James M. Fait, M.D.

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November 11, 2020

DEPARTMENT OF INDUSTRIAL RELATIONS
Subsequent Injuries Benefit Trust Fund
160 Promenade Circle, Suite 350
Sacramento, California 95834

WORKERS DEFENDERS LAW GROUP
8018 East Santa Ana Canyon, Suite 100-215
Anaheim, California 92808
Attention: Natalia Foley, Esquire

EMPLOYEE	:	**EVAN DISNEY**
EMPLOYER	:	Advanced Management Company, S.I.B.T.F.
SIBTF NO.	:	12037148
EAMS NO.	:	ADJ11231848; ADJ12037148; ADJ11804165; ADJ11231935
D/BIRTH	:	April 17, 1978
D/INJURY	:	CT: June 05, 2015 – March 12, 2018; CT: March 12, 2017 – March 12, 2018; December 12, 2018; February 14, 2018
D/EXAM	:	November 11, 2020

SUBSEQUENT INJURIES BENEFIT TRUST FUND
MEDICAL-LEGAL EVALUATION IN ORTHOPEDICS

Gentlepersons:

This is **a SUBSEQUENT INJURIES BENEFIT TRUST FUND MEDICAL-LEGAL EVALUATION IN ORTHOPEDICS** performed in the County of Los Angeles at 323 North Prairie Avenue, #208, Inglewood, California 90301 on November 11, 2020.

Mr. Evan Disney was seen and examined by myself on November 11, 2020 for the purpose of a Subsequent Injury Trust Fund Comprehensive Medical-Legal Evaluation. Evaluation began at 15:48 and concluded at 16:20. Four and-a-half hours were spent in review of 639 pages of medical records as well as review of deposition transcript. Two hours were spent in preparation of this report. This report is best reflected as ML-104, extraordinarily complex medical-legal evaluation. I have been asked specifically to comment on issues of causation and apportionment, and there is

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a history of multiple injuries to the musculoskeletal system for which apportionment would be necessary.

I am in receipt of correspondence from the Workers Defenders Law Group requesting that a Qualified Medical Evaluation with regard to the applicant's Subsequent Injury Benefit Trust Fund claim is requested and that determination be made regarding any pre-existing medical issues and disability within my area of specialty that were present at the time of the subsequent industrial injury. It is asked that I provide a permanent impairment rating pursuant to the Fifth Edition of the AMA Guides and address apportionment and provide a determination as to the percentage of cause of disability to a pre-exiting condition present at the time of the subsequent industrial injury, any contribution from the industrial injury and any further natural progression which occurred after the industrial injury.

CURRENT COMPLAINTS:

NECK: The applicant complains of recurrent pain in his neck with a stabbing sensation in his neck, with pain radiating to his left shoulder blade. He has headaches as mentioned above. He has recurrent numbness and tingling in the fingers of his left hand. He has recurrent popping and continuous stiffness in his neck. He notes no weakness in his upper extremities. The pain is aggravated with turning his head from side to side, looking up and down, tilting his head to the sides, and reaching. His symptoms are alleviated with hot baths and showers.

MID BACK: The applicant complains of continuous aching and recurrent sharp pressure and burning pain in the mid back. His symptoms are aggravated with bending, twisting, turning, reaching, and prolonged sitting, standing and walking. His symptoms are alleviated with hot baths and showers.

LEFT ARM & LEFT HAND: Applicant reports frequent stabbing pain radiating from the left side of the neck into the left shoulder blade and down the back of the left arm. There is also numbness and tingling on the front and inner side of the elbow radiating down the inner side of the left forearm down to the left wrist. Symptoms come and go. They are made worse with gripping, grasping and repetitive head movements.

LOWER BACK: The applicant complains of continuous aching and recurrent sharp pressure and burning pain in the lower back, with pain radiating down the left leg to his third and fourth toes. He also has pain radiating to left testicle. He has recurrent tingling in the left leg. Weakness is noted in the left lower extremity. The symptoms are aggravated with bending, twisting, turning, reaching, ascending and descending stairs, and prolonged sitting, standing, and walking. His symptoms are alleviated with medication, hot baths, and showers.

SLEEP: The applicant complains of difficulty sleeping. He sleeps an average of four hours of interrupted sleep per night.

HISTORY OF INJURY AS RELATED BY THE APPLICANT:

Mr. Evan Disney is a 42-year-old, right-hand dominant gentleman, born April 17, 1978, who indicates he sustained injuries to the neck, lower back, left arm and hand as well as headache, stress, depression and anxiety while working as a community director for Advanced Management Company (SIBTF) as a result of repetitive work activities.

MECHANISM OF INJURY: Mr. Disney began employment with Advanced Management Company (SIBTF) in June of 2015. In essence, his job was that as a manager of an apartment complex. His work duties would involve such activities as showing apartments to potential renters, answering calls from individuals in the apartment complex, processing contracts and in general inputting information into a computer. He did not perform significant lifting, pushing, pulling or carrying. There was occasional standing and walking.

The applicant states that in April of 2016 he noted the first onset of pain in his neck and lower back. He states that this was when he was walking across the apartment complex and he stepped awkwardly off of a sidewalk, mis-stepped and essentially felt a jarring pain over his entire spine. He did seek treatment at Kaiser Permanente, was taken off work, underwent diagnostic studies and subsequently returned to work two or three months later. Apparently, he was placed on modified duties but essentially continued to perform his administrative duties for the apartment complex.

Injury of February 14, 2018:
On February 14, 2018 the applicant was driving back to the apartment complex from a training session when he was stopped coming off the freeway and was rear-ended by a low-speed motor vehicle and had worsening neck and back pain. Once again, he was taken to Kaiser Permanente and underwent evaluation and treatment. He then returned to work on modified duties.

Injury of December 12, 2018:
On December 12, 2018 he was walking down a flight of stairs in the apartment complex and states his left leg gave out and he fell into a seated position skidding down a series of steps, he estimates this was eight to ten steps, until he landed on the ground. He noted severe pain in his neck and lower back. He was able to stand up on his own. He reported the injury and subsequently went to Kaiser Permanente again for evaluation. He was put on restrictions. He was told that modified duties were unavailable to him and he has not worked since that period of time.

The applicant subsequently sought treatment both at Kaiser Permanente and the Veteran's Administration, and eventually settled his case. He has not worked since December 12, 2018 formally. However, he is employed as an amateur magician and essentially, he performs magic shows for charity events and auctions. He does not get paid for this but he was performing frequent magic shows raising money for charities such as Children's Cancer Treatment. He denies new or additional injuries.

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OCCUPATIONAL HISTORY:

The applicant began employment with Advanced Management Company (SIBTF) in June of 2015. He last worked on December 12, 2018 and was separated from the company on March 12, 2019. He has not worked since that period of time. The applicant does report concurrent employment as an amateur magician.

Prior Employment:

Casino runner at Town Pump Casino.
In-home caregiver for Opportunity Resources.

PAST MEDICAL HISTORY:

MEDICAL ILLNESSES:	Asthma.
SURGERIES:	None.
ALLERGIES:	**The applicant is allergic to penicillin.**
CURRENT MEDICATIONS:	Adderall, Lipitor and gabapentin.

SOCIAL HISTORY:

HABITS:	Tobacco: Denied. Alcohol: Denied.
MARRIAGE/CHILDREN:	The applicant is divorced and has five children.

PREVIOUS INJURIES:

INDUSTRIAL: The applicant served in the Navy from November 1996 to November 1997. He was involved in a motor vehicle collision while on the base in the Navy injuring his neck and back. He received treatment and was discharged 100% service disabled because of the motor vehicle collision and injury to the neck and back. He also sustained a fracture to the left small finger while on active duty in the Navy. He was splinted and has had residual stiffness and deformity in the small finger since that period of time.

The applicant sustained an injury to his low back and left ankle in 2000. He does not recall the exact circumstances, but he does recall receiving treatment for his lower back. His ankle pain resolved but the low back pain persisted.

In 2005, the applicant struck his head on the roof of a carport with injuries to his head and neck. He received treatment but did have residual neck pain.

NONINDUSTRIAL: The applicant has had multiple nonindustrial injuries as a child, most of which were injuries to his head with concussion. He does recall a bruise to his left leg when he

was 13 or 14 and crashed his bicycle. He does not recall sustaining any fractures or having any casts placed.

SUBSEQUENT INJURIES:

INDUSTRIAL: None.

NONINDUSTRIAL: None.

CHECKLIST OF ACTIVITIES OF DAILY LIVING:

The applicant is independent with dressing, grooming, oral care, toileting, transferring, walking, eating, managing medications and using the phone. He needs help with bathing, climbing stairs, managing money, housework, doing laundry, shopping and cooking. He is dependent on others to drive.

PHYSICAL EXAMINATION:

Vital Signs:

Age	:	42 years
Height	:	6 feet 1 inch
Weight	:	212 pounds
Blood Pressure	:	117/80 mmHg
Pulse	:	91 bpm
Temperature	:	98.7

CIRCUMFERENTIAL MEASUREMENTS (cm)		RIGHT	LEFT
Upper Extremities:			
Biceps	:	34.0	33.0
Elbow	:	27.0	27.0
Forearm	:	28.5	28.0
Wrist	:	19.0	18.5
Hand	:	22.0	21.5

JAMAR DYNAMOMETER (kg)		RIGHT	LEFT
First Grip Strength	:	40	32
Second Grip Strength	:	48	34
Third Grip Strength	:	34	32

The applicant is right-handed. The Jamar Dynamometer is set at 2.

On evaluation today, I do not note observable pain behaviors. I do not suspect symptom magnification in this case. Overall, the applicant put forth good effort throughout the evaluation.

It should be noted that the applicant has some difficulty recalling various events in the distant past and is unclear about exact dates or timing with many of his injuries.

Gait: The applicant demonstrates a slight limp favoring the left lower extremity. He states this is due to back pain and stiffness with pain radiating into the left leg. He does not use a cane or assistive device for ambulation. He does not wear a brace on the neck, back, upper or lower extremities. He is able to stand on the heels and toes without difficulty.

EXAMINATION OF THE CERVICAL SPINE:

Appearance: No surgical scars, soft tissue swelling, scoliotic curvature or bony deformity is appreciated.

Palpation: There is tenderness to palpation and paraspinal spasm in the left posterior paracervical musculature. No right-sided tenderness or spasm is appreciated.

RANGE OF MOTION IN DEGREES:
Cervical Spine:

Flexion	:	45/45/30
Extension	:	40/40/20
Right Rotation	:	60/60/60
Left Rotation	:	65/65/60
Right Lateral Bend	:	35/40/40
Left Lateral Bend	:	35/40/30

Spurling's test is negative. Hoffman's sign is negative. Deep tendon reflexes are 1+ and symmetric at the biceps, brachioradialis and triceps.

Manual motor strength is 5/5 in bilateral deltoid, biceps, triceps, wrist flexor, wrist extensor, EPL and hand intrinsics. Sensation is intact to light touch in bilateral C5 through T1 dermatomes. No visible atrophy or fasciculations of the right or left upper extremity are noted.

EXAMINATION OF THE SHOULDERS:

Appearance: No surgical scars, soft tissue swelling, bony deformity or muscular atrophy is noted about the right or left shoulders.

Palpation: There is no tenderness over the biceps tendon sheath or the acromioclavicular joint bilaterally.

There is no reproduction of shoulder pain with impingement testing bilaterally. Drop-arm test is negative bilaterally.

RANGE OF MOTION IN DEGREES:

Shoulders:		Right:	Left:
Flexion	:	165	165
Extension	:	40	40
Abduction	:	160	160
Adduction	:	40	40
Internal Rotation	:	80	80
External Rotation	:	80	80

No crepitus is noted with passive or active range of motion of the shoulders.

EXAMINATION OF THE ELBOWS:

Appearance: No surgical scars, soft tissue swelling, angular malalignment or bony deformity of the right or left elbow is noted.

Palpation: There is no tenderness over the medial or lateral epicondyle bilaterally.

RANGE OF MOTION IN DEGREES:

Elbows:		Right	Left
Flexion	:	140	140
Extension	:	0	0
Pronation	:	80	80
Supination	:	80	80

No crepitus is noted with passive or active range of motion of the elbows. Tinel's sign is negative over the cubital tunnel bilaterally.

