Physician's Return-to-Work & Voucher Report

For injuries occurring on or after January 1, 2013

☒ The Employee is P&S from all conditions and the injury has caused permanent partial disability

Employee Last Name	Employee First Name	MI	Date of Injury
Seahoo	George		CT: 8/1/15 → 7/6/18 CT: 1/1/15 → 6/10/21 12/6/2021

Claims Administrator:	Claims Representative

Employer name:	Employer Street Address:

Employer City:	State	Zip Code	Claim No.:

☒ The Employee can return to regular work

☐ The Employee can work with restrictions:

	1-2 hours	2-4 hours	4-6 hours	6-8 hours	None
Stand	☐	☐	☐	☐	☐
Walk	☐	☐	☐	☐	☐
Sit	☐	☐	☐	☐	☐
Bend	☐	☐	☐	☐	☐
Squat	☐	☐	☐	☐	☐
Climb	☐	☐	☐	☐	☐
Twist	☐	☐	☐	☐	☐
Reach	☐	☐	☐	☐	☐
Crawl	☐	☐	☐	☐	☐
Drive	☐	☐	☐	☐	☐
Reach	☐	☐	☐	☐	☐
R/L/Bilat Hand(s) (circle): Grasp	☐	☐	☐	☐	☐
R/L/Bilat Hand(s) (circle): Push/Pull	☐	☐	☐	☐	☐

Lift/Carry Restrictions: May not lift/carry at a height of _____ more than _____ lbs. for more than _____ hours per day.

Other Restrictions:

If a Job Description has been provided, please complete: Job Description provided of: ☐ *Regular* ☐ *Modified* ☐ *Alternative Work*

Job Title: _____ *Work Location* _____

Are the Work Duties compatible with the activity restrictions set forth in the provided job description? ☐ *Yes* ☐ *No, explain below*

Physician's Name BIJAN ZANDIH

Role of Doctor (PTP, QME, AME) QME

Physician's Signature _____ Date 6/23/22

DWC AD Form 10133.36 (Effective 1/13)

Proof of Service by Mail

STATE OF CALIFORNIA, COUNTY OF ORANGE

COURT: Workers Compensation Appeals Board
NAME: SOOHOO, GEORGE VS CALIFORNIA INSTITUTION FOR MEN
ADM: **SCIF**
CLAIM NO.: 06626670
WCAB CASE No.: **ADJ11815610**

I declare that I am employed in the county of Orange, CA. I am over the age of eighteen years, my address is: Bijan Zardouz MD 1220 Hemlock Way Suite 108 Santa Ana Ca 92707 on **06/22/2022**
I served the following:

NEUROLOGICAL PQME REPORT AND BILLING FOR DATE OF SERVICE 05/24/2022

On said case, by placing a true copy thereof enclosed in an envelope with postage there on fully prepaid in the United States Postal Services on the same day in the ordinary course of business.
Addressed as follows:

STATE COMPENSATION INSURANCE FUND
P.O. BOX 65005
FRESNO, CA 93650
ATTN: STEVEN TAYLOR, ESQ.

WORKERS DEFENDERS LAW GROUP
751 SOUTH WEIR CANYON ROAD
SUITE# 157- 455
ANAHEIM, CA 92808

STATE COMPENSATION INSURANCE FUND
P.O. BOX 65005
FRESNO, CA 93650
ATTN: ROBERT E. BULL

I declare under penalty of perjury under laws of the state of California that the forgoing is true and correct, and that this declaration was executed on **06/22/2022** in Santa Ana, California.

Declarant:

Xochitl P

Xochitl P.

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

STATE COMPENSATION INSURANCE FU

PO BOX 65005
PINEDALE, CA 93711

PICA

1. MEDICARE (Medicare#)	MEDICAID (Medicaid#)	TRICARE (ID/DoD#)	CHAMPVA (Member ID#)	GROUP HEALTH PLAN (ID#)	FECA BLK LUNG (ID#)	OTHER (ID#)	1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE MM DD YY / SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
Soohoo, George	11 28 1953 M X F	06626670

5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
2506 LIGHTHOUSE LN	Self X Spouse Child Other	2506 LIGHTHOUSE LN

CITY	STATE	8. RESERVED FOR NUCC USE	CITY	STATE
CORONA	CA	X	CORONA	CA

ZIP CODE	TELEPHONE (Include Area Code)	9. IS PATIENT'S CONDITION RELATED TO:	ZIP CODE	TELEPHONE (Include Area Code)
92625	(949) 892-6277		92625	(949) 892-6277

9. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTH MM DD YY / SEX
	YES NO	11 28 1953 M F X

b. OTHER INSURED'S DATE OF BIRTH / SEX	b. AUTO ACCIDENT? PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)
	YES NO X	

c. EMPLOYER'S NAME OR SCHOOL NAME	c. OTHER ACCIDENT?	c. INSURANCE PLAN NAME OR PROGRAM NAME
	YES NO X	

d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
		YES NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment.

SIGNATURE ON FILE DATE 04/06/2022

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY	15. OTHER DATE QUAL. MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO
08 01 15 QUAL 431		

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO
	17b. NPI	

19. RESERVED FOR LOCAL USE	20. OUTSIDE LAB?	$ CHARGES
	YES X NO	

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E)	ICD Ind. 0	22. RESUBMISSION CODE	ORIGINAL REF. NO.
A. G4730 B. M5416 C. M7964 D. G44209 E. F. G. H. I. J. K. L.			

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
05 24 22	05 24 22	11		ML201		A	2015.00	1			A38367 1679621726 NPI
05 24 22	05 24 22	11		MLPRR		A	2823.00	941			A38367 1679621726 NPI
											NPI
											NPI
											NPI

25. FEDERAL TAX I.D. NUMBER	SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. BALANCE DUE
954055352	X	117019003	X	4838.00	0.00	4838.00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH #
Zardouz, MD, Bijan 06/22/2022	BIJAN ZARDOUZ 1220 HEMLOCK WAY SUITE 108 SANTA ANA, CA 92707 1679621726 1	BIJAN ZARDOUZ P.O. BOX 28883 SANTA ANA , CA 92799 1679621726 714 540 2272

a. b. a. b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

BIJAN ZARDOUZ, M.D., INC.

Diplomate American Board of Neurology and Psychiatry (Neurology)
Fellow of the American Association of Electrodiagnostic Medicine
Certified in Clinical Neurophysiology

MAILING ADDRESS FOR SANTA ANA
P.O. Box 28883
Santa Ana, CA 92799
714/540-2272
FAX 714/540-7206

MAILING ADDRESS FOR CORONA
P.O. Box 28017
Santa Ana, CA 92799
714/540-2272
FAX 714/540-7206

MAILING ADDRESS FOR SAN DIEGO
P.O. Box 28883
Santa Ana, CA 92799
714/540-2272
FAX 714/540-7206

MAILING ADDRESS FOR SAN BERNARDINO
P.O. Box 28017
Santa Ana, CA 92799
909/883-2440
FAX 909/883-2998

June 22, 2022

State Compensation Insurance Fund
P.O. Box 65005
Fresno, California 93650

Attention: Steven Taylor, Esq.

Workers Defenders Law Group
751 South Weir Canyon Road
Suite 157-455
Anaheim, California 92808

Attention: Natalia Foley, Esq.

EMPLOYEE: **SOOHOO, GEORGE**
EMPLOYER: California Institution for Men
PANEL: 2837616
WCAB: ADJ 11815610; ADJ 15069801; ADJ 14761989; ADJ 14761987; ADJ 15510614
CLAIM: 06626670; 06626694; 06380832; 06643946; 06657040

D/INJURY: Continuous Trauma, August 1, 2015, to July 6, 2018; August 16, 2021; Continuous Trauma, January 1, 2015, to June 10, 2021; Continuous Trauma, June 11, 2020, to June 11, 2021; December 6, 2021

NEUROLOGICAL PANEL QUALIFIED MEDICAL EVALUATION

Date of evaluation: May 24, 2022

Date of dictation: June 22, 2022

Dear Mr. Taylor and Ms. Foley:

On May 24, 2022, Mr. George Soohoo, a 68-year-old, right-handed male, was examined at my neurology office in Santa Ana, California. The patient drove himself to the office.

The patient has been working as a dentist for California Institution for Men for 28 years. He states that he supervises six dentists and two hygienists, and the clinical duties involve providing dental treatment for inmates.

The patient states that his job is done at both ground level and above ground level. He does sitting, standing and walking on the job. The patient is also required to do lifting, such as dental supplies, office supplies, chairs, etc., weighing up to 35 pounds.

HISTORY OF INJURY

The patient provided the following outline of claims that he has filed for various conditions:

2015: Hypertension, diabetes, stress from work, post traumatic stress disorder, low back pain, bilateral hand numbness, loss of hearing in both ears, sleep apnea and vertigo.

2018: Low back pain, headaches, stress, post traumatic stress disorder, hypertension, diabetes, hand numbness, curling up of the hands, hearing issues, vertigo and arthritis.

2019: Kidney cancer and removal of the right kidney.

2020: Chemotherapy due to squamous cell carcinoma metastasizing from the kidney to the lungs, hypertension, diabetes, back issues and hand numbness.

2021: Low back pain, headaches, stress, post traumatic stress disorder, curling up the hands, numbness of the hands, hearing issues, sleep apnea, vertigo, arthritis, joint pain and hip pain.

2022: Right hip pain due to wear-and-tear of the socket and touching the bone, hypertension, diabetes, sleep apnea, diagnosis of metastasis of squamous cell carcinoma from the kidney to the lungs, and immunotherapy/chemotherapy and various drugs for treatment of 12 lung nodules.

The patient states that he was seen by an orthopedist last week, and he underwent an MRI study of the right hip.

The patient also states that he is under the care of a nephrologist due to proteinuria and a low GFR.

The patient has been referred to me for a Neurological Panel Qualified Medical Evaluation.

PRESENT COMPLAINTS

At the present time, the patient complains of low back pain and tenderness with bending to the sides.

The patient complains of pain in his right hip. He states he cannot lift his right leg without experiencing pain.

The patient complains of arthritis of both hands, with locking up of the joints.

The patient complains of pain and tenderness in his left shoulder, which he states was hit by a door. He states he has difficulty raising his left arm due to the pain.

The patient also complains of headache, in the left cervical-occipital area and left temple. The headache happens about twice a week, in the afternoon, and it lasts until he takes Tylenol and relaxes. The patient states that in 2015, while he was at a restaurant and sitting with the chief medical officer, his wife, and the CEO, suddenly the CEO hit the right side of his face with the back of his left hand. The patient reported the incident, and he was put under investigation for two years. The patient states that during that period of time, he was transferred to the regional office, where he did only paperwork (reviewing dental audits) until the investigation was completed. The patient states there was a tremendous amount of stress on him, which caused headaches and nightmares.

PAST MEDICAL HISTORY

As noted above, the patient has a history of kidney cancer and lung cancer, for which he underwent right nephrectomy in 2019.

The patient has had a history of high blood pressure, high cholesterol and diabetes mellitus for the past 15 years.

The patient has a history of thyroid problems (elevated T3 level).

The patient has also had a history of arthritis of the hips, hands, shoulders and other different joints for the past five years.

The patient states he has had no personal injuries/ accidents, including motor vehicle accidents, sports injuries, slip-and-fall accidents, fractured bones, etc.

PERSONAL AND FAMILY HISTORY

The patient is married. He has no children. His father died of a heart attack at age 75. His mother died of C. difficile at age 99. He had a sister who died of colon cancer at age 47. He currently has one brother, alive and well. He does not smoke cigarettes, and he does not drink alcohol. The patient has a Graduate Degree and a DDS Degree.

EMPLOYMENT HISTORY

The patient started working as a dental supervisor for California Institution for Men on January 13, 1994. He continues to work there at the present time. He is not on disability.

Prior to working for California Institution for Men, the patient was an associate professor at Michael Cardone School of Dentistry/Oral Roberts University from 1979 to 1986.

The patient states that from 1985 to 1995, he had his own dental private practice (George M. Soohoo, D.D.S.).

The patient also states that he was a Colonel and BG Commander in the U.S. Army from 1986 to 2013.

MEDICATIONS

The patient currently takes a long list of medications, as follows:

Jardiance, 25 mg., one-half tablet per day; lovastatin, 40 mg., one tablet daily; losartan, 100 mg., one tablet daily; atenolol, 25 mg., one tablet daily; gemfibrozil, 600 mg., one tablet daily; amlodipine, 10 mg., one tablet daily; and metformin, 500 mg., one tablet daily. He states that these medications are prescribed by Alexander Berdy, M.D.

Lorazepam, 5 mg., one tablet daily for anxiety; hydroxyzine, 10 mg., one tablet daily as needed for sleep; escitalopram, 20 mg., one tablet daily for mood; and mirtazapine, 30 mg., one tablet daily as needed for mood. He states that these medications are prescribed by Shawn Chung, M.D.

The patient also states that since February 11, 2022, per David Lou, M.D., Oncologist. he has been receiving chemotherapy/immunotherapy once a month; nivolumab, 480 mg.; and carbozantinib, 40 mg., two tablets daily.

REVIEW OF SYSTEMS

The patient complains of headaches, left shoulder pain, pain in both hands, right hip pain, and low back pain, as discussed above.

The patient complains of lightheadedness, which happens about twice a week. He complains of vertigo, which happens about once a week.

The patient complains of fuzzy vision due to mild cataract formation, which happens about once a week.

The patient complains of occasional difficulty with sense of taste due to infusions of medications.

The patient complains of hearing problems in both ears.

The patient complains of shortness of breath. He complains of bladder problems.

The patient complains of daily neck pain. He complains of daily numbness in both hands.

The patient complains of daily numbness on the tarsal side of both feet. He complains of daily weakness of his right leg.

The patient complains of daily memory problems and daily mood problems.

The patient has difficulty sleeping about three times per week. He states he snores. He states that he has sleep apnea, and he uses a bi-pap machine.

The patient states that he has fluctuating weight loss and weight gain.

The patient complains of skin problems. He states he has skin rashes/blisters due to chemotherapy.

The patient states that he has weekly night sweats.

The patient also complains of tiredness/fatigue.

The patient does not complain of disequilibrium, double vision, blurred vision, difficulty with sense of smell, or difficulty swallowing.

The patient does not complain of chest pain, abdominal pain, constipation, diarrhea or prostate problems.

The patient does not complain of arm pain, elbow pain or wrist pain. He does not complain of weakness of the arms.

The patient does not complain of leg pain, knee pain or ankle pain.

The patient also does not complain of seizures or tremors/shaking.

PHYSICAL EXAMINATION

Blood pressure is 140/80. Heart rate is 72 per minute and regular. The patient is afebrile. Weight is 175 pounds. Height is 5'2".

HEENT

The head is normocephalic. No cranial bruit is heard. External auditory canals, nostrils, oral cavity and sclerae look normal.

NECK

The neck is supple. No carotid bruit is heard. Neck extensors and flexors are strong. There is no evidence of lymphadenopathy.

HEART

Normal S1 and S2. No cardiac murmur is heard.

CHEST/LUNGS

Lungs are clear to auscultation and percussion.

ABDOMEN

Examination reveals no organomegaly and no distention. Bowel sounds are present.

EXTREMITIES

The extremities are symmetrical. Peripheral pulses are present.

SKIN

No dermatological disorder is noted.

LYMPHATICS

There is no lymphadenopathy palpated.

NEUROLOGICAL EXAMINATION

MINI-MENTAL STATUS EXAM

The patient was oriented to time, place and person. His remote memory and recent memory were normal. The patient had only slight difficulty recalling three words after three minutes. He was easily able to recall two of the three words. Then with hints, he was able to recall the third word. The patient was able to accurately perform serial seven studies, and he was able to correctly spell the word "WORLD" both forwards and backwards. The patient's reading, writing and repetition were normal. He was able to copy two intermingled pentagons. There was no left-to-right confusion. The patient did not have apraxia.

CRANIAL NERVES

I: The patient can smell cinnamon.

II: Pupils are equal, round and reactive to light and accommodation. Visual fields are full. Visual acuity is 20/20, bilaterally, with glasses. Funduscopic examination is normal.

III, IV, VI: Extraocular movements are full. There is no nystagmus or diplopia. Saccadic eye movements are normal.

V, VII: There is no sensory or motor deficit on the facial area.

VIII: Air conduction is more than bone conduction. Weber is in the midline.

IX, X: The uvula is in the midline and retracts symmetrically.

XI: Sternocleidomastoids and trapezii are strong, bilaterally.

XII: Tongue is in the midline, protrudes in the midline. There is no atrophy or fasciculations noticed.

MUSCLE EXAMINATION

Muscle tone, bulk and strength are within normal limits in the upper and lower extremities.

REFLEXES

Deep tendon reflexes are 2 in the upper extremities and lower extremities in a symmetrical pattern. Plantars are downgoing, bilaterally. There is no evidence of long tract sign by this examination.

SENSORY EXAMINATION

Sensation to touch, pinprick, position, vibration and temperature is intact throughout.

COORDINATION

Finger-to-nose, heel-to-shin, and rapid alternating movements are normal.

GAIT

The patient walks normally. Tandem gait is normal. He can perform heel and toe walking.

Romberg is negative.

Straight leg raising is 45 degrees on the left side. The patient cannot lift his right lower extremity to do straight leg raising on the right side due to pain in his right hip/groin. Deep knee bending is slightly limited to due pain in his right hip and right medial thigh. Forward bending is normal.

EPWORTH SLEEPINESS SCALE

An Epworth Sleepiness Scale was completed in the office today.

The patient indicated that he has a high chance of dozing or falling asleep when he is lying down in the afternoon.

The patient indicated that he has a moderate chance of dozing or falling asleep when he is a passenger in a motor vehicle for an hour more.

The patient indicated that he never dozes or falls asleep when he is sitting and reading, when he is watching television, when he is sitting inactive in a public place, when he is sitting and talking to someone, when he is sitting quietly after lunch (no alcohol), and when he is stopped for a few minutes in traffic while driving.

The patient's total Epworth score is 5//24, which is not considered drowsy or sleepy during the daytime.

ACTIVITIES OF DAILY LIVING

An Activities of Daily Living form was also completed in the office today. The patient states he lives with his wife in a one-story house.

With regard to sensory function, the patient states that he has difficulty hearing in both ears, difficulty seeing due to mild cataracts, and occasional difficulty with sense of taste, as discussed above.

With regard to sleep, the patient states that he has difficulty sleeping, as discussed above.

With regard to communication, that patient states that he has no difficulty, except for hearing, as noted above.

With regard to physical activities, the patient states that he has difficulties bending down and with prolonged sitting.

The patient states he has no difficulties with self-care and personal hygiene, nonspecialized hand activities, or sexual function.

The patient also states that he has no difficulty with travel. He is able to drive a motor vehicle.

REVIEW OF RECORDS

Voluminous medical records and deposition transcripts have been made available for my review. Please refer to the summary of these records that is attached to the end of this report.

IMPRESSION

1. Severe obstructive sleep apnea on September 13, 2000.

2. Diagnosis of sleep apnea in 1994, per the patient's deposition.

3. Constant moderately severe insomnia at work on July 20, 2018.

4. Elevated serum glucose, GPT and triglycerides on July 25, 2018.

5. Past medical history of fatty liver, diabetes mellitus, bilateral hearing loss and allergic rhinitis.

6. Dermatitis, chronic low back pain and depression on July 26, 2018.

7. History of psychological injury due to work stress on August 17, 2018.

8. History of back injury at work in about December 2017 (as noted on Page 3A of the record review).

9. History of car accident in 2000 when he fell asleep while driving (as noted on Page 4A of the record review).

10. Adjustment disorder with anxiety/depression, per Dr. Deboskey, Psychologist, on August 27, 2018.

11. Hearing loss on both sides with tinnitus on September 7, 2018.

12. History of post traumatic stress disorder while in the military reported on November 18, 2018.

13. History of working in the Army as active and reserve personnel for 30 years, retired in 2006.

14. Unremarkable carotid Doppler study, with less than 25% plaque in both carotids, on November 27, 2018.

15. Unremarkable echocardiogram, except for mild hypertrophy of the left ventricle.

16. History of sleep study in 2000 at UCI, with use of a bi-pap mask, reported on December 4, 2018.

17. History of low back injury between 2000-2013 and left hand injury 15 years prior, per Alexander Caliguiri, D.C., on January 4, 2019.

18. Neck pain, headaches, pain and tingling in the upper extremities and hands, low back pain, pain in the right lower extremity, and sleep difficulty reported on January 4, 2019 (as noted on Page 17A of the record review).

19. Possible bilateral carpal tunnel syndrome, left more than right; possible cubital tunnel syndrome, left more than right; and cervical radiculopathy at C5-6, per the EMG and nerve conduction study on February 5, 2019.

20. Bilateral hand pain since 10 years prior, reported on October 7, 2019.

21. Hyperlipidemia and diabetes mellitus since 1999 (as noted on Page 54A of the record review).

22. History of kidney cancer and removal of the right kidney in 2019 (as noted on Page 53A of the record review).

23. Headaches, dizziness, lightheadedness, visual difficulty, jaw pain, jaw clenching, dry mouth, palpitations, urinary frequency, difficulty concentrating, forgetfulness and dermatological complaints, all reported on August 11, 2021 (as noted on Page 54A of the record review).

24. Normal chest x-rays on August 11, 2021.

25. Multilevel degenerative disc disease of the cervical spine, per the x-rays on August 11, 2021 (as noted on Page 55A of the record review).

26. Degenerative disc disease at L4-5 and L5-S1, per the x-rays on August 11, 2021 (as noted on Page 55A of the record review).

27. Osteoarthritis of the acromioclavicular joints of both shoulders, per the x-rays on August 11, 2021 (as noted on Page 55A of the record review).

28. Degenerative disease of the left elbow, right wrist and both hands, per the x-rays on August 11, 2021 (as noted on Page 55A of the record review).

