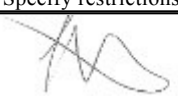


STATE OF CALIFORNIA DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

1. INSURER NAME AND ADDRESS Berkshire P.O. Box 881716, San Francisco, CA 94188				PLEASE DO NOT USE THIS COLUMN	
2. EMPLOYER NAME Kedren Head Start				Case No.	
3. Address No. and Street 4211 S. Avalon Blvd., Los Angeles, CA 90011		City Los Angeles		Zip 90011	
4. Nature of business (e.g., food manufacturing, building construction, retailer of women's clothes.) Health Care				County	
5. PATIENT NAME (first name, middle initial, last name) BENETIA YOUNG			6. Sex F	7. Date of Birth Mo. Day Yr. 1/8/1965	
8. Address: No. and Street City Zip 20322 S. AMANTHA AVE, Carson, CA 90746			9. Telephone number (310) 415-1029		Hazard
10. Occupation (Specific job title) Case manager			11. Social Security Number 547080936		Disease
12. Injured at: No. and Street City ,		County		Hospitalization	
13. Date and hour of injury or onset of illness Mo. Day Yr. Hour CT: 1/22/2018 - 3/9/2018			14. Date last worked Mo. Day Yr.		
5. Date and hour of first examination or treatment 06/14/2018			16. Have you (or your office) previously treated patient? No		Return Date/Code
<p>Patient please complete this portion, if able to do so. Otherwise, doctor please complete immediately, inability or failure of a patient to complete this portion shall not affect his/her rights to workers' compensation under the California Labor Code.</p>					
<p>17. DESCRIBE HOW THE ACCIDENT OR EXPOSURE HAPPENED. (Give specific object, machinery or chemical. Use reverse side if more space is required.) While performing her usual and customary duties as a case manager Ms. Benetia Young sustained traumatic injuries to the</p>					
<p>18. SUBJECTIVE COMPLAINTS (Describe fully. Use reverse side if more space is required.) frequent moderate pain in the neck, and back.</p>					
<p>19. OBJECTIVE FINDINGS (Use reverse side if more space is required.) A. Physical examination +3 tenderness to palpation in the neck, and back with decreased range of motion and positive orthopedic tests. B. X-ray and laboratory results (State if none or pending.)</p>					
<p>20. DIAGNOSIS (if occupational illness specify etiologic agent and duration of exposure.) Chemical or toxic compounds involved? ICD-9 Code Chronic pain due to trauma (G89.21), Low back pain (M54.5), Pain in thoracic spine (M54.6) and Sprain of ligaments of cervical spine, initial encounter (S13.4xxA)</p>					
<p>21. Are your findings and diagnosis consistent with patient's account of injury or onset of illness? If "no", please explain. yes</p>					
<p>22. Is there any other current condition that will impede or delay patient's recovery? If "yes", please explain. no</p>					
<p>23. TREATMENT RENDERED (Use reverse side if more space is required.) Examination, physiotherapy, manipulation.</p>					
<p>24. If further treatment required, specify treatment plan/estimated duration Requesting authorization for: Acupuncture 1x per week for 4 weeks, physiotherapy and manipulation 1-2X per week for 4 weeks, shockwave 1X per week for 4-6 weeks, Orthopedic and psych evaluation. Reevaluate in 4 weeks.</p>					
25. If hospitalized as inpatient, give hospital name and location		Date	Mo.	Day	Yr. Estimated stay
<p>26. WORK STATUS -- Is patient able to perform usual work? Yes If "no", date when patient can return to: Regular work Modified work Specify restrictions</p>					
Doctor's Signature 		CA License Number DC30855			
<p>Doctor Name and Degree (please type) Iseke, Harold D.C. IRS Number 272582044 Address 3711 Long Beach Blvd Ste #200, Long Beach, CA 90807 Telephone Num: (562) 980-0555</p>					
<p>FORM 5021 (Rev. 4) 1992</p>					

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

**Harold Iseke D.C.
3711 Long Beach Blvd., Suite 200
Long Beach, CA 90807**

**PRIMARY TREATING PHYSICIAN'S
BASIC MEDICAL LEGAL REPORT
(ML 102)**

July 10, 2018

Law Offices of Natalia Foley
8306 Wilshire Blvd. #115
Los Angeles, CA 90211

Re: YOUNG, BENETIA

Date of Birth: 1/8/1965

SSN: XXX-XX-0936

Date of Injury: CT: 1/22/18 – 3/9/18

Employer: Los Angeles Youth Network Kedren Community

Occupation: Case Manager

Carrier: Berkshire

P.O. Box 881716

San Francisco, CA 94188

Claim Number: 44040257

WCAB Number: ADJ11334762

Date of Evaluation: June 14, 2018

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

- | | |
|--|------------------|
| 1. Face to Face Time with Applicant | 1.0 hours |
| 2. Medical Research | 2.0 hours |
| 3. Apportionment and/or Causation | .15 hours |

