

KAMRAN HAKIMIAN, M.D., INC.

*American Board of Electrodiagnostic Medicine
American Board of Physical & Rehabilitative Medicine
Fellow, Rheumatology*

**50 N. La Cienega Blvd. Suite 219, Beverly Hills, CA 90211
Tel. No.: (310) 652 6060; Fax No.: (310) 652 6607**

August 19, 2020

City of Los Angeles
Attn: Workers Comp. Claims
700 E. Temple St. RM# 210
Los Angeles Ca, 90012

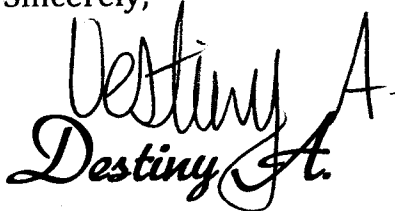
**Re: Marvetta Johnson VS. Probation Detention office
D.O.I: 01/25/2019
Claim#: 419-01553D
D.O.S.: 08/14/2020
Our file #: 59596**

To Whom It May Concern:

Please find enclosed the **EMG/NCV medical report, HCFA UB-1500 Billing form, Authorization and Prescription** for the above-mentioned patient.

If you have any further question please do not hesitate to contact me. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Destiny A." in a cursive script.

Billing Department

CC: see attached proof of service

**State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA**

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

- New Request Resubmission – Change in Material Facts
 Expedited Review: Check box if employee faces an imminent and serious threat to his or her health
 Check box if request is a written confirmation of a prior oral request.

Employee Information

Name (Last, First, Middle): Johnson, Marvetta
 Date of Injury (MM/DD/YYYY): 03/14/2019 Date of Birth (MM/DD/YYYY): 12/11/1967
 Claim Number: 1. 419-01553-D 2. 419-02165-D Employer: Los Angeles County Probation Department

Requesting Physician Information

Name: Kenneth A. Webb DC
 Practice Name: Westside Health-Chiropractic Contact Name: Cecilia
 Address: 11915 Washington Blvd. City: Los Angeles State: CA
 Zip Code: 90066 Phone: 310-572-1515 Fax Number: 310-572-1522
 Specialty: Chiropractic NPI Number: 1225320617
 E-mail Address: whchiro@yahoo.com

Claims Administrator Information

Company Name: City of Los Angeles Contact Name:
 Address: 700 E Temple St Ste 210 City: Los Angeles State: CA
 Zip Code: 90012 Phone: 909.942.8957 Fax Number: 909.942.8918
 E-mail Address:

Requested Treatment

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other information: (Frequency, Duration Quantity, etc.)
Lumbar Spine- Discitis, with Radiculopathy, Rule Out Disc Bulge	M48.47, M54.16, Rule Out M51.26	Authorization for additional Chiropractic Care and Physiotherapy Authorization for MRI scans of the Lumbar Spine, (LL) Shoulder, (LL) Hip Authorization for an NCV/EMG study of her lower extremities Authorization for MRI scans of her Lumbar Spine and (LL) Hip		6 visits
Subluxations of the L/S (Subsequent Encounter)	S33.100D			
(Lt.) Hip- Entesopathy, Contusion	M70.70, S70.00XA			
(Lt.) Thigh (Quads)- Strain	S76.112A			
(Lt.) Knees- Tendonitis	M76.51			

Requesting Physician Signature: *Kenneth A. Webb, DC* Date: 6-17-20

Claims Administrator/Decision Review Organization (DRO) Approval

- Approved Denied or Modified (See separate decision letter) Delay (See separate notification of delay)

<input type="checkbox"/> Requested treatment has been previously denied		<input type="checkbox"/> Liability for treatment is disputed (See separate letter)	
Authorization Number (if assigned):		Date:	
Authorized Agent Name:		Signature:	
Phone:	Fax Number:	E-mail Address:	
Comments:			

