

Lawrence M. Richman, M.D.

**Mailing Address:
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Redlands, California 92374
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May 20, 2021

DEPARTMENT OF INDUSTRIAL RELATIONS
Subsequent Injury Benefit Trust Fund
1750 Howe Avenue, Suite 370
Sacramento, California 95825

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

EMPLOYEE	KEVIN WILLIAMS
EMPLOYER	Wal-Mart Associates, Incorporated
WCAB NO.	ADJ12524618; ADJ12524635; ADJ12743430
SIBTF NO.	SIF12524618
DATE OF BIRTH	February 17, 1964
EXAM DATE	May 20, 2021

INITIAL COMPREHENSIVE INDEPENDENT NEUROLOGIC EVALUATION REPORT:

Gentlepersons:

This examination was performed in the county of Los Angeles at 2760 East Florence Avenue, Huntington Park, California 90255 on May 20, 2021.

ML201-95 is billed, noting the following:

Face-to-face time	1 hour
Review of medical records (622 pages)	

Thank you for asking me to perform an Initial Independent Medical Evaluation on Mr. Kevin Williams in the field of neurology in order to determine disability for the Subsequent Injury Benefits Trust Fund, pursuant to Labor Code 4751. I have personally evaluated this patient and prepared this report.

The focus of this report is to address the applicant's pre-existing impairment / disability of different body regions, other than the industrial injury and to note the effects of the following injuries. This evaluation was performed in my office in Huntington Park, California on May 20, 2021.

This report is billed as a ML201 with Regulation 9795.

Per Labor Code 4751: If an employee, who is permanently and partially disabled receives a subsequent compensable injury resulting in additional permanent / partial disability, so that the degree of disability caused by the combination of both disabilities is greater than that which would have resulted from the subsequent injury alone, on the combined effect of the last injury on the previous disability or impairment, is a permanent disability equal to 70% or more of the total, he/she shall be paid in addition to the compensation due under the code for the permanent disability caused by the last injury, compensation of the remainder of the combined permanent disability existing up to the last injury, as provided in this article: provided, that either (a) the previous disability or impairment affected a hand, an arm, a foot, a leg or an eye, on the permanent disability resulting from the subsequent injury affects the opposite and corresponding member, and such allowed permanent disability, when considered alone and without regard to, or adjustment for, the occupation or age of the employee, is equal to 5% or more of the total, or (b) the permanent disability resulting from the subsequent injury, when considered alone and without regard to or adjustment for the occupation or the age of the employee, is equal to 35% or more of the total.

The patient is a 57-year-old right-hand dominant male clerk, who was employed by Wal-Mart. He is seen for evaluation of complaints that he reports occurred during the course of his employment. The following history, physical examination and review of records were performed by myself.

An attestation letter has been received indicating that I have been sent 606 pages of records for review. This is provided and signed by Natalia Foley, Attorney at Law.

INITIAL SIBTF SUMMARY:

1. **Did the worker have an industrial injury?**
Answer - Yes. The patient reported having sustained an injury to the lumbar spine due to continuous trauma in August 2015.
2. **Did the industrial injury rate to a 35% disability without modification for age and occupation?**
Answer – Not known.
3. **Did the worker have a pre-existing labor-disabling permanent disability?**
Answer – No.
4. **Did the pre-existing disability affect an upper or lower extremity or eye?**
Answer – No.

5. **Did the industrial permanent disability affect the opposite or corresponding body part?**
Answer – No.
6. **Is the total disability equal to or greater than 70% after modification?**
Answer – Not known.
7. **Is the employee 100% disabled or unemployable from other pre-existing disability and work duties together?**
Answer – No.
8. **Is the employee 100% disabled from the industrial injury?**
Answer – No.
9. **Additional records reviewed?**
Answer – Yes.
10. **Are evaluations or diagnostics needed?**
Answer – Yes. The patient is in need of a urologic evaluation and kidney function testing. The patient does require a thorough psychiatric and psychologic evaluation for depression.