Total time spent: **3.15 hours**

To Whom It May Concern:

At the request of the Applicant Attorney Natalia Foley, Ms. Young presents today, 6/14/2018, for a basic medical legal evaluation and treatment in my office located at 3711 Long Beach Blvd. Suite 200, Long Beach California 90807. At your request, I performed a basic medical legal evaluation, consisting of the three complexity factors itemized above.

The following is the summation of my clinical evaluation, findings, progress, and treatment recommendations. This patient was seen in my Long Beach office. Jackie Aguirre obtained the

RE: YOUNG, BENETIA
DOE: JUNE 14, 2018

vital signs, and measurements, under my direction. The history of injury and job description was done by myself.

HISTORY OF INJURY:

The patient is a 53-year-old, right-handed female who states that while employed with Los Angeles Youth Network – Kedren Community as a case management, she sustained injuries on a cumulative trauma basis from 01/22/18 to 03/09/18. The patient has been employed for this company for a period of two months. The patient's date of hire was in 01/22/2018.

01/22/18 to 03/09/18, the patient started to experience pain in her neck, lower back with radiating pain to the bilateral lower extremities, shoulders, which she attributed to constant sitting and walking. She also states that she developed symptoms of stress, depression and anxiety due to discrimination, overloaded with work and criticized. She reported these symptoms to her employer but no recommendations were given. She managed the pain with over the counter medication and resting. She continued working with persistent symptoms. She did not see any doctors.

On 03/09/18, the patient's employment was terminated. She has since continued off work and treating on her own at home.

JOB DESCRIPTION:

The patient worked at Los Angeles Youth Network – Kedren Community from 01/22/2018 to approximately 03/09/2018 as a case management. She worked more than 40 hours per week. Her job duties included clerical work, customer service, typing, set-up appointments, training, attend seminars, operating a company vehicle and various other duties.

The patient's job requirements included sitting, walking, standing, squatting, bending, twisting, flexing, side-bending, extending the neck, reaching, pushing, pulling, typing, writing, grasping, and gripping.

She states that she was not exposed to any toxic chemicals including cleaning supplies.

She states that chemical odors do not occur at work.

CURRENT WORK STATUS:

The patient denies additional or part-time jobs while working for this employer.

PRESENT COMPLAINTS:

Cervical Spine: The patient complains of frequent, moderate, achy, and throbbing pain. Aggravating factors include sudden movement, repetitive movement, lifting, looking up, looking down, and twisting.

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Thoracic Spine: The patient complains of frequent, moderate, achy, and throbbing pain. Aggravating factors include sudden movement, repetitive movement, lifting, looking up, looking down, and twisting.

Lumbar Spine: The patient complains of frequent, moderate, achy, and throbbing pain. Aggravating factors include sudden movement, repetitive movement, lifting, looking up, looking down, and twisting.

Headaches: The patient complains of frequent, achy headaches in the occipital region exacerbated with stress and activity.

Sleep: There is complaint of loss of sleep due to pain.

Psychological: Patient states that due to prolonged pain and feeling like her condition will never improve, she is experiencing anxiety, stress and depression.

PAST MEDICAL HISTORY:

Medical:

The patient denies history of any medical conditions or disease.

Medication: Demo Version - ExpertPDF Software Components

The patient is currently taking Advil as needed and Melatonin.

Surgery:

The patient states that 24 years ago had a caesarian section and made a full recovery.

Hospitalization/Fractures:

The patient was hospitalized for childbirth and made a full recovery.

Previous Industrial Injuries:

The patient denies any previous work related injuries.

Previous Automobile Accidents:

The patient denies previous automobile accidents.

Non-Industrial Injuries:

The patient denies previous non-industrial injuries.

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Allergies:

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

SOCIAL HISTORY:

The patient is widowed and has one child. She neither smokes cigarettes nor drinks alcoholic beverages.

FAMILY HISTORY:

The patient's father is living, and has no known medical condition.