EXAMINATION OF THE WRISTS AND HANDS:

Appearance: No surgical scars, soft tissue swelling or bony deformity is noted about the right or left wrists or hands. No soft tissue masses are noted about the right or left wrists, however, on examination of the left small finger I note that there is obvious hyperextension of the PIP joint of the left small finger with a corresponding flexion contracture of the DIP joint characteristic of a swan neck deformity. There appears to be instability of the PIP joint to varus-valgus stress. No surgical scars are noted. No other deformity of any digit is seen. There is no angular malalignment.

Tinel's sign is negative over the carpal tunnel bilaterally. Median nerve compression test is negative at 10 seconds bilaterally. Finkelstein's test is negative bilaterally. No triggering is noted of the digits of the right or left hands.

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RANGE OF MOTION IN DEGREES:

Wrists:		Right:	Left:
Dorsiflexion	:	60	60
Palmar Flexion	:	60	60
Ulnar Deviation	:	30	30
Radial Deviation	:	20	20

No crepitus is noted with passive or active range of motion of the wrists.

Range of Motion:		RIGHT	LEFT	NORMAL
	Flexion	60	60	60
	Palmar Flexion	60	60	60
	Radial Deviation	20	20	20
	Ulnar Deviation	30	30	30
Thumb	IP Flexion	80	80	80
	IP Extension	0	0	0
	MP Flexion	60	60	60
	MP Extension	0	0	0
	CMC Add	0	0	8-0 cm
	CMC Opposition	8	8	0-8 cm
Index	DIP Flexion	70	70	70
	DIP Extension	0	0	0
	PIP Flexion	100	100	100
	PIP Extension	0	0	0
	MP Flexion	90	90	90
	MP Extension	0	0	0
Middle	DIP Flexion	70	70	70
	DIP Extension	0	0	0
	PIP Flexion	100	100	100
	PIP Extension	0	0	0
	MP Flexion	90	90	90
	MP Extension	0	0	0
Ring	DIP Flexion	70	70	70
	DIP Extension	0	0	0
	PIP Flexion	100	100	100
	PIP Extension	0	0	0
	MP Flexion	90	90	90
	MP Extension	0	0	0

Little	DIP Flexion	70	40	70
	DIP Extension	0	+30	0
	PIP Flexion	100	0	100
	PIP Extension	0	+15	0
	MP Flexion	90	100	90
	MP Extension	0	+5	0

Sensation is intact to light touch in the tips of all digits bilaterally. Brisk bilateral radial pulses are noted.

EXAMINATION OF THE THORACIC SPINE:

Appearance: No surgical scars, soft tissue swelling, bony deformity or scoliotic curvature is appreciated. There is no step-off.

Palpation: There is mild diffuse tenderness to palpation throughout the entire thoracic spine especially caudal to the shoulder blades and the lower thoracic spine.

RANGE OF MOTION IN DEGREES (Dual-Inclinometer Method)
Thoracic Spine:

Flexion	:	60/50/60
Extension	:	15/15/15
Right Rotation	:	30/30/30
Left Rotation	:	30/30/30

There is no paraspinal spasm with palpation of the thoracic spine.

EXAMINATION OF THE LUMBAR SPINE:

Appearance: No surgical scars, soft tissue swelling, bony deformity or scoliotic curvature is appreciated.

Palpation: There is tenderness to palpation noted throughout the entire lower lumbar spine in the right and left paravertebral musculature but no paraspinal spasm is noted bilaterally.

RANGE OF MOTION IN DEGREES (Dual-Inclinometer Method)
Lumbar Spine:

Flexion	:	45/45/30
Extension	:	5/5/0
Right Lateral Bend	:	25/25/25
Left Lateral Bend	:	25/25/25

Straight leg raise is negative bilaterally. Lasegue's test is negative bilaterally. Deep tendon reflexes are 1+ and brisk at the knees and ankles. Toes are down-going. There is no clonus. Faber's test is positive on the left, negative on the right.

Manual motor strength is 5/5 in bilateral iliopsoas, quadriceps, hamstring, anterior tibialis, gastrocsoleus and EHL. Sensation is intact to light touch in right L2 through S1 dermatomes. Sensation is diminished over the left lateral thigh, left lateral calf and dorsolateral aspect of the left foot in the L5 dermatome. No visible atrophy or fasciculations of the right or left lower extremity are noted. Brisk bilateral dorsalis pedis pulses are noted.

EXAMINATION OF THE HIPS:

Appearance: No soft tissue swelling or bony deformity is noted about the right or left hip.

Palpation: There is no tenderness to palpation over the greater trochanteric bursa of the right or left hip.

RANGE OF MOTION IN DEGREES

Hips:		RIGHT	LEFT
Flexion	:	70	70
Extension	:	0	0
Internal Rotation	:	5	5
External Rotation	:	30	30

No crepitus is noted with passive or active range of motion of the hips. There is no groin pain with flexion or rotation of the hips.

EXAMINATION OF THE KNEES:

Appearance: No surgical scars, soft tissue swelling, bony deformity or angular malalignment of the right or left knee is noted. No visible effusion is noted about the right or left knee.

Palpation: No medial or lateral joint line tenderness is noted about the right or left knee.

RANGE OF MOTION IN DEGREES

Knees:		RIGHT	LEFT
Flexion	:	120	120
Extension	:	0	0

Trace patellofemoral crepitus is noted bilaterally. The patella tracks centrally bilaterally.

Both knees are stable to varus and valgus, anterior and posterior drawer testing. Lachman examination is negative. McMurray's test is negative bilaterally.

The calf is soft and nontender bilaterally. Trace bilateral pedal edema is noted.

There are no other pertinent positive physical findings.

DIAGNOSES:

1. Cervical spine degenerative disc disease C2-C3 through C6-C7 with a 2.3 mm broad-based disc protrusion at C3-C4, a 2.3 mm broad-based disc protrusion at C4-C5, a 3.1 mm broad-based disc protrusion abutting the anterior aspect the anterior aspect at C5-C6, and a 2.3 mm disc protrusion with posterior annular fissure at C6-C7 per MRI of May 12, 2018.

2. Contusion right shoulder status post slip-and-fall, December 23, 2003.

3. History of right small finger fracture volar plate, middle phalanx, December 2002 without residual deformity.

4. Chronic swan neck deformity left small finger, pre-existing.

5. Lumbar spine L3-L4 annular tear and midline L4-L5 annular tear with intermittent symptoms of left lower extremity radiculitis, pre-existing.

6. Thoracic spine sprain-strain, pre-existing.

7. History of headaches, stress, anxiety. Further discussion deferred.

Support for these diagnoses is based on the history, physical examination and previous medical records.

DISCUSSION:

Mr. Evan Disney was seen and examined by myself on November 11, 2020 for the purpose of a Qualified Medical Evaluation with regard to applicant's Subsequent Injury Benefit Trust Fund claim. He has reported multiple industrially related injuries during the time course of his employment with Advanced Management Company, which essentially is a leasing agent. He reported a cumulative trauma injury from June 5, 2015 through March 12, 2018 due to repetitive movement to the head, upper extremities, back and lower extremities, a stress, anxiety and depression claim for March 12, 2017 through March 12, 2018, an injury to the lower back when involved in a motor vehicle collision on the job property of February 14, 2018 and an injury to the back due to a fall on stairs at work of December 12, 2018. Apparently, the applicant's case was settled before the applicant reached a permanent and stationary status on his initial claims and a Subsequent Injury Benefit Trust Fund evaluation has been requested. Correspondence indicates that a determination needs to be made regarding any pre-existing medical issues and disability that are within the area of orthopedics that were present at the time of the subsequent industrial injury.

In discussion with the applicant, I note that he does report multiple injuries as a child. These primarily appear to be multiple concussions and soft tissue injuries. There does not appear to have been any residual disability from the childhood related injuries, however, the applicant states that in 1997 he was involved in a car accident in the United States Navy as well as sustaining a fracture of his left small finger. He received an honorable discharge with a disability rating for his low back and psychological system, but he reports ongoing complaints of neck, low back pain and residual deformity of the left small finger. The applicant sustained a slip-and-fall apparently in 2003 with a possible fracture of the right small finger. There is no obvious residual deformity as a consequence of this fall. He also injured his right shoulder in December of 2003, however, it appears that the symptoms essentially resolved and there was no lasting residual impairment or disability. However, the medical records do indicate ongoing neck, midback and low back symptoms in 2014 for which the applicant received treatment. These appear to have worsened when he reinjured his back lifting a 200-pound patient while working as a caregiver. At that time, a neurological consultation was obtained. I have not reviewed the formal MRI report but annular tears at L3-L4 and L4-L5 are noted and surgery was actually considered. Ongoing residual numbness and tingling in the left lower extremity are documented. Date of injury is listed as January 23, 2014. Lower extremity numbness and tingling is documented again and he was actually even placed on medication such as Neurontin in an attempt to alleviate symptoms.

On February 14, 2018, the applicant was involved in a motor vehicle collision. An MRI of the neck was apparently performed noting widespread degenerative disc disease from C3-C4 through C6-C7. There are also complaints of low back pain as a result of that collision. Applicant apparently returned to work. He reported a cumulative trauma injury to his neck, back, upper and lower extremities which he attributes to sitting, twisting and bending as well as an injury when he mis-stepped walking off of a sidewalk in April of 2017. Finally, on December 12, 2018, the applicant apparently slipped and fell down a series of stairs. This was significant enough that he fractured his cell phone. He reports injuring his neck and back as a result of that incident. He has not worked since that period of time.

On evaluation today, I note restricted range of motion of the cervical spine with paraspinal spasms in the left upper extremity and at least intermittent symptoms of radiculitis into the left upper extremity attributable to the cervical spine. I do not note any residual abnormalities in range of motion, pain or instability regarding the left or right shoulder, elbow, wrist or hand, but I do note an obvious deformity of the left small finger attributable to a pre-existing injury from the Navy. Finally, I note restricted range of motion of the lumbar spine and suspicion of numbness and tingling that is certainly consistent with left L5 radiculopathy. This was also present prior to his employment as a leasing agent. There is essentially a normal exam of the knees. An exam of the hips is limited only by the elevated body mass index and pannus.

In my opinion there is a pre-existing injury to the cervical spine, lumbar spine and left hand that were present at the time of the applicant's subsequent industrially related injuries in 2014, February 14, 2018 and December 12, 2018 that did represent a pre-existing permanent partial disability at the time that employment commenced with Advanced Management Company.

CAUSATION:

In the absence of medical evidence to the contrary, based on reasonable medical probability, in my opinion there is sufficient medical evidence to indicate that this applicant does have a pre-existing disabling condition regarding his cervical spine, lumbar spine, thoracic spine and left hand prior to commencement of employment with Advanced Management Company.

APPORTIONMENT:

In consideration of Labor Code 4663 and 4664 as well as the Escobedo case, I do find a basis for apportionment in this matter. With regard to the cervical spine, in my opinion 40% of the applicant's current impairment and disability is apportioned to the motor vehicle collision that occurred in the US Navy, the result of which the applicant received an honorable discharge, 10% is apportioned to the motor vehicle collision of February 14, 2018 and 50% is apportioned to the slip-and-fall of December 12, 2018.

With regard to the lumbar spine, in my opinion 20% of the applicant's current impairment and disability is apportioned to the motor vehicle collision that occurred while on active duty in the US Navy, 40% is apportioned to the injury sustained while working as a caregiver on January 23, 2014, 5% is apportioned to the injury in April of 2017 stepping off of a sidewalk, 5% is apportioned to the motor vehicle collision of February 14, 2018 and the remaining 30% is apportioned to the slip-and-fall of December 12, 2018.

With regard to the left hand, it is my opinion that 100% of the applicant's current impairment and disability is apportioned to the fracture that he apparently sustained while in the US Navy.

With regard to the thoracic spine condition, it is my opinion that 100% of the applicant's current impairment and disability is apportioned to the injury he sustained as a caregiver on January 23, 2014. There is no documentation of any thoracic spine pain or injuries or complaints with regard to the thoracic spine prior to that period of time.

PRE-EXISTING WORK CONDITIONS PRIOR TO COMMENCEMENT OF EMPLOYMENT WITH ADVANCED MANAGEMENT COMPANY:

In my opinion, the applicant was permanently precluded from lifting greater than 20 pounds, pushing or pulling greater than 20 pounds, repetitive bending and twisting at the neck or waist for more than two hours per shift and repetitive gripping or grasping, or fine motor movements of the left upper extremity for more than two hours per shift.

CURRENT WORK RESTRICTIONS:

The applicant is currently precluded from lifting greater than 10 pounds, pushing or pulling greater than 10 pounds. He is permanently precluded from repetitive bending or twisting at the neck or

waist. He is permanently precluded from prolonged standing or sitting for more than 30 minutes without a five-minute break. He is currently precluded from repetitive gripping or grasping with the left upper extremity for more than two hours per shift.