SUMMARY OF SURGICAL AND MEDICAL PROBLEMS:

The patient has previously been diagnosed with the following disorders:

- Continuous trauma associated with stress and strain, CT January 1, 2018 – March 20, 2019 of the neck, shoulders, low back, hands from lifting heavy boxes.
- The patient has a history of hypercholesterolemia.
- The patient has a history of cataracts of both eyes.
- The patient has a history of moderate insomnia.
- The patient has a history of having one kidney.

PRE-EXISTING MEDICAL OR SURGICAL PROBLEMS:

Medical records submitted for review include a Workers' Compensation claim form dated September 3, 2019 for continuous trauma between October 2018 through March 13, 2019 due to stress due to hostile work environment.

During the same time frame, the patient filed a claim for continuous trauma to the neck, shoulders, hands and low back.

There is a Compromise & Release dated November 13, 2019 with a settlement amount of \$50,000.00.

There is a medical record from Kaiser Permanente dated April 15, 2008 referring to the patient complaining of low back pain. It notes that the patient was born with three kidneys, two of which were surgically removed leaving the patient with one kidney. The medical history showed degenerative arthritis of the thoracic spine.

The patient was treated for back pain on May 15, 2018 and provided with a caution of lifting and inappropriate posture.

The patient also had an episode of dizziness on October 26, 2016; possibly related to not having consumed enough for breakfast that morning and obtaining proper hydration.

There are records of January 23, 2018 referring to the patient having hypercholesterolemia.

The patient was treated for bowel obstruction on September 4, 2018 at Kaiser Permanente.

The patient underwent laparoscopic surgery on September 17, 2018 to partially treat the small bowel obstruction.

There is a record dated March 28, 2019 which refers to the patient having early cataracts.

There is a report of August 22, 2019 which refers to the patient having early edema in the lower limbs requiring compression stockings.

There is a report of November 12, 2019 by psychologist, Nelson Flores, Ph.D. that shows the patient having minimal anxiety and severe depression.

ACTIVITIES OF DAILY LIVING:

The patient reports difficulty with riding and driving a car due to impaired sleep due to pain and anxiety, averaging six hours of sleep per night. He reports this has been present since the industrial injury. He has difficulty with standing, sitting and walking. He scores 12 out of 24 on the Epworth Sleepiness Scale.

Ordinarily, for headaches, Table 18-4 is not applicable, as the patient does not report headaches.

NEUROLOGICAL EXAMINATION:

CRANIAL NERVE EXAMINATION:

Cranial nerves II-XII are serially tested and are within normal limits.

MOTOR EXAMINATION:

The patient showed full (5/5) motor force of the upper and lower limbs without evidence of wasting, weakness or fasciculations.

SENSORY EXAMINATION:

The patient shows intact sensation of the upper and lower limbs.

DEEP TENDON REFLEXES:

All reflexes are 1+ and symmetrical.

COORDINATION:

Finger-to-nose testing was normal.

PATHOLOGIC REFLEXES:

Babinskis are absent.

GAIT AND STATION:

The patient has a normal gait and normal tandem. Romberg tests are negative.

REVIEW OF MEDICAL RECORDS:

Total pages reviewed: 622

Duplicates summarized only once

Declaration: The total count of pages of the documents provided is 606 pages.

WC Claim Form dated 09/03/19 w/DOI: CT 01/2019; CT: 11/2018 to 03/19/19. Stress and strain due to repetitive movement over a period of time. Lower back, neck, shoulder, hands.

WC Claim Form dated 09/03/19 w/DOI: CT 10/2018 to 03/13/19. Stress due to hostile work environment.

Application for Adjudication of Claim dated 09/09/19 w/DOI: CT 09/09/18 to 03/20/19. Stress and strain due to repetitive movement over period of time and due to lifting heavy boxes, injured

lower back, neck, shoulders, LE, reported to the supervisor, sent to industrial clinic. Employed by Wal-Mart Associates, Inc as a Record Processor.