The patient's mother is living, and has no known medical condition.

ACTIVITIES OF DAILY LIVING:

Self-Care

1. Take a bath – With difficulty
2. Brush your teeth - Without difficulty
3. Dress yourself- With difficulty
4. Comb your hair - Without difficulty
5. Eat/Drink without discomfort - Without difficulty
6. Go to the toilet - Without difficulty
7. Urinate normally- Without difficulty

Communication

8. Write comfortably – With some difficulty
9. Type – With some difficulty
10. Speak - Without difficulty

Physical Activity

11. Stand - With some difficulty
12. Sit - With some difficulty
13. Recline - With some difficulty
14. Walk Normally - With some difficulty
15. Climb stairs - With some difficulty

Sensory Function

16. Feel contact your skin - Without difficulty
17. Taste - Without difficulty
18. Smell - Without difficulty
19. Hear - Without difficulty
20. See - Without difficulty

RE: YOUNG, BENETIA
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Hand Functions

21. Grasp - With some difficulty
22. Differentiate between what you touch - With some difficulty
23. Lift - With some difficulty

Travel

24. Ride on land forms of transportation – With difficulty
25. Drive a vehicle – With difficulty
26. Fly on a plane – N/A

Sexual Function

27. Orgasm – With difficulty
28. Ejaculate – With difficulty
29. Lubricate –N/A
30. Achieve an erection – With difficulty

Sleep

31. Sleep restfully - With some difficulty
32. Sleep normally at night - With some difficulty

EPWORTH SLEEPINESS SCALE:

0 = would never doze off

1 = slight chance of dozing

2 = moderate chance of dozing

3 = high chance of dozing

Situation	Chance of Dozing	<u>Chance of Dozing and Sleeping</u>
Sitting and reading		2
Watching TV		2
Sitting inactive in a public place (e.g. theater, meeting)		0
As a passenger in a car for an hour without a break		1
Lying down to rest in the afternoon when circumstances permit		2
Sitting and talking to someone		0
Sitting quietly after lunch without alcohol		2
In a car, while stopped for a few minutes in traffic		0
	Total score	9

PAIN QUESTIONNAIRE:

RE: YOUNG, BENETIA

DOE: JUNE 14, 2018

Patient's self-assessment form (AMA Guides 5th Edition; Table 18-4 pg 576)

I. PAIN (Rated 0-10; 0-None & 10-Excruciating)

- a. Pain now – 9
- b. Pain at its worst – 9
- c. Pain on the average – 9
- d. Pain aggravated by activity – 8
- e. Frequency of pain – 9

II. ACTIVITY LIMITATION (Rated 0-10; 0-None & 10-Unable to perform)

- a. Pain interfere with your ability to walk 1 block – 8
- b. Pain prevent you from lifting 10 lbs. – 9
- c. Pain interfere with ability to sit for ½ hour – 9
- d. Pain interfere with ability to stand for ½ hour – 8
- e. Pain interfere with ability to get enough sleep – 10
- f. Pain interfere with ability to participate in social activities – 9
- g. Pain interfere with ability to travel 1 hour by car – 9
- h. Pain interfere with general daily activities – 9
- i. Limit activities to prevent pain from getting worse – 9
- j. Pain interfere with relationships with family/partner/significant others – 9
- k. Pain interfere with ability to do jobs around home – 9
- l. Pain interfere with ability to shower or bathe without help – 9
- m. Pain interfere with ability to write or type – 9
- n. Pain interfere with ability to dress yourself – 9
- o. Pain interfere with ability to engage in sexual activity – 10
- p. Pain interfere with ability to concentrate – 9

III. MOOD (Rated 0-10; 0-Extremely good & 10-Extremely bad)

- a. Overall mood – 7
- b. Over past week, how anxious or worried have you been due to pain – 8
- c. Over past week, how depressed have you been due to pain – 7
- d. Over past week, how irritable have you been due to pain – 8
- e. In general, how anxious/worried about performing activities because they might make your pain/symptoms worse – 9

REVIEW OF SYTEMS:

Constitutional: No history of fever, unexpected weight gain, fatigue, sweat and chills.

Eyes: No history of blurred vision. Has no history of glaucoma and blindness.

ENT: No history of ringing in the ears, hearing loss, congestion or difficulty swallowing.

Cardiovascular: No history of chest pain, arrhythmia, palpitations, valve disease, heart attack or high blood pressure.

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Respiratory: No history of shortness of breath, wheezing, cough or require oxygen.