PERMANENT IMPAIRMENT RATING PER FIFTH EDITION AMA GUIDES FOR PRE-EXISTING LABOR-DISABLING CONDITIONS:

Impairment rating for the cervical and lumbar spine is made as per Chapter 15 of the Guides. The DRE method is selected for rating impairment as there is insufficient data in the medical records provided for my review to offer an impairment rating based on the range of motion method prior to the subsequent injuries.

Impairment for the cervical spine is made as per Table 15-5 on page 392 of the Guides. The applicant is best reflected as DRE Cervical Category II given the reported neck pain and difficulties with activities of daily living prior to commencement of employment. In my opinion this condition would represent 8% whole person impairment.

Impairment for the thoracic spine is made as per Table 15-1 on page 389 of the guides The applicant is best reflected as DRE Thoracic Category II given the relatively mild complaints of thoracic spine pain. In my opinion this represents 5% whole person impairment.

impairment for the lumbar spine is made as per Table 15-3 on page 384 of the Guides given that there are suggestions of radiculopathy into the left lower extremity as documented by the neurosurgeon in 2014. In my opinion, this condition represents 12% whole person impairment.

Impairment for the left small finger is based upon the abnormal movements of the left small finger through Figure 16-25, 16-23 and 16-21. Digit impairment for the small finger MCP joint of 5 degrees of hyperextension to 100 degrees of flexion is 2%. PIP joint 15 degrees of hyperextension to zero degrees of flexion is 60%. DIP joint lack of 30 degrees of extension is 12%, and flexion to 40 degrees is 15%. Therefore, total impairment for the MCP joint is 2%, PIP joint 60%, DIP joint 27%. The Guides indicate that these are to be combined; 60% combined with 27% is 71%; 71% combined with 2% is 72%. Utilizing Table 16-1 on page 438 of the Guides, 72% impairment of the small finger represents 7% impairment of the hand. Utilizing Table 16-2 this converts to 6% upper extremity impairment. Utilizing Table 16-3 this converts to 4% whole person impairment.

The applicant has sustained subsequent injuries to the cervical and lumbar spine. There is no evidence of subsequent injury to the thoracic spine or left hand, therefore, there is no subsequent impairment rating for the thoracic spine or left hand. There is a subsequent impairment rating for the cervical spine. There are now complaints of radicular pain radiating to the left upper extremity roughly in the C7 and C8 dermatomes. Therefore, the applicant would best be reflected as DRE Cervical Category III and in my opinion, this would represent 15% whole person impairment pursuant to Table 15-5 on page 392 of the Guides.

With regard to the lumbar spine, the applicant has persistent complaints of low back pain and radiating symptoms in the L5 dermatome. These symptoms appear to have worsened in degree and therefore this would represent 13% whole person impairment of the lumbar spine pursuant to Table 15-3 on page 384 of the Guides.

In my opinion, there is sufficient medical evidence to indicate the applicant sustained a subsequent injury in April 2017 to the lumbar spine, injury to the cervical spine and lumbar spine as a result of a motor vehicle collision on February 14, 2018 and an injury to the cervical spine and lumbar spine as a result of a fall down the stairs on December 12, 2018. These were the result of industrially related injuries while employed as a leasing agent for Advanced Management Company.

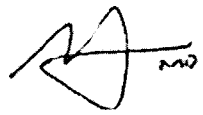
Thank you for asking me to evaluate this applicant and prepare this report. If there are any further questions, please do not hesitate to contact this office.

SOURCE OF ALL FACTS AND DISCLOSURE:

The source of all facts was the history given by the applicant and review of the previous examiner's medical reports. I personally interviewed the applicant, performed the physical examination, reviewed the history with the applicant, reviewed the medical records provided, dictated this report and it reflects my professional observations, conclusions and recommendations. Face-to-face time conformed with DWC guidelines. 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 the information that I have indicated and received from others. As to this 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. Labor Code 139.3 was not violated. Assistance with preparation of this report was provided by Rapid Care, Record Summarizer, and Daniela Robinson, Assistant, each of whom were trained by Arrowhead Evaluation Services, Inc. Please note that all times listed reflect physician time spent, not staff time.

Date of Report: November 11, 2020. Signed this 10th day of December, 2020 at San Bernardino County, California.

Sincerely,



JAMES M. FAIT, M.D.
JMF/vm

Attached: Review of medical records

REVIEW of MEDICAL RECORDS

Disney, Evan

DOB: 04/17/1978

Pages Reviewed: 639

WC Claim Form, dated 03/12/18, with date of Injury: 02/14/18. Hit and run car accident on the property.

Application for Adjudication, dated 03/12/18 with Date of Injury: 02/14/18. Hit and run car accident on the property. Back. Employer: Advances Management Company.

WC Claim Form dated 03/12/18, with date of injury: CT 06/05/15 – 03/12/18. Stress and strain due to repetitive movements.

Application for Adjudication dated 03/12/18 with date of injury: CT 06/05/15 – 03/12/18. Stress and strain due to repetitive movements. Head, upper extremities, back and lower extremities. Employer: Advances Management Company.

WC Claim Form, dated 03/12/18 with date of injury: CT 03/12/17 – 03/12/18. Stress and anxiety due to false defamatory statements, discrimination, harassment and hostile work environment.

WC Claim Form dated 12/12/18, with date of injury: 12/12/18. Fell on stairs at work.

Compromise & Release Form dated 03/12/19. Date of Injury: 06/05/15 – 03/12/18. Head, upper extremities, back and lower extremities. Date of Injury: 02/14/18. Back. Date of Injury: 12/12/18. Back and body systems. Date of Injury: CT 03/12/17 – 03/12/18. Stress and Psych. Employed by Advanced Real Estate Services, Inc as an Assistant Manager. Settlement amount $50,000, with deduction of $7,500.00 for applicant's attorney's fee, leaving a balance of $42,500.00.

10/13/03 – X-ray of Right Fifth Finger at Community Medical Center interpreted by Mark Elliott, MD.
Positive Findings: The volar aspect of the base of the right fifth middle phalanx shows abnormal lucency on the lateral projection only. This may represent fracture although the lucency is rather diffuse and not well-delineated. The possibility of prior fracture is a consideration. A bony lesion cannot be entirely excluded. Clinical correlation regarding point tenderness at this site and the history of trauma would add specificity. Soft tissue swelling surrounding the PIP joint is noted.
Impression: Soft tissue swelling surrounding the right fifth PIP joint with abnormal lucency in the volar aspect of the base of the fifth middle phalanx which likely represents a fracture. Correlation regarding history of trauma and point tenderness would be benefit. No significant malalignment.

10/16/03 – First Report. Date of Injury: 10/13/03. The patient was removing bags of product from underneath a pallet being held by a customer. The customer dropped the pallet onto his right hand breaking his little finger.

10/21/03 – Progress Notes by T. Calderwood, MD. The patient comes in today; he fractured his finger eight days ago. A pallet fell on his finger hyperextending it and he got an avulsion prescription at the PIP joint at the volar aspect of his right fifth finger. Need to re-x-ray his finger in about five weeks to make sure this is healed well. Should keep the splint on all day long but take it off to wash and when he does take it off to wash, just gently move it so he can get his range of motion back. Prescribed Lortab 7.5 mg.

12/23/03 - Emergency Room Report at Community Medical Center by Scott Greer, MD. The patient presented ambulatory to the emergency room with right arm injury. He was at work today trying to kick a frozen pipe loose off the ground when his other foot slipped out and he fell on his back. He first had his right arm stretched out behind him to break the fall and he landed on the arm and then he states it gave way Since then, he had a pain in his anterior shoulder and a burning discomfort. He also feels some tingling in his fifth finger and ring finger. He broke his right fifth finger approximately two months ago and has had some soreness and swelling since then. Complains of severe right shoulder pain with numbness down arm to fingers. Right elbow and wrists also sore. Right shoulder elbow and wrist pain rated as 6-7/10. Past Medical History: Right 5th finger fracture 5 weeks ago. X-rays of the right shoulder and right hand shows no acute fractures or dislocations were identified. There is some callus noted of the right fifth finger. Impression: 1. Right shoulder sprain, I think this is primarily over the head of the biceps. 2. Right hand strain. Diagnosis: Right shoulder and right hand sprain. Dispensed right shoulder sling. Do gentle range of motion exercises after 2 days. Prescribed Lortab. Referred to Dr. Christopher Price. He was discharged in stable condition. Modified duty. Keep right arm in a sling for the next week. Follow up with private physician/orthopedist if unable to return to full work duties in one week.

12/23/03 – X-ray of the Right Hand at Community Medical Center interpreted by Michael Tryhus, MD. Positive Findings/Impression: On the oblique view only, there is a questionable bony density separated from the volar plate of the fifth middle phalanx. There is some soft-tissue swelling in this region. Subacute volar plate injury would be difficult to exclude. A dedicated lateral view of the right fifth digit would be helpful for further evaluation.

12/23/03 – X-ray of the Right Shoulder at Community Medical Center interpreted by Michael Tryhus, MD. Positive Findings/Impression: Normal. No evidence of acute fracture or dislocation.

01/05/04 – Progress Notes by T. Calderwood, MD. The patient had a fall 10 days ago on the ice at work. He landed on a partially outstretched right hand. He came in complaining of major shoulder pain to the emergency room. He was x-rayed; there was no fracture, no dislocation. He is still quite sore. He has been working at Sails at the office. Normally his work is fairly physical. Again, his pain is still fairly substantial and it is mostly in the medial shoulder near the area of the coracoid. Assessment: Rotator cuff strain. Prescribed Vioxx. He should do written exercises gently a couple times per day. Modified duty with limited amount of pushing, pulling, and lifting to 25 pounds over the next three weeks.

01/26/04 – Progress Notes by T. Calderwood, MD. The patient's shoulder pain is improving, but not quite better. When he elevates his arms above his head, he feels a sharp pain in the coracoid region. Assessment: He will continue to heal. Prescribed Bextra. Gave a work note.

01/03/05 – First Report. Date of Injury: 01/03/05. The patient was carrying a box down stairs and lost foot. Fell down stairs. Injured ribs, hand and ankle.

02/26/14 – Chiropractic Initial Consultation at Butler Family Chiropractic by Don R. Butler, DC. The patient complains of lower back, mid back and neck pain for 3 days. The lower back pain is described as constant and burning on the right side at 5/10, tender to touch. Has sharp and pulling pain radiating down into the right hip down to right knee with movement. Intermittent numbness/tingling in upper legs. The middle back pain is described as constant, sharp and stabbing at 7/10 with decreased range of motion and pulling. Has pain with breathing, left side only. 7-10/10 localized sharp pain with movement. Also has pain between shoulder blades. Neck Pain: Stinging 4-5/10 pain. Constant pain behind right eye. 6-7/10 pain with turning head. Sharp and catching pain, right side only. Radiating pain into right jaw. Numbness/tingling in left arm, hand and fingers. Off work until 03/03/14.

03/03/14 – Letter Correspondence by Don R. Butler, DC. The patient sustained injuries during lifting an object weighing over 200 lbs while at work. He presented with severe neck pain, mid back pain, and low back pain with radiating into both legs, and headaches. After exam and x-rays, he is diagnosed with cervical and lumbar disc irritation/herniation. Also, cervical, thoracic, and lumbar subluxations at C5, C6, T6, T7, L4, and L5. Will do six treatments as-soon as possible, followed up with examination to evaluate his status. Modified duty with no heavy lifting.

03/04/14 – First Report. Date of Injury: 01/23/14. The patient assisted another staff with lifting a client from the floor to the bed. He lifted him up in bed. He had flu that night and was suffering from really bad body aches. On Tuesday body aches had stopped but back was still hurting. Lower and mid back had two very painful areas and pain in neck. (Poor Quality Image.)

03/07/14 - Provider Request For Authorization by Don R. Butler, DC. Requested lumbar MRI to rule out disc herniation at Advanced Imaging.

03/07/14 – Chiropractic Re-evaluation at Butter Chiropractic Health Clinic, PC. The patient with lower back 10% improved pain radiating to left foot, numbness and tingling in foot and lack of strength, decreased to gd 6-7, but still has constant, mid back pain decreased 30% to gd 4-5/10. Very sharp and constant 7-8/10 neck pain; 8-9/10 pain with moving head, very sharp, left worse than right, radiating pain increased behind eyes, radiating pain down to shoulders, left worse than right. Numbness/tingling in left arm radiating down to 3rd and 4th fingers. Symptoms have worsen since initial exam. Assessment: He is better but still severe and MRI's are needed to oval disc and any fragments that could be free floating. The 220# lift really hurt him. Chiropractic adjustments were performed. No work through next week.

