

Page 2 of 3 received on 12/18/2014 2:54:04 PM Pacific Standard Time on server VLICRPF2 from .

EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



- Minimally Invasive Spine Surgery
- Complex & Revision Spine Surgery
- Comprehensive Spine Care
- Certified, American Board of Orthopedic Surgery
- Fellow, American Academy of Orthopedic Surgeons
- Member, North American Spine Society
- American College of Spine Surgery

SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650

Patient Name : Daniel Doran
 Date of Service : December 8, 2014
 Claim # : 05814232
 Employer : Benedict & Benedict
 Date of Birth : June 4, 1966
 Date of Injury : 07/11/2012
 File # : 20015038

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

The patient is presenting to my attention. He was scheduled to be seen by the AME in November of 2014, however, this was cancelled. I will await for rescheduling to take place.

Authorization was requested previously for the patient to be seen by a psychologist and Elavil was requested. The patient is significantly depressed, anxious, describes insomnia, and is stressed. He was taking Elavil previously, which helped to improve his mood and help to reduce his anxiety and depression. The patient is treating with Dr. Kohan, who is the pain management physician for this case. He performed surgery for the spinal cord stimulator implantation.

The patient indicates that the spinal cord stimulator has helped to reduce his pain and increase his functional capacity, however, he does continue to be symptomatic. He has difficulty with his daily activities and difficulty gripping, grasping, lifting, pushing, and pulling. He has difficulty sleeping and is awakened due to pain and discomfort.

The patient will follow up with Dr. Kohan at this time. Medications are being provided by Dr. Kohan.

For now, the patient will remain on temporary total disability.

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

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POMONA, CA 91768
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Doran, Daniel
December 8, 2014
Page 2 of 2

I will await for him to be seen by the AME.

I am requesting authorization for 12 sessions of physical therapy to be directed to the cervical spine and the bilateral upper extremities on an industrial basis to care and relieve the effects of the industrial injury. The above will help to reduce pain, increase functional capacity, avoid deconditioning, and avoid further aggravation of his industrial injury.

The patient also describes pain in the left upper extremity due to favoring of the right upper extremity.

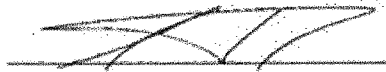
The left upper extremity pain is a compensatory consequence of the original industrial injury. I will reevaluate the patient in four to six weeks.

DIAGNOSES:

- 355.9 Mononeuritis Not Otherwise Specified
- 337.21 Reflex Sympathetic Dystrophy of Upper Limb
- 337.22 Reflex Sympathetic Dystrophy of Lower Limb
- 923.20 Hand Contusion
- 726.4 Wrist Tend/Burs, 816.0 Finger

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

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



December 16,
2014
Date

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

EHCjn

cc: *William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

Page 3 of 3 received on 12/18/2014 2:54:04 PM Pacific Standard Time on server VILCRF2 from .



EDWIN HARONIAN, M.D.
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SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650

Patient Name : Daniel Doran
Date of Service : October 27, 2014
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : 07/11/2012
File # : 20015038

FOLLOWUP REPORT OF A PRIMARY TREATING PHYSICIAN

The patient is returning to my attention following his previous clinical visit on 09/15/2014. He continues to have significant RSD in the right upper extremity. He states that this sensation is now spreading to the left upper extremity as well. He is status post spinal cord stimulator implantation with some benefit, but continues to be significantly symptomatic.

Physical examination today is unchanged from the previous visit.

His medications are being addressed by the pain management physician. A full and final regimen is attempting to be provided, but the patient continues to experience decline.

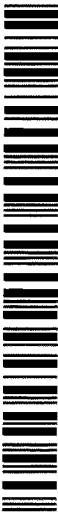
Work restrictions will continue per the previous visit. He is on temporary total disability.

The patient will return to my attention in 4-6 weeks. We will continue to conservatively monitor the patient until the pain management physician

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Doran, Daniel
October 27, 2014
Page 2 of 2

indicates that he has reached a stable regimen. At that point, we will proceed with a permanent and stationary report. The patient is also scheduled for a medical-legal evaluation in November and we look forward to that report.

DIAGNOSIS:

- 337.21 Reflex Sympathetic Dystrophy of Upper Limb
- 337.22 Reflex Sympathetic Dystrophy of Lower Limb
- 923.20 Hand Contusion
- 726.4 Wrist Tend/Burs

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

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.

Nicholas Cascone, P.A.-C

October 31,
2014
_____ Date

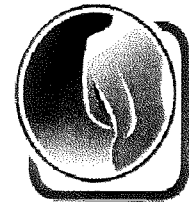
Edwin Haronian, M.D.
Certified Diplomate American
Board of Orthopedic Surgery
California License #A71385

NC/rxt

cc: William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



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State Comp Ins Fund Santa Ana
 P.O. Box 65005
 Fresno, CA 93650
 Attn: Douglas Shannon

Patient Name : Larry Glenn Halstead
 Date of Service : September 15, 2014
 Claim # : 05830594
 Employer : Denley Investment & Management
 Date of Birth : July 10, 1970
 Date of Injury : September 4, 2012
 File # : 20015310

FOLLOW-UP REPORT OF A PRIMARY TREATING PHYSICIAN

The patient is returning to my attention following his previous clinical visit on April 14, 2014.

REVIEW OF DIAGNOSTIC STUDIES:

We are now in possession of the neurodiagnostics of the lower extremities conducted April 2, 2014. Left peroneal entrapment neuropathy was noted. There was no evidence of acute lumbar radiculopathy.

The patient is returning with continued neck and back pain radiating into the upper and lower extremities with pain, paresthesia, and numbness. He states that he is relatively well-controlled with the current over-the-counter medication and his home exercise program. However, he continues to experience anosmia and we have repeatedly requested authorization for ENT evaluation. He states that this is due to chemical exposure in the work place and as a result, it is our opinion that this should be addressed on an industrial basis. He also states that he is status post medical legal evaluation during the month of July 2014 and we request that report be forwarded as well.

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Glenn Halstead, Larry
September 15, 2014
Page 2 of 2

Physical examination today shows spasm, tenderness, and guarding in the paravertebral musculature of the cervical and lumbar spine with loss of range of motion in both.

We have received a denial for the medical therapy, which has been appealed and we are awaiting the result.

The patient is at his usual and customary work and is self regulating to avoid exacerbating his industrial injury.

He will return to my attention in four weeks. It is our hope to be in possession of the medical legal evaluator's recommendations by that time.

DIAGNOSIS:

723.4 Cervical Radiculopathy

724.4 lumbosacral Radiculopathy

726.4 Wrist Tend/Burs

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

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Nicholas Cascone, P.A.-C

September 23,

2014

Date



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

NC/rxt

cc: *William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

EDWIN HARONIAN, M.D.
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SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650
Attn: Emma Padilla

Patient Name : Daniel Doran
Date of Service : August 4, 2014
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

FOLLOW-UP REPORT OF A PRIMARY TREATING PHYSICIAN

The patient is presenting to my attention and continues to complain of significant pain in the right upper extremity. He has been diagnosed with reflex sympathetic dystrophy. He is treating with Dr. Kohan who is the pain management physician in this case.

Authorization has been provided for permanent placement of the spinal cord stimulator. The patient is scheduled for the above surgery on August 28, 2014.

He should continue with Dr. Kohan at this time.

For now, he will remain on temporary total disability since he is significantly symptomatic.

I will re-evaluate the patient in four to six weeks.

DIAGNOSIS:

300.00 Anxiety Disorder
NOS
311 Depressive Disorder
NOS
302.72 Male Erectile Disorder
780.52 Sleep Disorder Due to Pain

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Doran, Daniel
August 4, 2014
Page 2 of 2

Insomnia Type

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

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



August 12, 2014
Date

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

EH/rxt

cc: *William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

2 3349007 000000011 003 003 05814232



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SCIF - LA (CLM# ENDING IN 00-49)
 PO BOX 65005
 Fresno, CA 93650
 Attn: Emma Padilla

Patient Name : Daniel Doran
 Date of Service : June 23, 2014
 Claim # : 05814232
 Employer : Benedict & Benedict
 Date of Birth : June 4, 1966
 Date of Injury : 7/11/2012
 File # : 20015038

FOLLOW-UP REPORT OF A PRIMARY TREATING PHYSICIAN

Mr. Doran is a 48-year-old gentleman returning with continued significant right hand and right upper extremity pain with numbness, weakness, and a "pins and needles" sensation. He complains of temperature changes as well as color changes of the right upper extremity. As a reminder, the patient is status post right thumb fracture with resultant complex regional pain syndrome.

The patient underwent a spinal cord stimulator trial on May 14, 2014, with fairly significant improvement in his pain and range of motion. It is our understanding that authorization is pending for a permanent spinal cord stimulator placement at this time and we feel the patient is an appropriate candidate.

Unfortunately, the patient has developed left wrist pain with decreased range of motion, weakness, and numbness as a compensatory consequence of favoring his right upper extremity.

Work restrictions remain unchanged. He should remain on total temporary disability.

His medications are being provided through the office of the pain management specialist. It is our understanding that authorization has been requested for gabapentin 300 mg three tablets three times daily #270, Norco 10 mg one tablet three times daily #90, and Elavil 50 mg one tablet daily #30. We recommend the patient to continue with the above

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Doran, Daniel
June 23, 2014
Page 2 of 2

and believe that it is dangerous to his health for these medications to be noncertified and/or discontinued.

On examination, the patient is wearing a thumb Spica brace for the right hand. Significantly reduced grip strength is noted in both hands. Allodynia and color changes are noted over the right and wrist. Edema is noted of the right forearm.

I will reevaluate him in approximately four to six weeks and we look forward to authorization of the above by then.

DIAGNOSIS:

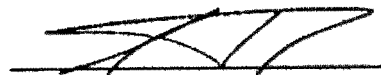
- 923.20 Hand Contusion
- 726.4 Wrist Tend/Burs
- 816.0 Finger Frature
- 337.21 Reflex Sympathetic Dystrophy of Upper Limb

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

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



Jennifer Janke PA-C



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

June 26, 2014

Date

JJ/rxt

cc: William Green Esq.
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Newport Beach, CA 92663



EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



Page 1 of 2 received on 6/17/2014 4:43:36 PM Pacific Daylight Time on server VLICRF2 from 8187882453.

2 3240080 00000016 006 014 05814232



- Minimally Invasive Spine Surgery
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- Member, North American Spine Society
- American College of Spine Surgery

SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650
Attn: Emma Padilla

Patient Name : Daniel Doran
 Date of Service : May 12, 2014
 Claim # : 05814232
 Employer : Benedict & Benedict
 Date of Birth : June 4, 1966
 Date of Injury : July 11, 2012
 File # : 20015038

FOLLOW-UP REPORT OF A PRIMARY TREATING PHYSICIAN

The patient is back in my office, still complaining of pain. The patient has been cleared to proceed with the spinal cord stimulator. The above will be placed this upcoming Wednesday.

For now, we have recommended that the patient will remain off of work.

The patient's examination is unchanged. I will see the patient back in four weeks. We will make further recommendations.

I will evaluate the patient's response to the spinal cord stimulator.

The patient was also noted to be smoking. The patient was instructed in regards to smoking cessation as well as its negative effect on wound healing.

DIAGNOSIS:

- 337.22 Reflex Sympathetic Dystrophy of Lower Limb
- 300.00 Anxiety Disorder
- NOS
- 726.4 Wrist Tend/Burs
- 311 Depressive Disorder
- NOS
- 302.72 Male Erectile Disorder

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Doran, Daniel
May 12, 2014
Page 2 of 2

780.52 Sleep Disorder Due to Pain
Insomnia Type

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

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May 16, 2014
Date

Edwin Haronian, M.D.
Certified Diplomate American
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California License #A71385

EH/rxt

cc: William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

1349-18



Premedication	Dose	Time	Pulse	Weight
1				ASA 104 F
2			BP	IV Site / IV Placed By
3			IV Site	

TIME	12:5	3:0	13:0	3:0	TOTALS
O ₂ (L/Min)	12	12	12	12	
N ₂ O ₂ Air (L/Min)					
Des/Servo/iso (%)					
Propofol (mg)	75	30	25	75	100
Fent (mcg)	100				100
Midazolam (mg)	1				1g
Succh (mg)					
Roc / Miv (mg)					
Neo / Glyco (mg)					
20 PRAN	7				4g
Ancef	100				1g
Fluid (LRNS)					1000
FiO ₂ (%)	100	100	100	100	
ETCO ₂ (%)	4	4	4	4	
SAO ₂ (%)	100	100	100	100	
EKG	SR	SR	SR	SR	SA
Resp SAC					

ANESTHESIA AND MONITORING EQUIPMENT CHECKED BEFORE INDUCTION
 YES NO

ASSESSMENT PRIOR TO INDUCTION
 NO CHANGE IN PATIENT ASSESSMENT

REMARKS:

PACU VITAL SIGNS / REPORT
 P 82 BP 140/78
 RR 16 SaO₂ 95%

Awake Asleep Extubated

EPR 1

Crystalloid 300ml

Urine NF

Physician's Signature

GENERAL	MAC	TIVA	MONITORS / POSITIONING
Induction: Mask / IV			<input checked="" type="checkbox"/> Oximeter <input checked="" type="checkbox"/> Limbs Padded
ETT/LMA: Size			<input checked="" type="checkbox"/> EKG <input type="checkbox"/> Eye Care: Tape / Lube
LTA: Yes No			<input checked="" type="checkbox"/> BP <input type="checkbox"/> Humidivent
Cuff: _____ cc			<input type="checkbox"/> O ₂ Analyzer <input type="checkbox"/> Bair Hugger
Blade: MAC / Miller			<input type="checkbox"/> Gas Analyzer <input type="checkbox"/> Steth. Esoph / PC
Difficulty: Grade 1 2 3 4			<input checked="" type="checkbox"/> Spirometer <input checked="" type="checkbox"/> Position: Pr / Sup / Lith / Lat / JK / BC
Nasal / Oral Airway			<input type="checkbox"/> Nerve Stim <input type="checkbox"/> Temp
Ventilator			
REGIONAL	<input type="checkbox"/> Spinal	<input type="checkbox"/> Epid.	<input type="checkbox"/> Nerve Block
Position		Test Dose	
Sterile Prep x 3		CSF	
Needle		Medic	

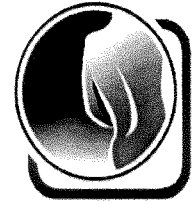
DATE	ANES. BEGIN	IN O.R.	SURG. BEGIN
5/14/14	1215	1217	1225
	ANES. END	OUT O.R.	SURG. END
	1330	1327	1325
OPERATION / PROCEDURE			
STIM TRIAL			
SURGEON			
Kohan			
ANESTHESIOLOGIST			
S. Diaz			

ANESTHESIA RECORD

Patient Name: Dan Doran
 File #: 20015038
 D.O.B.: 06/01/1966
 Date of Service: May 14, 2014
 Surgeon: Jonathan Kohan, M.D.
 KINETIX SURGERY CENTER



EDWIN HARONIAN, M.D.
— DISORDERS & SURGERY OF THE SPINE —



Minimally Invasive Spine Surgery

• Complex Revision Spine Surgery

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American College of Spine Surgery

SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650
Attn: Emma Padilla

Patient Name : Daniel Doran
Date of Service : March 31, 2014
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

Scanned/
noted
4/28/14

FOLLOW-UP REPORT OF A PRIMARY TREATING PHYSICIAN

The patient is back in my office still complaining of pain. The patient has been cleared from a psychological point of view for the spinal cord stimulator. The patient is scheduled to be seen by Dr. Kohan. We will wait for Dr. Kohan to make the recommendations. I am in agreement with the psychologist as well as Dr. Kohan to proceed with a spinal cord stimulator. **Formal authorization is being requested.**

At this time, I would recommend that the patient remain off of work as he has significant difficulty with the use of his right arm.

I will see the patient back in six weeks, and we will make further recommendations at that time. We will await the response of Dr. Kohan.

DIAGNOSIS:

337.22 Reflex Sympathetic Dystrophy of Lower Limb
311 Depressive Disorder
NOS
302.72 Male Erectile Disorder
780.52 Sleep Disorder Due to Pain
Insomnia Type
923.20 Hand Contusion
726.4 Wrist Tend/Burs
816.0 Finger Frature

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I hope the above information has been helpful to you and if I can provide

Doran, Daniel
March 31, 2014
Page 2 of 2

you with any further information, please do not hesitate to contact my office.

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



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

April 4, 2014
Date

EH/rxt

cc: William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



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- American College of Spine Surgery

SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650
Attn: Emma Padilla

Patient Name : Daniel Doran
Date of Service : February 17, 2014
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

FOLLOW-UP REPORT OF A PRIMARY TREATING PHYSICIAN

The patient is returning to my attention following his previous visit on January 6, 2014.

He is continuing to experience significant symptomatology of chronic regional pain syndrome in the right upper extremity. Spinal cord stimulator was cleared by the psychologist and we are awaiting it's placement.

Physical examination today shows extreme hypersensitivity and hyperesthesia over the right hand. The patient has significantly reduced range of motion. Skin atrophy is noted.

The patient's medications are being provided by the pain management physician. The patient states that he was declined his medications at the pharmacy. We wish to stress to all parties that the patient requires continued and uninterrupted access to his medical therapy. There are significant effects of discontinuing his medications in an abrupt fashion and he requires the medical therapy in order to function.

His work restrictions will continue per the previous visit. He should not

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Doran, Daniel
February 17, 2014
Page 2 of 2

use his right hand in his workplace.

The patient will return to my attention in six weeks. We will continue to conservatively monitor the patient and we look forward to the provision of the spinal cord stimulating device.

DIAGNOSIS:

923.20 Hand Contusion
726.4 Wrist Tend/Burs
816.0 Finger Frature

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

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



Nicholas Cascone, P.A.-C



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

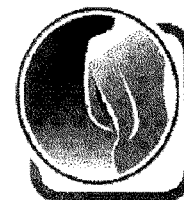
February 21, 2014
Date

NC/rxt

cc: William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

EDWIN HARONIAN, M.D.

— DISORDERS & SURGERY OF THE SPINE —



- Minimally Invasive Spine Surgery

- Complex & Revision Spine Surgery

- Comprehensive Spine Care

SCIF - LA (CLM# ENDING IN 00-49)

PO BOX 65005

Fresno, CA 93650

Attn: Emma Padilla

Patient Name : Daniel Doran
 Date of Service : January 6, 2014
 Claim # : 05814232
 Employer : Benedict & Benedict
 Date of Birth : June 4, 1966
 Date of Injury : July 11, 2012
 File # : 20015038

- Certified, American Board of Orthopedic Surgery

- Fellow, American Academy of Orthopedic Surgeons

- Member, North American Spine Society

- American College of Spine Surgery

FOLLOW-UP REPORT OF A PRIMARY TREATING PHYSICIAN

The patient is presenting to my attention and continues to complain of significant pain in the right upper extremity. He is being seen by Dr. Kohan who has diagnosed him with reflex sympathetic dystrophy. The spinal cord stimulator has been requested by Dr. Kohan, however, the patient requires to be cleared psychologically prior to the spinal cord stimulator.

Authorization was requested for the patient to be seen by the psychologist and the patient indicates that he is being provided with authorization. He will be scheduled for the above. His medications will be provided through the office of the primary treating physician.

I will re-evaluate the patient in four weeks.

DIAGNOSES:

337.22 Reflex Sympathetic Dystrophy of Lower Limb
 300.00 Anxiety Disorder, OS
 311 Depressive Disorder, NOS
 302.72 Male Erectile Disorder
 780.52 Sleep Disorder Due to Pain, Insomnia Type
 923.20 Hand Contusion
 726.4 Wrist Tend/Burs
 816.0 Finger Fract

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Doran, Daniel
January 6, 2014
Page 2 of 2

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

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



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

January 12,
2014

Date

EH/rxt

cc: William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



2 3107368 000000001 011 075 05814232



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- Certified, American Board of Orthopedic Surgery
- Fellow, American Academy of Orthopedic Surgeons
- Member, North American Spine Society
- American College of Spine Surgery

SCIF - LA (CLM# ENDING IN 00-49)
 PO BOX 65005
 Fresno, CA 93650
 Attn: Emma Padilla

Patient Name : Daniel Doran
 Date of Service : November 11, 2013
 Claim # : 05814232
 Employer : Benedict & Benedict
 Date of Birth : June 4, 1966
 Date of Injury : July 11, 2012
 File # : 20015038

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

The patient is returning to my attention following his previous visit on October 14, 2013. The patient is status post stellate ganglion block on the upper extremity conducted on October 16, 2013. He states minimal benefit from this intervention provided by the pain management physician, Dr. Kohan.

The patient is returning with continued complaint of right hand pain with hypersensitivity and reduced function. He is status post a right thumb fracture with closed treatment only.

Physical examination shows hyperesthesia over the whole right upper extremity. The patient presents wearing a thumb spica splint. The patient holds the limb in unnatural position and is reluctant to utilize the hand. There is significantly decreased range of motion in the hand and wrist. The grip strength is significantly reduced. There is some skin and hair atrophy noted.

The patient's medications will continue to be deferred to the pain management physician.

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Doran, Daniel
November 11, 2013
Page 2 of 3

He continues with work restrictions including no use of the right hand.

At this time, we are requesting authorization for psychological clearance to provide a spinal cord stimulating device. The patient has now failed to respond to stellate ganglion block and it is our opinion that the spinal cord stimulation is the next appropriate step. We are therefore making a request for authorization to obtain psychological clearance for this intervention. We are also requesting authorization for trial of the spinal cord stimulator. The patient has significantly reduced function, and he is using opioid pain medication. It is our opinion that the spinal cord stimulator is likely to reduce the patient's pain level, reduce his usage of opioid pain medication, and improve his function.

The patient will return to my attention in six weeks. We will continue to conservatively monitoring the patient. It is our hope to be in possession of authorization to proceed with the spinal cord stimulator intervention by the time of the patient's next visit.

DIAGNOSES:

- 923.20 Hand Contusion
- 726.4 Wrist Tend/Burs
- 816.0 Finger Fracture

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

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



Nicholas Cascone, P.A.-C



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

November 15, 2013
Date

NC/rxt

cc: William Green Esq.



Doran, Daniel
November 11, 2013
Page 3 of 3

3419 Via Lido #607
Newport Beach, CA 92663

2 3107368 000000001 013 075 05814232





Sent by: Marlen, 11/11/2013 - 09:00 AM

Edwin Haronian, M.D.

Orthopedic Surgery, Spine Surgery Lic: A71385
724 Corporate Center Drive
Pomona, CA 917682650
Tel: 909-622-6222 x Fax: 909-622-6220

DISABILITY STATUS

Date: nov 11, 2013

Our Chart No. 20015038

Patient Name:	Daniel DORAN	
Phone No.	760-258-7545	
Cellphone #:		
Employer Name:	Benedict & Benedict	
Insurance:	SCIF - LA (CLM# ENDING IN 00-49) PO BOX 65005 Fresno, CA 93650	
Claim No.	05814232;	
DOI:	07/11/2012;	

Work Status: Work Restrictions and work Status: Patient should remain on TTD if the work modifications can not be accommodated by the employer., no use of the right han

Return to Clinic: 6 Week(s)

This note has been electronically signed by Edwin Haronian, M.D.

RETURN TO WORK SECTION TO BE REVIEWED AND COMPLETED BY EMPLOYER

You have 14 calendar days from receipt to accept or reject this offer of modified or alternative work. *(A.U.S.D. IS NOT REQUIRED TO SIGN OR COMPLETE THIS FORM)*

I accept this offer of Modified or Alternative work.

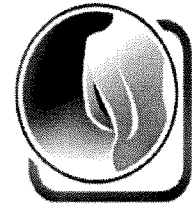
I feel I cannot accept this offer of Modified or Alternative work indicating the need to declare the employee TTD.

Name _____ Signature _____ Date: _____

Page 1 of 1 received on 11/11/2013 9:00:53 AM Pacific Standard Time on server VLICRF2 from 9096225621.

EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



Minimally Invasive Spine Surgery

SCIF - LA (CLM# ENDING IN 00-49)

PO BOX 65005

Fresno, CA 93650

Attn: Emma Padilla

Patient Name : Daniel Doran
Date of Service : October 14, 2013
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

FOLLOW-UP REPORT OF A PRIMARY TREATING PHYSICIAN

Mr. Doran is a very pleasant 47-year-old gentleman who presents today with a complaint of a chronic unremitting pain in his right hand and wrist. He was diagnosed with complex regional pain syndrome type 1. He is going to have stellate ganglion shots by Dr. Kohan this Wednesday.

He is obtaining medications from this particular physician.

On physical examination, decreased grip strength is noted on the right hand. The patient is obviously uncomfortable. Allodynia is noted.

We are deferring further course of pain management treatment to Dr. Kohan.

We will see the patient in four weeks to assess his response to pain management procedures.

Activities which do not aggravate symptoms can be maintained.

His work status remains to be unchanged at the moment.

DIAGNOSES:

726.4 Wrist Tend/Burs

923.20 Hand Contusion

I hope the above information has been helpful to you and if I can provide

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Doran, Daniel
October 14, 2013
Page 2 of 2

you with any further information, please do not hesitate to contact my office.

