

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

HUNTINGTON ORTHOPEDIC SURGICAL MEDICAL GROUP

Clayton E. Patchett, M.D. - T. Thomas Ackerson, M.D. - George Tang, M.D. - Vahé R. Panossian, M.D.

10 Congress Street, Suite 103, Pasadena CA 91105  
Phone: (626) 795-0282 • Fax: (626) 795-0583

WORK STATUS REPORT

Page 1 of 1 received on 8/15/2012 2:20:00 PM [Pacific Daylight Time] on server VLICRF2 from

Date of Exam: Aug 14, 2012  
Name: Daron Daniel

Date of Injury/Claim: 7/11/12 05814232

IS PATIENT WAS SCHEDULED TODAY FOR:  Orthopedic Consultation  Consultation and Treatment  
 Progress Evaluation  Permanent Disability Evaluation

THE RESULTS OF TODAY'S VISIT:  
 The patient failed his/her appointment Present Disability is:  work-related  NOT work-related  
 Found to be Permanent and Stationary as of \_\_\_\_\_ and is released from care.

The patient's disability status is, or is to be changed as follows:  
 Patient is NOT DISABLED from his/her regular work  
Patient may resume his/her regular work  Immediately  next shift  on \_\_\_\_\_  
 Patient is TOTALLY DISABLED from any work until approximately 9/4/12  
 Patient remains TOTALLY DISABLED from any work until approximately \_\_\_\_\_  
 Patient will probably be released for regular work beginning \_\_\_\_\_  
 Patient is released to MODIFIED WORK  Immediately  next shift  on \_\_\_\_\_  
With the following restrictions:  
 NO lifting or carrying over:  10lbs.  25lbs.  50lbs.  \_\_\_\_\_ lbs.  
 NO soiling or wetting of dressing and/or wound or cast  
 Limited use of  right  left  arm  leg  
 Limited work above shoulder level with  right arm  left arm  
 Limited  twisting and rotating  gripping  wrist extension and flexion  
with the  right hand  left hand  
 Limited  standing  walking  sitting  stooping  bending  
 Use of crutches at work but  may bear weight  may not bear weight on  
 right leg  left leg  
 Patient must wear his/her back brace  at all times  while working  
 Patient should avoid continuous prolonged sitting in bent over position without alternate standing or walking

9/4/12 @ 1:00

Patient to remain on MODIFIED WORK with the same restrictions described in the previous report.  
Anticipated duration of modified work status is: \_\_\_\_\_ days \_\_\_\_\_ weeks \_\_\_\_\_ months  
 Patient is not yet permanent and stationary, \_\_\_\_\_ more month to elapse before patient rating.

Residual Disability \_\_\_\_\_  
Patient to return for appointment in \_\_\_\_\_ days \_\_\_\_\_ weeks  as needed

FAX INFORMATION

FAX phone number 707 646 2433  
Adjuster's Name Jamir Ferguson

Physician Signature: \_\_\_\_\_  
 Clayton E. Patchett, M.D.  George Tang, M.D.  
 T. Thomas Ackerson, M.D.  Vahé R. Panossian, M.D.



C.G. Hedley, MD  
A.A. Wang, MD  
A.T. King, MD  
B. Yaghmai, MD  
L. Petrus, MD  
R.A. Reed, MD  
W. Lam, MD  
J.M. Foran, MD  
R.W. Hayward, MD

**HUNTINGTON HOSPITAL**  
Department of Radiology  
100 West California Boulevard  
Pasadena, California 91105-3097  
Telephone (626) 397-5139

Diagnostic service provided by  
The Hill Medical Corporation

W.J. Wortman, MD  
L.C. Tegulapalle, DO  
A.B. Harris, MD  
G.A. Varapasathan, MD  
S.R. Chaudhary, MD  
J. Y. Kang, MD  
R. M. Munir, MD  
H. G. Moreno, MD

**Diagnostic Imaging Report**

**Patient: DANIEL F DORAN**  
Account Number: V00001348608  
Physician: ER, Physician  
Reason for Exam: CRUSH INJURY

**M000815139**  
Location: ED2  
Sex: M      DOB: 06/04/1966

**Exam Date: 07/13/12**  
**Exam: Finger 2 + Views Rt Thumb**

Requisition: 12-0075970  
Order: 0713-0119

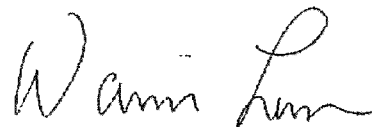
**RIGHT THUMB VIEWS – 07/13/12**

**CLINICAL INDICATION:**  
Crush injury.

**FINDINGS/IMPRESSION:**  
Views of the right thumb show no fracture, dislocation or destructive bony change. No arthritic change noted. Some mild soft tissue swelling around the thumb is noted in the hypothenar eminence. No radiopaque foreign body.

**Interpreted by: Hayward, Robert W MD**

**Electronically signed by: Lam, Warren W MD**



CC:

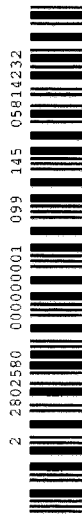
Report Status: Signed  
O: 07/13/12 1100  
D: 07/13/12 1126 HAYWRO  
T: 07/13/12 1501 LM Rep: 0713-0180  
S: 07/15/12 1314 LAMWA



**Huntington Memorial Hospital**

<b>Patient: Doran, Daniel F</b>	<b>DOB: Jun 4, 1966</b>	<b>Age/Sex: 46/M</b>
<b>Unit#: M000815139</b>	<b>Account#: V00001348608</b>	<b>Room/Bed: /</b>
<b>User: Baker, Dawne</b>	<b>Date: 7/13/12 13:00</b>	<b>Type: Emergency Department Notes</b>

PT GIVEN TETANUS INJECTION

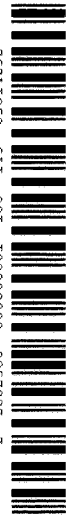


**Huntington Memorial Hospital**

<b>Patient: Doran, Daniel F</b>	<b>DOB: Jun 4, 1966</b>	<b>Age/Sex: 46/M</b>
<b>Unit#: M000815139</b>	<b>Account#: V00001348608</b>	<b>Room/Bed: /</b>
<b>User: Baker, Dawne</b>	<b>Date: 7/13/12 12:14</b>	<b>Type: Emergency Department Notes</b>

PT MEASURED FOR SPLINT

2 2802580 000000001 100 145 05814232



**Huntington Memorial Hospital**

<b>Patient: Doran, Daniel F</b>	<b>DOB: Jun 4, 1966</b>	<b>Age/Sex: 46/M</b>
<b>Unit#: M000815139</b>	<b>Account#: V00001348608</b>	<b>Room/Bed: /</b>
<b>User: Baker, Dawne</b>	<b>Date: 7/13/12 11:31</b>	<b>Type: Emergency Department Notes</b>

PT STATES 2 DAYS AGO HE HAD A SMASH INJURY TO THUMB ON RIGHT HAND. PT HAS A LAC ALONG THE NAIL BED AND PAIN WHICH RADIATES DOWN TO BASE OF THUMB. PT HAD XRAYS DONE IN TRIAGE



HUNTINGTON HOSPITAL  
100 WEST CALIFORNIA BOULEVARD, PASADENA, CA 91105

EMERGENCY DEPARTMENT REPORT

Admit Date: 07/13/12  
Visit #: V00001348608  
Primary Care Physician: NONSTAFF, PHYSICIAN MD

Patient Name: DANIEL F DORAN  
MRN: M000815139

Dictating Physician: Luna, James D MD

**HISTORY OF PRESENT ILLNESS:** The patient is a 46-year-old male who presents with a left thumb injury that occurred 2 days ago while opening up a piece of wall for re-plumbing purposes, and the wall fell onto his left thumb, hitting on the top of it, resulting in a laceration on the side of the nail and ecchymosis of the nail itself and also pain at the first MCP joint. He tried to work yesterday but found the pain was too much, and he presents now for evaluation. He is unsure when his last tetanus shot was.

**ALLERGIES:** He has no allergies to medication.

**PAST MEDICAL HISTORY:** Gout and diabetes.

**PHYSICAL EXAMINATION:**

**EXTREMITIES:** The left thumb has a minor laceration on the ulnar aspect of the nail. There is also a subungual hematoma, although it is small and does not appear to be drainable. The entire area is tender to palpation because of these 2 injuries. There is also pain at the distal MCP joint, but there is no swelling there.

**ER WORKUP:** X-ray shows some gauging near the first MCP joint distally, like a small torus or gauge in the bone, and I presume this is the result of the axial load blow to the tip of the finger. No other fractures are seen.

**TREATMENT PLAN:** Wound care will be done. DT booster will be given if needed. The patient will be placed in a thumb spica splint. He will be taken off work for a week. Vicodin and Norco are given for pain. A referral to an orthopedist or a Worker's Compensation is given.

**DIAGNOSIS:** Left thumb torus type fracture at the metacarpophalangeal joint, subungual hematoma and minimal distal thumb laceration.

**CONDITION:** Stable. **DISPOSITION:** Home.

James D Luna, MD

JDL:3T65/64527/0R DD: 07/13/2012 12:01 DT: 07/14/2012 10:47

MEDICAL RECORDS  
Report Status: Signed

Report Number: 0714-0179  
Page 1 of 2

EDREPORT



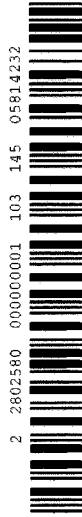
Visit #: V00001348608

EMERGENCY DEPARTMENT REPORT

Patient Name: DANIEL F DORAN  
MRN: M000815139

<Electronically signed by James D Luna MD> \* Luna, James D MD  
<<Signature on File>>

LUNAJA:  
D 07/13/12 1201 T 07/14/12 1047



2 2802580 000000001 103 145 05814232

MEDICAL RECORDS  
Report Status: Signed

Report Number: 0714-0179  
Page 2 of 2

EDREPORT

C.G. Hedley, MD  
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**Diagnostic Imaging Report**

**Patient: DANIEL F DORAN**  
Account Number: V00001348608  
Physician: ER, Physician  
Reason for Exam: CRUSH INJURY

**M000815139**  
Location: ED2  
Sex: M      DOB: 06/04/1966

**Exam Date: 07/13/12**  
**Exam: Finger 2 + Views Rt Thumb**

Requisition: 12-0075970  
Order: 0713-0119

**RIGHT THUMB VIEWS – 07/13/12**

**CLINICAL INDICATION:**  
Crush injury.

**FINDINGS/IMPRESSION:**  
Views of the right thumb show no fracture, dislocation or destructive bony change. No arthritic change noted. Some mild soft tissue swelling around the thumb is noted in the hypothenar eminence. No radiopaque foreign body.

**Interpreted by: Hayward, Robert W MD**

**Electronically signed by: Lam, Warren W MD**

CC:

Report Status: Signed  
O: 07/13/12 1100  
D: 07/13/12 1126 HAYWRO  
T: 07/13/12 1501 LM Rep: 0713-0180  
S: 07/15/12 1314 LAMWA



Doran, Daniel F

DOB: 6/4/66 46 M

Ht: 182.9 cm / Wt: 79.9 kg BSA: 2.02 m2 BMI: 23.9 kg/m2

V00001348608 / M000815139  
Emergency Non Acute DEP ER

Allergy/AdvReac: No Known Allergies

Snapshot

**\*\*ED Triage Assessment**  
Jul 13, 2012 10:54

Pt Complains Of	
Past Medical Hx:	Diabetes
Other PMH:	
Name of PMD	DR WILLIAM WHITE
Surgery < 6 wks?	No
Can patient or caregiver confirm list or bag of medications?	No
Medications from unreliable source	
Info Provided by:	Patient
Mode of arrival	Ambulatory
Primary Language	English
Weight	79.9 kg 79.9 kg
Wt obtained by:	Stated
ft	6 ft
in	0 inches
Height	182.9 cm
Tetanus Imm Status:	<5 yrs
Blood Pressure Assessment Label	135/79 mm Hg (97)
Location	Left Arm
Position	Sitting
Mean	97
BP Location	Left Arm
BP Position	Sitting
Blood Pressure Systolic	135 mm Hg
Blood Pressure Diastolic	79 mm Hg
Pulse Rate	77 bpm
Respiratory Rate	16 per min
Temp (F)	98.3 degrees F
Temperature	36.8 degrees C (36.4-37.5)
Temperature Source	Oral
Bedside Pulse Oximetry	98 %
Oxygen Delivery Method	Rm Air
Pain Scale	7 0-10
Pain Management Ability	0 0-10
Pain Scale Used	Numeric

- Record List
- Other Visit
- Special Panels
- Vital Signs
- Notes
- Medications
- Order History
- Imaging
- Other Reports
- Care Trends
- Care Activity
- Summary
- Encounter
- Orders
- Med Reconciliation

Back



Doran, Daniel F

DOB: 6/4/66 46 M

Ht: 182.9 cm / Wt: 79.9 kg BSA: 2.02 m2 BMI: 23.9 kg/m2  
Allergy/AdvReact: No Known Allergies

V00001348608 / W000815139  
Emergency Non Acute DEP ER

Snapshot

ED Vital Signs Assessment  
Jul 13, 2012 12:46

Blood Pressure Assessment Label	129/85 mm Hg (99)
Location	Left Arm
Position	Sitting
Mean	99
BP Location	Left Arm
BP Position	Sitting
Blood Pressure Systolic	129 mm Hg
Blood Pressure Diastolic	85 mm Hg
Pulse Rate	70 bpm
Respiratory Rate	18 per min
Bedside Pulse Oximetry	99 %
Oxygen Delivery Method	Rm Air
Temp (F)	98.2 degrees F
Temperature	36.8 degrees C (36.4-37.5)
Temperature Source	Oral
MD or RN notified of pt status?	Yes
Recorded by	Clark, Jay PCA

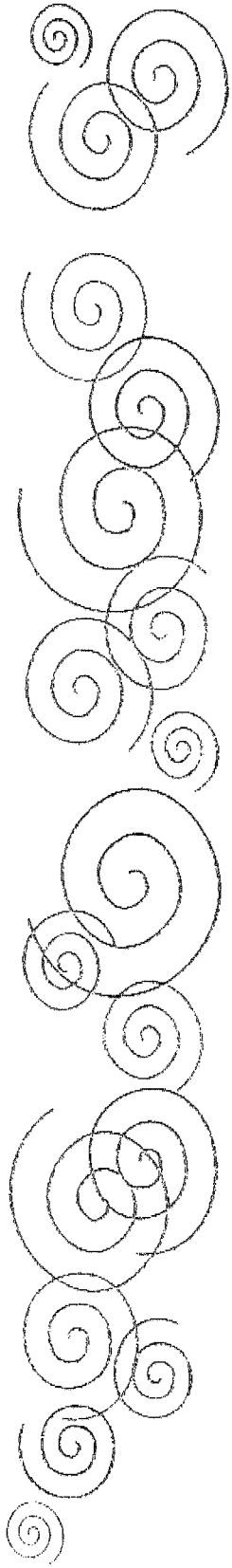
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Page 1 of 2 received on 7/17/2012 3:13:21 PM [Pacific Daylight Time] on server VLICRF2 from 6267950694



**Huntington Orthopedic Surgical Medical Group**

10 Congress ST. Suite #103

Pasadena, CA 91105

Fax Number: (626) 795-0694

Phone Number: (626) 795-0282 ext. 117

E-MAIL: [carolee@huntingtonorthopedics.com](mailto:carolee@huntingtonorthopedics.com)

**Fax Transmittal Form**

From: **Carolee Williams**

*Workmen's Compensation Liaison*

TO: **JANINE FARQUHAR**

Fax: (707) 646-2433

DATE: 07/17/12

REGARDING: Daniel Doran

Patient is being seen in our office today by Dr. George Tang.