29. Multilevel degenerative changes of the lumbar spine, per the MRI of the lumbar spine on September 12, 2021.

30. History of exposure to asbestos from 1998 to 2011 (as noted on Page 62A of the record review).

31. Psychological factors affecting headaches, per Dr. Flores, Psychologist, on October 1, 2021 (as noted on Page 65A of the record review).

32. History of metastasis to the lungs from kidney cancer, per Dr. Lawrence Ledesma, QME in Psychology, on October 11, 2021 (as noted on Page 76A of the record review).

33. History of 80% hearing loss on the left and 30% hearing loss on right, per Dr. Ledesma (as noted on Page 76A of the record review).

34. Bipolar disorder, generalized anxiety, post traumatic stress disorder and personality disorder, per Dr. Ledesma (as noted on Page 79A of the record review).

35. Lack of metastasis from kidney cancer, per Dr. Ledesma on March 3, 2022 (as noted on Page 87A of the record review).

36. History of divorce in 1998 (as noted on Page 30A of the record review).

37. Intake of anti-anxiety and antidepressant medications since 2018 (as noted on Page 33A of the record review).

38. Claim of cardiovascular issues due to workload from 2010 to July 6, 2018, per the patient's deposition (as noted on Page 38A of the record review).

39. History of backhand trauma to the facial region at a Mexican restaurant on April 21, 2017 (as noted on Page 42A of the record review).

CONCLUSION

Mr. George Soohoo, a 68-year-old, right-handed male, has been evaluated in my office on May 24, 2022. The history of the injuries, the patient's subjective complaints, my neurological examination, and my review of the voluminous medical records and deposition transcripts made the above mentioned diagnoses.

At this time, the patient's neurological examination is stable. There is no evidence of any focal neurological deficit.

The patient also did very well on his Mini-Mental Status Exam. There is no evidence of any cognitive deficit.

Based on my personal interview with the patient and my review of the voluminous medical records and deposition transcripts, I can state with reasonable medical probability that he had stress factors at the work place during the course of his employment, which worsened by July 6, 2018.

The patient was seen by different doctors at Kaiser. He was seen by PQME physicians in the Field of Internal Medicine and Field of Psychology. The patient received psychotherapy by his treating psychologist, and he was treatment for his hypertension, diabetes mellitus and

hyperlipidemia by his treating internist. In 1994, the patient was diagnosed with sleep apnea, for which he was treated with a bi-pap machine. In 2020, the patient was involved in a car accident due to his sleep apnea. There was no record of any neurological injuries afterwards. Some of the patient's psychological issues, such as post traumatic stress disorder, date back to when he was on active duty in the military. The patient retired from the military service in 2006.

DISABILITY STATUS

From a neurological standpoint, the patient's status is stable. He has reached maximum medical improvement. He can be considered permanent and stationary as of the date of this evaluation, May 24, 2022.

PERIOD OF TEMPORARY DISABILITY

The patient had time off work when he had the back injury in 2017-2018. He was off work for a period of time when he had the nephrectomy. The patient was occasionally kept off work by other treating doctors/psychologists. Otherwise, the patient was able to continue working.

CAUSATION AND APPORTIONMENT

I was asked to only opine on the patient's neurological issues. The only evident neurological issue is the patient's headache, which worsened by July 2018. It was basically associated with the struggling factors at his work place with other employees and supervisors. As such, I can state that the patient's headache was caused by many years of stress at the work place, and it is considered to be a continuous trauma. Therefore, the patient's disability with regard to his headache should be apportioned 100% to the cumulative psychological trauma, and no apportionment is indicated.

I should state that I am in receipt of medical records from July 20, 2018. Afterwards, there is one report from September 13, 2000, which only addresses the patient's sleep apnea. If there are any medical records prior to this through the Kaiser system or through the patient's health insurance (Blue Cross/Blue Shield, I would like to review them. If these records indicate any pre-existing issues with regard to headaches, I reserve my right to change my opinion regarding the cause of the patient's headache.

With regard to the patient's hearing loss, the records reflect his exposure to loud noises while he was in the military and one occasion of a grenade that was blasted close to his proximity. I cannot relate his hearing loss to the use of hand pieces that he used at the work place.

With regard to the issue of low back pain, the medical records indicate that the patient had a back injury at work in December 2017. As a result, the patient was off work until sometime in 2018 (as noted on Page 3A of the record review). X-rays of the patient's lumbar spine showed osteoarthritic changes. Therefore, the patient's disability with regard to the lumbosacral region should be apportioned as 75% industrial and 25% pre-existing in nature.

With regard to the cervical region, there was no specific injury to the patient's neck, and x-rays of his cervical spine revealed diffuse degenerative disc disease. As such, I cannot relate his neck problems to a specific work injury. However, I can attribute his chronic neck pain to the nature of dental work and flexion posturing of the head and neck. Therefore, his disability with regard to the cervical region should be apportioned as 75% industrial and 25% pre-existing in nature.

With regard to cognitive issues, the patient did not have a history of any head traumas. Therefore, no disability is indicated.

With regard to dizziness, the patient's neurological

With regard to dizziness, the patient's neurological examination in this office failed to show any clear-cut dysfunction of the cerebellum or spinal cord. Therefore, no disability is indicated.

With regard to the issue of carpal tunnel syndrome, the patient had a nerve conduction study, which indicated that he had "possible carpal tunnel syndrome" and "possible cubital tunnel syndrome." However, the patient's neurological examination in this office failed to show any clear-cut clinical findings. Therefore, no disability is indicated.

With regard to cardiovascular and psychological issues, I defer opinions to the appropriate specialists in these fields.

WORK RESTRICTIONS

The patient can continue working as a dentist or in an administrative position without any specific work restrictions because he has been able to do so since 1994.

FUTURE MEDICAL CARE

At this time, the patient only needs to have access to plain over-the-counter analgesics for relief of his pain symptoms.

If the patient's condition worsens or if he develops any neurological signs or symptoms, then he will need to have a neurological reassessment.

With regard to the patient's psychological issues and internal medicine issues, he needs to be followed by the specialists in these fields.

IMPAIRMENT RATINGS

With regard to the patient's headache, based on Table 13-11 on Page 331 of the AMA Guides, 5th Edition, he is classified under Class I, with a 3% impairment of the whole person.

With regard to the patient's neck pain, his EMG study indicated "cervical radiculopathy at C5-6." Therefore, based on Table 15-5 on Page 392 of the AMA Guides, 5th Edition, the patient is classified under DRE Cervical Category II, with a 5% impairment of the whole person.

With regard to the patient's low back pain, his neurological examination failed to show any clear-cut sensory or motor deficit. X-rays of his lumbar spine showed degenerative disc disease at two levels. I did not find a report of a CT scan or MRI study of the lumbar spine in the medical records. I need to see the results of this type of test, especially because the patient had a specific back trauma at work in December 2017, and he was off work until sometime in 2018. Therefore, if there are reports of any CT scans or MRI studies from that period of time, I need to review the results before I can discuss the issue of impairment. If this type of radiological study failed to show any clear-cut nerve root compression, then there will be no impairment for the lumbosacral region.

ATTESTATION

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

Pursuant to Section LC 5703 and 5307 (a) (1), I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and that I have not offered, delivered, received, or accepted any rebate, refund, commission, preference, patronage, dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation.

I was assisted by Pamela Johnson and Altos Transcription for the initial excerpt of the medical records and deposition transcripts and in the transcription of this report.

Based on Labor Code 4628, the patient's History of Injury, Present Complaints, Past Medical History, Personal and Family History, Employment History, Medications and Review of Systems were obtained by the undersigned. The Physical Examination and Neurological Examination were performed by the undersigned. The medical records, deposition transcripts and the excerpt were reviewed by the undersigned. The impressions, opinions and conclusions were formulated by the undersigned. Any corrections and/or additions to this report were also done by the undersigned.

Time spent face-to-face with the patient:

1 hour

Number of pages of records attested to by the following:

Applicant Attorney, Ms. Natalia Foley: 1,347 pages

My Office: 1,141 pages

An interpreter was not present for this evaluation.

COMMENT

This evaluation qualifies as ML201, as it was a Basic Medical-Legal Neurological Evaluation.

If I can be of any further assistance, please let me know.

Thank you for this interesting consultation.

Sincerely yours,

Bijan Zardouz, M.D.

Signed on this date, 6/22, 2022, in Orange County, California.

BZ:pj:91-sa

cc: State Compensation Insurance Fund
P.O. Box 65005
Fresno, California 93650

Attention: Robert E. Bull
Claims Adjuster

BIJAN ZARDOUZ, M.D., INC.

Diplomate American Board of Neurology and Psychiatry (Neurology)
Fellow of the American Association of Electrodiagnostic Medicine
Certified in Clinical Neurophysiology

REVIEW OF MEDICAL RECORDS

EMPLOYEE: SOOHOO, GEORGE

September 13, 2000, Nocturnal Polysomnogram Report by Peter A. Fotinakes, M.D. from UCI Sleep Disorders Center

Impression: Severe obstructive sleep apnea.

Recommendations: 1) The severity of sleep apnea warrants immediate treatment. 2) Should initial a trial of nasal BiPAP set at a pressure of 12/9 cm water, using a medium-sized Respironics Profile Lite Mask.

July 20, 2018, Initial Evaluation Report by Keith Wresch, M.D./Michael Fleming, P.A. from U.S. HealthWorks Medical Group

DOI: 07/06/18

Job Description: Employed at CIM/Calif Institution as a Supervisor Dentist for 10 or more years. He works 40 hours per week. Main job characteristics include sit down job, prolonged standing or walking, kneeling or squatting, bending, climbing, and operating hand tools/machinery.

HPI: Developed problems when walked off grounds of CIM on July 6th, stress from embarrassment humility, and open degradation in front of all dental staff, felt fatigued, depressed, loss of energy, unable to sleep, and no desire to do anything, on July 13 blood pressure was 180/96.

PMH/PSH: None.

Present Complaints: Constant and moderately severe insomnia at work for 14 days, rated as 8/10.

Exam: Vital Signs: Blood pressure of 160/93 mmHg. Pulse of 87 beats per minute. Respiratory rate of 16 breaths per minute. Temperature of 98.8 F. Height of 60 inches. Weight of 185 pounds. BMI of 36 kg/m2.

Assessment: Stress at work.

Offices:
1220 Hemlock Way, Suite 108 • Santa Ana, CA 92707•714/540-2272
1681 N. Waterman • San Bernardino, CA 92406 • 909/883-2440
802 Magnolia, Suite 106 • Corona. CA 92879 • 714/540-2272
3863 Clairemont Drive • San Diego. CA 92117 • 714/540-2272

Treatment Plan: 1) Continue amlodipine, clopidogrel, losartan, and metformin. 2) Avoid the current work environment. 3) Referred for psychiatric evaluation.
Work Status: Regular work.
Causation: Industrial.

July 25, 2018, Laboratory Report by Unknown Physician
Results: High levels of glucose of 130.0, SGPT of 48.0, and triglycerides of 229. High levels of HDL of 34.

July 25, 2018, Urinalysis Report by Unknown Physician
Results: Hazy appearance, high levels of protein of 30, mucus present.

July 26, 2018, New Patient Visit NOTE by Kartik H. Shah, M.D.

HPI: Presented to get his full records documented and service-connected conditions documented. He is following on regular basis with his private PCP, and specialist on the outside. Works as a Dentist at a local prison. Scheduled with outside Psychiatrist for his depression. Also has past medical history of DM Type 2, HTN, HLD, Fatty liver disease, bilateral hearing loss, allergic rhinitis, dermatitis, chronic low back pain/lumbar degenerative joint disease, OSA, and depression.
PSH: Lipoma removal.
Exam: Vital Signs: Blood pressure of 149/82 mmHg. Pulse of 66 beats per minute. Temperature of 98.2 F. SpO2 00%. Height of 63 inches. Weight of 193 lbs. BMI of 34.3 kg/m2.
Assessment: 1) Diabetes mellitus type 2. 2) Hyperlipidemia. 3) Hypertension. 4) Elevated LFTs/fatty liver disease. 5) Bilateral hearing loss. 6) Allergic rhinitis. 7) Dermatitis. 8) Chronic low back pain. 9) Obstructive sleep apnea. 10) Depression. 11) History of colon polyp. 12) Prevention.
Treatment Plan: 1) Continue metformin XR, fenofibrate, lovastatin, fish oil, amlodipine,

losartan/hydrochlorothiazide, loratadine, clindamycin 1%, triamcinolone, hydrocortisone, and diclofenac 1%. 2) Referred for audiology consultation at VA. 3) Continue back brace. 4) Follow up with outpatient PCP. 5) Advised for daily exercise. 6) Ordered low sodium, calories, and saturated fat diet.

July 27, 2018, Progress Report by Keith Wresch, M.D./Michael Fleming, P.A. from U.S. HealthWorks Medical Group

Interval History: Continues to have anxiety. Currently on modified duty. Pain rated as 8/10.
Exam: Vital Signs: Blood pressure of 152/79 mmHg. Pulse of 80 beats per minute. Respiratory rate of 16 breaths per minute. Temperature of 98.2 F.
Assessment: Work stress.
Treatment Plan: 1) Need a copy of all his medical records for his attorney. 2) Avoid the current environment.
Work Status: Regular work.

August 27, 2018, Doctor's First Report of Occupational Injury or Illness by Lynne DeBoskey, Ph.D. from Psychological Health Center

DOI: 07/06/18
Job Description: Employed at California Department of Corrections and Rehabilitation as a Supervising Dentist.
HPI: Sustained an industrial psyche injury on July 6, 2018, due to work stress from perceived unfair disciplinary action against him that resulted in a transfer to a different work site. Hired in August 2007 at the Chino Prison. He has been with the CA Department of Corrections since 1994. Prefacing remarks with him and was off work in December 2017 for 6-8 weeks due to a back injury at work. He was unable to order supplies so he had a subordinate do it. Returned to work, in 2018 the CEO at CIM received EEO complaints against him, which he attributes to retaliation for previously writing up employees and due to a dental associate, who did not

like him because he made him come on time. An acting supervisor wrote him up because the supply room was open with cardboard between the lock and keys. Another dental assistant filed an EEO against him for yelling at her, denying these allegations. He had written her up several times, most recently for disobeying a directive about overtime. When a position opened up, did not consider her qualified and so he did not recommend her for the position. The dental assistant later claimed retaliation by him. However, describing the dental assistant as showing up late and taking a long time to work and in collusion after him. The precipitating event occurred at a training conducted by him regarding new software to be learned at work. Including retaliation in her complaint same dental assistant claims, he yelled at her. Waiting nine-plus months for the outcome from internal affairs, he states charges of verbal abuse and retaliation were met and substantiated by the investigation. The CEO, CO, and he were informed of the same by the CEO and he was walked off and they took his keys and cell phone. Escorted off the property, he describes his reaction as embarrassed and disrespected. Placed on administrative leave. His blood pressure is reported as 180/96 and went to his primary physician who increased the dosage of his medication. Off work for a week, he is working at a different prison performing duties related to audits and training, and with no direct interaction with staff. Currently does not report significant problems with either his work function or with interpersonal relationships at a different prison on modified duty. Pursuant to LC 5402, the psychological evaluation was authorized to address issues related to industrial psychological causation, disability, and treatment.

PMH: Diabetes, blood pressure problems, digestive, chronic pain (attributed to awkward postures required of him at work), respiratory, sleep apnea (2000 after automobile accident when fell asleep driving), or thyroid problems. He is in the process

of obtaining a VA disability form loss of hearing due to being a reservist for 28 years.

Exam: Vital Signs: Height of 5 feet 3 inches. Weight of 185 pounds.

Present Complaints: Depression, crying spells, anxiety, worry, ruminating, concentration problems, guilt, anger, irritability, withdrawal, hopelessness, and helplessness, reduced motivation. Receives 3-4 hours of interrupted sleep. Also feeling headaches, feeling flushed, and neck, hand, and back pain.

Diagnoses: AXIS I: Adjustment disorder with anxiety and depression. Occupational Problem. Sleep disorder. Stress-related physiological response and psychological. Factor/Coping style affecting medical condition on Axis III. AXIS II: No Personality disorder indicated; exacerbation of personality traits negatively impacting Axis I. AXIS III: Per the medical records. AXIS IV: Psychosocial and environmental problems: problems with a primary support group - mild; occupational problems - mild-to-moderate. Economic problems-minimal. Problems with access to health care services- minimal. Problems related to interaction with the legal system/crime -minimal. AXIS V: Other psychosocial and environmental problems-minimal. GAF = 65

Treatment Rendered: Performed psychologist tests.

Treatment Plan: Recommended six individual cognitive behavioral therapy sessions.

Work Status: TTD for 60 days.

Causation: 85% of psyche injury is predominantly from actual events of his employment causing the development of an adjustment disorder on July 6, 2018. 15% of his current period of psychological disability stems from destabilizing contribution of aggravated maladaptive characterological traits combined with a pre-existing sleep disorder and non-industrial medical conditions to produce overtly impairing anxiety and depression that negatively impacts an adequate adjustment in the workplace.

Apportionment: Not relevant.

September 7, 2018, Audiology Note by Carol A. Zizz, Au.D.

Interval History: Hearing loss in both ears. Constant tinnitus in both ears. Noise exposure, and grenade blast during officer training. Otoscopy revealed normal findings.

Assessment: [*Not mentioned*].

Treatment Plan: Ordered hearing aid.

September 25, 2018, Urine Microalbumin Report by Unknown Physician from Kaiser Permanente

Results: High levels of microalbumin, UR, QN, a detection limit of 264.5; microalbumin/creatinine of 238.7.

September 25, 2018, Laboratory Report by Unknown Physician from Kaiser Permanente

Results: High levels of estimated average glucose of 149 and non-fasting triglyceride of 603. Low levels of HDL of 33.

October 9, 2018, Audiology Note by Roberta Steward, Au.D.

Interval History: Presented for hearing aid fitting. Otoscopy revealed clear ear canals. Hearing aids set to NAL NL-2 target and verified with Probe Microphone measure.

Assessment: [*Not mentioned*].

Treatment Plan: Ordered for battery replacement, wax guard replacement, care and maintenance, and hearing aid control.

November 8, 2018, Mental Health Consultation Report by Tara Nyasio, Psy.D.

HPI: Has been diagnosed with PTSD while in the military. Experienced several instances in the military that lead to the same diagnosis. He is having nightmares, headaches, difficulty sleeping (intrusive thoughts), and waking up screaming. Experiences a great deal of stress. Sometimes gets afraid when he faces triggers that remind him of the traumas that he has experienced such as going out at

night and firecrackers. Currently working full-time.
PMH/PSH: [*Not mentioned*].
Diagnosis: [*Not mentioned*].
Treatment Plan: Referred to PTSD treatment through the choice program.

November 8, 2018, Audiology Note by Roberta Steward, Au.D.

Interval History: Presented for hearing aid fitting. Hearing aids set to NAL NL-2 target and verified with Probe Microphone measure.
Assessment: [*Not mentioned*].
Treatment Plan: Ordered for battery replacement, wax guard replacement, care and maintenance, and hearing aid control.

November 21, 2018, Initial Evaluation Report by Kathleen McDermott, DNP

HPI: Presented at UMHC to establish care. Notes, he has served in the Army both on active duty (on orders) and in reserves for 30 years and achieved rank of Colonel 06 as Brigade Commander for Medical Brigade, overseeing more than 2,000 employees. He is a dentist with two master's degrees" and retired from the Army in 2006 after attending War College and being eligible to be a General. Notes his mother became sick and he therefore he turned down a job at the Pentagon to take care of his mother. Recently working as a dentist in the state prison system, says he was appointed by the governor. Currently, having nightmares twice per year around the times he hears fireworks (July 4th and Chinese New Year) which remind him of the grenade that blew up in front of him. Reports avoiding people who drink alcohol as same reminds him of the time he was assaulted by three intoxicated men who beat him badly. Flashback of the ugliness of war. Notes he feels scared often and his mood is angry, depressed, and irritable most days because of same. Reports sleeping only 3 hours per night each night. Spoke at length and with great detail about the issues he

has experienced at his job, including his CEO hitting him in the face while at lunch with coworkers, being walked off his job on July 6th 2018, two EEO claims against him at his job, reporting his boss to Internal Affairs, and the difficulty he has had finding treatment to address his denied claims from the State Compensation In. Fund. He provided lengthy documents to nurse and to same writer which detail his experiences at work and how they related to his s/s of PTSD from his time in the military.

Past Psychiatric History: Saw a psychologist approximately 20 years ago for 3 -4 sessions.

PMH: Diabetes mellitus, hypertension, and hypercholesterolemia.

Diagnoses: 1) Adjustment disorder. 2) Rule out PTSD. 3) Rule out delusional disorder. 4) Rule out personality disorder.

Treatment Plan: Referred to SHIP for a consult and ongoing care to be established.

Discharge Status: Stable.

November 27, 2018, Echocardiogram Report by Ronald A. Carlish, M.D.

Impression: Normal right ventricular function. Slight hypertrophy posterior left ventricular wall. Mild left ventricular and left atrial enlargement with normal left ventricular contractility 0.60. Diastolic dysfunction noted. No localized areas of Impairment. Slight dilatation proximal aortic root with structurally normal aortic leaflets. No pericardial fluid identified.

November 27, 2018, Carotid Duplex Scan by Ronald A. Carlish, M.D.

Impression: Normal study but for mild bilateral linear plaguing as described, not exceeding 25% diameter reduction. No significant focal flow obstruction is seen. All flow velocities, and flow velocity ratios are within normal limits.

