to Beck scoring criteria.

The Beck Scale for Suicidal Ideation (BSS) not only serves as a screening device to detect suicidal ideation; it also measures the severity of suicidal potential and risk. The ratings for 19 items are calculated such that the total BSS score can range from 0 to 38, from normal to maximal risk. Within this range, the score generated by Ms. Young was 0.

There was the administration of the Insomnia Severity Index (ISI), which measures the severity of self-reported insomnia. This test consists of rating descriptive statements of the patient's current sleep patterns, which are endorsed on a 5-point scale. In this case, the total score of 28 indicated severe insomnia according to ISI scoring criteria.

Ms. Young was administered the Major Depression Inventory (MDI). The MDI is used as a rating scale similar to the Beck scales wherein the sum of the ten questions indicates the degree of depression. In this case, the total score of 51 indicated severe depression according to MDI scoring criteria.

Ms. Young completed the Generalized Anxiety Disorder Screener (GAD-7). This test consists of symptoms of anxiety, which are endorsed on a 4-point scale. The GAD-7 indicates the presence of a probable anxiety disorder. In this case, the total score of 20 indicated probable anxiety disorder according to GAD-7 scoring criteria.

Ms. Young was provided with the Personality Assessment Screener (PAS), a self-administered, objective questionnaire representing distinct clinical problems. On the Total Scale of the PAS, a measurement of emotional and behavioral problems, Ms. Young obtained a score of 7.16 in the low range. Such scores can reflect either clinical problems less than typical for community adults, or clinical problems that were underrepresented due to defensiveness and denial.

The Health Problems scale measures concerns over health problems and somatic complaints. On the Health Problems scale, Ms. Young obtained a score of 74.4 indicating moderate concern for health problems.

The Psychotic Features scale measures potential for psychotic thought processes focusing on features of paranoid psychosis. On the Psychotic Features scale, Ms. Young obtained a score of 72.1 indicating moderate paranoid thinking.

The Hostile Control scale assesses an individual's characteristic patterns of relating to others in a manner characterized by needs for self-control and inflated self-image. On the Hostile Control scale, Ms. Young obtained a score of 50.4 indicating moderate aggression.

The Anger Control scale measures difficulties in managing anger. On the Anger Control scale, Ms. Young obtained a score of 41.3 indicating mild difficulty with anger.

Overall, the PAS indicated abnormalities in health problems, psychotic features, hostile control and anger control.

The NSQ (Neuroticism Scale Questionnaire) were within normal limits. The Anxiety Scale score of 3 Sten was within normal limits. This low score probably reflected a defensiveness against admitting abnormal symptoms of anxiety, considering the other indications of anxiety in this case.

The abnormally low Depression Scale score of 3 Sten reflected a defensive, unrealistic, hypomanic quality of denial. It should be noted that, according to NSQ scoring criteria, only scores of 5 Sten and 6 Sten on the Depression Scale should be considered as normal (non-depressed and non-defensive). The abnormally low Depression Scale score would correlate with impulsiveness, overly rapid thought processes, possible failures in judgment, irritability, and, overall, hypomanic or manic-like states of mind, unconsciously designed to ward off underlying depression. The defensive, hypomanic interpretation of this low Depression Scale score would be confirmed by the indications of underlying depression in the other psychological tests.

The NSQ indicated further abnormalities. The I Scale was abnormally low, at a Sten of 1. This low score reflected a background and character of emotional hardness, toughness and resistance to the admission of mental distress and disorder. There was, therefore, most likely considerable emotional trauma overcoming her personality resistance against the acknowledgement of frank mental distress and disorder. The E scale was abnormally low, at a Sten of 1. This finding reflected undue emotional dominance, stubbornness and rigidity and current sensitivity to mental distress and disorder.

In summary, the psychological test results confirmed defensiveness and denial covering over underlying depression and anxiety.