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



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



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

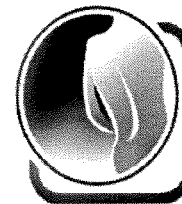
October 29, 2013
Date

MN/rxt

cc: William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



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American College of Spine Surgery

SCIF - LA (CLM# ENDING IN 00-49)

PO BOX 65005

Fresno, CA 93650

Attn: Emma Padilla

Patient Name : Daniel Doran
Date of Service : September 16, 2013
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

FOLLOW-UP REPORT OF A PRIMARY TREATING PHYSICIAN

Mr. Doran is a very pleasant 47-year-old gentleman who presents today with a complaint of a chronic unremitting pain in his right upper extremity including wrist and hand. Pain level is 6/10 on a Verbal Analog Pain Scale.

The patient has been approved for steroid ganglion injection from Dr. Kohan.

On physical examination, he is visibly uncomfortable. Decreased grip strength is noted on the right side. Allodynia is noted.

We will refill his Elavil today 50 mg to be taken at bedtime.

We will continue to observe unfolding events in regard to injection.

We will see the patient in four weeks for further updates regarding all his medical and diagnostic records.

His work status remains to be unchanged at the present moment.

DIAGNOSES:

726.4 Wrist Tend/Burs

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

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Doran, Daniel
September 16, 2013
Page 2 of 2

office.

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



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



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

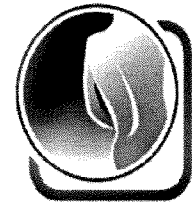
September 24, 2013
Date

MN/rxt

cc: William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



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American College of Spine Surgery

SCIF - LA (CLM# ENDING IN 00-49)

PO BOX 65005

Fresno, CA 93650

Patient Name : Daniel Doran
Date of Service : August 19, 2013
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

FOLLOW-UP REPORT OF A PRIMARY TREATING PHYSICIAN

Mr. Daniel is a pleasant 47-year-old gentleman who presents today with a chronic pain in his right hand and wrist. The pain is burning with radiation to the tips of his fingers. He will also be seen by Dr. Kohan who is providing him with medications. The patient is responding well to 75 mg of Elavil which improves and controls insomnia and his neuropathic pain.

On physical examination, the patient is visibly uncomfortable. Decreased grip strength is noted. Allodynia is noted on the right hand and wrist.

We will refill the patient's Elavil with addition of Norco 5 mg five tablets to last him until the next appointment with Dr. Kohan.

In our opinion, it would be stellate ganglion injections. After that, the patient remains to be symptomatic, spinal cord stimulator could be considered.

We will see him in four weeks for further updates regarding all his medical and diagnostic records.

Activities which do not aggravate his symptoms can be maintained.

His work status remains to be unchanged at the present moment, which is modified work duties.

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Doran, Daniel
August 19, 2013
Page 2 of 2

DIAGNOSES:

726.4 Wrist Tend/Burs

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

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



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



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

August 27, 2013
Date

MN/rxt

cc: William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



Minimally Invasive Spine Surgery

• Complex Revision Spine Surgery

• Comprehensive Spine Care

SCIF - LA (CLM# ENDING IN 00-49)

PO BOX 65005

Fresno, CA 93650

Attn: Emma Padilla

Patient Name : Daniel Doran
Date of Service : July 22, 2013
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

• Certified, American Board of Orthopedic Surgery

• Fellow, American Academy of Orthopedic Surgeons

• Member, North American Spine Society

American College of Spine Surgery

FOLLOW-UP REPORT OF A PRIMARY TREATING PHYSICIAN

Mr. Doran is a pleasant 47-year-old gentleman who presents today with a complaint of a persistent pain in his right wrist and hand and forearm. He is also being seen by pain management specialist. He was prescribed 100 mg Elavil in light of his good response to 50 mg. However, he did not tolerate it well. His pain is not well controlled.

On physical examination, decreased grip strength is noted. The patient is visibly uncomfortable. No allodynia is noted, though. No excessive growth of nails or hair is noted.

In our opinion it is reasonable to taper down Elavil to 75 mg to be taken at bedtime. Also, to address the patient's pain, we will start trial of Norco 5 mg #30 tablets. However, it is important to outline that we would like all medications to be addressed by Dr. Kohan and today's medications are being provided only to avoid interruption with treatment. All conditions, risks, benefits, and alternatives were discussed with the patient who did verbalize understanding.

We will see the patient in four weeks for further updates regarding all his medical and diagnostic records.

Activities which do not aggravate symptoms can be maintained.

His work status remains to be unchanged at the moment which is modified work duties.

16542 VENTURA BLVD. SUITE 402
ENCINO, CA 91436
PH: (818)788-2400
FAX: (818) 788-2453

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Doran, Daniel
July 22, 2013
Page 2 of 2

We are also formally requesting authorization for purchase of right wrist support. The one the patient was provided before did not fit him well.

DIAGNOSES:

726.4 Wrist Tend/Burs

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

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



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

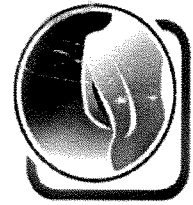
August 1, 2013
Date

MN/rxt

cc: William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



Minimally Invasive Spine Surgery

SCIF - LA (CLM# ENDING IN 00-49)

PO BOX 65005

Fresno, CA 93650

Attn: Emma Padilla

Patient Name : Daniel Doran
Date of Service : May 31, 2013
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

FOLLOW-UP REPORT OF A PRIMARY TREATING PHYSICIAN

Mr. Doran is a pleasant 46-year-old gentleman who presents today with a complaint of a chronic unremitting pain in his right hand and wrist with numbness and tingling. His pain level is 6/10 on a Verbal Analog Pain Scale.

It is important to mention that he obtains medication from Dr. Kohan. His sleep and depression have improved after start of Elavil 50 mg at bedtime. The patient also has less numbness and tingling and burning pain after the Neurontin 300 mg three times a day.

He is scheduled for the bone scan of the right hand and wrist.

He is being seen by a psychologist.

On physical examination, the patient is visibly uncomfortable. Decreased grip strength is noted. No allodynia is noted. Change in the temperature is noted when compared to upper extremity. No excessive nail or hair growth is noted.

We defer further handling of medications to Dr. Kohan.

We will arrange to obtain the report of triple bone phase scan for our records. The patient presents with a clinical picture of complex regional pain syndrome. It is conceivable that he will need pain management modality to address this particular issue. We also recommend adjustment

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Doran, Daniel
May 31, 2013
Page 2 of 2

of medications in form of increase of Neurontin to 600 mg three times a day and Elavil to 100 mg. Another alternative will be Lyrica.

In summary, we will see him in four weeks for further updates regarding all his medical and diagnostic records.

Activities which do not aggravate his symptoms can be maintained.

His work status remains to be unchanged at the present moment.

DIAGNOSES:

726.4 Wrist Tend/Burs

923.20 Hand Contusion

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

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



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



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

June 4, 2013

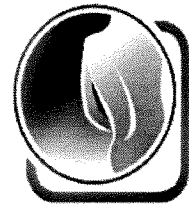
Date

MN/rxt

cc: William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



Minimally Invasive Spine Surgery

SCIF - LA (CLM# ENDING IN 00-49)

PO BOX 65005

Fresno, CA 93650

Attn: Emma Padilla

Patient Name : Daniel Doran
Date of Service : April 29, 2013
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

FOLLOW-UP REPORT OF A PRIMARY TREATING PHYSICIAN AND REVIEW OF DIAGNOSTIC STUDIES

The patient is presenting to my attention and continues to complain of significant pain in the right wrist and hand with weakness. The MRI of the right wrist was reviewed today and was relatively normal.

The patient was seen by Dr. Kohan to evaluate him for reflex sympathetic dystrophy. Bone scan was requested previously and authorization is pending.

The patient's medications will be refilled today.

I will re-evaluate the patient in four weeks and by then, I would hope that authorization for the bone scan is provided to cure and relieve the effects of an industrial injury.

The patient's disability status remains unchanged.

DIAGNOSES:

726.4 Wrist Tend/Burs

816.0 Finger Fracture

923.20 Hand Contusion

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

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Doran, Daniel
April 29, 2013
Page 2 of 2

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



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

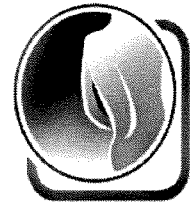
May 3, 2013
Date

EH/rxt

cc: William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



Minimally Invasive Spine Surgery

• Complex Revision Spine Surgery

• Comprehensive Spine Care

• Certified, American Board of Orthopedic Surgery

• Fellow, American Academy of Orthopedic Surgeons

• Member, North American Spine Society

American College of Spine Surgery

SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650
Attn: Emma Padilla

Patient Name : Daniel Doran
Date of Service : April 1, 2013
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

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

The patient is back in my office still complaining of pain. He is also complaining of numbness. He is also indicating that the Neurontin makes him spacey. As such, we will wean the patient off of the Neurontin as the patient is not seeing benefit from it. We will begin Lexapro for the patient instead of the Elavil since the patient did not like the Elavil as well.

The patient does have evidence of some depression. Psychotherapy has been authorized, and the patient will be scheduled accordingly.

At this time, the patient is still guarding his right hand. There is an increased suspicion for reflex sympathetic dystrophy. There is some redness in the hand, and the above may be early complex regional pain syndrome. **Based on the above, I am requesting formal authorization for a triple phase bone scan.**

DIAGNOSES:

726.4 Wrist Tend/Burs
923.20 Hand Contusion

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

I declare, under penalty of perjury, that I have not violated the provisions of California

16542 VENTURA BLVD. SUITE 402
ENCINO, CA 91436
PH: (818)788-2400
FAX: (818) 788-2453

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

WWW • ESPINEDOCTOR • COM

Doran, Daniel
April 1, 2013
Page 2 of 2

Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



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

April 5, 2013
Date

EH/rxt

cc: William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



Minimally Invasive Spine Surgery

SCIF - LA (CLM# ENDING IN 00-49)

PO BOX 65005

Fresno, CA 93650

Attn: Emma Padilla

Patient Name : Daniel Doran
Date of Service : March 18, 2013
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

FOLLOW-UP REPORT OF A PRIMARY TREATING PHYSICIAN

Mr. Daniel is a 46-year-old gentleman who presents today with a complaint of a chronic unremitting pain in his wrist and hand on the right side following previous fracture. His pain level is 7-8/10 on a Verbal Analog Pain Scale.

At this point, he awaits authorization for MRI of the right wrist without contrast, pain management consultation to rule out RSD, four sessions of psychotherapy and acupuncture for his right wrist and right hand.

He tolerated medications well; however, he does not report significant amount of improvement.

On physical examination, the patient is visibly uncomfortable. Significant decrease of the right grip strength is noted. Mottling is noted. Allodynia is noted.

We will refill only therapeutic cream today for topical relief. To address his neuropathic pain, Neurontin 300 mg first day one tablet, second day one tablet p.o. b.i.d. and after that t.i.d. will be provided. Also, we will start trial of Elavil 25 mg to be taken at bedtime to address his insomnia, depression, and pain. Potentially it will be increased to 50 mg and 75 mg. We also will start trial of vitamin C 500 mg twice a day.

Once again, we are formally requesting authorization for MRI of the right wrist without contrast, consult with the pain management to rule

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Doran, Daniel
March 18, 2013
Page 2 of 2

out RSD, four sessions of psychotherapy, psychological evaluation and acupuncture six times for the right wrist and hand.

All conditions, risks, benefits, and alternatives were discussed with the patient who did verbalize understanding.

We will observe the patient's response to medications in two weeks. We will consider requesting triple phase bone scan on the next visit.

Activities which do not aggravate symptoms can be maintained. His work status remains to be unchanged at the moment which is modified work duties.

DIAGNOSES:

726.4 Wrist Tend/Burs
923.20 Hand Contusion

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

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



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



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

March 26, 2013
Date

MN/rxt

cc: William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

DANIEL DORAN
20015038

1
2/18/2013

The final whole person impairment is 11%

- Left upper extremity combined whole person impairment is 2%
- Right upper extremity combined whole person impairment is 9%

Left Wrist Range of Motion Impairments (Figure 16-28, p. 467; Figure 16-31, p. 469)

Contribution to Whole Person Impairment: 2% (4% Upper Extremity)

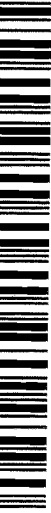
- Left wrist flexion motion is 51° contributing 1% to the upper extremity impairment
- Left wrist extension motion is 48° contributing 2% to the upper extremity impairment
- Left wrist radial deviation motion is 15° contributing 1% to the upper extremity impairment

Right Wrist Range of Motion Impairments (Figure 16-28, p. 467; Figure 16-31, p. 469)

Contribution to Whole Person Impairment: 9% (15% Upper Extremity)

- Right wrist flexion motion is 14° contributing 7% to the upper extremity impairment
- Right wrist extension motion is 31° contributing 4% to the upper extremity impairment
- Right wrist radial deviation motion is 10° contributing 2% to the upper extremity impairment
- Right wrist ulnar deviation motion is 17° contributing 2% to the upper extremity impairment

2 3264761 000000020 006 007 05814232



DANIEL DORAN
20015038

1
2/18/2013

Edwin Haronian, M.D.
16542 Ventura blvd. Suite 402
Encino, Ca 91436
818-788-2400

The patient was tested in our clinic by Allstate Medical Imaging (AMI) using the J-tech Tracker 5 Motion Analyzer, which is a computerized dual dynamic inclinometer system.

The purpose of the test was to document any restriction in the motion and to evaluate the patient's functions during the tested motion.

The J-tech system objectively documents the range of motion, reproducibility of motion, smoothness of motion, patients coordinating and whether patterns of hesitation and sudden slow down are present.

Each test with J-tech Tracker 5 Analyzer was performed in accordance with American Medical Association guide to insure consistency and reproducibility of the measure data. All measurements represented the patients' voluntary motion but at maximum effort. Please see attached information including summary table of range of motion measurements with comparisons to published norms representing the dynamic motion of the tested joints.

Periodically, we request the measurements of range of motions, muscle strength of lifting capacity depending on the injured body parts at the time of the injury. This data provides information on the continuum of improvement or worsening based on he restriction of the range of motion. The numerical data that is produce in this report only considers the impairment at the time that the measurements were performed and Maximal Medical Improvement or a permanent and stationary status. The timing conditions that were industrially caused have stabilized and reached Maximal Medical Improvement.

I declare, under penalty of perjury, that I have not violated the provisions of California Labor code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in County of Los Angeles.

Sincerely,



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





Jonathan F. Kohan, M.D.

SPECIALIZING IN PAIN DISORDERS

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

SPINAL CORD STIMULATION
INTRATHECAL PUMP
PLACEMENT
DISCOGRAPHY
RADIOFREQUENCY ABLATION
SPINAL INJECTIONS

SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650
Attn: Emma Padilla

Patient Name : Daniel Doran
Date of Service : May 13, 2015
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : 07/11/2012
File # : 20015038

**PRIMARY TREATING PHYSICIAN PAIN MANAGEMENT
FOLLOW-UP REPORT AND REQUEST FOR AUTHORIZATION**

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

DIPLOMATE, AMERICAN BOARD
OF ANESTHESIOLOGY
FELLOWSHIP TRAINED IN PAIN
MEDICINE

Mr. Doran is a 48-year-old gentleman who returns for evaluation after his last appointment with me on April 15, 2015. He does not report any issues with his stimulator and still continued to help him about 40 to 50% for his right upper extremity complaints. He has much less sensitivity to touch and his pain in the form of burning pain has improved but for the residual pain that remains in his neck, right upper extremity, and hand he is taking Norco 7.5 mg anywhere from one to two tablets a day gabapentin 1800 mg a day and Elavil 50 mg at nighttime. He denies nausea, vomiting, constipation, oversedation, or epigastric pain. He does not report any changes in his health or condition. Currently, he is not undergoing any therapy or other modes of treatment, but maintains his visits with a psychologist.

PHYSICAL EXAMINATION:

No signs of sedation. He is alert and oriented. There is no abnormality noted over the stimulator insertion site. Mild dysesthesia is noted over

Doran, Daniel

May 13, 2015

Page 2 of 2

the right upper extremity, but no significant allodynia is noted nor any swelling or hyperhidrosis.

IMPRESSION:

Complex regional pain syndrome, right upper extremity.

Status post spinal cord stimulation insertion with overall improvement.

Depression and anxiety.

RECOMMENDATION:

Due to continuation of his improvement with the stimulator, I will decrease his Norco to 30 tablets a day at 7.5 mg while maintaining him at Neurontin 600 mg two times a day and Elavil 50 mg at nighttime. I believe this regimen is reasonable and do not recommend any changes at least at this point. This regimen has been authorized for him including 34 tablets of Norco 7.5 mg until October 24, 2015. However, adjustments will be made if necessary until then.

He should continue to see his psychologist which has been beneficial, and I will see him back on a regular basis. With respect to his work restrictions, he should not be using his right upper extremity.

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles. Please be advised that Dr. Kohan has a financial interest in the Pacific Anesthesia Group.



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

May 19, 2015

Date

JFK

cc: *William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

State of California, Division of Worker's Compensation

Jonathan F. Kohan, M.D.**PRIMARY PHYSICIAN PROGRESS REPORT (PR - 2)****Reason of PR-2:****Patient:**

Name: Daniel DORAN
Street: 1245 W Cienega Spc# 201
City: San Dimas, CA 91733
Phone: 760-258-7545
DOB: 06/04/1966
SSN: 554-73-1885
DOI: 07/11/2012

Employer: Benedict & Benedict**Occupation:****Claims Administrator:**

Name: SCIF - LA (CLM# ENDING IN 00-49)
Address: PO BOX 65005
City: Fresno, CA 93650
Phone: 888-782-8338
Fax: 707-646-6592
Claim # : 05814232
Phone:

Subjective Complaints: Pt reports: anger and frustration with treatment providers and insurance companies, fear and anxiety about pending procedure and approaching court settlement, feeling unheard and unappreciated, Anxiety, Concentration problems, Depressed mood, Feeling a loss of control, Feeling hopeless, Increased perception of pain, Irritability, Sleep disturbances, Struggling with activities of daily living, Suicidal ideation, Worry about financial strain, Worry about persistent pain.

Objective Findings: Pt appears: Agitated, Anxious, Depressed, Irritable, Tense Affect is: Normal Pt. was administered: BAI: Severe 35 BDI: Severe 59.

Diagnoses: 923.20 Hand Contusion, 726.4 Wrist Tend/Burs, 816.0 Finger Frature, 300.00 Anxiety Disorder

Treatment Plan: Elavil (amitriptyline) 50mg, one tablet daily #30 with 5 refills

Amitriptyline is a tricyclic antidepressant and is considered recommended for chronic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated.

Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. Tricyclic antidepressants have been shown in both a meta-analysis (McQuay, 1996) and a systematic review (Collins, 2000) to be effective, and are considered a first-line treatment for neuropathic pain. (Namaka, 2004) (Dworkin, 2003) (Gilon, 2006) (Wolfe, 2004) (Dworkin, 2007) (Saarto-Cochrane, 2007) This class of medications works in both patients with normal mood and patients with depressed mood

when used in treatment for neuropathic pain. (Sindrup, 2005) Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia (Argoff, 2004), painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. One review reported the NNT for at least moderate neuropathic pain relief with tricyclics is 3.6 (3-4.5), with the NNT for amitriptyline being 3.1 (2.5-4.2). The NNT for venlafaxine, calculated using 3 studies, was reported to be 3.1 (2.2-5.1). (Saarto-Cochrane, 2007) Another review reported that the NNT for 50% improvement in neuropathic pain was 2 to 3 for tricyclic antidepressants, 4 for venlafaxine, and 7 for SSRIs (Perrot, 2008).

Neurontin:

Neurontin® (gabapentin) 600mg, one tab every 8 hours, #90 with 5 refills

The patient has been prescribed gabapentin) It is recommended by the MTUS chronic pain medical treatment guidelines and has shown to be effective for the treatment of diabetic neuropathy, and neuropathic pain.



CA MTUS 2009: §9792.24.2. Chronic Pain Medical Treatment Guidelines state that gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain.

ODG Guidelines state that anti-epilepsy agents are recommended for neuropathic pain (pain due to nerve damage), but not for acute nociceptive pain (including somatic pain). The choice of specific agents will depend on the balance between effectiveness and adverse reactions. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia.

Norco:

Norco® (hydrocodone/acetaminophen) 7.5mg/325mg, one tablet daily as needed, #30 with 5 refills

The patient has been prescribed Norco. According to the MTUS chronic pain medical treatment guidelines, it should be recommended for moderate-severe pain when alternative drugs have not been effective. Anti-inflammatories alone are insufficient to address this patient's pain component.

The benefits and risks associated with the narcotics has been discussed with the patient and there has been expression of understanding.

The patient notes the following:

Reduction in analgesia at least 30-40%.

The patient notes improved functional capacity with activities of daily living, self grooming, and chores around the house.

There are no significant reported adverse side effects.

Upon questioning of the patient, there is no suspicion of any aberrant behaviors.

The patient is taking a morphine equivalent dose less than the maximum recommended by the American Cancer Society guidelines.

CA MTUS Chronic Pain Medical Treatment Guidelines support ongoing opioid treatment when prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and when there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

CA MTUS Chronic Pain Medical Treatment Guidelines state that chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs.

ACOEM Guidelines state that opioids are recommended for select patients with chronic persistent pain, neuropathic pain, or CRPS. Select patients with chronic persistent pain that is not well-controlled (manifested by decreased function attributable to their pain) with non-opioid treatment approaches may be tried on opioids.

ODG Guidelines state that opioids are not recommended as a first-line therapy for neuropathic pain but recommended (along with tramadol) for second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; (3) treatment of acute neuropathic pain; & (4) treatment of neuropathic cancer pain.

ODG Guidelines address maintenance of opioid therapy:

(a) Do not attempt to lower the dose if it is working

(b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication.

(c) The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain.

DWC Form PR-2
(Rev. 06-05)





Page 3 of 5 received on 4/21/2015 7:07:08 PM Pacific Daylight Time on server VLICRF2 from 9096225621.

controlled (manifested by decreased function attributable to their pain) with non-opioid treatment approaches may be tried on opioids.

ODG Guidelines state that opioids are not recommended as a first-line therapy for neuropathic pain but recommended (along with tramadol) for second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; (3) treatment of acute neuropathic pain; & (4) treatment of neuropathic cancer pain.

ODG Guidelines state that opioids are not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Recommended as a 2nd or 3rd line treatment option at doses 120 mg daily oral morphine equivalent dose.

ODG Guidelines address maintenance of opioid therapy:

- (a) Do not attempt to lower the dose if it is working
- (b) Supplemental doses of break-through medication may be required for incidental pain, end-of-dose pain, and pain that occurs with predictable situations. This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication.
- (c) The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain.

Work Status: My recommendation is: Patient is on Temporary Total Disability (TTD) for 4 weeks.

Primary Treating Physician:

Date of Exam: Apr 15, 2015

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.

Signature 

Cal. Lic # A66353

Name Jonathan F. Kohan M.D.

Specialty Pain Management

Address 724 Corporate Center Drive Pomona, CA 917682650

Phone 909-622-6222 x



Page 4 of 5 received on 4/21/2015 7:07:08 PM Pacific Daylight Time on server VLICRF2 from 9096225621.

Jonathan F. Kohan, M.D.

* 724 Corporate Center Drive Pomona, CA 917682650 *

Authorization Request

Today's Date: 04/21/2015

Our Chart No. 20015038

Patient Name: Daniel DORAN

DOB: 06/04/1966

Claim #: 05814232

Request from Office Visit date: 04 15, 2015

You can contact us by phone, fax or email

***Phone #: (818) 788-2400 Ext: 146**

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

***Email: nancy@synapsedoctor.com**

Thank you
Maribel Perez

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

Proof of Service State of California, County of Los Angeles

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


On this date 04/21/2015 I served this report to the above Insurance Co. by transmitting via US Postal Services/facsimile this document between the hours of 8:00am and 5:00pm. The facsimile was reported as completed and without error by the transmitting facsimile machine. I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed in Los Angeles, CA



Page 5 of 5 received on 4/21/2015 7:07:08 PM Pacific Daylight Time on server VLICRF2 from 9096225621.

State of California
Division of Workers' Compensation
REQUEST FOR AUTHORIZATION

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

This form must accompany the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or narrative report substantiation the requested treatment.			
<input type="checkbox"/> New Request <input type="checkbox"/> Resubmission - Change in Material Facts <input type="checkbox"/> Expedite Review: Check box if employee faces an imminent and serious threat to his or her health <input type="checkbox"/> Check box if request is a written confirmation of prior oral request.			
Employee Information			
Employee Name (Last, First, Middle): DORAN, Daniel			
Date of Injury (MM/DD/YYYY): 07/11/2012		Date of Birth (MM/DD/YYYY): 06/04/1966	
Claim Number: 05814232		Employer: Benedict & Benedict	
Provider Information			
Provider Name: Jonathan F. Kohan, M.D.			
Practice Name: .		Contact Name:	
Address: 724 Corporate Center Drive		City: Pomona	State: CA
Zip Code: 917682650		Phone: 909-622-6222 x	Fax Number: 909-622-6220
Provider Specialty: Pain Management		NPI Number: 1518028422	
Claims Administrator Information			
Claims Administrator Name: SCIF - LA (CLM# ENDING IN 00-49)		Contact Name: Padilla, Emma	
Address: PO BOX 65005		City: Fresno	State: CA
Zip Code: 93650		Phone: 888-782-8338	Fax Number: 707-646-6592
E-mail Address:			
Requested Treatment (see instruction for guidance; attached additional pages if necessary)			
Either state the requested treatment in the below space or indicate the specific page number(s) of the accompanying medical report on which the request treatment can be found. Up to five (5) procedures may be entered; attached additional request on a separate sheet.			
Diagnosis			
ICD-Code			
Procedure Requested		Elavil 50mg #30 with 5 refills, Neurontin 600mg, #90 with 5 refills, Norco 7.5mg/325mg, #30 with 5 refills	
CPT/HCPCS Code			
Other Information (Frequency, Duration, Quantity, Facility, etc.)			
Treating Physician Signature: 			Date: 04/21/2015
Claims Administrator Response			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (see separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed			
Authorization Number (if assigned):		Date:	
Authorized Agent Name:		Signature:	
Phone: .	Fax Number:	E-mail Address:	
Comments:			

State of California, Division of Worker's Compensation

Jonathan F. Kohan, M.D.