November 27, 2018, Exercise Stress Test Report by Stewart Lonky, M.D. from Medical Associates of Westchester

Interpretation: HR/PRP/METS: HR at rest 66 per minute. Max HR 139 per minute (89% of target HR 156 per minute). Max RPP 320. Max METS 10.10. BP: Blood pressure at rest 135/76 mmHg. Max blood pressure 127/113 mmHg. *Illegible* QRS 2044, A: 16, VBIG 5, PVC 47, and PSVC 5. Significant ST changes HI 0.05 mm.

November 27, 2018, Laboratory Report by Unknown Physician

Results: High levels of MCHC of 35.8, glucose of 111, ALT of 49, triglycerides of 320, VLDL cholesterol calculated of 64, and hemoglobin A1c of 6.8. Low levels of HDL cholesterol of 36.

December 14, 2018, Panel Qualified Medical Evaluation in the Specialty of Internal Medicine by Stewart Lonky, M.D.

DOI: 07/06/18

Job Description: Employed at the California Men Institute in Chino, California as a Supervising Dentist, performing dentistry about 60% of the time, with a marked increase within the last six months. Commenced employment with the California Department of Corrections and Rehabilitation as a dentist in January 1994. Initially, he was assigned to Ironwood Prison, opening the Dentistry Department. Worked there for eight years, after which time he worked at the headquarters in Sacramento for one year. Worked for eight years at the Department of Juvenile Justice, performing 50% administrative duties and 50% dentistry.

HPI: He relates that while assigned to Chino, there were substantial stressors, particularly within the last five years. Also relates that once, at a luncheon,the CEO struck him in the face and chuckled about it. The Chief Medical Officer spoke to the CEO who replied that he wouldn't do that again. He was very angry and frustrated by the physical assault and the CEO's response to having done it then, another CEO was hired, Louie Escobel. After 60 days, he gave the patient two numbers for not

satisfactory. He tried to talk to the CEO who blew up. The patient noted that he just could not talk to him. On another occasion, he relates that the HPM3 was in his department to investigate whether a hygienist was changing a patient's treatment plan. Also relates that the HPM3 lied to the CEO about whether another employee, George, had not made him aware of it. It caused him much angst. Apparently, that HPM3 was demoted after a two-year investigation and retired. When interviewing for a new HPM3, he made a comment about her and the CEO informed the new HPM3 of his comments. Also, the CEP hired someone without his input. He felt demeaned, unfairly judged by him, and physically abused by the CEO. Finally, he described that two EEO complaints were filed against him, one by a hygienist who accused him of using abusive language and another by a dental assistant who filed in retaliation because he tried to make her work when he asked her to order supplies, and for training another employer for her position. On July 6, 2018, he relates that he was escorted off of the premises after the completion of the investigation and substantiation of the charges. He felt humiliated, demeaned, and degraded by this action, in front of all of his employees, as he felt that it could have been handled differently. He was moved to the Regional Facility in Rancho Cucamonga. His blood pressure was 180/90. Had been diagnosed with hypertension previously, but it was controlled. He took losartan-hydrochlorothiazide and amlodipine. On July 12, 2018, he was evaluated by Dr. Fleming at U.S. HealthWorks as referred by his employer. His systolic was elevated to 170. A psychiatric evaluation was recommended. Currently working at Rancho, performing Audits. After July 6, 2018, his dose of amlodipine was increased to 7.5 mg. Took time off, began working with a physical trainer, and changed his lifestyle. Furthermore, after July 6, 2018, had episodes of being short of breath. Requested a consultation with a physician and was seen by Dr. Jack Kleid, a cardiologist who recommended a workup that did not materialize.

Subsequently, presented to Dr. Debosky, a psychologist for consultation. He was informed that he could not work at CIM for 60 days. He selected another psychologist, Dr. Lawrence Woodward for whom he is to be evaluated on November 22, 2018.

Previous Injury: Has a history of back pain secondary to repetitive and prolonged bending as a dentist.

PMH: Diabetes mellitus, mild kidney disease, post-traumatic stress disorder, sleep apnea diagnosed in 2007, and history of elevated cholesterol.

PSH: Lipoma removed from his back.

Present Complaints: When climbing stairs, becomes short of breath which is a relatively new occurrence. Occasionally, feels palpitations. Has had a loss of appetite due to stress. For the last two months, he has had nightmares, trying to figure out what happened, and what he might have done. He reiterates that accountability and integrity are important to him. Diagnosed with sleep apnea in 2007 by a Kaiser physician. In 2000, had undergone a sleep study at U.C. Irvine Medical Center. Currently, he uses a BiPAP mask. Remains stressed and frustrated by the ongoing investigation and ruminating over why it is happening to him. He relates that he did his job, met the audits, and was a responsible employee; also, he made his staff accountable.

Exam: Vital Signs: Blood pressure of 160/90 mmHg. Pulse of 73 beats per minute. Respiratory rate of 18 breaths per minute. Weight of 63. BMI of 34 kg/m2. Normal.

Diagnostic Studies: A cardiac stress test treadmill was ordered for this patient. The patient exercised through three stages of the Bruce Protocol reaching a maximum heart rate of 134 beats per minute, which is 89% of the predicted maximum. There were occasional unifocal pre-intraventricular contractions noted with exercise. There was a markedly abnormal blood pressure response with significant hypertension at maximum exercise. There was J point depression noted at maximum exercise,

but no ST or T-wave abnormalities were noted. It is a treadmill without evidence of overt ischemia.

Diagnoses: 1) Severe emotional stress associated with marked embarrassment and dressing down in front of subordinates. 2) Depression and anxiety with emotional stress. 3) History of back injury with ongoing back pain. 4) History of well-controlled hypertension with loss of control subsequent to emotional stress from events at work as described in the history. 5) Diabetes mellitus, pre-existing with reasonable control at present time. 6) Palpitations with no evidence of arrhythmia on Holter monitoring.

Disability Status: [*Not mentioned*].

Causation/Apportionment: With reasonable medical probability, his emotional stress had occurred during the course of his employment as described, and particularly with the events of July 20, 2018, that these events contributed to his development of a significant worsening of his hypertension such that his blood pressure elevations are sustained at the same time. While there would be a significant amount of apportionment to the event surrounding the employment and these events, he did have a previous history of hypertension and it is imperative that the Examiner have the opportunity to review medical records that antedate the event of July 20, 2018. Furthermore, the Examiner would need to see his recent medical records from treating physicians who are taking care of him and it is the Examiner's belief that he would do well in a structured environment to some degree at the same time, particularly at work. Keeping him away from his previous place of employment is an extraordinarily important part of his overall management at the same time. All efforts should be continued to diminish any time constraint or qualitative work overload at the same juncture.

Impairment Rating: Defer any comments regarding any psychiatric impairment and disabilities and any orthopedic impairments and disabilities to the appropriate specialist. From an internal medicine

perspective, there is an impairment rating according to table 4-2 in the AMA Guides which would place him into a class 2 impairment level. However, without the results of a two-dimensional echocardiogram, the Examiner will delay any final rating of impairment in the same case except to say that it is at least a Class 2 level according to table 4-2.

Recommendations: 1) Looking forward to being forwarded the results of a two-dimensional echocardiogram on this gentleman. In addition, the Examiner is asking for all those concerned to make sure that medical records that go back at least to 2014 or 2013 are forwarded for medical evaluation and review. Apportionment is very important in this case if there is a prior history of hypertension or even an elevated blood pressure. He did not believe he was treated with anti-hypertensive medications in the past, but could not be sure.

December 19, 2018, Notice of Denial of Claim for Workers' Compensation Benefits, Taylor Sutherland, Claims Adjuster

DOI: 07/06/18

Comments: After careful consideration of all available information, the Examiner concluded that the Examiner cannot pay patient Workers' Compensation benefits. The Examiner denies all liability for the patient's claim of injury because there is insufficient factual and medical evidence available to verify a work-related injury for stress or hypertension has occurred. California Law (LC §3208.3) precludes compensation for psychiatric injuries, unless specific conditions have been met. QME Dr. Stewart Lonky has determined that work-related stress has contributed to an aggravation of his pre-existing hypertension; however, in her report dated August 27, 2018, Dr. DeBoskey deferred causation to a trier of fact in order to determine whether his psychiatric injury was substantially caused by lawful, nondiscriminatory, good faith personnel actions. Please contact the Workers' Compensation Appeals Board (WCAB) should you choose to present your case to a trier of fact. The

Examiner will proceed with the closure of his file in 45 days absent filing of an application of adjudication with the WCAB. The Examiner's records indicate that he has had a prior comprehensive medical evaluation with a Qualified Medical Evaluator. The Examiner disagrees with the comprehensive medical evaluation of Dr. Stewart Lonky and reports on November 14, 2018. If he disagrees with the decision and/or disputes the comprehensive medical evaluation doctor's findings, hr may file an Application for Adjudication of Claim with the Workers' Compensation Appeals Board (WCAB).

December 24, 2018, Psychiatry Note by Shaun C. Chung, M.D.

HPI: Presented with a history of adjustment disorder, last seen by NP McDermmott on November 21, 2018 at which time veteran was stable. Presented on time and engaged. Seen in MHTC recently for evaluation of recent anxiety, frustration, and mood symptoms stemming from an event which occurred between him and his boss in April of 2017. On April 21, 2017, he took his colleagues including boss' wife out to a work lunch at an MX food restaurant as the boss' wife was retiring. It was a professional event. CEO showed up and a disagreement ensued which ended by CEO striking vet in face at MX restaurant. It was physically and emotionally painful, and humiliating. Since that time he reports ongoing interpersonal harassment at work. He filed a report and claim against boss for same act. Boss has filed counterclaims against him. An employee has also been coerced into filing a retaliation claim against him. Due to all the interpersonal strife and claims, vet was walked off the job while EEO claims are pending. It was a large humiliation. Since that time vet admits to dec mood, energy, dec motivation, and headaches. Blood pressure elevations while thinking of the event, nightmares 2x a week. Poor unrestful sleep, dec frustration tolerance, anxiety when thinking about the event. Additionally, in the 1980s

attacked in while active military in Hawaii 3 soldiers attacked him in a dark parking lot. Since that time reports increase vigilance in dark places, avoiding parking lots, avoiding crowds, jumpy when he hears fireworks (July 4th and Chinese New Year). Also experienced some high tension events in training with the military. Has occasional flashbacks of events in parking lot.

Past Psychiatric History: Took a short course of benzo in military. Had psychotherapy in military which he found helpful, maybe 5 sessions, meditation and running.

Assessment: 1) Adjustment disorder (tension from CEO and bilateral EEO claims filed/harassment) impaired coping. 2) Rule out PTSD attacks sustained in military 1989.

Treatment Plan: Referred to BHIP.

January 4, 2019, Comprehensive Medical Legal Report by Alexander L. Caligiuri, D.C. from Alexander L. Caligiuri Chiropractic

Date of Report: 01/24/19

DOI: 07/06/18

Job Description: Employed at California Department of Corrections as a Dentist for approximately 25 years.

HPI - AOE-COE: During the long tenure of employment with the same employer, he has worked at multiple locations and facilities. Has worked at the California Institute for Men (CIM) Facility for approximately the last 10-11 years. His usual and customary work activities require him to perform dentistry a minimum of 45% of the time, but in actuality, he spent 60-70% of the time at work practicing dentistry. Along those lines, his practice of dentistry includes prolonged standing and prolonged stooping while performing dental procedures. He stands 5-6 hours per day while doing dental procedures. Sits approximately 2 hours per day while performing dental procedures. He performed dental procedures 5 days per week through July 6, 2018. He last performed dentistry with the

same employer on July 6, 2018. Remains employed with the Department of Corrections but he is currently doing audits and peer reviews for 6-7 different Department of Corrections facilities. Reported the development and progressive intensification of musculoskeletal complaints relative to his neck, spine, and bilateral upper extremities as a result of his practice of dentistry with the California Department of Corrections through July 6, 2018. Also reported additional complaints in relation to the claimed industrial injury which arises out of and through the course of his employment with the California Department of Corrections. Many of these complaints are beyond the Examiner's scope of expertise as a doctor of chiropractic. The additional complaints which the applicant is claiming in relation to the same industrial injury include injuries to the psyche, cardiovascular system, and ears (hearing loss). The Examiner will not be addressing these other complaints which are beyond the Examiner's scope of expertise other than to request specialty evaluation with appropriate medical specialists as relates to these complaints. He is also reporting a disruption of his normal sleep cycle as a result of chronic musculoskeletal pain. The Examiner will be addressing the causation of the same complaint as his primary treating physician to the extent of the Examiner's expertise, familiarity, and experience with respect to derivative sleep disturbance conditions resulting from chronic musculoskeletal pain.

Previous Injury: Low back injury between 2000 and 2013; left-hand injury 15 years ago at Kaiser; left ear hearing loss about 8 to 10 years ago, settled previously with an award permanent disability.

PMH: Diabetes mellitus, kidney disease, hypertension, hypercholesterolemia, and sleep apnea since 2000 and currently treated with a BiPAP sleep apnea machine at night.

PSH: Lipoma removed from low back about 25 years ago; benign cyst removed from his neck approximately 2 months ago.

Present Complaints: Neck pain, headaches, pain and tingling throughout the bilateral upper extremities, tingling within both hands, low back pain, pain throughout the right lower extremity (sciatica), sleep disturbance resulting from chronic musculoskeletal pain.

Exam: Decreased ROM of the cervical spine with all planes. Muscular guarding, hypertonicity, and trigger points are present throughout the paracervical musculature. Jackson's compression test is positive. The cervical distraction test is positive. Decreased ROM of the lumbar spine with all planes. Digital palpation revealed muscular guarding, hypertonicity, and trigger points within the paralumbar musculature. The supine straight leg test (Lasegue's) was positive on the right 60 degrees. The sciatic stretch (Bragard's) test was positive on the right at 55 degrees. Able to perform a toe walk. Able to perform a heel walk. Positive for Kemp's orthopedic test; Milgram's (leg lowering) orthopedic test; Minor's orthopedic test. Tinel's sign is positive at both wrists. Phalen's test is positive for both wrists.

Diagnoses: 1) Cervical strain. 2) Cervical radiculitis. 3) Lumbar strain. 4) Sciatica-right lower extremity. 5) Probable bilateral camel tunnel syndrome. 6) Headaches, probable cervicogenic etiology, with probable other contributing factors, possibly hypertensive, possibly stress-related, possibly both. Sleep disturbance resulting from chronic musculoskeletal pain, superimposed upon preexisting sleep apnea, with a possible psychological/emotional contribution as well.

Disability Status: Not permanent and stationary at present time. Requires additional treatment to cure and relieve from the effects of the subject industrial injury of July 6, 2018.

Causation: Industrial with regard to neck, low back, and bilateral upper extremities as well as to headaches and sleep apnea.
Impairment Rating: [*Not mentioned*].
Future Medical Care: Treatment of his hypertension should be provided on an industrial basis such that his hypertensive state can be brought under control to a manageable level such that chiropractic care is no longer contraindicated. Clearly obvious, he needs to be under the care of a cardiologist as relates to his hypertensive condition. Refer him to Dr. Bakst as relates to his headache complaint, especially appreciating that his headaches appear to be of a multifactorial etiology, most likely resulting from the combination of cervical spine dysfunction, cardiovascular dysfunction (hypertension), and stress. Refer to Dr. Philip Azer. Requires electrodiagnostic studies for the upper extremities in order to more fully evaluate his carpal tunnel-like symptoms. Based on his long tenure of practicing dentistry, it is probable that the applicant has carpal tunnel syndrome within both of his wrists; electrodiagnostic studies would confirm this probable diagnosis. The Examiner would also recommend electrodiagnostic studies for the lower extremities to more fully evaluate the applicant's right-sided sciatic radiculopathy. Recommend an updated evaluation with a sleep medicine specialist in order to determine whether or not the applicant requires any type of modification with respect to, his sleep apnea therapy as a result of additional provocation/aggravation of the applicant's sleep dysfunction as a result of chronic musculoskeletal pain resulting from the subject industrial injury which arises out of and through the course of the applicant's employment with the California Department of Corrections. Additionally, recommend orthopedic evaluation relative to his bilateral wrists and hands. In addition to exhibiting significant clinical signs of carpal tunnel syndrome, he reports that his hands and fingers curl up at night; it could reflect

undiagnosed tenosynovitis of the digits which should be evaluated by an upper extremity specialist such as Dori Cage, M.D.

Apportionment: Apportionment will be comprehensively addressed upon this applicant attaining permanent and stationary status.

Vocational Retraining: The topic will be addressed upon the applicant attaining permanent and stationary status.

February 1, 2019, Psychology Consultation Report by Nicholas B. Brown, Ph.D.

HPI: Attended currently scheduled meeting in the BHIP Therapy Orientation clinic. Limits of confidentiality were discussed and provided consent for assessment. Successfully completed a battery of self-report measures including the DASS-21, PCL-5, AUDIT, and McLean BPD Screener. After completion of measures, he met individually with a writer in order to score measures, obtain additional information regarding presenting problem and treatment interests, as well as develop an initial treatment plan based on clinical needs and client goals.

Results of Assessment Battery: DASS; Depression= 22 (severe to very severe). DASS; Anxiety= 14 (moderate). DASS; Stress= 24 (moderate). AUDIT= 1 (below threshold for probable AUD). PCL-5= 56 (above threshold for probable PTSD in Veterans). McLean= 5 (below threshold for probable BPD).

ACUTE INDICATORS: He endorsed thoughts about death or suicide on assessment measures. When the therapist followed up about any recent or current suicidal ideation, he at times wondered whether it is worth living due to his sense that he has received unfair treatment following his assault by his employer. Reported minimal drinking due to taking hypertension medication; no other substance use.

SESSION CONTENT: Reported an increase in PTSD symptomatology as most distressing to him. Assaulted by his employer two years ago, and has

since then been experiencing recurrent memories/associated distress, self-blame, low energy, and difficulties with trusting people. Indicated that he is regularly triggered due to continuing to work. He at times deals with his distress by overeating. His goal is to reduce his PTSD symptomatology and improve overall functioning. Based on the in-person interview and assessment results, he was triaged in the Unified Protocol group facilitated by Dr. Nick Brown. The therapist and he both agreed that the Trauma Skills group is the best fit for his needs, but the Group is currently full and that is the only appointment time he can attend. As such, the therapist will monitor the availability and may facilitate his transitioning into the Trauma Skills group if possible. He was oriented to the nature of the Unified Protocol group and provided information about the time, date, and location, as well as how to contact the provider. He was also oriented to the fact that he may request individual therapy upon attending 4 consecutive group sessions.

DSM-5 Diagnostic Impressions (per Dr. Shaun Chung): 1) Adjustment disorder (tension from CEO and bilateral EEO claims filed/harassment) impaired coping. 2) Rule out PTSD attacks sustained in military 1989.

Treatment Plan: He will roll into the group on February 12, 2019 at 830 a.m. Given that the Trauma Skills group is the best fit for his needs, the therapist will explore the possibility of his rolling into the same group in the near future.

February 5, 2019, EMG/NCV of the Bilateral Upper Extremities by Thomas Dosumu-Johnson, M.D. from Kaiser Permanente

Impression: 1) Abnormal nerve conduction study. The result suggests possible bilateral carpal tunnel syndrome, left greater than right and possible cubital tunnel syndrome, left greater than right. 2) Abnormal electromyography. The results indicate

possible C5-C6 radiculopathy. Correlation is required.
Recommendations: The patient is to be followed up with Dr. Caligiuri for further medical and therapeutic care.

February 12, 2019 - April 9, 2019, Group Psychotherapy Notes by Nicholas B. Brown, Ph.D.
Subjective Complaints: Reminder of session focused on a discussion of how values relate to one's emotions. Defined values and generated examples of values and their associated behaviors. Discussed how emotions and conflicting values may interfere with valued action. Moreover, facilitated conversation about the emotional benefits of values-congruent behavior. Emphasized the importance of holding values lightly and remembering that values can be employed at any time. Group members shared examples of valued action throughout and reflected upon the associated emotional benefits.
Dx Per CPRS: MDD.
Treatment Plan: Scheduled for next session on April 16, 2019.

April 3, 2019, Psychiatry Note by Shaun C. Chung, M.D.
Interval History: Doing much better. The initial dysfunction of the assault and investigations at his work have dec and work is getting back to some normalcy. CEO is being civil with him and they are both trying to move on. Has been attending group therapy for anxiety at VA and finds it very helpful. He shared things he has learned including tenets of CBT and explained how it has helped in his life. Adjusting better. Sleep is good. Occasional nightmares but moreso related to passing of his mother several years ago. Some avoidance related to assault in military but overall functioning well.
Past Psychiatric History: Took a short course of benzo in military. Had psychotherapy in military which he found helpful, maybe 5 sessions, meditation and running.

Assessment: 1) Adjustment disorder (tension from CEO and bilateral EEO claims filed/harassment.) impaired coping. 2) Rule out PTSD attacks sustained in military 1989.
Treatment Plan: 1) Continue with CBT group anxiety.

April 5, 2019, Audiology Note by Roberta Steward, Au.D.
Interval History: Presented for hearing aid repair.
Assessment: [*Not mentioned*].
Treatment Rendered: Performed otoscopy.
Treatment Plan: May want some adjustments he will go to L.B. If he decides to have some adjustments done, he will for that and/or as needed.

April 9, 2019, Laboratory Report by Unknown Physician
Results: Low levels of sodium of 134.0; HDL of 32. High levels of glucose of 172.0, SGPT of 46.0, and triglycerides of 429.

April 10, 2019, Psychiatry Note by Shaun C. Chung, M.D.
Comments: Seen last week, and at the time felt stable at baseline. Felt like he was adjusting better to stressors at work. Noticed that he had an appointment scheduled for the day after. Called to see if anything came up or if appointment was in error. He was talking to a psychologist and started to realize that he was under more stress at work than he was acknowledging and was continued quite anxious regarding interactions with coworkers, boss, and CEO after an assault. Had a discussion with other vets, psychologists, and same writer about meds and feels he is ready for trial to address mood, anxiety, and sleep. Does admit to more energy, amotivation, and anxiety. Disc options including SSRI, SNRI, p.r.n. meds. Open to start Lexapro low dose and p.r.n. hydroxyzine. Follow up via phone in 1 week and check in for an appointment in one month.