DIAGNOSES AS PER DSM-5

According to DSM-5 criteria, to qualify for a diagnosis of Major Depressive Disorder, there must be symptoms including depression that has lasted for more than two weeks plus five (5) or more of the following criteria: (1) changes in appetite and weight, (2) decreased interest and motivation, (3) insomnia, (4) decreased energy, (5) difficulty thinking, (6) feelings of inadequacy, and (7) recurrent thoughts of death. In this case, Ms. Young has developed depression that has lasted for more than two weeks with changes in appetite and weight, decreased interest and motivation, insomnia, decreased energy, difficulty thinking and feelings of inadequacy that have impaired her social and occupational functioning. Furthermore, Ms. Young's depressive symptoms are not attributable to the effects of a substance or any other medical condition. Therefore, Ms. Young qualifies for Major Depressive Disorder.

According to DSM-5 criteria, to qualify for a diagnosis of Generalized Anxiety Disorder, there must be symptoms including excessive anxiety and worry and difficulty controlling her worry with three (3) or more of the following symptoms: (1) restlessness, (2) fatigue, (3) difficulty concentrating, (4) irritability, (5) muscle tension and (6) sleep disturbance. In this case, Ms. Young has developed excessive anxiety and worry and difficulty controlling her worry with restlessness, fatigue, difficulty concentrating, irritability, muscle tension and sleep disturbance that have impaired her social and occupational functioning. Furthermore, Ms. Young's anxiety

symptoms are not attributable to the effects of a substance or any other medical condition. Therefore, Ms. Young qualifies for Generalized Anxiety Disorder.

According to DSM-5 criteria, Ms. Young qualified for a diagnosis of Psychological Factors Affecting Medical Condition because there was the presence of the following medical symptoms—worsened headache, neck/shoulder/low back tension/pain, TMJ/dental reaction, nausea, chest pain, shortness of breath, peptic acid reaction, constipation, abdominal pain/cramping, diarrhea and possible stress-aggravated high blood pressure—and because these medical symptoms have been exacerbated by her mental disorder. As well, these symptoms are not better accounted for by another mental disorder.

Therefore, on a psychodiagnostic basis, the most appropriate categories of mental disorder as applied to Ms. Young would be as follows:

F32.9	Major Depressive Disorder, Single Episode
F41.1	Generalized Anxiety Disorder
F54	Psychological Factors Affecting Medical Condition (stress-intensified headache, neck/shoulder/low back tension/pain, TMJ/dental reaction, nausea, chest pain, shortness of breath, peptic acid reaction, constipation, abdominal pain/cramping, diarrhea and possible stress-aggravated high blood pressure)

SUMMARY

Upon examination, Ms. Young exhibited emotional withdrawal, depressive facial expressions and tears when describing the assault by one of the residents, Savannah, who beat her about the head and face.

Ms. Young was referred to the company doctor. She was diagnosed with bruises and contusions. She followed up with Kaiser Permanente. She continued to work. Ms. Young was demoted to youth counselor. She could no longer work in the unit where the trauma had transpired.

Ms. Young experienced post-traumatic stress reactions including fear. She became mistrustful and suspicious. She had to watch her back.

Ms. Young returned to her job as shift lead. On one occasion, a youth began to bang on the plastic partition. He was in a rage. He attempted to strangle himself. He began to punch Ms. Young in the stomach. He was restrained. A co-worker accused Ms. Young of instigating the outburst. Ms. Young was accused of making a clinical error. She was placed on suspension pending an investigation. She was given the choice to either resign or be terminated.

Ms. Young was provided with treatment including physical therapy for her neck and left shoulder under the care of Eric Gofnung, D.C., a chiropractor.

Upon examination, Ms. Young was found to be too beset by stress-aggravated pain and disability and too depressed and anxious to work. Ms. Young needed to work through the emotional symptoms in the further passage of time and supportive psychotherapy prior to attempting to return to any job.

Ms. Young was found to be temporarily totally disabled on a combined physical and psychological basis.

Ms. Young was observed to become emotionally unstable and disturbed at the contemplation of an immediate return to work. If she attempted to return to work, her emotional condition would deteriorate into worsened emotional dysfunction.

The events of injury arising from work were predominantly causative of injury to the psyche. It would be estimated that 100% would be industrially-caused by the events described above with 0% caused by the past and personal life events and other factors.