Patient presented with 1<sup>st</sup> metacarpal fracture. He will require a thumb spika cast that we will apply today.

*Thank you,  
Carolee*

NOTE:

The information contained in this facsimile message is legally privileged and confidential, intended only 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 it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of the communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original to us at the above address via the U.S. Postal Service.

Diplomates, American Board of Orthopedic Surgery

Fellows, American Academy of Orthopedic Surgeons

HUNTINGTON ORTHOPEDIC SURGICAL MEDICAL GROUP  
Vahe R. Panossian, M.D. ~ George Tang, M.D. ~ T. Thomas Ackerson, M.D. ~ Walter Burnham, M.D. ~ Andre A. Panossian, M.D.

10 Congress Street, Suite 109, Pasadena CA 91105  
Phone: (626) 795-0282 • Fax: (626) 795-0583

# WORK STATUS REPORT

Date of: **JUL 17 2012**

Exam:  
Name: Daniel Doran

Date of Injury/Claim # 7/11/12 #05814232

THIS PATIENT WAS SCHEDULED TODAY FOR:

- Orthopedic Consultation
- Consultation and Treatment
- Progress Evaluation
- Permanent Disability Evaluation

THE RESULTS OF TODAY'S VISIT:

- The patient failed his/her appointment
- Found to be Permanent and Stationary as of \_\_\_\_\_ and is released from care.
- The patient's disability status is, or is to be changed as follows:
  - Patient is NOT DISABLED from his/her regular work  
Patient may resume his/her regular work
    - Immediately
    - next shift
    - on 9/22/12
  - Patient is TOTALLY DISABLED from any work until approximately \_\_\_\_\_
  - Patient remains TOTALLY DISABLED from any work until approximately \_\_\_\_\_
  - Patient will probably be released for regular work beginning \_\_\_\_\_
  - Patient is released to MODIFIED WORK
    - immediately
    - next shift
    - on \_\_\_\_\_

With the following restrictions:

- NO lifting or carrying over:  10lbs.  25lbs.  50lbs.  \_\_\_\_\_ lbs.
- NO soiling or wetting of dressing and/or wound or cast
- Limited use of  right  left  arm  leg
- Limited work above shoulder level with  right arm  left arm
- Limited  twisting and rotating  gripping  wrist extension and flexion
- with the  right hand  left hand
- Limited  standing  walking  sitting  stooping  bending
- Use of crutches at work but  may bear weight  may not bear weight on  right leg  left leg
- Patient must wear his/her back brace  at all times  while working
- Patient should avoid continuous prolonged sitting in bent over position without alternate standing or walking

- Patient to remain on MODIFIED WORK with the same restrictions described in the previous report.  
Anticipated duration of modified work status is: \_\_\_\_\_ days \_\_\_\_\_ weeks \_\_\_\_\_ months
- Patient is not yet permanent and stationary, \_\_\_\_\_ more month to elapse before patient rating.

- Residual Disability \_\_\_\_\_
- Patient to return for appointment in \_\_\_\_\_ days \_\_\_\_\_ weeks  as needed

### FAX INFORMATION

FAX phone number (707) 646-2433

Adjuster's Name

Janine Ferguson

Physician Signature

- T. Thomas Ackerson, M.D.
- Walter Burnham, M.D.
- Andre A. Panossian, M.D.
- George Tang, M.D.
- Vahe R. Panossian, M.D.

Page 2 of 2 received on 7/17/2012 3:13:21 PM [Pacific Daylight Time] on server VLICRF2 from 6267950694

314232



Diplomate, American Board of Orthopedic Surgery

Fellow, American Academy of Orthopedic Surgeons

HUNTINGTON ORTHOPEDIC SURGICAL MEDICAL GROUP

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Patient is not yet permanent and stationary, \_\_\_\_\_ more month to elapse before patient rating.

Residual Disability \_\_\_\_\_

Patient to return for appointment in \_\_\_\_\_ days \_\_\_\_\_ weeks  as needed

FAK INFORMATION

FAK phone number: (707) 646-2433

Adjuster's Name: Janine Ferguson

Physician Signature

- T. Thomas Ackerson, M.D.
 Walter Burnham, M.D.
 George Tang, M.D.
 Andre A. Panossian, M.D.
 Vahe R. Panossian, M.D.

Page 1 of 1 received on 7/20/2012 8:58:04 AM [Pacific Daylight Time] on server VLICRF2 from





**GEORGE TANG M.D.**  
**HUNTINGTON ORTHOPEDIC SURGICAL MEDICAL GROUP**

10 CONGRESS STREET, SUITE 103  
PASADENA, CALIFORNIA 91105  
(626)-795-0282

July 17, 2012

SCIF

ATT: Adjuster Janine Farquhar  
P.O. Box 65005  
Pinedale, CA 93650

RE: DORAN, Daniel  
EMP: Benedict & Benedict  
D/INJ: 07/11/2012  
CLAIM #: 05814232  
FILE #: 6289

**PRIMARY TREATING PHYSICIAN'S INITIAL ORTHOPEDIC EVALUATION**  
**(PR1)**

Dear Ms. Farquhar:

Mr. Daniel Doran is a 46-year-old male who was working as a plumber where a structure came down and hit both his hands and thumb area. He had immediate pain and swelling to the right thumb that is slightly better; however, it is still very symptomatic there. He was seen at the Huntington Hospital and given a splint for his thumb. He is here for followup.

**PAST MEDICAL HISTORY:**

Includes diabetes.

**MEDICATIONS:** He is taking metformin and Januvia.

**ALLERGIES:** None.

**REVIEW OF SYSTEMS:** Please see chart.

**PHYSICAL EXAMINATION:**

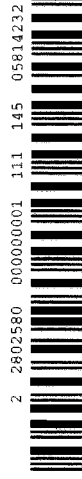
He is alert and oriented with regards to his right upper extremity. He has some swelling, some bruising around the whole thumb area and some bruising around the nail area. He has tenderness in the distal part of the thumb as well as the MCP joint area. Sensation is grossly intact. Capillary refill is less than three seconds.

**REVIEW OF X-RAYS**

X-rays were taken, which shows that he has nondisplaced fracture with first metacarpal fracture.

**ASSESSMENT AND PLAN:**

Right thumb first metacarpal fracture.



ATT: Janine Farquhar  
P.O. Box 65005  
Pinedale, CA 93650  
RE: DORAN, Daniel  
Page 2  
July 17, 2012

At this point in time, he will need to have a thumb spica cast. I will see him back in a week's time to get x-ray in plaster to see that the alignment is still within acceptable limits. He remains on total disability until September 30, 2012.

**DISCLOSURE STATEMENT:**

The sources of my medical opinion include the patient's stated history, the physical examination, review of available medical records, and review of diagnostic studies. I performed the patient's history and physical examination, as well as any review of records, personally.

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.

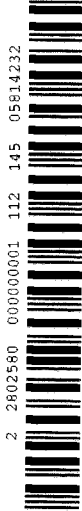
Sincerely yours,

A handwritten signature in black ink, appearing to read 'George Tang', is written below the text 'Sincerely yours,'.

George Tang, M.D.  
Orthopaedic Surgeon

**GEORGE TANG M.D.**  
**HUNTINGTON ORTHOPEDIC SURGICAL MEDICAL GROUP**

10 CONGRESS STREET, SUITE 103  
PASADENA, CALIFORNIA 91105  
(626)-795-0282



July 24, 2012

SCIF

ATT: Adjuster Janine Farquhar  
P.O. Box 65005  
Pinedale, CA 93650

RE: DORAN, Daniel  
EMP: Benedict & Benedict  
D/INJ: 07/11/2012  
CLAIM #: 05814232  
FILE #: 6289

**PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR2) – PERIODIC REPORT**

Dear Ms. Farquhar:

Mr. Doran is here for a followup visit of his right thumb. He sustained a right thumb metacarpal fracture on June 11, 2012. He was doing well until roughly about a few days ago, he had more pain in that thumb area. He has been more compliant and taking care of his cast.

**PHYSICAL EXAMINATION:**

The cast has been in good condition. He has been moving his fingers. Sensation is grossly intact. Capillary refill is less than two seconds.

**REVIEW OF X-RAYS**

X-rays were taken, which show good alignment of the fracture.

**ASSESSMENT AND PLAN:**

Right thumb first metacarpal fracture.

At this point in time, the cast is still in good shape and we will continue with the cast treatment. I will see him back in a month's time for followup at which time we will remove the cast and I give him a removable brace orthosis at this time. He will be on total disability until September 30, 2012.

**DISCLOSURE STATEMENT:**

The sources of my medical opinion include the patient's stated history, the physical examination, review of available medical records, and review of diagnostic studies. I performed the patient's history and physical examination, as well as any review of records, personally.



ATT: Janine Farquhar  
P.O. Box 65005  
Pinedale, CA 93650  
RE: DORAN, Daniel  
Page 2  
July 24, 2012

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.

Sincerely yours,



George Tang, M.D.  
Orthopedic Surgeon

2 2802580 00000001 113 145 05814232



**GEORGE TANG M.D.**  
**HUNTINGTON ORTHOPEDIC SURGICAL MEDICAL GROUP**

10 CONGRESS STREET, SUITE 103  
PASADENA, CALIFORNIA 91105  
(626)-795-0282

August 14, 2012

SCIF

ATT: Adjuster Janine Farquhar  
P.O. Box 65005  
Pinedale, CA 93650

RE: DORAN, Daniel  
EMP: Benedict & Benedict  
D/INJ: 07/11/2012  
CLAIM #: 05814232  
FILE #: 6289

**PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR2) - PERIODIC REPORT**

Dear Ms. Farquhar:

Mr. Doran is here for a followup visit of his right thumb metacarpal fracture. He is here for his appointment earlier than scheduled because the cast is getting soft around the palm area and that he is having more pain in his right thumb area for the past week or so. He is here for a change of his cast.

**PHYSICAL EXAMINATION:**

He is moving his fingers. Sensation is grossly intact.

**REVIEW OF X-RAYS**

X-rays were taken which shows that there is a good alignment of the fracture, some callus formation.

**ASSESSMENT AND PLAN:**

First metacarpal fracture.

At this point in time, the thumb spica cast that he had was removed and he was placed with a new one. I will see him back for his scheduled appointment roughly about two weeks later. In the meantime, I have given him some antiinflammatory medication, enteric-coated Naprosyn, Prilosec to prevent upset stomach, and during his next visit, a thumb spica orthosis will be provided for him. He will be on total disability until September 30, 2012.

**DISCLOSURE STATEMENT:**

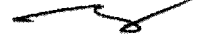
The sources of my medical opinion include the patient's stated history, the physical examination, review of available medical records, and review of diagnostic studies. I performed the patient's history and physical examination, as well as any review of records, personally.

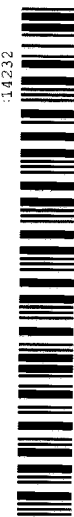
2 2802580 000000001 114 145 05814232

ATT: Janine Farquhar  
P.O. Box 65005  
Pinedale, CA 93650  
RE: DORAN, Daniel  
Page 2  
August 14, 2012

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.

Sincerely yours,

  
George Tang, M.D.  
Orthopedic Surgeon



**GEORGE TANG M.D.**  
**HUNTINGTON ORTHOPEDIC SURGICAL MEDICAL GROUP**

**10 CONGRESS STREET, SUITE 103  
PASADENA, CALIFORNIA 91105  
(626)-795-0282**

July 17, 2012

SCIF

ATT: Adjuster Janine Farquhar  
P.O. Box 65005  
Pinedale, CA 93650

**RE:** DORAN, Daniel  
**EMP:** Benedict & Benedict  
**D/INJ:** 07/11/2012  
**CLAIM #:** 05814232  
**FILE #:** 6289

**PRIMARY TREATING PHYSICIAN'S INITIAL ORTHOPEDIC EVALUATION**  
**(PR1)**

Dear Ms. Farquhar:

Mr. Daniel Doran is a 46-year-old male who was working as a plumber where a structure came down and hit both his hands and thumb area. He had immediate pain and swelling to the right thumb that is slightly better; however, it is still very symptomatic there. He was seen at the Huntington Hospital and given a splint for his thumb. He is here for followup.

**PAST MEDICAL HISTORY:**

Includes diabetes.

**MEDICATIONS:** He is taking metformin and Januvia.

**ALLERGIES:** None.

**REVIEW OF SYSTEMS:** Please see chart.

**PHYSICAL EXAMINATION:**

He is alert and oriented with regards to his right upper extremity. He has some swelling, some bruising around the whole thumb area and some bruising around the nail area. He has tenderness in the distal part of the thumb as well as the MCP joint area. Sensation is grossly intact. Capillary refill is less than three seconds.

**REVIEW OF X-RAYS**

X-rays were taken, which shows that he has nondisplaced fracture with first metacarpal fracture.

**ASSESSMENT AND PLAN:**

Right thumb first metacarpal fracture.

Page 8 of 9 received on 9/4/2012 3:17:16 PM [Pacific Daylight Time] on server VLICRF2 from 6267950694.



Page 9 of 9 received on 9/4/2012 3:17:16 PM [Pacific Daylight Time] on server VLICRF2 from 6267950694.