June 10, 2019, Panel Qualified Medical Evaluator's Supplemental Report in the Specialty of Internal Medicine by Stewart Lonky, M.D.

DOI: 07/06/18
Disability Status: Reached maximum medical improvement at present time, according to the blood pressure readings that the Examiner saw in the medical records, although his blood pressure was modestly elevated at the time of the Examiner's evaluation. It is most likely secondary to white-coat hypertension and the fact that he was in the office to recount stressful episodes that occurred during the course of his employment as described.
Causation/Apportionment: 85% Non-industrial and 15% industrial.
Impairment Rating: WPI of 30% with regard to hypertension.
Future Medical Care: Given the industrial contribution to his hypertension, however, that future treatment for his hypertension be provided on an industrial basis. It would include continued treatment with his medications, monitoring renal function, as well as monitoring for cerebrovascular complications of his hypertension.

October 7, 2019, Initial Evaluation Report by Danny K. Song, D.C. from Pain Care of San Diego, A Medical Corporation

DOI: 07/06/18
Job Description: Employed at California Mens Institute as a Dentist for the last 25 years. On the job activities include standing, walking, bending, twisting, overhead work, and pushing, pulling, and lifting up to 25 pounds.
HPI: Developed substantial physical and mental stressors while at work. One particular assistant did not want to do her work and constantly would be insubordinate. Mentally, he had stress from his CEO which also included battery from the CEO hitting him in the face at one incident. Seen by the internal medicine panel QME and was diagnosed with aggravated hypertension 15% related to his industrial stressors. Last seen on September 6, 2019 by Alexander Caliguiri, DC requesting neurology consultation, ENT consultation, orthopedic

consultation for right hip, sleep specialist, and orthopedic consultation for bilateral wrists. Also was seen by Dr. Debosky, a psychologist one time and was recommended for cognitive behavioral therapy. Dr. Debosky since retired. Also was referred to psychiatry at the Veterans Affair and prescribed medications due to same stress. He has been paying out of pocket to see psychologist Lawrence Woodburn, Ph.D. Pain in his back started about 10 years ago. When asked why he did not claim a Workers compensation claim, patient replied he was administrative and did not feel it would be appropriate. He just went with his general insurance Kaiser. Referred for MRI of the lumbar spine at Kaiser and recommended for lumbar epidural injection. Complaints of bilateral hand pain which started about 10 years prior. His hand pain, numbness, and tingling occurred due to repetitive handpiece use. Again when asked why he did not claim a workers compensation claim, patient replied he was administrative and did not feel it would be appropriate. Just went with his general insurance Kaiser and saw his primary care physician Dr. Birdie. Dr. Birdie gave him injections in his hands which did not help. Also did receive an EMG/NCV of the upper extremities with Dr. Caliguiri. Right hip started bout 2-3 years ago. Again when asked why he did not claim a workers compensation claim, patient replied he was administrative and did not feel it would be appropriate. Just went with his general insurance Kaiser for treatment and was given an x-ray. Complaints of hearing loss which occurred 15 years prior. Hand pieces used for dentistry were high-pitched. When asked why he did not claim a workers compensation claim, patient replied he was administrative and did not feel it would be appropriate. Just went with his general insurance Kaiser for treatment and the Veterans Affair. He had a hearing test sometime a year ago. Did have hearing issues prior due to being in the military but over the last 15 years, his hearing has become

worse due to working in a high-pitched handpiece machinery.

PMH: History of depression, hypercholesteremia, diabetes, hypertension, rheumatoid arthritis, kidney disease, anxiety, sleep apnea, migraines, and adenocarcinoma.

PSH: June 2019 right kidney removed due to cancer.

Present Complaints: Constant piercing, shooting, achy, throbbing neck pain, rated as 7-9/10, radiating into both shoulders. Intermittent numbness and tingling in both hands. Constant achy, throbbing bilateral hand pain, rated as 7-9/10. Constant sharp, shooting, achy, throbbing lower back pain rated 7-9/10, radiating into the right hip area. Constant sharp, shooting, achy, throbbing right hip pain, rated as 7-9/10. Difficulty with overhead activity, lifting, repetitive arm use, bending, twisting, and prolonged gripping. Hearing loss and increase in hypertension due to industrial causes. Complains of difficulty sleeping with nightmares and increased PTSD.

Exam: Vital Signs: Blood pressure of 154/87 mmHg. Pulse of 88 beats per minute. Temperature of 99.1 F. Height of 63 inches. Weight of 185 lbs.

Diagnoses: 1) Cervical strain. 2) Bilateral carpal tunnel syndrome. 3) Lumbar spondylosis per March 5, 2019 MRI lumbar spine. 4) Congenital lumbar stenosis per March 5, 2019 MRI lumbar spine. 5) Right hip strain. 6) Hypertension. 7) Hearing loss.

Treatment Plan: 1) Request orthopedic spine consultation. 2) Request an orthopedic hand specialist. 3) Request MRI of right hip. 4) Request authorization for internal medicine consultation and follow up for hypertension. 5) Request ENT consultation for hearing loss.

Work Status: Modified work with restrictions of lifting/push/pull no more than 10 pounds; no prolonged overhead work; no repetitive bending twisting; no prolonged sit/stand more than 30 minutes without breaks; no forceful grasping; and limited to excessive noise.

Prognosis: Guarded.

Virtual Deposition of George Soohoo in the case of George Soohoo versus State of California, Dept. of Corrs-Inst Men, legally uninsured; State Compensation Insurance Fund/State Contract Services, Adjusting Agency, dated January 31, 2020. (Volume I).

He was involved in a lawsuit about 10 or 15 years ago. It was when he was on the enforcement committee of the Department of Consumer Affairs maybe between 2000 and 2005. It is the first time that he can recall ever giving a deposition where he was being sworn to tell the truth under penalty of perjury just as if he was testifying in court. Currently, he is on medication; Hydrochlorothiazide and Amlodipine for blood pressure. Fenofibrate for controlling lipids. Metformin for diabetes. Lovastatin is a statin medication for controlling cholesterol. The psychiatrist gave him one for depression and one for sleep, anti-anxiety medication. Other than that he takes a lot of supplements [Pgs. 6-9]. He has a tough time hearing because he is not wearing his hearing aids; he suffers from vertigo. The medications mentioned above are prescribed by his primary treating doctor, Dr. Alexander Berdy. That is through his wife's health plan. His wife is a medical assistant employed in the private sector somewhere. His wife's plan is with Kaiser. His Kaiser card states his name as Dr. George Mane Soohoo. That card also says his date of birth as November 28, 1953. He has been treated under his wife's health plan approximately for 15 or 20 years. So, if they wanted to get his ongoing treatment or medical record treatment for the last 15 or 20 years it would be through Kaiser. If they sent him a medical authorization release form yet to allow them to get his medical records through his attorney, he would agree to sign that medical release as a part of their discovery. On his driver's license, he has no restrictions except glasses. He is an army veteran. He was in the Army Reserves from approximately 1994 to 2013. He had been working with

the California Department of Corrections during those years. His last job title in reserves was a dentist 63 Alpha which is the code for the job position. His motivation for being in the reserves was because number one he wanted the opportunity to travel, number two is the opportunity to serve, and number three was humanitarian issues [Pgs. 16-21]. His job duties in the reserves varied because initially he was assigned to a field unit. It was a medical detachment at that time in Los Alamitos, California. As a part of that medical detachment, he would do drills, which involved going out and setting up their field units with medical units to serve in case of any kind of war. They would be the backup services to provide for the soldiers. Once a month and two weeks out of the year they would go out and do assignments or they would get assignments. Every weekend they would come in on weekends drills, and they would prepare themselves to be a soldier. They would go to a certain place for those drills in Los Alamitos. For the service, he also went to Fort Lewis in Tacoma, Washington. Then he went to war college and became a brigade commander. The war college was in Carlisle, Pennsylvania. He got into history and he loved war strategy. So, he went to managerial staff school and advanced war college because at that time he wanted to move up. He spent two years at war college. They would go every year, for two to three weeks to Carlisle, Pennsylvania from 2006 to 2008, and the rest was on the computer. He graduated in 2008. He retired from the reserves in 2013 because he had to take care of his 99-year-old mother. His mother passed away in 2016. When he was deployed on some kind of orders like Los Alamitos or at war colleges doing some kind of active service he used the VA or the Military Health Care Facility. Like when he got deployed he was at Fort Riley, Kansas maybe in 1998. So he went to a medical clinic there for some back pain and knee issues. That issue was sometimes because of training, sometimes they have to prepare themselves for their exercises, their run. They have

to qualify every six months. For that, they have to do a two-mile run, do swimming, do push-ups in a certain amount of time, and do sit-ups. That were the qualifications he had to do wherever he was [Pgs. 21-25]. In 1996, an explosive blew up in front of him in Fort Sam Houston, Texas, due to which he had some hearing issues. It was an exercise drill, a night training navigation exercise; it was pitch black. The ordinance that went off, he was pretty close to that. He was dressed in uniform at that time and wearing a helmet. They were night navigation with a group involved in getting that ordinance going off. He is not sure when his hearing issues started. He has been treated through VA in Long Beach approximately for three or four years. There he was seeing a psychiatrist, Dr. Shawn, and a psychologist. He also has primary care physician, Dr. Kartik Shah at a clinic in Santa Ana. The treatment by Dr. Shah has been through VA. He has been under Dr. Chung's psychiatric treatment for a couple of years at VA in Long Beach. He has already signed medical release forms for the VA Long Beach as well as Dr. Shah. There is a Dr. Alexander Berdy that is treating him through his wife's healthcare plan at Kaiser. Dr. Berdy is an internist. He has been treating Dr. Berdy for four to five years. He moved from Buena Park to Corona Del Mar in 2005 and Dr. Berdy was a Kaiser doctor that was close to that location. That is why he started to see Dr. Berdy. Before Dr. Berdy, he saw a Dr. Jeff Tracy who used to be in Mission Viejo where his wife works. Then Dr. Tracy moved down to San Juan and that was too far. He then started seeing Dr. Berdy who was closer to where he was. Dr. Tracy has a family practice. That all was through Kaiser. Dr. Berdy has been treating him for diabetes, hypertension, and hyperlipemia. Dr. Berdy was referring him to physical therapy for his back. Dr. Berdy also referred him to a specialist because he had kidney cancer. He has been diagnosed with a lung nodule, which is a possible cancer, so he is going to have to go back in for a second CT scan. He has Type II

diabetes. He had prediabetes may be in 1998. Dr. Tracy and Dr. Berdy were treating her for his diabetes. He has been diagnosed with kidney cancer in 2018; he went to a urologist; Dr. Wesley Choi through Kaiser. He does not the current status of his kidney because he just had his whole kidney removed and he was diagnosed with adenocarcinoma. His right Kidney was removed approximately in June 2019. It was removed at Kaiser located on Sand Canyon right off of the 405 in Irvine. Biopsy confirmed adenocarcinoma; it was a large cancer growth. They could not do a partial because it was just too big. In the next 60 days, he will probably go back in for another CT scan to see if it metastasized anywhere to any other parts of his body. Dr. Choi treating him for kidney removal; Dr. Choi is doing the whole thing [Pgs. 25-34]. The psychologist that she mentioned above is Dr. Laurence Woodburn who is not through Kaiser. He is still seeing Dr. Woodburn maybe once every six months. Dr. Woodburn's office is located in Carlsbad, California. Dr. Woodburn is under Workers' Compensation or MPN. He was approved for six sessions and Dr. Deboski at the time after his first session. She went with him and said the second one she canceled because she was getting ready to retire that same day. Dr. Woodburn just took over where Dr. Deboski had been seeing him before. Dr. Shan is at VA medical in Santa Ana. He has a lung nodule that was detected approximately two months ago. He had an abdominal CT scan and they saw a lung nodule that was something Dr. Choi ordered after the surgery removing. The kidney. Dr. Choi also ordered a chest CT scan about a month and a half ago. He smoked when he was a kid. Currently, he is close to 60 years old. He is scheduled to see an oncologist in two weeks who he has not seen yet but that is through Kaiser. He was on Blue Cross Blue Shield with the department in 1994. It was not an HMO; it was an indemnity plan. The first diagnosis of his sleep apnea at that time was then because they sent him to Orange, California to take a sleep test. Currently,

he does not have Blue Cross anymore. He was diagnosed with sleep apnea in 1994. Dr. Chung is giving him the two medications for the psych. So Dr. Berdy and Dr. Chung are the doctors that are prescribing all of his current medications [Pgs. 34-38]. His current height is 5'3" and his current weight is 185 lbs. He has been in that weight category for two or three years. In 1994 when he was being treated for sleep apnea, his weight was probably 150 or 160 lbs. He has gained 30 or 40 lbs since 1994. He still has sleep apnea. He has a bi-pap machine. Initially, it was prescribed at the sleep center in Orange, California. Then when he went to Kaiser he gave them a copy of the sleep test. Kaiser did not do a sleep test because there was one already done and they just continued on. The sleep test in Orange was at a hospital that was through Blue Cross. He spent the night there. He had a deviated septum and had surgery. He did a lot of research and even that did not cure it. He got a second opinion and he just did not feel like it was going to resolve his issue. Since 1994 his sleep apnea situation has stayed the same and he has been using the bi-pap since 1994; he uses it every night [Pgs. 38-40]. Currently, he lives with his wife in a house on Herman Avenue, San Diego, California. He has lived there on and off for 10 years. It is his brother's company; his brother owns it. He is in the midst of remodeling his house, so he cannot live in it. He lives there with his wife. The house that he is having remodeled is on Lighthouse Lane in Orange. Since 2005, he has owned that house. He lives there with his wife. He and his wife have been married for 12 years. This is his second marriage. He was divorced approximately in 1988. His ex-wife's name is Adrienne. The last time he spoke or saw Adrienne was 15years ago. He has owned the house on Lighthouse Lane in Orange since 2005. Before he moved to the house in Buena Park, he was working for the Department of Juvenile Justice. That was in Norwalk which is very close to Buena Park. He worked for 13 years with the Department of Juvenile

Justice. He was with the Department of Juvenile Justice from 1998 to 2000 maybe. There he worked as a chief dentist; they downgraded the position throughout the state, and they reorganized or restructured. In terms of downgrading, it means it changed the job description from basic administrative to clinical. Before he was more administrative doing office work and managing employees back to clinical where he is doing actual hands-on dental work. He preferred both positions. The Department of Juvenile Justice was an agency or division of the Department of Corrections. He thinks he was with the Department of Juvenile Justice he was still employed by the Department of Corrections. He first went to work for the Department of Corrections in 1994. He ended up going through the division of the Department of Juvenile Justice in 1998 because he was at headquarters in Sacramento. That was in the department of corrections. That has to do with him going into the Department of Juvenile Justice because as they were growing they needed representation at headquarters to facilitate other institutes for dental care [Pgs. 40-46]. In 1998, he was already working in Sacramento for the Department of Corrections in an administrative role. He opened the institution at Ironwood for corrections and they liked the way he opened it. So the chief medical administrator wanted him because she was going to the Department of Juvenile Justice. They had a lot of problems with the Department of Juvenile Justice. Dr. Gwendolyn Dennard was the one that liked the way he opened up. At that time, she worked for the Department of Corrections, and then she moved to the Department of Juvenile Justice. She liked his reputation as to how he opened up the Ironwood State Prison dental program. So, he asked him to come over with her to the Department of Juvenile Justice. The person that moved into headquarters in Sacramento was Dr. Covington who was the chief medical officer in the Department of Corrections. That is who he worked for and then Dr. Covington passed away as well as Dr. Dennard. Dr. Covington was the chief

medical director in Sacramento for the Department of Corrections. Dr. Dennard was the one that approved him to Sacramento. Before Department of Corrections when he went there in 1994, he was in private dental practice in Carlsbad, California for 13 years. He was married to Adrienne back then. He decided to stop practicing in the private sector as a dentist and go to work for the Department of Corrections in 1994 because he was deployed for close to a year through the Army reserves. He was deployed to Tacoma, Washington to get soldiers ready for deploying to the front lines. He decided to go work for the Department of Corrections because he came back and his practice was in shambles. He had people running the office who did not care about it so it was really to the point that he lost a lot of money. He was deployed through the reserves in Tacoma, Washington in 1994 when his private practice went downhill because of his absence. He does not remember the dates when he came back from a deployment in Tacoma, Washington back to California [Pgs. 46-49]. He had a friend who he was an examiner for the dental board in California that said he was working with different institutions with dental students because he came out teaching. He opened the Oral Roberts University and helped get it accredited. However, they closed because the City of Faith, the hospital, tried to combine prayer with medicine at Oral Roberts. They sucked all the money from the graduate programs. He was on the board of examiners in the state of California, and one of the people who worked for the Department of Corrections introduced him to the job there probably in 1993 or 1994. They first hired him to Ironwood State Prison in Blythe, California which is one he applied to. His first job description or job title with the Department of Corrections was a chief dentist. He moved there to Blythe. He left Carlsbad and moved to Blythe, California sometime in 1994 to work at Ironwood State Prison as a chief dentist. Back then the chief dentist's clinical job duty as well as an administrative job. He was at Ironwood State Prison

as the chief dentist for four to five years before he transferred or left or was promoted. During those four to five years, his supervising manager was Dr. John Stiles, who was the chief medical officer health care manager at Ironwood State Prison. When he first went there, he was the one that opened a dental division or dental department. He did not stay the whole four to five years at Ironwood State Prison as the chief dentist. The Department of Corrections moved him back and forth because they were in the midst of growing. At that time there were only 16 or 17 prisons. Now they have thirty-four and they were growing so fast. Besides opening up the dental program or department at Ironwood State Prison they were also bringing him back to Sacramento to provide insight on how to open the other prison. When they brought him to Sacramento, on average, he would usually stay there for a week. He still kept his position during those four and a half years as the chief dentist for the dental program at Ironwood [Pgs. 49-54]. The deposition is concluded [Pg. 57].

Virtual Deposition of George Soohoo in the case of George Soohoo versus State of California, Dept. Corrs-Inst Men, legally uninsured; State Compensation Insurance Fund/State Contract Services, Adjusting Agency, dated February 21, 2020. (Volume II).

Currently, he is on Metformin for diabetes; Losartan-Hy Drochlorothiazide, [verbatim] HCTZ, for his blood pressure; amlodipine, for blood pressure also. Lovastatin for cholesterol; fenofibrate, for elevated triglycerides; and clopidogrel, to prevent strokes. All of these medications are prescribed by Dr. Alexander Berdy. He has not seen his psychiatrist yet. He has two medications for psych. Dr. Shaun Chung is prescribing psych meds for him who is at VA Long Beach. That is the same doctor he told about last time. At the present day, he is taking those psych meds, one is antianxiety and one is an antidepressant. He has been taking those medications approximately for two years [Pg. 67-69].

When they were last there for Volume I of his deposition on January 31, 2021, he was working full time. Currently, he is working for Regional 4 in Rancho Cucamonga. Regional 4, which is part of CDCR, is a department of Healthcare Services in Rancho Cucamonga. Currently, his job title is that of a supervising dentist. As a supervising dentist, he does 100% administrative work. At Rancho Cucamonga, his supervisor is Dr. Jeff Lissy, who is the regional clinical director. Dr. Jeff has their own office on Fourth Street, Building 1, Suite 150, Rancho Cucamonga. The state is leasing some offices. Besides him and Dr. Lissy, in those offices, there are a lot of cubicles for telemedicine and auxiliary administrative staff. They have hosts of healthcare services for whatever medical sides. A majority, a lot of them are telemedicine. He is administrating in the southern region. They have maybe eight or nine institutions in the southern region [Pgs. 70-73]. Before he went to where he is working now, he worked at California Institution for Men at Chino approximately for 10 years; from 2010 to the present, he does not remember exactly. A significant amount of his job history and work circumstances were involved in his Workers' Compensation claims when he worked at Chino. He was transferred over to the Healthcare Services Region 4 in Rancho Cucamonga on July 13, 2018. Currently, he is on full duty and is able to do everything. He has carpal tunnel in both hands; the right hand is worse than the other. To work with carpal tunnel, they gave him a special chair, a special keyboard, and a screen that goes up and down. With those accommodations, he is able to do his job without any problems. His current duties include; meetings, working with the other dentists on peer review, consulting, and discussion with other dentists. Then discussions with other dentists and dental assistants' audits. All of that just involves sitting at desks or meeting tables talking, being on the phone, and typing on his computer, etc. [Pgs. 74-77]. Being her supervisor, Dr. Lissy knows about the things that took place. Dr. Lissy normally

would have been consulted with and advice about issues that might have happened in Chino because he was transferring over. He is okay with Dr. Lissy. He has been at Regional 4 Rancho Cucamonga since July 12, 2018, for two years or a year and a half. He enjoys clinical dentistry, so he has no plans to retire. He is currently doing an administrative job; he does not know if he might try to get a transfer into a clinical job somewhere. Any effects that he might be talking about with his treating psychologist/psychiatrist have to do with things that happened before he went to Rancho Cucamonga. Before Chino, he was at Region 4 in Rancho Cucamonga; at the same place. He went back there back because he was assigned there by headquarters. He agreed with that assignment when they assigned him back to Region 4; it was fine for him. Before he was at Region 4 for maybe three or four months. For that time there he worked as a clinical dentist. They have administrative offices, there is no clinic over there. His title was that of a clinical dentist, but he was not doing clinical dentistry for those three or four months. During that time, they were under the Perez lawsuit so they did audits of all the institutions. They are specific metrics that the receiver put out and guidelines they have to meet to get out of the Perez lawsuit. There was a lawsuit against the prison system in California about the so-called bad conditions and substandard healthcare treatment provided by the prisons to the inmates. That included not just dentistry, but all of their medical treatment. There was a lawsuit and the court-appointed receiver to take over the operations and get them on track for some period of time and that included, the dental division. That is what he is talking about. So during that time at Region 4, he was primarily working on auditing files and systems and operations to bring them within compliance. For instance, infection control was a big issue. The second thing they looked at was spacing and the structures, they have adequate space to provide care, accommodate the inmate population.