At this time, the review of the past and family history revealed no causative factors or emotional impairments of significance. Issues of apportionment will be addressed in more detail, however, when Ms. Young's psychological condition becomes permanent and stationary. All of the records should be reviewed prior to final opinions on apportionment.

At present, it would not be possible to estimate, on a psychological basis, a return-to-work date for regular or modified work. As well, it cannot yet be determined, on a psychological basis, whether Ms. Young will eventually be emotionally able to engage in the occupation she performed at the time of the injury.

In addition, it would not yet be possible to estimate the residuals of permanent emotional impairment, if any.

These estimations will be provided as soon as possible, presumably when Ms. Young's psychological condition becomes closer to reaching permanent and stationary status.

Ms. Young was found to be in need of emotional treatment.

Because of the need now for treatment, Ms. Young will be scheduled now for psychotherapy.

It should be noted that the ODG-TWC Mental Stress Chapter indicates that Cognitive Behavioral Therapy would be recommended for an initial trial of six visits and, with evidence of objective functional improvement, a total of up to 13 to 20 Cognitive Behavioral Therapy visits over 13 to 20 weeks. Thus, the allowable total would be 26 sessions.

According to the Mental Health Guidelines, there would be a request for authorization for six (6) cognitive behavior psychotherapy (CBT) sessions to be provided over the next two months or more.

Following the provision of such psychotherapy, it would be harmful to interrupt progress while awaiting further authorization. Therefore, the course of psychotherapy on a weekly basis will continue irrespective of delays associated with the Utilization Review process and further authorization.

The medical necessity and clinical rationale for such treatment would be set forth as follows: Without such treatment, the depression, anxiety, sleep problems, stress-intensified medical symptoms and the related functional impairment could worsen rather than improve as expected.

Overall, an attempt will be made to provide only the amount of emotional treatment essential to improving and maintaining emotional and cognitive functioning.

There will be the provision of CBT to help offset Ms. Young's symptoms of anxiety, panic, emotional withdrawal, isolation and depression.

Cognitive behavioral therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavioral therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psychotherapy) (Paykel, 2006) (Bockting, 2006) (DeRubeis, 1999)

(Goldapple, 2004). It also fared well in a meta-analysis comparing 78 clinical trials from 1977 - 1996 (Gloaguen, 1998). In another study, it was found that combined therapy (antidepressants plus psychotherapy) was found to be more effective than psychotherapy alone (Thase, 1997). A recent high quality study concluded that a substantial number of adequately treated patients did not respond to antidepressant therapy (Corey-Lisle, 2004). A recent meta-analysis concluded that psychological treatment combined with antidepressant therapy is associated with a higher improvement rate that drug treatment alone. In longer therapies, the addition of psychotherapy helps to keep patients in treatment (Pampallona, 2003). For panic disorder, cognitive behavioral therapy is more effective and more cost-effective than medication (Royal Australian, 2003). The gold standard for the evidence-based treatment of MDD is a combination of medication (antidepressants) and psychotherapy. The primary forms of psychotherapy that have been most studied through research are: Cognitive Behavioral Therapy and Interpersonal Therapy (Warren, 2005).

In the interim, it should be kept in mind that Evidence-Based Mental Health concluded that in patients with depression, group psychotherapy is effective for relieving symptoms and that nine (9) studies showed that group psychotherapy and individual psychotherapy did not differ in effectiveness. (Evid. Based Mental Health 2001; 4:82 doi: 10.1136/ebmh.4.3.82..."Review: group psychotherapy is effective for depression (2001) Clinical Psychological: Science and Practice 8, 98. McDermut W, Miller IW, Brown RA., The efficacy of group psychotherapy for depression: a meta-analysis and review of the empirical research..Spring;.:.–116 [CrossRef] [Web of Science])

As well, Ms. Young was provided with instructions on sleep hygiene to facilitate better sleep which has been shown to mitigate symptoms of depression and anxiety. Ms. Young was advised to sleep as long as necessary to feel rested before getting out of bed, maintain a regular sleep schedule with a regular wake-up time, try not to force her sleep, avoid caffeinated beverages after lunch, avoid alcohol near bedtime, avoid smoking and other nicotine intake, decrease stimuli in the bedroom, avoid use of light-emitting screens before bedtime, resolve concerns and worries before bedtime and avoid daytime naps.