Application for Adjudication of Claim dated 09/09/19 w/DOI: CT 10/01/18 to 03/15/18. Stress due to hostile work environment racial and sexual harassment. Nervous system. Employed by Wal-Mart Associates, Inc as a Record Processor.

Compromise and Release, dated 11/13/19 w/DOI: CT 10/01/18 to 03/15/19; 01/22/19; CT 09/09/18 to 03/20/19. Employed by Walmart Inc. Settlement Amount: \$ 15,000.00. Leaving a balance of \$ 12,750.

04/15/08 - Call Documentation at Kaiser Permanente. Pt c/o lower back pain, 7/10 since yesterday. Pt was working on his car. Pt took Tylenol with partial relief. Recommended symptomatic care, OTC NSAIDs, heat and stretches. Pt is requesting for OWO for 04/14 & 04/15. Pt's assigned to chino clinic.

04/24/08 - Call Documentation by Jeffrey Petrilla, MD/Family Medicine at Kaiser Permanente. Pt called the OWO should be for two days: 04/14 & 04/15. But was only given OWO x1 day. Pt didn't contact until 4/15. They can't backdate the OWO, only state he said he was sick.

04/25/08 - Call Documentation Jeffrey Petrilla, MD/Family Medicine at Kaiser Permanente. Pt was given OWO. Pt is requesting to have it changed to pt unable to work and would like to file FMLA. Still having back pain.

04/28/08 - Office Visit by Ernesto Ulysses Campos, DO/Family Medicine at Kaiser Permanente. Pt c/o subacute L sided LBP for 2 weeks. Hurt back with twisting motion while working on car. Associated symptoms are some slight numbness on left side. Unable to take higher doses due to having one kidney. Born with 3 kidneys and two were surgically removed. PE: Vitals: BP 110/70. Wt 198 lbs. Alert and oriented x 3, no acute distress. Neuro: normal speech, no focal findings or movement disorder noted, 5/5 strength and 2/4 DTR's in lower extremities, sensation grossly intact. Musculoskeletal: Lumbosacral spine area reveals mild-moderate tenderness and moderate spasm. Painful and reduced L/S ROM noted. SLR is negative at 45 degrees on both sides. Dx: Strain of back, left sided. Rx: Prednisone 20 mg, Nabumetone 500 mg. Plan: Ordered labs. Take NSAIDs. Recommended Ice or heat. Ordered x-ray lumbosacral spine.

04/28/08 - Laboratory Rpt at Kaiser Permanente. Results: MCV (H) 94.1. TSH (L) 0.33.

04/28/08 - Patient Instructions at Kaiser Permanente.

05/04/08 - X-ray of L/S by Monica Leung, MD at Kaiser Permanente
Positive Findings: Mild wedge deformity is noted at T11, T12 and L1 vertebral bodies. Anterior osteophytes are present at T11, T12 and L1. The disc spaces of the lumbar spine show no significant findings.

Impression: Mild degenerative changes. No definite acute fracture identified

05/08/08 - Call Documentation at Kaiser Permanente. Pt was put on light duty and employer doesn't have light duty.

05/15/08 - Office Visit by Ernesto Ulysses Campos, DO. Pt presents with for return to work order. Pt would like to go back to work. Pain almost completely resolved and much improved. PE: Vitals: BP 104/70. Wt 198 lbs. Alert and oriented x 3, no acute distress. Neurological: normal speech, no focal findings or movement disorder noted, 5/5 strength and 2/4 DTR's in lower extremities, sensation grossly intact. Musculoskeletal: Lumbosacral spine area reveals mild tenderness and mild spasm. Painful and reduced LS ROM noted. SLR s negative at 60 degrees on both sides. Dx: Strain of back. Plan: Back to work. Take NSAIDs with food. Stretching and exercise per handouts. Ice or heat as needed. Caution with lifting and posture to avoid further injury.