PRIMARY PHYSICIAN PROGRESS REPORT (PR - 2)

Reason of PR-2:

Patient:

Name: Daniel DORAN
Street: 1245 W Cienega Spc# 201
City: San Dimas, CA 91733
Phone: 760-258-7545
DOB: 06/04/1966
SSN: 554-73-1885
DOI: 07/11/2012

Claims Administrator:

Name: SCIF - LA (CLM# ENDING IN 00-49)
Address: PO BOX 65005
City: Fresno, CA 93650
Phone: 888-782-8338
Fax: 707-646-6592
Claim # : 05814232
Phone:

Employer: Benedict & Benedict

Occupation:

Subjective Complaints: Pt reports: anger and frustration with treatment providers and insurance companies, fear and anxiety about pending procedure and approaching court settlement, feeling unheard and unappreciated, Anxiety, Concentration problems, Depressed mood, Feeling a loss of control, Feeling hopeless, Increased perception of pain, Irritability, Sleep disturbances, Struggling with activities of daily living, Suicidal ideation, Worry about financial strain, Worry about persistent pain.

Objective Findings: Pt appears: Agitated, Anxious, Depressed, Irritable, Tense Affect is: Normal Pt. was administered: BAI: Severe 35 BDI: Severe 59.

Diagnoses: 923.20 Hand Contusion, 726.4 Wrist Tend/Burs, 816.0 Finger Fracture, 300.00 Anxiety Disorder

Treatment Plan: Elavil (amitriptyline) 50mg, one tablet daily #30 with 5 refills

Amitriptyline is a tricyclic antidepressant and is considered recommended for chronic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated.

Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. Tricyclic antidepressants have been shown in both a meta-analysis (McQuay, 1996) and a systematic review (Collins, 2000) to be effective, and are considered a first-line treatment for neuropathic pain. (Namaka, 2004) (Dworkin, 2003) (Gillon, 2006) (Wolfe, 2004) (Dworkin, 2007) (Saarto-Cochrane, 2007) This class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. (Sindrup, 2005) Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia (Argoff, 2004), painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. One review reported the NNT for at least moderate neuropathic pain relief with tricyclics is 3.6 (3-4.5), with the NNT for amitriptyline being 3.1 (2.5-4.2). The NNT for venlafaxine, calculated using 3 studies, was reported to be 3.1 (2.2-5.1). (Saarto-Cochrane, 2007) Another review reported that the NNT for 50% improvement in neuropathic pain was 2 to 3 for tricyclic antidepressants, 4 for venlafaxine, and 7 for SSRIs (Perrot, 2008).

Neurontin:

Neurontin® (gabapentin) 600mg, one tab every 8 hours, #90 with 5 refills

The patient has been prescribed gabapentin. It is recommended by the MTUS chronic pain medical treatment guidelines and has shown to be effective for the treatment of diabetic neuropathy, and neuropathic pain.

Page 1 of 5 received on 4/21/2015 7:43:58 PM [Pacific Daylight Time] on server VLICRF from 9096225621.
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Page 2 of 5 received on 4/21/2015 7:43:48 PM Pacific Daylight Time] on server-VLICRF2 from 9096225621.

CA MTUS 2009: §9792.24.2. Chronic Pain Medical Treatment Guidelines state that gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain.

ODG Guidelines state that anti-epilepsy agents are recommended for neuropathic pain (pain due to nerve damage), but not for acute nociceptive pain (including somatic pain). The choice of specific agents will depend on the balance between effectiveness and adverse reactions. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia.

Norco:

Norco® (hydrocodone/acetaminophen) 7.5mg/325mg, one tablet daily as needed, #30 with 5 refills

The patient has been prescribed Norco. According to the MTUS chronic pain medical treatment guidelines, it should be recommended for moderate-severe pain when alternative drugs have not been effective. Anti-inflammatories alone are insufficient to address this patient's pain component.

The benefits and risks associated with the narcotics has been discussed with the patient and there has been expression of understanding.

The patient notes the following:

Reduction in analgesia at least 30-40%.

The patient notes improved functional capacity with activities of daily living, self grooming, and chores around the house.

There are no significant reported adverse side effects.

Upon questioning of the patient, there is no suspicion of any aberrant behaviors.

The patient is taking a morphine equivalent dose less than the maximum recommended by the American Cancer Society guidelines.

CA MTUS Chronic Pain Medical Treatment Guidelines support ongoing opioid treatment when prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and when there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

CA MTUS Chronic Pain Medical Treatment Guidelines state that chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs.

ACOEM Guidelines state that opioids are recommended for select patients with chronic persistent pain, neuropathic pain, or CRPS. Select patients with chronic persistent pain that is not well-controlled (manifested by decreased function attributable to their pain) with non-opioid treatment approaches may be tried on opioids.

ODG Guidelines state that opioids are not recommended as a first-line therapy for neuropathic pain but recommended (along with tramadol) for second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; (3) treatment of acute neuropathic pain, & (4) treatment of neuropathic cancer pain.

ODG Guidelines address maintenance of opioid therapy:

- (a) Do not attempt to lower the dose if it is working
- (b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication.
- (c) The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain.

DWC Form PR-2
(Rev. 06-05)



controlled (manifested by decreased function attributable to their pain) with non-opioid treatment approaches may be tried on opioids.

ODG Guidelines state that opioids are not recommended as a first-line therapy for neuropathic pain but recommended (along with tramadol) for second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; (3) treatment of acute neuropathic pain; & (4) treatment of neuropathic cancer pain.

ODG Guidelines state that opioids are not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Recommended as a 2nd or 3rd line treatment option at doses 120 mg daily oral morphine equivalent dose.

ODG Guidelines address maintenance of opioid therapy:

- (a) Do not attempt to lower the dose if it is working
- (b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication.
- (c) The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain.

Work Status: My recommendation is: Patient is on Temporary Total Disability (TTD) for 4 weeks.

Primary Treating Physician:

Date of Exam: Apr 15, 2015

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 1393.

Signature



Cal. Lic # A66353

Name Jonathan F. Kohan M.D.

Specialty Pain Management

Address 724 Corporate Center Drive Pomona, CA 917682650

Phone 909-622-6222 x

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Jonathan F. Kohan, M.D.

* 724 Corporate Center Drive Pomona, CA 917682630 *

Authorization Request

Today's Date: 04/21/2015

Our Chart No. 20015038

Patient Name: Daniel DORAN

DOB: 06/04/1966

Claim #: 05814232

Request from Office Visit date: 04 15, 2015

You can contact us by phone, fax or email

* Phone # : (818) 788-2400 Ext: 146

* Fax: (818) 827-4706

* Email: nancy@synapsedoctor.com

Thank you
Maribel Perez

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

Proof of Service State of California, County of Los Angeles

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


On this date 04/21/2015 I served this report to the above Insurance Co. by transmitting via US Postal Services/fac simile this document between the hours of 8:00am and 5:00pm. The facsimile was reported as completed and without error by the transmitting facsimile machine. I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed in Los Angeles, CA

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State of California
 Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
 DWC Form RFA - California Code of Regulations, title 8, section 9785.

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

<input type="checkbox"/> New Request <input type="checkbox"/> Resubmission - Change in Material Facts <input type="checkbox"/> Expedite Review: Check box if employee faces an imminent and serious threat to his or her health <input type="checkbox"/> Check box if request is a written confirmation of prior oral request.		
Employee Information		
Employee Name (Last, First, Middle): DORAN, Daniel		
Date of Injury (MM/DD/YYYY): 07/11/2012	Date of Birth (MM/DD/YYYY): 06/04/1986	
Claim Number: 05814232	Employer: Benedict & Benedict	
Provider Information		
Provider Name: Jonathan F. Kohan, M.D.		
Practice Name: .	Contact Name:	
Address: 724 Corporate Center Drive	City: Pomona	State: CA
Zip Code: 917682650	Phone: 909-622-6222 x	Fax Number: 909-622-6220
Provider Specialty: Pain Management	NPI Number: 1518028422	
Claims Administrator Information		
Claims Administrator Name: SCIF - LA (CLM# ENDING IN 00-49)		Contact Name: Padilla, Emma
Address: PO BOX 65005	City: Fresno	State: CA
Zip Code: 93650	Phone: 888-782-8338	Fax Number: 707-646-6592
E-mail Address:		
Requested Treatment (see instruction for guidance; attached additional pages if necessary)		
Either state the requested treatment in the below space or indicate the specific page number(s) of the accompanying medical report on which the request treatment can be found. Up to five (5) procedures may be entered; attached additional request on a separate sheet.		
Diagnosis		
ICD-Code		
Procedure Requested	Elavil 50mg #30 with 5 refills, Neurontin 600mg, #90 with 5 refills, Norco 7.5mg/325mg, #90 with 5 refills	
CPT/HCPCS Code		
Other Information: (Frequency, Duration, Quantity, Facility, etc.)		
Treating Physician Signature 		Date: 04/21/2015
Claims Administrator Response		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (see separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed		
Authorization Number (if assigned):	Date:	
Authorized Agent Name:	Signature:	
Phone: .	Fax Number:	E-mail Address:
Comments:		

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

SPINAL CORD STIMULATION
INTRATHECAL PUMP
PLACEMENT
DISCOGRAPHY
RADIOFREQUENCY ABLATION
SPINAL INJECTIONS

SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650
Attn: Emma Padilla

Patient Name : Daniel Doran
Date of Service : March 18, 2015
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : 07/11/2012
File # : 20015038

**PRIMARY TREATING PHYSICIAN PAIN MANAGEMENT
FOLLOW-UP REPORT**

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

Mr. Doran is a 48-year-old gentleman who returns for evaluation after his last appointment with me on February 17, 2015. He continues to have significant improvement of the upper extremity as a result of his spinal cord stimulation that he is using all day long. As a result of buzzing sensation that becomes worse on a supine position, however, he has not been able to use it overnight.

Despite the improvement, he still needs medications for the residual pain which includes Gabapentin 1800 mg a day. Despite the fact that the stimulator has been helping him significantly, he reports residual pain which is being addressed by gabapentin. For the dull aching pain, he has benefited from Norco and taking Elavil at nighttime. He denies nausea, vomiting, constipation, oversedation, or epigastric pain with the above regimen of medication. He does not report any changes in his health.

DIPLOMATE, AMERICAN BOARD
OF ANESTHESIOLOGY
FELLOWSHIP TRAINED IN PAIN
MEDICINE



Doran, Daniel
March 18, 2015
Page 2 of 3

PHYSICAL EXAMINATION:

The site of the spinal cord stimulation is without any abnormalities. Mild dysesthesia is noted but there is no allodynia. Colder temperature changes are noted with a weak grip. There is no swelling.

IMPRESSION:

History of right upper extremity fracture.
Complex regional pain syndrome of the right upper extremity.
Depression/anxiety.

RECOMMENDATION:

As noted above and before, he continues to benefit greatly from the stimulator and does not report any significant issues or problems in charging of the unit which is on a weekly basis. As noted, we were not able to program him, so that he does not feel the buzzing sensation when he is supine and the x-ray did not show any abnormality of the leads.

Current regimen of medication is reasonable for the residual pain and a refill of Neurontin 1800 mg a day, Elavil 15 mg at nighttime will be provided. I have recommended some reduction in his Norco 7.5 mg, but most likely over the next several years he will require residual medication to address the level of pain that remains. Norco 7.5 mg will be reduced to 50 per tablets a month, and I will see him back on a monthly basis. As also recommended before, his issues of depression and anxiety should be treated aggressively. Otherwise, he will make his recovery from the injury and his diagnosis more complicating and difficult even though he has received neuromodulation unit.

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles. Please be advised that Dr. Kohan has a financial interest in the Pacific Anesthesia Group.

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

April 19, 2015
Date

JFK

Recv'd Date: 20150422 Bill ID: 100170874
SCIF RECD DATE :04/22/2015

Doran, Daniel
March 18, 2015
Page 3 of 3

cc: *William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663





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

SPINAL CORD STIMULATION
INTRATHECAL PUMP
PLACEMENT
DISCOGRAPHY
RADIOFREQUENCY ABLATION
SPINAL INJECTIONS

SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650
Attn: Emma Padilla

Patient Name : Daniel Doran
Date of Service : February 17, 2015
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : 07/11/2012
File # : 20015038

**FOLLOW-UP REPORT AND REQUEST FOR AUTHORIZATION OF A
PRIMARY TREATING PHYSICIAN IN PAIN MANAGEMENT**

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

DIPLOMATE, AMERICAN BOARD
OF ANESTHESIOLOGY
FELLOWSHIP TRAINED IN PAIN
MEDICINE

Mr. Doran is a 48-year-old gentleman returning with continued right upper extremity pain and burning. The patient has complex regional pain syndrome type 2. He is status post a spinal cord stimulator with significant improvement in his symptoms. The patient reports over 50% improvement on a continuous basis.

However, he reports that he continues to need gabapentin to control the residual paresthesias. He is using gabapentin 600 mg #90. He is also taking Norco 7.5 mg #60 and Elavil 50 mg #30. He reports no side effects to his medications and no changes in his overall health. Elavil has helped him to sleep better and Norco has reduced his pain allowed him to better



Doran, Daniel
February 17, 2015
Page 2 of 3

facilitate his activities of daily living.

PHYSICAL EXAMINATION:

He is alert and oriented and there are no signs of sedation. Allodynia is noted over the right upper extremity. The patient is guarding his right arm and hand.

IMPRESSION:

Complex regional pain syndrome type 1 of the right upper extremity.
Status post spinal cord stimulator implantation.

RECOMMENDATIONS:

I am formally again requesting authorization for the patient's medications, which include Norco 7.5 mg #60, Elavil 50 mg #30, and gabapentin 600 mg #90.

Work restrictions remain unchanged. He should remain on total temporary disability.

We have received indication that the cervical spine and the bilateral upper extremities are not part of the patient's claim. This is somewhat puzzling considering that the patient's right hand and wrist were injured and the hand/wrist are part of the upper extremity. We will await resolution of the legal issues.

We will make further recommendations at his next visit.

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

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.

Jennifer Janke P.A.-C

February 20,
2015
Date

Jonathan F. Kohan, M.D.

Doran, Daniel
February 17, 2015
Page 3 of 3

Diplomate American Board of
Anesthesiology
Fellowship-Trained in Pain
Medicine
Qualified Medical Evaluator,
State of California

JJ/rj/

cc: *William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663
Attn: William Green, Esq.

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State of California, Division of Worker's Compensation

Jonathan F. Kohan, M.D.

PRIMARY PHYSICIAN PROGRESS REPORT (PR - 2)

Reason of PR-2:

Patient:

Name: Daniel DORAN
Street: 1245W Cienega Spc# 201
City: San Dimas, CA 91733
Phone: 760-258-7545
DOB: 06/04/1966
SSN: 554-73-1885
DOI: 07/11/2012

Claims Administrator:

Name: SCIF - LA (CLM# ENDING IN 00-49)
Address: PO BOX 65005
City: Fresno, CA 93650
Phone: 888-782-8338
Fax: 707-646-6592
Claim # : 05814232
Phone:

Employer: Benedict & Benedict

Occupation:

Subjective Complaints: Pt reports: resentment towards doctors, attorney, and former employer; feeling unheard and unappreciated, Anger, Depressed mood, Feeling hopeless, Inability to gain pleasure in life, Increased perception of pain, Irritability, Sleep disturbances, Struggling with activities of daily living, Worry about financial strain, Worry about pending depositon, Worry about persistent pain.

Objective Findings: Pt appears: Agitated, Angry, Depressed, Hopeless, Irritable, Tense Affect is: Normal Pt. was administered: BAI: Severe 37 BDI: Severe 48.

Diagnoses:

- 337.21 Reflex Sympathetic Dystrophy of Upper Limb
- 780.52 Sleep Disorder Due to Pain, Insomnia Type
- 923.20 Hand Contusion
- 726.4 Wrist Tend/Burs
- 816.0 Finger Frature

Treatment Plan: Elavil (amitriptyline) 50mg, one tablet daily #30 with 5 refills

Amitriptyline is a tricyclic antidepressant and is considered recommended for chronic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated.

Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. Tricyclic antidepressants have been shown in both a meta-analysis (McQuay, 1996) and a systematic review (Collins, 2000) to be effective, and are considered a first-line treatment for neuropathic pain. (Namaka, 2004) (Dworkin, 2003) (Gilon, 2006) (Wolfe, 2004) (Dworkin, 2007) (Saarto-Cochrane, 2007) This class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. (Sindrup, 2005) Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia (Argoff, 2004), painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. One review reported the NNT for at least moderate neuropathic pain relief with tricyclics is 3.6 (3-4.5), with the NNT for amitriptyline being 3.1 (2.5-4.2). The NNT for venlafaxine, calculated using 3 studies, was reported to be 3.1 (2.2-5.1). (Saarto-Cochrane, 2007) Another review reported that the NNT for 50% improvement in neuropathic pain was 2 to 3 for tricyclic antidepressants, 4 for venlafaxine, and 7 for SSRIs (Perrot, 2000).

Neurontin:

Neurontin® (gabapentin) 600mg, one tab every 8 hours, #90 with 5 refills

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Page 2 of 5 received on 2/19/2015 6:36:14 PM Pacific Standard Time] on server VLICRF from 9096225621.

The patient has been prescribed gabapentin) It is recommended by the MTUS chronic pain medical treatment guidelines and has shown to be effective for the treatment of diabetic neuropathy, and neuropathic pain.

CA MTUS 2009: §9792.24 2. Chronic Pain Medical Treatment Guidelines state that gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain.

ODG Guidelines state that anti-epilepsy agents are recommended for neuropathic pain (pain due to nerve damage), but not for acute nociceptive pain (including somatic pain). The choice of specific agents will depend on the balance between effectiveness and adverse reactions. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia.

Norco:

Norco® (hydrocodone/acetaminophen) 7.5mg/325mg, one tablet twice daily as needed, #60 with 5 refills

The patient has been prescribed Norco. According to the MTUS chronic pain medical treatment guidelines, it should be recommended for moderate-severe pain when alternative drugs have not been effective. Anti-inflammatories alone are insufficient to address this patient's pain component.

The benefits and risks associated with the narcotics has been discussed with the patient and there has been expression of understanding.

The patient notes the following:

Reduction in analgesia at least 30-40%.

The patient notes improved functional capacity with activities of daily living, self grooming, and chores around the house.

There are no significant reported adverse side effects.

Upon questioning of the patient, there is no suspicion of any aberrant behaviors.

The patient is taking a morphine equivalent dose less than the maximum recommended by the American Cancer Society guidelines.

CA MTUS Chronic Pain Medical Treatment Guidelines support ongoing opioid treatment when prescriptions are from a single practitioner and are taken as directed, are prescribed at the lowest possible dose, and when there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

CA MTUS Chronic Pain Medical Treatment Guidelines state that chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs.

ACOEM Guidelines state that opioids are recommended for select patients with chronic persistent pain, neuropathic pain, or CRPS. Select patients with chronic persistent pain that is not well-controlled (manifested by decreased function attributable to their pain) with non-opioid treatment approaches may be tried on opioids.

ODG Guidelines state that opioids are not recommended as a first-line therapy for neuropathic pain but recommended (along with tramadol) for second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug, (2) treatment of episodic exacerbations of severe pain, (3) treatment of acute neuropathic pain; & (4) treatment of neuropathic cancer pain.

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(b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication.

(c) The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain.

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ODG Guidelines state that opioids are not recommended as a first-line therapy for neuropathic pain but recommended (along with tramadol) for second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; (3) treatment of acute neuropathic pain; & (4) treatment of neuropathic cancer pain.

ODG Guidelines state that opioids are not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Recommended as a 2nd or 3rd line treatment option at doses 120 mg daily oral morphine equivalent dose.

ODG Guidelines address maintenance of opioid therapy:

(a) Do not attempt to lower the dose if it is working

(b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication.

(c) The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain.

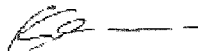
Work Status:

Primary Treating Physician:

Date of Exam: Feb 17, 2015

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Lab or Code 139.3.

Signature



Cal. Lic # A66353

Name Jonathan F. Kohan M.D.

Specialty Pain Management

Address 5651 Sepulveda Blvd. 2nd Floor # 201 Sherman Oaks, CA 91411

Phone 818-788-2400



Thu 19 Feb 2015 06:36:16 PM PST

9096225621 Pomona Office

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Jonathan F. Kohan, M.D.

* 5651 Sepulveda Blvd. 2nd Floor #201 Sherman Oaks, CA 91411 *

Authorization Request

Today's Date: 02/19/2015

Our Chart No. 20015038
Patient Name: Daniel DORAN
DOB: 06/04/1966
Claim #: 05814232

Request from Office Visit date: 02 17, 2015

You can contact us by phone, fax or email

- *Phone #: (818) 788-2400 Ext: 146
- *Fax: (818) 827-4706
- *Email: nancy@synapsdoctor.com

Thank you
Maribel Perez

Labor Code Section 4610, section (f) states that "no person other than a licensed physician... may modify, delay or deny request for authorization of medical treatment. Labor Code Section 4610 section (g) states the time frame for UR. (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician. In cases where the review is retrospective, the decision shall be communicated to the individual who received services, or to the individual's designee, within 30 days of receipt of information that is reasonably necessary to make this determination. All of the denial or medication procedures contained in Labor Code section 4610 (g) (2) and (3) are mandatory, and if the statutory requirements are not met, the utilization review report is not admissible. The only other procedure for disputing the treatment is a QME, pursuant to Labor Code section 4662.

Proof of Service State of California, County of Los Angeles


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

On this date 02/19/2015 I served this report to the above Insurance Co. by transmitting via US Postal Services/fac simile this document between the hours of 8:00am and 5:00pm. The facsimile was reported as completed and without error by the transmitting facsimile machine. I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed in Los Angeles, CA



Page 5 of 5 received on 2/19/2015 8:36:14 PM Pacific Standard Time on server VLICRF from 9096225621.
Page 6 of 6 received on 2/20/2015 9:37:57 AM Pacific Standard Time on server VLICRF2 from Fax Server.

State of California
Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA - California Code of Regulations, title 8, section 9785.

This form must accompany the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or narrative report substantiating the requested treatment.		
<input type="checkbox"/> New Request <input type="checkbox"/> Resubmission - Change in Material Facts		
<input type="checkbox"/> Expedite Review: Check box if employee faces an imminent and serious threat to his or her health		
<input type="checkbox"/> Check box if request is a written confirmation of prior oral request.		
Employee Information		
Employee Name (Last, First, Middle): DORAN, Daniel		
Date of Injury (MM/DD/YYYY): 07/11/2012	Date of Birth(MM/DD/YYYY): 06/04/1966	
Claim Number: 05814232	Employer: Benedict & Benedict	
Provider Information		
Provider Name: Jonathan F. Kohan, M.D.		
Practice Name: .	Contact Name:	
Address: 5651 Sepulveda Blvd. 2nd Floor #201	City: Sherman Oaks	State: CA
Zip Code: 91411	Phone: 818-788-2400	Fax Number: 818-788-2453
Provider Specialty: Pain Management	NPI Number: 1518028422	
Claims Administrator Information		
Claims Administrator Name: SCIF - LA (CLM# ENDING IN 00-49)		Contact Name: Padilla, Emma
Address: PO BOX 65005	City: Fresno	State: CA
Zip Code: 93660	Phone: 888-782-8338	Fax Number: 707-646-6592
E-mail Address:		
Requested Treatment (see instruction for guidance; attached additional pages if necessary)		
Either state the requested treatment in the below space or indicate the specific page number(s) of the accompanying medical report on which the request treatment can be found. Up to five (5) procedures may be entered; attached additional request on a separate sheet.		
Diagnosis	337.21 Reflex Sympathetic Dystrophy of Upper Limb 780.52 Sleep Disorder Due to Pain, Insomnia Type 923.20 Hand Contusion, 726.4 Wrist Tend/Burs, 816.0 Finger Frature	
ICD-Code		
Procedure Requested	Elavil (amitriptyline) 50mg, #30 with 5 refills, Neurontin® (gabapentin) 600mg, #90 with 5 refills, Norco® (hydrocodone/acetaminophen) 7.5mg/325mg, #60 with 5 refills	
CPT/HCPCS Code		
Other Information (Frequency, Duration, Quantity, Facility, etc.)		
Treating Physician Signature 		Date: 02/19/2015
Claims Administrator Response		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (see separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)		
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed		
Authorization Number (if assigned):	Date:	
Authorized Agent Name:	Signature:	
Phone: .	Fax Number:	E-mail Address:
Comments:		





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

SPINAL CORD STIMULATION
INTRATHECAL PUMP
PLACEMENT
DISCOGRAPHY
RADIOFREQUENCY ABLATION
SPINAL INJECTIONS

DIPLOMATE, AMERICAN BOARD
OF ANESTHESIOLOGY
FELLOWSHIP TRAINED IN PAIN
MEDICINE

SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650
Attn: Emma Padilla

Patient Name : Daniel Doran
Date of Service : January 21, 2015
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : 07/11/2012
File # : 20015038

**PRIMARY TREATING PHYSICIAN PAIN MANAGEMENT
FOLLOWUP REPORT AND REQUEST FOR AUTHORIZATION**

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

Mr. Doran is a very pleasant 48-year-old gentleman who presents with a complaint of a chronic pain in his right upper extremity with burning and tingling. The patient is suffering from complex regional pain syndrome type 2. He is status post spinal cord stimulator implantation. This particular device is addressing his neuropathic pain. It is better controlled with his pain device and list of medications, which includes Norco 7.5 mg #60 tablets, gabapentin 300 mg #120 tablets and Elavil 50 mg #30 tablets. We previously discussed our appeal for the denied medications. The patient also previously was using high dose of gabapentin and today expressed his desire to change the dose for the most optimal control of neuropathic pain.