There will also be the provision of psychotropic medication evaluation and management. Prescriptions will be provided as needed through the medical staff at this office.

Adjustments in medication will be provided according to the individual patient's needs. The frequency of medication management contacts should usually be no more than once every three weeks at the beginning, and when optimal, no more than every three to four months after that.

It should also be recalled that, according to the ODG that there is a risk of weaning patients off of psychotropic medications and that medications "should not be stopped abruptly if used for psychiatric conditions...[weaning] may take as long as 3 to 6 months."

It has been concluded that the combination of psychotropic medication and psychotherapy, particularly in the form of integrated treatment provided within a single setting, was more efficacious in leading to a better quality of life and potential increased productivity in the workplace (Langlieb AM, Kahn JP. How much does quality mental health care profit employers? J Occup Env Med. 2005; 47(11):1099-1109.)

However, it should be appreciated that any proposed psychological treatment plan is only provisional, and that any combination of Cognitive Behavioral Therapy (CBT) and medication management may become mandatory according to any unique clinical circumstances that may arise. Page 2 of the ACOEM Guidelines indicates that, "Clinicians are obligated by public health principles to mitigate the symptoms and to prevent a delay in recovery and recurrences in the individual." Might this not occasionally require treatment before or beyond authorization when reasonable and necessary?

As well, the MTUS, the ODG and the Practice Guidelines for the treatment of Psychiatric Disorders of the American Psychiatric Association are all silent on the treatment of Depressive Disorder Not Otherwise Specified in combination with Psychological Factors Affecting Medical Condition. However, in all of these sources, there are no guidelines that allow for the

discontinuation of treatment by the doctor when the patient is still symptomatic and motivated for additional treatment.

The ODG-TWC Mental Health chapter states that "Risk factors that support long-term treatment in terms of depression include...significant co-morbidity (psychiatric or medical)" and "residual symptoms (lack of remission) with current treatment." All of this fits Ms. Young, and her current need for continued long term treatment.

In short, the discontinuation of psyche treatment in motivated symptomatic patients violates relevant treatment guidelines, particularly the American Psychiatric Association guidelines for Major Depression which emphasizes patient preference for psychotherapy plus medication.

It should be noted also that the research is replete with evidence for psychotherapy being effective for chronic pain patients.

As well, there is an abundance of evidence in the literature documenting the effectiveness of individual and group psychotherapy in chronic pain patients. Therefore, Ms. Young will be provided with CBT also to help in addressing her pain problems.

The effectiveness of individual and group psychotherapy in chronic pain patients has been firmly established (Gamsa A, Braha RE, Catchlove RF. The use of structured group therapy sessions in the treatment of chronic pain patients. Pain. 1985; 22(1):91-6.; Spence SH. Cognitive-behaviour therapy in the treatment of chronic, occupational pain of the upper limbs: a 2 yr follow-up. Behav Res Ther. 1991; 29(5):503-9.; Basler HD. Group treatment for pain and discomfort. Patient Educ Couns. 1993; 20(2-3):167-75.; Li EJ, Li-Tsang CW, Lam CS, Hui KY, Chan CC. The effect of a "training on work readiness" program for workers with musculoskeletal injuries: a randomized control trial (RCT) study. J Occup Rehabil. 2006; 16(4):529-41.; Thorn BE, Kuhajda MC. Group cognitive therapy for chronic pain. J Clin Psychol. 2006; 62(11):1355-66.)