Gastrointestinal: No history of constipation.

Genitourinary: No history of frequent urination, difficulty urinating, pain during urination, kidney stones, painful intercourse or blood in the urine.

Endocrine: No history of thyroid problems, diabetes, bleeding gums, blood disorder, or hair loss.

Musculoskeletal: No difficulty walking.

Skin: No history of easy bruising, itching, or rash.

Neurologic: Has headaches with slight dizziness.

Psychiatric: Has anxiety. No panic attacks and suicidal attempts.

PHYSICAL EXAMINATION:

General:

The patient is a 53-year-old right-hand dominant female.

Cervical Spine: The ranges of motion are painful. Cervical compression and Soto Hall tests are positive. Tenderness and spasm noted over the paraspinal, trapezius, suboccipitals, spinous process, and sternocleidomastoid regions.

Thoracic Spine: The ranges of motion are painful. Kemp's is positive. Tenderness noted over the paraspinal, trapezius, spinous process, thoracolumbar, and levator scapulae. Spasm noted over the paraspinal, trapezius, rhomboids, scapulae, levator scapulae, and cervicothoracic junction.

Lumbar Spine: The ranges of motion are painful. Kemp's is positive. Tenderness and spasm noted over the paraspinals, sacroiliac joints, gluteus, spinous process, and thoracolumbar regions.

NEURO/GAIT:

Dermatomes, myotomes and deep tendon reflexes within normal limits.

REVIEW OF MEDICAL RECORDS:

None available at this time.

DIAGNOSES:

RE: YOUNG, BENETIA
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- Headache (R51.0)
- Cervical sprain/strain (S13.4XXA)
- Cervicalgia (M54.2)
- Thoracic sprain/strain (S23.3XXA)
- Thoracic spine pain (M54.6)
- Lumbar sprain/strain (S33.5XXA)
- Lumbago (M54.5)
- Anxiety (F41.9)
- Loss of sleep (G47.9)
- Depression (F32.9)
- Acute stress reaction (F43.0)
- Myositis (M60.9)
- Chronic pain due to trauma (G89.21)
- Myalgia (M79.1)

DISCUSSION:

Ms. Young claims of work-related injury she sustained on 1/22/18 – 3/9/18 while performing her usual and customary job duties with Los Angeles Youth Network. The patient stated that while performing her usual and customary work duties on the above noted date, she injured her cervical spine, thoracic spine, and lumbar spine. She was not provided with information on California's labor laws or how to file an injury claim.

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IMPAIRMENT RATING:

Ms. Young has not reached maximum improvement as of this evaluation. Impairment rating is deferred at this time. I will be glad to perform a reevaluation after my recommended treatment is implemented, and the patient's condition has reached Maximum Medical Improvement (MMI) or permanent and stationary status.

CAUSATION:

In view of the patient's history of injury, present complaints, mechanism of injury and today's clinical findings, it is my opinion that the patient's current symptomatology is a result of a work-related accident on 1/22/18 – 3/9/18 during the course of her employment with Los Angeles Youth Network.

APPORTIONMENT:

Pursuant to Labor Code Section 4663, apportionment of permanent disability shall be based on causation. Review of the patient's past employment and prior injuries were taken into consideration along with a review of history and clinical examination. Apportionment is not an issue at this time.

WORK RESTRICTION:

RE: YOUNG, BENETIA
DOE: JUNE 14, 2018

The patient is not working.

TREATMENT/THERAPY RECOMMENDATIONS & CORRELATING RESEARCH:

I am recommending the following treatment recommendations to increase the patient's functional recovery as soon as possible:

Initially per **MTUS/California Chronic Pain Medical Treatment Guidelines (May 2009)**, provide a trial of conservative care of chiropractic & physiotherapy 2 times a week for 2 weeks; and/or acupuncture 1-2 times a week for 2 weeks. Upon evidence of objective functional improvement will continue care of:

1. The patient is recommended for treatment of acupuncture; twice a week for four weeks and the re-evaluation will take place at that time to assess status.
2. Psychological evaluation in order to assess the patient's condition and assist and manage it.

MEDICAL RESEARCH AND RELATED TREATMENT:

I have provided provision of treatments to address his ongoing pain symptoms in case of flare-ups and below are the citations supporting my past and future treatment recommendations.