HEALTH INSURANCE CLAIM FORM

CITY OF LOS ANGELES
700 E. TEMPLE ST. RM. 210
LOS ANGELES CA 90012

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

PICA WC P01

PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) JOHNSON, MARVETTA
3. PATIENT'S BIRTH DATE MM DD YY 12 11 1961
4. INSURED'S NAME (Last Name, First Name, Middle Initial) JOHNSON, MARVETTA
5. PATIENT'S ADDRESS (No., Street) 1023 W 138TH STREET
6. PATIENT RELATIONSHIP TO INSURED Self X Spouse Child Other
7. INSURED'S ADDRESS (No., Street) 1023 W 138TH STREET
8. RESERVED FOR NUCC USE
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
10. IS PATIENT'S CONDITION RELATED TO:
11. INSURED'S POLICY GROUP OR FECA NUMBER
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 below.
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE Signature on File DATE 08/17/20
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE Signature on File

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) 01 25 2019 QUAL.
15. OTHER DATE 01 25 2019 QUAL.
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN KENNETH A WEBB DC
17a. OB DC26997
17b. NPI 1225320617
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) GENERAL PRACTICE
20. OUTSIDE LAB? YES NO X

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)
A. E11.9 B. E11.40 C. I10 D. G60.3
E. R53.1 F. M54.16 G. R20.2 H. G57.51
I. G57.52 J. G57.31 K. G57.32 L.
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

Table with 6 rows and 10 columns: A. DATE(S) OF SERVICE, B. PLACE OF SERVICE, C. EMG, D. PROCEDURES, SERVICES, OR SUPPLIES, E. DIAGNOSIS POINTER, F. \$ CHARGES, G. DAYS OR UNITS, H. EPRSOT Family Plan, I. ID. QUAL., J. RENDERING PROVIDER ID. #

25. FEDERAL TAX I.D. NUMBER 954561772
26. PATIENT'S ACCOUNT NO. 59596
27. ACCEPT ASSIGNMENT? YES X NO
28. TOTAL CHARGE \$ 2795 00
29. AMOUNT PAID \$ 0 00
30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER KAVRAN HAKIMIAN MD
32. SERVICE FACILITY LOCATION INFORMATION CALIFORNIA SPORT AND REHAB
33. BILLING PROVIDER INFO & PH # 310 6526060

KAMRAN HAKIMIAN, M.D., INC.
American Board of Electrodiagnostic Medicine
American Board of Physical & Rehabilitative Medicine
Fellow, Rheumatology
50 N. La Cienega Blvd. Suite 219, Beverly Hills, CA 90211
Tel. No.: (310) 652 6060; Fax No.: (310) 652 6607

Date : August 14, 2020
Date of Exam : August 14, 2020
Patient's Name : Marveta Johnson
Date of Birth : December 11, 1967
Insurance Company : City of Los Angeles
Referring Physician: Kenneth Webb, D.C.

Patient is a 52-year-old right-handed female working at Los Angeles County Probation Department as a detention supervisor. According to the patient, she gradually developed pain at the lower back, left hip and thigh. She is also complaining of pain at the neck, left shoulder and arm. She reported aggravation of symptoms at night. On past medical history, she has diabetes mellitus and high blood pressure. On examination, range of motion was painful at the lumbar spine. On inspection, there is no gross atrophy in leg muscles. She was able to walk on her toes and heels but had difficulty squatting. Straight leg raising was 80 degrees on the right side and 75 degrees on the left side. Deep tendon reflexes were trace at the knees and ankles. Sensation was intact to light touch and pinprick. She was initially seen by Kenneth Webb, D.C. and was referred to this office for neurodiagnostic evaluation. Electrodiagnostic study of the lower extremities was performed. Skin temperature was more than 32 degrees Celsius unless otherwise noted.