PHYSICAL EXAMINATION:

On physical examination, the patient is visibly uncomfortable. Allodynia is noted with trophic changes in his right upper extremity.

Doran, Daniel
January 21, 2015
Page 2 of 3

DIAGNOSES:

Complex regional pain syndrome type 1 of right upper extremity.
Status post spinal cord stimulator implantation.

RECOMMENDATIONS:

Today we are formally requesting authorization for Norco 7.5 mg #60 tablets, and Flavil 5 mg #30 tablets. We are also increasing gabapentin to 600 mg total of #90 tablets. We would like to address patient's nociceptive and neuropathic pains, depression and insomnia. His current condition is a direct result of occupational injury as it is evident from his mechanism of injury. Therefore, treatment must be rendered accordingly. We anticipate a speedy response in accordance with the Labor Code Section 4610.

We will see the patient in four weeks for further updates regarding all his medical and diagnostic records and assess response to increased dose of gabapentin.

In case if patient needs an adjustment of the device corresponding arrangement will be made with the company representative.

His work status remains to be unchanged at the moment.

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

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



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

February 3,
2015
Date



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



Doran, Daniel
January 21, 2015
Page 3 of 3

Fellowship-Trained in Pain
Medicine
Qualified Medical Evaluator,
State of California

MN/8701//3499/

cc: William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663



Jonathan F. Kohan M.D.

SECONDARY PHYSICIAN PROGRESS REPORT (PR - 2)

Reason of PR-2:

Patient:

Name: Daniel DORAN
Street: 1245 W Cienega Spc# 201
City: San Dimas, CA 91733
Phone: 760-258-7545
DOB: 06/04/1966
SSN: 554-73-1885
DOI: 07/11/2012

Claims Administrator:

Name: SCIF - LA (CLM# ENDING IN 00-49)
Address: PO BOX 65005
City: Fresno, CA 93650
Phone: 888-782-8338
Fax: 707-646-6592
Claim #: 05814232
Phone:

Employer: Benedict & Benedict

Occupation:

Subjective Complaints: Pt reports: Pt reports attempting to maintain progress of coping skills however reports feels that maintenance is very difficult to do as his former coping patters have been unhealthy habits and his current financial situation is the primary stressor. Pt reports having recently changed the settings on his spinal cord stimulator to assist with pain management, however feels as he is getting "shocked" by sudden movements such as a sneeze or coughs., Anger, Anxiety, Concentration problems, Depressed mood, Feeling a loss of control, Feeling hopeless, Irritability, Panic attacks, Sleep disturbances, Struggling with activities of daily living, Worry about financial strain, Worry about persistent pain.

Objective Findings: Pt appears: Apathetic, Dysphoric, Euthymic Affect is: Flat Pt. was administered: BAI: 46 Severe BDI: Severe 46.

Diagnoses: 337.21 Reflex Sympathetic Dystrophy of Upper Limb

Treatment Plan: Other: 50 mg, 30 tabs, Norco 7.5, 60 tabs, Neurontin 300 mg, 120 tabs.

Work Status: Work status will be directed by PTP.

Secondary Treating Physician:

Date of Exam: Dec 12, 2014

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.

Signature

Cal.Lic # A66353

Name

Jonathan F. Kohan M.D.

Specialty

Pain Management

Address

724 Corporate Center Drive Pomona, CA 917682650

Phone

909-622-6222 x



Jonathan F. Kohan M.D.

SECONDARY PHYSICIAN PROGRESS REPORT (PR - 2)

Reason of PR-2:

Patient:

Name: Daniel DORAN
Street: 1245 W Cienega Spc# 201
City: San Dimas, CA 91733
Phone: 760-258-7545
DOB: 06/04/1966
SSN: 554-73-1885
DOI: 07/11/2012

Employer: Benedict & Benedict

Occupation:

Claims Administrator:

Name: SCIF - LA (CLM# ENDING IN 00-49)
Address: PO BOX 65005
City: Fresno, CA 93650
Phone: 888-782-8338
Fax: 818-291-7300
Claim #: 05814232
Phone:

Subjective Complaints: Pt reports: Pt reports to adjusting with the spinal cord stimulator and feeling sharp pain in abrupt movements, however reports that he no longer feels burning sensation in his arms. Pt reports still struggling with financial strain which is a constant stressor for him. Pt reports that he feels as if he is devalued as a person by the lack of respect he receives from his attorneys and doctors, which has impacted his self esteem., Anger, Anxiety, Depressed mood, Feeling a loss of control, Feeling hopeless, Inability to gain pleasure in life, Irritability, Isolation from others, Loss of appetite, Sleep disturbances, Struggling with activities of daily living, Withdrawing from family and friends, Worry about financial strain, Worry about pending depositions, Worry about persistent pain.

Objective Findings: Pt appears: Apathetic, Dysphoric, Euthymic, Fatigued Affect is: Flat Pt. was administered: BAI: 43 Severe BDI: Severe 42.

Diagnoses: 923.20 Hand Contusion, 726.4 Wrist Tend/Burs, 816.0 Finger Frature, 300.00 Anxiety Disorder

Treatment Plan: Elavil: 50MG #30.

Neurontin 300mg: Neurontin® (gabapentin)

The patient has been prescribed gabapentin) It is recommended by the MTUS chronic pain medical treatment guidelines and has shown to be effective for the treatment of diabetic neuropathy, and neuropathic pain.

CA MTUS 2009: §9792.24.2. Chronic Pain Medical Treatment Guidelines state that gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain.

ODG Guidelines state that anti-epilepsy agents are recommended for neuropathic pain (pain due to nerve damage), but not for acute nociceptive pain (including somatic pain). The choice of specific agents will depend on the balance between effectiveness and adverse reactions. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia #120.

Norco 7.5/325mg: Norco® (hydrocodone/acetaminophen)

The patient has been prescribed Norco. According to the MTUS chronic pain medical treatment guidelines, it should be recommended for moderate-severe pain when alternative drugs have not been effective. Anti-inflammatories alone are insufficient to address this patient's pain component.

The benefits and risks associated with the narcotics has been discussed with the patient and there has been expression of understanding.

The patient notes the following:

Reduction in analgesia at least 30-40%.

DWC Form PR-2
(Rev. 06-05)

SCIF RECD DTE 10/27/2014 FRSCAN 29 10/27/2014 09:29 AM 060628 1 2



[Faint, illegible text, likely bleed-through from the reverse side of the page. The text is too light to transcribe accurately.]

SCIF RECD DTE 10/27/2014 FRSCAN 29 10/27/2014 09:29 AM 060628 1 2

The patient notes improved functional capacity with activities of daily living, self grooming, and chores around the house.

There are no significant reported adverse side effects.

Upon questioning of the patient, there is no suspicion of any aberrant behaviors.

The patient is taking a morphine equivalent dose less than the maximum recommended by the American Cancer Society guidelines.

CA MTUS Chronic Pain Medical Treatment Guidelines support ongoing opioid treatment when prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and when there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

CA MTUS Chronic Pain Medical Treatment Guidelines state that chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. ACOEM Guidelines state that opioids are recommended for select patients with chronic persistent pain, neuropathic pain, or CRPS. Select patients with chronic persistent pain that is not well-controlled (manifested by decreased function attributable to their pain) with non-opioid treatment approaches may be tried on opioids.

ODG Guidelines state that opioids are not recommended as a first-line therapy for neuropathic pain but recommended (along with tramadol) for second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; (3) treatment of acute neuropathic pain; & (4) treatment of neuropathic cancer pain.

ODG Guidelines address maintenance of opioid therapy:

(a) Do not attempt to lower the dose if it is working
(b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication.

(c) The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain.

ontrolled (manifested by decreased function attributable to their pain) with non-opioid treatment approaches may be tried on opioids. ODG Guidelines state that opioids are not recommended as a first-line therapy for neuropathic pain but recommended (along with tramadol) for second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; (3) treatment of acute neuropathic pain; & (4) treatment of neuropathic cancer pain.

ODG Guidelines state that opioids are not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Recommended as a 2nd or 3rd line treatment option at doses 120 mg daily oral morphine equivalent dose.

ODG Guidelines address maintenance of opioid therapy:

(a) Do not attempt to lower the dose if it is working
(b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication.

(c) The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain.#60.

Work Status: Work status will be directed by PTP.

Secondary Treating Physician:

Date of Exam: Oct 16, 2014

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.

Signature

Cal.Lic # A66353

Name

Jonathan F. Kohan M.D.

Specialty

Pain Management

Address

724 Corporate Center Drive Pomona, CA 917682650

Phone

909-622-6222 x

DWC Form PR-2
(Rev. 06-05)

SCIF RECD DTE 10/27/2014 FRSCAN 29 10/27/2014 09:29 AM 060628 1 3

Jonathan F. Kohan, M.D.

* 724 Corporate Center Drive Pomona, CA 917682650 *

Authorization Request

Today's Date: 10/21/2014

Our Chart No. 20015038

Patient Name: Daniel DORAN

DOB: 06/04/1966

Claim #: 05814232

Request from Office Visit date: 10 16, 2014

You can contact us by phone, fax or email

***Phone # : (818) 788-2400 Ext: 146**

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

***Email: nancy@synapsedoctor.com**

Thank you.

Maribel Perez

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

Proof of Service State of California, County of Los Angeles

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

On this date 10/21/2014 I served this report to the above Insurance Co. by transmitting via US Postal Services/facsimile this document between the hours of 8:00am and 5:00pm. The facsimile was reported as completed and without error by the transmitting facsimile machine. I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed in Los Angeles, CA

SCIF RECD DTE 10/27/2014 FRSCAN 29 10/27/2014 09:30 AM 060628 1 4



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

Page 2 of 4 received on 10/29/2014 10:06:02 AM Pacific Daylight Time on server VLICRF2 from .

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

SPINAL CORD STIMULATION
INTRATHECAL PUMP
PLACEMENT
DISCOGRAPHY
RADIOFREQUENCY ABLATION
SPINAL INJECTIONS

DIPLOMATE, AMERICAN BOARD
OF ANESTHESIOLOGY
FELLOWSHIP TRAINED IN PAIN
MEDICINE

SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650
Attn: Emma Padilla

Patient Name : Daniel Doran
Date of Service : October 16, 2014
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : 07/11/2012
File # : 20015038

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

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

Mr. Doan is a 40-year-old gentleman who returns for evaluation after his last appointment with me on 09/09/2014. He is now recovered from his recent procedure in the form of implantation of his spinal cord stimulation, but continuous benefit from it. He has been using the unit around-the-clock and reports 50% improvement in his upper extremity symptoms and particularly reports improvement of the burning pain which was his major issue before the implantation was done.

He has had some symptoms on the left upper extremity, but not as severe, but reports that both are being covered by the stimulator and he does not report any advanced coverage or issues with the charging of the unit which has been every other week. Currently he is on gabapentin 1,800 mg a day with Norco 10 mg twice a day and Elavil 50 mg at nighttime. He denies nausea, vomiting or constipation or over sedation.

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





Page 3 of 4 received on 10/29/2014 10:06:02 AM Pacific Daylight Time on server VLICRF2 from .

Doran, Daniel
October 16, 2014
Page 2 of 3

PHYSICAL EXAMINATION:

On physical examination, well healed incisions are noted over the thoracic spine and lower back on the left with no localized tenderness. No significant allodynia or dysesthesia is noted over the left upper extremity, but color change and some modelling is noted with weak grip.

IMPRESSION:

Complex Regional Pain Syndrome right upper extremity.
Status post spinal cord stimulation implantation.

RECOMMENDATION:

The patient reports some pain on the left hand due to overcompensation, but most upper extremity complaints are covered with this unit and he has been using it around-the-clock. We reprogrammed his unit today further and it will be able to give him additional programs which will also over his left upper extremity. Again, he will be re-evaluated on how he will do on his next visit in 4 weeks.

He reports about 50% improvement overall and, based on what was discussed with the patient, he is to reduce his Gabapentin. He will be given 120 tablets which is 1 every 6 hours, but he will decrease this dosage by 1 tablet every 4 days. Norco will be reduced to 7.5 mg twice a day, but he may continue with the Elavil 50 mg at nighttime. A formal request will be submitted for the refill of the current regimen of medication. I believe that, by the next visit, he will require less Neurontin and possibly Norco.

He was advised to rely on the use of his stimulator and attempt to take less medication, in particular his Norco. He was also advised to keep his appointments on a monthly basis.

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.

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

October 22,
2014
Date



Doran, Daniel
October 16, 2014
Page 3 of 3

State of California

JFK/rxt

cc: *William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

Page 4 of 4 received on 10/29/2014 10:06:02 AM Pacific Daylight Time on server VLICRF2 from .

Page 1 of 4 received on 10/29/2014 10:06:02 AM Pacific Daylight Time on server VLICRF2 from .



<p>To: SCIF - LA (CLM# ENDING IN 00-49) Fax #: 7076460438</p>	<p>A facsimile from</p> <p>Jonathan F. Kohan, M.D. Synapse Medical Group Tele: (818) 788-2400 Faxed via Emdat InFax</p>
<p>Sent: 10/29/2014 12:04 PM</p>	

Important: The information contained in this facsimile message is confidential and intended solely for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, copying or unauthorized use of this communication is strictly prohibited. If you have received this facsimile in error, please notify the sender immediately at (818) 788-2400 or Nuance-Clinic360 at 7865170800. Thank you.

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

MULTI-DISCIPLINARY
TREATMENT OF
CRPS (RSD)
CHRONIC PAIN SYNDROMES
CANCER PAIN
FIBROMYALGIA
NEURALGIAS
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SPINAL CORD STIMULATION
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PLACEMENT
DISCOGRAPHY
RADIOFREQUENCY ABLATION
SPINAL INJECTIONS

DIPLOMATE AMERICAN BOARD
OF ANESTHESIOLOGY
FELLOWSHIP TRAINED IN PAIN
MEDICINE

Edwin Haronian, M.D.
5651 Sepulveda Blvd. # 201
Sherman Oaks, CA 91411

Patient Name : Daniel Doran
Date of Service : September 9, 2014
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

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

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

Mr. Doran is a 48-year-old gentleman who returns for evaluation after last appointment a week ago. The patient underwent permanent replacement of his cervical neural modulation system on August 27, 2014, and already has been benefited from it greatly.

His burning pain has resolved with the use of the stimulator and he does not report any coverage or sensation nor any changes in charging of the unit.

He has continued with the gabapentin at 900 mg three times a day in addition to Norco 10 mg three times a day and Elavil. He denies nausea, vomiting, constipation, oversedation, or epigastric pain.

PHYSICAL EXAMINATION:

Incisions were examined again and there is no sign of infection. There is no swelling, induration, erythema, or discharge noted.

Doran, Daniel
September 9, 2014
Page 2 of 3

IMPRESSION:

History of complex regional pain syndrome.
Status post recent neural modulation implantation.

RECOMMENDATION:

He may discontinue his antibiotic at this point and I will see him back in a month. Refill of his medication will be provided but because of the improvement gabapentin will be reduced gradually one tablet every four days. He was given instruction on how to do this.

Norco will also be decreased from three times a day to twice a day and depending on how he will do further reduction in this medication will be considered on the next visit. He may continue with Elavil at 50 mg at nighttime which has been beneficial for his both pain and insomnia.

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4623. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



October 7, 2014
Date

Jonathan F. Kohan, M.D.
Diplomate American Board of
Anesthesiology
Fellowship-Trained in Pain Medicine
Qualified Medical Evaluator,
State of California

JFK/rxt

cc: SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650
Attn: Emma Padilla*

*William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

Doran, Daniel
September 9, 2014
Page 3 of 3



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

SPINAL CORD STIMULATION
INTRATHECAL PUMP
PLACEMENT
DISCOGRAPHY
RADIOFREQUENCY ABLATION
SPINAL INJECTIONS

DIPLOMATE, AMERICAN BOARD
OF ANESTHESIOLOGY
FELLOWSHIP TRAINED IN PAIN
MEDICINE

Edwin Haronian, M.D.
5651 Sepulveda Blvd. # 201
Sherman Oaks, CA 91411

Patient Name : Daniel Doran
Date of Service : September 4, 2014
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

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

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

Mr. Doran is a 48-year-old gentleman who returns for evaluation after his procedure last week. He has been using the unit already and reports significant improvement of his neuropathic pain over the right upper extremity, denying any issues with any aberrant sensation, coverage, or charging.

He has continued Levaquin without any side effects.

PHYSICAL EXAMINATION:

Both incisions were examined and there is no sign of infection. Both were redressed.

IMPRESSION:

History of Complex Regional Pain Syndrome.
Status post recent spinal cord stimulation implantation, cervical spine.



Doran, Daniel
September 4, 2014
Page 2 of 2

RECOMMENDATION:

He is to take Levaquin for another few days and this basically due to the fact that he has a history of diabetes.

He does not report any issues with the unit itself, but I would like to re-evaluate him in a week mainly to rule out any possible infection. He should be total and temporarily disabled for at least three months after last week procedure, and he is to also continue to use soft cervical collar.

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



Jonathan F. Kohan, M.D.
Diplomate American Board of
Anesthesiology
Fellowship-Trained in Pain Medicine
Qualified Medical Evaluator,
State of California

September 24,
2014

Date

JFK/rxt

cc: SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650
Attn: Emma Padilla*

*William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663





Kinetix Surgery Center
5651 Sepulveda Blvd. # 101
Sherman Oaks, CA 91411
Tel (818) 442-9696 Fax (818) 698-8312
www.kinetixsc.com

OPERATIVE REPORT

Daniel DORAN

PREOPERATIVE DIAGNOSIS:

Complex Regional Pain Syndrome.

POSTOPERATIVE DIAGNOSIS:

Complex Regional Pain Syndrome.

ATTENDING SURGEON:

Jonathan Kohan, M.D.

ASSISTANT:

None.

ANESTHESIOLOGIST:

Joel Diaz, CRNA

TYPE OF ANESTHESIA:

MAC.

ESTIMATED BLOOD LOSS:

Minimal.

PROCEDURE:

1. Percutaneous implantation of spinal cord stimulation leads times two, cervical spine.
2. Implantation of pulse generator.
3. Myelogram.
4. Complex programming.
5. Somatosensory evoked potential.

INDICATION: The potential risks involved in this procedure included not limited to infection, bleeding, nerve root irritation, damage, paralysis, headache, increased pain, or damage to internal organs were discussed with the patient, who reports no changes in his overall condition since his last visit with me.

DESCRIPTION OF THE PROCEDURE: After obtaining informed consent, he was taken to the operating room and placed on the operating table in the prone position with a wedge under the upper chest area to allow some flexion of the cervical spine. We utilized somatosensory evoked potential since the procedure involved upper thoracic and cervical spine spinal cord. He received 1 g of Vancomycin and 120 mg of Gentamicin IV. The entire neck and upper back was then prepped with "ChloroPrep" on two

Patient Name: Daniel DORAN
Date of Birth: 6/4/1966
MR#: 20015038
Procedure Date: 8/27/2014

Next, a solution containing 0.5 cc of 0.25% Marcaine and 8 mg of Celestone was injected at each level, which showed the same distribution as the dye. Next, the needles were removed. The area was cleaned and covered with Band-Aid.

The patient tolerated the procedure well and was taken to the recovery room and discharged home in good condition with a follow up visit with me at my office.

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



Jonathan Kohan, M.D.

Dictated: 9/3/2014

Transcribed: 9/4/2014

cc: (Emdat Autofax)
David Johnson,
10837 Laurel Street Suite 206
Rancho Cucamonga, CA 91730

Richard Crane
SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650

(Emdat Autofax)
William W. Green & Associates Esq.
3419 Via Lido # 607
Newport Beach, CA 92663

Patient Name: Silverio CHAIREZ
Date of Birth: 10/19/1971
MR#: 20021437
Procedure Date: 9/3/2014



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

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

SPINAL CORD STIMULATION
INTRATHECAL PUMP
PLACEMENT
DISCOGRAPHY
RADIOFREQUENCY ABLATION
SPINAL INJECTIONS

DIPLOMATE, AMERICAN BOARD
OF ANESTHESIOLOGY
FELLOWSHIP TRAINED IN PAIN
MEDICINE

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

Patient Name : Daniel Doran
Date of Service : July 17, 2014
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

SECONDARY TREATING PHYSICIAN PAIN MANAGEMENT
FOLLOW-UP
REPORT AND REQUEST FOR AUTHORIZATION

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

Mr. Doran is a 48-year-old gentleman who returns for evaluation stating that there are no changes in his complaints in his upper extremities which are more severe on the right side. Currently he is relying on his medication to address his complaints, but is eager to proceed with a spinal cord stimulation implantation which is scheduled for late August 2014.

Even though bulk of his complaints remain over the right upper extremity due to his diagnosis of CRPS, he also has been experiencing left lower extremity symptoms with weakness and numbness which he has discussed with Dr. Haronian. His current regimen of medication includes gabapentin, Norco and Elavil.

On today's visit no allodynia is noted over the left upper extremity or any hyperhydrosis but I indicated to him that assuming that no

Doran, Daniel

July 17, 2014

Page 2 of 2

interventions are made to evaluate his left upper extremity complaints we will be able to cover his complaints with the neuromodulation system that he will be having.

I will submit a request for 10 tablets of Levaquin 500 mg that I would like him to take for prophylaxis purposes afterwards. He has to see me on September 4, 2014, a week after his procedure and should be considered total and temporary disabled at least three month after his procedure.

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



Jonathan F. Kohan, M.D.
Diplomate American Board of
Anesthesiology
Fellowship-Trained in Pain Medicine
Qualified Medical Evaluator,
State of California

August 5, 2014

Date

JFK/rxt

cc: *William Green Esq.
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Newport Beach, CA 92663

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PO BOX 65005
Fresno, CA 93650
Attn: Emma Padilla



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

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

SPINAL CORD STIMULATION
INTRATHECAL PUMP
PLACEMENT
DISCOGRAPHY
RADIOFREQUENCY ABLATION
SPINAL INJECTIONS

DIPLOMATE, AMERICAN BOARD
OF ANESTHESIOLOGY
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3800 E CESAR CHAVEZ AVE
LOS ANGELES, CA 90063
PH. (323) 264-6296
FX. (323) 545-6946

**For MPN Listing visit:
WWW.JKohan.com**

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

Patient Name : Daniel Doran
Date of Service : June 19, 2014
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

**SECONDARY PHYSICIAN PAIN MANAGEMENT FOLLOW-UP
REPORT AND REQUEST FOR AUTHORIZATION**

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

Mr. Doran is a 48-year-old gentleman who returns for evaluation.

The request for permanent placement of his neuromodulation unit has been submitted for review on June 13, 2014, something he would like to proceed with as soon as possible.

He has significant improvement after undergoing the trial on May 14, 2014, but since then he has been using his medication to address his current complaints which is providing partial improvement. Currently, he is on Neurontin 300 mg three tablets three times a day, in addition to Norco 10 mg three times a day and Elavil. He denies nausea, vomiting, constipation, over-sedation, epigastric pain or dizziness or any other issues with his regimen of medication which has been helping with his upper extremities partially.

PHYSICAL EXAMINATION:

There is no sign of sedation. He is alert and oriented. There are no



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Doran, Daniel
June 19, 2014
Page 2 of 3

changes in his left upper extremity mottling and hyperhydrosis.

IMPRESSION:

Complex Regional Pain Syndrome, right upper extremity type I.
Right wrist tendinosis.

RECOMMENDATION:

Authorization and request will be submitted for his regimen of medication without any changes which includes use of Elavil 50 mg a day, Neurontin 300 mg nine tablets a day as well as Norco 10 mg three times a day.