Follow up visits

I advised the patient to continue with follow-up visits with his primary treating physician. The ODG-TWC 2013, Eleventh Edition, Procedure Summary determines office visits to be medical necessary. *"Evaluation and management of outpatient visits to the offices of medical doctor(s) plays a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring."*

Request authorization for acupuncture twice a week for four weeks.

MTUS/California Chronic Pain Medical Treatment Guidelines (May 2009)

Acupuncture

Acupuncture was requested because of its essential benefits and ability to *"reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm."* This is in concordance with Title 8, California Code of Regulations, Article 5.5.2 Medical Treatment Utilization Schedule, Section § 9792.20, June 15, 2007. I believe that conservative measures must first be exhausted in eliminating my patient's symptoms in the right wrist. As embodied in the ACOEM Guidelines, Second Edition; Chapter 3 – Initial Approaches to Treatments, under Patient's Comfort, pages 46-47, it states that, *"Physical comfort, often a major concern of patients, can and should be achieved in several ways, including physical methods (self- and provider- provided)."* Hence, acupuncture was requested.

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Request authorization for Psychological initial consultation: The patient is referred to Dr. Julie Goalwin due to moderate to severe and frequent or constant pain affecting patient's mood, energy, sleep, family relationships (especially with children), motivation for treatment/motivation for rehabilitation- directly affects the patient's attendance to medical appointments with PTP and physical therapy. He is experiencing great difficulty to actively participate in physical therapy, acupuncture, injections, etc. due to hopelessness about getting better. He has lost hope of treatments benefiting him due to the chronicity of pain and physical limitations and he is only "going through the motions" and not actively participating in his treatment which is directly impacting the PTP's ability to quickly and efficiently treat the patient. A request is being made to refer the patient to a psychologist for evaluation and treatment of patient's mood and psychological treatments, to assess hopelessness and possible suicidal ideation. Due to the severity and chronicity of the patient's symptoms, there is a medical necessity to immediately evaluate and treat the patient. Countless research studies including the ACOEM guidelines have decidedly found the significant benefits of brief psychological treatment on the patient's ability to adhere to medical treatment and to actively participate in benefit from medical treatments (to name a few recent studies – Psychology Research and Behaviors Management 2011: 4, 41-49; British Journal of Anesthesia 2001: 87: 144-152; Therapeutics and Clinical Risk Management 2005: 1 (3) 189-199; Pain 2000). Additionally, numerous studies have found that the patient's mood can directly affect the duration of healing from an injury and surgery. Therefore, it is imperative to address and treat the patient's psychological symptoms in order to quickly and efficiently treat the patient's physical/medical injuries.

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REQUEST FOR AUTHORIZATION:

I am officially requesting authorization for the above noted treatment, and I have provided an objective basis for the reasoning behind my treatment recommendations. The proposed treatment is consistent with the American Society of Interventional Pain Physicians (ASIPP) "Evidence Based Practice Guidelines," listed in the National Guidelines Clearinghouse that quotes 1175 references. SB 899, SB 227, and AB227 (which resulted in Labor Code 4604.5) clearly state that peer reviewed scientific research can be used to supersede and replace what is in, or omitted from, the ACOEM Guidelines. In other words, it is scientific, medically based guidelines that are to be applied to the Utilization Review process, not necessarily the ACOEM Guidelines. ACOEM stresses that its guidelines are not hard and fast rules. The ACOEM Guidelines apply to acute (less than three months old) injuries and are not appropriate in this patient's care.

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

- | | |
|--|------------------|
| 1. Face to Face Time with Applicant | 1.0 hours |
| 2. Medical Research | 2.0 hours |
| 3. Apportionment and/or Causation | .15 hours |

Total time spent: 3.15 hours

AFFIDAVIT OF COMPLIANCE:

RE: YOUNG, BENETIA**DOE: JUNE 14, 2018**

I, Harold Iseke, D.C., declare in compliance with WCAB Rules & Regulations of the State of California Consistent with Rule 10606, I certify by my signature that the preliminary history was provided by the patient who completed a history form, when necessary with the assistance of an interpreter who has been identified in the initial portion of this report. The patient's examination was performed solely by me.

Consistent with Labor Code Section 4628, this evaluation was performed on the date listed above at the Long Beach office location. The time spent performing this evaluation was in compliance with the guidelines established by the industrial Medical Council or the administrative director pursuant to paragraph (5) of Subdivision (1) of Section 139.2.

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 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.

I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and that I have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation. The contents of this report are true and correct to the best of my knowledge.

Sincerely,

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Harold Iseke D.C.