ATT: Janine Farquhar  
P.O. Box 65005  
Pinedale, CA 93650  
RE: DORAN, Daniel  
Page 2  
July 17, 2012

At this point in time, he will need to have a thumb spica cast. I will see him back in a week's time to get x-ray in plaster to see that the alignment is still within acceptable limits. He remains on total disability until September 30, 2012.

**DISCLOSURE STATEMENT:**

The sources of my medical opinion include the patient's stated history, the physical examination, review of available medical records, and review of diagnostic studies. I performed the patient's history and physical examination, as well as any review of records, personally.

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.

Sincerely yours,

George Tang, M.D.  
Orthopaedic Surgeon

Diplomate, American Board of Orthopedic Surgery

Fellow, American Academy of Orthopedic Surgeons

HUNTINGTON ORTHOPEDIC SURGICAL MEDICAL GROUP

Vahe R. Panossian, M.D. ~ George Tang, M.D. ~ T. Thomas Ackerson, M.D. ~ Walter Burnham, M.D. ~ Andre A. Panossian, M.D.

10 Congress Street, Suite 103, Pasadena CA 91105  
Phone: (626) 795-0282 • Fax: (626) 795-0583

WORK STATUS REPORT

Date of Exam:

SEP 04 2012

Name:

Doran, Daniel / Benedict & Benedict Plumbing

Date of Injury/Claim #

7/11/12

05814232

THIS PATIENT WAS SCHEDULED TODAY FOR:

- Orthopedic Consultation
- Consultation and Treatment
- Progress Evaluation
- Permanent Disability Evaluation

THE RESULTS OF TODAY'S VISIT:

- The patient failed his/her appointment
- Present Disability is:  work-related  NOT work-related

Found to be Permanent and Stationary as of \_\_\_\_\_ and is released from care.

The patient's disability status is, or is to be changed as follows:

- Patient is NOT DISABLED from his/her regular work  
Patient may resume his/her regular work  immediately  next shift  on \_\_\_\_\_
- Patient is TOTALLY DISABLED from any work until approximately 10/29/12
- Patient remains TOTALLY DISABLED from any work until approximately \_\_\_\_\_
- Patient will probably be released for regular work beginning \_\_\_\_\_

Patient is released to MODIFIED WORK  immediately  next shift  on \_\_\_\_\_

With the following restrictions:

- NO lifting or carrying over:  10lbs.  25lbs.  50lbs.  \_\_\_\_\_ lbs.
- NO rolling or wetting of dressing and/or wound or cast
- Limited use of  right  left  arm  leg
- Limited work above shoulder level with  right arm  left arm
- Limited  twisting and rotating  gripping  wrist extension and flexion with the  right hand  left hand
- Limited  standing  walking  sitting  stooping  bending
- Use of crutches at work but  may bear weight  may not bear weight on  right leg  left leg
- Patient must wear his/her back brace  at all times  while working
- Patient should avoid continuous prolonged sitting in bent over position without alternate standing or walking

Patient to remain on MODIFIED WORK with the same restrictions described in the previous report. Anticipated duration of modified work status is: \_\_\_\_\_ days \_\_\_\_\_ weeks \_\_\_\_\_ months

Patient is not yet permanent and stationary, \_\_\_\_\_ more month to elapse before patient rating.

Residual Disability \_\_\_\_\_

Patient to return for appointment in \_\_\_\_\_ days \_\_\_\_\_ weeks  as needed

FAX INFORMATION

FAX phone number 707-646-2433

Adjuster's Name Janine Farquhar

Physician Signature:

- T. Thomas Ackerson, M.D.
- George Tang, M.D.
- Walter Burnham, M.D.
- Vahe R. Panossian, M.D.
- Andre A. Panossian, M.D.

Page 1 of 1 received on 9/4/2012 4:20:25 PM [Pacific Daylight Time] on server VLICRF2 from .





Page 7 of 9 received on 9/4/2012 3:17:16 PM [Pacific Daylight Time] on server VLICRF2 from 6267950694.

ATT: Adjuster Doris White  
P.O. Box 29104  
Glendale, CA 91209  
RE: CHAMBERLAIN, Thomas  
Page 2  
July 25, 2012

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.

Sincerely yours,

George Tang, M.D.  
Orthopedic Surgeon



Treatment Visit #: 2  
Authorized Visit #: 12

NOT IN SYSTEM 92832 H

DOS: 10/03/12 DOI: 7/11/12 DOB: 6/04/66

Patient: Doran, Daniel

Case #: 135-058948 Ref #:

DAILY THERAPY TREATMENT NOTE

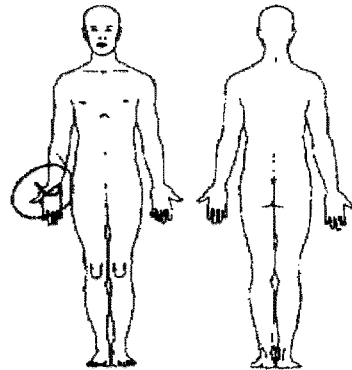
Diagnosis: (R) Thumb Fr

Subjective: Pain level 0 1 2 3 5 6 7 8 9 10

Already for PT.

Objective: (i.e. ROM, MMT, Posture, Girth, Color)

See below.



- Time Modalities:
- Vaso-comp/Edema Control: \_\_\_\_\_
  - Electrical Stimulation: \_\_\_\_\_
  - 10  Hot Pack or Cold Pack or Ice Massage (circle) to R hand (top)
  - Infrared Heat \_\_\_\_\_
  - Whirlpool ( \_\_\_\_\_ min, \_\_\_\_\_ °F) to \_\_\_\_\_
  - 15  Paraffin Bath (R hand)
  - Mechanical Traction \_\_\_\_\_
  - Other \_\_\_\_\_
  - Ultrasound/Phonophoresis - Cont. or Pulsed \_\_\_\_\_ % @ \_\_\_\_\_ w/cm<sup>2</sup> \_\_\_\_\_ MHz to \_\_\_\_\_ (area)
  - Iontophoresis ( \_\_\_\_\_ ml of Dexamethasone) to \_\_\_\_\_ (area), at \_\_\_\_\_ (milliampere-min)
- Rehabilitation:
- Myofascial Release/Soft Tissue Mobilization \_\_\_\_\_
  - 15  Joint Mobil/Manual Traction: (R) wrist / thumb (1ml/10s) grade II III
  - Orthotic/Splinting Training/Taping \_\_\_\_\_
  - FAs/ADLs/KAs/Ind. Instruct \_\_\_\_\_
  - Biofeedback \_\_\_\_\_
  - Neuromuscular Reeducation \_\_\_\_\_
  - Gait Training/Assistive Device Training \_\_\_\_\_
  - 15  Supervised Therapeutic Exercises: (specify) wrist flexion D/C, wrist exten D/C, opponens D/C, thumb flexion/abd/add D/C

- Established/Reviewed/Progressed Home Program  See Exercise Flow Sheet (in chart)  See Handout/Booklet
- TENS Issue & Instruction  NCV Testing  FCE/Return to Work PAT  PePAT/PPE (see report)
- Burn/Wound Care
- Other/Supplies: \_\_\_\_\_
- Skin checked and clear following treatment

Assessment:  Improved functional capacity (specify below)  Improving with limitations (specify below)

Re-evaluated to

Treatment Plan Reviewed by Supervising Therapist

Plan:  progress therapeutic treatment program (specify below)  perform PPE / re-evaluation / D/C summary  
 D/C from therapy: Has met goals / has reached plateau / is non compliant

cont oppes

Signature Allen Elegado

License Number Allen Elegado, MPT  
License Number PT 26431



2 2802580 00000001 120 145 05814232



Diplomate, American Board of Orthopedic Surgery

Fellow, American Academy of Orthopedic Surgeons

HUNTINGTON ORTHOPEDIC SURGICAL MEDICAL GROUP

Vahe R. Panossian, M.D. ~ George Tang, M.D. ~ T. Thomas Ackerson, M.D. ~ Walter Burnham, M.D. ~ Andre A. Panossian, M.D. ~ Mark Jo, M.D.

10 Congress Street, Suite 103, Pasadena CA 91105  
Phone: (626) 795-0282 Fax: (626) 795-0583

WORK STATUS REPORT

Date of Exam: OCT 04 2012

Name: DORAN, DANIEL

Date of Injury/Claim # 7/11/12

05814232

THIS PATIENT WAS SCHEDULED TODAY FOR:

- Orthopedic Consultation
- Consultation and Treatment
- Progress Evaluation
- Permanent Disability Evaluation

THE RESULTS OF TODAY'S VISIT:

- The patient failed his/her appointment, Present Disability is:  work-related  NOT work-related

Found to be Permanent and Stationary as of \_\_\_\_\_ and is released from care.

The patient's disability status is, or is to be changed as follows:

- Patient is NOT DISABLED from his/her regular work  
Patient may resume his/her regular work  immediately  next shift  on \_\_\_\_\_

Patient is TOTALLY DISABLED from any work until approximately 11/30

Patient remains TOTALLY DISABLED from any work until approximately \_\_\_\_\_

Patient will probably be released for regular work beginning \_\_\_\_\_

Patient is released to MODIFIED WORK  immediately  next shift  on \_\_\_\_\_

With the following restrictions:

- NO lifting or carrying over:  10lbs.  25lbs.  50lbs.  \_\_\_\_\_ lbs.
- NO soiling or wetting of dressing and/or wound or cast
- Limited use of  right  left  arm  leg
- Limited work above shoulder level with  right arm  left arm
- Limited  twisting and rotating  gripping  wrist extension and flexion  
with the  right hand  left hand
- Limited  standing  walking  sitting  stooping  bending
- Use of crutches at work but  may bear weight  may not bear weight on  
 right leg  left leg
- Patient must wear his/her back brace  at all times  while working
- Patient should avoid continuous prolonged sitting in bent over position without alternate standing or walking

Patient to remain on MODIFIED WORK with the same restrictions described in the previous report.  
Anticipated duration of modified work status is: \_\_\_\_\_ days \_\_\_\_\_ weeks \_\_\_\_\_ months

Patient is not yet permanent and stationary, \_\_\_\_\_ more month to elapse before patient rating.

Residual Disability \_\_\_\_\_

Patient to return for appointment in \_\_\_\_\_ days \_\_\_\_\_ weeks  as needed

FAX INFORMATION

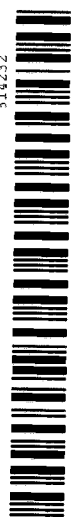
FAX phone number 707-646-2323

Adjuster's Name Emma Padilla

Physician Signature: \_\_\_\_\_

- T. Thomas Ackerson, M.D.
- Walter Burnham, M.D.
- Andre A. Panossian, M.D.
- George Tang, M.D.
- Vahe R. Panossian, M.D.
- Mark Jo, M.D.

Page 1 of 1 received on 10/16/2012 9:43:30 AM [Pacific Daylight Time] on server VLICRF2 from



314232



BENEDICT & BENEDICT PLUMB 205754  
DOS:11/01/12 DOI: 7/11/12 DOB: 6/04/66

Treatment Visit #: 9  
Authorized Visit #: 12

Patient: Doran, Daniel

DAILY THERAPY TREATMENT NOTE

Case # : 135-058948 Ref # :

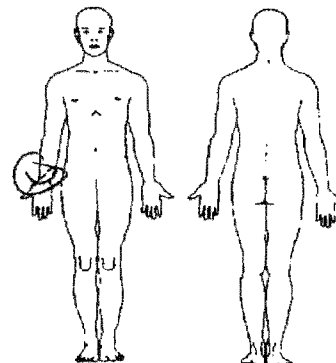
Diagnosis: R: Thumb Fx

Subjective: Pain level 0 1 2 3 4 5 6 7 8 9 10

Still hurts at RSPending unit

Objective: (i.e. ROM, MMT, Posture, Girth, Color)

Swelling



- Time Modalities:
- Vaso-comp/Edema Control: \_\_\_\_\_
  - Electrical Stimulation: \_\_\_\_\_
  - Hot Pack or Cold Pack or Ice Massage (circle) to \_\_\_\_\_
  - Infrared Heat \_\_\_\_\_
  - Whirlpool ( \_\_\_\_\_ min, \_\_\_\_\_ °F) to \_\_\_\_\_
  - Paraffin Bath Thumb/Hand
  - Mechanical Traction \_\_\_\_\_
  - Other \_\_\_\_\_
  - Ultrasound/Phonophoresis - Cont. or Pulsed \_\_\_\_\_ % @ \_\_\_\_\_ w/cm<sup>2</sup> \_\_\_\_\_ MHz to \_\_\_\_\_ (area)
  - Iontophoresis ( \_\_\_\_\_ ml of Dexamethasone) to \_\_\_\_\_ (area), at \_\_\_\_\_ (milliampere-min)

- Rehabilitation:
- Myofascial Release/Soft Tissue Mobilization Thumb/wrist/forearm
  - Joint Mobs/Manual Traction: Thumb/Thumb grade III II
  - Orthotic/Splinting Training/Taping \_\_\_\_\_
  - FAs/ADLs/KAs/Ind. Instruct \_\_\_\_\_
  - Biofeedback \_\_\_\_\_
  - Neuromuscular Reeducation \_\_\_\_\_
  - Gait Training/Assistive Device Training \_\_\_\_\_
  - Supervised Therapeutic Exercises: (specify) PT to do at home

- Established/Reviewed/Progressed Home Program  See Exercise Flow Sheet (in chart)  See Handout/Booklet
- TENS Issue & Instruction  NCV Testing  FCE/Return to Work PAT  PePAT/PPE (see report)
- Burn/Wound Care
- Other/Supplies: \_\_\_\_\_

Skin checked and clear following treatment

Assessment:  Improved functional capacity (specify below)  Improving with limitations (specify below)  
PT tolerated to

Treatment Plan Reviewed by Supervising Therapist

Plan:  progress therapeutic treatment program (specify below)  perform PPE / re-evaluation / D/C summary  
 D/C from therapy: Has met goals / has reached plateau / is non compliant

Cont - PPE

Signature Allen Elegado

Allen Elegado, MPT  
License Number PT 2345



2 2802580 00000001 122 145 05814232



Treatment Visit #: 10

BENEDICT & BENEDICT PLUMB 205754  
DOS:11/02/12 DOI: 7/11/12 DOB: 6/04/66  
Patient: Doran, Daniel  
Case # : 135-058948 Ref # :

Authorized Visit #: 12

DAILY THERAPY TREATMENT NOTE

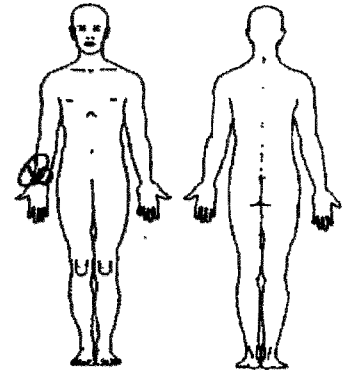
Diagnosis: (R) Thumb Fx

Subjective: Pain level 0 1 2 3 4 5 6 7 (8) 9 10

Progress repair yesterday's treatment

Objective: (i.e. ROM, MMT, Posture, Girth, Color)

See below.