We have already submitted a request for the permanent placement of the neuromodulation unit which helped him significantly and is documented in my prior report. He may see me back on a monthly basis for refill of his medication which continues to be reasonable, considering the patient's variety of treatment and chronic state of pain. Evaluations will be on a monthly basis.

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



Jonathan F. Kohan, M.D.
Diplomate American Board of Anesthesiology
Fellowship-Trained in Pain Medicine
Qualified Medical Evaluator,
State of California

July 11, 2014
Date

JFK/rxt

cc: *William Green Esq.
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Newport Beach, CA 92663

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PO BOX 65005
Fresno, CA 93650



Doran, Daniel
June 19, 2014
Page 3 of 3

Attn: Emma Padilla

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

Page 5 of 8 Received on 6/30/2014 4:42:35 AM Pacific Daylight Time on server VLICRF from 8-87882453

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

SPINAL CORD STIMULATION
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DIPLOMATE, AMERICAN BOARD
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SHERMAN OAKS, CA 91411
TEL (818) 798-1000

Edwin Haronian, M.D.
5651 Sepulveda Blvd. # 201
Sherman Oaks,, CA 91411

Patient Name : Daniel Doran
Date of Service : May 19, 2014
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

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

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

Mr. Doran is a gentleman who returns for evaluation after last appointment with me on May 01, 2014. The patient reports more than 70% improvement of his upper extremity symptoms after undergoing neuromodulation trial last week. He reports no aberrant coverage or sensation and had benefited from the unit significantly over the trial period to the point that he was able to use it slightly more than average. He has continued Norco 10 mg three times a day and gabapentin 300 mg three tablets three times a day, but apparently was not provided with Elavil. He reports no nausea, vomiting, constipation, and oversedation with this regimen.

PHYSICAL EXAMINATION:

Site of the incision was examined. There is no sign of infection or discharge. Prolene sutures were cut and both leads were removed without any difficulty.

2 3253805 000000003 004 007 05814232



Doran, Daniel
May 19, 2014
Page 2 of 4

IMPRESSION:

Complex Regional Pain Syndrome.
Success with neuromodulation trial.

RECOMMENDATION:

A request will be submitted for permanent placement of the SCS unit something that he would like to proceed as soon as possible. Clearly, he is a candidate because of the significant improvement he reported above. He was previously cleared from a psychological stand point.

With respect to regimen of medication, Norco 10 mg three times a day #90 will be refilled as well as Neurontin 300 mg three tablets three times a day 270 tablets. It should be noted that he has benefited from Elavil 40 mg at nighttime and this also should be authorized for him. Such medication has a common use in those with chronic pain and I do not see any reason or rationale that he should not be taking it.

I will see him back in a month. Meanwhile, disability and work status are deferred.

ATTACHMENT:

Prospective, multicenter study of spinal cord stimulation for relief of chronic back and extremity pain.

Spine. 1996; 21(23):2786-94 (ISSN: 0362-2436)

Burchiel KJ ; Anderson VC ; Brown FD ; Fessler RG ; Friedman WA ; Pelofsky S ; Weiner RL ; Oakley J ; Shatin D

Division of Neurosurgery, Oregon Health Sciences University, Portland.

STUDY DESIGN: This prospective, multicenter study was designed to investigate the efficacy and outcome of spinal cord stimulation using a variety of clinical and psychosocial outcome measures. Data were collected before implantation and at regular intervals after implantation. This report focuses on 70 patients who had undergone 1 year of follow-up treatment at the time of data analysis. **OBJECTIVES:** To provide a more generalizable assessment of long-term spinal cord stimulation outcome by comparing a variety of pain and functional/quality-of-life measures before and after management. This report details results after 1 year of stimulation. **SUMMARY OF BACKGROUND DATA:** The historically diverse methods, patient selection criteria, and outcome measures reported in the spinal cord stimulation literature have made interpretation and comparison of results difficult. Although short-term outcomes are generally consistent, long-term outcomes of spinal cord stimulation, as determined by prospective studies that assess multidimensional aspects of the pain complaint among a relatively homogeneous population, are not well established. **METHODS:** Two hundred nineteen patients were entered at six centers throughout the United States. All patients underwent a trial of stimulation before implant of the permanent system. Most were psychologically screened. One hundred eighty-two patients were implanted with a permanent stimulating system. At the time of this report, complete 1-year follow-up



Doran, Daniel
May 19, 2014
Page 3 of 4

data were available on 70 patients, 88% of whom reported pain in the back or lower extremities. Patient evaluation of pain and functional levels was completed before implantation and 3, 6, 12, and 24 months after implantation. Complications, medication usage, and work status also were monitored. RESULTS: All pain and quality-of-life measures showed statistically significant improvement during the treatment year. These included the average pain visual analogue scale, the McGill Pain Questionnaire, the Oswestry Disability Questionnaire, the Sickness Impact Profile, and the Back Depression Inventory. Overall success of the therapy was defined as at least 50% pain relief and patient assessment of the procedure as fully or partially beneficial and worthwhile. Using this definition, spinal cord stimulation successfully managed pain in 55% of patients on whom 1-year follow-up is available. Complications requiring surgical intervention were reported by 17% (12 of 70) of patients. Medication usage and work status were not changed significantly. CONCLUSIONS: This prospective, multicenter study confirms that spinal cord stimulation can be an effective therapy for management of chronic low back and extremity pain. Significant improvements in many aspects of the pain condition were measured, and complications were minimal.

Spinal Cord Stimulation: Indications and Outcomes

Anthony W. Lee, M.D.¹; Julie G. Pilitsis, M.D., Ph.D.²

Neurosurgical Focus

Summary

Spinal cord stimulation (SCS) is the most commonly used implantable neurostimulation modality for management of pain syndromes. In this paper the authors describe the current indications for SCS and its efficacy in the treatment of those diseases. Specifically, the literature on patient selection and outcomes after SCS for failed-back surgery syndrome (FBSS), refractory angina pectoris, peripheral vascular disease, and complex regional pain syndrome (CRPS) Type I was reviewed. Effective pain relief was obtained in 60 to 80% of patients with FBSS and CRPS Type I. Furthermore, these patients had significant improvements in quality of life (QOL) and a significantly greater chance of returning to work than patients who did not undergo SCS. The use of SCS in patients with inoperable angina (that is, refractory angina pectoris) resulted in significant decreases in chest pain and hospital admissions as well as increased exercise duration, with less morbidity than with open procedures that were performed for pain control only. Patients with inoperable PVD also demonstrated significant improvements in pain relief, QOL, and limb mobility. Reported complications were mostly related to hardware and were relatively minor. Review of randomized controlled studies supports the use of SCS as an effective treatment modality for pain associated with FBSS, refractory angina pectoris, peripheral vascular disease, and CRPS Type I.

Introduction

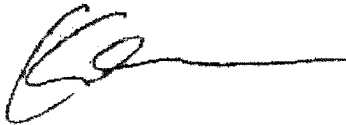
Spinal cord stimulation is a pain treatment modality predicated on reducing the intensity, duration, and frequency with which pain is felt. Although it was developed



Doran, Daniel
May 19, 2014
Page 4 of 4

on the basis of the gate control theory of pain proposed by Melzack and Wall,^[37] its mechanism of action involves more than inhibition of pain pathways in the dorsal horn nucleus.^[39] Experimental studies involving neurotransmitters (for example, g aminobutyric acid and adenosine^[39,40]) have been used to explain other pathways by which SCS works. Further more, modulation of the autonomic nervous system may explain the efficacy of SCS for pain syndromes such as refractory angina pectoris and CRPS.^[2,7,13,20] Although its exact mechanisms of action are not fully understood, SCS has been shown to be beneficial in the treatment of several pain syndromes, with fairly consistent results.^[9,28,32,46] A number of randomized control led trials and numerous case series with long-term follow-up reports on SCS have been performed.^[9,12,21,24,25,27,28,31,42-44,59,60] In this paper we discuss general patient selection criteria for SCS and summarize indications and outcomes that have been reported for SCS in the treatment of FBSS, refractory angina pectoris, peripheral vascular disease causing critical leg ischemia, and CRPS Type I.

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



Jonathan F. Kohan, M.D.
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Anesthesiology
Fellowship-Trained in Pain Medicine
Qualified Medical Evaluator,
State of California

June 13, 2014
Date

JFK/rxt

cc: SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650
Attn: Emma Padilla

*William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

Page 8 of 8 received on 6/30/2014 4:42:35 PM Pacific Daylight Time on server VLICRF from 8187882453.



OPERATIVE REPORT**PREOPERATIVE DIAGNOSIS:**

Sympathetically-mediated neuropathic pain, right upper extremity.

POSTOPERATIVE DIAGNOSIS:

Sympathetically-mediated neuropathic pain, right upper extremity.

ATTENDING SURGEON:

Jonathan Kohan, M.D.

ANESTHESIOLOGIST:

Joel Diaz, CRNA.

TYPE OF ANESTHESIA:

MAC.

PROCEDURE:

1. Percutaneous implantation of spinal cord stimulation leads times two, cervical spine.
2. Myelogram.
3. Complex programming.
4. Fluoroscopy.

INDICATION: The potential risks included not limited to infection, bleeding, nerve irritation, damage, paralysis, damage to internal neck organs, increased pain or no change in pain, as well as headache were discussed with the patient, who would like to proceed. He reports no changes in his health.

DESCRIPTION OF THE PROCEDURE: After obtaining informed consent, he was taken to the operating room and placed on the operating table in the prone position with a wedge under the upper chest area. He received 2 g of IV Ancef. The entire neck and upper back was then prepped with "ChloroPrep" and draped under sterile fluoroscopic condition.

At T1-T2, 10 cc of 2% lidocaine was used to infiltrate the area with a #25-gauge needle. Next, a #14-gauge Tuohy needle was inserted at this level until good loss of resistance to normal saline was obtained. After confirming proper position of the needle under lateral view and an Octade Medtronic lead was inserted and advanced under AP view and advanced to lower portion of the C4 vertebral body. The lateral view confirmed epidural placement.

The similar routine was repeated at the same level. A second needle was inserted and advanced until good loss of resistance to normal saline was obtained. After confirming proper position of the needle, a

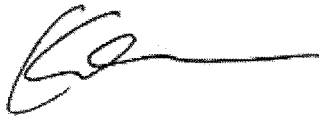
Patient Name: Daniel DORAN
Date of Birth: 6/4/1966
MR#: 20015038
Procedure Date: 5/14/2014

second needle was inserted and advanced to the right of the first one. The lateral view confirmed epidural placement.

After the patient recover from sedation, complex proqraming was performed and we were able to cover the patient's more symptomatic right hand, right wrist, and distal elbow, and this was confirmed with him for the last time. He was the re-sedated using a special anchors. Both leads were anchored to the skin with 0 Prolene sutures and appropriate dressing was placed.

He was provided with Levaquin for antibiotic prophylaxis considering his history of diabetes until I see him back next Monday.

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



Jonathan Kohan, M.D.

Dictated: 5/14/2014

Transcribed: 5/16/2014

cc: Emma Padilla
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William Green Esq.
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Newport Beach, CA 92663

Patient Name: Daniel DORAN
Date of Birth: 6/4/1966
MR#: 20015038
Procedure Date: 5/14/2014

Jonathan F. Kohan M.D.

SECONDARY PHYSICIAN PROGRESS REPORT (PR - 2)

Reason of PR-2:

Patient:

Name: Daniel DORAN
Street: 1245 W Cienega Spc# 201
City: San Dimas, CA 91733
Phone: 760-258-7545
DOB: 06/04/1966
SSN: 554-73-1885
DOI: 07/11/2012

Employer: Benedict & Benedict

Occupation:

Claims Administrator:

Name: SCIF - LA (CLM# ENDING IN 00-49)
Address: PO BOX 65005
City: Fresno, CA 93650
Phone: 888-782-8338
Fax: 707-646-6017
Claim #: 05814232
Phone:

Subjective Complaints: Depression with anxiety Pt reports: Depressed mood.

Objective Findings: Pt appears: Agitated, Depressed Affect is: Normal Pt. was administered: BAI: 43 BDI: 47.

Diagnoses: 726.4 Wrist Tend/Burs
923.20 Hand Contusion

337.22 Reflex Sympathetic Dystrophy of Lower Limb

Treatment Plan: 40 mg, 30 tabs.

Norco 10/325mg: Norco® (hydrocodone/acetaminophen)

The patient has been prescribed Norco. According to the MTUS chronic pain medical treatment guidelines, it should be recommended for moderate-severe pain when alternative drugs have not been effective. Anti-inflammatories alone are insufficient to address this patient's pain component.

The benefits and risks associated with the narcotics has been discussed with the patient and there has been expression of understanding.

The patient notes the following:

Reduction in analgesia at least 30-40%.

The patient notes improved functional capacity with activities of daily living, self grooming, and chores around the house.

There are no significant reported adverse side effects.

Upon questioning of the patient, there is no suspicion of any aberrant behaviors.

The patient is taking a morphine equivalent dose less than the maximum recommended by the American Cancer Society guidelines.

CA MTUS Chronic Pain Medical Treatment Guidelines support ongoing opioid treatment when prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and when there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

CA MTUS Chronic Pain Medical Treatment Guidelines state that chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs.





ACOEM Guidelines state that opioids are recommended for select patients with chronic persistent pain, neuropathic pain, or CRPS. Select patients with chronic persistent pain that is not well-controlled (manifested by decreased function attributable to their pain) with non-opioid treatment approaches may be tried on opioids.

ODG Guidelines state that opioids are not recommended as a first-line therapy for neuropathic pain but recommended (along with tramadol) for second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; (3) treatment of acute neuropathic pain; & (4) treatment of neuropathic cancer pain.

ODG Guidelines address maintenance of opioid therapy:

- (a) Do not attempt to lower the dose if it is working
- (b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication.
- (c) The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain.
- d (manifested by decreased function attributable to their pain) with non-opioid treatment approaches may be tried on opioids.

ODG Guidelines state that opioids are not recommended as a first-line therapy for neuropathic pain but recommended (along with tramadol) for second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; (3) treatment of acute neuropathic pain; & (4) treatment of neuropathic cancer pain.

ODG Guidelines state that opioids are not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Recommended as a 2nd or 3rd line treatment option at doses 120 mg daily oral morphine equivalent dose.

ODG Guidelines address maintenance of opioid therapy:

- (a) Do not attempt to lower the dose if it is working
- (b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication.
- (c) The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain.

90 tabs.

Neurontin 900 mg, 90 tabs.

Levaquin 500 mg, 3 tabs.

Work Status: Work status will be directed by PTP. My recommendation is: Patient is on Temporary Total Disability for 6 weeks or until specified date.

Secondary Treating Physician:

Date of Exam: May 01, 2014

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.

Signature

CaI.Lic # A66353

Name

Jonathan F. Kohan M.D.

Specialty

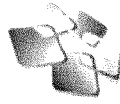
Pain Management

Address

724 Corporate Center Drive Pomona, CA 917682650

Phone

909-622-6222 x



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

SPINAL CORD STIMULATION
INTRATHECAL PUMP
PLACEMENT
DISCOGRAPHY
RADIOFREQUENCY ABLATION
SPINAL INJECTIONS

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

Patient Name : Daniel Doran
Date of Service : May 1, 2014
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

**SECONDARY PHYSICIAN PAIN MANAGEMENT FOLLOW-UP
REPORT AND REQUEST FOR AUTHORIZATION**

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

Mr. Daniel Doran is a very pleasant 47-year-old gentleman who presents today with a complaint of a chronic pain in his right arm with numbness, tingling and burning sensation. Pain is unremitting. It precludes him from activities of daily living. He is scheduled for the spinal cord stimulator trial on May 14, 2014. The patient was diagnosed with complex regional pain syndrome type 1 of the right upper extremity. The patient is also receiving treatment for his diabetes. His pharmacological regimen is not causing any side effects; however, there is information that patient was having difficulty obtaining Elavil.

PHYSICAL EXAMINATION:

On physical examination, the patient is visibly uncomfortable. Mottling and cold temperature of the right upper extremity are noted with decreased grip strength. The patient is alert and oriented x3.

IMPRESSION:

DIPLOMATE, AMERICAN BOARD
OF ANESTHESIOLOGY
FELLOWSHIP TRAINED IN PAIN
MEDICINE

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WWW.JKohan.com**

Doran, Daniel
May 1, 2014
Page 2 of 3

Complex regional pain syndrome type 1 of right upper extremity.
Right wrist tendinitis/bursitis.

RECOMMENDATION:

Today, we are formally requesting authorization for refill of Norco 10 mg #90 tablets, Neurontin 900 mg #90 tablets and Elavil 40 mg #30 tablets. We are also providing the patient with Levaquin 500 mg to be taken once a day for three days after the trial. Total of three tablets are being requested. We are not in possession of denial for Elavil. However, per patient rational for denial is the fact that Elavil that it is addressing the patient's psychological condition. It is important to mention to all the parties that Elavil is FDA approved medication which is addressing neuropathic pain. Yes indeed, tricyclic antidepressants are also addressing depression. But in this particular condition it is also targeting the patient's insomnia, depression and neuropathic pain. The patient has been experiencing significant worsening of his conditioning after the Elavil was not provided. We are hoping that he will be able to obtain this particular pharmacological agent.

All conditions, risks, benefits, and alternatives were discussed with the patient who did verbalize understanding.

We will see him in three weeks to assess response to spinal cord stimulator trial. Corresponding recommendation will be made accordingly.

His work status and further course of conservative treatment shall be deferred.

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

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



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



May 6, 2014

Doran, Daniel

May 1, 2014

Page 3 of 3

Jonathan F. Kohan, M.D.
Diplomate American Board of
Anesthesiology
Fellowship-Trained in Pain Medicine
Qualified Medical Evaluator,
State of California

Date

MN/rxt

cc: SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650
Attn: Emma Padilla

William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

Jonathan F. Kohan, M.D.

* 724 Corporate Center Drive Pomona, CA 917682650 *

Authorization Request

Today's Date: 05/07/2014

Our Chart No. 20015038

Patient Name: Daniel DORAN

DOB: 06/04/1966

Claim #: 05814232

Request from Office Visit date: 05 01, 2014

You can contact us by phone, fax or email

***Phone # : (818) 788-2400 Ext: 146**

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

***Email: nancy@synapsedoctor.com**

Thank you.
Maribel Perez

Labor Code Section 4610, section (0) states that "no person other than a licensed physician... may modify, delay or deny request for authorization of medical treatment. Labor Code Section 4610 section (g) states the time frame for L.R. (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician In cases where the review is retrospective, the decision shall be communicated to the individual who received services, or to the individual's designee, within 30 days of receipt of information that is reasonably necessary to make this determination. All of the denial or medication procedures contained in Labor Code section 4610 (g) (2) and (3) are mandatory, and if the statutory requirements are not met, the utilization review report is not admissible. The only other procedure for disputing the treatment is a QME, pursuant to Labor Code section 4062.

Proof of Service State of California, County of Los Angeles

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

On this date 05/07/2014 I served this report to the above Insurance Co. by transmitting via US Postal Services/facsimile this document between the hours of 8:00am and 5:00pm. The facsimile was reported as completed and without error by the transmitting facsimile machine. I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed in Los Angeles, CA

SCIF RECD DTE 05/13/2014 FRSCAN 24 05/13/2014 04:19 PM 055768 23 4





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

SPINAL CORD STIMULATION
INTRATHECAL PUMP
PLACEMENT
DISCOGRAPHY
RADIOFREQUENCY ABLATION
SPINAL INJECTIONS

DIPLOMATE, AMERICAN BOARD
OF ANESTHESIOLOGY
FELLOWSHIP TRAINED IN PAIN
MEDICINE

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

Patient Name : Daniel Doran
Date of Service : April 3, 2014
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : 7/11/2012
File # : 20015038

**SECONDARY TREATING PHYSICIAN PAIN MANAGEMENT
FOLLOW-UP REPORT AND REQUEST FOR SURGICAL SPINAL
AND NONSURGICAL AUTHORIZATIONS**

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

Mr. Daniel is a very pleasant 47-year-old gentleman who presents today with a complaint of a chronic unremitting pain in his right arm with numbness, tingling and burning sensation. His pain precludes him from performing activities of daily living. He was diagnosed with complex residual pain syndrome type 1 of the right upper extremity. He is also receiving treatment for his diabetes. To remind, we requested authorization for spinal cord stimulator trial as patient had failed to improve with all conservative treatment provided before.

His pharmacological regimen is not causing any side effects.

PHYSICAL EXAMINATION:

On physical examination, the patient is very uncomfortable. Mottling and cold temperature of the right upper extremity are noted with decreased grip strength. The patient is alert and oriented x3.

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LOS ANGELES, CA 90063
PH. (323) 264-6296
FX. (323) 545-6946

Doran, Daniel
April 3, 2014
Page 2 of 3

IMPRESSION:

Complex regional pain syndrome type 1 of right upper extremity.
Right wrist tendinitis/bursitis.

RECOMMENDATION:

Today, we are formally requesting authorization for refill of Norco 10 mg #90 tablets, Neurontin 900 mg #90 tablets and Elavil 40 mg #30 tablets. Medications cause no side effect and help to maintain functional capacity addressing his persistent burning and unbearable pain.

Furthermore, today once again we are formally requesting authorization for spinal cord stimulator trial on industrial basis as occupational injury precipitated onset of the patient symptoms. The patient failed with the plethora of conservative treatment including injections. He has been cleared by psychologist. He is a clear candidate for the spinal cord stimulator trial in accordance with MTUS Guidelines. We anticipate a speedy response in accordance with the Labor Code Section 4610.

We will see the patient in four weeks for further updates regarding all his medical and diagnostic records and refill of his medications.

His work status and further course of conservative treatment shall be deferred.

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

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



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



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

April 15, 2014

Date

Doran, Daniel

April 3, 2014

Page 3 of 3

Fellowship-Trained in Pain Medicine
Qualified Medical Evaluator,
State of California

MN/rxt

cc: SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650
Attn: Emma Padilla

William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

State of California, Division of Worker's Compensation

Jonathan F. Kohan M.D.

SECONDARY PHYSICIAN PROGRESS REPORT (PR - 2)

Reason of PR-2:

Patient:

Name: Daniel DORAN
Street: 1245 W Cienega Spc# 201
City: San Dimas, CA 91733
Phone: 760-258-7545
DOB: 06/04/1966
SSN: 554-73-1885
DOI: 07/11/2012

Employer: Benedict & Benedict

Occupation:

Claims Administrator:

Name: SCIF - LA (CLM# ENDING IN 00-49)
Address: PO BOX 65005
City: Fresno, CA 93650
Phone: 888-782-8338
Fax: 707-646-8289
Claim #: 05814232
Phone:

Subjective Complaints: Pt reports: Depressed mood.

Objective Findings: Pt appears: Depressed Affect is: Flat Pt. was administered: BAI: 42 BDI: 50.

Diagnoses:

Treatment Plan: Neurontin 900 TID #90, NORCO 10MG tid #90, ELAVIL 40MG QD#30.

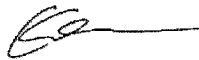
Work Status: Work status will be directed by PTP.

Secondary Treating Physician:

Date of Exam: Mar 06, 2014

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.

Signature



Cal.Lic # A66353

Name

Jonathan F. Kohan M.D.

Specialty

Pain Management

Address

724 Corporate Center Drive Pomona, CA 917682650

Phone

909-622-6222 x



2 3154543 00000066 004 005 05814232

Jonathan F. Kohan, M.D.

* 724 Corporate Center Drive Pomona, CA 917682650 *

Authorization Request

Today's Date: 03/10/2014

Our Chart No. 20015038

Patient Name: Daniel DORAN

DOB: 06/04/1966

Claim #: 05814232

Request from Office Visit date: 03 06, 2014

You can contact us by phone, fax or email

***Phone # : (818) 788-2400 Ext: 146**

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

***Email: nancy@synapsedoctor.com**

Thank you.
Maribel Perez

Labor Code Section 4610, section (0) states that "no person other than a licensed physician... may modify, delay or deny request for authorization of medical treatment. Labor Code Section 4610 section (g) states the time frame for UR (1): Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician. In cases where the review is retrospective, the decision shall be communicated to the individual who received services, or to the individual's designee, within 30 days of receipt of information that is reasonably necessary to make this determination. All of the denial or medication procedures contained in Labor Code section 4610 (g) (2) and (3) are mandatory, and if the statutory requirements are not met, the utilization review report is not admissible. The only other procedure for disputing the treatment is a QME, pursuant to Labor Code section 4062.

Proof of Service State of California, County of Los Angeles

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

On this date 03/10/2014 I served this report to the above Insurance Co. by transmitting via US Postal Services/facsimile this document between the hours of 8:00am and 5:00pm. The fascimile was reported as completed and without error by the transmitting fascimile machine. I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed in Los Angeles, CA



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

SPINAL CORD STIMULATION
INTRATHECAL PUMP
PLACEMENT
DISCOGRAPHY
RADIOFREQUENCY ABLATION
SPINAL INJECTIONS

DIPLOMATE, AMERICAN BOARD
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MEDICINE

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PH. (323) 264-6296
FX. (323) 545-6946

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

Patient Name : Daniel Doran
Date of Service : March 6, 2014
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

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

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

Mr. Doran is a 47-year-old gentleman who returns for evaluation after his last appointment with me on February 6, 2014. He reports no changes in his symptoms and continues to be treated for diabetes. He also remains under the care of psychologist with weekly psychotherapy sessions.