04/02/16 - Laboratory Rpt at Kaiser Permanente. Results: Globin 1, stool negative.

04/05/16 - Colorectal Cancer Screening Instructions at Kaiser Permanente.

04/15/16 - Office Visit by Christopher Bing Yan, MD/Family Medicine at Kaiser. Pt presents for annual physical exam. Employed as internet security at Walmart. ROS: Neurological: Negative for dizziness and HAs. PE: Vitals: BP 134/71. Wt 233 lbs. Neurological: He is alert and oriented to person, place, and time. He has normal motor skills, sensation, reflexes and cranial nerves. Plan: Ordered labs.

09/08/16 - Message Encounter Kaiser Permanente. Instructed patient to get flu vaccine as it is flu season.

09/17/16 - X-ray of KUB Interpreted by Sangku Kang, MD at Kaiser.

10/20/16 - Office Visit by Grace Wan, MD/Family Medicine at Kaiser Permanente. Pt presents with dizziness and light HA this morning at work. Pt needs a note stating that he is ok to return to work tomorrow. Working more overtime as warehouseman. Admits to not eating usual breakfast and hydrating this morning before going into work. Work environment is climate controlled, but notes breakroom was very hot, AC not working. PE: BP 130/87. Wt 225 lbs. Neurological: He is alert and oriented to person, place, and time. He has normal strength and intact cranial nerves. He is not agitated and not disoriented. He displays facial symmetry and normal speech. He has a normal Finger-Nose-Finger Test, a normal Romberg Test and a normal Tandem Gait Test. Gait normal. Dx: Dizziness. Plan: Recommended orthostatic vital signs.

10/20/16 - Laboratory Rpt at Kaiser Permanente. Normal lab results.

10/20/16 - Patient Instructions/Flowsheets at Kaiser Permanente

08/14/17 - Office Visit by Diana Lee, OD/Ophthalmology at Kaiser Permanente. Visit for B/L incipient cataract, presbyopia, B/L myopia, B/L astigmatism. BP 134/81.

01/11/18 - Office Visit by Christopher Yan, MD/Family Medicine. Pt presents for urinary frequency and erectile dysfunction. ROS: Neurological: Negative for dizziness and headaches. PE: Vitals: BP 138/89. Wt 203 lbs.

01/11/18 - Laboratory Rpt at Kaiser Permanente. Results: RBC (L) 4.61. LDL (H) 120. HDL (L) 36.

01/11/18 - Flowsheets/After Visit Summary at Kaiser Permanente.

01/23/18 - Message Encounter Chris Yan, MD at Kaiser Permanente. Reviewed lab tests - it would be worthwhile to start a low dose cholesterol medication to protect from heart attack/stroke. Stop it if pt improves in terms of diet and especially exercise. Ordered Atorvastatin.

01/23/18 - Prescriptions Order at Kaiser Permanente.

03/28/18 - Message Encounter at Kaiser Permanente. Given prescription for cholesterol. Continue health diet and exercise regimen.

08/09/18 - Message Encounter at Kaiser Permanente. Pt is requesting different Viagra, doesn't work and is asking non-generic.

08/27/18 - Message Encounter by Harold Batin, MD/Family Medicine at Kaiser Permanente. Pt just has refill of the generic Viagra working now that he stops drinking beer and changed diet. Refilled generic Viagra.

09/14/18 - ED Note by Teri Vieth, MD/Emergency Medicine at Kaiser Medicine. Visit for small bowel obstruction, upper abdominal pain, vomiting, and abdominal distention. Vitals: BP 153/100. Wt 205 lbs.

09/14/18 - H&P Note by Lori Chow, MD/General Surgery at Kaiser Permanente. Visit for Small bowel obstruction on imaging. Vitals: BP 157/83. Wt 205 lbs.