- Time Modalities:
- Vaso-comp/Edema Control: \_\_\_\_\_
  - Electrical Stimulation: \_\_\_\_\_
  - Hot Pack or Cold Pack or Ice Massage (circle) to \_\_\_\_\_
  - Infrared Heat \_\_\_\_\_
  - Whirlpool ( \_\_\_\_\_ min, \_\_\_\_\_ °F) to \_\_\_\_\_
  - 15'  Paraffin Bath (R) Thumb/hand
  - Mechanical Traction \_\_\_\_\_
  - Other \_\_\_\_\_
  - Ultrasound/Phonophoresis - Cont. or Pulsed \_\_\_\_\_ % @ \_\_\_\_\_ w / cm<sup>2</sup> \_\_\_\_\_ MHz to \_\_\_\_\_ (area)
  - Iontophoresis ( \_\_\_\_\_ ml of Dexamethasone) to \_\_\_\_\_ (area), at \_\_\_\_\_ (milliampere-min)
- Rehabilitation:
- BT  Myofascial Release/Soft Tissue Mobilization (R) Thumb/wrist/forearm
  - 10'  Joint Mobil/Manual Traction: (R) wrist/thumb grades III
  - Orthotic/Splinting Training/Taping \_\_\_\_\_
  - FAs/ADLs/KAs/Ind. Instruct \_\_\_\_\_
  - Biofeedback \_\_\_\_\_
  - Neuromuscular Reeducation \_\_\_\_\_
  - Gait Training/Assistive Device Training \_\_\_\_\_
  - 8'  Supervised Therapeutic Exercises: (specify) wrist/thumb AP/PL

- Established/Reviewed/Progressed Home Program  See Exercise Flow Sheet (in chart)  See Handout/Booklet
- TENS Issue & Instruction  NCV Testing  FCE/Return to Work PAT  PePAT/PPE (see report)
- Burn/Wound Care
- Other/Supplies: \_\_\_\_\_
- Skin checked and clear following treatment

Assessment:  Improved functional capacity (specify below)  Improving with limitations (specify below)  
M.ETD guarding today during manual therapy.

Treatment Plan Reviewed by Supervising Therapist

Plan:  progress therapeutic treatment program (specify below)  perform PPE / re-evaluation / D/C summary  
 D/C from therapy: Has met goals / has reached plateau / is non compliant

Cont. PUS

Signature Allen Elegado

License Number Allen Elegado, MPT  
License Number PT 28431



2 2802580 000000001 123 145 05814232

Diplomate, American Board of Orthopedic Surgery

Fellow, American Academy of Orthopedic Surgeons

HUNTINGTON ORTHOPEDIC SURGICAL MEDICAL GROUP

Vahé R. Panossian, M.D. ~ George Tang, M.D. ~ T. Thomas Ackerson, M.D. ~ Walter Burnham, M.D. ~ Andre A. Panossian, M.D.

10 Congress Street, Suite 103, Pasadena CA 91105  
Phone: (626) 795-0282 • Fax: (626) 795-0583

WORK STATUS REPORT

Date of Exam: NOV 08 2012

Name: Doran, Daniel /

Date of Injury/Claim # 7/11/12 05814232

THIS PATIENT WAS SCHEDULED TODAY FOR:  Orthopedic Consultation  Consultation and Treatment  
 Progress Evaluation  Permanent Disability Evaluation

THE RESULTS OF TODAY'S VISIT:

The patient failed his/her appointment Present Disability is:  work-related  NOT work-related  
 Found to be Permanent and Stationary as of \_\_\_\_\_ and is released from care.

The patient's disability status is, or is to be changed as follows:

Patient is NOT DISABLED from his/her regular work  
Patient may resume his/her regular work  immediately  next shift  on \_\_\_\_\_

Patient is TOTALLY DISABLED from any work until approximately 12/20/12

Patient remains TOTALLY DISABLED from any work until approximately \_\_\_\_\_

Patient will probably be released for regular work beginning \_\_\_\_\_

Patient is released to MODIFIED WORK  immediately  next shift  on \_\_\_\_\_  
With the following restrictions:

- NO lifting or carrying over:  10lbs.  25lbs.  50lbs.  \_\_\_\_\_ lbs.
- NO soiling or wetting of dressing and/or wound or cast
- Limited use of  right  left  arm  leg
- Limited work above shoulder level with  right arm  left arm
- Limited  twisting and rotating  gripping  wrist extension and flexion  
with the  right hand  left hand
- Limited  standing  walking  sitting  stooping  bending
- Use of crutches at work but  may bear weight  may not bear weight on  
 right leg  left leg
- Patient must wear his/her back brace  at all times  while working
- Patient should avoid continuous prolonged sitting in bent over position without alternate standing or walking

Patient to remain on MODIFIED WORK with the same restrictions described in the previous report.  
Anticipated duration of modified work status is: \_\_\_\_\_ days \_\_\_\_\_ weeks \_\_\_\_\_ months

Patient is not yet permanent and stationary, \_\_\_\_\_ more month to elapse before patient rating.

Residual Disability \_\_\_\_\_  
 Patient to return for appointment in \_\_\_\_\_ days 6 weeks  as needed 12-20-12

FAX INFORMATION

FAX phone number 707-646-2323

Adjuster's Name Emma Padilla

Physician Signature: \_\_\_\_\_

T. Thomas Ackerson, M.D.  
 Walter Burnham, M.D.

George Tang, M.D.

1:00

Page 1 of 1 received on 11/15/2012 9:54:14 AM [Pacific Standard Time] on server VLICRF2 from

**GEORGE TANG M.D.**  
**HUNTINGTON ORTHOPEDIC SURGICAL MEDICAL GROUP**

**10 CONGRESS STREET, SUITE 103  
PASADENA, CALIFORNIA 91105  
(626)-795-0282**

November 08, 2012

SCIF

ATT: Adjuster Emma Padilla  
P.O. Box 65005  
Pinedale, CA 93650

RE: DORAN, Daniel

D/INJ: 07/11/2012

CLAIM #: 05814232

FILE #: 6289

**PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR2) – PERIODIC  
REPORT**

Dear Ms. Padilla:

Mr. Doran is here for a follow-up visit of his right thumb fracture. He has been going to physical therapy. He sees an improvement with his wrist flexion; however, he still has quite a bit of limited range of motion throughout the hand and thumb area. He is having quite a bit of pain in the hand and thumb area.

**PHYSICAL EXAMINATION:**

The hand is colder than the contralateral side. He has pain with range of motion and wrist flexion and extension. His wrist flexion has improved considerably since the last visit. He is able to flex down to roughly about 35 degrees with the wrist extension. He has quite a bit of pain when extending to about 20 degrees. His thumb range of motion is somewhat limited secondary to the pain as well. He is able to touch his small finger, but with the small finger extending into the thumb instead of the thumb going to the small finger. He has generalized pain throughout.

**REVIEW OF X-RAYS**

X-rays were taken of the right thumb, which shows good callus formation of the fracture area, well healed.

**ASSESSMENT AND PLAN:**

1. First metacarpal fracture, healed.
2. Reflex sympathetic dystrophy possibility.

At this point in time, I would like to refer him to see a neurologist to see if indeed he does have RSD and if he does medication may be necessary to decrease some of the symptoms he has and he needs to continue going to physical therapy for range of motion and stretching exercises and general modality use to increase the function in the hand area. I am recommending he gets two times a week for six weeks. I will see him back in six weeks time. I have given him some more antiinflammatory medication, enteric-coated Naprosyn, Prilosec to prevent upset stomach, and Medrox as an antiinflammatory cream to use as necessary to decrease the symptoms around the hand itself. He remains on total disability until December 31, 2012.



ATT: Emma Padilla  
P.O. Box 65005  
Pinedale, CA 93650  
RE: DORAN, Daniel  
Page 2  
November 08, 2012

**DISCLOSURE STATEMENT:**

The sources of my medical opinion include the patient's stated history, the physical examination, review of available medical records, and review of diagnostic studies. I performed the patient's history and physical examination, as well as any review of records, personally.

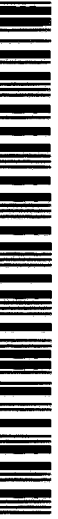
I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.

Sincerely yours,



George Tang, M.D.  
Orthopedic Surgeon

2 2802580 000000001 126 145 05814232



**GEORGE TANG M.D.**  
HUNTINGTON ORTHOPEDIC SURGICAL MEDICAL GROUP

10 CONGRESS STREET, SUITE 103  
PASADENA, CALIFORNIA 91105  
(626)-795-0282

November 08, 2012

SCIF

ATT: Adjuster Emma Padilla  
P.O. Box 65005  
Pinedale, CA 93650

RE: DORAN, Daniel

D/INJ: 07/11/2012

CLAIM #: 05814232

FILE #: 6289

**PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR2) – PERIODIC  
REPORT**

Dear Ms. Padilla:

Mr. Doran is here for a follow-up visit of his right thumb fracture. He has been going to physical therapy. He sees an improvement with his wrist flexion; however, he still has quite a bit of limited range of motion throughout the hand and thumb area. He is having quite a bit of pain in the hand and thumb area.

**PHYSICAL EXAMINATION:**

The hand is colder than the contralateral side. He has pain with range of motion and wrist flexion and extension. His wrist flexion has improved considerably since the last visit. He is able to flex down to roughly about 35 degrees with the wrist extension. He has quite a bit of pain when extending to about 20 degrees. His thumb range of motion is somewhat limited secondary to the pain as well. He is able to touch his small finger, but with the small finger extending into the thumb instead of the thumb going to the small finger. He has generalized pain throughout.

**REVIEW OF X-RAYS**

X-rays were taken of the right thumb, which shows good callus formation of the fracture area, well healed.

**ASSESSMENT AND PLAN:**

1. First metacarpal fracture, healed.
2. Reflex sympathetic dystrophy possibility.

At this point in time, I would like to refer him to see a neurologist to see if indeed he does have RSD and if he does medication may be necessary to decrease some of the symptoms he has and he needs to continue going to physical therapy for range of motion and stretching exercises and general modality use to increase the function in the hand area. I am recommending he gets two times a week for six weeks. I will see him back in six weeks time. I have given him some more antiinflammatory medication, enteric-coated Naprosyn, Prilosec to prevent upset stomach, and Medrox as an antiinflammatory cream to use as necessary to decrease the symptoms around the hand itself. He remains on total disability until December 31, 2012.



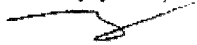
ATT: Emma Padilla  
P.O. Box 65005  
Pinedale, CA 93650  
RE: DORAN, Daniel  
Page 2  
November 08, 2012

**DISCLOSURE STATEMENT:**

The sources of my medical opinion include the patient's stated history, the physical examination, review of available medical records, and review of diagnostic studies. I performed the patient's history and physical examination, as well as any review of records, personally.

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.

Sincerely yours,



George Tang, M.D.  
Orthopedic Surgeon



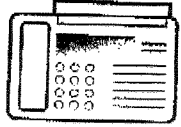




05814232

# F A X

HUNTINGTON ORTHOPEDICS  
10 CONGRESS #103  
PASADENA, CA 91105  
626-795-0282 PHONE  
626-795-0583 FAX



To: Emma Padilla @ SCIF  
Fax number: 707-646-2323

From: MONICA / DR. TANG  
Fax number: 626-795-0583

Date: 11/27/12

Regarding:  
AUTHORIZATION REQUEST

Phone number for follow-up:  
626-795-0282 X 121

**Comments:**

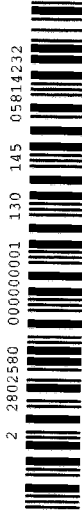
TREATMENT REQUESTING: 1. Consultation w/ Neurologist to R/O RSD. 2. Continuation of P.T. 2 x a week for 6 weeks.

PATIENT INFORMATION: Daniel Doran Claim# 05814232

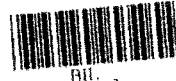
DIAGNOSIS: Rt Thumb MC Fx

FACILITY: 1. Neurologist on the MPN...Please provide list. 2. P.T. at U.S. Healthworks.

Work status and Dictated reports attached!



BENEDICT & BENEDICT PLUMB 205754  
DOS:11/12/12 DOI: 7/11/12 DOB: 6/04/66



REHABILITATION

Page 2

VALUATION / DISCHARGE

12/12

Patient: Doran, Daniel

Case # : 135-058948 Ref # :

Case #:

Date: 11/12/12

SUBJECTIVE:

Right pain @ wrist and thumb up to 90,

ASSESSMENT:

Pris making progress in PT treatment from gradually improving. Adequate right wrist and thumb grip and pinch strength. 16 day total duration PT visit

GOALS

STG LTG

- Increase strength 1/2-5/8 @ wrist (with resistance)
- Increase AROM 80-90 @ wrist (wrist and thumb)
- Restore prior function, including RTW
- Independent with strengthening home exercise program for continued carryover of functional gains made during skilled therapy
- Pt able to lift \_\_\_ # floor to knuckle and \_\_\_ # knuckle to shoulder to \_\_\_
- Pinch > 3-4 lb tact
- ↑ @ grip/pinch strength to ≥ 90% of (L)
- \_\_\_\_\_

TIME

FRAME

6 wks  
4-5 wks  
6 wks  
2-3 wks

Frequency: 2x/wk Estimated Length of Treatment 6 wks

Therapy assessment, goals and treatment plan have been discussed with patient and patient is in agreement.