He has a longstanding right upper extremity symptoms of CRPS. These have not responded to multiple interventions and he reports some increasing level of pain after his most recent medication regimen were delayed. Currently, he is on Norco 10 mg three times a day with Elavil 40 mg at night time and also Neurontin 2700 mg a day.

PHYSICAL EXAMINATION:

There is no sign of sedation. He is alert and oriented. Mottling and cold temperature in the right upper extremity are noted with decreased grip.

Doran, Daniel

March 6, 2014

Page 2 of 5

IMPRESSION:

Complex regional Pain Syndrome type I, right upper extremity.
DiabetesR

RECOMMENDATION:

We will submit a formal request, so that there is no further delay in his regimen of medication. These will include on a monthly basis Norco 10 mg two times a day #90, Neurontin 900 mg two times a day #90 and Amitriptyline 40 mg once a day #30.

He would like to proceed with neurostimulation trial, which I believe is the only option available. Ultimately depending on the outcome during the trial period. He may be a candidate to undergo permanent placement. The request will be submitted formally along with psychological clearance of Dr. Hinze.

Evaluations will remain on a monthly basis. Meanwhile, disability and work status are deferred.

ATTACHMENT:

Prospective, multicenter study of spinal cord stimulation for relief of chronic back and extremity pain.

Spine. 1996; 21(23):2786-94 (ISSN: 0362-2436)

Burchiel KJ ; Anderson VC ; Brown FD ; Fessler RG ; Friedman WA ; Pelofsky S ; Weiner

Division of Neurosurgery, Oregon Health Sciences University, Portland.

STUDY DESIGN: This prospective, multicenter study was designed to investigate the efficacy and outcome of spinal cord stimulation using a variety of clinical and psychosocial outcome measures. Data were collected before implantation and at regular intervals after implantation. This report focuses on 70 patients who had undergone 1 year of follow-up treatment at the time of data analysis. **OBJECTIVES:** To provide a more generalizable assessment of long-term spinal cord stimulation outcome by comparing a variety of pain and functional/quality-of-life measures before and after management. This report details results after 1 year of stimulation. **SUMMARY OF BACKGROUND DATA:** The historically diverse methods, patient selection criteria, and outcome measures reported in the spinal cord stimulation literature have made interpretation and comparison of results difficult. Although short-term outcomes are generally consistent, long-term outcomes of spinal cord stimulation, as determined by prospective studies that assess multidimensional aspects of the pain complaint among a relatively homogeneous population, are not well established. **METHODS:** Two hundred nineteen patients were entered at six centers throughout the United States. All patients

underwent a trial of stimulation before implant of the permanent system. Most were psychologically screened. One hundred eighty-two patients were implanted with a permanent stimulating system. At the time of this report, complete 1-year follow-up data were available on 70 patients, 88% of whom reported pain in the back or lower extremities. Patient evaluation of pain and functional levels was completed before implantation and 3, 6, 12, and 24 months after implantation. Complications, medication usage, and work status also were monitored. RESULTS: All pain and quality-of-life measures showed statistically significant improvement during the treatment year. These included the average pain visual analogue scale, the McGill Pain Questionnaire, the Oswestry Disability Questionnaire, the Sickness Impact Profile, and the Back Depression Inventory. Overall success of the therapy was defined as at least 50% pain relief and patient assessment of the procedure as fully or partially beneficial and worthwhile. Using this definition, spinal cord stimulation successfully managed pain in 55% of patients on whom 1-year follow-up is available. Complications requiring surgical intervention were reported by 17% (12 of 70) of patients. Medication usage and work status were not changed significantly. CONCLUSIONS: This prospective, multicenter study confirms that spinal cord stimulation can be an effective therapy for management of chronic low back and extremity pain. Significant improvements in many aspects of the pain condition were measured, and complications were minimal.

Spinal Cord Stimulation: Indications and Outcomes

Anthony W. Lee, M.D.¹; Julie G. Pilitsis, M.D., Ph.D.²

Neurosurgical Focus

Summary

Spinal cord stimulation (SCS) is the most commonly used implantable neurostimulation modality for management of pain syndromes. In this paper the authors describe the current indications for SCS and its efficacy in the treatment of those diseases. Specifically, the literature on patient selection and outcomes after SCS for failed-back surgery syndrome (FBSS), refractory angina pectoris, peripheral vascular disease, and complex regional pain syndrome (CRPS) Type I was reviewed. Effective pain relief was obtained in 60 to 80% of patients with FBSS and CRPS Type I. Furthermore, these patients had significant improvements in quality of life (QOL) and a significantly greater chance of returning to work than patients who did not undergo SCS. The use of SCS in patients with inoperable angina (that is, refractory angina pectoris) resulted in significant decreases in chest pain and hospital admissions as well as increased exercise duration, with less morbidity than with open procedures that were performed for pain control only. Patients with inoperable PVD also demonstrated significant improvements in pain relief, QOL, and limb mobility. Reported complications were mostly related to hardware and were relatively minor. Review of randomized controlled studies supports the use of SCS as an effective treatment modality for pain associated with FBSS,

refractory angina pectoris, peripheral vascular disease, and CRPS Type I.

Introduction

Spinal cord stimulation is a pain treatment modality predicated on reducing the intensity, duration, and frequency with which pain is felt. Although it was developed on the basis of the gate control theory of pain proposed by Melzack and Wall,^[37] its mechanism of action involves more than inhibition of pain pathways in the dorsal horn nucleus.^[39] Experimental studies involving neurotransmitters (for example, g-aminobutyric acid and adenosine^[34,40]) have been used to explain other pathways by which SCS works. Further more, modulation of the autonomic nervous system may explain the efficacy of SCS for pain syndromes such as refractory angina pectoris and CRPS.^[2,7,13,20] Although its exact mechanisms of action are not fully understood, SCS has been shown to be beneficial in the treatment of several pain syndromes, with fairly consistent results.^[9,28,32,46] A number of randomized control led trials and numerous case series with long-term follow-up reports on SCS have been performed.^[9,12,21,24,25,27,28,31,42-44,59,60] In this paper we discuss general patient selection criteria for SCS and summarize indications and outcomes that have been reported for SCS in the treatment of FBSS, refractory angina pectoris, peripheral vascular disease causing critical leg ischemia, and CRPS Type I.

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



Jonathan F. Kohan, M.D.
Diplomate American Board of Anesthesiology
Fellowship-Trained in Pain Medicine
Qualified Medical Evaluator,
State of California

March 26, 2014

Date

JFK/rxt

cc:
SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005

Doran, Daniel

March 6, 2014

Page 5 of 5

Fresno, CA 93650
Attn: Emma Padilla

William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663



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

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

SPINAL CORD STIMULATION
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For MPN Listing visit:
www.JKohan.com

Edwin Haronian, M.D.
16542 Ventura Blvd. Suite 402
Encino, CA 91436

Patient Name : Daniel Doran
Date of Service : February 6, 2014
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

**SECONDARY PHYSICIAN PAIN MANAGEMENT FOLLOW-UP
REPORT AND REQUEST FOR SURGICAL AUTHORIZATION**

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

Mr. Doran is a very pleasant 47-year-old gentleman who presents today with a complaint of a chronic unremitting pain in his right forearm, wrist and hand. Pain level is 8-9/10 on a Verbal Analog Pain Scale with medications. He complains of tingling, numbness and burning sensation in his right upper extremity. The patient tolerated increase of Neurontin to 900 mg three times a day and Norco 10 mg three times a day well without any side effects. He also tolerated decrease of Elavil to 40 mg at bedtime without any side effects. To remind, the patient has been diagnosed with complex regional pain syndrome type 1 on the right side. The patient has been cleared by psychologist for the spinal cord stimulator trial.

PHYSICAL EXAMINATION:

On physical examination, the patient is visibly very uncomfortable. Allodynia is noted on the right distal forearm, hand and wrist. Decreased grip strength is noted. Difference in temperature is noted compared to the opposite distal forearm, hand and wrist.



Doran, Daniel
February 6, 2014
Page 2 of 3

IMPRESSION:

Complex regional pain syndrome type 1 with right forearm wrist and hand.

RECOMMENDATION:

We are refilling the patient's medications today as they cause no side effect and help to maintain functional capacity. Today, we are formally requesting authorization for spinal cord stimulator trial on an industrial basis. His clinical impression, persistent symptomatology and unsuccessful attempts to improve with other pain management procedures provide substantial medical evidence to justify the requested spinal cord stimulator trial. He remains to be severely symptomatic. The patient is practically unable to perform activities of daily living which require use of right arm. Based on the reasonable medical probability we hope to achieve long term improvement with self-hygiene, dressing, undressing, and to return the patient to workforce with maximum capacity. The patient meets criteria set by the MTUS guidelines.

All conditions, risks, benefits, and alternatives were discussed with the patient who did verbalize understanding.

We will see the patient in four weeks for further updates regarding all his medical and diagnostic records and refill of his medications.

Activities which do not aggravate symptoms can be maintained.

His work status and further course of conservative treatment shall be deferred.

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

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



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



Doran, Daniel
February 6, 2014
Page 3 of 3



Jonathan F. Kohan, M.D.
Diplomate American Board of
Anesthesiology
Fellowship-Trained in Pain Medicine
Qualified Medical Evaluator,
State of California

MN/rxt

cc: SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650
Attn: Emma Padilla

William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

February 21, 2014
Date





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

SPINAL CORD STIMULATION
INTRATHECAL PUMP
PLACEMENT
DISCOGRAPHY
RADIOFREQUENCY ABLATION
SPINAL INJECTIONS

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

Patient Name : Daniel Doran
Date of Service : January 9, 2014
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

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

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

Mr. Doran is a pleasant 47-year-old gentleman who presents today with a complaint of a chronic unremitting pain in his right forearm, wrist and hand. Pain is 9/10 on a Verbal Analog Pain Scale with medications.

He is maintained on Neurontin 800 mg three times a day and Elavil 50 mg at bedtime, Norco 7.5 mg three times a day. He reports absence of side effects. However, his pain is notably controlled. The patient has been diagnosed with complex regional pain syndrome type 1 on the right side. At this point, he is awaiting authorization for psychological consultation to be cleared for the spinal cord stimulator trial as he failed to improve with other means.

PHYSICAL EXAMINATION:

The patient is visibly very uncomfortable. Allodynia is noted on the right distal forearm, hand and wrist. Decreased grip strength is noted.

Doran, Daniel
January 9, 2014
Page 2 of 3

IMPRESSION:

Complex regional pain syndrome type 1 with right forearm wrist and hand.

RECOMMENDATION:

We are changing the patient's medications today. Norco will be increased to 10 mg three times a day, Neurontin will be increased 900 mg three times a day. Elavil will be tapered down to 40 mg as the patient is not tolerating it well. All conditions, risks, benefits, and alternatives were discussed with the patient who did verbalize understanding.

We will continue to observe unfolding events in reference to the patient's psychological clearance. In our opinion, the patient is a good candidate for the spinal cord stimulation trial.

In summary, we will see him in four weeks for further updates regarding all his medical and diagnostic records and assess response to the provided medications.

His work status and further course of conservative treatment shall be deferred.

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

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



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



Jonathan F. Kohan, M.D.
Diplomate American Board of
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Fellowship-Trained in Pain Medicine
Qualified Medical Evaluator,
State of California

January 14, 2014
Date

Doran, Daniel
January 9, 2014
Page 3 of 3

MN/rxt

cc: SCIF - LA (CLM# ENDING IN 00-49)
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Fresno, CA 93650
Attn: Emma Padilla

William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663



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

SPINAL CORD STIMULATION
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For MPN Listing visit:
WWW.JKohan.com

Edwin Haronian, M.D.
5651 Sepulveda Blvd Suite 201
Sherman Oaks, CA 91411

Patient Name : Daniel Doran
Date of Service : December 12, 2013
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

**SECONDARY PHYSICIAN PAIN MANAGEMENT FOLLOW-UP
REPORT AND REQUEST FOR AUTHORIZATION**

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

Mr. Daniel is a very pleasant 47-year-old gentleman who presents today with a complaint of a chronic pain in his left arm, wrist and hands on the right side. Pain level is 6-7/10 on a Verbal Analog Pain Scale with medications. In spite of the fact that patient failed to improve with other means, he is being considered for spinal cord stimulator to address his complex regional pain syndrome type 1 on the right side. We at this point continue to await authorization for psychological consultation for clearance.

He is presently maintained on combination of Norco 7.5 mg three times a day (he tolerated the increase well), Neurontin 800 mg three times a day and Elavil 50 mg at bedtime. The patient reports absence of side effects.

PHYSICAL EXAMINATION:

On physical examination, the patient is visibly very uncomfortable. Allodynia is noted on the right distal forearm, hand and wrist.

Doran, Daniel
December 12, 2013
Page 2 of 3

Decreased grip strength is noted.

IMPRESSION:

Complex regional pain syndrome type 1 with the right forearm wrist and hand.

RECOMMENDATIONS:

We are refilling the patient's medications today as they cause no side effect and help to maintain functional capacity. We continue to await authorization for the psychological clearance. In our opinion, the patient is a very strong candidate for the above mentioned pain management treatment. He failed to improve with plethora of conservative treatment and remains to be very symptomatic. We anticipate a speedy response to our request in accordance with the Labor Code Section 4610.

Furthermore, today we are once again formally requesting authorization for purchase of right wrist brace. The patient obtains several during his clinical course. Unfortunately, the patient's perspiration leads to quick disintegration of this particular device, therefore he is in need of the replacement quickly. This particular device increased his range of motion and functional capacity status.

In summary we will see the patient in four weeks for further updates regarding all his medical and diagnostic records.

Activities which do not aggravate symptoms can be maintained. His work status and further course of conservative treatment are deferred.

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

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



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



December 18, 2013

Doran, Daniel
December 12, 2013
Page 3 of 3

Jonathan F. Kohan, M.D.
Diplomate American Board of
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Qualified Medical Evaluator,
State of California

Date

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Attn: Emma Padilla

William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

Jonathan F. Kohan, M.D.

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

SPINAL CORD STIMULATION
INTRATHECAL PUMP
PLACEMENT
DISCOGRAPHY
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SPINAL INJECTIONS

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For MPN Listing visit:
WWW.JKohan.com

Edwin Haronian, M.D.
16542 Ventura Blvd. Suite 402
Encino, CA 91436

Patient Name : Daniel Doran
Date of Service : November 14, 2013
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

**SECONDARY PHYSICIAN PAIN MANAGEMENT FOLLOW-UP
REPORT AND REQUEST FOR AUTHORIZATION**

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

Mr. Daniel is a 47-year-old gentleman who presents today with a complaint of a chronic unremitting pain in his right hand, wrist and distal forearm. Pain level is rated as 9/10 on a Verbal Analog Pain Scale. The patient is presently maintained on Lyrica 100 mg twice a day, Elavil 50 mg, Norco 7.5 mg three times a day. While the patient tolerated Lyrica well, the control of neuropathic pain is suboptimal.

Unfortunately, the patient was unable to obtain the clearance from psychologist to series of vicissitudes.

To remind, he was deemed to be a candidate for spinal cord stimulator trial.

PHYSICAL EXAMINATION:

On physical examination, the patient is visibly uncomfortable. He is wearing a wrist support. Allodynia is noted. Decreased grip strength is noted.



Doran, Daniel
November 14, 2013
Page 2 of 3

IMPRESSION:

Rule out complex regional pain syndrome type 1.
Chronic wrist and hand pain on the right side.

RECOMMENDATIONS:

We are refilling the patient's medications today; however, Lyrica will be stopped. Neurontin will be tapered up to 800 mg three times a day. Maximum dose of this particular medication is 3600 mg a day. The patient felt much more comfortable with this particular medication before intake of Lyrica.

Furthermore, today we are formally requesting authorization for psychological consultation to provide the patient with clearance in order to establish realistic expectations after the implantation of a spinal cord stimulator. We anticipate a speedy response in accordance with the Labor Code Section 4610. The patient has remained to be symptomatic for prolonged period of time failing to improve with the plethora of conservative treatment including injections.

In summary, we will see the patient in four weeks for further updates regarding all his medical and diagnostic records and assess response to increased dose of Neurontin.

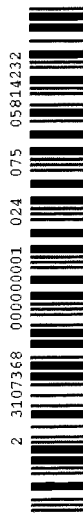
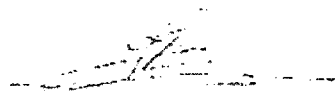
Activities which do not aggravate symptoms can be maintained. His work status and further course of conservative treatment shall be deferred.

It is important to mention that we do recommend the patient to taper down Lyrica before starting Neurontin. He is instructed to take one tablet 100 mg today to take nothing the day after tomorrow and then start Neurontin.

All conditions, risks, benefits, and alternatives were discussed with the patient who did verbalize understanding.

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

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



Doran, Daniel
November 14, 2013
Page 3 of 3

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



Jonathan F. Kohan, M.D.
Diplomate American Board of
Anesthesiology
Fellowship-Trained in Pain Medicine
Qualified Medical Evaluator,
State of California

November 26, 2013
Date

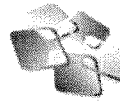
MN/rxt

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PO BOX 65005
Fresno, CA 93650
Attn: Emma Padilla

William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

2 3107368 000000001 025 075 05814232





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

SPINAL CORD STIMULATION
INTRATHECAL PUMP
PLACEMENT
DISCOGRAPHY
RADIOFREQUENCY ABLATION
SPINAL INJECTIONS

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For MPN Listing visit:
WWW.JKohan.com

Edwin Haronian, M.D.
16542 Ventura Blvd. Suite 402
Encino, CA 91436

Patient Name : Daniel Doran
Date of Service : October 17, 2013
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

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

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

Mr. Doran is a very pleasant 47-year-old gentleman who presents today with a complaint of a chronic unremitting pain in his left forearm, wrist and hands on the right side. Pain level is 7/10 on a Verbal Analog Pain Scale. He is status post stellate ganglion injection conducted yesterday. He tolerated procedure well; however, he does not report any significant amount of improvement at this point.

The patient is also being seen by psychologist.

He is presently maintained on combination of Norco 7.5 mg twice a day, Norco 5 mg once a day, Elavil 50 mg at bedtime. He tolerated Lyrica 50 mg twice a day well without any side effects.

PHYSICAL EXAMINATION:

On physical examination, the patient is visibly uncomfortable. Allodynia is noted in his right distal forearm, hand and wrist. Decreased grip strength is noted.

IMPRESSION:

Complex regional pain syndrome type 1 of the right forearm wrist and hand.

RECOMMENDATIONS:

We are refilling his medications today as they cause no side effect and help to maintain functional capacity. However, Lyrica will be increased to 100 mg. Norco will be provided in quantity of 7.5 mg three times a day. All conditions, risks, benefits, and alternatives were discussed with the patient who did verbalize understanding.

In light of lack of improving from other means, we would like to consider further alternative options. We previously discussed with the patient spinal cord stimulator trial. He does gravitate towards this option. Therefore, today we are formally requesting his psychologist to provide us with psychological clearance to establish realistic expectations.

In short, we will see the patient in four weeks for further updates regarding all his medical and diagnostic records and assess response to increased doses of medications.

His work status and further course of conservative treatment shall be deferred.

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

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



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



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

October 22, 2013
Date



Osteon Surgery Center
16260 Ventura Blvd., Suite 800
Encino, CA 91436
Tel (818) 205-9388 Fax (818) 205-9389
www.osteonsc.com

OPERATIVE REPORT

PREOPERATIVE DIAGNOSIS:

Complex regional pain syndrome, right upper extremity.

POSTOPERATIVE DIAGNOSIS:

Complex regional pain syndrome, right upper extremity.

ATTENDING SURGEON:

Jonathan Kohan, M.D.

ANESTHESIOLOGIST:

Joel Diaz, CRNA

TYPE OF ANESTHESIA:

MAC.

PROCEDURE:

1. Stellate ganglion injection on the right.
2. Gangliogram.
3. Injection of Marcaine.
4. Fluoroscopy.

INDICATION: The purpose of the procedure and possible risks include not limited to infection, bleeding, nerve irritation, damage, paralysis, seizure, or death have been discussed with the patient, who would like to procedure reporting no changes in his health.

DESCRIPTION OF THE PROCEDURE: After obtaining informed consent, he was taken to the operating room and placed on the operating table in the supine position with a wedge under the upper back area to allow slight extension of the cervical spine. The neck area was then prepped with "ChloroPrep" and draped under sterile fluoroscopic condition.

The C7 transverse body was identified under fluoroscopy, then a #25-gauge needle was inserted and advanced under fluoroscopy until we touched the middle aspect of the transverse process. After confirming proper position of needle and after negative aspiration for any blood or CSF, a 2 cc of Omnipaque 300 was injected which revealed diffuse extravasation of the dye in anterolateral direction. Then, a solution containing 12 cc of 0.25% Marcaine was injected incrementally and gradually over the period of two minutes with one additional fluoroscopy view to make sure the proper spread of the medication.

Patient Name: Daniel DORAN
Date of Birth: 6/4/1966
MR#: 20015038
Procedure Date: 10/16/2013





Then the needle was removed. The areas were cleaned and covered with Band-Aid. The patient tolerated the procedure well and was taken to the recovery room and had evidence of increased temperature on the right upper extremity before discharged.

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.

Jonathan Kohan, M.D.

Dictated: 10/16/2013

Transcribed: 10/16/2013

cc: Emma Padilla
SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650

William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

Patient Name: Daniel DORAN
Date of Birth: 6/4/1966
MR#: 20015038
Procedure Date: 10/16/2013



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

SPINAL CORD STIMULATION
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Edwin Haronian, M.D.
16542 Ventura Blvd. Suite 402
Encino, CA 91436

Patient Name : Daniel Doran
Date of Service : September 19, 2013
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

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

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

Mr. Daniel Doran is a very pleasant 47-year-old gentleman who presents today with a complaint of a chronic unremitting pain in his right hand, wrist, and distal forearm. Pain level is 8/10 on a Verbal Analog Pain Scale.

He is presently obtaining 700 mg of Neurontin three times a day, Relafen 750 mg twice a day, and Norco 5 mg #30 tablets. He is also obtaining Elavil 50 mg from Dr. Haronian. He reports no side effects. However, his pain is suboptimally controlled with present pharmacological regimen.

He has been approved for one right stellate ganglion injection.

PHYSICAL EXAMINATION:

On physical examination, the patient is visibly very uncomfortable. Decreased grip strength is noted. Allodynia is noted on the right hand and wrist with colder temperature when compared to opposite

extremity.

IMPRESSION:

Rule out complex regional pain syndrome type 1.
Chronic wrist and hand pain on the right side.

RECOMMENDATIONS:

We are refilling the patient's medications today as they cause no side effect and help to maintain functional capacity. However, we will attempt to change medication for control of his neuropathic pain. We would like to start Lyrica 50 mg twice a day. Neurontin will be provided as well; in case of certain compensation issues, we will preclude the patient from obtaining this particular medication. Also, his Norco will be increased to 7.5 mg twice a day. The patient will be scheduled for the procedure accordingly.

All conditions, risks, benefits, and alternatives were discussed with the patient who did verbalize understanding.

We previously discussed that if patient remain to be symptomatic, we would consider spinal cord stimulation with prior psychological clearance.

At any event, we will see the patient in four weeks for further updates regarding all his medical and diagnostic records, assess response to procedure and new medications.

Activities which do not aggravate symptoms can be maintained along with the home-type exercises to prevent further decrease of range of motion can be advised.

His work status and further course of conservative treatment along with Elavil shall be deferred.

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

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



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

Doran, Daniel
September 19, 2013
Page 3 of 3



Jonathan F. Kohan, M.D.
Diplomate American Board of
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Fellowship-Trained in Pain Medicine
Qualified Medical Evaluator,
State of California

September 24, 2013
Date

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William Green Esq.
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Newport Beach, CA 92663



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

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

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Edwin Haronian, M.D.
16542 Ventura Blvd. Suite 402
Encino, CA 91436

Patient Name : Daniel Doran
Date of Service : August 22, 2013
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

**SECONDARY PHYSICIAN PAIN MANAGEMENT FOLLOW-UP
REPORT, REVIEW OF DIAGNOSTIC RECORDS, AND REQUEST
FOR AUTHORIZATION**

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

Mr. Daniel is a pleasant 47-year-old gentleman who presents today with a complaint of a chronic unremitting pain in his right upper extremity including wrist and hand. Pain level is 6/10 on a Verbal Analog Pain Scale.

He is presently obtaining 700 mg of Neurontin three times a day, Relafen 750 mg twice a day, and Norco 5 mg #30 tablets. He is also obtaining Elavil 50 mg from Dr. Haronian.

PHYSICAL EXAMINATION:

He is visibly very uncomfortable. Decreased grip strength is noted. Allodynia is noted on the right hand and wrist. There is no excess hair or nail growth noted.

IMPRESSION:

Rule out complex regional pain syndrome type 1.



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Doran, Daniel
August 22, 2013
Page 2 of 3

Chronic wrist and hand pain on the right side.

RECOMMENDATIONS:

We will refill his medications today, as they cause no side effect and help to maintain functional capacity. However, it is important to mention that the patient has exhausted all conservative treatment at this point. Therefore, today, we are formally requesting authorization for one stellate ganglion injection on the right side. We anticipate a speedy response in accordance with the Labor Code Section 4610. Available diagnostic studies, the patient's persistent symptomatology, and failure to improve with other means provide substantial medical evidence to justify such a step. Based on reasonable medical probability, we are prognosticating a long-term improvement with dressing, undressing, self-hygiene, and bowel and bladder management.