The appropriateness and importance of the use of individual and group psychotherapy in chronic pain patients has also been firmly established in further research. (See Gamsa A, Braha RE, Catchlove RF. The use of structured group therapy sessions in the treatment of chronic pain patients. Pain. 1985; 22(1):91-6.; Spence SH. Cognitive-behaviour therapy in the treatment of chronic, occupational pain of the upper limbs: a 2 yr follow-up. Behav Res Ther. 1991; 29(5):503-9.; Basler HD. Group treatment for pain and discomfort. Patient Educ Couns. 1993; 20(2-3):167-75.; Li EJ, Li-Tsang CW, Lam CS, Hui KY, Chan CC. The effect of a "training on work readiness" program for workers with musculoskeletal injuries: a randomized control trial (RCT) study. J Occup Rehabil. 2006; 16(4):529-41.; Thorn BE, Kuhajda MC. Group cognitive therapy for chronic pain. J Clin Psychol. 2006; 62(11):1355-66.)

Cognitive behavioral rehabilitation programs have been demonstrated to be an effective means of reducing psychological distress, of changing cognition, and of improving the function of patients with chronic low back pain (Rose MJ, Reilly JP, Pennie B, Bowen-Jones K, Stanley IM, Slade PD. Chronic low back pain rehabilitation programs: a study of the optimum duration of treatment and a comparison of group and individual therapy. Spine. 1997; 22(19):2246-51; discussion 2252-3.) It has also been shown that psychological interventions in combination with physiotherapy can be effective in treating fibromyalgia patients, especially if applied early (Keel PJ, Bodoky C, Gerhard U, Müller W. Comparison of integrated group therapy and group relaxation training for fibromyalgia. Clin J Pain. 1998; 14(3):232-8.)

Experimental subjects suffering from chronic pain and treated in a multi-modality based setting including the provision of psychotherapy reported less pain, better control over pain, more pleasurable activities and feelings, less avoidance and less catastrophizing. In addition, disability was reduced in terms of social roles, physical functions and mental performance. (Basler HD, Jäkle C, Kröner-Herwig B. Incorporation of cognitive-behavioral treatment into the medical care of chronic low back patients: a controlled randomized study in German pain treatment centers. Patient Educ Couns. 1997; 31(2):113-24.) In the rehabilitation setting, the provision of psychotherapy stable anxiety levels despite increased patient effort implied improved pain tolerance. (Singh G, Willen SN, Boswell MV, Janata JW, Chelimsky TC. The value of interdisciplinary pain management in complex regional pain syndrome type I: a prospective outcome study. Pain Physician. 2004; 7(2):203-9.) Treatment with psychotherapy has also shown to cause a decrease in the degree to which pain interferes with activity, increasing the ability to cope with pain, and allowing a decreased use of some medications and other physical treatments (Puder RS. Age analysis of cognitive-behavioral group therapy for chronic pain outpatients. Psychol Aging. 1988; 3(2):204-7.)

Would the claims administrator please fax to this office a letter of authorization for the aforementioned psychological treatment to be initiated as soon as possible.
It would be hereby requested that the defendant authorize the aforementioned course of emotional treatment at my office.

It should be noted further that Labor Code 5402(b) immediately went into effect with the passage of the Workers' Compensation reform bill on 04/19/2004. Labor Code 5402(c) requires the employer to authorize all appropriate medical care up to $10,000 until the liability for the claimed injury is accepted or rejected. As of 06/01/2004, Labor Code 5814 mandates a 25% penalty on the amount of payment unreasonably delayed (10% if self-imposed). Accordingly, it would be requested that the defendant please provide immediate payment.

Would the claims adjuster please provide copies of all medical records, personnel records, investigative reports or any other relevant discovery materials. These data are essential to evaluating complex matters of causation and apportionment. It would also be appreciated if the claims adjuster would provide notification of any scheduled psyche Agreed Medical Examinations, defense QME examinations or panel QME examinations, and/or any reluctance to make reimbursement for a comprehensive permanent and stationary evaluation from this office. Would the adjuster please advise this office if the applicant is not an employee, was the initial aggressor, did not timely report the injury, filed a fraudulent claim or was otherwise not legally eligible for benefits. Would the adjuster please also submit any information relevant to any important upcoming court dates, in particular any expedited hearings or Mandatory Settlement Conferences; and please provide notification of any psyche physician's depositions.