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Strengthening       | <input checked="" type="checkbox"/> Postural education/exercise   | <input checked="" type="checkbox"/> Heat                  |
| <input checked="" type="checkbox"/> Stretching          | <input type="checkbox"/> Body mechanics/Joint protection training | <input type="checkbox"/> Ice                              |
| <input checked="" type="checkbox"/> Stabilization       | <input checked="" type="checkbox"/> Joint mobilizations           | <input type="checkbox"/> Traction                         |
| <input checked="" type="checkbox"/> A/AA/PROM           | <input checked="" type="checkbox"/> Soft tissue mobilization      | <input type="checkbox"/> US/Phono                         |
| <input checked="" type="checkbox"/> Neuromuscular re-ed | <input checked="" type="checkbox"/> Home exercise program         | <input type="checkbox"/> Iontophoresis                    |
| <input type="checkbox"/> Gait training                  | <input checked="" type="checkbox"/> Tape/brace support            | <input type="checkbox"/> E-Stim                           |
| <input type="checkbox"/> Aquatics                       | <input type="checkbox"/> Symptom management                       | <input type="checkbox"/> SEMG Biofeedback                 |
| <input type="checkbox"/> ADL training                   | <input type="checkbox"/> Work conditioning                        | <input type="checkbox"/> Whirlpool                        |
| <input checked="" type="checkbox"/> Paraffin            | <input type="checkbox"/> Splinting/Orthotic training              | <input type="checkbox"/> TENS issue & instruction         |
| <input type="checkbox"/> Post Injury PAT                | <input type="checkbox"/> Balance/Proprioceptive training          | <input type="checkbox"/> VASO-Compression                 |
| <input type="checkbox"/> Recommend Discharge            | <input type="checkbox"/> Follow up with Physician                 | <input checked="" type="checkbox"/> Patient Education     |
| <input type="checkbox"/> Reusable Electrodes dispensed  | <input type="checkbox"/> Iontophoresis Electrodes dispensed       | <input checked="" type="checkbox"/> Continue with therapy |
| <input type="checkbox"/> Other/Supplies Dispensed:      |   |   |

can overcome phosor TCP

Today's Treatment:

- |  |                          |
|--|--------------------------|
| Time: _____  | Time: _____              |
| <input type="checkbox"/> Patient education regarding nature of their injury. | <input type="checkbox"/> |
| <input type="checkbox"/> Home exercises as per handouts/log.                 | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> <u>Re-evaluation</u>                     | <input type="checkbox"/> |
| <input type="checkbox"/>   | <input type="checkbox"/> |

Treatment Plan Discussed/Reviewed with PTs  
Signature: Aileen Elegado

Lic #: Aileen Elegado, MPT  
License Number PT 26401



HealthWorks

HAND/UPPER QUADRANT

P.1

BENEDICT & BENEDICT PLUMB 205754

DOS:11/12/12 DOI: 7/11/12 DOB: 6/04/66 **ALUATION / DISCHARGE**

Patient: Doran, Daniel

Case # : 135-058948 Ref # :

Case #: Do: (R) Thumb to

Date: 11/12/12

MOTION	AROM		PROM		STRENGTH		SPLINTS
	LEFT	RIGHT	LEFT	RIGHT	LEFT	RIGHT	
Sh. Flex./Ext. (0-180)		M		M		M	
Sh. Abd. (0-180)							
Elbow Flex. (0-150)	90-wk	90-wk	M	M	5/5	4/5	
Elbow Ext. (0)							
Sup (0-80)							
Pron (0-80)							
Wrist Flex. (0-80)		42°					
Wrist Ext. (0-70)		43°					
Ulnar Dev. (0-30)		21°					
Radial Dev. (0-20)		15°					
Thumb Abd. (0-50)		43°					
Thumb Ext. (0-50)		50°					
Thumb MP (0-60)		35°					
Thumb IP (0-90)		35°					
IF MP (0-90)		90-wk					
PIP (0-110)							
DIP (0-80)							
MF MP (0-90)							
PIP (0-110)							
DIP (0-80)							
RF MP (0-90)							
PIP (0-110)							
DIP (0-80)							
SF MP (0-90)							
PIP (0-110)							
DIP (0-80)							

**Posture:**

Standing: WFL

Sitting: WFL

**Reflexes:**

Bicep (C5) (L) \_\_\_\_\_ (R) \_\_\_\_\_

Brachioradialis (C6) (L) \_\_\_\_\_ (R) \_\_\_\_\_

Tricep (C7) (L) \_\_\_\_\_ (R) \_\_\_\_\_

*Joint stability: dist (R) wrist and thumb joint stability*

STRENGTH GRIP	L DOMINANT INVOLVED	R DOMINANT INVOLVED	PALPATION MUSCLE/NEURAL
DYNAMOMETER #	95/105/105 <sup>u</sup>	10/15/15 <sup>u</sup>	hypertrophy (R) forearm brn
STATION (2)			
LATERAL PINCH	21/21/23 <sup>u</sup>	6/10/11 <sup>u</sup>	
PALMAR PINCH	21/20/19 <sup>u</sup>	6/7/8 <sup>u</sup>	

VOLUMETER	SPECIAL TESTS NT	L	R	SPECIAL TESTS M	L	R	ULTT NT	L	R
L ML	PHALENS	+ -	+ -	FINKELSTEINS	+ -	+ -	MEDIAN NERVE	+ -	+ -
R ML	TINELS	+ -	+ -	CUBITALS	+ -	+ -	ULNAR NERVE	+ -	+ -
				LATERAL EPI	+ -	+ -	RADIAL NERVE	+ -	+ -





Treatment Visit #: 12  
Authorized Visit #: 12

BENEDICT & BENEDICT PLUMB 205754  
DOS:11/12/12 DOI: 7/11/12 DOB: 6/04/66

DAILY THERAPY TREATMENT NOTE

Patient: Doran, Daniel

Case # : 135-058948 Ref # :

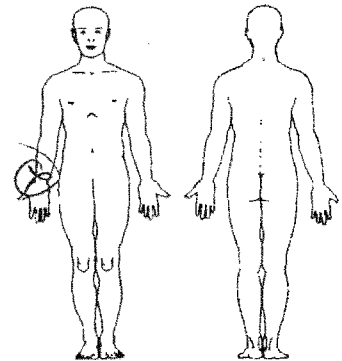
Diagnosis: (R) Thumb Fx

Subjective: Pain level 0 1 2 3 4 5 6 7 (8) 9 10

Saw ortho on Wed and being referred to neurologist

Objective: (i.e. ROM, MMT, Posture, Girth, Color)

See below Re-eval done



Time Modalities:

- Vaso-comp/Edema Control: \_\_\_\_\_
- Electrical Stimulation: \_\_\_\_\_
- Hot Pack or Cold Pack or Ice Massage (circle) to \_\_\_\_\_
- Infrared Heat \_\_\_\_\_
- Whirlpool ( \_\_\_\_\_ min, \_\_\_\_\_ °F) to \_\_\_\_\_
- Paraffin Bath (P) 15 min
- Mechanical Traction \_\_\_\_\_
- Other \_\_\_\_\_
- Ultrasound/Phonophoresis - Cont. or Pulsed \_\_\_\_\_ % @ \_\_\_\_\_ w / cm<sup>2</sup> \_\_\_\_\_ MHz to \_\_\_\_\_ (area)
- Iontophoresis ( \_\_\_\_\_ ml of Dexamethasone) to \_\_\_\_\_ (area), at \_\_\_\_\_ (milliampere-min)

Rehabilitation:

- Myofascial Release/Soft Tissue Mobilization (R) Thumb/wrist/forearm
- Joint Mobs/Manual Traction: (R) wrist/Thumb grade III-III
- Orthotic/Splinting Training/Taping \_\_\_\_\_
- FAs/ADLs/KAs/Ind. Instruct \_\_\_\_\_
- Biofeedback \_\_\_\_\_
- Neuromuscular Reeducation \_\_\_\_\_
- Gait Training/Assistive Device Training \_\_\_\_\_
- Supervised Therapeutic Exercises: (specify) (R) wrist/Thumb ROM, digital ex, digital (yell) ex

- Established/Reviewed/Progressed Home Program  See Exercise Flow Sheet (in chart)  See Handout/Booklet
- TENS Issue & Instruction  NCV Testing  FCE/Return to Work PAT  PePAT/PPE (see report)
- Burn/Wound Care
- Other/Supplies: \_\_\_\_\_
- Skin checked and clear following treatment

HCPCS: A9380  
FAB244YEL  
CAMDO DIGI - FLEX HAND EXER  
CISER WITH SPRING - LOADED

HCPCS: A9300  
FAB526  
DIGI - EXTEND PACKAGE WITH  
ELASTIC BANDS AND PAMPHLE

Assessment:  Improved functional capacity (specify below)  Improving with limitations (specify below)

See eval

Treatment Plan Reviewed by Supervising Therapist

Plan:  progress therapeutic treatment program (specify below)  perform PPE / re-evaluation / D/C summary  
 D/C from therapy: Has met goals / has reached plateau / is non compliant

Await auth for furnitures

Signature *Chris E...*

Julien Elgado, R.T.  
License Number PT 234...



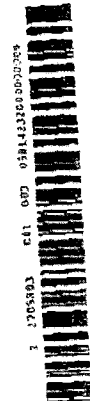
Fax Server

9/2 2012 8:50:57 AM PAGE 2/004 Fax Server

September 20, 2012

George Tang M.D.  
Huntington Pasadena Orthopedic Medical Group  
10 Congress Street Suite 103  
Pasadena CA 91105

Claim Number: 05814232  
Employee: Dan Doran  
Tracking #: E000007782443  
Date of Injury: 07/11/2012  
Date of Birth: 06/04/1966  
Adjuster Name: Emma Padilla



Dear Medical Provider

Your request for medical treatment dated September 17, 2012 for Dan Doran was received on September 17, 2012 and has been reviewed in accordance with State Fund's Utilization Review Program:

Medical Treatment	Treatment ID	Req. Qty	Auth. Qty	Interval (Freq)	Per. Period	Decision	Decision Date
Physical Therapy 2x 6 weeks. George Tang MD, report 9/4/2012	E000006199205	12	12			Approved	09/20/2012
Naprosyn	E000006199206	1	1			Approved	09/20/2012
Medrox antiinflammatory cream, George Tang MD, report dated 9/4/12	E000006199207	1	1			Approved	09/20/2012

Please note: If the treatment status decision is "Referred", we are still evaluating the request and you will be notified when a decision has been made. "Interval" in the above column describes number of treatments authorized per period.

Physical therapy 2x 6 weeks  
Naprosyn  
Medrox cream

**Certifications are valid for 60 days from the date of this notice.**

Any payments made will be reimbursed per the prevailing California Official Medical Fee Schedule (OMFS), or Contractual Agreement whichever is less. Payment is subject to applicable statutes and regulations, including, but not limited to, Labor Code §139.3 and 139.31 and California Business and Professions codes. For claims on *delayed status*, payment may also be limited to the criteria as mentioned in Labor Code 5402(c), subject to the \$10,000 cap.

SCIF RECD DATE :11/26/2012



INVOICE	
INVOICE #:	724692
INVOICE DATE:	07/14/2012
ACCOUNT #:	8188828100

**BILL TO:** US HEALTHWORKS INC  
25124 SPRINGFIELD CT STE 220  
VALENCIA CA 91355

**SHIP TO:** USHP - COPERTINO - 14012001  
10150 BUBB RD  
SUITE 3  
COPERTINO CA 95014

**TERMS** 30 NET      **PO #** SAMPLE      **SALES ORDER #** 1224909064      **CURRENCY** USD

ITEM #	MFG. PART #	DESCRIPTION	QTY SHIPPED	UNIT PRICE	EXTENDED PRICE	Page Lot
FAB244BL	10-0743	CANDO DIGI-FLEX HAND EXERCISER W	1	\$15.2625	\$15.26	A0300

ITEM SUBTOTAL: \$15.26  
 SALES TAX ADDED  
 SHIPPING & HANDLING ADDED  
 TOTAL DUE: \$15.26

TRACKING NUMBER:

WBC Group, LLC dba MEYER DISTRIBUTING COMPANY reminds Customer to refer to its state Medicaid rules for reporting any discounts on billing and that Social Security Act 1128B requires information concerning discounts and rebates to be properly disclosed and appropriately reflected in the costs of medical services made under Medicare and state health care programs.

PLEASE DISREGARD IF ALREADY PAID  
PLEASE TEAR ALONG PERFORATED LINE AND REMIT WITH PAYMENT

**BILL TO:** US HEALTHWORKS INC  
25124 SPRINGFIELD CT STE 220  
VALENCIA CA 91355  
ACCOUNT #:8188828100

**INVOICE #:** 724692  
**INVOICE DATE:** 07/14/2012  
**SALES ORDER #:** 1224909064

**REMIT TO:** MEYER DISTRIBUTING COMPANY  
6333 HUDSON CROSSING PARKWAY  
HUDSON OH 44236  
330-963-8650

**TERMS:** 30 NET  
**DUE DATE:** 08/13/2012  
**TOTAL DUE:** \$15.26

**AMOUNT ENCLOSED:** \_\_\_\_\_



SCIF RECD DATE :11/26/2012



6533 Hudson Crossing Parkway, Hudson, OH 44236

INVOICE	
INVOICE #:	724707
INVOICE DATE:	07/14/2012
ACCOUNT #:	8188828100

**BILL TO:** US HEALTHWORKS INC  
25124 SPRINGFIELD CT STE 220  
VALENCIA CA 91355

**SHIP TO:** USHP - CUPERTINO - 14012001  
1000 BUBB RD  
SUITE 3  
CUPERTINO CA 95014

**TERMS:** 30 NET      **PO #:** SAMPLE      **SALES ORDER #:** 1224909568      **CURRENCY:** USD

ITEM #	MFG PART #	DESCRIPTION	QTY SHIPPED	UNIT PRICE	EXTENDED PRICE	HCPCS
FAB520	10-0775	DIGI-EXTEND PINK KASE WITH ELASTIC	1	\$16.9708	\$16.97	A9300

ITEM SUBTOTAL: \$16.97  
 SALES TAX: ADDED  
 SHIPPING & HANDLING: ADDED  
 TOTAL DUE: \$16.97

TRACKING NUMBER:

WBC Group, LLC dba MEYER DISTRIBUTING COMPANY reminds Customer to refer to its state Medicaid rules for reporting any discounts on billing and that Social Security Act 1123B requires information concerning discounts and rebates to be properly disclosed and appropriately reflected in the costs of medical charges made under Medicare and state health care programs.