09/14/18 - CT of Abdomen and Pelvis Interpreted by Jerome Tsai, MD at Kaiser Permanente.

09/14/18 - Laboratory Rpt at Kaiser Permanente. Results: WBC auto (H) 15.6. MCV (H) 95.3. Random Glucose (H) 142. Total bilirubin (H) 1.3. Specific gravity UA (H) 1.049. UA protein (A) 30 (1+). Leukocyte Esterase (A) positive. Urobilinogen UA (A) 2.0 (1+).

09/14/18 – Orders/MAR/Flowsheets at Kaiser Permanente

09/15/18 - General Surgery Progress Note by Lori Chow, MD at Kaiser. Visit for small bowel obstruction. PE: Vitals: BP 128/78. Wt 220 lbs.

09/15/18 - Progress Note by Nina Bowman, DO/General Surgeon at Kaiser Permanente. Visit for small bowel obstruction.

09/15/18 - Laboratory Rpt at Kaiser Permanente. Results: Electrolyte panel and CBC with diff normal.

09/15/18 - Procedure Note by Jerome Tsai, MD/Radiologist at Kaiser Permanente. Visit for pulmonary nodule eval.

09/15/18 - X-ray of SM Bowel with Gastrographing Interpreted by Jerome Tsai, MD at Kaiser Permanente.

09/15/18 - X-ray of Abdomen Interpreted by Furhawn A Shah, MD at Kaiser.

09/15/18 - X-ray of KUB Interpreted by Furhawn A Shah, MD at Kaiser Permanente.

09/15/18 - Care Planning Progress Note at Kaiser Permanente. Alert, awake, & oriented x 4. Ambulates independently.

09/15/18 - Multi-Discipline Progress Note at Kaiser Permanente. Nurse visits regarding abdominal pain.

09/16/18 - General Surgery Progress Note by Lori Jeannine Huhta Chow, MD at Kaiser Permanente. Visit for small bowel obstruction. Vitals: BP 132/68.

09/16/18 - Laboratory Rpt at Kaiser Permanente. Results: Sodium (L) 133. Chloride (L) 100.

09/16/18 - X-ray of KUB Interpreted by Sangku Kang, MD at Kaiser Permanente.

09/16/18 - Care Planning Progress Note at Kaiser Permanente. Visit for small bowel obstruction.

09/17/18 - General Surgery Progress Note by Lori Chow, MD. Visit for small bowel obstruction. BP 144/56. Wt 220 lbs.

09/17/18 - Operative Note by Lori Jeannine Huhta Chow, MD at Kaiser Permanente. Preop & Postop Dx: Partial small bowel obstruction. Procedure Performed: Laparoscopy diagnostic, lysis of adhesions.

09/17/18 - Pre-Procedure Anesthesia Note by Mona Limm, MD/Anesthesiology at Kaiser Permanente. BP 145/92. Wt: 209 lbs.

09/17/18 - Laboratory Rpt at Kaiser Permanente. Results: Sodium (L) 133. Chloride (L) 100.

09/17/18 - Anesthesia Note by Mona Limm, MD at Kaiser Permanente.

09/17/18 - Care Planning Progress Note at Kaiser Permanente. Visit for small bowel obstruction. Pt is stable and ready for discharge home

09/17/18 - Monitor Strips at Kaiser Permanente.

09/18/18 - General Surgery Progress Note by Lori Chow, MD. Visit for small bowel obstruction. Vitals: BP 122/77. Wt 209 lbs.

09/18/18 - Laboratory Rpt at Kaiser Permanente. Results: BUN, Creatinine, GFR are normal.

09/18/18 - Discharge Instructions at Kaiser Permanente.

09/18/18 - Multi-Discipline Progress Note at Kaiser Permanente. Visit regarding small bowel obstruction.

09/18/18 - Anesthesia Post op Note by David Khatibi, MD/Anesthesiologist at Kaiser Permanente. Vitals: BP 129/75. Wt 209 lbs.