If there are any valid objections such that there would not be the authorization for the requested treatment at this office, could the adjuster please report the basis for such denial within seven days.

For further information on treatment details, please request a brief narrative report. Otherwise, there will be further reports to follow as necessary.

Thank you for your consideration in this matter.

DISCLOSURE

The preparation of this report complies with Labor Code 4628. I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, I believe it to be true.

In further compliance with Labor Code Section 4628 (j), I declare under penalty of perjury that I personally completed the evaluation of the patient on 11/18/2019 at the Long Beach office, and that, except as otherwise stated herein, the interview and evaluation were performed by me, and that the time spent performing the evaluation was in compliance with the guidelines established by the Administrative Director pursuant to paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6 of the California Code.

In the preparation of this report, I was assisted by Thomas A. Curtis, M.D., who edited the first draft and provided the initial psychological test interpretations.

It should be noted that, aside from the clerical preparation of this report, any reviews deemed necessary and appropriate to identify and determine the relevant psychological issues in this matter and to determine the diagnoses, conclusions and recommendations contained in this report, have been performed by me.

I declare under penalty of perjury that I have not violated the provisions of California Labor Code Section 139.3.

I also declare under penalty of perjury pursuant to Labor Code 5703 (a)(1) that the attached billing for services is true and correct to the best of my knowledge.

The opportunity to provide this evaluation has been appreciated.

If there are any questions, please feel free to contact me.

Signed on December 9, 2019 in Los Angeles County, California.

Signature:_____

Gayle K. Windman, Ph.D. (PSY 19944)

Re: Benetia Young vs. Star View Adolescent Center
WCAB #: ADJ12620825

(PROOF OF SERVICE BY MAIL - 1013a, 2015.5 C.C.P.)

I am a resident of/employed in the aforesaid county, State of California; I am over the age of eighteen years and not a party to the within action; my business/residence address is: 14531 Hamlin Street, Van Nuys, CA 91411.

On 12/31/2019 , I served the foregoing document described as:

Hamlin Psyche Center Progress Note, Request for Authorization for Medical Treatment Form, and Copy of Prescriptions

On the interested parties in this action by placing the true copy thereof, enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at Van Nuys, California, addressed as follows:

WCAB#:ADJ12620825
(Report served upon applicant attorney)

Applicant Attorney:
Natalia Foley, Esq.
5753 E Santa Ana Cyn Rd., Ste. G#616
Anaheim, CA 92807

Insurance Carrier:
Athens Administrators
P.O. Box 696
Concord, CA 94522

Defense Attorney:

I certify (or declare), under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

12/31/2019
Date

Joaquin C Perez
Signature of Declarant

Joaquin Perez
Full Name of Declarant

THOMAS A. CURTIS, M.D.

CA Lic. #A23197 DEA #AC4289460

☐ **VAN NUYS - 818-780-4409 - MAIN OFFICE**
14531 Hamlin Street, Van Nuys, CA 91411

BATCH #VP011459J

☑ **LONG BEACH - 562-513-3435**
4300 Long Beach Blvd., Suite 240, Long Beach, CA 90807

☐ **LOS ANGELES - 213-352-1397**
3251 W 6th St., Holmes Center, Suite B2, Los Angeles, CA 90020

No. 1036 Serial#VLP191001A01236

hepps

DESCRIPTION OF SECURITY FEATURES ON REVERSE SIDE

Name Benetia Young D.O.B. 1/8/65

Address _____ Phone _____

Wellbutrin 100mg #60
1am/1noon
depression

Quantity: ☐1-24 ☐25-49 ☒50-74 60
☐75-100 ☐101-150 ☐151 and over Units_____
Refills ☒0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐ Do not substitute

Buspar 10mg #60
1bid
anxiety

Quantity: ☐1-24 ☐25-49 ☒50-74 60
☐75-100 ☐101-150 ☐151 and over Units_____
Refills ☒0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐ Do not substitute

Ambien 5mg #14
1ahs
sleep

Quantity: ☒1-24 ☐25-49 ☐50-74 14
☐75-100 ☐101-150 ☐151 and over Units_____
Refills ☒0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐ Do not substitute