PLEASE DISREGARD IF ALREADY PAID  
PLEASE TEAR ALONG PERFORATED LINE AND REMIT WITH PAYMENT

**BILL TO:** US HEALTHWORKS INC  
25124 SPRINGFIELD CT STE 220  
VALENCIA CA 91355  
ACCOUNT #: 8188828100

**INVOICE #:** 724707  
**INVOICE DATE:** 07/14/2012  
**SALES ORDER #:** 1224909568

**REMIT TO:** MEYER DISTRIBUTING COMPANY  
6333 HUDSON CROSSING PARKWAY  
HUDSON OH 44236  
330-963-8650

**TERMS:** 30 NET  
**DUE DATE:** 08/13/2012  
**TOTAL DUE:** \$16.97

**AMOUNT ENCLOSED:** \_\_\_\_\_



2 2802580 000000001 135 145 05814232

SUPPORTING DOCUMENT - DO NOT PAY



Page 2 of 11 received on 11/27/2012 4:39:50 PM [Pacific Standard Time] on server VLICRF2 from .

# US HealthWorks

November 8, 2012

To: Dr. George Tang  
Huntington Orthopedic Medical Group

Re: Daniel Doran  
DOB: 06/04/66

Dear Dr. Tang,

I have been seeing your patient Daniel Doran for physical therapy post @ thumb fracture. To date, he has completed 10 of the 12 prescribed physical therapy visits. His progress has been slow thus far with treatments. Our treatments have consisted of modalities, soft tissue mobilizations, joint mobilizations, and therapeutic exercise. I have included copies of his initial evaluation and most recent re-assessment for your review. Range of motion in his @ wrist and thumb continues to be limited and he continues to complain of moderate to severe pain levels.

Given the slower progress with his range of motion, what do you think of a dynasplint for his @ wrist to assist with his range of motion? If you think he would be an appropriate candidate for a dynasplint please send us a prescription and our office can work on obtaining authorization.

If you have any questions please feel free to contact me at (626) 815-8647.

Thank you,

Aileen Elegado, MPT  
Physical Therapist

6520 N. Irwindale Avenue Suite 100, Irwindale, CA 91702  
Phone (626) 812-0366 Fax (626) 812-0943 www.ushealthworks.com



BENEDICT & BENEDICT PLUMB 205754  
 DOS: 10/26/12 DOI: 7/11/12 DOB: 6/04/66



Patient: Doran, Daniel  
 Case #: 135-058948 Ref #:

Do: (R) Thumb &

**HAND  
 STRENGTH/ROM  
 REPORT**

Subjective: Paronychia D-810

Dynamometer Grip Strength	Trial 1	Trial 2	Trial 3	Average	Norms
LEFT	75 #	85 #	85 #	82 #	74-124 #
RIGHT	10 # <del>18</del>	10 # <del>85</del>	10 #	10 #	80-134 #

Lateral (Key) Pinch	Trial 1	Trial 2	Trial 3	Average
LEFT	20 #	21 #	22 #	21 #
RIGHT	5 #	6 #	6 #	6 #

Palmar Pinch grip	Trial 1	Trial 2	Trial 3	Average
LEFT	20 #	21 #	22 #	21 #
RIGHT	5 #	6 #	6 #	6 #

HAND		Index		Middle		Ring		Small	
Motion	Normal	L	R	L	R	L	R	L	R
MP Flexion	0-90	100	100	100	100	100	100	100	100
PIP Flexion	0-110	↓	↓	↓	↓	↓	↓	↓	↓
DIP Flexion	0-90	↓	↓	↓	↓	↓	↓	↓	↓
DPC									

THUMB			
Motion	Norms	L	(R)
MP flexion	0-60	100	32°
IP flexion	0-90	↓	25°
Radial Abduct.	0-50	↓	32°
Palmar Abduct.	0-50	↓	54°
Distance from Tip of Thumb to DPC			

Comments: 8/12 PT visits

WRIST		AROM		PROM		STRENGTH	
Motion	Normal	Left	Right	Left	Right	Left	Right
Flexion	(0-80)	90-100	41°	M	M	5/5	3/5
Extension	(0-70)	↓	35°	↓	↓	↓	↓
Ulnar Deviation	(0-30)	↓	15°	↓	↓	↓	↓
Radial Deviation	(0-20)	↓	14°	↓	↓	↓	↓

Signature: Alan Eragado

Date: Alan Eragado, MPT  
 License Number PT 28461

Page 3 of 11 received on 11/27/2012 4:39:50 PM [Pacific Standard Time] on server VLICRF2 from .





REHABILITATION Page 3

EVALUATION / RE-EVALUATION / DISCHARGE

1/12

NOT IN SYSTEM

92832 H

DOS: 9/28/12 DOI: 7/11/12 DOB: 6/04/66

Case #:

Date: 9/28/12

Patient: Doran, Daniel

Case # : 135-058948 Ref # :

ASSESSMENT: Pt w/ acute to PTE D/O of (R) thumb for Pth present to PTE pain, ...

Table with columns: GOALS, STG, LTG, TIME FRAME. Includes goals like 'Increase strength' and 'Increase AROM'.

Frequency: 2x/week Estimated Length of Treatment: 6 weeks

Therapy assessment, goals and treatment plan have been discussed with patient and patient is in agreement.

- Checkboxes for various treatments: Strengthening, Stretching, Postural education/exercise, Body mechanics, etc.

Other/Supplies Dispensed: HCPCS: E0275, BATHMP6X16, CUSTOM-TOUCH MEDIUM JOINT WRAP, HEAT THERAPY

Home exercises as per handouts/log. Evaluation, Paraffin (R) hand

Treatment Plan Discussed/Reviewed with PTA. Signature: [Handwritten Signature] Lic #: [Blank]

Page 4 of 11 received on 11/27/2012 4:39:50 PM [Pacific Standard Time] on server VLICRF2 from .

05814232







REHABILITATION

HAND REHABILITATION

NOT IN SYSTEM 92832 H
DOS: 9/28/12 DOI: 7/11/12 DOB: 6/04/66
Patient: Doran, Daniel
Case #: 135-058948 Ref #:

Date of Surgery: NA Next MD visit: 10/4/12
Referred by: Dr George Tang
Diagnosis: R Thumb fo
ICD 9#:

Injury Mechanism: on 7/11/12 - was installing new pipe, wall above him broke free and fell on top of him

was in hard cast close to 2 months

P.M.H./Past Surgeries: DM x5 yrs, gout, macrocytosis (~7 yrs ago) -> chemo or radiation, pt denied pneumonia of HTN

cpu generated fatigue, high WBC count lab work, 10% wt loss in past 3 months, will become PCP next Friday

Medications: Naproxen, Prilosec, DM meds, gout meds

Allergies: NKDA

Diagnostic Tests: Xrays - 100% healed

Previous TX: None

Social/Leisure Activities: golf, fishing, hunting

Occupation/Work Status/Positioning: plumber/off work

Work Requirements: heavy lifting, push/pull

Symptoms-C/O: "intermittent pain R thumb that radiates up forearm" "feels like abraded"

Pain: Current: 7/10 Worst: 10/10 Best: 0/10
same better worse

99% movement of R hand
ease: meds, warm water

WOUNDS See Attached Eval

SEMMES-WEINSTEIN/TWO POINT DISCRIM. 2 RD.

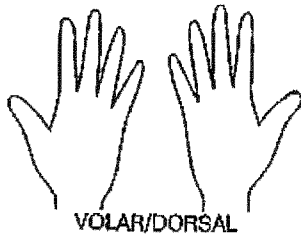
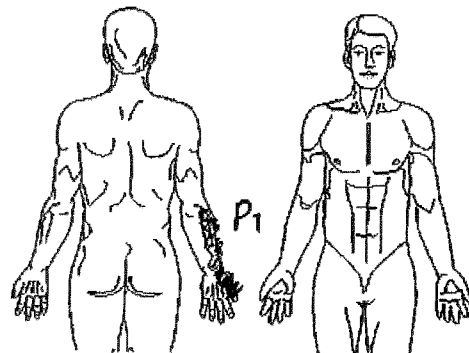


Table with columns L and R, rows TH, IF, MF, RF, SF

R hand dominant



Patient Goals: "get hand back to normal"

++++ Numbness
### Major Pain
//// Associated Pain
- - - - - Radiating Pain

Page 6 of 11 received on 11/27/2012 4:39:50 PM [Pacific Standard Time] on server VLICRF2 from .

05814232



Page 7 of 11 received on 11/27/2012 4:39:50 PM [Pacific Standard Time] on server VLICRF2 from .



**AUTHORIZATION REQUEST  
FAX COVER**

To: <u>Dr. George Tang</u>	From: <u>Bobbie / Yurko</u>
Fax #: <u>(626) 7950583</u>	Tel: <u>(626) 815-8647</u>
Tel:	Fax: <u>(626) 815-1947</u>
Re: <u>Doran, Daniel</u>	# of pages <u>6</u>

- Physical/Occupational Therapy Authorization Request
- Medically Managed Chiropractic Authorization Request
- Acupuncture Authorization Request
- PR2- Physician's Progress Report
- Treatment notes
- Last Work Status
- Relevant Diagnostic Test Reports
- Other:

Comments: Claim # 05814232  
Attached are treatment notes regarding patient

Labor Code Section 4810, section (e) 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 timeframe 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 4810 (g) (2) and (3) are mandatory, and if the statutory requirements are not met, the utilization review report is not admissible.

The attached documents are intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential or exempt from disclosure under applicable law. If you are not the intended recipient, any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and delete or destroy all copies of the original message.



05814232

**GEORGE TANG M.D.**  
HUNTINGTON ORTHOPEDIC SURGICAL MEDICAL GROUP

10 CONGRESS STREET, SUITE 103  
PASADENA, CALIFORNIA 91105  
(626)-795-0282

October 04, 2012

SCIF

ATT: Adjuster Emma Padilla  
P.O. Box 65005  
Pinedale, CA 93650

RE: DORAN, Daniel  
D/TNJ: 07/11/2012  
CLAIM #: 05814232  
FILE #: 6289

**PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR2) – PERIODIC REPORT**

Dear Ms. Padilla:

Mr. Doran is here for a followup visit of his right thumb fracture. He is still feeling quite a bit of soreness over the right thumb especially with physical therapy that he had yesterday. He has gone to two visits of physical therapy and twelve has been authorized.

**PHYSICAL EXAMINATION:**

He still has some stiffness in the right thumb secondary to being in the cast for a while. He is neurovascularly intact distally and he has some swelling and some slight tenderness in the thumb area.

**REVIEW OF X-RAYS**

X-rays were taken, which shows good alignment of the fracture. Positive callus formation.

**ASSESSMENT AND PLAN:**

First metacarpal fracture.

At this point in time, he will continue with his physical therapy. I will see him back in a month's time for followup. I have given him some more enteric-coated Naprosyn as an antiinflammatory medication, Prilosec to prevent upset stomach, and Medrox as an antiinflammatory cream to use as necessary to decrease the symptoms around the thumb itself. He remains on total disability until November 30, 2012. If he continues to improve, then I suspect he may be able to return to work. If he does not improve, then I may order an MRI at that time. I will see him back in a month.

**DISCLOSURE STATEMENT:**


The sources of my medical opinion include the patient's stated history, the physical examination, review of available medical records, and review of diagnostic studies. I performed the patient's history and physical examination, as well as any review of records, personally.

Page 8 of 11 received on 11/27/2012 4:39:50 PM [Pacific Standard Time] on server VLICRF2 from .

ATT: Emma Padilla  
P.O. Box 65005  
Pinedale, CA 93650  
RE: DORAN, Daniel  
Page 2  
October 04, 2012

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.

Sincerely yours,



George Tang, M.D.  
Orthopedic Surgeon



Page 2 of 3 received on 12/18/2014 2:54:04 PM Pacific Standard Time on server VLIICRF2 from .

# EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



- Minimally Invasive Spine Surgery
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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 : 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.

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Page 3 of 3 received on 12/18/2014 2:54:04 PM Pacific Standard Time] on server VLICRF2 from .

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

EHcjin

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
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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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FAX: (818) 788-2453

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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 462B. 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

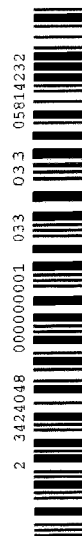
October 31,  
2014  
Date



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

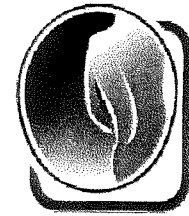
NC/rxt

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

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.

*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

September 23,

2014

\_\_\_\_\_  
Date



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

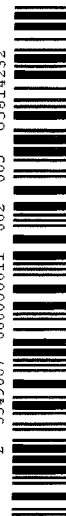
NC/rxt

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

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



2 3349007 000000011 002 003 05814232



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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 : 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.  
Certified Diplomate American  
Board of Orthopedic Surgery  
California License #A71385

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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- 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 : 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.

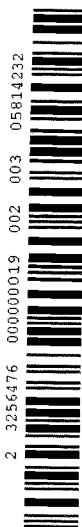
Work restrictions remain unchanged. He should remain on total temporary disability.

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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 FAX: (818) 788-2453

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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:**

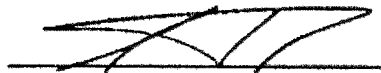
923.20 Hand Contusion  
726.4 Wrist Tend/Burs  
816.0 Finger Frature  
337.21 Reflex Sympathetic Dystrophy of Upper Limb

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.  
3419 Via Lido #607  
Newport Beach, CA 92663





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Page 2 of 2 received on 6/17/2014 4:43:36 PM Pacific Daylight Time] on server \\\LJCRF2 from 8187882453.