The fourth thing was being able to work as a team with other healthcare providers to ensure they have a continuity of care. In the three or four months that the first time he was working at Regional 4 when he was doing auditing under the Perez lawsuit. That was sometime in 2008 or 2009, that three or four months. Before that, he was a chief dentist for the Department of Juvenile Justice from around 1988 to 2010. During that 13 years, he had neck and back issues but he never reported them. During those 13 years, he was having soreness in his neck due to spending too much time in the patient's mouth and not taking a break. That means he was e working on their teeth and he was kind of bent over with his neck looking into their mouth. On average he would see six to eight patients in a day. The break would depend on the patient's needs. For some patients, he would have to spend a lot more time than with others. He had a lot of kids with rotten teeth because they were in the juvenile justice system. It was not necessarily a patient overload; it was just that his average patient took a lot more work than his average teenager might take in the private sector. During those 13 years, he just got massage therapy and things like that for his neck. He is a member of the health plan, so every day he would go to the Jacuzzi. He has no official formal medical treatment for his neck during that time. During that 13 years with the department of juvenile justice, there were times that he could not get up out of bed because either he would pull his back or muscle. He had back pain. He believes that the back pain and soreness is related to what he was doing at work back then because he would bend and stoop all the time. During those 13 years, he might have seen a chiropractor for his back. He thinks he had to see a doctor at Kaiser in Buena Park during that time for his back because he could not move his back. When he was e with the department of juvenile justice, he was living in Buena Park. He also had hand issues but he does not remember when he first started having the hand issues, what year it was or where he

was ·working. He is not sure that even if he had hand issues it might very well be that did not come out until after he left the Department of Juvenile Justice [Pgs. 78-92]. Dr. Hung Do was his supervisor while he was with the department of juvenile Justice when he transferred to Chino. Dr. Hung was his supervisor at Southern Youth Reception Center in Norwalk. Dr. Hung Do was a chief medical officer and Dr. Hung's offices were in Norwalk. By virtue of Dr. Hung's position, Dr. Hung was his supervisor when he was the chief dentist at the department of juvenile justice at Buena Park. If Dr. Hung still worked for the department of corrections and they wanted to find out if he had any kind of workplace relationship problems while with the department of juvenile justice. That they could go to Dr. Hung and get records and Dr. Hung would be able to comment on that. Dr. Hung Do did not have to get involved in his transfer; Dr. Hung Do had to sign a paper. They closed the DJs which is why he got demoted to a regular dentist. The department of juvenile justice closed approximately in 2010. He was transferred to Regional at supervising dentist position because there were no openings. He was put on that number scoring, how long priority system subject to but it had nothing to do with any kind of workplace problems or discipline or anything like that. He got transferred to Chino after he was at the Regional 4·office for three or four months because took a step down as a dentist from a chief. Then since headquarters got rid of the chief dentist, he moved to the next level, which is supervising dentists. They gave one an option to go when there is an opening where somebody retires, wherever it is, whoever has the highest seniority will get that position. It opened up a position for him and he transferred out there as a supervising dentist in Chino in 2010. It had nothing to do with workplace problems or discipline or anything like that. He got the opportunity in or around ·2010 to transfer to Chino California Institution for Men·as a supervising dentist because they had done

reconfiguration of the dental department's management structure and they eliminated the chief dentist at Chino. However, he could not make it as a chief dentist because they eliminated that job title. So, transferred there as a supervising dentist. It had nothing to do with Workers' Compensation claims or medical problems or workplace-related problems or any kind of discipline or anything. He started at Chino maybe in August 2010 [Pgs. 92-98]. He has filed a claim his blood pressure and cardiovascular system arising caused by his work environment because of the Culture of the staff. They were all on Workmans' Compensation; the ones in his dental department were gone. They were missing so that made his workload more than was all California Institution for Men at Chino, from 2010 until July 6, 2018. Initially, when they brought him out was July 6, 2018. Then he got orders to go to report to Regional a week later. He believes the problems were caused to his cardiovascular system and blood pressure were because he was overworked. For instance, there were a lot of missing supervisors and he had to take up their workload and part of it was the culture of the staff. His supervisor was Louie Escobell who was the CEO of healthcare just at Chino. [Pgs. 98-101]. His notes are marked as Exhibit A to see when he first ran across them. Mr. Escobell was going to see the first page and second paragraph of Exhibit A. It says he was given Individual Development Plan by the CEO, Mr. Louie Escobell, on November 30, 2015. That was when he was already at Chino Mr. Escobell personally handed him that plan; that is when he first time met Mr. Escobell. At that time, he knew nothing about Mr. Escobell other than Mr. Escobell was a CEO handing him the plan After that Mr. Escobell and Dr. Lissy was his direct supervisor at Regional. Dr. Lissy was a trained dentist while he was at Chino he and Dr. Lissy would have disagreements on timelines and Dr. Lissy does not understand the organizational structure of CIM. He had differences, deadlines, and work demands and things like that. It was just

professional disagreements over operations and deadlines and things like that, nothing more than that Overall, other than his disagreements, he and Dr. Lissy had pretty good relationship the whole time. None of the mental health claims that he is making, involving stress or working conditions at Chino, relates to Dr. Lissy's Individual development plan is something one gives when one supervised somebody for a year. He has to do it with his staff and it is something that basically within that year if they were deficient on anything One have to give them an ECR or an LOI, whatever it is, and it has to be noted on their records before one put any Ns or need improvements on their IDP or independent development plan. Mr. Escobell would come in, work for three months and give him a couple of Ns, which Mr. Escobell has not been there for two or three months. He has issues with Mr. Escobell because Mr. Escobell has not even worked with him for a year and was already giving him a couple of Ns. That was wrong because Mr. Escobell had not even been there a year. He tried to talk to Mr. Escobell but Mr. Escobell blew up Mr. Escobell said Mr. Escobell is the hiring authority and Mr. Escobell is the boss. So, he went up to Regional, to a higher level with it. Then he brought the medical ERO in. She said to let her look at it and she will get back to him So, Mr. Escobell did something that was wrongful in his opinion. Then Mr. Escobell acted inappropriately because Mr. Escobell blew up and got angry with him. That was face to face meeting. So, he wrote a letter to the Regional to Robert Herrick who was the CEO at CIM before. He took administrative actions to go to the next authority to have them weigh in on whether what Mr. Escobell was doing was wrong and out of line. Robert Herrick was the CEO before Louie Escobell came in. Now Robert is CEO of the regional administrator Region 4. Robert Herrick hired Mr. Escobell. He trusted Mr. Herrick to weigh in on that and fix that problem. That is why he wrote Mr. Herrick a letter. He wrote that letter somewhere between October 15 and April 25, 2019; he does not

remember the exact date. That letter was of three pages; he still has a copy of it. In that letter, he explained to Mr. Herrick that he tried to discuss that issue, his individual independent development plan with Mr. Escobell. Mr. Escobell does not fully understand the impact of the IDP by giving him two Ns because there is no documentation throughout the year that justifies the two Ns. He feels Mr. Escobell does not know the protocol for writing IDPs. So, he asked Mr. Herrick and Dr. Jeff Lissy to review it because it is supposed to be evaluated by Dr. Lissy and Mr. Escobell. Mr. Escobell evaluated all of it himself. Mr. Escobell is not a dentist; hence, it is half Dr. Lissy and half the CEO [Pgs. 102-111]. One of the other problems that Mr. Escobell did, according to what he saw, was that Mr. Escobell is not a dentist and Mr. Escobell is not allowed to review the independent development plan by himself because Dr. Lissy needed to be in on that. So that was the second problem. He sent a copy of the letter to Mr. Escobell as well. After he sent the letter, he did not hear back except from the medical employee relations officer (ERO), Cindy Ballou. Mrs. Ballou from Sacramento. She comes around the institution once a month and he spoke to her about his IDP. She said to let her look into it. After Cindy Ballou looked into it, he received a new IDP with no explanation with no Ns on it and told him to sign it. He went to Mr. Louie Escobell's office which is where Mr. Louie Escobell gave it to him. The Ns had been removed; it was clean. He gave copies of the before IDP and after IDP to internal affairs. He got to sign one that had been cleaned up, were he satisfied that he got that result. On the page of Exhibit, A, at the top paragraph, where it says approximately early 2016. That they were doing HPMIII interviews. On the panel, it was him, Dr. Lissy, and Mr. Escobell. So it was scheduled for two-day interviews. After the first day, Mr. Escobell asks if there are any comments or questions about the candidates they interviewed. He said yes. Ms. Rowena Sam, their supervising dental assistant,

is not very cordial and not very helpful. Also, Ms. Logan because she is one of the applicants that applied for the position, is not very cordial to working with dental as far as getting medical records. No one said anything they were going to have a second-day interview or not so he had to schedule patients for him anyway. So he went to human resources personnel and said, are they still doing interviews, can he schedule patients? Dr. Don Lee was a limited-term dentist working at CIM. Dr. Lee came to him and wanted him to find out if Dr. Lee was still going to be able to work at CIM or not. he said he does not know; he will go to personnel and find out. So he had two issues. Number one, he did not know if he was going to have a second round of interviews and whether he could schedule patients. Number two, you had that interim term dentist working for him that did not know if that interim term dentist was still going to be employed there. There were two problems he had to clear up with HR. Then an HR person; Ms. Belinda Serrato told him there are no more interviews because they all been canceled and that the CEO has already signed off on someone. Then he asked her about Don Lee. She said, no, they are not going to be extending the limiting term. He got both of his answers, so he was fine with that. He had a problem with the applicant being signed off on without anybody talking to him about it. That is where he went to Mr. Escobell's office. He does not know if Ms. Serrato told Mr. Escobell was coming but she told Mr. Escobell that he was in her office. He was in her office to find out if they were doing second-day interviews or not and also find out if they have a limited term position or if he had to tell, Don Lee, that Don Lee is no longer going to be needed. When he went to Mr. Escobell's office, the first thing Mr. Escobell said, what he was doing in personnel asking about the HPMIII position. HPMIII is the one they just hired; Debra Logan was the one Mr. Escobell picked. She works in medical records at CIM. Beforehand there were a lot of

applicants who wanted to apply and said he does not want to apply because they heard that the position was already spoken for. He told them it is not true because it is a fair system. It is subject to the best qualified candidates. He advised against Ms. Logan because she had had no dental experience at all. He said there was a better candidate who had dental experience. Mr. Escobell hired her anyway, they never tabulate the scores. They never even had a discussion because they did not finish interviewing yet. A problem she had with Mr. Escobell is he picked Mr. Escobell over his advice without going through all the proper channels and without telling him. Then Ms. Logan, the day after the interview, came to him and asked who says she was rude to them. So somehow that question got out back to her. So they gossiped about him [Pgs. 111-120]. When he walked into Mr. Escobell's office, Mr. Escobell asked him what he was doing down in HR. Mr. Escobell then blew up, saying that he was the hiring authority there. Mr. Escobell said what he is doing questioning and Mr. Escobell just walked out. He had a major problem with Mr. Escobell that is mentioned on page 2 of Exhibit A. It says, "Date: April 21st, 2017, extremely stressed, location, Mariscos La Brisas, Chino". That is a Mexican restaurant right across the street. It says "Lunch with Dr. Muhammad Farooq, M.D., Mrs. Muhammad Farooq and Mr. Escobell". In that incident, it was going to be Mrs. Farooq's last day so he told them in advance a week ago he would take her out to lunch. He thinks Mrs. Farooq was a social worker who worked in healthcare. Then the last minute, Muhammad Farooq asked if he can bring the CEO for the lunch. He paid for everybody's lunch including Mr. Escobell. They were having a normal conversation. Mr. Escobell was sitting to the right of him. Dr. Farooq was sitting in front of him and Dr. Farooq's wife was sitting to the left of Dr. Farooq. Suddenly, Mr. hit him hard in the face; Mr. Escobell backhanded him with his left hand. There was no drinking involved. Mr. Escobell is bigger than him. Mr. Escobell is

aggressive; Mr. Escobell probably was an athlete when Mr. Escobell was younger. He does not know if Mr. Escobell was personal friends with Dr. Farooq as opposed to just being professional colleagues. After Mr. Escobell slapped him, the only thing he heard was Dr. Farooq's wife, who asked why Mr. Escobell hit him so hard. Mr. Escobell just snickered in response. He then looked at Mr. Escobell and moved away. Dr. Farooq and Dr. Farooq was just shocked. There were a lot of people in that restaurant and he got up because he had been in a high-stress situation. Then he took some deep breaths and he relaxed. There were so many people so he did not say anything, he just paid and left them at the table. Mr. Escobell hit him on his right cheek. That day, he was dressed in a shirt and a tie. He does not know if Mr. Escobell was wearing a ring. Before Mr. Escobell hit him they were having a general conversation. The only time he ever discussed that with either one of the Farooqs was the next day when Mr. Farooq came and talked to him about it [Pgs.120-129].

Virtual Deposition of George Soohoo in the case of George Soohoo versus State of California, Dept. Corrs-Inst Men, legally uninsured; State Compensation Insurance Fund/State Contract Services, Adjusting Agency, dated February 21, 2020. Volume II.

Dr. Farooq was afraid that he was going to file assault charges. He could tell that in Dr. Farooq's facial expression because he thinks Dr. Farooq was afraid that Dr. Farooq would have to reassume the position of CEO. Dr. Farooq did not want that because when Herrick left Dr. Farooq was interim CEO for like, four or five months until Mr. Escobell showed up. Never took any action after that because he had so much respect for Dr. Farooq and who said, just let it go. Dr. Farooq did not come out and say it. Every time he saw Mr. Escobell, he ignored him. Mr. Escobell is very egotistical. After the conversation with Dr. Farooq when Dr. Farooq came to visit him the next day, as he put it down on page 2

of Exhibit A. It would be fair to say that up until today he has never done anything about responding to Mr. Escobell's assault on him. When he did decide, it was too late because one can only file a police report within one year. By the time he got walked off, he started thinking about it. He said that guy is really after him so he decided to file a police report. They would not take it. He finally talked to an attorney and they said he can. Then he went back and he think he did file and they took the report. So, he did file a report in Chino; he has a copy at home. Nothing came of that police report; there was no arrest or any charges because they said it had to be within the year [Pgs. 130-133]. He spoke to Mr. Cohen about suing Mr. Escobell personally, like for damages in a personal injury civil lawsuit. Currently, he is waiting to see if there are any charges on that. From the report, there is an internal affairs investigation on Mr. Escobell. Internal affairs are the CDCR's internal affairs. He filed a report with internal affairs also in December 2018. He does not know what the hiring authority is going to do because all investigations have to be authorized by the hiring authority. So, if they are trying to cover up for Mr. Escobell, they just do not order the investigation. As far as he knows, Mr. Escobell is still in the position of CEO of Chino [Pgs. 133-136]. He has chosen to be confidential and quiet about the incident when he is at work as far as telling other people at work; he does not talk about it. No one else talks about it to him. The slapping incident happened on April 21, 2017, and he ended up leaving there when he got walked out on July 6, 2018. The environment and the things that happened Mr. Escobell seems to be one of the major players in the problem because Mr. Escobell is his boss who has to either support him. There are two other incidents that are on Exhibit A that he felt is very important and stressful. Those incidents occurred in 2017. Especially with his supervising dental assistant being gone. It took a tremendous amount of stress for him to supervise

16·dental assistants on top of all his responsibilities, also his dentist and hygienist. That is a tremendous amount of stress. There is only one supervising dentist at CIM. The rest of them are dentists, dental hygienists, and dental assistants. She states there is only one supervising dental assistant per institution. The supervising dental assistant, Rowena Sam, was out on Workmans' Compensation for almost a year. Her absence was added to his workload because the scheduling had to do with inventory. All that is under supervising dental. He never replaced her with a limited term, just acting. Then once one pulls someone who is already a dental assistant as acting, then one is short a dental assistant. On top of the problems at CIM, 70% of his dental assistants were on FMLA. So half the time he never knew who was coming or going. FMLA means Family Medical Leave Act. When one gets signed off on FMLA it gets approved by the doctors and they are allowed to take those time. He states that a big part of his stress was the extra work that was put on him by supervising dental assistants being out on Workers' Compensation and not replaced and other people out on FMLA and not being replaced. Therefore, there were a lot of job duties and things that had to be done that he had to do to make up for their absence. That was all happening in 2017 and 2018. He did go to management and say he cannot do that but they said he has acted. The acting does not do the job because they put a position in there but they do not know what to do. On paper, they would cover that missing position with an acting position, but in reality, it would not fix the problem because the acting person did not know what to do. That happened regularly [Pgs. 136-142]. She states that ·administration part and staffing are supposed to belong to the HPMIII. They were supposed to go and work with human resources because they are supposed to do·50% clinical and a lot of the administrators are supposed to be taking over the HPMIII. HPMIII is a health program manager. That was·Ms. Logan who just got hired and did not know what to do. Ms.

Logan probably had more problems with him because from day one he told her she was not his pick because there was another person who had more experience than would have fit in. She had no experience. Ms. Logan would be one of the people he talked to about his work stress but not much to her. It was just that she was new in dental and she did not know what to do yet. In front of him, she was always nice to him but he does not know how she presented herself to him. Other people would tell him that she is not supportive of him. She never went out on Workers' Compensation; she was always there. · Those missing supervising dental assistants and those other ones out on FMLA, they will just call that a staffing shortage problem. Rowena Sam is a supervising dental assistant that went out on Workers' Compensation for nine months. Then she came back for one month and then go out for another nine; she was gone again. Rowena Sam was just part of a whole personnel shortage problem. As a doctor cannot work in their bar unit if they do not have a dental assistant. So he told Ms. Rowena Sam that instead of sitting in her office, she needed to assist the doctor to see the patient. Then she pointed blank in front of two other dentists and said he is telling her to go assist again, she will file stress on him and she is going to go out stress on him again [pgs. 143-146]. On page 5 of Exhibit A, it says "June 18 highly stressful". That is an incident involving Mr. Escobell and Jason Bishop, AW (associate warden), who is the head of EEO. EEO is the person that one is supposed to go to when one is mistreated on the job. Mr. Bishop became part of one of these scenarios that somehow he had gotten Mr. Bishop involved in some of his problems with Mr. Escobell and the other problems. He did not report any of his problems to Mr. Bishop, he believes that other staff reported their problems to Mr. Bishop. EEO is supposed to be confidential and supposed to be filed individually. Mr. Bishop and Mr. Escobell had a meeting with the whole staff. He has a feeling Mr. Bishop would not have done it without the approval

of the hiring authority, which is Mr. Escobell. Mr. Bishop asked the whole staff in public if there were any EEO issues against him. It stressed him out because staff came and talked to him and it was about him. They gave them blank pieces of paper to fill out on him. That stressed him out because that was his right and that was supposed to be filed individually. That is what happened on June 18, 2018. He usually has morning huddles with his dentists and the hygienist. They were going to meet with his dental staff. That is when Mr. Jason Bishop and Mr. Escobell left and met his whole staff and gave them blank pieces of paper to fill out. Mr. Escobell called him to go to Mr. Escobell's office and he stayed there. In the meantime, they had a meeting without him being there, somewhere else. When he got to Mr. Escobell's office, Mr. Escobell was waiting at the front of the PK where they had their morning huddles and told him to go to Mr. Escobell's office and stay at the office. Then he realized that they were going to have some kind of meeting without him. Since he learned that Mr. Escobell sent him there to get him away from the meeting so they could have the meeting without him being there. He assumed it was about him because they did not want him there. That meeting took place probably for 40 minutes or an hour. The first time he found out what had happened after that 40 minutes or an hour was when the staff started coming to him. The staff was very supportive of him. They gave them blank pieces of paper to fill out and wanted them to put down any EEO issues against him. When the staff came up to him afterward and told him what had taken place at that meeting. When they were telling him that, he felt supported by them. He documented it on a paper when he got back to his office. He did not have that memo because they were scratch paper. When he put it on there he probably threw it away. So, he wrote down a memo on scratch paper for notes and then later he typed that into Exhibit A. He could not take any official action as far as putting in any complaints or calling human resources or filing

a grievance of any kind because Mr. Bishop was the EEO coordinator. He felt like if he tried to take any action he would literally be seeking relief from the very people that did the bad things to him. That is why he wanted to go to internal affairs in Rancho Cucamonga, so it is in Sacramento. Sacramento turned around and sent it back locally. All the things dawned on him and he was trying not to make trouble. So, he documented it, but he did not know where to go with it. He also thought that they would fire him if he did something. Although he does not fear that because he knows he was right. It was that with all the stress that he already has, he did not know if he wanted to add more stress because every time one files stuff it adds more stress to one. His medical conditions are not good and he does not want to go through all of that [Pgs. 147-153]. He got a Workers' Compensation lawyer there and he did go to an employment lawyer a month after July 2018. He went to several employment layers; one in San Diego through Mr. Cohen, he spoke to another one in Temecula and he spoke to another one up north. His intention was to have them protect him, and he was also thinking about filing some kind of lawsuit against them. After meeting or talking to those lawyers, it was his decision to wait and see what the outcome of the internal affairs would be. Currently, he still may go to a civil employment lawyer and file a lawsuit. The one that he filed in the internal affairs against Mr. Escobell is waiting for the outcome of that. So, the charges he means charges against Mr. Escobell. For Mr. Escobell, everything was done on a computer. They sent him questions in December 2018 when he filed a complaint. He is not sure if he has copies of those questions; he did answer those questions. He has some of the copies of his answers. On July 6, 2018, he was seeing patients around 12:00 o'clock up to around 11:00 a.m. or 12:00 o'clock and he got a phone call from Mr. Escobell asking him to come to their office. Anytime he heard from Mr. Escobell, he though there was trouble. So, when he got a phone