Quantity: ☐1-24 ☐25-49 ☐50-74
☐75-100 ☐101-150 ☐151 and over Units_____
Refills ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐ Do not substitute

3

Prescription is VOID if the number of drugs prescribed is not noted. _____ ☐1 ☐2 ☒3 ☐4

SP 02 X _____ Date 11/18/19

HAMLIN PSYCHE CENTER PROGRESS NOTE

PATIENT: BENETIA YOUNG
DATE: 11/18/2019
DATE OF INJURY: CT:04/18/2019 - 10/10/2019
DOB: 1/8/1965
CLAIMS ADMINISTRATOR: ATHENS ADMINISTRATORS
ADJUSTER: TIMOTHY CHAPIN
CLAIM NUMBER: 19006760

TOTAL # OF CBT SESSIONS: _____ **EXPIRY DATE:** _____

TODAY'S SESSION #: _____

I. SERVICES PROVIDED

PSYCHE DIAGNOSTIC EVAL (USE FOR DISABILITY FORMS, DISABILITY EXTENSIONS, SSD, RTW, ETC.)

☑ Med Management ☐ e-Rx ☐ Initial SDI Form ☐ SDI Extension ☐ FMLA form
☐ LTD/Ret Form ☐ SSD Form ☐ RTW/Disability Form ☐ Other Form ☐ Referral

E/M SERVICE: DO NOT USE WITH PSYCHE DIAGNOSTIC EVAL

☐ 15 MIN ☐ 25 MIN ☐ 40 MIN

PSYCHOTHERAPY

☐ Ind. Therapy ☐ Biofeedback ☐ Group Therapy ☐ Telephone Therapy

II. PRESENTING COMPLAINTS—HISTORY OF DEPRESSION

☑ Depression ☑ Decreased energy ☐ Pessimism
☑ Changes in appetite ☑ Changes in weight (up or down) ☐ Diminished self-esteem
☑ Lack of motivation ☑ Difficulty thinking ☐ Emptiness and inadequacy
☑ Difficulty getting to sleep ☑ Difficulty staying asleep ☐ Early morning awakening

II. PRESENTING COMPLAINTS—HISTORY OF ANXIETY

☑ Excessive worry ☑ Panic attacks ☐ Shaking
☑ Restlessness ☑ Feeling "keyed up" or on edge ☐ Chest pain
☑ Jumpiness ☑ Inability to relax ☐ Palpitations
☑ Tension ☑ Pressure ☐ Nausea
☑ Agitation ☑ Agoraphobia ☐ Shortness of breath

II. PRESENTING COMPLAINTS—HISTORY OF PTSD

☑ Disturbing memories ☑ Reliving of the trauma ☑ Flashbacks ☐ Intrusive recollections

II. PRESENTING COMPLAINTS --HISTORY OF CONFUSION:

☐ Hearing voices ☐ Seeing things ☐ Paranoia ☐ Conspiracy

II. PRESENTING COMPLAINTS—HISTORY OF STRESS-RELATED MEDICAL COMPLAINTS

☑ Tension headache ☑ Increased Pain ☑ Peptic acid reaction
☑ Muscle tension ☑ Sexual dysfunction ☑ Abdominal pain/cramping
☑ TMJ/jaw clenching ☑ Dermatological reaction ☐ Constipation or diarrhea (circle)

III. IMPROVEMENTS IN SYMPTOMS AND FUNCTIONS

☐ Concentrate better ☐ Gets along better ☐ Less headache ☐ Less sad mood
☐ Comprehend TV ☐ Less time in bed ☐ Fewer GI complaints ☐ Less yelling
☐ Can sleep better ☐ Goes out more ☑ Less irritable ☐ Less nervous
☐ Less sexual dysfunction ☐ More outgoing ☐ Less panicky ☐ Less pain

IV. OBJECTIVE BEHAVIORS—MENTAL STATUS EXAMINATION

Physical Appearance:
☑ Casually dressed ☐ Formally dressed ☐ Unkempt ☐ Inappropriately dressed