All conditions, risks, benefits, and alternatives were discussed with the patient who did verbalize understanding.

It is important to mention that if the patient remains to be symptomatic, the next logical step would be to consider a spinal cord stimulator trial with prior psychological clearance.

REVIEW OF DIAGNOSTIC RECORDS:

Results of the CBC dated July 12, 2013, revealed elevated WBC of 13.3, hemoglobin A1c is 6.1 with baseline 4.8 to 5.6.

In summary, we will see him in four weeks for further updates regarding all his medical and diagnostic records and refill of medications.

Activities which do not aggravate symptoms can be maintained. Elavil, work status, and further course of conservative treatment shall be deferred.

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

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



Doran, Daniel
August 22, 2013
Page 3 of 3

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



September 3, 2013
Date

Jonathan F. Kohan, M.D.
Diplomate American Board of
Anesthesiology
Fellowship-Trained in Pain Medicine
Qualified Medical Evaluator,
State of California

MN/rxt

cc: SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650
Attn: Emma Padilla

William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663





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

SPINAL CORD STIMULATION
INTRATHECAL PUMP
PLACEMENT
DISCOGRAPHY
RADIOFREQUENCY ABLATION
SPINAL INJECTIONS

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Edwin Haronian, M.D.
16542 Ventura Blvd. Suite 402
Encino, CA 91436

Patient Name : Daniel Doran
Date of Service : July 25, 2013
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

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

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

Mr. Daniel is a pleasant 47-year-old gentleman who presents today with a complaint of a chronic pain in his right upper extremity. Pain level is 6/10 on a Verbal Analog Pain Scale.

He is presently maintained on 600 mg of Neurontin, therapeutic cream, Docuprene and Relafen from our office. He is also obtaining Elavil 75 mg and Norco 5 mg from Dr. Haronian. He does not report any side effects. His neuropathic pain has improved after the doubling dose of Neurontin. The patient did not tolerate Elavil 100 mg well. His sleeping patterns and depression have improved after the initiation of Elavil overall.

PHYSICAL EXAMINATION:

On physical examination, decreased grip strength is noted. The patient is visibly uncomfortable. Allodynia is noted on the right hand and wrist. There is no excess of hair or nail growth noted.

Doran, Daniel
July 25, 2013
Page 2 of 3

IMPRESSION:

Rule out complex regional pain syndrome type 1.
Chronic wrist and hand pain.

RECOMMENDATIONS:

We would like to increase Neurontin to 700 mg three times a day. The rest of the medications will be provided today as they cause no side effect and help to maintain functional capacity. We also will entertain option of Lyrica to control his neuropathic pain. We will defer other medications to Dr. Haronian.

We will see him in four weeks to assess response to increased dose of Neurontin and overall observation of his condition.

His work status and further course of conservative treatment shall be deferred.

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

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



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



Jonathan F. Kohan, M.D.
Diplomate American Board of
Anesthesiology
Fellowship-Trained in Pain Medicine
Qualified Medical Evaluator,
State of California

August 1, 2013
Date

MN/rxt

cc: SCIF - LA (CLM# ENDING IN 00-49)

Doran, Daniel

July 25, 2013

Page 3 of 3

PO BOX 65005
Fresno, CA 93650
Attn: Emma Padilla

William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663



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

SPINAL CORD STIMULATION
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Edwin Haronian, M.D.
16542 Ventura Blvd. Suite 402
Encino, CA 91436

Patient Name : Daniel Doran
Date of Service : July 11, 2013
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

**SECONDARY PHYSICIAN PAIN MANAGEMENT FOLLOW-UP
REPORT, REVIEW OF DIAGNOSTIC RECORDS AND REQUEST
FOR AUTHORIZATION**

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

Mr. Doran is a pleasant 47-year-old gentleman who presents today with a complaint of a chronic unremitting pain in his right hand and wrist with numbness and tingling.

REVIEW OF DIAGNOSTIC RECORDS:

Three phase bone scan report dated June 12, 2013, was reviewed. Increased activity in the first right metacarpophalangeal joint was noted.

The patient is presently obtaining 600 mg of Neurontin three times a day and Elavil 50 mg at bedtime. His sleeping pattern has improved significantly. He has decreased sensation of numbness and tingling. Nevertheless, he still remains to be symptomatic.

PHYSICAL EXAMINATION:

On physical examination, the patient is visibly uncomfortable.

Doran, Daniel
July 11, 2013
Page 2 of 3

Decreased grip strength is noted. Allodynia is noted. There are no excess of hair or nail growth noted on the right hand and wrist.

IMPRESSION:

Wrist tendinitis/bursitis.

Rule out complex residual pain syndrome type 1.

RECOMMENDATIONS:

Above mentioned diagnostic study did not directly indicate the diagnosis of complex regional pain syndrome. Nevertheless, the patient could undergo stellate ganglion injection. However, at this point he would like to concentrate on the pharmacological regimen. Therefore, we will refill his medications today; however, Elavil will be increased to 100 mg to be taken at bedtime. All conditions, risks, benefits, and alternatives were discussed with the patient who did verbalize understanding. We are also formally requesting authorization for purchase of wrist support to increase his range of motion and functional capacity status.

In summary, we will see him in two weeks to assess response to increased dose of Elavil.

Activities which do not aggravate symptoms can be maintained.

His work status and further course of conservative treatment shall be deferred.

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

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



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



Jonathan F. Kohan, M.D.

August 1, 2013
Date

Doran, Daniel

July 11, 2013

Page 3 of 3

Diplomate American Board of
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Jonathan F. Kohan, M.D.
SPECIALIZING IN PAIN DISORDERS



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MULTI-DISCIPLINARY
TREATMENT OF
CRPS (RSD)
CHRONIC PAIN SYNDROMES
CANCER PAIN
FIBROMYALGIA
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SPINAL CORD STIMULATION
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SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650
Attn: Emma Padilla

Patient Name : Daniel Doran
Date of Service : May 9, 2013
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

**PRIMARY TREATING PHYSICIAN PAIN MANAGEMENT
FOLLOW-UP REPORT, REVIEW OF DIAGNOSTIC RECORDS,
AND REQUEST FOR AUTHORIZATION**

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

Mr. Daniel is a pleasant 46-year-old gentleman who presents today with a complaint of a chronic unremitting pain in his right hand with numbness and tingling. His pain level is 7/10 on a Verbal Analog Pain Scale.

He is presently maintained on Medrox patches, Prilosec 20 mg twice a day, Relafen 750 mg twice a day, and Lexapro 10 mg once daily. No side effects have been reported. However, his pain is suboptimally controlled.

At this point, the patient continues to await authorization for bone scan.

The patient is being seen by a psychologist. He is also awaiting authorization for acupuncture therapy.

Report of MRI of the right wrist, dated April 11, 2013, revealed

Doran, Daniel
May 9, 2013
Page 2 of 3

osteoarthritis at the first carpometacarpal and first metacarpophalangeal joints.

PHYSICAL EXAMINATION:

On physical examination, the patient is visibly uncomfortable. Decreased grip strength is noted. No allodynia is noted. No excess of growth of hair or nails is noted.

IMPRESSION:

Wrist bursitis.

Rule out complex regional pain syndrome type 1.

RECOMMENDATIONS:

We continue to await authorization for the above mentioned diagnostic studies.

However, as we indicated in the initial report, it does not appear that patient full picture of complex regional pain syndrome type 1. Nevertheless, to address his pain on the most optimal level, we will start trial of Elavil 50 mg to be taken at bedtime to address his insomnia, depression and more importantly pain, we will start again Neurontin 300 mg three times a day . We also will start trial of vitamin C 500 mg twice a day. Lexapro will be stopped. We recommend the patient to take it every other day for one week and then stop completely. After that he can start Elavil. The rest of the medications will be refilled today as they cause no side effect and help to maintain functional capacity. We would like to start providing medications from our clinic. All conditions, risks, benefits, and alternatives were discussed with the patient who did verbalize understanding.

In summary, we will see him in four weeks for further updates regarding all his medical and diagnostic records and assess response to provided new medications.

Activities which do not aggravate symptoms can be maintained along with the home-type exercises to prevent further decrease of range of motion can be advised.

We are also formally requesting authorization for purchase of wrist support to increase the patient's range of motion and functional capacity status.

The patient's work status and further course of conservative treatment shall be deferred.

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

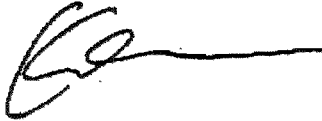
I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



Doran, Daniel
May 9, 2013
Page 3 of 3



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



Jonathan F. Kohan, M.D.
Diplomate American Board of
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Qualified Medical Evaluator,
State of California

May 14, 2013
Date

MN/rxt

cc: William Green Esq.
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Newport Beach, CA 92663





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

SPINAL CORD STIMULATION
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Edwin Haronian, M.D.
16542 Ventura Blvd. Suite 402
Encino, CA 91436

Patient Name : Daniel Doran
Date of Service : April 11, 2013
Claim # : 05814232
Employer : Benedict & Benedict
Date of Birth : June 4, 1966
Date of Injury : July 11, 2012
File # : 20015038

**SECONDARY PHYSICIAN PAIN MANAGEMENT INITIAL
REPORT
AND REQUEST FOR AUTHORIZATION**

Mr. Daniel Doran was seen in my office located at 724 Corporate Center Dr., Pomona, California 91768 on April 11, 2013 for a pain management consultation. The following is a presentation of my initial evaluation and overall recommendations. The history was obtained by a qualified medical historian, Ms. Monica Bradburn. I then reviewed the history in detail with the patient.

HISTORY OF INJURY:

Mr. Daniel Doran is a 46-year-old, right-handed male who sustained an industrial injury while performing his usual and customary duties while working for Benedict & Benedict Plumbing as a plumber. On July 11, 2012, he had been utilizing a saw to cut through an opening in a wall when a large piece of the wall came down and forcefully struck his right wrist and right thumb. He experienced immediate pain at the right wrist and hand. He sustained a laceration to the right thumb. He cleaned his laceration and bandaged his thumb. He notified his employer; however, no immediate medical treatment was provided. He went home in pain. He returned to work the following day despite ongoing pain. He was provided with a helper.

He notified his employer again on the third day and was sent to

Doran, Daniel

April 11, 2013

Page 2 of 8

Memorial Hospital in Pasadena. He was examined in the emergency room and x-rays were obtained. He was provided with medication. He was diagnosed with a fracture of the right thumb. His right hand/thumb were splinted and taped. Within a week, he was evaluated by an orthopedic surgeon. He was placed in a short arm cast. Once the cast was removed, he underwent physical therapy with only temporary relief. He underwent **EMG studies of the right upper extremity**. He was diagnosed with carpal tunnel syndrome at the right wrist. He was last seen on February 8, 2013.

On February 18, 2013, the patient was seen in your office for an orthopedic evaluation. He was examined and x-rays were obtained. He was provided with medication. He is scheduled to undergo an **MRI scan of the right hand and thumb** on April 11, 2013. Recommendations included acupuncture which he is scheduled to start next week. He also awaits a psychological evaluation and authorization to undergo a right carpal tunnel release. He has been referred here today for a pain management evaluation.

CURRENT WORK STATUS:

The patient is currently not working and is on temporary total disability status. He has not worked since July 12, 2012.

PRESENT COMPLAINTS:

Right Hand/Wrist/Thumb:

The patient experiences ongoing pain at the right hand/thumb. He experiences numbness and tingling that extends to the forearm and radiates to the hand and fingers. He has difficulty bending his thumb. He notes grip weakness and has difficulty with holding objects and with fine motor coordination. His wrist pain increases with gripping, grasping, pushing and pulling, rotating, and repetitive hand and finger movements. The pain level becomes worse throughout the day depending on activities. He also has difficulty sleeping and awakens with pain and discomfort.

The patient indicates that on a pain scale from 1-10, with 10 being the worst, his hand/wrist/thumb pain is rated 8/10.

PSYCHE/INSOMNIA:

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

The patient has difficulty sleeping, often obtaining a few hours of sleep at a time. He feels fatigued through the day and finds himself lacking concentration and memory at times. He worries over his medical condition and the future.

WEIGHT:

The patient states that his weight has not fluctuated since the date of injury.

Pre-injury weight: 170 pounds.
Present weight: 170 pounds.

ACTIVITIES OF DAILY LIVING:

The patient has significant difficulty performing his activities of daily living. He has difficulties with grooming, bathing, dressing, household chores and driving.

PAST MEDICAL HISTORY:

The patient has a history of diabetes mellitus. He denies medical illnesses including cardiovascular disease, hypertension, renal or hepatic disease, tuberculosis, cancer, ulcers, pneumonia, pulmonary or thyroid disease, skin problems, asthma, gout, rheumatoid arthritis, lupus or any type of bone, muscle or joint disease.

SURGERIES/HOSPITALIZATIONS:

The patient denies any past surgeries or hospitalizations.

PREVIOUS ACCIDENTS/INJURIES:

The patient denies any prior accidents or injuries.

CURRENT MEDICATIONS:

The patient is taking the following medication:

1. Metformin 2000 mg
2. Januvia 100 mg
3. Baclofen Cream 60 grams
4. Medrox Patch
5. Prilosec 20 mg
6. Relafen 750 mg
7. Neurontin 300 mg
8. Lexapro 10 mg

ALLERGIES:

The patient denies any known medication allergies.

SOCIAL HISTORY:

The patient is widowed with no children.

The patient smokes less than a pack of cigarettes per day. He has been a smoker for 30 years.

The patient denies the consumption of alcoholic beverages.

FAMILY HISTORY:

The patient's family history is noncontributory.

REVIEW OF SYSTEMS:

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

Respiratory: No cough, wheezing or shortness of breath.

Cardiovascular: No chest pain, heart murmur or palpitations.

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

Genitourinary: No dysuria, frequency, urgency or incontinence.

Hematopoietic: No bleeding problems, clot formations or phlebitis.

Neurologic: No seizure disorder, syncopal episodes, headaches or dizziness.

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

PHYSICAL EXAMINATION:

Height: 6'0".

Weight: 170 pounds.

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

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

Cardiac: Regular Rate and Rhythm without Murmur.

Chest: Clear Bilaterally.

Abdomen: Soft and Non-tender.

Cervical Spine:

There is not tenderness to palpation over paravertebral, trapezius, deltoid, and rhomboids area with mild spasm. There is not tenderness over paraspinous muscles.

Axial Compression: Negative. Spurling: Negative.

<u>Range of motion:</u>	Measured	<u>Normal</u>	Spasm	Pain
Forward Flexion	50	50	Negative	Negative
Extension	60	60	Negative	Negative
R Lateral Flexion	45	45	Negative	Negative
L Lateral Flexion	45	45	Negative	Negative
R Rotation	80	80	Negative	Negative
L Rotation	80	80	Negative	Negative

Doran, Daniel

April 11, 2013

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Reflex (0-2):	<u>Right</u>	<u>Left</u>
Biceps	1	1
Triceps	1	1
Brachioradialis	1	1

Motor (0-5):	<u>Right</u>	<u>Left</u>
Deltoid	5	5
Biceps	5	5
Triceps	5	5
Supinator	5	5
Pronator teres	5	5
Wrist Flexor	4 -	5
Wrist Extensors	4 -	5

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

Shoulder Examination:

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

There is not tenderness over the shoulder joint bilaterally. Impingement sign was negative on the right and left.

Elbow Examination:

	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Range of Motion:			
Flexion	140	140	140
Extension	0	0	0
Pronation	80	80	80
Supination	80	80	80

Tenderness was not noted over the entire joint including the medial and lateral

epicondyles on the left and right. Swelling was not noted.

Wrist Examination:

Tinel sign was negative on the right and left. Phalen's test is negative bilaterally.

Range of Motion:	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Flexion	60	60	60
Extension	60	60	60
Ulnar Deviation	30	30	30
Radial Deviation	20	20	20

Hand:

There is significant mottling of the right hand with cooler temperature compared with the left hand. There is no allodynia and dysesthesia, but there is mild hyperhidrosis. There is no nail or hair change.

REVIEW OF MEDICAL RECORDS/DIAGNOSTIC STUDIES:

Electrodiagnostic studies from January 15, 2013 by Dr. Levin shows mild carpal tunnel syndrome on the right.

IMPRESSION:

History of right hand contusion.

Sympathetically-mediated neuropathic pain, right upper extremity, possible mild CRPS.

RECOMMENDATION:

Mr. Doran is a 46-year-old gentleman who was injured during the course of employment while working his duties as a plumber for the above company. On July 11, 2012, he was using a saw to cut through an opening in the wall when a large piece of the wall came down and forcefully struck on his right wrist and right thumb. He had immediate pain and notified the employer who did not offer any medical care immediately. He remained in pain and was later sent to a local hospital by his employer where he underwent x-rays and provided with medication and casted after he was told that he had a fracture of his right thumb.

Later, he was sent to an orthopedic doctor and he was told that he has carpal tunnel syndrome but then his care was transferred to Dr. Haronian in February 2013. He is now recommended for a pain management evaluation for possible RSD. He is also recommended to undergo bone scan, has recently undergone MRI of the right wrist and hand.

The pain diffusely remains over the area of the fracture which extends to his wrist and his hand and therefore he has difficulty with any gripping, difficulty holding objects, or

Doran, Daniel
April 11, 2013
Page 7 of 8

any repetitive work. He cannot lift, push, or pull much weight and his pain has a Verbal Analog Score Scale of 8/10. He has felt changes in color and temperature and also sensitivity to touch over the palm of his hand.

On examination, limited range of motion of the right wrist is noted. Diffuse tenderness is noted over the right wrist and entire right thumb joint, but no swelling is noted. There is mottling of the right hand compared to the left and mild hyperhidrosis and also feels colder to touch. Mild dysesthesia is noted over the ventral wrist, but no allodynia is noted. There is no changes in hair or nail compared to the left.

The patient also has a history of diabetes and has been maintained on a regimen that includes Neurontin. This will be optimized and limited with possible side effects but continuation of Elavil is also reasonable. This patient does not present with all signs that would warrant a definite diagnosis of CRPS. Triple phase bone scan will help with the diagnosis in an objective manner.

Ultimately, however, if no other pathology is noted over the right wrist requiring surgery, he may undergo a series of stellate ganglion injection to address his current symptomatology. I would like first to review the results of the bone scan. I will see him back in a month. Meanwhile, disability, work status, and medications are deferred.

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

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

To complete this examination I have been assisted, as needed, for taking histories, taking x-rays, assisting with the patient, transcription of reports by some or all of the following personnel: Alma Azucar, Maribel Perez and Angie De La Torre. If required an interpreter was provided. All of the above individuals are qualified to perform the described activities by reason of individual training or under my direct supervision. I certify that this examiner reviewed the history and the past medical records directly with the patient. The examination of the patient, and interpretation of tests and x-rays, was all performed by this examiner. The dictation and the review of the final report were performed entirely by me. The opinions and conclusions contained in this report are entirely my own. I declare, under penalty of perjury, that the information contained in this report, and any attachments, is true and correct, and that there has not been a violation in this report of Section 139.3 L.C. to the best of my knowledge and belief,

Doran, Daniel
April 11, 2013
Page 8 of 8

except as to information that I have indicated was received from others. As to that information I declare under penalty of perjury, that I have accurately detailed the information provided me and, unless otherwise noted, I believe it to be true.

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



Jonathan F. Kohan, M.D.
Diplomate American Board of Anesthesiology
Fellowship-Trained in Pain Medicine
Qualified Medical Evaluator,
State of California

April 25, 2013

Date

County where executed: Los Angeles County

JFK/rxt

cc: William Green Esq.
3419 Via Lido #607
Newport Beach, CA 92663

SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650
Attn: Emma Padilla

Faxed by: Andrea; 05/02/2013 - 09:54 AM

05814232
SP

Edwin Haronian, M.D.

Orthopedic Surgery

Spine Surgery

Tel: (818) 788-2400 Fax: (818) 827-4706

Request of information on PREVIOUS Authorization Request

05/02/2013

Patient: Daniel DORAN

Claim No.: 05814232

An Initial Written request for: "Authorization: Right Wrist MRI with OUT Intra-articular Contrast; consult for pain management to rule out RSD, 4 session of psychotherapy depression / anxiety and exposure to pain, psychological evaluation; Accupuncture: 2 times a week for 3 weeks to right wrist to right hand.

Was made on date mar 18, 2013, since then we have found no response to my request. Once again we are requesting a response to my request for the above treatments.

Pursuant to Labor Code section 4610(h) the UR process is to be completed within 5 days...if the insurance carrier needs additional time to complete the UR, a maximum of 14 days are allowed). In NO EVENT can the UR process take longer than 21 days to complete and issue a 'modification, delay or denial' of the requested treatment, OR the treatment is presumed to be "approved". The Claims Adjuster's cannot 'deny' a requested treatment; they can only approve, or refer to UR for review, within the guidelines as provided in the rules. The initial answer to the PTP must be done within 72 hours with the hard copy to follow. UR is there to expedite the injured worker receiving appropriate medically necessary treatment.

Dr. Haronian has requested treatment providing his PR-2 / Narrative report in validating the need for the above treatment. Included are diagnostic studies if available to serve as additional evidence for authorization. A timely response to this request would be greatly appreciated.

All utilization review & claims examiner responses

must be returned to dedicated fax line:

Fax #: (818) 827-4706 Attn: Nancy

Page 1 of 6 received on 5/2/2013 10:19:39 AM Pacific Daylight Time on server VLKCRF from 8182059389.

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Faxed by: authorize 04/15/2013- 04:04 PM

Edwin Haronian, M.D.

* 724 Corporate Center Drive Pomona, CA 917682650 *

Authorization Request

Today's Date: 04/15/2013

Our Chart No. 20015038

Patient Name: Daniel DORAN

DOB: 06/04/1966

Claim #: 03814232

Request from Office Visit date: mar 18, 2013

You can contact us by phone, fax or email.

*Phone #: (818) 788-2400 Ext: 146

*Fax: (818) 827-4706

*Email: nancy@synapsedoctor.com

Thank you

Non-Surgical Authorization

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

Proof of Service State of California, County of Los Angeles

I am a resident of the county aforesaid, I am over the age of eighteen years and not a party to the within entitled action. My business address is:

16542 Ventura Blvd. Suite 402, Encino, CA 91436 or 1902 Royalty Drive Suite 120, Pomona, CA 9176.

On this date 04/15/2013 I served this report to the above Insurance Co. by transmitting via facsimile this document between the hours of 8:00am and 5:00pm. The facsimile was reported as completed and without error by the transmitting facsimile machine. I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed in Los Angeles, CA

Page 2 of 6 received on 5/2/2013 10:19:35 AM Pacific Daylight Time on server VLSCR from 8182059389.

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9785.5.5 Request for Authorization

State of California
Division of Worker's Compensation
Request for Authorization for Medical Treatment (DWC Form RFA)

To accompany the Doctor's First Report of Occupational Injury or Illness, Form DL SR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or Narrative report substantiating the requested treatment.

- Check box if the patient faces an imminent and serious threat to his or her health.
- Check box if request is written confirmation of a prior oral request.

Patient Information

Patient Name: DORAN, Daniel
Date of Birth: 06/04/1966
Date of Injury: 07/11/2012
Employer: Benedict & Benedict
Claim Number: 05814232

Provider Information

Provider Name: Edwin Heronien, M.D.
Practice Name:
Address: 724 Corporate Center Drive
City, State, Zip Code: Pomona, CA 917682650
Telephone Number: 909-622-6222 x
Fax Number: 909-622-6220
Provider Specialty: Orthopedic Surgery
Provider State License Number: A71385
National Provider ID Number: 1063480192

Claims Administrator Information

Claims Administrator: SCIF - LA (CLM# ENDING IN 00-49)
Adjuster Name (if known): Emma, Padilla
Address: PO BOX 65005
City, State, Zip: Fresno, CA 93650
Telephone Number: 888-782-8338
Fax Number: --

Requested Treatment: (See Instructions for guidance; attach additional pages if more space is required.)
Either state the requested treatment in the below space or indicate the specific page number(s) of the accompanying medical report on which the requested treatment can be found. Include supporting evidence as necessary. More than one treatment request may be included.

Diagnosis:	726.4 Wrist Tend/Burs 923.20 Hand Contusion
ICD Code:	
Procedure Requested:	Right Wrist MRI withOUT Intra-articular Contrast, Pain management to rule out RSD, 4 session of psychotherapy depression / anxiety and exposure to pain, psychological evaluation; Acupuncture: 2 times a week for 3 weeks to right wrist to right hand.
CPT/HCPCS Code:	
Other Information: (Frequency, Duration Quantity, Facility, etc)	

Date of Request: 04/15/2013

Provider Signature: Electronically sign by Edwin Heronien, M.D.

Claims Administrator Response Approving Treatment:

You may use this form for approving a treatment request. A request for additional information, or a decision to modify, delay or deny a request for authorization cannot be made using this form. Please review all time frames and requirements set forth in California Labor Code section 4610 and California Code of regulations, title 8, sections 9792.9 and 9792.9.1.