09/18/18 - Discharge Summary by Lori Chow, MD at Kaiser Permanente. Visit for small bowel obstruction. Discharged to home.

01/03/19 - Message Encounter at Kaiser Permanente. Refilled Sildenafil 20 mg.

02/17/19 - Message Encounter at Kaiser Permanente. He has an active prescription for Sildenafil 20 mg.

03/28/19 - Office Visit by Diana Lee, OD/Ophthalmology at Kaiser Permanente. Visit for presbyopia, B/L astigmatism, B/L myopia, B/L incipient cataract, B/L pinguecula, screening for glaucoma.

08/01/19 - Message Encounter at Kaiser Permanente.

08/22/19 - Office Visit by Ameerah Shaban, MD/Family Medicine at Kaiser. Pt presents with B/L edema, B/L ankle swelling x2 weeks. Voiding normally. Does not exercise. Drinks 2 beers a day. Has been wearing thermal socks/compression socks to bed. PE: Vitals: BP 120/86. BP 250 lbs. Constitutional: He is well-developed, well-nourished, and in no distress. No distress.

Musculoskeletal: He exhibits edema (1 + pitting edema in B/L legs up to mid shin. Negative Homans. He exhibits no tenderness. **Psychiatric:** Affect normal. Dx: 1) Swelling of B/L legs. 2) Unhealthy drinking behavior. 3) Abnormal increased body weight. 4) Hx of nephrectomy. 5) Hyperlipidemia. Plan: Recommended compression stocking. Ordered labs.

08/22/19 - Laboratory Rpt at Kaiser Permanente. Results: MCV (H) 95.1. HDL (L) 30. LDL (H) 118. Triglyceride (H) 183.

08/23/19 - Message Encounter at Kaiser Permanente. All labs were normal except elevated triglycerides and bad cholesterol. Recommend low fat diet and exercise. Kidney function was normal but slightly worse than last time it was checked. Recommended to drink more fluids.

11/12/19 - Psychological Testing Rpt by Nelson J Flores, PhD at Psychological Assessment Services. Summary and Discussion: Pt was administered a comprehensive battery of psychological tests to help in the diagnosis of possible emotional and psychological disturbance. He completed the battery of psychological tests in a cooperative manner. During, the pretest and the testing sessions, his mood was anxious and sad. He showed no impairment in his production of speech or his thought process. The results of the psychological tests suggest that pt is reporting minimal clinical levels of anxiety and severe levels of depression, The test data suggested the patient's intellectual functioning appears to be impacted by his current set of symptoms. The patient was alert and there is no indication that the patient may be experiencing neuropsychological disturbances. On Epworth Sleepiness scale, there is an indication that the patient is experiencing moderate excessive daytime sleepiness. On Insomnia severity index, there is an indication that the patient is experiencing moderate clinical insomnia.

11/15/19 - Message Encounter at Kaiser Permanente. Pt is requesting refill of the generic Viagra.

01/21/21 - After Visit Summary at Kaiser Permanente.

03/11/21 - Video Appointment Visit Kaiser Permanente by Christopher Yan, MD/Family Medicine at Kaiser Permanente. Visit for urinary frequency, urinary urgency, screening, hx of nephrectomy.

03/25/21 - TAV Note by Kent Miyamoto, MD/Urology - Kaiser Permanente. Visit for urinary frequency, urinary urgency, hx of nephrectomy.

CLINICAL IMPRESSIONS:

1. History of continuous trauma associated with musculoskeletal symptoms and complaints involving the cervical, bilateral shoulders, lumbar spine and lower limbs due to his employment at Wal-Mart.
2. History of continuous trauma associated with stress from hostility and sexual harassment due to his employment at Wal-Mart.