Initial Presentation:
☑ Depressed ☐ Visibly Anxious ☐ Defensive ☐ Agitated ☐ Suicidal ☐ Homicidal

Cognition:
☑ Distracted ☐ Rambling ☐ Defective Recall ☐ Slow In Thinking

Judgment And Motivation:
☑ Judgment Unimpaired ☐ Judgment Impaired ☐ Interested In TXT ☐ Not Interested In TXT

HAMLIN PSYCHE CENTER PROGRESS NOTE

V. DISABILITY STATUS

☐ TTD ☐ TPD ☐ Permanent and Stationary ☐ Future Award

Remain off work until:→

Return to work on:→

No Restrictions→

Restrictions→

See 45-day PR-2 Form, Return to Work Form or Special or Other Report

VI. DIAGNOSES

1	Major Depressive Disorder, Single Episode	ICD-10	F32.9
2	Generalized Anxiety Disorder	ICD-10	F41.1
3	Psychological Factors Affecting Other Medical Conditions	ICD-10	F54
4		ICD-10	
5		ICD-10	
6		ICD-10	
7		ICD-10	
8		ICD-10	
9		ICD-10	
10		ICD-10	

VII. TREATMENT PLAN

☐ Patient advised of proper sleep hygiene
☐ Patient advised of benzodiazepene risks

CHANGES IN TREATMENT OR MEDICATIONS, IF NEEDED EXPLAIN IN BOX

☐ No change
☐ Add (list to right)
☐ Discontinue (list to right)
☐ Increase (list to right)
☐ Decrease (list to right)

See pt4

THERAPIST SIGNATURE:		**PHYSICIAN SIGNATURE:**	
MA SIGNATURE:		**INTERPRETER**	
THOMAS A. CURTIS, MD		**PATIENT SIGNATURE:**	

State of California, Division of Workers' Compensation

REQUEST FOR AUTHORIZATION

DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

☒New Request ☒ Resubmission – Change in Material Facts

☐Expedited 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 a prior oral request.

Employee Information

Name (Last, First, Middle): **Young, Benetia**	
Date of Injury (MM/DD/YYYY): **CT:04/18/2019 - 10/10/2019**	Date of Birth (MM/DD/YYYY): **1/8/1965**
Claim Number: **19006760**	Employer: **Star View Adolescent Center**

Requesting Physician Information

Name: **Thomas Curtis, M.D.**			
Practice Name: **Hamlin Psyche Center**		Contact Name: **Stella Natelli**	
Address: **14531 Hamlin Street**		City: **Van Nuys**	State: **CA**
Zip Code: **91411**	Phone: **(818) 780-4409**	Fax Number: **(818) 780-4472**	
Specialty: **Psyche**		NPI Number: **1952516601**	
E-mail Address:			

Claims Administrator Information

Company Name: **Athens Administrators**		Contact Name: **Timothy Chapin**	
Address: **P.O. Box 696**		City: **Concord**	State: **CA**
Zip Code: **94522**	Phone: **[1] 866-482-3535**	Fax Number:	
E-mail Address:			

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

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Major Depressive Disorder, Single Episode Generalized Anxiety Disorder Psychological Factors Affecting Other Medical Conditions	F32.9 F41.1 F54	Prescription of Medications	90862	☑ no refills ☐ 1 refill Wellbutrin 100mg #60 tam/noon depression Buspar 10mg #60 tbid anxiety. Ambien 5mg #14 tam/prn sleep.
		Prescriptions to be filled by a pharmacist	99605	
		☐ Needs interpreter Please provide or authorize a certified interpreter for all medication and psychological evaluations	N/A	Medical necessity and clinical rationale: To improve depression, anxiety, sleep problems, stress-intensified medical symptoms and the related functional impairment. See prior UR Reconsideration report and/or medication management reports (Please provide a copy of the decision to this office at 14531 Hamlin Street, Van Nuys, Ca 91411)

Requesting Physician Signature: Date: 11/18/2019

Claims Administrator/Utilization Review Organization (URO) 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 (See separate letter)

Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		