call from Mr. Escobell, he immediately told his dental assistant that he is going to go have a meeting with Mr. Escobell and that he will be back. He still had other scheduled patients. Then he went into the office and Mr. Escobell had a sergeant there from internal affairs. Mr. Escobell asked him to turn in his phone, his set of keys, and his ID. Mr. Escobell told him that he did not give Mr. Escobell any choice, but Mr. Escobell will have to walk him off and order an investigation. Mr. Escobell said it has been approved by Mr. Herrick already, the regional administrator. He asked Mr. Escobell what he was talking about and what he has done but Mr. Escobell did not respond. They also started some kind of investigation against him. He does not know if the charges against Mr. Escobell and Mr. Escobell's charges against him are all being considered in the same internal investigation or separate proceedings. When that occurred, he did not file his internal investigation report yet because he did his in December 2018. ·So there were no internal investigations started by him as of July 6, 2018. Mr. Escobell did say that Mr. Escobell was going to start an investigation on him. He sent a copy of the letter he got to his attorney; he was exonerated from the charges. Before July 2018, somebody had filed charges against him. He knew there was some allegation against him that he was yelling at them but he was not. The charges against him came out in 2018. Those allegations against him were made by Nichelle Davis who was a dental hygienist. ·She worked for CIM and she answered him; she worked for all of them. She said he was yelling at her because he was just questioning why she was only doing one quadrant SRPs because the OT is complaining to him about that. They do not know how to schedule her when she only wants to do one quad, which meant the patient had to come back four times. One quad of an OP [verbatim] means SRPs; scaling and root planing. One has to anesthetize to do a deep cleaning. Somehow it came to his attention that Ms. Davis was only doing one or fewer quadrants on

patients instead of more and these patients would have to come back more, be rescheduled to come back more times than necessary. As she was not doing enough quadrants on the patient. In that conversation, she then made up charges against him that she said he was yelling at her. She also claimed that when she had a canceled patient he yelled at her and said go ahead and see the next patient. The inmates are never on time because they can only come when the COs allow them to come out of the housing. So, he said just work on them because what happened, administrators do not like someone from Sacramento, they do not like one to be sitting there doing nothing. Those were charges by Ms. Davis [Pgs.153-165]. Joy Martin, a dental assistant, also made charges against him. He does not know if Joy joined up with Ms. Davis in making those charges or if she filed her separate charges. Those charges were all coming at the same time in one batch in 2018. They all had meetings and they congregated and tried to do it all at once and come back. He has a feeling it is a mutiny and they are trying to collusion to get him all at once. It is because the numbers will work against him because he has been in the system so long. Joy said that he moved her from the laboratory because he did not like her or whatever. He does not remember if she ever said she treated her improperly, like yelling or screaming at her. Tammy also made charges against him who was a dental hygienist. She claimed that he yelled at her at the meeting; he has a witness that he did not yell at her at the meeting. Rowena Sam, the supervising dental assistant, when she came back to work she claimed that he yelled at her. That is why she is stressed out and she left again. He told her that she had to assist the dentists. At some point, he was given notice of those charges by a letter from internal affairs. He got that letter maybe a couple of months after he got walked off on July 6, 2018. When Mr. Escobell confronted him on July 6, 2018, he did not know all the charges that had been brought against him. Some charges came to his

he was at an administrative time off (ATO) and was duly paid for that. On July 12 or 13, 2018, he got a letter from ERO headquarters telling him that he had been reassigned to Regional 4. He got that letter when he was working out of the home. When he was being walked off, he knew he still had a job but it just was not going to be at Chino. He was not expecting that letter to come to tell him where he had been reassigned to. He knows that he still had a job because he did not do anything wrong. He has a copy of the letter that he got from headquarters reassigning him to Region 4. He does not remember if he gave that to his attorney but he still has a copy [Pgs. 175-177]. The deposition is concluded [Pg. 181].

June 11, 2021, Application for Adjudication of Claim by Natalia Foley, Esq.

DOI: CT: 06/11/20 - 06/11/21

Comment: While employed as a Dentist at California Institution for Men sustained cumulative injury stress and strain due to repetitive physically traumatic activities and continuing exposure to the harmful chemicals injuring lungs, skin, kidney, stomach, joints, allergies, headache, foot, heart, and teeth.

June 11, 2021, Workers' Compensation Claim Form (DWC 1)

DOI: CT: 06/11/20 - 06/11/21

Comment: While employed as a Dentist at California Institution for Men, sustained injuries on a cumulative trauma basis and developed stress and strain due to repetitive physically traumatic activities and continuing exposure to the harmful chemicals injuring lungs, skin, kidney, stomach, joints, allergies, headache, foot, heart, and teeth.

August 11, 2021, Initial Evaluation Report by Marvin Pietruszka, M.D./Koruon Daldalyan, M.D. from Del Carmen Medical Center

DOI: CT: 01/01/15 - 06/10/21; CT: 06/11/20 - 06/11/21; CT: 08/01/15 -07/06/18

Job Description: Employed at California Institute for Men as a Dentist supervisor in January 1994 and continues to be employed by the facility. His work hours are from 7:00 am to 3:00 p.m., five days per week. Job duties involved clinical care, treating patients, administrative and supervising, and training and educating. Physically, the job required him to stand, squat, bend, climb, walk, stoop, kneel, and twist. Required to lift from 5 to 10 pounds weight.

HPI: Sustained injuries during the course of his employment. He provided clinical care and dentistry work for individuals who were incarcerated. He supervised approximately six other dentists as he worked as the supervising dentist. Also supervised two hygienists. Had direct contact with inmates and did perform procedures. Often used equipment which included high-speed handpieces with high frequencies and rotational force as the patient would have to shave teeth and perform various procedures. He was often exposed to various types of dust and chemicals while performing his job duties. Some of the chemicals included zinc oxide, mercury, and other restorative material. Part of his job included making impressions of teeth which involved using various chemicals. Some of the facilities he worked at, he was required to sign an asbestos exposure form yearly. Also carried other various jobs while working for CIM. Often would deal with corporate decisions and the overall operation of the facility. Also exposed to loud noises and he would various machineries. In 2016, began to have significant stress levels from the musculoskeletal pain that he sustained due to repetitive work but also from some of the individuals at the workplace. Mentioned a history of PTSD initially from the military; however, same condition was exacerbated by his workplace stress. In 2016, during a confrontation with a staff member when the patient was feeling unwell and presented to the hospital and a blood pressure reading was above 200 systolic. He was provided medications and he was instructed to follow

up with a cardiologist, psychiatrist, and psychologist. Had some medications that were changed for better control of his blood pressure. Also mentioned in 2018, had an image that was taken of his abdomen and was noted to have a mass on his right kidney. After workup, the patient was diagnosed with kidney cancer and underwent a right nephrectomy in 2019. Also been diagnosed with pulmonary nodules that he continues in the workup for. Undergoes yearly CT scans for the evaluation and has been noted to have an increased size of the pulmonary nodules. Continues to work at present time. Has been treated by various physicians, including a pulmonologist, nephrologist, endocrinologist, ophthalmologist, and general internist, as well as a psychologist and psychiatrist. Currently under the care of Dr. Alexander Bergy, Dr. Yuen, Dr. William Cher, Dr. David Lam, Dr. Park, Dr. Yohan, and Dr. Yang. He was exposed to chemicals, fumes, and dust during the course of his work. Exposed to excessive noise during the course of his work. Exposed to excessive heat and cold.

Previous Injury: In 2016, filed a claim for Workers' compensation benefits for injuries that he sustained at the workplace.

PMH: Hypertension in 2016, diabetes mellitus in 1999, hyperlipidemia in 1999, and sleep apnea in 2000.

PSH: Undergone treatment for kidney cancer, status post removal of right kidney in 2019 and lipoma removal in 1995.

Present Complaints: Headaches, dizziness, lightheadedness, visual difficulty, hearing problems, jaw pain, jaw clenching, dry mouth, heart palpitations, urinary frequency, cervical spine pain, thoracic spine pain, lumbar spine pain, bilateral shoulder pain, bilateral hand pain, anxiety, depression, difficulty concentrating, difficulty sleeping, forgetfulness, and dermatologic complaints.

Exam: Vital Signs: Blood pressure of 129/63 mmHg. Pulse of 60 beats per minute. Respiratory rate of 16 breaths per minute. Temperature of 96.7 F. Weight of 180.

Diagnostic Studies: An x-ray of the chest revealed normal findings. An x-ray of the cervical spine revealed multilevel degenerative disc disease at the C3-C4, C4-C5, C5-C6, and C6-C7 levels. An x-ray of the lumbar spine revealed anterolisthesis of the L4 vertebra. There is degenerative disc disease noted in the L4-L5 and L5-S1 regions. An x-ray of the right shoulder revealed osteoarthritic changes in the AC joint. An x-ray of the left shoulder revealed osteoarthritic changes in the left AC joint. An x-ray of the right elbow revealed mild degenerative changes within the joint. An x-ray of the left elbow revealed mild degenerative changes within the joint. An x-ray of the right wrist revealed degenerative joint disease. An x-ray of the left wrist revealed degenerative joint disease. An x-ray of the right hand revealed osteoarthritic changes in the proximal and interphalangeal joints of all digits. There are arthritic changes in the CMC joints. An x-ray of the left hand revealed osteoarthritic changes in the proximal and interphalangeal joints of all digits. There are arthritic changes in the CMC joint. A pulmonary function test is performed revealing an FVC of 1.44 L (42.1%), and FEV 1 of 1.22 L (48.3%), and an FEF of 1.24 L/s (61.9%). There was a 3.1% increase in FEV 1, and a 97.5% increase in FEF after the administration of albuterol. A 12-lead electrocardiogram is performed revealing sinus bradycardia and a heart rate of 59 per minute. A pulse oximetry test is performed and is recorded at 96%.

Diagnoses: 1) musculoskeletal injuries involving cervical, thoracic and lumbar spine, bilateral shoulders, wrists, and hands. 2) Cervical spine sprain/strain. 3) Thoracic spine sprain/strain. 4) Lumbar spine sprain/strain. 5) Tendinosis bilateral shoulders. 6) Carpal tunnel syndrome, bilateral

wrists. 7) Tendinosis bilateral wrists. 8) Right kidney cancer, status post nephrectomy (2019). 9) Status post removal of lipoma (1995). 10) Hypertension (2016) accelerated by a workplace injury. 11) Diabetes mellitus (1999) aggravated by a workplace injury. 12) Hyperlipidemia (1999). 13) Sleep apnea (2000). 14) Exposure to asbestos in workplace. 15) Exposure to chemicals in workplace (zinc oxide, mercury, compounds, and various dust particles). 16) Pulmonary nodules secondary to occupational exposures. 17) Chronic headaches. 18) Dizziness/lightheadedness. 19) Visual disorder. 20) Hearing loss, bilateral. 21) Chronic sinus congestion due to occupational exposures. 22) TMJ syndrome, bilateral. 23) Bruxism. 24) Xerostomia. 25) Heart palpitations. 26) Urinary frequency. 27) Posttraumatic stress disorder. 28) Anxiety disorder. 29) Depressive disorder. 30) Sleep disorder. 31) Difficulty with concentration. 32) Forgetfulness. 33) Contact dermatitis secondary to occupational exposures. 34) Allergy to lisinopril and aspirin.

Treatment Rendered: Performed x-ray of the chest, cervical spine, lumbar spine, right shoulder, left shoulder, right elbow, left elbow, right wrist, left wrist, right hand, and left hand. Also performed pulmonary function test, 12-lead electrocardiogram, and pulse oximetry.

Treatment Plan: Continue current medications.

Work Status: Regular work.

September 12, 2021, MRI of the Lumbar Spine by Wei-Chao Chang, M.D. from Kaiser Permanente

Impression: 1) No compression fractures. New graft multilevel degenerative changes, most prominently at L4-L5. 2) No marrow replacing abnormality.

September 13, 2021, Telehealth Progress Report by Marvin Pietruszka, M.D./Koruon Daldalyan, M.D. from Del Carmen Medical Center

Present Complaints: Headaches, dizziness, lightheadedness, visual difficulty, hearing

problems, jaw pain, jaw clenching, dry mouth, heart palpitations, urinary frequency, cervical spine pain, thoracic spine pain, lumbar spine pain, bilateral shoulder pain, bilateral hand pain, anxiety, depression, difficulty concentrating, difficulty sleeping, forgetfulness, and dermatologic complaints.

Diagnoses: 1) musculoskeletal injuries involving cervical, thoracic and lumbar spine, bilateral shoulders, wrists, and hands. 2) Cervical spine sprain/strain. 3) Thoracic spine sprain/strain. 4) Lumbar spine sprain/strain. 5) Tendinosis bilateral shoulders. 6) Carpal tunnel syndrome, bilateral wrists. 7) Tendinosis bilateral wrists. 8) Right kidney cancer, status post nephrectomy (2019). 9) Status post removal of lipoma (1995). 10) Hypertension (2016) accelerated by a workplace injury. 11) Diabetes mellitus (1999) aggravated by a workplace injury. 12) Hyperlipidemia (1999). 13) Sleep apnea (2000). 14) Exposure to asbestos in workplace. 15) Exposure to chemicals in workplace (zinc oxide, mercury, compounds, and various dust particles). 16) Pulmonary nodules secondary to occupational exposures. 17) Chronic headaches. 18) Dizziness/lightheadedness. 19) Visual disorder. 20) Hearing loss, bilateral. 21) Chronic sinus congestion due to occupational exposures. 22) TMJ syndrome, bilateral. 23) Bruxism. 24) Xerostomia. 25) Heart palpitations. 26) Urinary frequency. 27) Posttraumatic stress disorder. 28) Anxiety disorder. 29) Depressive disorder. 30) Sleep disorder. 31) Difficulty with concentration. 32) Forgetfulness. 33) Contact dermatitis secondary to occupational exposures. 34) Allergy to lisinopril and aspirin.

Treatment Rendered: Performed x-ray of the chest, cervical spine, lumbar spine, right shoulder, left shoulder, right elbow, left elbow, right wrist, left wrist, right hand, and left hand. Also performed pulmonary function test, 12-lead electrocardiogram, and pulse oximetry.

Treatment Plan: Continue current medications.

Work Status: Regular work.

September 15, 2021, Initial Comprehensive Consultation Report by Sepideh Tarameshloopoor, D.C./Edward Komberg, D.C. from Tri-City Health Group

DOI: 08/16/21; CT: 08/01/15 - 07/06/21

Job Description: Employed as a Dentist at the California Institute for Men.

HPI: On August 16, 2021, while at work, he sustained injuries to his lower back. He was stooping down while attending to a patient and lifting a box when he felt a sharp cracking sensation in his lower back. Felt immediate pain and proceeded to report his injury to his supervisor. An appointment was made for him by his employer.

Previous Injury: None.

PMH: High blood pressure, high cholesterol, and diabetes.

PSH: [*Not mentioned*].

Present Complaints: Occasional and moderate headache rated as 6/10. Has complaint of activity-dependent to constant and moderate pain, stiffness, and weakness in the lower back rated as 7-8/10. Activity-dependent to constant and moderate pain with stiffness in the right hip rated as 7/10 radiating to tenderness. Intermittent and moderate pain and stiffness in the bilateral hand rated as 6/10. Has a complaint of loss of hearing.

Exam: Vitals: Height: 5'3"; Weight: 190 pounds; Temperature: 97.4 F; Blood pressure: 150/86 mmHg; Pulse: 65 bpm. There is +3 tenderness to palpation of the lumbar paravertebral muscles and bilateral SI joints. There is a muscle spasm of the lumbar paravertebral muscles and bilateral gluteus. ROM of the lumbar spine decreased. Kemp's causes pain. Sitting Straight leg raise causes pain. There is +3 tenderness to palpation of the posterior hip. There is a muscle spasm of the posterior hip. The right hip ROM is decreased. Patrick's Faber causes pain.

Diagnoses: 1) Headache. 2) Lumbar sprain/strain. 3) Rule out the lumbar disc. 4) Right hip

sprain/strain. 5) Right hand sprain/strain. 6) Left hand sprain/strain.
Treatment Plan: Recommended chiropractic therapy, physiotherapy, and kinetic activities 2-3 times per week for six weeks.
Work Status: TTD through October 29, 2021.
Causation: Industrial.

October 1, 2021, Doctor's First Report of Occupational Injury or Illness by Nelson J. Flores, Ph.D.
DOI: 01/01/15 - 06/10/21; 08/01/15 - 07/06/18; 06/11/20 - 06/11/21
Job Description: Employed as a Chief Dentist at California Institute for Men. Regular work duties include managing dental policy and supplies, conducting dental operations, hiring, training, supervising and managing employees, and writing reports. Stood and sat for prolonged periods of time throughout his shift.
HPI: While working he was exposed to work overload, work pressure, work stress, incidents of harassment, and an incident of physical assault by one of his supervisors. Overtime, he developed pain in his neck, shoulders, hands, and back which he attributed to the heavy and repetitive nature of his work. As a result of his pain and work exposure, he developed symptoms of anxiety and depression. His pre-existing posttraumatic stress disorder further worsened. Performed his regular work functions for the California Institution for Men/State California for Men despite his residual pain from previously sustained while working for previous employers. From the beginning of his employment, he was exposed to work stress, work load, work pressure, and incidents of harassment from coworkers. Says his employer was understaffed. Struggled and worked extra hours in orders to complete his work overload. Continued to work long hours to complete his work load, with time, he developed increasing pain in his neck and shoulders. His pre-existing residual back pain worsened. Experienced sleeping difficulties and distressing dreams. His pre-existing

posttraumatic stress disorder symptomatology was aggravated. Hiss hypertension and diabetes became exacerbated. Experienced persistent headaches. In approximately 2012, he was told by the CEO, Robert Herrick that he was under investigation for lying to Mr. Herrick. Felt relieved. However, he felt betrayed by his coworkers. By then, he was experiencing worsening anxious and depressive symptomatology and sleeping difficulties. Experienced more frequent headaches. Became easily startled and socially withdrawn. In approximately 2015, he was called to a meeting with a CEO, Louie Escobell. Was told that he was under investigation. Was accused of yelling at and sexually harassing coworkers. Attributed the investigation to retaliation from supervisee. Was directed to gather his belongings and he was escorted off the premises by a security officer. He felt insulted, humiliated, and emotionally overwhelmed. Was placed to work at another work location during the investigation. At the new work location, his work load improved. However, he felt under stress at work as he was interviewed by Internal Affairs multiple times. In approximately 2016, he went out to lunch with his superiors, Dr. Mohammad Farooq, Ms. Farooq (Unrecalled first name), and Mr. Escobell. As they were sitting at a table eating lunch, he was suddenly backhanded in his face by Mr. Escobell. Felt shocked and surprised Ms. Farooq asked why did he hit him so hard. Mr. Escobell laughed. Felt angry and humiliated. He got up, paid for the food and left. He resumed his regular work duties. Later the day, Dr. Farooq told him that he had spoken to Mr. Escobell said that such type of incidents would not happen again. He felt emotionally overwhelmed. Cried afterwards. He feared retaliation or termination if he reported the incident to his employer. Around that time, he experienced worsening emotional symptomatology. He sought treatment with a psychologist for approximately one year. At the same time, he was seeking mental health services, including

psychotherapy and psychiatrist treatment at the VA Hospital in the San Diego region. At this point, he explains the first time he ever received mental health services was in 1988/1989. This treatment lasted a few months. The treatment was related to his posttraumatic stress disorder resulting from his military services. Explains he was attacked by three soldiers, apparently for racial issues. He says, he did not receive any mental health services since 1988/1989 till he sought treatment in 2016. By approximately 2017, he continued to be emotionally impacted by his persistent intrusive recollections of the aforementioned incident with Mr. Escobell. Then reported the incident to the corporate office. Was told that an investigation would be opened. However, he was not contacted again by his employer. He filed a police report about the aforementioned physical assault incident with Mr. Escobell. Was told by his employer that the investigation was closed. Was given a letter of reprimand. Felt confused and emotionally overwhelmed. He appealed to his employer's actions. By approximately 2018, his pre-existing posttraumatic stress disorder and general emotional condition had further worsened. Began individual and group therapy and psychiatric treatment at VA hospital. As his situation at work remained the same, he experienced no improvement in his physical and mental conditions. By then, he was grinding his teeth at times. Frequently avoided Mr. Escobell at work. His sleeping difficulties persisted. In approximately 2019, he sought treatment on his own at Kaiser Permanente. He underwent an evaluation and MRI scans. Was diagnosed with kidney cancer. Was referred for surgery. Underwent surgery and his right kidney was removed. He remained on temporary total disability for "several" weeks following the surgery. In approximately 2019, he underwent a follow evaluation with his Kaiser doctor and was told that he had cancer in his lungs. He felt emotionally overwhelmed and frightened. Thereafter, his pre-existing Posttraumatic Stress Disorder

symptoms worsened and his physical and mental conditions further deteriorated. He continued to experience difficulties sleeping. Continued to treat at the VA Hospital and at Kaiser Permanente. He was subsequently referred to the office for psychological evaluation and treatment. At the time of the examiner's evaluation with the patient's present day, he says that from approximately 1998-to 2011, while he was working at the correctional center for youth in Norwalk, he was required to sign a document acknowledging he was working in an "Asbestos environment" at that building. He wonders whether his asbestos exposure throughout those years may have contributed to his cancer.

Previous Injury: None.

PMH: Diagnosed with kidney cancer in 2019. Lung cancer.

PSH: Right kidney was removed.