3. Sleep disturbance, presumably related to the patient's complaints from his employment at Wal-Mart.
4. Loss of two kidneys with the patient being born with three kidneys, leaving the patient with one kidney, no industrial causation, to be addressed by a board certified internal medical specialist / nephrologist.
5. Rule out potential sleep apnea, nonindustrial.
6. History of cataracts to be addressed by an ophthalmologist.
7. Prior history of a healed left wrist fracture sustained in 1996, nonindustrial.

DISCUSSION:

Mr. Williams is a 57-year-old male, who has an industrial claim for both emotional stress and musculoskeletal complaints including his shoulders and upper limbs. He has a history of sleep disturbance and the patient may have underlying obstructive sleep apnea, which should be addressed with a polysomnogram and is likely longstanding. He has pre-existing loss of anatomic variance of two kidneys on one side leaving him with one kidney. It is unknown whether the patient's kidney function is adequate or not. This should be further addressed by an internal medicine specialist.

From a neurologic perspective, absent a polysomnogram, I am not able to apply an impairment rating without substantial medical evidence.

The patient's kidney function should be addressed by an internal medicine specialist and preferably a nephrology specialist.

The patient's cataracts and visual acuity should be addressed by a board certified ophthalmologist.

I suspect that, at the present time, the patient would receive a 0% whole person impairment, per further discovery.

If I can be of further assistance regarding this case, please do not hesitate to contact this office.

SOURCE OF ALL FACTS AND DISCLOSURE:

The source of all facts was the history given by the examinee and review of the previous examiner's medical reports. I personally interviewed the examinee, performed the physical examination, reviewed the history with the examinee, reviewed the medical records provided, dictated this report and it reflects my professional observations, conclusions and recommendations. Face-to-face time conformed with DWC Guidelines. I declare under penalty of perjury that the information contained in this report and its attachments, if any, are true and correct to the best of my knowledge and belief, except as to the information that I have indicated and received from others. As to this information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. Labor Code 139.3 was not violated. Assistance with preparation of this report was provided by Alexis Townsend, Assistant and Vijayalakshmi Ranganathan, Record Summarizer, each of whom were trained by Arrowhead Evaluation Services, Incorporated.

WILLIAMS, Kevin
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Date of Report: May 20, 2021

Date of Report: May 20, 2021. Signed this 9th day of June, 2021 at San Bernardino County, California.

Yours truly,



Lawrence M. Richman, M.D., Diplomate (Neurology),
American Board of Psychiatry and Neurology,
Diplomate, American Board of Electrodiagnostic Medicine,
Fellow, American Association of Neuromuscular and Electrodiagnostic Medicine,
NIH Fellowship, Neurovestibular Disorders and Neuro-Ophthalmology

LMR/kdp

State of California
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

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

Case Name: KEVIN WILLIAMS v Wal-Mart Associates, Incorporated
(employee name) *(claims administrator name, or if none employer)*

Claim No.: SIF12524618 **EAMS or WCAB Case No. (if any):** ADJ12524618

I, MARIA MORENO, declare:
(Print Name)

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

- A depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.
- B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
- C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
- D placing the sealed envelope for pick up by a professional messenger service for service. *(Messenger must return to you a completed declaration of personal service.)*
- E personally delivering the sealed envelope to the person or firm named below at the address shown below.

<u>Means of service:</u> <i>(For each addressee, enter A - E as appropriate)</i>	<u>Date Served:</u>	<u>Addressee and Address Shown on Envelope:</u>
<u>A</u>	<u>06/14/21</u>	<u>Subsequent Injury Benefit Trust Fund 1750 Howe Avenue, Suite 370 Sacramento, California 95825</u>
<u>A</u>	<u>06/14/21</u>	<u>WORKERS DEFENDERS LAW GROUP 9019 East Santa Ana Canyon, Suite 100-215 Anaheim Hills, California 92808</u>
<u>A</u>	_____	_____
_____	_____	_____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 6/14/21

Maria Moreno Maria Moreno
(signature of declarant) *(print name)*