05/06/14 - Letter Correspondence at Neurological Associates, PC by Chriss Mack, MD. The patient as a C.N.A. hurt his back while working. It is not really back pain. His overriding problem has been left-sided L3 radiculitis. He has an annular tear immediately adjacent to the left L3 nerve root in the L3-L4 foramen and some modest deflection of the L3 nerve root, very consistent with his clinical picture of two months duration of symptoms. He states that it is about 50% better, plus or minus. He was ultimately referred by Dr. Butler via Workman's Comp, but this has no surgical treatment at the present time. Referring him to Dr. Chris for long-term maximum conservative management, which this examiner thinks, given the fact that he has a small annular tear in the midline at L4-L5, which he do not believe is any significant contribution, but certainly could be to some back pain which is not his primary complaint. Requests to focus attention on the transforaminal nature of his left L3 nerve root at L3-L4 and this examiner will not be managing him surgically unless Dr. Chris tells him what he can do for the patient, from this examiner's view, but a surgical decision at the present time.

05/06/14 – Neurosurgical Consultation by Chriss Mack, MD. The patient is referred by Dr. Butler who has been attempting to treat him with chiropractic manipulation. When he was not making satisfactory progress, Dr. Butler ordered a lumbar MRI scan, which was done at Advanced Imaging. The lumbar MRI scan is very compatible with his complaints which have been primarily L3 dermatomal dysesthetic pain. It is about 50% better. It happened at the end of February, so two months into this mid about 50% better. The Lumbar MRI scan reveals an annular T2 weighed bright signal directly in front of the left L3 nerve root for laterally in the foramen that probably displaces enough perineural fat to apply some irritation to the L3 nerve root which is completely consistent with his clinical symptoms. In addition, he does have a midline annular tear which is pretty modest as well, but centrally at L4-L5, subtly more deflection of the left L5 nerve root than the right. He is complaining of normal L5 radicular symptoms. His back pain is present, but not a primary contribution. He takes anti-inflammatories. He has not been working. It definitely still bothers him with any amount of playing with the kids. Impression: This is a nonsurgical annular tear laterally at L3-L4 which is producing a symptomatic L3 relative radiculopathy that is relatively improving and an annular tear at L4-L5 that is not of obvious clinical significance, but is probably contributing to some extent to his back symptoms. Consider undergoing surgical intervention in the form of a lateral left-sided L3-L4 microsurgical discectomy. Referred the patient to Spine Center to Chris Caldwell and the Spine Center for ultra-endpoint conservative management.

05/12/14 – Letter Correspondence by Don Butler, DC. The patient has 2 bulging discs that are causing pain radiating into his left leg with numbness and tingling. Also had neck and mid back pain that is progressing well without any major concerns. Range of motion of low back and leg raises have improved steadily. His leg numbness and tingling is over 50% better. His severe low back pain has decreased to grade 3-6s from grade 10 range. Continue chiropractic therapy. Will drop a note in 6 weeks after the low back examination.

06/03/14 – Initial Evaluation. Date of Injury: 01/23/14. The patient was performing his normal job duties on 01/23/14. He was helping another staff member lift a client from the floor to the bed. He

reported low back pain with a burning sensation down the left leg. He has a long history of chiropractic treatment with Dr. Don Butler, who has been treating him pretty aggressively without any long lasting results. Dr. Butler recommended an MRI, which was reviewed by Dr. Chriss Mack. Dr. Mack felt that there was not a surgical problem and referred him to Dr. Chris for consideration of injection therapy, but that was denied by the insurer. The patient not had any physical therapy. He reports that Dr. Mack prescribed him Neurontin and Robaxin and that helped his pain, but made him very sleepy and forgetful. He reports that with the medications and his level of pain, he was unable to return to his time of injury job. On 05/23/14, he decided to stop the medication and his head cleared, but then he had more pain. His diagrams pain in the left side low back into the left buttock wrapping around the top of the left thigh into the medial aspect of the left knee and down the medial aspect of the lower leg into the top of the foot. He admits to some anxiety regarding his pain situation. He reports that this has had an effect on his mood and he feels crabby all the time. He has difficulty sleeping. He reports increased sensation of the need to move his bowels, but denies any bowel or bladder incontinence. Past Medical History: Upper neck disc bulge in 2002 when he was hurt at work. Infantile asthma, but no problems since then. Impression: 1. Lumbar strain with MRI evidence of degenerative changes L3-4, L4-5 status post work-related injury 01/23/14. 2. Long history of chiropractic treatment for multiple spine problems and injuries. 3. Diminished function secondary to the above. Prescribed Neurontin and Robaxin. Recommended physical therapy. Stop chiropractic therapy.

06/24/14 – Follow up by Valerie Chyle, APRN. Since last seen on 06/03/14, the patient had 4 physical therapy visits. Physical therapy progress notes are reviewed. The last 2 notes are identical with the exception of a change in date so not very helpful, but he reports overall feeling much better. He is reporting some burning, but feels that is related to increased activity. He is doing his home exercise program and lots of walking. He is back to work modified duty. He continues with difficulty sleeping. Psychosocial stressors continue in that he needs to be out of his apartment by 07/11/14. At work he was asked to put together a pressed wood dresser, but stopped before completing it secondary to increased pain. He is using ice, heat, and aloe vera juice. He did try the Neurontin, but reported restless legs with that medication. He is using Melatonin to help initiate sleep, but he is not able to remain sleeping. Pain diagram in the very low back and left buttock with some wrap around to the top of the left thigh. He rates his pain right now as a 5/10, at its worst an 8 to 9/10, and best at 3 to 4/10. Prescribed low dose Amitriptyline. Requested massage therapy. Continue physical therapy.

05/12/18 – MRI of Cervical Spine at Expert MRI interpreted by Adil Mazhar, MD.
Positive Findings: Bone Alignment: Curvature: Reversal of the cervical lordosis. Bone and marrow degenerative changes: Schmorl's node at inferior endplate of C3 down through C6. Discs: Disc desiccation at C2-C3 down through C6-C7. Mild-to-moderate associated loss of disc height seen at C3-4 down through C5-C6. C2-C3: A broad-based disc protrusion is identified. Disc material abuts the thecal sac. Disc measures 2.0 mm. C3-C4: A broad based disc protrusion is identified. Disc material abuts the thecal sac. Disc measures 2.3 mm. C4-C5: A broad-based disc protrusion is identified. Disc material abuts the anterior aspect of the spinal cord. Disc measures 2.3 mm. C5-C6: A broad based disc protrusion is identified. Disc material abuts the anterior aspect of the spinal

cord. Disc measures 3.1 mm. C6-C7: A broad based disc protrusion is identified. Disc material abuts the thecal sac. Posterior annular fissure is identified. Disc measures 2.3 mm.
Impression: 1. Reversal of the cervical lordosis. 2. Disc desiccation at C2-C3 down through C6-C7. Mild to moderate associated loss of disc height seen at C3-C4 down through C5-C6. 3. C2-C3: A broad based disc protrusion is identified. Disc material abuts the thecal sac. Disc measures 2.0 mm. 4. C3-C4: A broad based disc protrusion is identified. Disc material abuts the thecal sac. Disc measures 2.3 mm. 5. C4-C5: A broad based disc protrusion is identified. Disc material abuts the anterior aspect of the spinal cord. Disc measures 2.3 mm. 6. C5-C6: A broad based disc protrusion is identified. Disc material abuts the anterior aspect of the spinal cord. Disc measures 3.1 mm. 7. C6-C7: A broad based disc protrusion is identified. Disc material abuts the thecal sac. Posterior annular fissure is identified. Disc measures 2.3 mm. 8. Schmorl's node at inferior endplate of C3 down through C6.

09/06/18 – Initial Orthopedic Panel Qualified Medical Examination. Date of Injury: 02/14/18. During the course of his employment as an assistant manager, around lunch time he was driving a 1996 Lincoln Town Car when a red car rear ended his vehicle. This impact was not that hard but it was enough to cause whiplash, he panicked and went to see a doctor afterwards. On 02/14/18, he was referred to Kaiser by his employer. MRI of neck was obtained and a bulging disc was found. He was given Flexeril and was advised to rest. He was unable to finish his shift and was not able to return to work the next day. He was taken off work for 2 days. He is currently on modified duty that was declared on 08/20/18. He was advised that he can only work for 4-5 hours a day and to undergo therapy. He did not feel any benefit from therapies, has been doing for five months. His physician advised him to rest for 2 weeks, gave him stretches on paper and watch YouTube videos of stretching exercise that could be done at home. The patient is currently complaining of aching, stabbing sensation and weakness to the neck, left shoulder, left hand and fingers and left leg that is always present. The neck, left shoulder pain, left hand and fingers and left leg pain is rated as 7/10 radiating down to the left shoulder, left arm, left hand, left fingers and left leg. Symptoms aggravated by rotating the neck and left shoulder and staying in one position for a long period of time. Hot baths, heat and ice application, stretching exercises and medication helps a little in relieving the pain. Has some difficulty in doing stretching exercises but this helps a little in alleviating the pain. Has difficulty with the activities of daily living. Diagnoses: 1. Cervical sprain/strain and complaints of radiculopathy. 2. Lumbar sprain/strain and complaints of radiculopathy. Recommended orthopedic surgery/spine specialist evaluation. Ordered MRI of the lumbar spine. Requested report of cervical spine MRI done in April 2018 for review. At this point, the patient is not permanent and stationary nor has reached maximum medical improvement. Continue regular duty while proceeding with additional treatment. Will withhold his impairment rating until he has been declared permanent and stationary. Causation: A portion of causation for the cervical spine and lumbar spine is industrial, based on the submitted medical records and his history as provided. His lumbar spine is casually related to a specific fall in April 2017, while working for Advanced Management Company. On this date, he was walking backwards, fell sideways, twisted and experienced severe low back pain. This mechanism of injury is reasonable to caused injury and the need for treatment on an industrial basis. He was then rear-ended on 02/14/18. The hit was not very hard, but it was enough to cause a whiplash injury to his neck. This

mechanism of injury is reasonable to caused injury and the need for treatment on an industrial basis. Apportionment: The medical records forwarded to this examiner discussed previous low back issues, pre-existing his employment with Advanced Management Company, however he do not have any records prior to July 2016. If the previous records can be provided they will assist him when it comes time to determine apportionment. According to the patient's history obtained during the evaluation, he did not describe a CT injury while at Advanced Management Company, only the low back injury in April 2017 and a MVA on 02/14/18 involving his neck; however this contradicts his testimony given at deposition.

10/15/18 - Primary Treating Physician's Permanent and Stationary Report at The Wellness Studio by Harold Iseke, DC. Date of Injury: 02/14/18; CT 06/05/15-03/12/18. The patient while employed with Advances Management Company as an assistant community director, he sustained injuries on a cumulative trauma basis from 06/05/15 to 03/12/18 and on a specific date 02/14/18. The patient has been employed for this company for a period of two and a half years. The patient's date of hire was in June 2015. From 06/05/15 to 03/12/18, the patient started to experience headaches, pain in his back, bilateral upper extremities and bilateral lower extremities, which he attributed to constant sitting, twisting and bending. The patient also states that the back pain worsened when he twisted his back as he was walking off a side walk. The incident was known but his employer did not make any recommendations. He managed the pain by seeking medical attention on his own around the end of April 2017 with a private physician in Garden Grove where he was evaluated, diagnostic studies were taken, was prescribed medication, started on a course of physical therapy and returned to work with restrictions. He continued working with persistent symptoms. He continued to attend follow-up visits and treatment until approximately September 2017 at which time despite the pain he decided to stop seeking medical attention until 02/14/18. On 02/14/18, while the patient was driving during work. He sustained aggravating injuries and later developed worsening headaches and sleeping problems when he was involved in a motor vehicle accident. He was exiting an off ramp and was rear-ended in a hit and run accident. The patient experienced worsening pain to his back and sought medical care at Urgent Care in Garden Grove. He was evaluated was prescribed medication, placed off work and discharged. No further care was rendered. The patient has since continued to work with restrictions on his own to present. Dr. Iseke initially seen this patient on 03/29/18 for evaluation of his cumulative trauma injuries from 06/05/15 to 03/12/18 and on a specific date 02/14/18, while working as an assistant community director for Advances Management Company. At the time of the evaluation, he complained of headaches, back pain, pain on upper and lower extremities, and sleeping problems. He was recommended with physical therapy, chiropractic treatment, acupuncture, ECSWT and medications. During this evaluation, he is still symptomatic despite reporting some improvement in pain after treatment. He is currently working. Currently complains of frequent occipital, frontal sharp, throbbing headache radiating to down left arm with nausea exacerbated with stress, activity and prolonged work; constant mild achy neck pain and stiffness becoming sharp, throbbing, burning severe pain radiating to left hand with numbness, tingling, weakness, cramping and muscle spasms with sudden or repetitive movement, lifting 10 pounds, looking up, looking down, bending and twisting; constant mild mid back pain and stiffness becoming sharp, throbbing, burning severe pain radiating to left hand with numbness, tingling, weakness, cramping and muscle spasms with

sudden or repetitive movement, lifting 10 pounds, looking up, looking down, bending and twisting; constant moderate achy low back pain and stiffness becoming sharp severe pain radiating to bilateral legs with numbness, tingling, weakness, cramping and muscle spasms with sudden or repetitive movement, lifting 10 pounds, standing, walking, bending, kneeling, twisting and squatting. There is complaint of loss of sleep due to pain. Due to pain, he feels like his condition will never improve and is causing anxiety, stress, depression and irritability. Prior Industrial Injuries: Neck injury in 2006. Fully recovered. Case closed. Low back injury in 2011 while working for a different employer in a different state. Fully recovered. Case closed. Prior Motor Vehicle Accidents: Previous automobile accident in 1997. Diagnoses: 1. Headache. 2. Spinal enthesopathy, cervical region. 3. Radiculopathy, cervical region. 4. Cervicalgia. 5. Spinal enthesopathy, thoracic region. 6. Pain in thoracic spine. 7. Low back pain. 8. Radiculopathy, lumbar region. 9. Spinal enthesopathy, lumbar region. 10. Sleep disorder, unspecified. 11. Acute stress reaction. 12. Major depressive disorder, single episode, unspecified. 13. Anxiety disorder, unspecified. 14. Irritability and anger. 15. Chronic pain due to trauma. 16. Myalgia. 17. Myositis, unspecified. Disability Status: At this point, the patient has reached maximum medical improvement with regard to orthopedic conditions and is therefore, classified to be permanent and stationary for rating purposes. Subjective Factors of Disability: 1. Headache. 2. Neck pain and stiffness. 3. Mid back pain and stiffness. 4. Low back pain and stiffness. 5. Loss of sleep. 6. Anxiety, stress, depression. Objective Factors of Disability: Cervical Spine: 1. There is tenderness to palpation of the bilateral sternocleidomastoids, bilateral trapezii, cervical paravertebral muscles, cervicothoracic junction, spinous processes and suboccipitals. 2. There is muscle spasm of the bilateral sternocleidomastoids, bilateral trapezii, cervical paravertebral muscles, cervicothoracic junction and suboccipitals. 3. There is limited range of motion. 4. Positive orthopedic tests. 5. MRI findings revealed abnormal findings. Thoracic Spine: 1. There is tenderness to palpation of the bilateral levator scapulae, bilateral rhomboids, bilateral scapular area, bilateral trapezii, spinous processes, thoracic paravertebral muscles and thoracolumbar junction. 2. There is muscle spasm of the bilateral levator scapulae, bilateral rhomboids, bilateral scapular area, bilateral trapezii and thoracic paravertebral muscles. 3. There is limited range of motion. 4. Positive orthopedic tests. Lumbar Spine: 1. There is tenderness to palpation of the bilateral gluteus, bilateral SI joints, lumbar paravertebral muscles, sacrum, spinous processes and thoracolumbar junction. 2. There is muscle spasm of the bilateral gluteus, lumbar paravertebral muscles and thoracolumbar junction. 3. There is limited range of motion. 4. Positive orthopedic tests. Impairment Rating: Cervical Spine: 8% WPI. Thoracic Spine: 5% WPI. Lumbar Spine: 5% WPI. The patient has been assigned an additional 2% WPI for his pain-related impairment yielding a total of 19% whole person impairment. Causation: It is within reasonable medical probability that the patient's permanent disability to the cervical, thoracic and lumbar spine are directly related to the injuries sustained while working for the Advances management Company as an assistant community director. Apportionment: Based from the information provided, there are no substantial medical evidences of symptoms, disability or impairment prior to the patient's employment at Advances Management Company as an assistant community director. Thus, it is opined that his injuries arose out of, and in the course of his employment with the aforementioned employer. As such, 100% is apportioned to the cumulative trauma from 06/05/15 to 03/12/18 and 02/14/18 accidents. Apportionment in regards to the patient's psychological disabilities is deferred to appropriate specialist. Work

Restrictions: The patient's condition has reached maximum medical improvement (MMI) on 10/15/18. He can return to his previous occupation as assistant community director on modified duty with the following permanent work restrictions: In regard to the neck, he is precluded to no overhead activities, and no activities involving repetitive motion of the neck or involving comparable physical effort. In regard to his mid and lower back, he is restricted from heavy lifting, squatting, stooping prolonged standing, sitting, climbing, twisting, walking on uneven grounds, or other activities involving comparable physical effort. Future Medical Care: It is Dr. Iseke's opinion that this patient be provided future medical care for flare-ups that would be reasonably expected for his condition. Additional treatment which may involve up to 24 sessions of physical therapy per year for any acute flare-up. In addition, due to chronic pain, the ACOEM practice guidelines also recommends acupuncture treatments. In addition, the patient may necessitate pharmaceutical agents to include, but not limited to analgesics and NSAID'S. These medications would be prescribed by his medical physician. Moreover, due to the patient's residual neck, mid back, and low back, it is also medically probably that he will require periodic orthopedic specialty evaluation, as well as medications, bracing, injections and even additional diagnostic studies (including x-rays, diagnostic ultrasound, MRI scans, EMG/NCV studies, etc.), in order to monitor for potential progression of the patient's industrially-related injury/pathology. Orthopedic specialty consultations should be provided. The issue of future medical care should be evaluated on an annual basis. Vocational Rehabilitation: If the work restrictions noted above are not honored by his employer, then he should be regarded as a Qualified Injured Worker (QIW), and therefore would be eligible for Supplemental Job Displacement Benefits.

11/28/18 - Supplemental Orthopedic Panel Qualified Medical Evaluation Report by Todd Peters, MD. Discussion: Patient had some hypesthesia in the left lateral calf and posterior calf. At present, his radicular complaints are not verified, but he would recommend that he receive treatment to include possible lumbar epidural steroid injections. He has not received any additional diagnostic studies as it pertains to his cervical spine. This examiner previously requested the April 2018 MRI study of the cervical spine be forwarded for review. Otherwise cervical epidural steroid injections are recommended to help cure/relieve the effects of the 02/14/18, industrial motor vehicle accident.

02/24/2020 – Vocational Rehabilitation Evaluation. Opinion and Conclusion: Based on research with the sources noted, considering the synergistic effect of the patient functional limitations, while also considering his pre-existing non-industrial and industrial injuries, combined with his industrial injury, the counselor believes he has incurred a one hundred percent (100%) loss of labor market access. This determination is an accurate representation of the patient level of disability. In this case, the vocational evidence comes in contrast to the usual application of the schedule for rating permanent disabilities. The schedule should not apply in this case as the actual effect of the industrial injury and the pre-existing problems leads to a total loss of earnings and total permanent disability. To the extent a mechanical application of the schedule might lead to a different result, the actual facts of this case contradicts the application. In the counselor's opinion, the patient qualifies as one hundred percent (100%) totally vocationally permanently disabled. The counselor has determined that the patient Mr. Disney is not amenable to any form of vocational rehabilitation. His functional limitations combined with the intensity, duration, and nature of his chronic and

disabling pain will preclude his pre-injury skills and academic accomplishments. He do not believe that he is amenable to any form of vocational rehabilitation and thus has sustained a total loss in his capacity to meet any occupational demands (AMA Guides). This result in the patient's experiencing a total loss of labor market access, and a total loss of future earning capacity (2005 PDRS) irrespective of any impermissible factors.

08/03/20 - Subsequent Injury Benefits Trust Fund Psychological Eligibility Eval Report by Nhung Phan, Psy.D. The patient had infantile asthma. The patient was hospitalized at 2 years old after falling off a table, breaking a plastic wall socket with his head. The patient had gastroesophageal reflux disease (GERD) and irritable bowel syndrome in 1996, and back pain and migraines in 1997. The patient believes his medical problems were a result of psychotropic medications of Depakote and Zoloft while he was in the Navy. The patient took these medications for four weeks and never took them again. The patient was not sure of the condition he took the Zoloft for, but the Depakote was for seizures. The patient notes he has been hit in the head at least four times in high school from playing football and basketball, and that he these sports "played hard." The patient lost consciousness briefly approximately three times. The patient was hospitalized once at 19 years old after encountering a motor vehicle accident. The patient went to an emergency room, because he was emotionally overwhelmed and was hospitalized for three or four days. In 1997, he got into a verbal argument with the commander in the Navy and was admitted into a psychiatric hospital once for being a danger to him as a result. The patient states he had not been medically disabled before his injury. After the subsequent injuries, he developed medical problems of 10% hearing loss in his right ear. The patient has been already been partially permanently disabled with 60% of rated disability with residuals fractured left pinky finger, tinnitus bilateral hearing loss, adjustment disorder with depressed mood, irritable bowel syndrome and GERD, tension headaches, erectile dysfunction, left lower radiculopathy of the sciatic nerve, degenerative arthritis thoracolumbar spine, cervical strain and loss of vision. Taking Adderall, Gabapentin, Vitamin D, Lipitor, Ibuprofen and Flexeril. The patient began developing depression at 19 years old while serving in the Navy, but more so after his motor vehicle accident, in which he was hospitalized for three or four days. The patient endorsed suicidal thoughts of killing self during this time. The patient began taking Depakote and Zoloft while he was in the Navy in 1997. The patient also got into a verbal argument with the commander and was admitted into a psychiatric hospital once while in the Navy for being a danger to him in 1997. In 1997, he received counseling from a psychologist for 4-5 weeks while in the Navy. In 1998 or 1999, he was discharged from the Navy for being diagnosed with a mood disorder and personality disorder. Since his subsequent injuries, he feels even worse than he did prior, noting his mobility is impaired and he is more depressed than ever. The patient reported he has ADHD, for which he sees a therapist and takes Adderall medication. Subsequent Injury Psychiatric Diagnoses: Axis I: Major depression, single episode severe. Generalized anxiety disorder, moderate. Pain disorder associated with both psychological factors and a general medical condition. Male erectile disorder. Male hypoactive sexual desire disorder. Sleep disorder due to a general medical condition, insomnia type. Axis II: No diagnosis. Axis III: Physical disorders and conditions: Status per the review of the medical records above. Axis IV: Severe: 1) Sequela to work-related injury, including cognitive, physical, and emotional problems, as well as occupational and financial problems. 2) Non-industrial and concurrent

stressful issues were identified and these include: suicidal ideations, financial problems etc.. Axis V: GAF – 48. Impairment Rating: The whole person impairment was 34%. Arousal and Sleep disorder impairment: The whole person impairment rating was 11%. Sexual dysfunction disorder impairment: 13%. Causation: Based upon his chronic sleep dysfunction that arose out of his subsequent injury, the level of his sleep impairment is equal to an 11% disability rating considering a pre-existing sleep disorder. Based upon his chronic sexual dysfunction that arose out of his subsequent injury, the level of his sexual impairment is equal to a 13% disability rating. Based on his history, his condition is attributable to compensable consequences of orthopedic issues. Work restrictions: Part-time schedule with frequent breaks due to his fragile and emotional states. Flexible schedule to accommodate pt's need for weekly psychotherapy. Flexible schedule to accommodate pt's sleep disorder. No assignment of excessive job pressure such as multiple, frequent deadlines or frequently working with difficult people. Apportionment: Pre-existing psychiatric impairment: 29% WPI from GAF of 51. Current psychiatric impairment: 34% WPI from GAF of 48. Pre-existing disability: Psychiatric disability: 29%.
Subsequent disability: Psychiatric disability increased by 5% to 34%.

08/06/20 - Comprehensive Independent Medical Evaluation in Neurology SIBTF Evaluation Report by Lawrence M. Richman, MD. The patient does report multiple other medical problems that preceded his date of hire, which was in June 2015. The patient reports that in 1997 while serving with the U.S. Navy in Illinois as an electronic technician he was involved in a motor vehicle accident. The patient was a passenger in the front seat of a car that was driven on a local street. The car was impacted on the front passenger side where he was sitting. The patient reports that his face struck the dashboard. The air-bag deployed resulting in injuries to the stomach and pelvis. The patient reports that the air-bag also caused a whiplash injury. Emergency medical technicians were called and he was taken to U.S. Navy Hospital in Illinois where he was evaluated in the emergency department. The patient was subsequently released. As a result of the motor vehicular accident in 1997, he reports having experienced neuralgic-type headache pain over the right-side of the scalp occurring up to 50 or 60 times per month. The patient describes an ice pick-type of sensation of pain. The pain is located of times over the right temple and last ten to fifteen seconds; typical of neuralgic pain. The pain has persisted to the present. Another complaint that arose from the 1997 motor vehicle accident was impaired sleep, which he attributes to pain from the scalp that occurs at night, as well, awakening him three to four times per night. The patient does provide of Epworth score of 0 regarding his impaired sleep. The patient states that he simply does not dose off during the day because the pain keeps him in an awakened state. The patient reports that as a result of the motor vehicle accident in 1997, he has experienced difficulty with memory and concentration, word-finding difficulties and irritability. The patient does respond affirmatively to the Clinical Dementia Rating from Table 13-5 of the AMA Guides Fifth Edition. The patient reports that he forgets what to purchase at a store, he forgets where he places personal belongings and loses direction easily. The patient forgets things that he should know. The patient has keeping track of time and time-relationships. The patient has had diminished interest in his avocation as a magician. Another complaint that has arose from the motor vehicle accident of 1997 is that of low back pain with radiation into the left lower limb and into the outer foot consistent with SI radiculopathy, as well as fascicular pain consistent with lumbar instability and probable

listhesis of the lumbar spine. The patient reports another incident that occurred during his course of service in the U.S. Navy at which time another seaman in Illinois fired a weapon in proximity of the applicant's right ear in 1996 causing the applicant chronic tinnitus on the right side. The patient reports the tinnitus, however, does not keep him up at night, but rather the pain over the scalp keeps him up. Other injuries that the patient reports that he has sustained are related to his first course of employment at Mountain Supply Plumbing located in Missoula, Montana (the patient's home slate). The patient reports that while employed by Mountain Supply Plumbing he fell down seven or eight steps causing increasing low back pain, greater than that experienced from the motor vehicular accident in 1997. The patient reports that the above noted back pain was a lesser level of discomfort and then increased to a higher level following that fall. The pain still radiated into the left lower limb to the outer foot. The patient notes that his next injury occurred in 2005 while employed by Schwan's Frozen Foods in Missoula, Montana. The patient was employed as a delivery driver. The patient reports that he when he was working for Schwan's Frozen Foods; he was struck by a 2'x4' piece of wood at the base of the head and neck sustaining altered mental status and was dazed. The patient experienced blurring of vision. The patient's memory complaints from the earlier 1997 motor vehicle accident increased by approximately 20% worsening. The patient reports that his memory problems have since leveled off/plateaued. Following this injury, he experienced blurring of vision from the blow to the head by the 2'x4' while employed by Schwan's Frozen Foods. The patient was evaluated at the community hospital. The patient drove himself to the hospital the following day. The patient was evaluated and then released. The patient reports that his headaches over the scalp also increased in frequency and severity. The cervical spine pain, however, did not increase. The patient reports that in 2013 he injured his low bock while lifting a client while employed as a home health specialist; further increasing his low back pain and the left lower limb in the SI distribution while employed in Missoula, Montana. The patient reports that in high school, as a sophomore, he was riding a bicycle and he was wearing a helmet. The patient fell from the bicycle and sustained a concussion. The patient was taken by EMT to a local hospital where he was released. The patient had headaches from that incident, which subsequently resolved. The patient does not report having experienced trouble with memory from that accident, although he does report difficulty with concentration. The patient's medical history also includes an Attention Deficit/Hyperactivity Disorder for which he has been treated with Adderall. The patient's history also includes a history of depression, diagnosed in childhood. The patient reports that he was discharged from the navy for depression with an Honorable Discharge, but earlier than his expected duration of service. The patient reports that he was asked to leave the service. The patient was diagnosed with depression in 1999. The patient reports ongoing problems with memory and concentration, wide spreading neuralgic pain over the right-side of the scalp, difficulty with memory and concentration and Attention Deficit/Hyperactivity Disorder. In addition, he reports frequent headaches, rated as 10 out of 10. The patient has occasional cervical Spine pain that radiates into the left upper limb, described as a 10. The patient has constant low back pain that radiates into the left lower limb and outer foot, described as a 7. Other complaints include impaired memory, concentration, irritability and word-finding difficulties. The patient reports diminished sensation on the left upper limb in the C6 7 distribution, as well as in the SI distribution. The patient is currently taking Adderall, Gabapentin, Ibuprofen, Flexeril and Lipitor. Diagnoses: 1. Pre-existing post-traumatic/post concussive syndrome. 2. Pre-

existing Attention Deficit/Hyperactivity Disorder. 3. Pre-existing post-traumatic headaches. 4. Pre-existing traumatic induced neuralgia of the right scalp. 5. Pre-existing cervical radiculopathy on the left. 6. Pre-existing lumbar radiculopathy on the left. 7. Pre-existing convergence insufficiency resulting from the head injury he sustained during his course of employment with Schwan's Frozen Foods, 2005. Impairment Rating: The final whole person impairment rating was 48%.

08/08/20 - Comprehensive Independent Medical Evaluation by Paul J. Marsh, DC. The patient has a chief complaint of low back pain is with radiating pains down his left leg to his toes. The pains are best described as burning in nature with numbness and tingling as well. When asked to rate the pain(s) today on a 1-10 scale, the patient states that the pain(s) are at a #8/10 and Constant. The patient's secondary complaint is that of sleep disturbances and states that he only gets approximately 2-4 hours a night of restful sleep and that his sleep patterns are broken up due to pain stress, anxiety, and GI issues. The patient has a tertiary complaint of psychological condition best described as a sense of hopelessness, depression fatigue. To complicate matters he states that his father had 3 jobs which can best be described as Superman (firefighter, police officer and EMI), and because of his conditions as listed prior he has been unable to find gainful employment and has had over the course of his life 32 different jobs. The patient states that he always has tension headaches, still gets migraine headaches to this day and a lot of this comes from his neck and shoulder region. When asked to rate the pain(s) today on a 1-10 scale, the patient states that the pain(s) are at a #6-9/10. The pains in his neck and head are best described as gripping, with episodes of sharp pain. Associated with the migraine headaches is nausea, with visual disturbances. The patient states that he suffers from restless leg syndrome which can be associated with a slight tremor as well and if he does not take his medications (Gabapentin and Flexeril). There is no chance of him sleeping at night. On occasion the patient states that he gets arthritis type aches and pains in his 2 pinkies', and finds himself catching his left pinky on things at times causing a sprain strain type injury. Memory loss with inability to form accurate and or complete sentences. Difficulty to concentrate for any length of time. Diagnoses: Musculoskeletal: 1. Lumbar spine HNP with radiculopathy. 2. Sciatica. 3. Cervical spine HNP with radiculopathy. 4. Thoracolumbar facet irritation. 5. Tension headaches. 6. Migraine headaches. 7. Positive orthopedic screening consistent with mild thoracic outlet syndrome. 8. Swan-neck deformity of #5 digit on the left. 9. TMD dysfunction. 10. Multiple ankle sprains as a teen playing sports. Non-musculoskeletal: 1. Asthma. 2. Poor vision double vision "watering of his eyes". 3. Chest pain anxiety. 4. High cholesterol. 5. GERD/IBS. 6. Frequent urination at night. 7. Kidney stones. 8. Erectile dysfunction (presumably from the low back injuries, airbag and psych). 9. High cholesterol. 10. Anxiety, depression. 11. Memory Loss. 12. Sleep disorders. Impairment Rating: Lumbar spine and sciatica 8% WPI. Cervical spine 8% WPI. Cervicogenic and migraine HA 3% WPI. Thoracic spine 0% WPI. Thoracic outlet syndrome/disorder 1% WPI. Causation: Based upon the medical records presented to me and the history taken at the tune of the evaluation, it appears that this patient has musculoskeletal, impairment and or disability which can be directly correlated to both industrial and non-industrial causes to which apportionment was clinically indicated. Based upon the medical records presented to Dr. and the history taken at the time of evaluation, it appears that this patient has non-musculoskeletal impairment and or disability that of which will need to be evaluated by

the appropriate specialists including but not limited to: Psychology, internal medicine, rheumatology, dental HEENT. PPD with no lifting, pushing, or pulling of greater than 10-20 pounds from floor to waist. No overhead work. No repetitive gripping/grasping and or fingering. No prolonged postures including but not limited to sitting and/or standing. This contemplates that the injured worker/patient is best suited for a sedentary type job with the ability to change task and or position at will to prevent a flare-up or exacerbation.

08/08/20 - Subsequent Injury Benefits Trust Comp Medical-Legal Report by Sameer Gupta, MD. In April 2016, the patient involved in a cumulative trauma injury developing increased pain in his neck, lower back, as well as increased headaches, after he had stepped off a sidewalk and stumbled backwards and "jarred" his entire body. Continued to perform his customary work duties in pain. Sought medical treatment. In about late 2017 or 2018 he began being harassed by the HR department and he felt he was the "black sheep" of the company. The patient requested an interview to be promoted to assistant community director and after sending several letters, he obtained an interview and given the job. Shortly thereafter, he was attending the assistant community director class and felt he was being looked at. The patient felt his director was not following the policy following the death of a resident. On 02/14/18, he was driving home after attending the assistant community director's class while stopped on an off ramp, when he was rear-ended. The patient developed increased pain in his neck and lower back, reported the accident to his supervisor and sought medical treatment. The patient began developing increased headaches, depression, and irritability, secondary to stress. The patient sought medical treatment at Kaiser Permanente Emergency Room in Costa Mesa. The patient was examined and diagnosed with a whiplash. The patient was taken off work for three days. Secondary to the harassment and being mistreated by his supervisor he began documenting issues occurring at work. In late February 2018, a "surprise" meeting with the COO and regional manager secondary to an incident that occurred the day prior with a security guard. The patient's girlfriend was dropping him off at work and parked in a parking spot to pick up his vehicle. A security guard approached him and said they were not allowed to park at that particular space and he explained he was only picking up his vehicle and the security guard kept telling them about the issue. There were vehicles were parked behind him that prevented him from backing up. He then maneuvered his car back and forth between two empty spots and was able to leave the parking lot. The patient was told he had backed into a gate, which he did not. A resident issue came up and he emailed his supervisor regarding the issue and was told a meeting was going to be hostile. The patient took a day off and had stomach issues. The patient received word that he was being transferred to another location and being demoted. He was given a box of business card with no job title listed on it. In March/April 2018 he began developed blurred vision, which he attributes to looking at a computer monitor for prolonged periods of time. The patient retained legal counsel and referred him to Dr. Iseke, a chiropractor. The patient was examined, x-rays were taken, a course of chiropractic and physical therapy was initiated, and released to work with a restriction of no stair climbing, no lifting greater than 10 pounds, no stooping, squatting, and be able to move about as needed. The patient's work duties entailed answering and making telephone calls and inputting information into a computer. In late September 2018, a job became available as a community director; however, he was told he could not apply secondary to his restrictions. The patient wrote letters to the City of Santa Ana and

HR. This made him angry. Later, the position became available; he obtained an interview and was hired. Cameras were installed in his office directed toward his desk and was always being watched. On 12/12/18, he was descending stairs when his left leg became weak and he fell and fell onto his back and slid down about eight steps. The patient's cell phone that was in his back pocket broke in half. The patient was having difficulty breathing and noted increased pain in his neck and lower back. The patient "hobbled" to the office and sent his supervisor a text and calling his supervisor with no response. The patient denies any current asthma symptoms. The last time he had an asthma episode was at age 17. Recollect parents telling him he has a childhood history of significant asthma with recurrent ER visits and hospitalizations when he was an infant all the way up to age 5. Since that time has not had any significant asthma flare-ups. Currently is not on any inhaler treatment. However on additional questioning docs note and occasional wheeze from time to time. The wheezing episodes have been happening every 3-4 times a year, has not had this address by treating providers. Docs not even have an inhaler but thinks that that would be a good idea to have whenever the patient does develop these wheezing episodes. Does note that cold air seems to bring it on. Complains of recurrent headaches at the left temple that lasts for a seconds and felt like he was having a stroke. This affects his vision problems. Complains of bilateral blurred vision and recurrent watery eyes. Complains of depression, anxiety, nervousness, and irritability. Complains of recurrent pain in his neck with a stabbing sensation in his neck, with pain radiating to his left shoulder blade. The patient has headaches as mentioned above. The patient has recurrent numbness and tingling in the fingers of his left hand. The patient has recurrent popping and continuous stiffness in his neck. The patient notes no weakness in his upper extremities. The pain is aggravated with turning his head from side to side, looking up and down, tilting his head to the sides, and reaching. The patient's symptoms are alleviated with hot baths and showers. The patient complains of continuous aching and recurrent sharp, pressure, and burning pain in the mid back. The patient's symptoms are aggravated with bending, twisting, turning, reaching, and prolonged sitting, standing and walking. The patient's symptoms are alleviated with hot baths and showers. The patient believes the numbness and tingling in the left hand is radiating from his neck. Complains of continuous aching and recurrent sharp, pressure, and burning pain in the lower back, with pain radiating down the left leg to his third and fourth toes. The patient also has pain radiating to left testicle. The patient has recurrent tingling in the left leg. Weakness is noted in the left lower extremity. The symptoms are aggravated with bending, twisting, turning, reaching, ascending and descending stairs, and prolonged sitting, standing, and walking. The patient's symptoms are alleviated with medication, hot baths, and showers. Complains of depression, anxiety, and nervousness. Complains of difficulty sleeping. The patient sleeps an average of four hours of interrupted sleep per night. The patient has some difficulty urinating, defecating, getting dressing, and eating. The patient has much difficulty sitting, standing, walking, and reclining. The patient recurrently has some too much difficulty climbing stairs. The patient has some difficulty gripping, grasping, or tactile discrimination. The patient has much difficulty riding and driving, as well as some difficulty flying. The patient has much sexual dysfunction. The patient has much difficulty with restful and nocturnal sleep pattern. Diagnoses: 1. Upper GI issues of medication associated gastritis and GERD. 2. Lower GI issues of irritable bowel syndrome and diverticulitis. 3. Neurological issues of traumatic brain injury and headaches, cognitive issues, etc. 4. Vision issues. Causation: 60% partial permanent disability with a diagnosis of IBS and GERD. Impairment

Rating: The whole person impairment rating to the upper GI issues was 25% and lower GI issues were 2%. Apportionment: 100% of the upper GI and lower GI issues are related to pre-existing condition and that 0% are related to the recent industrial injury.

10/20/2020 - Comprehensive Review of Case at Workers Defenders Law Grp. All claims were initially denied, even though injuries were reported and supported by medical evidence. As a result of denied status, applicant had limited access to the quality medical care as MPN doctors were not available. Subsequently some cases were partially accepted. Some of the claimed body parts were never subject to medical evaluation, and the case was settled before the applicant reached P&S on his initial claims and before he was evaluated in regard to his last date injury that occurred 12/12/18 (fall down the stairs at work). One of the major reasons to settle this case was physical and mental condition of the applicant who felt emotionally exhausted and physically unable to continue his work, being in constant pain. Pt accepted an offer of settlement in hope to move on with his life, yet, even now, few months after the settlement, pt still feels unable to work, cannot compete on the labor market, continues to experience physical pain and mental suffering due to combination of his industrial injuries and disabling pre-existing conditions. Summary of California Industrial Injuries: 1) ADJ11231848 (DOI: 06/05/2015 - 03/12/2018): Stress and strain due to repetitive movement over period of time. Body parts claimed: Head, UE, back, LE. Final total PD 23%. 2) ADJ12037148 (DOI: 03/12/2017 - 03/12/2018): Nature of injury: stress, anxiety, depression due to hostile work environment. Rating: Unassigned, never evaluated. 3) ADJ11231935 (DOI: 02/14/2018): Nature of injury: hit and run car accident on the job property. Body parts: Back. Rating: unassigned. 4) ADJ11804165 (DOI: 12/12/2018): Nature of injury: Fell on stairs at work. Body parts claimed: back. Rating: Not assigned, applicant was never evaluated for the impact of this injury. The only available P&S report for the above injuries, is medical report by Dr. Harold Iseke, DC, dated 10/15/18, which means that last time Dr. Iseke seen pt prior to the injury of 12/12/18. Total final PD of the applicant, accordion to Dr. Iseke is 23 PD, without consideration of psychological claims. This P&S report, however, was never reviewed by the PQME Dr. Todd W Peters who therefore was not commenting on this rating, and did not provide his own final P&S report, which could potentially result in a higher rating because Doctor Iseke was limited by his chiropractic specialty, and because his final report was issued without consideration of the last injury of 12/12/18. Rating and extent of the injuries were disputed in the final settlement. None of these body parts including neck, L shoulder, L hand and fingers, L leg were rated prior to settlement. All of these complaints are significant to comply with the requirement of subsequent injury statute. All of these body parts were re- injured in the fall down the stairs accident of 12/12/18. As a result of this last injury. Pt complained about pain in his lower back, upper and lower extremities, and other body systems, including but not limited to the extreme headaches, significant decrease of the vision, stress, depression and suicidal ideations. Applicant claimed that he had difficulties in walking, experienced pain while he was sitting, experienced pain while he was standing, applicant therefore felt that he could not continue his job, thus he expressed his desired to settle his case to move on with his life and accepted settlement via C&R on 03/12/19. It is the applicant' contention that should he be evaluated and rated by all applicable PQMEs in regard to his claimed industrial injuries, inducing but not limited to neurologist specialty, psychologist, orthopedic surgeon, ophthalmologist and internist, his total final PD before being adjusted for the

occupation or age of the applicant would be equal to or greater than a 35% standard rating. It is therefore the pt's contention that should he be properly evaluated for all his California claimed industrial injuries, he would be rated at least 5% standard rating on his L arm and/or leg before being adjusted for the occupation or age , which satisfies the requirement for subsequent injury considering that applicant has pre-existing disability in an equal and opposite right extremity. Pt further claims that has preexisting disabling condition of 60% standard disability rating to his mental disability. Out of state preexisting industrial injuries: 1) Montana State Fund, Claim 03-2004-03888-8, DOI: 12/23/2003. Pt fell down at work on right hand, injured right hand and shoulder. Pt was not rated for this injury, but the claim was accepted and settled. 2) Montana State Fund, Claim 03-2004-03888-8 , DOI: 10/13/03. Pt was removing bags from underneath of a pallet while the customer dropped the pallet on pt R hand and broke his R fifth finger. Claim was accepted and settled, the rating was not issued but since that time. Pt continued to experience pain to his R arm and fingers. 3) Montana State Fund, Claim 041000979009, DOI: 02/26/14 . At this time Pt was working as nurse at some local health facility, he received an industrial injury while lifting heavy patient of over 200 pounds. Pt injured mid back/neck/low back injury, had pain radiating to both legs, and headaches. Pt received the following impairment rating: 10% impairment for his lower back and 30% impairment for his mid back. Pt has significant vision loss. Without glasses, pt is basically legally blind. Conclusion: Pt attempted in 2019 to return to work, but his pain is disqualifying him from the labor market. Considering his inability to read without glasses, his difficulties working with the screen even with glasses for longer than 10 minutes, his inability to walk without rest for longer than 15 minutes, to sit for longer than 15 minutes, his inability to lift heavy items, his constant waves of pain piercing his body every 10-15 minutes preventing him from thinking straight, applicant was unable to find any full time job. Pt believes that he qualifies for SIP benefits under Labor Code 4751 (b) in that it is equal to or greater than a 35% standard rating before being adjusted for the occupation or age of the pt. In addition, the subsequent injury qualifies or SIF benefits under Labor Code 4751 (a) in that it affects an extremity and is equal to or greater than a 5% standard rating before being adjusted for the occupation or age of the applicant and the applicant has pre-existing disability in an equal and opposite extremity.

04/19/18 - Deposition of Evan Alan Disney, Volume I (138 pages)

Page 8: The patient took Ibuprofen 600 mg this morning. He had been taking Ibuprofen 600 mg once a while and previously took it couple of weeks ago.
Page 9: The patient was given prescriptions in February. Today, he took Ibuprofen 200 mg three pills for a long car ride from Fullerton.
Page 10: The patient had taken deposition previously in 2003.
Page 11: The patient's previous deposition in 2003 was related to wrongful termination. He spent about 30 minutes with his attorney for today's deposition. The patient was scheduled to work today.
Page 12: His work schedule was from 9 to 2, so he took off to attend today's deposition. His hourly rate of pay is $17.5. He drove himself a Lincoln Town Car here today from home.
Page 18: The patient served in the Navy for a year.

Page 19: The patient was discharged honorably from Navy due to personality disorder. He had severe attention deficit hyperactivity disorder. He is currently employed by Advanced Management Company, where he started working in June 2015.
Page 20: He was working a leasing agent, but they have currently stripped him off his title. He was promoted to assistant manager of a property and he was demoted for reporting a Fair Housing violation 10 shifts later. He currently is performing the job of a leasing agent. He actually reported a Fair Housing violation to HR for Advanced Management and is currently investigating the process to take it further. He also filed with the State of California retaliation complaint for the demotion of no cause.
Page 21: As a leasing agent, he would manage an office, go on tours, clean as needed and move things such as packages of FedEx and UPS, clean stairs as needed. He would also occasionally sweep, vacuum, and desk polish. They would take large packages in the office. The patient was not allowed to lift more than 40 pounds.
Page 22: When he manages an office, he would take residents, answer phone call, type up work orders, visit residents at their households and do inspections. He also would do a lot of up and down. He would replace chairs, though chairs are old, it is hard to turn and move. Currently, his property has three employees in the office and they managed 200 units, he felt it was a high paced property. He also did a lot of paperwork and a lot of leases.
Page 23: Paperwork requires about 30 plus signatures in a row. The patient testified that he could write faster than typing. He would do daily notes about three pages a day on the flow of the office. As an assistant manager, handled more of the responsibilities, customer relations, training people on using of lifts in the carport, walking the property and filling in.
Page 24: The patient's proper job title was assistant community director. Before worked for ANC, the patient was self-employed as a subcontractor for a copy center in Missoula called Missoula Copy Center. The owner is Doug Hannan, who had him do odd jobs for him and manage his customers for seven years before. He was a magician, member of the Magic Castle in Hollywood. He raised money for nonprofits and prevents bullying in schools. He worked as a magician for 20 plus years.
Page 25: Last month, he performed 30 minutes as a magician. He did a performance on March 24, 2018 with Easy Way at a fundraiser. He was a master of ceremonies at the Renaissance School International Talent Show on March 21, 2018. He did a film on Magic Castle performance on February 12, 2018.
Page 26: The patient's magician job is inconsistent.
Page 27: In the last 6 months, he had done three paid performances with Renaissance and had some performances in the Christmas season.
Page 29: He recorded a 20 minute set for the entertainment director during performance at the Magic Castle on February 12, 2018. Two years ago, he contested on a game show called Let's a Make a Deal.
Page 30: Most of his work for Missoula Copy Center was paid cash and worked there for 10 years. He had to claim on his own and he was a subcontractor for Missoula.
Page 31: He would visit Missoula Copy Center about twice a year for four days a pop and recently went back in November for a family vacation. At that time, he ran errands in trade for business

cards. He worked for Montana Lil's from December 2014 to February 2015 as a runner. He stated that Talent Pump is the umbrella corporation.
Page 33: The patient received 9 bucks plus an hour during work at Lucky Lil's or Talent Pump Corporation and stopped work when he moved to California to pursue his magic. Prior to Lucky Lil's, between 2011 or 2012 to 2014, he worked at Opportunity Resources for 2 years, a home health care organization, provides in home care to mentally challenged.
Page 34: At Opportunity Resources, he worked as a nursing assistant without the certification. His duties were taking care of residents, bathing them, cleaning them, and getting them from the bed to their, wheelchairs, helping them after potty, taking them to church, and cooking them breakfast. At that time, he earned 11 bucks an hour.
Page 35: During the end of his employment at Opportunity Resources, around 2014, he was injured his low back. When he was lifting a resident off the floor under the direction of his supervisor and turned, something popped in his low back and caused him some severe pain and issues. He received treatment from Butler Chiropractor, Missoula, Montana.
Page 36: His attorney, Steve Carey at that point sent him to other doctors. His case was settled and got $1000. Before working for Opportunity Resources, he worked for Direct TV from 2009 to 2011.
Page 37: At Direct TV, worked as team support specialist. Duties to handle all the supervisor calls and train his agents, held them accountable, kept them up and active at their stations. He worked in a call center, but worked on computer rarely. He felt that his ADHD made his perfect for the job because he is always positive and hyper. He worked as a team support specialist for six months and hourly rate of pay is $14 an hour. He had a kidney stone.
Page 38: While working for Direct TV, in 201, he sustained an injury to low back and twisted left ankle.
Page 39: The patient filed a claim in 2012 for his neck injury with Liberty Life Assurance Company of Boston. While worked for Schwan's and helped a customer with her groceries. Her car alarm went off and it startled him. He was smacked in the back of the head when he stood up by a 2 x 4 beam on a shed.
Page 40: Then Schwan's terminated him wrongly. The patient ended up losing everything at that point as well as homeless.
Page 41: The patient is currently having Kaiser health insurance through AMC, which he used to treat at Kaiser facilities. He had been to Kaiser Garden Grove facility. He visited an ER early last year for chest pain.
Page 42: The patient had seen a chiropractor in Lang Beach regarding current Workers' Compensation. He was diagnosed with diverticulitis.
Page 43: The patient's current source of income is AMC. He would charge usually $500 for his magic shows.
Page 44: He recently did a school performance.
Page 45: He was paid $300 for his school performance, which happened two Mondays ago. He would like to be a full-time magician at some point.
Page 46: The patient is always animated even when he is not feeling good due to ADHD. He recently done 15-second magic related Vigo video as a new promotion, which just started this month.