A decision on the requested medical treatment must be made within five(5) working days from receipt of this request for authorization, or 14 calendar days with a timely request for information necessary to render a decision. For an expedited request, one made in a case of imminent or serious health threat, the maximum is 72 hours. Authorization may not be denied on the basis of lack of information without documentation reflecting an attempt to obtain the necessary information.

The requested treatment(s) is approved review

The requested has been previously denied by utilization

Page 3 of 6 received on 05/20/13 10:19:30 AM Pacific Daylight Time on server VLICRF from 8182059389.

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Page 4 of 6 received on 5/2/2013 10:19:39 AM [Pacific Daylight Time] on server VLICRF from 8182059389.

Date Requested for authorization received

Date of response to request

DWC Form RFA (Version 12/2012)

Claims Administrator/Authorized Agent Signature

Adjuster /Authorized Agent Name (Print)

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Pristine Medical Group, Inc.

Business Office:

1890 N. Garey Ave., Suite B
Pomona, CA 91767
Telephone: (909) 629-0444
Fax: (909) 629-0446

Satellite Office:

1196 N. Park Avenue
Pomona, CA 91768

Mallu Reddy, M.D.
Board Certified Internal Medicine

May 08, 2014

Referring Surgeon: Jonathan F. Kohan, M.D.
724 Corporate Center Dr.
Pomona, California 91768

Insurance: State Compensation Insurance Fund - Santa Ana
P.O. Box 65005
Fresno, CA 93650

Regarding: DORAN, DANIEL
Date of Birth: 06/04/66
Employer: Benedict & Benedict Plumbing
Occupation: Journeyman Plumber
Date of Injury: 07/11/12
Claim Number: 05814232
Date of Evaluation: 05/08/14

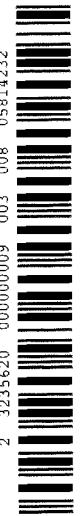
***Internal Medicine Evaluation Report
Requested By Treating Surgeon
Regarding Preoperative Clearance***

Dear Dr. Kohan:

As requested, the patient was evaluated at my office.

HISTORY OF PRESENT ILLNESS/INJURY:

Mr. Doran presents for pre-operative consultation for surgical spinal cord stimulator. The patient suffered an industrial injury on 07/11/14, to his right forearm, wrist and hand



RE: DORAN, DANIEL
Date of Injury: July 11, 2014

Page 2 of 5

Pre-operative Evaluation Report
May 08, 2014

during the course of his employment as a journeyman plumber for Benedict & Benedict Plumbing. The patient is now scheduled for surgery with Jonathan F. Kohan, M.D., on 05/14/14.

This examination required a comprehensive history, a comprehensive examination and medical decision making of high complexity. Approximately 60 minutes was spent in face to face time with the patient for an evaluation. Approximately 30 minutes was spent in non-face time reviewing outside medical records and/or conducting medical research necessary to facilitate reasonable and medical appropriate measures of treatment into this initial orthopaedic evaluation report.

SOURCE OF FACTS: Patient and results of medical evaluation.

INJURED BODY PARTS: Right forearm, wrist and hand

PAST MEDICAL HISTORY:

Illness: Chicken pox and diabetes

Operations: None reported by the patient

Injuries: Has a history of fractures

SOCIAL HISTORY: Mr. Doran is widowed with no children living at home. He does not smoke cigarettes and rarely drinks alcoholic beverages.

FAMILY HISTORY: Mr. Doran has a family history cancer, diabetes and stroke

CURRENT MEDICATION: Metformin 1000mg twice per day and Neurontin 900mg 3 times per day

ALLERGIES: None reported by the patient

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RE: DORAN, DANIEL
Date of Injury: July 11, 2014

Page 3 of 5

Pre-operative Evaluation Report
May 08, 2014

REVIEW OF SYSTEMS:

HEENT: No headaches, vision problems or hearing difficulties.

RESPIRATORY: Has history of pleurisy/ pneumonia
No difficulty of breathing, wheezing or asthma.

CARDIOVASCULAR: No shortness of breath, chest pain or high blood pressure.

GASTROINTESTINAL: Has painful bowel movements, bleeding with bowel movements, hemorrhoids/piles, heartburn/ indigestion, cramping/ pain in the abdomen and food sticks in his throat
No melena, hematochezia, vomiting or gallbladder disease.

UROGENITAL: Has frequent urination
No difficulty in passing urine; no dysuria or night time urinating

HEMATOLOGIC: No bleeding tendencies.

GYNECOLOGIC: N/A

MUSCULOSKELETAL: No weakness of muscles/ joints or difficulty walking.

PHYSICAL EXAMINATION:

VITAL SIGNS: BP 138/81 mmHg Wt. 187 lbs.
P 90 bpm R 18rpm

GENERAL: Normotensive; in no acute distress

EARS: EAC's clear, TM's normal

NOSE: Mucosa normal, no obstruction

THROAT: Clear, no exudates, no lesions



RE: DORAN, DANIEL
Date of Injury: July 11, 2014

Page 4 of 5

Pre-operative Evaluation Report
May 08, 2014

NECK: Supple; no masses; no thyromegaly; no bruits
CHEST: Lungs clear, no rales, no rhonchi, no wheezes
HEART: Normal rate and rhythm; no murmurs; no rubs; no gallops
ABDOMEN: Soft, no tenderness, no masses, BS normal, no hepatosplenomegaly

REVIEW OF MEDICAL RECORDS:

Medical records regarding the pre-operative orders from Jonathan F. Kohan, M.D., were reviewed as well as the diagnostic /laboratory results.

STANDARD / SPECIAL INTERNAL MEDICAL DIAGNOSTIC STUDIES

The following diagnostic studies have been reviewed by me:

1. *X-ray of the Chest performed at Alinea Medical Imaging, dated 05/01/14*
Findings: Normal Chest
2. *ECG Report, dated: 04/30/14*
Findings: Normal sinus rhythm.
Summary: Normal ECG
3. *Blood chemistry performed at Whitefield Medical Labs, dated: 05/02/14*
Findings:

Protime	9.4 seconds	Normal: 9.0 - 14.0 Seconds
INR-	0.68 L	Normal: 2.0 - 3.5
APTT-	27.7 seconds	Normal: 24.0 - 38.0 seconds
Glucose	110 mg/dl	Normal 70-105 mg/dl

End of Review of Medical Records and Diagnostic Studies

DIAGNOSES:

1. NEUROPATHY
2. DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED

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RE: DORAN, DANIEL
Date of Injury: July 11, 2014

Page 5 of 5

Pre-operative Evaluation Report
May 08, 2014

3. BENIGN ESSENTIAL HYPERTENSION
4. FRACTURE OF HAND

COMMENT:

Having had the opportunity to examine the patient, and personally reviewed his diagnostic exams, it is determined that Mr. Doran is medically cleared for surgery with minimal risk for cardiovascular event prior and post operatively. No further testing is required; he is ready to proceed with planned surgery.

The patient was ADDITIONALLY INSTRUCTED to follow-up with primary care physician regarding his diabetes and hypertension and to avoid aspirin and non-steroidal anti-inflammatory medications one week prior to his surgery, as well as to hold all antiplatelet agents five days before surgery.

DISCLOSURE:

"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 further declare under penalty of perjury that I personally performed the evaluation of the patient and that, except as otherwise stated herein, the evaluation was performed and the face-to-face time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to paragraph (5) of subdivision (5) of section 139.2 or section 5307.6 of the California Labor Code. In order to complete a comprehensive assessment of internal organ structures, my standard/usual evaluation includes: blood tests, urinalysis, chest x-ray and electrocardiogram.

Thank you, Dr. Kohan, for allowing me the opportunity to participate in this patients care.

Respectfully,



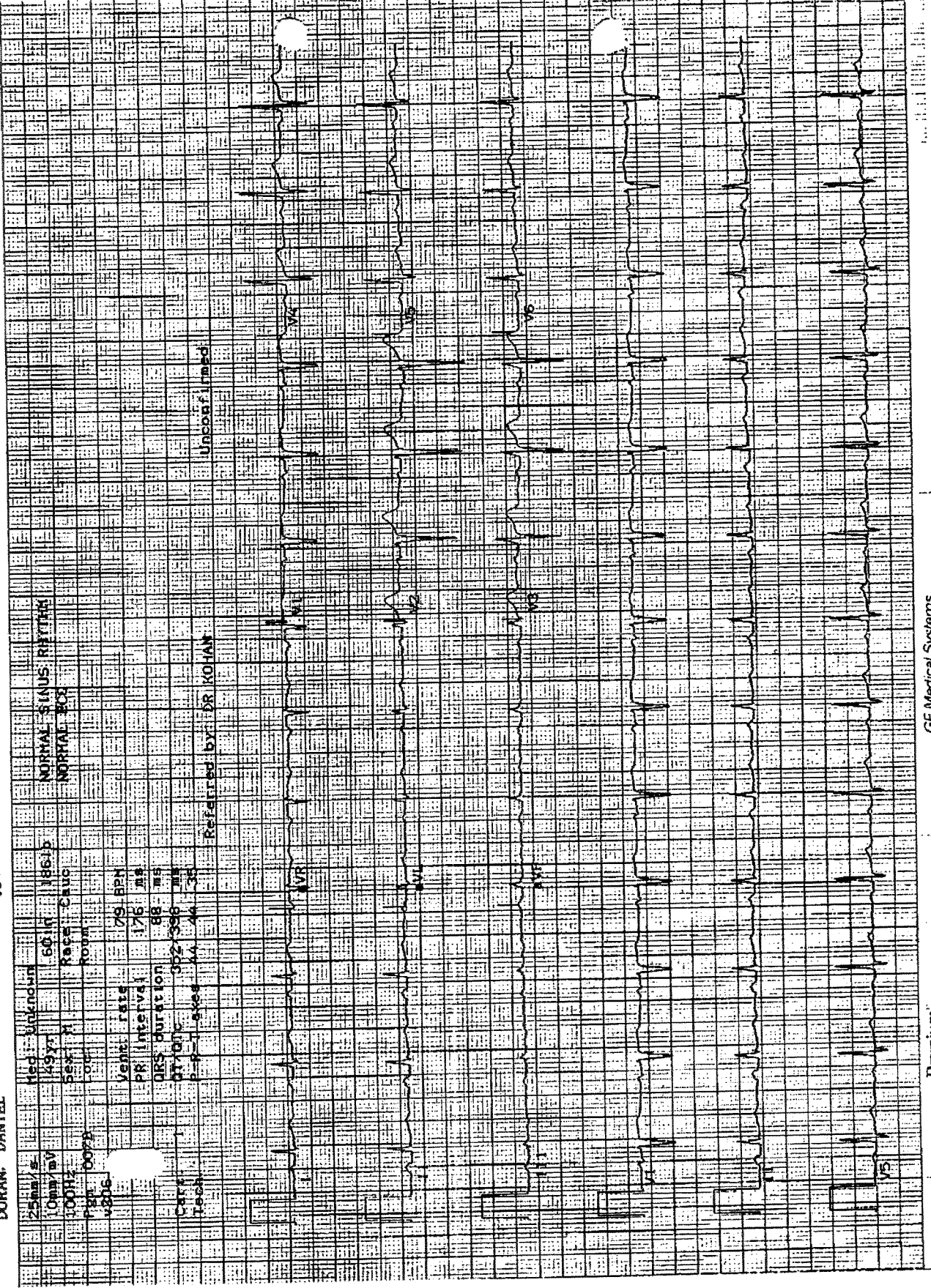
Mallu Reddy, M.D.
Board Certified Internal Medicine

Signed in Los Angeles County this 22nd day of May, 2014

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DORAN, DANIEL ID: 30-APR-2014 09:18



GE Medical Systems

Premium

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STEVEN E. LEVINE, M.D., PH.D., F.A.A.N.^{*}
M. LORRAINE PURINO, M.D.^{*,**}
MARK R. GLASBERG, M.D.
NASTARAN RAFIEL, M.D.^{**}
POUYA LAVIAN, M.D.^{**}

—ELECTROMYOGRAPHY—

DIPLOMATES OF THE AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY
*DIPLOMATES OF THE AMERICAN BOARD OF ELECTRODIAGNOSTIC MEDICINE
**DIPLOMATES OF THE AMERICAN BOARD OF NEUROMUSCULAR MEDICINE

P.O. Box 802768 • SANTA CLARITA, CA 91380-2768 • PHONE: (661) 702-9211 • FAX: (661) 702-9255

Patient: Doran, Daniel
Date: January 15, 2013
Referred by: George Tang, M.D.
DOI: July 11, 2012
Employer: Benedict & Benedict Plumbing
Carrier: OCM

Chief Complaint: Pain in right wrist and thumb, numbness of right thumb, and weakness of right hand.

History of Present Illness: 46-year-old journeyman plumber who was attempting to catch a heavy object and hyperextended his right thumb on July 11, 2012. He broke his right thumb and his right forearm and thumb were subsequently casted. He complains of pain in right wrist and thumb, numbness of right thumb, and weakness of right hand. There are no exacerbating or alleviating factors.

Past Medical History: He has diabetes mellitus.

Neurological and Musculoskeletal Review of Systems: Review of systems is positive for muscle twitching in right forearm and bone pain in right wrist and hand. The patient denies any history of diplopia, dizziness, difficulty with balance, dysphagia, muscle paralysis, tremors, muscle cramps, burning, black outs, seizures, fainting spells, joint swelling, joint stiffness, muscle pain, neck pain, low back pain, or urinary or bowel incontinence.

Social History: The patient smokes one pack of cigarettes per day. The patient drinks three to four alcoholic beverages per week.

Family History: Negative for nerve or spine disease.

PHYSICAL EXAMINATION

Stated Height: 6'0" **Stated Weight:** 170 pounds

Mental Status: The patient was alert, awake, and oriented to person, place, and time. The patient's affect and interaction were appropriate. The patient's speech was fluent. The patient had normal comprehension, was able to perform a simple calculation, and casual assessment of memory appeared to be normal.

Doran, Daniel
January 15, 2013

General: Range of motion of the cervical spine was within normal limits. Tinel's sign was negative over the median nerves at both wrists and over the ulnar nerves at both elbows.

Cranial Nerves III-XII: Within normal limits.

Motor: Strength was 5/5 in both upper and lower extremities. Tone and bulk were normal in both upper and lower extremities.

Coordination: Finger-nose-finger was within normal limits.

Gait: The patient walked with a normal gait.

Muscle Stretch Reflexes: Reflexes were 2+/-4 in both upper and lower extremities.

Sensory: Sensation was intact over both upper extremities and both lower extremities.

Following review of the patient's history, past medical history, review of systems, and neurological examination, electromyography and nerve conduction studies were performed to rule out peripheral neuropathy, entrapment neuropathy, plexopathy and radiculopathy.

NEEDLE ELECTROMYOGRAPHY

RIGHT UPPER EXTREMITY	Fibs	Voluntary Activation
Deltoids	0	Normal
Biceps	0	Normal
Triceps	0	Normal
Brachioradialis	0	Normal
Pronator teres	0	Normal
Flexor carpi radialis	0	Limited effort due to finger pain
Ext. carpi radialis longus	0	Limited effort due to finger pain
Extensor digitorum communis	0	Limited effort due to finger pain
Flexor carpi ulnaris	0	Limited effort due to finger pain
First dorsal interosseous	0	Normal
Opponens pollicis	0	Normal

1/16/2013 2:43 PM FROM: Dr. Steven Levine Steven E. Levine, M.D. _Associates TO: 16267950583 PAGE: 003 OF 004

Doran, Daniel
January 15, 2013

NERVE CONDUCTION STUDIES:

Temperature, hand: Warming Required

* = Abnormal Result

NR = No Recordable Response

MEDIAN NERVE	Right	Left	Normal
Motor distal latency	3.8 msec		< 4.3 msec
Amplitude, wrist	13.8 mV		> 3.0 mV
Elbow	13.8 mV		> 3.0 mV
Velocity, forearm	53 m/sec		> 48 m/sec
Sensory distal latency	3.7 msec*		< 3.7 msec
Amplitude	22 uV		> 15 uV
Distal F-wave latency	28.5 msec		< 31 msec
SPECIAL STUDIES FOR			
CARPAL TUNNEL SYNDROME			
	Right	Left	Normal
Median mixed nerve palm-to-wrist latency	2.7 msec*		< 2.3 msec
Amplitude	42 uV		> 40 uV
Median-ulnar mixed nerve difference			
Palm-to-wrist	0.7 msec*		< 0.3 msec
Median-ulnar difference			
Wrist-to-ring finger	0.1 msec		< 0.4 msec
Median-radial difference			
Wrist-to-thumb	0.0 msec		< 0.4 msec
Median motor latency to APB			
vs. median to 2 nd lumbrical	0.4 msec*		< 0.4 msec
Motor distal latency			
median 2 nd lumbrical vs. ulnar interossei	0.6 msec*		< 0.4 msec
Median Composite Delay Score	1.8 msec*		< 1.1 msec
RADIAL NERVE			
	Right	Left	Normal
Motor distal latency	2.2 msec		< 2.7 msec
Amplitude	9 mV		> 4.0 mV
Velocity, forearm	53 m/sec		> 49 m/sec
Sensory distal latency	1.7 msec		< 2.7 msec
Amplitude	29 uV		> 15 uV
Distal F-wave latency	16.8 msec		< 25 msec

Doran, Daniel
January 15, 2013

ULNAR NERVE	Right	Left	Normal
Motor distal latency	3.4 msec		< 3.6 msec
Amplitude, wrist	13.5 mV		> 5.0 mV
Below elbow	12.5 mV		> 5.0 mV
Above elbow	12.5 mV		> 5.0 mV
Velocity, forearm	61 m/sec		> 49 m/sec
Across elbow	55 m/sec		> 49 m/sec
Sensory distal latency	3.3 msec		< 3.5 msec
Amplitude	25 uV		> 12 uV
Distal F-wave latency	29.6 msec		< 31.5 msec

IMPRESSION:

1. Mild right carpal tunnel syndrome.

Standard median conductions across the right wrist as well as special studies to detect early carpal tunnel syndrome (UCLA protocol) demonstrated median slowing across the right wrist in a pattern indicative of mild right carpal tunnel syndrome. The median sensory potential was preserved in amplitude and there was no right thenar denervation.

EMG of the right upper extremity demonstrated no acute or chronic denervation.

There was no evidence of right pronator teres syndrome, ulnar neuropathy at the wrist or elbow, radial neuropathy, brachial plexopathy, or cervical radiculopathy.

Thank you very much for referring Mr. Doran for electrodiagnostic evaluation. If I can answer any questions, please do not hesitate to contact me.

Pouya Lavian, M.D.

PL:sw

EAGLE EYE



**Eagle Eye
Imaging Centers, LLC**

10557 Juniper Ave. Suite E2 Fontana, CA 92337
office: 909-3564132 fax: 909-3564175

Final Report

Patient: DORAN, DANIEL

Pt ID: 3277244 | Acc#:
DoB: Jun 04, 1966 | Sex: M | Age: 046Y
Mod: MR | Body: WRR | #Imgs: 143
Radiologist: Justin Pham MD
Ref Phys: DR HARONIAN

Study Time (local): Apr 11, 2013
11:43
Receive Time (CST): Apr 11, 2013
14:43
Req (CST): Thu, 11 April 2013
4:34:07 pm
Inst: EEI | EagleEye Radiology

Study Description: RT WRIST
OBSERVATION

CLINICAL HISTORY: Right hand and wrist pain since July 11, 2012.

TECHNIQUE: Coronal dual-echo, axial dual-echo, and sagittal 3D sequences.

COMPARISON: No study for comparison is available at the time of interpretation.

The bone marrow signal appears unremarkable. There are degenerative changes at the 1st carpometacarpal and first metacarpophalangeal joint. There is no evidence of a fracture. No joint dislocation or subluxation is visualized. No abnormal joint fluid is appreciated. The median nerve appears within normal limits. The tendons appear intact. The triangular fibrocartilage complex appears intact.

IMPRESSION

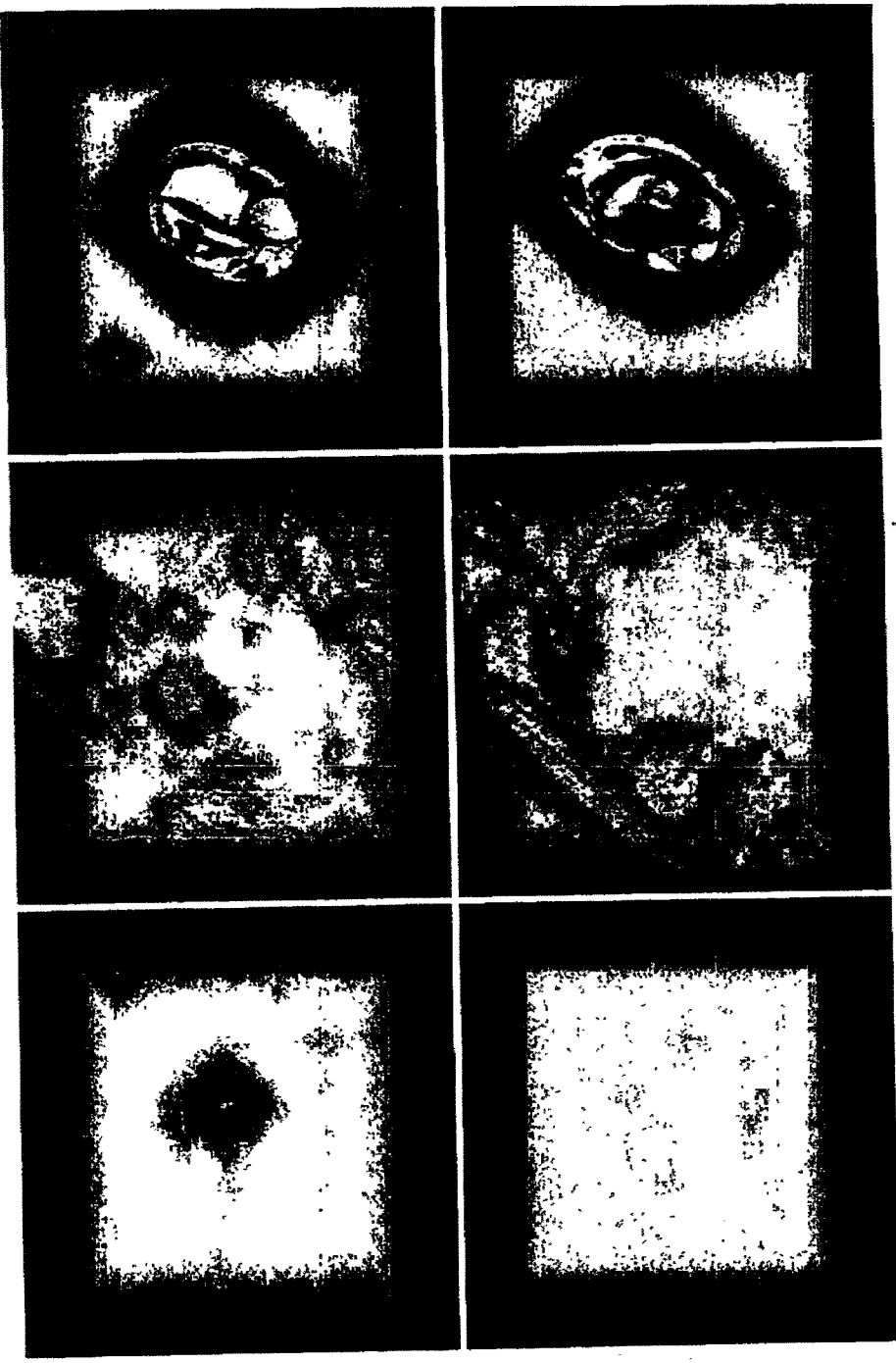
1. Osteoarthritis at the 1st carpometacarpal and first metacarpophalangeal joints.

SCIF Rec 05/23/2013 FRSCAN 27 05/23/2013 09:29 AM 048932 5 5





SCIF Rec 05/23/2013 FRSCAN 27 05/23/2013 09:29 AM 048932 6



ORIGINAL REC'D
POOR QUALITY
FRESNO CPC

Electronically signed by Justin Pham MD

CONFIDENTIALITY STATEMENT: The information contained herein is legally privileged and confidential information intended only for the addressee. If you are not the intended recipient, any dissemination, distribution or any action taken, or omitted to be taken in reliance on it is prohibited. If you have received this message in error, please immediately notify the sender. Thank you for your cooperation.



Proof of Service by Mail (1013a/22015.5 CC.P)

I, Angel Gutierrez the undersigned, declare that I am a resident of the state of California, employed in the county of Los Angeles, over the age of 18 and not a party to within action of proceeding. My business address is 11643 Telegraph Rd Santa Fe Springs, CA 90670, and the day this declaration. I served the following documents, here and after described as:


On April 30, 2013 I served a copy of: **Original Bill, Rx and list any documentation you might attach with the bill here example FCE Report, Impairment Report, MRI Report(s), Authorization letter etc.....**

On Daniel Doran by placing a true copy there of enclosed in a sealed envelope with postage there on prepaid, in the United States mail at Santa Fe Springs, CA. Addressed as follows:

**STATE COMP RIVERSIDE
PO BOX 65005
FRESNO, CA 93650**

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

Executed on April 30, 2013, at Santa Fe Springs, Ca.

Signed 
Angel Gutierrez (562) 777-9010 ext 306