ELECTRODIAGNOSTIC STUDIES

NERVE CONDUCTION STUDIES:

NERVE	DISTAL		ACROSS		PROXIMAL		CONDUCTION VELOCITY		
	Lat.	Amp.	Lat.	Amp.	Lat.	Amp.	Distal	Across	Proximal
Normal Value	<6.1ms	>3.0mv					>40.0m/s	>40.0m/s	>40.0m/s
R.Peroneal Mot.	3.7	8.1	10.7	6.9	12.7	6.7	42.9	50.0	
L.Peroneal Mot.	5.5	5.4	11.6	5.6	13.4	5.9	49.2	55.6	
Normal Value	<4.2ms	>4.0uv							
R.Peroneal Sen.	2.4	16.2							
L.Peroneal Sen.	2.7	18.1							
Normal Value	<6.1ms	>3.0mv					>40.0m/s	>40.0m/s	>40.0m/s
R.Tibial Mot.	4.5	4.6	12.5	2.2			46.3		
L.Tibial Mot.	5.0	4.9	13.3	4.0			43.4		
Normal Value	<3.6ms	>10.0uv							
R.Tibial Sen.	3.3	10.9							
L.Tibial Sen.	3.2	10.5							
Normal Value	<4.0ms	>4.0uv							
R.Sural	3.2	21.5							
L.Sural	2.9	22.6							

Normal Value <36.0ms
 R.H-Response 35.5
 L.H-Response 35.5
 Difference 0.0

ELECTROMYOGRAM

With a disposable monopolar teflon coated needle electrode, electromyographic study of the following muscles was performed on both sides:

Muscle	Nerve	Roots	In.Act.	Fibs	+WV	Fasc	MUP	Rec	Dur	Amp	Phases	Comment
L/S.Par.	Dor.Prim.Ramus		N	N	N	N	N	N	N	N	N	N
Glut.Max.	Inf.Glut.	L5,S1,2	N	N	N	N	N	N	N	N	N	N
Quadr.	Femoral	L2,3,4	N	N	N	N	N	N	N	N	N	N
Bic.Shrt.	Peroneal	L5,S1,2	N	N	N	N	N	N	N	N	N	N
T.Ant.	Deep Per.	L4,5,S1	N	N	N	N	N	N	N	N	N	N
P.Long.	Sup.Per.	L5,S1	N	N	N	N	N	N	N	N	N	N
Med.Gast.	Tibial	L5,S1,2	N	N	N	N	N	N	N	N	N	N
Lat.Gast.	Tibial	L5,S1,2	N	N	N	N	N	N	N	N	N	N
Soleus	Tibial	L5,S1,2	N	N	N	N	N	N	N	N	N	N

FINDINGS:

Nerve conduction studies on bilateral peroneal, tibial, and sural nerves were performed. The findings are within the normal values of this lab. To evaluate more proximal segments, H reflex latencies were recorded from tibial nerves. There was no significant difference between the two sides and the findings were within the normal range of this lab.

Electromyographic findings did not reveal any evidence of positive sharp waves or fibrillation on the sampled muscles. The motor unit potentials had normal amplitude, duration, and configuration.

IMPRESSIONS:

Normal Study.

Above findings were compared with the previous study performed on April 13, 2018. There is improvement on nerve conduction study and the impressions are as follows:

1. No electrophysiological evidence of entrapment neuropathy on the peroneal, and tibial nerves.
2. No electrophysiological evidence to support motor radiculopathy in the lower extremities.
3. No electrophysiological evidence to support distal peripheral neuropathy in the lower extremities.

DISCLOSURE:

Electromyographic study on this patient was solely performed by the undersigned. Nerve conduction study was assisted by Josephine B., Electrodiagnostic Technician. All the material was reviewed and interpreted solely by the undersigned.

In compliance with labor code section 4628, by my signature on the report, 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 believed it to be true.

I certify that this report represents the work product by myself and my staff in the manner described and expresses exclusively my professional opinion, findings and conclusions on the matter discussed in the report.

Date Signed: August 14, 2020
County where executed: Los Angeles

If I can be of any further assistance, please do not hesitate to contact me.

Sincerely,



Kamran Hakimian, M.D.
Diplomate, American Board of
Electrodiagnostic Medicine.
KH/JB/C-20