Page 47: He recently posted a video on 04/18/18.
Page 48: The patient received 612 and he would share his household with his girlfriend. His girlfriend is working at Renaissance School and they are sharing her income.
Page 49: The patient received Workers' Compensation benefits payments from an insurance company due to an injury that he sustained at OPI.
Page 51: During work at Mountain Supply around 2003, he fell down a flight of stairs and injured.
Page 52: The patient received Workman's Comp two times in a life as a result of an injury at work. In May of last year, he applied for disability benefits through the State of California or EDD.
Page 53: He got ADD benefits May through approximately June 2017, however, Kaiser doctor, Dr. Robert Bautista certified him on disability for his back issues.
Page 54: The patient got hurt in April with AMC. He applied for EDD benefits one time in California.
Page 55: He was involved in an automobile accident on two occasions in 1996 and 1997.
Page 56: For the 1996 accident, he denied any injuries. During 1997 accident, he had injuries to mid to upper back and more of shoulder areas.
Page 57: The patient received medical treatment at United States Navy Corps Hospital, Great Lakes, Illinois. He was diagnosed with myofascial pain disorder in 2004.
Page 59: He testified that his myofascial pain disorder was considered as chronic. His low back pain triggered to bad twist in April of last year. He felt stiff.
Page 60: He worked for Costco selling Direct TV from April until he got his job with AMC. At AMC, his supervisor was Zenyen.
Page 61: He got only formal warning from AMC for using company equipment for personal use.
Page 62: From approximately May 2017 through June 2017, he was on FMLA due to injury. He testified that as a result of work at AMC, his numbing and tingling of left leg recurred on full swing.
Page 63: During work at AMC, he also injured lower back, left leg, left arm and left neck as well as right leg.
Page 64: He felt that injury was happened over time. At that time, he reported symptoms to assistant manager at Highland Pinetree.
Page 65: During of end 2016 at AMC, he noticed pain and stiffness in his low back. Due to left leg symptoms, he felt real bad day in January 2017.
Page 66: Since February 2018, he had been feeling more symptoms in his left arm and left side of neck. His right leg symptoms started since April 2017. He started to hurt when he was doing Thanksgiving turkey boxes for the residents. They had an assembly line from reaching boxes up in the truck and bringing them down. At that time, he complained of stiff and sore for a while.
Page 67: He mentioned that Thanksgiving week was a really hard week for him because there was a lot of cleaning that week.
Page 68: The patient's symptoms got worse during Thanksgiving week. He first started noticing left leg pain around January 2017.
Page 69: Around January 2017, when he was sitting at his desk, felt numbness and tingling. He testified that his promotion and demotion occurred in February 2018.
Page 70: The patient testified that he had community director training with AMC. On February 14, 2018, Valentine's day, he went into HR and also talked to the COO of the company. He left that

meeting and when was driving back to his property from the meeting at AMC and on his return, he was in hit and run and was rear-ended.
Page 71: Then he had contacted his supervisor of the property immediately and reported injury. He went to Nowcare as per supervisor referral. He testified accident occurred on a freeway off ramp and at times, he was really shaken.
Page 73: The patient agreed that accident actually took place off site, but not on the ANC property. On that day, he got released from class by 12:00 because he had the meeting after class.
Page 74: The patient testified that accident occurred between 12:15 and 1:15.
Page 75: After left the training, he texted boss. Then, he was assigned to drive back to the property. During driving, he stopped vehicle for gas. He checked in with his boss at property.
Page 76: The patient testified that in April 2017 tweaked his back while he was doing a tour of a unit. He would be sitting at the desk at work and doing something, which caused spasm and burning sensation.
Page 77: The patient testified that he is having a little bit of an anxiety attack.
Page 78: First time, he noticed pain or discomfort in right leg around November 2017. During morning, he would feel stiffness and numbness in right leg and walking sometimes help his symptoms. At that time, his assistant manager would ask him to do some of the onsite jobs to try to get relief.
Page 79: He stated that people at work knew about his pain.
Page 80: During February 14, 2018, car accident, there was no damage to his car and he was shaken up. After accident, he texted to his manager.
Page 81: He was already having pain before accident.
Page 82: The patient drove to Montana in February 2017 to get his daughter and that trip was about 14 hours. He informed his co-workers about his prior back injury.
Page 83: When asked about his medical background, he reported Kaiser doctors about his intermittent back pain. Since approximately November or December 2016, he could not work through the pain, so he informed his boss about his symptoms.
Page 84: As per his boss, he saw the doctor at Kaiser, who gave him restriction note, but his boss did not accommodate it. Due to low back pain, he took off for 14 days in 2016. Then, EDD started around May 2017 and lasted for approximately 6 weeks.
Page 86: After his EDD, doctor placed him on restriction with no prolonged sitting or standing, no lifting and minimal bending, squatting, twisting and turning.
Page 87: AMC accommodated his work restrictions. He also testified that AMC allowed him to come back with a minimum schedule. He is still working on modified duties with 5 hours a day, placed by a chiropractor doctor.
Page 88: His modified duties currently being accommodated. As a result of work-related injury at AMC, he sought medical attention at Kaiser in April 2017. He went one time to a NowCare, a Kaiser Urgent Care.
Page 89: For the past 3 weeks, he had been seeing Dr. Iseke for neck symptoms and recently saw him in the past Friday.
Page 90: For February 14, 2018 accident, he went to Kaiser between time 3:00 and 4:00. First went to one Kaiser, though the wait line was long, which he informed to her girlfriend, who works there, got off on that day and met him. Then he went to second Kaiser.

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Page 91: Doctors at Kaiser diagnosed him with whiplash and took him off for 2 days. When he visited Kaiser for his low back symptoms in April 2017, doctor diagnosed him with bulging disc with a narrow nerve canal.
Page 92: Kaiser doctor also revealed that his right leg and left leg pain are attributable to your low back symptoms. Recently, he talked with his chiropractor about right arm symptoms.
Page 93: With regard to low back issues and bilateral leg complaints, Kaiser doctor referred him to pain management.
Page 94: He testified that he refused to go to pain management doctor due to financial constraints. He got massage therapy from Dr. Iseke and that helped a period of time.
Page 95: Dr. Iseke also has done acupuncture and muscle stimulation as well as performed and ultrasound. He had an upcoming visit with Dr. Iseke tomorrow.
Page 97: The patient testified that currently he is stressed and depressed and believed that it was work-related.
Page 98: He opined that finance is a stress and work is the cause of his cause. He is still trying to do his job to the best of ability.
Page 99: He should not have to find another job. He had good standing relationships with ex-wives. He first noticed stress when he got demoted on February 21st without reason and also had been pretty much in a funk ever since.
Page 100: The patient had increased heartburn, could not sleep, not really eating well, and also could not want to get up or do anything. He short with his kids and girlfriend. Previously stressed and depressed when he got terminated and was homeless for Schwab's.
Page 101: The patient testified that his breathing is going up and get lightheaded. He feels like he is going to throw up. If there is any emotional, he could not stop his tears as of recently.
Page 102: When got demoted without reason, he pretty much lost his mind, felt was so angry, could not sleep that night, and thrown up that day.
Page 103: He felt that stress was the cause of lifestyle changes. Regarding stress, he asked for referral, but could not afford the co-pay. He had seen psychologist in his earlier adulthood.
Page 104: He took Adderall, which helped his super stress. He just did not like the body side effects, so stopped Adderall. The patient had seen mental health professionals for his ADHD.
Page 105: He testified that battle with his company started with his FMLA. Then, they shorted his hours; however, he came back to work and worked hard. He applied for two promotions, but got no response.
Page 107: He supposed to move to property, which was close to his girlfriend's work place, but felt bunch of lies came out of his boss and currently has no title and no direction. Currently, he is seeking legal action, which he felt as stressful.
Page 108: The patient reported to the Retaliation Department of the State of California for defamation at work. He also sent an email to the employer on March 27, 2018, regarding rectifying of issues and filing of lawsuit, but he did not get any response.
Page 110: He was aware that girlfriend, Terecita Baker was previously married before entering into a relationship with him and also aware that she is currently in the process of divorce with her significant other.
Page 111: He filed bankruptcy 17 or 18 years ago.

Page 112: The patient had been evicted twice in Montana. He is currently having pain in the low back.
Page 113: Currently, his low back pain is rated at 7-1/2/10 and would go up randomly. Hot water, ice, weightlessness floating in water helped his pain. Ibuprofen is not really helping that much. Currently, he is having numbness in the left leg and tingling in the hand.
Page 114: He could not feel his left hand now and is also having burning, tingling down on the front side of his right leg, which occur once every couple of weeks. He is having tightness in the left side of neck, which challenges to drive.
Page 115: Due to pain, he could not play basketball anymore and could play with his kids anymore. Currently, he is unable to tie his shoes, which is very embarrassing for him because could not reach his back.
Page 116: He felt injuries had gotten worse and everything is just aggravated. He had gone out to dinner a couple times.
Page 117: He went to the Magic Castle on Sunday for his birthday and he passed his audition for the 14 members. The patient would watch a lot of TV. At the moment, he owns a snake Bull Python, which helped with therapy.
Page 118: His girlfriend has an 8 year-old-child from her first marriage.
Page 119: The patient testified that he and his girlfriend are on food stamps because they live in a household.

NOTE: Remainder of the records include e-mails, fax sheets, claim sheets, billing statement, phone message, health insurance claim form, nursing notes, insurance sheets, authorization for release of personal information, conditions of admission, minutes of hearing, notice of application, e-cover sheet, venue authorization, application verification, proof of service, document cover sheet, document separator sheet, notice of acceptance of claim, case management report, walkthrough appearance sheet, notice regarding denial of claim for WC benefits, Order approving compromise and release, and stipulation and agreement to pay lien claimant.

JF/rpc

State of California
DIVISION OF WORKERS' COMPENSATION – MEDICAL UNIT

AME or QME Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(i))

Case Name: **EVAN DISNEY** *(employee name)* v **Advanced Management Company** *(claims administrator name, or if none employer)*

Claim No.: **12037148**

EAMS or WCAB Case No. *(if any)*: **ADJ11231848**

I, **MARIA MORENO** *(Print Name)*, declare:

1. I am over the age of 18 and not a party to this action.
2. My business address is: **1680 PLUM LANE, REDLANDS, CA 92374**
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

A — depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.

B — placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.

C — placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.

D — placing the sealed envelope for pick up by a professional messenger service for service. *(Messenger must return to you a completed declaration of personal service.)*

E — personally delivering the sealed envelope to the person or firm named below at the address shown below.

Means of service: *(For each addressee, enter A – E as appropriate)*	Date Served:	Addressee and Address Shown on Envelope:
A	12/11/20	**Subsequent Injuries Benefit Trust Fund**
A	12/11/20	WORKERS DEFENDERS LAW GROUP 8018 East Santa Ana Canyon, Suite 100-215 Anaheim, California 92808
A		

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 12/11/20

Maria Moreno
(signature of declarant)

Maria Moreno
(print name)

QME Form 122
Rev. February 2009