Present Complaint: Feeling sad, helpless, hopeless, lonely, afraid, and irritable. He tends to socially withdraw from others. Has lost confidence in himself. Has a decreased motivation to do things. Feels as though everything requires a great deal of effort. At times, he feels pushed to complete tasks. Experiences crying episodes. Feels much more sensitive and emotional than he once was. Has a decreased appetite. Experiences sleep difficulties. It awakens throughout the night and early in the mornings. Maintains a low energy level and feels easily tired and fatigued throughout the day. Experiences nightmares, distressing dreams, flashbacks, and intrusive recollections of the events surrounding his exposure to incidents of stress and harassment at the workplace. Feels nervous, restless, and tense. Has difficulty making decisions, concentrating, and remembering things. He is fearful without cause and worries excessively. Bothered by episodes of dizziness, muscle tension, and heart palpitations. Feels apprehensive. Has headaches, diabetes, hypertension, and chronic pain. His headache is exacerbated or triggered when he feels under stress. Also reports lung cancer and a

history of kidney cancer with the removal of the right kidney.

Exam: Anxious and dysphoric mood, depressing effect. His thought content was focused on the preoccupation with his somatic pain, physical symptoms, work problems, and his cancer condition. Intellectual functioning seemed average. However, it appeared to be impacted by his emotional condition. Difficulty remembering recent dates. His concentration was at times deficient during the evaluation.

Diagnoses: AXIS I: Posttraumatic stress disorder, chronic. Major depressive disorder, single episode, mild. Anxiety disorder not otherwise specified. Stress-related physiological response affecting headache. AXIS II: No diagnosis. AXIS III: Status post orthopedic injury. As per patient: History of right kidney cancer and right kidney removal; lung cancer. Headaches, diabetes, high blood pressure. AXIS IV: Health problems. AXIS V: Current GAF score: 55.

Treatment Plan: 1) Recommended for cognitive behavioral group psychotherapy one week for eight weeks. 2) Recommended for hypnotherapy/relaxation training one time a week for eight weeks. 3) Continue to participate in mental health services at the VA hospital with his current mental health providers. 4) Referred to the oncologist. 5) Referred for an evaluation by the internist.

Work Status: Temporary partial disabled.

Causation: Industrial.

October 4, 2021, Psychological Testing Report by Nelson J. Flores, Ph.D. from Psychological Assessment Services

Summary: He was administered a comprehensive battery of psychological tests to help in the diagnosis of possible emotional and psychological disturbances. Completed the battery of psychological tests in a cooperative manner. During the pretest and the testing sessions with the Examiner, his mood was anxious and sad. He showed no impairment in his production of speech or thought

processes. Denied any perceptual disorder. The results of the psychological tests suggest that he is reporting moderate clinical levels of anxiety and severe clinical levels of depression. He was alert and there is no indication that the patient may be experiencing neuropsychological disturbances. On the Epworth Sleepiness Scale, there is an indication that the patient is experiencing normal daytime sleepiness. On the Insomnia Severity Index, there is an indication that the patient is experiencing moderate clinical insomnia.

Videoconference Deposition of George Soohoo in the case of George Soohoo versus State of California, Department Of Corrs-Inst Men, Legally Uninsured; State Compensation Insurance Fund/State Contract Services, Adjusting Agent; dated September 4, 2020. (Volume III) A Spanish-speaking interpreter is also present.

The volume II of this deposition was adjourned on February 21, 2020, due to the non-availability of the number of documents that were discussed towards the end of that deposition [Pgs. 191-194]. He has copies of about 20 computer questions asked along with the answers, and the internal investigation letters and reports, but he does not have any copy of the first preliminary questions asked about Ms. Escobell, the CEO. The attorneys have a copy of at least one of the letters related to the EEOC that came back from some complaints filed against him and it is a memorandum of July 5, 2019, from Healthcare Services, signed by Robert Herrick. They also have a copy of three things that were investigated with a finding that those complaints were not sustained, and complaints made against him by the employees. He was never notified about the allegations up until he was served in or around November or December 2019. After returning to work, he received a whole copy of the investigations including the tapes, named "Internal Affairs Investigation Closure, Case Number". They did two investigations, in which he was cleared by Mr. Herrick, in the first investigation but in the second investigation they

came after with the same people, adding more people, and they gave him a list of probably seven allegations against him. Then they gave him a notice "You are officially reprimanded, lower level of adverse actions". It came out on May 5, 2020 [Pgs. 195-200]. The current deposition is related to two major internal investigation processes/proceedings that were ongoing at the time of deposition volume II, in February 2020, i.e., the complaints made by him against CDCR, and then there were counter-complaints made by CDCR against him. changes his earlier testimony and states that the computer questions along with the answers were related to the EEO filing against Mr. Escobell and Mr. Jason Bishop; and also that the questions and answers that Mr. Vicente Cuison sent him were a total of 33 questions and seven pages. He received a proof of service of three pages of May 6, 2020, from Kiara Swann, and then the Internal Affairs Investigation Report, along with a cover page dated date January 6, 2020, with Allegations, from pages 2 through 69 [Pgs. 200-209]. He states that he never received any letter of the second investigation up until they asked him for the interview for the second time. There are no outstanding letters or memos that he has not provided other than the July 5, 2019, memo to him from Robert Herrick and the May 5, 2020, investigation report packet, including the 69 pages of the report, plus the witness statements, and the computer questions along with answers that were related to the other investigation, other internal investigation [Pgs. 214]. Kiara Swann signed the proof of service on May 6, 2020. Since he was last deposed on February 21, 2020, his brother and sister-in-law have also started living with him [Pgs. 215-216]. He reported back to work after receiving the investigation closure letter dated May 5, 2020. Approximately two weeks later, he received a separate letter from Mr. Donald McElroy, regional healthcare executive of region two out of four regions, and then approximately at the end of May 2020, he was redirected to California Institute for

Men in Chino, and was asked to report Mr. Louie Escobell on a certain date. It was a surprise for him, so he asked his attorney, Mike McCoy, who represented him in the CCOF Net/investigations, to request them to report to a different supervisor upon returning to California Institute for Men, but headquarters never answered back [Pgs. 217-222]. He changes his earlier testimony and states that the headquarters through EEO officer, Natalie Frost, sent a letter to CIM in Chino that states allowing him to report to a different supervisor other than Mr. Escobell. He found that out through his attorney, Mr. McCoy, who might have had that conversation with McElroy, region two, and Natalie Frost. Up until the present day, they have not responded to his request to report to a different supervisor. He wanted to be allowed to report to a different supervisor because he has a history of being treated unfairly and from battery and assault with Mr. Escobell. Since around May 18, 2020, he has been driving every day for work in Chino [Pgs. 223-226]. There is about 100 miles distance between North Park and Chino. Since they directed him back to Chino, he has been working full-duty office hours. Currently working as Supervising Dentist. They did not change his salary from where it was before he went back to Chino. He had a 10% pay cut because of the overall California State Government for all State employees. Mr. Escobell is his administrative supervisor, and Jeff Lissy is his dentist and clinical supervisor, who is at regional but works from home. ·Since he started back at work at Chino, he contacts Mr. Escobell quite often through e-mails because he is currently on a modified program as CIM has the highest COVID-19·patients, and physically meets only at meetings about twice a week [Pgs. 226-230]. After he was redirected back to work at Chino, Mr. Escobell arranged a meeting two weeks later over a conference call on a speaker phone in his office with the EEO officer in charge of CIM and CIW, Natalie Frost, and gave him an LOI, letter of intent/instructions dated

June 10, 2020. Natalie Frost represents the managers in Sacramento headquarters [Pgs. 230-233]. After handing him an LOI, Mr. Escobell read it to him but he disagreed with it and sent Mr. Escobell a rebuttal that he would not sign that. The LOI was about the change in the MOU in 2016 by him, as told by Dr. Jeff Lissy to Mr. Escobell, which means that supervising dentists no longer can be on call unless all the dentists turned it down. Usually, the dentists get eight hours and are paid for being on call every week. He asked the question upon returning because when he left he was included in the on-call, and then Mr. Escobell claimed that one of the dentists complained that he took away their on-call that week and also changed the schedule. He cannot change the schedule as he does not have access to the computer, and the schedules are made by the dentists themselves. He informed Mr. Escobell that he was not there for two and a half years, and was not aware of the MOU change. In fact, upon returning, he asked the dentist whether he was still on-call duty, to which the dentist handed him the phone, but one of the dentists, either Dr. Patty Dong or Dr. Spencer, who was supposed to be on call that week got upset and reported to Escobell that he changed the schedule and put himself on call [Pgs. 233-236]. As soon as he found out that Ms. Dong was upset with him due to that call, he handed her the phone and told her that it was a misunderstanding as he only asked whether he was still on call. After Ms. Dong reported, Escobell decided to write him up and checked with Dr. Lissy that he violated the MOU by putting himself on call. He was honest and truthful about the misunderstanding but Mr. Escobell did not accept that and later on, after the rebuttal, Mr. Escobell told him "Instead of keeping this on your file for a year, I am going to take it out in six months, then you are fine. Another on-call dentist who might have reported about him on that is Dr. Tiffany Spencer. He does have a copy of the rebuttal letter that he e-mailed as an attachment to Mr. Escobell and to Natalie Frost,

which states "This is a memorialization of our conversation held in your office on June 12, 2020, at 9:00 a.m." [Pgs. 236-238]. Mr. Escobell told him that letter of intent would be in his file for six months. Then to have it removed, Mr. Escobell is going to require him to request for that [Pgs. 239]. As per his observations, Mr. Escobell has been treating him the same way as Escobell used to treat him before when he was transferred away from Chino [Pgs. 240-241]. Being currently on the modified program he has less interaction with Escobell because the institution is closed except for dealing with the urgent/emergent conditions, and he does not have all the meetings where all those issues were. However, in current meetings, Escobell has not acted in any way hostile or antagonistic towards him or belligerent in any way. According to him, Mr. Escobell's attitude has not changed toward him since he returned to Chino, besides that letter of intent because Escobell is moody and unpredictable. Dr. Adel Hanna is on staff at CIM as a chief psychiatrist, who might be a witness to Mr. Escobell's behavior. He knew Dr. Hanna, his co-worker, for about 11 years, before he was redirected back to Chino [Pgs. 241-246]. Approximately two to three months ago, outside of work, Dr. Hanna talked with him once but he did not share anything about Mr. Escobell's behavior [Pgs. 246-247]. Dr. Hanna said that Mr. Escobell stressed him out, but he did not offer any opinions or information back to Dr. Hanna about Mr. Escobell. He asked the attorney twice to try to change Mr. Escobell being his supervisor, to which his attorney told him that it has to come from Sacramento [Pgs. 248-249]. Since he has been redirected back to Chino, his job duties over the past six months have been to ensure that all four yards are covered under the modified program under urgent/emergent conditions as per the headquarters policies with COVID-19 guidelines [Pgs. 249-250]. He is mostly performing administrative office work in the clinic, including e-mails, preparing documents, calling people on the phone,

and meetings with people. In the clinic, he physically does 602s, which are grievance forms for work to be done; interview the patient, determine if they are emergent/urgent condition, and also does the extractions if needed but only if they are not COVID-19 patient. There is a list of things that he has to do to ensure that staff is protected. That is the reason they are shut down at present unless they know that the patient is not COVID-19 positive [Pgs. 251-252]. If there is no one in the clinic except him then he would himself extract the tooth which was causing pain, but only after the patient's COVID-19 test came out negative. In June, July, and August, he has done only administrative work. The last time he did dental work on a patient as a practicing clinical dentist was probably a month ago when he was observing and assisting the other dentist while putting the dentures in the mouth. He states that as he was out of the system for two years, then a new computer system has been set up, so he was working with a dentist to relearn the computer system where it is all paperless work. Setting aside all the lockdown policy and when they get out of the modified program, he would be planning on put into more clinical dental practice anytime shortly as opposed to administrative office work [Pgs. 253-257]. He does not have any problem performing all the job duties in the administrative office. Since his last deposition in February 2020, he has been going to the psychiatrist, Shawn Cheung, M.D., at the VA office in Long Beach. Altogether he has been seeing Dr. Cheung approximately for two years, either by driving up to Long Beach or once-through Zoom video call. Dr. Cheung is also prescribing hydroxyzine hydrochloride, an anti-anxiety medication, which he takes twice daily. It is helping with headaches, stress, and grinding of teeth that happens during the day while thinking of something disturbing or causing stress [Pgs. 257-260]. In the past six months, to avoid the stress, he tries to avoid the meetings with Mr. Escobell and certain coworkers including Rowena Sam, Dee Mata,

Joy Martin, Thidarat Jaensgribong, Nichelle Davis, and Tiffany Spencer, who made allegations against him; because he does not want to face up and deal with Mr. Escobell's behavior, and also to probably get a better understanding of what transpired. He added that Rowena and Dee did not report to him anymore, but are around him which causes him stress. Dee, Joy, and Tiffany Dental assistants while Thidarat and Nichelle as hygienists are still working in Chino, while Rowena has retired [Pgs. 260-264]. Since he has been back at Chino he has not had any problems or arguments or difficulties or them reporting on him from those coworkers, but he wants to avoid meeting with them because of the way they treated him the last time he was at Chino, and also he is afraid that they have not changed their attitude toward him and they might do it again. He has been discussing some of these people with Dr. Cheung because he only had one meeting with Dr. Cheung since he returned to Chino [Pgs. 264-267]. He has another meeting probably every three months. In the past six months, he has met Dr. Cheung once through video Zoom. Other than prescribing the medications, he also had sessions previously with Dr. Cheung. With Dr. Cheung, he discusses his stress and headaches caused by him preparing to return to work, i.e., all the things that they have been doing in the sessions, breathing exercises, relaxing, and trying to stay focused on the work. The reason for visiting Dr. Cheung in 2019 was all the problems that happened at Chino. He also discussed his health, stress, headaches, blood pressure, sleep problems, and nightmares, caused by the people and the staff. The Zoom meeting he had with Dr. Cheung in 2020 was short, thus he did not discuss the same types of problems as he had the last time at Chino [Pgs. 267-271]. Since 2020, besides Dr. Cheung, he has attended probably two or three group sessions with some psychologists at the VA in Long Beach, and also a doctor in Carlsbad whom he visited for the last time in or around 2019. Those group sessions were to tell how to deal with anxiety. Since his

last deposition in February 2020, he has visited a urologist, a nephrologist, and a pulmonologist for nodules in his lungs. All the doctors are with Kaiser, located at Sand Canyon in Irvine. In June 2019, he had his kidney removed because of kidney cancer. They are monitoring him every six months. Based on his research, he believes that stress caused high blood pressure which caused kidney problems and kidney cancer [Pgs. 272-277]. He had an MRI of the abdomen, chest, and pelvis area, a month ago at Kaiser Irvine to see if the cancer had metastasized, but the MRI revealed that it has not. However, the pulmonologist was concerned because there was an increase of 3 millimeters of the lung nodule as compared to the new CT scan with the old one. Thus the pulmonologist wanted to take a chest X-ray, to find out whether cancer had moved up to his lungs or not [Pgs. 277-281]. In 2019, he had a CT scan of his lungs, and then after six months, i.e., a couple of months ago, he underwent another CT scan in which the increasing nodule was seen. Approximately from 2019, Dr. George Yuen, an oncologist at Kaiser on Sand Canyon, has been treating him for cancer. About three or four months ago, Dr. Yuen told him that the cancer is right next to his liver but could not perform a needle biopsy because of the sensitive location, so a surgery is needed to remove it, which would go through his ribs. The nodule is right on top of the liver. Dr. Probably the pulmonologist wants to take another CT scan every three to six months. The oncologist, nephrologist, and pulmonologist are all working together on cancer in the kidneys and the nodule on his lung [Pgs. 281-283]. He wants to have the surgery for his cancer. Currently, he is not taking any medication for his cancer because the doctors are more concerned about his high blood pressure. He believes that the part of his kidney cancer and the lung nodule is related to his blood pressure and diabetes. He has been diabetic for decades. Dr. Alexander Berdy, his primary care physician with Kaiser in Irvine, Dr. Chen, and the pulmonologist

are treating him for his high blood pressure. His primary care physician was in Corona del Mar where he used to live [Pgs. 283-285]. He has noticed the difference in his blood pressure between the times he was first working at Chino and then being away for a few years, and again returning to Chino, because currently he is living his life differently than he was living at the time he was previously working in Chino, i.e., at present, he makes sure to eat right, exercise, monitor his blood pressure, sleep properly, and tries to reduce the stress. He is also taking blood pressure medications regularly. Exercises, such as breathing exercises, and other activities have been taught through his programs. These changes are better for his blood pressure, even though he is working at Chino. Attending classes, group sessions, and learning how to deal with different situations, people and stress have helped with his blood pressure, stress and anxiety. Based on the workload and stressful job at Chino, along with all the other stressors from staff and supervisors, his stress would go up again, but he states that he has to be able to manage it better [Pg. 288]. He has made complaints about hearing loss, hands, back, neck, and right hip. His hand tends to lock up in the morning when he wakes up; he has to open them up. The pain in his one hand is worse than the other. To relieve the pain, he places a heating pad on them. The physical therapy at Kaiser included different types of exercises, wrapping the hand after putting in the wax, and putting on the heat pads. He stopped the therapy approximately two months ago because he ran through all the sessions allowed under his HMO plan. The therapy provided relief from his hand problems [Pgs. 289-291]. Due to the type of work he was doing, he first time experienced hand problems approximately 15 years ago while working either with Juvenile Justice Department or at Ironwood Prison. The physical work he was doing at that time involved dentistry practice, i.e., having his hands and fingers in people's mouths, and having to grip

people's teeth, and certain instruments and holding them tight around forceps. A long time ago, he received a steroid injection on his right hand in San Diego, but could not remember the name of the doctor. It helped in relieving the right-hand problems. He did not receive any more medical treatment for his hand after that because he does not like steroids. At present, his hands are not keeping him from doing anything at work or performing activities of daily living like driving a car, going out shopping, hobbies, and athletic activities [Pgs. 291-294]. He is not planning on getting any other treatment for his hands anytime in the future. Changes his earlier testimony and states that besides getting a steroid injection in his right hand and therapy for his hands, he also received another injection in his right hand through Dr. Tran at Kaiser but it was so painful that he never returned for more. He has been wearing hearing aids in both of his ears for approximately three years, and these are better than the ones he wore a couple of years ago. For approximately two to three years, he has been receiving treatment for his ears with an audiologist at the VA at Kaiser in Long Beach. Probably in his 30s, he was having had hearing problems but he masked it and it got worse over time [Pgs. 294-297]. He did not have a hearing problem when he worked as a private dentist in his 30s. He believed that the first time he started having hearing problems was partially due to the noise caused by the high-friction handpieces, which are an occupational hazard. Other than that, the military caused his hearing problem, i.e., some ordnance going off near his head, and also weapons qualifications caused him some problems [Pgs. 297-298]. He worked as a private dentist for about eight or nine years before going to work for the State of California. He used dental drills and handpieces as a private dentist. In the past year, his hearing problem has gotten worse as he has a hard time hearing people's talk. He wears his hearing aids as much as he could but they do not work properly. He

believes that the hearing problems are due to the work he does as a dentist, as the handpieces and drills make high-frequency noises [Pgs. 299-300]. The investigations against him are over, including his decision not to appeal, and the investigations on his claims against Mr. Escobell and Mr. Bishop have been removed by CDCR to some other level, which he does not know where that is [Pgs. 300-301]. The deposition is concluded [Pg. 306].

October 11, 2021, Psychological Panel Qualified Medical Evaluation Report by Lawrence Ledesma, Ph.D.

DOI: 08/01/15 - 07/06/18; 01/01/15 - 06/10/21

Job Description: Employed at the California Institution for Men. First began to work at his parent's store when he was a child. In college, he worked in a student store. He went for his doctorate in dental surgery. He has two masters and a doctorate. After dental school, he was recruited to teach at the Dental School in Tulsa Oklahoma. Has been an Associate Professor and has published numerous articles in the area of dentistry. He owned his own business, G.M. Soohoo DDS&Associates from 1986 until 1994. He denies ever being fired from employment. Was in the Army from 1986 until 2013. He was a Colonel and a dentist in the United States Army. Treated the soldiers in Fort Lewis Washington. Was in Iraq and flew into Afghanistan but denies ever being in any personal danger or witnessing firsthand any violence. He, however, believes he has some trauma related to seeing soldiers seriously injured in combat and would even be the one to have to tell the families if their son had died. He has some intrusive disturbing memories about the injuries he saw. He was in Germany after September 11, 2001, and his base was shut down. He reports being very scared about what happened on September 11th, and what could possibly happen at his base.