**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.

*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.*



May 16, 2014  
Date

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

EH/rxt

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

13149-18



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

TIME	12:15	30	13	30	TOTALS
O <sub>2</sub> (L/Min)	12	12	12	12	
N <sub>2</sub> O <sub>2</sub> (L/Min)					
Des/Sevo/Iso (%)					
Propofol (mg)	75	30	25	75	100
Fent (mcg)	100				100
Midazolam (mg)	1				1
Succh (mg)					15
Roc / Miv (mg)					
Neo / Glyco (mg)					
Zo FRAW	7				4
Amist	1-2				2
Fluid (LR/NS)					1000
FiO <sub>2</sub> (%)	Aux				
ETCO <sub>2</sub> (%)	+	+	+	+	
SAO <sub>2</sub> (%)	100	100	100	100	
EKG	SR	SR	SR	SR	
Resp SAC	30	30	30	30	

ANESTHESIA AND MONITORING EQUIPMENT CHECKED BEFORE PROCEEDING  
 YES  NO

ASSESSMENT PRIOR TO INDUCTION  
 NO CHANGE IN PATIENT ASSESSMENT

REMARKS:

PACU VITAL SIGNS / REPORT  
 P 82 BP 140/78  
 RR 16 SAO<sub>2</sub> 95%

Awake  Asleep  Extubated

EBL 1

Crystalloid 300ml

Urine NF

Physician's Signature

GENERAL	MAC	TIVA	MONITORS / POSITIONING
Induction: Mask / IV			<input 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 <sub>2</sub> 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: P / 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		Meds	

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—



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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

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

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SHERMAN OAKS, CA 91411  
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FAX: (818) 788-2453

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**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

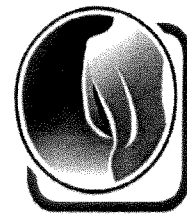
April 4, 2014  
Date

EH/rxt

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

# EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



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 : 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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FX. (909) 622-6220

**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
- 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 : January 6, 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 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 Frat

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 FAX: (818) 788-2453

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 POMONA, CA 91768  
 PH. (909) 622-6222  
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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**

**EH/rxt**

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

January 12,  
2014  
Date

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



2 3107368 000000001 011 075 05814232

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- Fellow, American Academy of Orthopedic Surgeons
- Member, North American Spine Society
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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 : 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





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

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

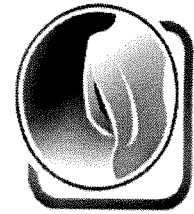
I feel I cannot accept this offer of Modified or Alternative work indicating the need to declare the employee TTD.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Page 1 of 1 received on 11/11/2013 9:00:53 AM Pacific Standard Time on server VILCRF2 from 9096225621.

# 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 : 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—



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 : 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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FAX: (818) 788-2453

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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.  
Certified Diplomate American  
Board of Orthopedic Surgery  
California License #A71385

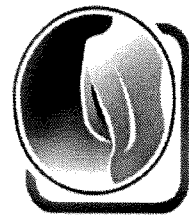
September 24, 2013  
Date

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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• 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 : 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.

5651 SEPULVEDA BLVD., STE 201  
VAN NUYS, CA 91411  
PH: (818)788-2400  
FAX: (818) 788-2453

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POMONA, CA 91768  
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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

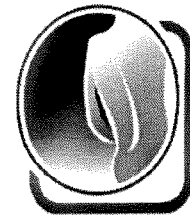
August 27, 2013  
Date

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

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• Comprehensive Spine Care

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• 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 : July 22, 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 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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POMONA, CA 91768  
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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.  
Certified Diplomate American  
Board of Orthopedic Surgery  
California License #A71385

August 1, 2013

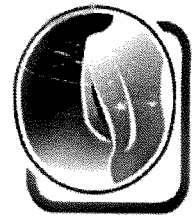
Date

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

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• 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 : May 31, 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 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

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

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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

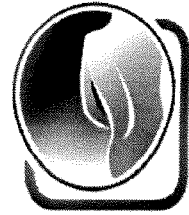
MN/rxt

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

• 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 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.

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  
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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.  
Certified Diplomate American  
Board of Orthopedic Surgery  
California License #A71385

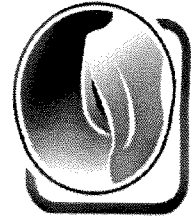
May 3, 2013  
Date

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

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*

• 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

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ENCINO, CA 91436  
PH: (818) 788-2400  
FAX: (818) 788-2453

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POMONA, CA 91768  
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**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

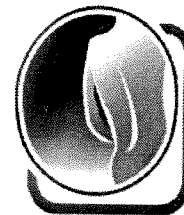
April 5, 2013  
Date

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

• 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

## 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**

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  
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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



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.

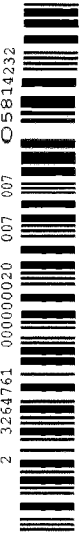
Periodically, we request the measurements of range of motions, muscle strength of lifting capacity depending on the injured body parts at the time of the injury. This data provides information on the continuum of improvement or worsening based on he restriction of the range of motion. The numerical data 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 exccuted 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.





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 VILCRF2 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 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



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

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

- New Request  Resubmission - Change in Material Facts
- Expedite Review: Check box if employee faces an imminent and serious threat to his or her health
- 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**

- Approved  Denied or Modified (see separate decision letter)  Delay (See separate notification of delay)
- Requested treatment has been previously denied  Liability for treatment is disputed

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

Comments: \_\_\_\_\_

Tue 21 Apr 2015 07:43:51 PM PDT

9096225621 Pomona Office

Page 1 of 5

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, S16.0 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 (Ferrot, 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: §9792.242. 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 6 received on 4/22/2015 11:00:28 AM Pacific Daylight Time on server VUICRF2 from Fax Server.

Page 2 of 5 received on 4/21/2015 7:43:58 PM Pacific Daylight Time on server VUICRF from 9096225621.



Tue 21 Apr 2015 07:43:51 PM PDT

9096225621 Pomona Office

Page 3 of 5

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.

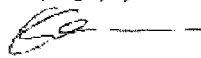
**Work Status:** My recommendation is: Patient is on Temporary Total Disability (TTD) for 4 weeks.

**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

<b>Name</b>	Jonathan F. Kohan M.D.	<b>Specialty</b>	Pain Management
<b>Address</b>	724 Corporate Center Drive Pomona, CA 917682650	<b>Phone</b>	909-622-6222 x

Page 4 of 6 received on 4/22/2015 11:00:28 AM [Pacific Daylight Time] on server VLICRF2 from Fax Server. Page 3 of 5 received on 4/21/2015 7:43:58 PM [Pacific Daylight Time] on server VLICRF from 9096225621.



Tue 21 Apr 2015 07:43:51 PM PDT

9096225621 Pomona Office

Page 4 of 5

**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  
Manbel 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

Page 4 of 5 received on 4/21/2015 7:43:58 PM Pacific Daylight Time] on server VLICRF from 9096225621.  
Page 5 of 6 received on 4/22/2015 11:00:28 AM Pacific Daylight 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 DL SR 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.		
<b>Employee Information</b>		
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	
<b>Provider Information</b>		
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	
<b>Claims Administrator Information</b>		
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: 707-646-6692
E-mail Address:		
<b>Requested Treatment (see instruction for guidance; attached additional pages if necessary)</b>		
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 #90 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
<b>Claims Administrator Response</b>		
<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:		

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





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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.*

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 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.



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

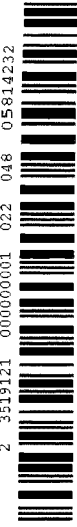
April 19, 2015  
Date

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





2 3519121 000000001 038 048 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

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 : 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.*

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.



Recv'd Date: 20150226 Bill ID: 100149010  
SCIF RECD DATE :02/26/2015

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.



Thu 19 Feb 2015 06:36:16 PM PST

9096225621 Pomona Office

Page 1 of 5

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: 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 deposition, 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) (Gilron, 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

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



Thu 19 Feb 2015 06:36:16 PM PST

9096225621 Pomona Office

Page 2 of 5

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.

ODG Guidelines address maintenance of opioid therapy:

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

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(Rev. 06-05)

Page 2 of 5 received on 2/19/2015 6:36:14 PM Pacific Standard Time] on server VLICRF from 9096225621.  
Page 3 of 6 received on 2/20/2015 9:37:57 AM Pacific Standard Time] on server VLICRF2 from Fax Server.

Thu 19 Feb 2015 06:36:16 PM PST

9096225621 Pomona Office

Page 3 of 5

(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. 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:**

**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 Labor Code 1393.

**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

Page 4 of 6 received on 2/20/2015 9:37:57 AM Pacific Standard Time on server VLICRF2 from Fax Server.  
Page 3 of 5 received on 2/19/2015 6:36:14 PM Pacific Standard Time on server VLICRF from 9096225621.



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Page 4 of 5

**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 #: 03814232

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

<b>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.</b>		
<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.		
<b>Employee Information</b>		
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	
<b>Provider Information</b>		
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: 1516026422	
<b>Claims Administrator Information</b>		
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: 707-646-6692
E-mail Address:		
<b>Requested Treatment (see instruction for guidance; attached additional pages if necessary)</b>		
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 923.2D 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
<b>Claims Administrator Response</b>		
<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

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.

DIPLOMATE, AMERICAN BOARD  
OF ANESTHESIOLOGY  
FELLOWSHIP TRAINED IN PAIN  
MEDICINE

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





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 Flaxil 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**

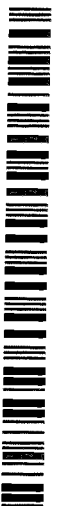
Pain Management

**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

**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:**

**Employer:** Benedict & Benedict

**Occupation:**

**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)

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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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(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.

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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 (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 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 VLORF2 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

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.*

DIPLOMATE, AMERICAN BOARD  
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FELLOWSHIP TRAINED IN PAIN  
MEDICINE

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



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Doran, Daniel  
October 16, 2014  
Page 3 of 3

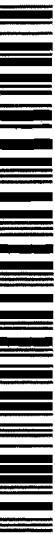
State of California

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JFK/rxt

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

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>	

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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  
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 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 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.*



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  
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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 "ChloraPrep" 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

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

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MEDICINE

**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.*



August 5, 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: \*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



**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  
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DISCOGRAPHY  
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SPINAL INJECTIONS

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MEDICINE

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SHERMAN OAKS, CA 91411  
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FX. (818) 788-2453

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

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

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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.  
3419 Via Lido #607  
Newport Beach, CA 92663

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



**Doran, Daniel**  
**June 19, 2014**  
**Page 3 of 3**

Attr: Emma Padilla

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

Page 5 of 8 received on 03/04/2014 4:42:35 PM Pacific Daylight Time on server VLICRF from 8-81882453

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

SPINAL CORD STIMULATION  
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SPINAL INJECTIONS

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FELLOWSHIP TRAINED IN PAIN  
MEDICINE

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.

5651 SEPULVEDA BLVD., STE 201  
SHERMAN OAKS, CA 91411  
PH (818) 788-2300



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.<sup>1</sup>; Julie G. Pilitsis, M.D., Ph.D.<sup>2</sup>

#### Neurosurgical Focus

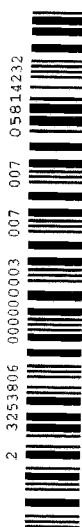
##### Summary

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





Page 8 of 8 received on 6/30/2014 4:42:33 PM Pacific Daylight Time on server VLICRF from 8187882453.

Doran, Daniel  
May 19, 2014  
Page 4 of 4

on the basis of the gate control theory of pain proposed by Melzack and Wall,<sup>[37]</sup> its mechanism of action involves more than inhibition of pain pathways in the dorsal horn nucleus.<sup>[39]</sup> Experimental studies involving neurotransmitters (for example, g-aminobutyric acid and adenosine<sup>[39,40]</sup>) 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.<sup>[2,7,13,20]</sup> 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.<sup>[9,28,32,46]</sup> A number of randomized control led trials and numerous case series with long-term follow-up reports on SCS have been performed.<sup>[9,12,21,24,25,27,28,31,42-44,59,60]</sup> 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

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

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

(Emdat Autofax)  
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: 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

**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:**

**Employer:** Benedict & Benedict

**Occupation:**

**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

5651 SEPULVEDA BLVD., STE 201  
SHERMAN OAKS, CA 91411  
PH. (818) 788-2400  
FX. (818) 788-2453

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

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



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 (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 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  
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RADIOFREQUENCY ABLATION  
SPINAL INJECTIONS

DIPLOMATE, AMERICAN BOARD  
OF ANESTHESIOLOGY  
FELLOWSHIP TRAINED IN PAIN  
MEDICINE

5651 SEPULVEDA BLVD., STE 201  
SHERMAN OAKS, CA 91411  
PH. (818) 788-2400  
FX. (818) 788-2453

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

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 : 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.

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

**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:**

**Employer:** Benedict & Benedict

**Occupation:**

**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.

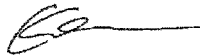
**Work Status:** Work status will be directed by PTP.

**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





**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  
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SPINAL CORD STIMULATION  
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POMONA, CA 91768  
PH. (909) 622-6222  
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3800 E CESAR CHAVEZ AVE  
LOS ANGELES, CA 90063  
PH. (323) 264-6296  
FX. (323) 545-6946

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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.<sup>1</sup>; Julie G. Pilitsis, M.D., Ph.D.<sup>2</sup>

#### 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,

Doran, Daniel

March 6, 2014

Page 4 of 5

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,<sup>[37]</sup> its mechanism of action involves more than inhibition of pain pathways in the dorsal horn nucleus.<sup>[39]</sup> Experimental studies involving neurotransmitters (for example, g-aminobutyric acid and adenosine<sup>[34,40]</sup>) 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.<sup>[2,7,13,20]</sup> 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.<sup>[9,28,32,46]</sup> A number of randomized control led trials and numerous case series with long-term follow-up reports on SCS have been performed.<sup>[9,12,21,24,25,27,28,31,42-44,59,60]</sup> 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  
INTRATHECAL PUMP  
PLACEMENT  
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SHERMAN OAKS, CA 91411  
PH. (818) 788-2400  
FX. (818) 788-2453

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

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.  
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.

2 3145484 000000002 004 005 05814232



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

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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

2 3145484 00000002 005 005 05814232







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

SPINAL CORD STIMULATION  
INTRATHECAL PUMP  
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DISCOGRAPHY  
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SPINAL INJECTIONS

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FX. (909) 622-6220

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

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[WWW.JKohan.com](http://WWW.JKohan.com)

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

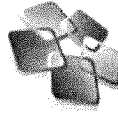
January 14, 2014  
Date

Doran, Daniel  
January 9, 2014  
Page 3 of 3

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

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  
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.

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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POMONA, CA 91768  
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[WWW.JKohan.com](http://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.

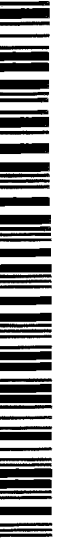
Unfortunately, the patient was unable to obtain the clearance from psychologist to series of vicissitudes.

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.

2 3107368 000000001 023 075 05814232



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.*



2 3107368 000000001 024 075 05814232





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

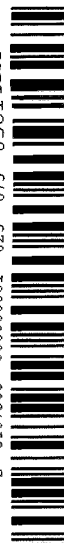
November 26, 2013  
Date

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 00000001 025 075 05814232





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

SPINAL CORD STIMULATION  
INTRATHECAL PUMP  
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5651 SEPULVEDA BLVD., STE 201  
SHERMAN OAKS, CA 91411  
PH. (818) 788-2400  
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PH. (909) 622-6222  
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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.  
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.

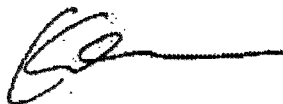
The C7 transverse body was identified under fluoroscopy, then a #25-gauge needle was inserted and advanced under fluoroscopy until we touched the middle aspect of the transverse process. After confirming proper position of needle and after negative aspiration for any blood or CSF, a 2 cc of Omnipaque 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.

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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  
INTRATHECAL PUMP  
PLACEMENT  
DISCOGRAPHY  
RADIOFREQUENCY ABLATION  
SPINAL INJECTIONS

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SHERMAN OAKS, CA 91411  
PH. (818) 788-2400  
FX. (818) 788-2453

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

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

September 24, 2013  
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.  
SPECIALIZING IN PAIN DISORDERS



2 3107368 00000001 040 075 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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5651 SEPULVEDA BLVD., STE 201  
SHERMAN OAKS, CA 91411  
PH. (818) 788-2400  
FX. (818) 788-2453

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SECOND FLOOR  
POMONA, CA 91768  
(909) 622-6222  
FX. (909) 622-6220

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.

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

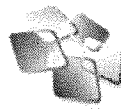
MN/rxt

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

2 3107368 00000001 042 075 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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16542 VENTURA BLVD, STE, 402  
ENCINO, CA 91436  
PH. (818) 788-2400  
FX. (818) 788-2453

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SECOND FLOOR  
POMONA, CA 91768  
(909) 622-6222  
FX. (909) 622-6220

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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ENCINO, CA 91436  
PH. (818) 788-2400  
FX. (818) 788-2453

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SECOND FLOOR  
POMONA, CA 91768  
(909) 622-6222  
FX. (909) 622-6220

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

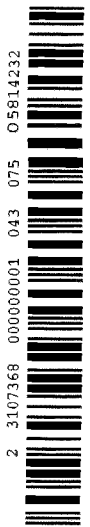
MN/rxt

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



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



2 3107368 00000001 043 075 05814232

MULTI-DISCIPLINARY  
TREATMENT OF  
CRPS (RSD)  
CHRONIC PAIN SYNDROMES  
CANCER PAIN  
FIBROMYALGIA  
NEURALGIAS  
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SPINAL CORD STIMULATION  
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ENCINO, CA 91436  
PH. (818) 788-2400  
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SECOND FLOOR  
POMONA, CA 91768  
(909) 622-6222  
FX. (909) 622-6220

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

May 14, 2013

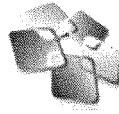
Date

MN/xt

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

2 3107368 000000001 045 075 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

DIPLOMATE, AMERICAN BOARD  
OF ANESTHESIOLOGY  
FELLOWSHIP TRAINED IN PAIN  
MEDICINE

16542 VENTURA BLVD, STE, 402  
ENCINO, CA 91436  
PH. (818) 788-2400  
FX. (818) 788-2453

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

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.

Doran, Daniel  
April 11, 2013  
Page 3 of 8

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.

Doran, Daniel

April 11, 2013

Page 4 of 8

**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.

<b><u>Range of motion:</u></b>	<b>Measured</b>	<b><u>Normal</u></b>	<b>Spasm</b>	<b>Pain</b>
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

Page 5 of 8

<b>Reflex (0-2):</b>	<u>Right</u>	<u>Left</u>
Biceps	1	1
Triceps	1	1
Brachioradialis	1	1

<b>Motor (0-5):</b>	<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

<b>Sensory:</b>	<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:**

Range of Motion:	<u>Right</u>	<u>Left</u>	<u>Normal</u>
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:**

Range of Motion:	<u>Right</u>	<u>Left</u>	<u>Normal</u>
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 hyperhydrosis. 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

Thu 07 May 2013 10:19:35 AM PDT

8182059389 Osteen Surgery Center

Page 1 of 6

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 VLSCR from 8182059389.

2 2908444 000000001 013 030 05814232



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 #: 05814232

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 Rosalby 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 VLSCAN from 8182059389.



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 Haronian, 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 with OUT 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 Haronian, 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 05/07/2013 10:19:35 AM Pacific Daylight Time on server VLSCAN from 8182059389.



2 2908444 00000001 015 030 05814232

Thu 02 May 2013 10:19:35 AM PDT

8182059389 Osteon Surgery Center

Page 4 of 6

Page 4 of 6 received on 5/2/2013 10:19:35 AM [Pacific Daylight Time] on server VLNRFP from 8182059389.

Date Requested for authorization received

Date of response to request

DWCFORMRFA (Version 12/2012)

Claims Administrator/Authorized Agent Signature

Adjuster /Authorized Agent Name (Print)

2 2908444 000000001 016 030 05814232





***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

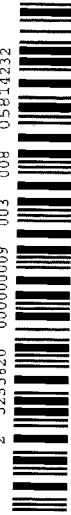
***Internal Medicine Evaluation Report  
Requested By Treating Surgeon  
Regarding Preoperative Clearance***

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



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:

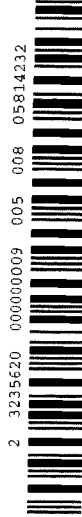
VITAL SIGNS: BP 138/81 mmHg Wt. 187 lbs.  
P 90 bpm R 18rpm

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:  

Prottime	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



RE: DORAN, DANIEL  
Date of Injury: July 11, 2014

Page 5 of 5

Pre-operative Evaluation Report  
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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,

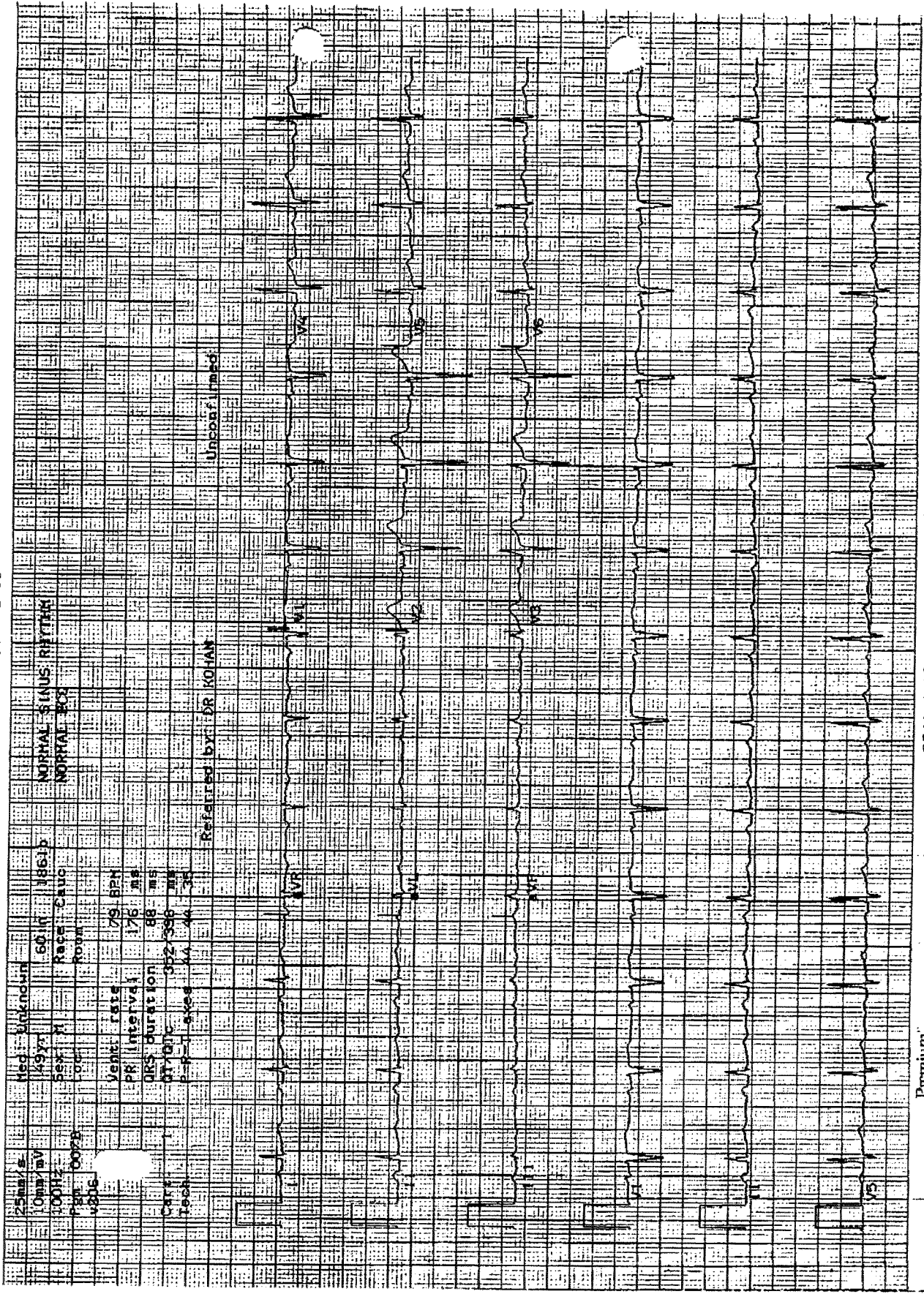


Mallu Reddy, M.D.  
Board Certified Internal Medicine

Signed in Los Angeles County this 22<sup>nd</sup> day of May 2014



DORAN, DANIEL ID: 30-APR-2014 09:18



GE Medical Systems

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WILLIAM GREEN  
3419 VIA LIDO SUITE 607  
NEWPORT BEACH CA 92663-0000

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

<b>RIGHT UPPER EXTREMITY</b>	<b>Fibs</b>	<b>Voluntary Activation</b>
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

Doran, Daniel  
January 15, 2013

**NERVE CONDUCTION STUDIES:**

Temperature, hand: Warming Required

\* = Abnormal Result

NR = No Recordable Response

<b>MEDIAN NERVE</b>	<b>Right</b>	<b>Left</b>	<b>Normal</b>
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
<b>SPECIAL STUDIES FOR</b>			
<b>CARPAL TUNNEL SYNDROME</b>			
	<b>Right</b>	<b>Left</b>	<b>Normal</b>
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 <sup>nd</sup> lumbrical	0.4 msec*		< 0.4 msec
Motor distal latency			
median 2 <sup>nd</sup> lumbrical vs. ulnar interossei	0.6 msec*		< 0.4 msec
<b>Median Composite Delay Score</b>	<b>1.8 msec*</b>		<b>&lt; 1.1 msec</b>
<b>RADIAL NERVE</b>			
	<b>Right</b>	<b>Left</b>	<b>Normal</b>
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  
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.

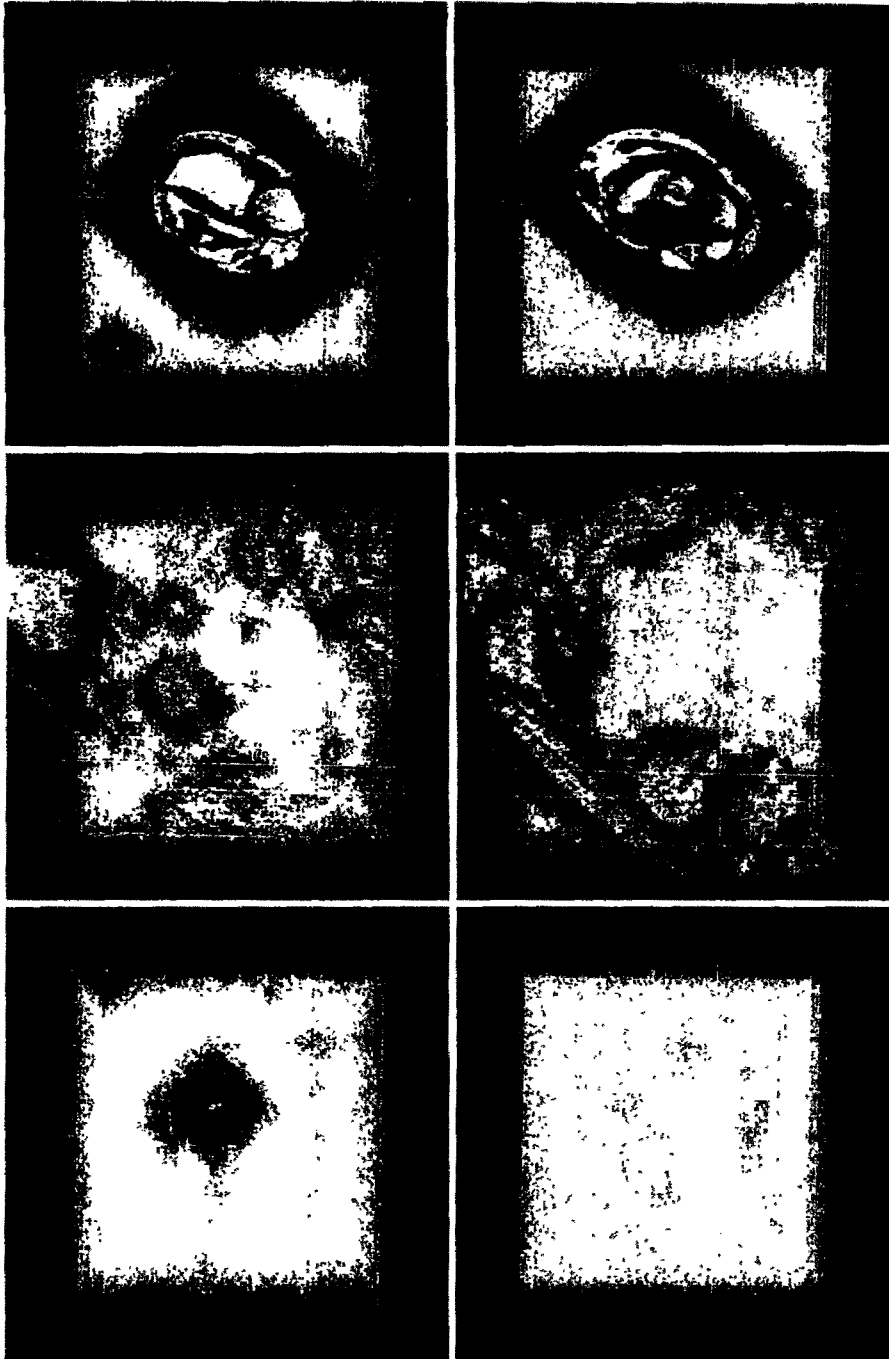
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ORIGINAL REC'D  
POOR QUALITY  
FRESNO CPC

Electronically signed by Justin Pham MD

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**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**