HPI: Before the 2015 DOI, he was working at the California Institute for Men. He started there in 2010. He was hired as Chief Dentist at first and

was then changed to Supervising Dentist. The event that occurred that precipitated the first claim is when he alleges that he was hit by his supervisor in 2015. Was with others at the time at a Mexican restaurant having lunch for someone's last day at work. Mr. Escobar was his supervisor at that time, and he also joined them for lunch. The applicant states that during the lunch, suddenly and for no apparent reason, Mr. Escobar backhanded him in the face. He has no clue as to why he was struck. Dr. Farooq, who was Chief Medical Officer, later came to him and said that he had spoken to Mr. Escobar and that Mr. Escobar said he would not do it again. He states that even before he was hit, it was a "hostile" environment at the worksite between Blacks and Hispanics. There were no other Asians in the Dental Department and so he felt isolated in his department. He stated that he was twice accused of something, the first time lying to someone about some records and another time he was accused of yelling at his assistant. The second action was filed by other people, not the person he allegedly yelled at. He appealed that case and won. He believes that the stress at CIM started when the new CEO, Mr. Escobar, started and after only six months wrote him up for needing improvement in "working with patients". It was without ever seeing him personally work with staff or patients. He said that after that he did not trust anyone anymore and it was difficult to talk to staff regarding things at the job. Was often asked when he was going to retire or when was he going to leave or was asked how many years he had been working. He believes that was a form of age discrimination or possible harassment by his co-workers. He began to have nightmares, was depressed, would cry a lot, get headaches, and felt isolated because he could not talk to anyone at work about his situation. Those feelings all started to occur soon after Mr. Escobar started to work there and wrote him up. He denies ever using foul language but admits that he may raise his voice due to his hearing loss due to his

military experience and utilizing dental equipment that can be extremely loud, which must be held in his hand, and so is close to his ears. He states that Lawrence Woodburn, Ph.D. was treating him for those incidents at CIM. He would like to see someone for his symptoms but because his claim was denied he has not been able to see anyone. He last saw Dr. Woodburn about a year ago and would like to see someone if it could be approved. When he was asked if there are any psychiatric symptoms that would interfere with his occupational functioning he stated that if he does not have the support of the staff and the CEO, he feels very reluctant to go back to the same place. Especially if he is under the same person, Mr. Escobar. He reports that he continues to have headaches, crying bouts, gritting of his teeth, depression, nightmares, anxiety, and intrusive thoughts related to CIM. In 1998, he saw a psychologist after he was attacked while off duty in the military. That incident was in Hawaii while he was on leave. He says that several other soldiers thought he was a tourist and attacked him and robbed him. While the assault was in Hawaii, his psychological treatment was in San Diego. He saw the psychologist for about a dozen times and says he had some improvement. This was in 1998 or 1999. He says that he was given a diagnosis of Posttraumatic Stress Disorder at the time of his treatment. The nightmares of the assault, however, continue to this day. Since the DOI he has had various interactions with psychologists and psychiatrists. He saw Lawrence Woodburn, Ph.D. from 2017 until 2019. His psychiatrist is Shawn Chung, MD.

Previous Injury: [*Not mentioned*].

PMH: Other than his current orthopedic issues, the applicant has kidney cancer. His kidney cancer has metastasized to his lungs. He will be starting therapy for these medical issues in the next few weeks. He has an 80% loss of hearing in his left ear and 30% in his right due to his profession. He says that the equipment he uses is loud and over

many years has left him with this hearing loss. He is currently being treated for diabetes, hypertension, sleep apnea, and renal carcinoma.
PSH: In 2019, he underwent removal of his right kidney due to cancer.
Present Complaints: Continues to be depressed, with nightmares, anxiety, bouts of crying, headaches, and intrusive thoughts regarding his time at CIM. He says that his appetite is "not good", his concentration is "poor", and his energy level is low as he said he is "fatigued a lot". As far as his socializing, he said that he is "not as sociable especially at work" because he lacks the trust of his co-workers. He is fine, however, with his family. He "sticks with family" at this time. With family, he can have fun. He enjoys meditation, walks on the beach, enjoys time with his wife's grandchildren, watching sports, and going to musicals. With respect to thoughts of suicide he "has thought it once" in the past "maybe" because he had been off work for 60 days. He also does not experience visual or auditory hallucinations, however, due to his sleep apnea, he says he has vivid nightmares. During the last three years, he has had nightmares related to his boss, Mr. Escobar. Has also had nightmares in the past regarding being assaulted while in the military, his time seeing injured or dead soldiers in the military, and now at CIM.
ROS: Fever, chills, or sweat. The recent loss of appetite, fatigue, and trouble sleeping. Blurred or doubled vision, eye discharge, increased frequency, or urination.
Exam: Beck depression inventory-II test scores 22 which is in the moderate category of depression. Beck Anxiety Inventory scores 26 which is in the moderate category of anxiety. Mildly feeling hot, wobbliness in legs, unsteady, terrified or afraid, hands trembling, shaky/unsteady, indigestion, faint/lightheaded, face flushed, hot/cold sweats. Moderately numbness or tingling, unable to ralx, fear of worst happening, dizzy or lightheaded, heart

pounding/racing, nervous, fear of dying, scared. In brief Symptom Inventory he score 53 out of a total score of 212 which indicates a mild-to-moderate level of distress. A little bit – trouble remembering things, feeling easily annoyed or irritated, feelings that most people cannot be trusted, suddenly scared for no reason, feeling lonely even when you are with people, feeling blocked in getting things done, feeling lonely, nausea or upset stomach, feeling that you are watched or talked about by others, your mind going blank, spells of terror or panic, others not giving you proper credit for your achievements, feeling so restless you couldn't sit still, feeling that people will take advantage of you if you let them. Moderately – nervousness or shakiness inside, poor appetite, feeling blue, feeling not interested in things, feeling fearful, your feelings being easily hurt, feeling that people are unfriendly or dislike you, trouble falling asleep, having to check and double check what you do, difficulty making decisions, having to avoid certain things, places or activities because they frighten you, feeling hopeless about the future, trouble concentrating, feeling weak in parts of your body, feeling tense or keyed up, thoughts of death and dying, feeling nervous when you are left alone. Quite a bit – numbness or tingling in parts of your body. Lawton-Brody instrument activities of Daily Living scores 8 which indicates high function with regards to instrumental activities of daily living. PTSD checklist - Civilian Version (PCL-C) which scores 62 out of total score of 85 which indicates a severe level of PTSD symptoms. Moderately–trouble remembering important parts of a stressful experience from the past, feeling irritable or having angry outburst, having difficulty concentrating. Quite a bit – repeated, disturbing memories, thoughts or images of a stressful experience from the past, repeated, disturbing dreams of a stressful experience from the past, suddenly acting or feeling as if a stressful

experience were happening again, feeling very upset when something reminded you of a stressful experience from the past, having physical reactions when something reminded you of a stressful experience from the past, avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it, avoid activities or situations because they remind you of a stressful experience from the past, loss of interest in things that you used to enjoy, feeling distant or cut off from other people, feeling as if your future will somehow be cut short, trouble falling or staying asleep, being super alert or watchful on guard, feeling jumpy or easily startled. In Wahler Physical Symptoms Inventory score is 114 out of a total score of 210 which indicates a moderate level of somatic complaints. About once a year — trouble with teeth, difficulty breathing. About once a month — intestinal or stomach trouble, fainting spells, excessive perspiration, bowel trouble, vomiting, hay fever or other allergies. About once a week — feeling hot or cold regardless of the weather, losing weight, numbness or lack of feeling in any part of the body, dizzy spells, muscular tension, twitching muscles. About twice a week — nausea, headaches, neck aches or pains, arm or leg aches or pains, shakiness, difficulty sleeping, difficulty with urination, trouble with eyes or vision. Nearly every day — trouble with ears or hearing, backaches, aches or pains in hands or feet, abnormal blood pressure, skin trouble, feeling tired, muscular weakness, poor health in general, excessive gas, difficulty with appetite. Epworth Sleepiness Scale scores 12 which shows that he may need further evaluation by a physician to determine the cause of his excessive daytime sleepiness and whether he has an underlying sleep disorder.

Diagnoses: AXIS I: Clinical syndromes. Bipolar disorder (mixed with psychotic features). Generalized anxiety disorder. Posttraumatic stress disorder. AXIS II: Personality disorder.

Narcissistic personality disorder with obsessive-compulsive personality traits. Paranoid personality features and histrionic personality features. AXIS IV: Psychosocial and environmental problems. Illness or fatigue, job or school problems. AXIS V: Major depressive disorder, moderate. Posttraumatic stress disorder. GAF: 58 GAF range: 51-60.

Disability Status: Not reached MMI.

Causation/Apportionment: Formal apportionment analysis can be completed after his condition reaches permanent and stationary status, which is expected following the recommended treatment.

Impairment Rating: [*Not mentioned*].

Work Status: TTD.

Future Medical Care: The MCMI - III specifically addresses treatment for this individual. It states that as a first step, it would appear advisable to implement methods to ameliorate this patient's current state of clinical anxiety, depressive hopelessness, or pathological personality functioning by the rapid implementation of supportive psychotherapeutic measures. With appropriate consultation, targeted psychopharmacologic medications may also be useful at this initial stage. Once this patient's more pressing or acute difficulties are adequately stabilized, attention should be directed toward goals that would aid in preventing a recurrence of problems, focusing on circumscribed issues and employing delimited methods. It goes on to state that supportive and short-term therapy are the major initial vehicles for treating this patient. Several psychopharmacologic agents may be considered, with appropriate consultation, for alleviating tense feelings. Cognitive reorientation methods geared to reframing assumptions about himself and the expectations of others may be used gradually and with discretion. Care should be taken to accomplish the purposes of altering these dysfunctional beliefs, especially because this patient may grasp the point of these methods but only at an abstract or intellectual level. To rework the foundations of

his lifestyle need not require long-term procedures. Rather, circumscribed, and focused approaches can offer significant personality reconstruction in a condensed and fruitful way. In general, he is likely to regard therapy, either brief or extended, as a threat to his defensive armor. While it may be possible to readily relieve his symptoms, he may try to avoid self-exploration and self-awareness. His defensiveness is deeply protective and must be honored by the therapist; probing should proceed no faster than the patient can tolerate. Only after building trust and confidence in the therapeutic relationship can the therapist begin to bring cognitive and interpersonal methods into the open. For every piece of defensive armor removed, however, the therapist must attempt to bolster the patient's sense that the treatment process will be constructive and self-enhancing. To remove more defenses than the patient can handle should be avoided to prevent relapse. He may be sufficiently well-guarded and self-assured, however, to ignore or intellectualize distressing confrontations, but nonetheless, caution is the by word. And finally, it states that this patient may not only be suspicious of therapy and psychology but may tend to denigrate sentimentality, intimate feelings, and tenderness. His narcissistic streak leads him to lack sympathy for the weak and oppressed. The therapist cannot allow the entire therapeutic enterprise to be hostage to his indifference. A directive cognitive approach may lead him to recognize that dealing with the softer emotions need not undermine the foundations of his interpersonal style or reactivate feelings that he has buried for years. His assumption that sympathy and tender feelings only distract and divert people from being correct and successful can be confronted cognitively. Given the above recommendations this examiner recommends the applicant be referred to both a psychiatrist and a psychologist for ongoing psychiatric treatment. In order to pharmacotherapeutically manage his severe symptoms

of anxiety and depression, treatment with a psychiatrist should be for no less than six months on an industrial basis. After these six months, his psychiatrist should decide if further pharmacotherapy is required. With regards to the need for a psychologist, as stated above the applicant would like to see someone on an individual basis. He has utilized individual psychotherapy in the past for his service-related posttraumatic stress disorder and with respect to his symptoms related to this workers' compensation claim. A trial of Eye Movement Desensitization Reprocessing (EMDR) should also be considered as it has been shown to be more effective with adults experienced traumas. EMDR can also be employed in conjunction with his individual psychotherapy. Considering the severity of his posttraumatic stress disorder symptoms, individual psychotherapy should be considered for at least one year. However, EMDR has been shown to be a successful trauma treatment and so if it is employed as soon as possible in his treatment, maybe his symptoms can become more manageable, and he will not require long-term individual psychotherapy.

Vocational Rehabilitation: Does not qualify for vocational rehabilitation.

Prognosis: The prognosis for his psychiatric injuries is guarded even with appropriate aggressive treatment given the following: the chronicity of his current PTSD symptoms, his previous history of being diagnosed with PTSD, his serious medical condition which is adding to his psychiatric distress, and his lack of psychological insight. Considering his tendency to minimize his symptoms, he would need to be strongly encouraged to follow through with his psychiatric treatment regimen. It is hoped that he realizes that he is in such a serious state that he will follow through on the referrals given to him. The applicant would have a serious difficulty, on a psychiatric basis, competing in the open labor market at this time. The applicant's physical injuries also seriously

limit the range of job duties that he can perform at this time even if he were more psychologically stable.

November 4, 2021, Telehealth Progress Report by Marvin Pietruszka, M.D./Koruon Daldalyan, M.D. from Del Carmen Medical Center

Present Complaints: Headaches, dizziness, lightheadedness, visual difficulty, hearing problems, jaw pain, jaw clenching, dry mouth, heart palpitations, urinary frequency, cervical spine pain, thoracic spine pain, lumbar spine pain, bilateral shoulder pain, bilateral hand pain, anxiety, depression, difficulty concentrating, difficulty sleeping, forgetfulness, and dermatologic complaints.

Diagnoses: 1) musculoskeletal injuries involving cervical, thoracic and lumbar spine, bilateral shoulders, wrists, and hands. 2) Cervical spine sprain/strain. 3) Thoracic spine sprain/strain. 4) Lumbar spine sprain/strain. 5) Tendinosis bilateral shoulders. 6) Carpal tunnel syndrome, bilateral wrists. 7) Tendinosis bilateral wrists. 8) Right kidney cancer, status post nephrectomy (2019). 9) Status post removal of lipoma (1995). 10) Hypertension (2016) accelerated by a workplace injury. 11) Diabetes mellitus (1999) aggravated by a workplace injury. 12) Hyperlipidemia (1999). 13) Sleep apnea (2000). 14) Exposure to asbestos in workplace. 15) Exposure to chemicals in workplace (zinc oxide, mercury, compounds, and various dust particles). 16) Pulmonary nodules secondary to occupational exposures. 17) Chronic headaches. 18) Dizziness/lightheadedness. 19) Visual disorder. 20) Hearing loss, bilateral. 21) Chronic sinus congestion due to occupational exposures. 22) TMJ syndrome, bilateral. 23) Bruxism. 24) Xerostomia. 25) Heart palpitations. 26) Urinary frequency. 27) Posttraumatic stress disorder. 28) Anxiety disorder. 29) Depressive disorder. 30) Sleep disorder. 31) Difficulty with concentration. 32) Forgetfulness. 33) Contact dermatitis secondary to

occupational exposures. 34) Allergy to lisinopril and aspirin.
Treatment Rendered: Performed x-ray of the chest, cervical spine, lumbar spine, right shoulder, left shoulder, right elbow, left elbow, right wrist, left wrist, right hand, and left hand. Also performed pulmonary function test, 12-lead electrocardiogram, and pulse oximetry.
Treatment Plan: Continue current medications.
Work Status: Regular work.

March 3, 2022, Panel Qualified Medical Examiner's Supplemental Report in Psychology by Lawrence Ledesma, Ph.D.

DOI: 08/01/15 - 07/06/18; 01/01/15 - 06/10/21
Comment: Given the additional information, this evaluator is deferring to the trier of fact for final determination of causation. This new information provided by Mr. Bull calls in to question the credibility of him. Additionally, he did not mention during the QME evaluation that he had some hearing loss from a hand grenade exploding close to him at some time while he was in military service. This is an important bit of information that was not relayed to examiner by him during the QME evaluation. The hostile work environment as described by him in his initial QME evaluation is also now, for this evaluator, questionable. With respect to the alleged assault in the restaurant, his primary witness, Mr. Farooq, appears to contradict the version of the incident in the restaurant as told by him. Additional witnesses to the alleged assault would appear to be needed. According to his description of the assault there may be several people who may have witnessed the incident in question. Given this new information provided by Mr. Bull, that both Mr. Escobell and Mr. Farooq deny the assault, it is now difficult for him to ascertain the voracity of the other statements made to examiner during the initial evaluation regarding how he was treated by his fellow employees and supervisors. If the assault did indeed happen,

then the description of the work environment follows as credible and his case is strengthened. If the assault did not happen, then it calls in to question the other information provided by him to this evaluator. So, given the rationale stated, at this time examiner cannot determine if there was indeed a work-related psychiatric injury and that is why this evaluator has deferred to the trier of fact. Subsequently, as to the question of Temporary Total Disability, this evaluator finds it impossible to decide as to what led to his time off work. Since examiner cannot ascertain if there truly was a psychiatric injury due to work related factors, examiner cannot clarify if his TDD was due to a psychiatric injury or a low back injury or neither. With respect to any Rolda analysis that can be made, this evaluator did not have access to any employee records in advance of interviewing him which might have assisted in examiner questioning him as to the work environment as experienced by him. Since this evaluator cannot determine if there were actual events of employment that have caused psychiatric injury and there are no records of any events of employment constituting personnel actions related to him, a Rolda analysis cannot be stated. At the initial QME evaluation he stated that in 1998 he saw a psychologist after he was attacked while off duty in the military. That incident was in Hawaii while he was on leave. He says that several other soldiers thought he was a tourist and attacked him and robbed him. While the assault was in Hawaii, his psychological treatment was in San Diego. Saw the psychologist for about a dozen times and says he had some improvement. It was in 1998 or 1999. He says that he was given a diagnosis of Posttraumatic Stress Disorder at the time of his treatment. According to him, the nightmares of the assault continue to this day. Since the DOI he reported various interactions with psychologists and psychiatrists. He saw a Lawrence Woodburn, Ph.D. from 2017 until 2019. His psychiatrist was a Shawn Chung, MD. Additional records from any mental

health professional would be extremely helpful going forward. In the previous QME evaluation that he has kidney cancer. He stated that his kidney cancer has metastasized to his lungs. He would be starting therapy for these medical issues in the next few weeks. Has had right kidney surgery in which his right kidney was removed due to cancer. This was in 2019. He also reported an 80% loss of hearing in his left ear and 30% in his right due "to his profession". He says that the equipment he uses is loud and over many years has left him with this hearing loss. However, records also indicate that the applicant stated that he has some hearing loss in his left ear due to a grenade being set off close to him while he was in the military. He did not offer this information during the original QME evaluation. The following is a list of the pre-existing and non-industrial factors: Assault while in the military resulting in psychological treatment and a diagnosis of PTSD – 1989. Loss of hearing in one ear due to a hand grenade exploding in close proximity to him during his time in military service – date unknown. Exposure to soldier's traumatic injuries during applicant's time in the service – 1986 - 2013. Loss of sister from cancer - 1992. Loss of mother – 2016. Kidney cancer diagnosis and surgery - 2019. Cancer metathesizing to lung - 2020. This report is being made based on the information provided and described above. If additional information becomes available which affects either the veracity or the accuracy of the data provided, all of the conclusions contained herein may be subject to revision. This concludes the supplemental report on his psychology of him.

March 3, 2022, Panel Qualified Medical Examiner's Supplemental Report in the Specialty of Internal Medicine and Pulmonology by Stewart Louky, M.D.

DOI: 07/06/18

Comment: The Examiner reviewed the medical records and opined that he developed a clear cell cancer of his kidney and did undergo a nephrectomy. There is

no evidence of any spread of cancer. The examiner had an opportunity to review some of the medical literature, and although there are articles that show that some patients presenting with new-onset hypertension, who have renal cancer that is identified, can have a correction of this hypertensive condition after nephrectomy and removal of cancer, It is not present in the case. He is to undergo a nephrectomy, but his blood pressure remains elevated, despite the use of anti-hypertensive medications. In the examiner's previous report dated June 10, 2019, it was the examiner's opinion that a 30% WPI was present with regard to his hypertension, according to tables 4-2 in the AMA guides. It was also the examiner's opinion that 85% of the disability associated with this impairment was, in fact, pre-existing and non-industrial. Examiner did apportion 15% of the disability-related to his hypertension to the emotional stress that he experienced during the course of his employment at the California Institute for Men. The review of these additional medical records and the discovery of his renal cell cancer do not change the examiner's opinion regarding either the amount of impairment or the apportionment of disability in this case. It is the examiner's opinion that treatment for his renal cell cancer should be on a non-industrial basis. Treatment for his hypertension should continue on an industrial basis as previously outlined. Examiner has not had the opportunity to re-evaluate this gentleman and last saw him in 2018. Examiner does not feel that a re-evaluation is necessary at this time unless the parties, in this case, wish for the examiner to consider any other work-related internal medicine issues besides his hypertension. Examiner appreciates the opportunity of reviewing these medical records. Examiners trust that this report is helpful in the overall management of this case.

Sincerely yours,

Bijan Zardouz, M.D.
MSA/SKD

WORKERS DEFENDERS LAW GROUP

751 S Weir Canyon Rd Ste 157-455
ANAHEIM CA 92808
Tel: 714 948 5054
Fax: 310 626 9632
workerlegalinfo@gmail.com
www.workerlegal.com

Natalia Foley, Esq
Principal Attorney
Tel: 310 707 8098
nfoleylaw@gmail.com
UAN: WORKERS DEFENDERS ANAHEIM
ERN: 13792552

TO: BIJAN ZARDOUZ, MD
1220 HEMLOCK WAY STE 108
SANTA ANA CA 92707 3652
tel 714 540 2272

RE: GEORGE SOOHOO vs CALIFORNIA INSTITUTION FOR MEN, SCIF
DOB: 11/28/1953
WCAB : ADJ14761987; ADJ14761989; ADJ11815610;' ADJ15069801
PANEL: 2837616 Date Issued: 03/16/2022 in NEUROLOGY

Dated: 4/15/2022

Proposed: 12/15/2021
Sent: 4/15/2022

APPLICANT ADVOCACY LETTER FOR NEUROLOGY SPECIALTY PQME EXAMINATION

Dear Dr. BIJAN ZARDOUZ, MD :

Thank you for agreeing to examine the applicant, GEORGE SOOHOO, in your capacity as a Panel Qualified Medical Examiner in NEUROLOGY.

The parties appreciate your agreement to evaluate the above individual in your capacity as Panel QME. Pursuant to Labor Code§ 4062.3, the parties have decided not to issue a joint letter in this case. Rather each party will write you with its respective position.

Enclosed for your review please find copies of all pertinent Workers' Compensation claims forms, medical reports, deposition transcripts, and other available exhibits as reflected in the attached exhibit list. You are hereby authorized to order or perform any diagnostic tests which you feel to be reasonable and necessary and to re-examine Applicant and/or issue any necessary supplemental reports.

I. BRIEF HISTORY OF INJURY AND TREATMENT

Applicant GEORGE SOOHOO is a 67-year-old male who was employed by CALIFORNIA INSTITUTION FOR MEN as a dentist at the time of the injury.

Applicant filed the following claims against her/his employer: