

Faxed by: Earl; 01/18/2023 - 09:22 AM

Edwin Haronian., M.D.
Orthopedic Surgery & Spine Surgery
Tel: (818)616-1666 Fax: (818) 827-4706

Request of information on
PREVIOUS Authorization Request

01/18/2023

Patient: Pepper SMITH
Claim No.: 06758786

Non-Surgical:

Request authorization for: EMG/NVC of bilateral upper extremities.

Was made on date /01-01-23/, since then we have found no response to our request. Once again we are requesting a response to our request for the above treatments.

Pursuant to Labor Code section 4610(h) the UR process is to be completed within 5 days...if the insurance carrier needs additional time to complete the UR, a maximum of 14 days are allowed)...In NO EVENT can the UR process take longer than 21 days to complete and issue a 'modification, delay or denial' of the requested treatment, OR the treatment is presumed to be "approved". The Claims Adjuster's cannot 'deny' a requested treatment; they can only approve, or refer to UR for review, within the guidelines as provided in the rules. The initial answer to the PTP must be done within 72 hours with the hard copy to follow. UR is there to expedite the injured worker receiving appropriate medically necessary treatment.

Dr. Haronian has requested treatment providing his PR-2 / Narrative report in validating the need for the above treatment. Included were diagnostic studies if available to serve as additional evidence for authorization. A timely response to this request would be greatly appreciated.

All utilization review & claims examiner responses
must be returned to dedicated fax line:
Fax #: (818) 827-4706 Attn: UR Dept
Email: UR@Synapseortho.com

Edwin Haronian., M.D.

* 5651 Sepulveda Blvd.# 201 Sherman Oaks, CA 91411 *

Authorization Request

Today's Date: 01/01/2023

Our Chart No. 20078796

Patient Name: Pepper SMITH

DOB: 05/22/1971

Claim #: 06758786

Claim #:Unassigned

Request from office Visit date: 12 21, 2022

SCIF - LA (CLM# ENDING IN 00-49)

PO BOX 65005

Fresno, CA 93650

You can contact us by phone, fax or email

***Peer to Peer Direct line only: 818-616-1633**

***Phone # : (818) 616-1666**

***Fax: (818) 827-4706**

***Email: UR@synapseortho.com**

Thank you.

Katrin Lausa

Labor Code Section 4610, section (o) states that "no person other than a licensed physician... may modify, delay or deny request for authorization of medical treatment. Labor Code Section 4610 section (g) states the time frame for UR. (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician. In cases where the review is retrospective, the decision shall be communicated to the individual who received services, or to the individual's designee, within 30 days of receipt of information that is reasonably necessary to make this determination. All of the denial or medication procedures contained in Labor Code section 4610 (g) (2) and (3) are mandatory, and if the statutory requirements are not met, the utilization review report is not admissible. The only other procedure for disputing the treatment is a QME, pursuant to Labor Code section 4062.

Proof of Service State of California, County of Los Angeles

I am a resident of the county of Los Angeles; I am over the age of eighteen years and not a party to the within entitled action. My business address is: 5651 Sepulveda Blvd, Suite 201 Sherman Oaks, CA 91411 or 724 Corporate Center Drive, 2nd Floor, Pomona, CA 91768

On this date 01/01/2023 I served Request for Authorization to the above Insurance Co. SCIF - LA (CLM# ENDING IN 00-49) PO BOX 65005 Fresno, CA 93650, by transmitting via US Postal Services between the hours of 8:00am and 5:00pm. I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed in Los Angeles, CA

Executed on 01/01/2023 at Sherman Oaks, California. I declare under penalty of perjury that the above is true and correct.

Signature: Katrin Lausa

Katrin Lausa

Division of Workers' Compensation
REQUEST FOR AUTHORIZATION

DWC Form RFA - California Code of Regulations, title 8, section 9785.

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

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

Employee Information

Employee Name (Last, First, Middle): SMITH,Pepper

Date of Injury (MM/DD/YYYY): 07/31/2021;CT:7/31/2021 to 7/31/2022

Date of Birth(MM/DD/YYYY): 05/22/1971

Claim Number: 06758786;Unassigned

Employer: State of California Betty T Yee State

Provider Information

Provider Name: Edwin Haronian.M.D.

Peer to Peer Direct line: 818-906-4658

Contact Name:

Address: 5651 Sepulveda Blvd.# 201

City: Sherman Oaks

State: CA

Zip Code: 91411

Phone: 818-616-1666

Fax Number: 818-827-4706

Provider Specialty: Orthopedics

NPI Number: 1063480192

Claims Administrator Information

Claims Administrator Name: SCIF - LA (CLM# ENDING IN 00-49)

Contact Name:Kim, James

Address: PO BOX 65005

City: Fresno

State: CA

Zip Code: 93650

Phone:888-782-8338

Fax Number: 800-371-5905

E-mail Address:

Requested Treatment (see instruction for guidance; attached additional pates if necessary)

Either state the requested treatment in the below space or indicate the specific page number(s) of the accompanying medical report on which the request treatment can be found. Up to five (5) procedures may be entered; attached additional request on a separate sheet.

Diagnosis

M54.2 Cervical Pain
M75.40 Impingement syndrome, shoulder
M77.10 Lateral epicondylitis, elbow
G56.00 Carpal tunnel syndrome

ICD-Code

Procedure Requested

Request authorization for: EMG/NVC of bilateral upper extremities.

CPT/HCPCS Code

Other Information: (Frequency, Duration, Quantity, Facility, etc.)

Treating Physician Signature: 

Date:01/01/2023

Claims Administrator Response

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

Requested treatment has been previously denied Liability for treatment is disputed

Authorization Number (if assigned):

Date:

Authorized Agent Name:

Signature:

Phone:

Fax Number:

E-mail Address:

Comments:



Patient Name : Pepper Smith
Date of Service : December 21, 2022
Claim # : 06758786
Employer : State of California Betty T Yee State
Date of Birth : May 22, 1971
Date of Injury : 07/31/2021
CT:7/31/2021 to 7/31/2022
File # : 20078796

**INITIAL ORTHOPEDIC EVALUATION AND REQUEST FOR AUTHORIZATION OF A SECONDARY
PHYSICIAN**

The above captioned patient, a 51-year-old right-hand dominant female, presented in my Sherman Oaks office, located at 5651 Sepulveda Boulevard, Suite 201, Sherman Oaks, CA 91411, on December 21, 2022 for an orthopedic evaluation.

The following is a presentation of my initial evaluation and over all recommendations. The history was obtained by my medical historian, Mr. Antonio Salazar. I then reviewed the history in detail with patient.

HISTORY OF INJURY:

Ms. Smith is a 51-year-old right-hand-dominant female who sustained industrial injuries on **CT: 7/31/2021 to 7/31/2022**, while working as a DMV Manager for State of California Department of Motor Vehicles.

The patient states on a cumulative trauma during her employment, she gradually developed the onset of pain to her neck, shoulders, arms, wrists, hands and thumbs which she attributes to her work duties consisting of: working eight hours per day, five days per week, supervising, hiring, terminating and assigning job duties to employees, assisting the public, processing driver's license, registrations and I.D.'s, operating a computer, typing, entering data, processing paperwork, making vehicle inspections and taking and making phone calls. The precise activities required entailed prolonged standing and walking, as well as continuous fine maneuvering of her hands and fingers, and repetitive bending, twisting, turning, forceful pulling and pushing, forceful gripping and grasping, lifting and carrying 5 pounds, torquing, reaching to all levels.

She also developed psychological distress, anxiety and insomnia attributed to her painful injuries, responsibility, pressured, hostile and stressful work environment.

The patient states that in **March 2020**, she walked over to the DWP plant location after an explosion occurred. Suddenly a second explosion occurred, and she was jerked to her left side, developed pain to her neck and left shoulder and headaches. She received treatment at Kaiser on the Job consisting of: office visits, prescriptions for pain medication and medicated ointments, physical therapy and acupuncture treatments. She was eventually released from medical care and returned to work on full duty.

While working full duty and the pain in her neck and left shoulder persisted. She then also developed pain in her right shoulder, elbows, wrists, hands, thumbs and fingers while doing her repetitive job duties noted above.

The patient states on **June 2, 2022**, she assisted a technician-Ms. Smith with a customer who was raising his voice complaining about making a payment on a Kiosk. They told him he needed proof of insurance and got more upset, took her picture and asked for her name. She informs she had to walk away from the situation three times because he continued to yell at her. They informed the office manager and administrative manager, but they did not get up from their seats to help. She began to feel anxious and upset. She threw her hands up and told the customer she could not help him. He continued to yell at her. She tried to move away from him and refused to give him her last name. He then threatened to punch her in the mouth. Her office manager finally got up and assisted him in another window. By then she developed a severe headache, tension in her neck and numbness and tingling in her left shoulder and arm, along with elevated blood pressure.

On June 3, 2022, she called her employer to report her injury and was referred to Kaiser on the Job where she was examined and advised to take ibuprofen. She was placed on TTD for three weeks. She was informed she would only be seen for her headaches and psychological symptoms. She was advised to inform the W/C insurance carrier about her physical injuries to be referred for medical care either through her prior claim or file a new claim.

She informs that by the end of June 2022 the numbness in her left arm and headaches subsided but feared returning to work as working in the stressful work environment flared up her symptoms.

She informs that following the incident on June 2, 2022, she also developed abdominal pain and gastritis which she attributes to her psychological distress. On June 8, 2022, she sought medical care with her PCP through telemedicine. She was only examined. Due to her ongoing symptoms she went to an urgent care clinic twice for her abdominal pain. She underwent a **CT scan and ultrasound of her abdomen**. She was told her symptoms may be stress related. On July 25, 2022, she underwent a colonoscopy.

In September 2022, she was referred with a psychologist, but it was canceled as she was given the wrong date and time. The psychologist then changed the date again without informing her. She has not been rescheduled since then.

On September 2, 2022, she was sent with PTP, Dr. Eric Gofnung, D.C. She was examined and was given work restrictions not accommodated by her employer and was placed on TTD. She was given bilateral wrists and thumb spica braces. She underwent intervals of physiotherapy, chiropractic treatments once per week for six weeks at a time which provided temporary pain relief. She is pending to undergo an Open MRI study of her cervical spine and x-rays of her neck, left elbow, wrists and hands. She is also pending to undergo EMG/NCV studies of her upper extremities.

On October 24, 2022, she was referred to Jonathan Kohan, M.D., a pain management specialist who evaluated her, prescribed Ibuprofen cream, a muscle relaxant, a pain medication and a tens unit.

She presents to my office today for a comprehensive orthopedic evaluation.

JOB DESCRIPTION:

The patient began employment as a DMV Manager for State of California Department of Motor Vehicles since 1999.

She worked eight hours per day, five days per week. Her job duties at the time of injury included: supervising, hiring, terminating and assigning job duties to employees, assisting the public, processing driver's license, registrations and I.D.'s, operating a computer, typing, entering data, processing paperwork, making vehicle inspections and taking and making phone calls.

The precise activities required entailed prolonged standing and walking, as well as continuous fine maneuvering of her hands and fingers, and repetitive bending, twisting, turning, forceful pulling and pushing, forceful gripping and grasping, lifting and carrying 5 pounds, torquing, reaching to all levels.

CURRENT WORK STATUS:

The patient is currently not working. Her last day at work was in August 2022.

PRESENT COMPLAINTS:**Neck:**

The patient presents today with complaints of intermittent pain in the neck with pain, numbness and tingling radiating into her arms. She has occasional headaches, which she associates with her neck pain. She has stiffness in the neck and her pain is aggravated when she tilts her head up and down or moves her head from side to side. Her pain increases with prolonged sitting, standing, walking, and with bending of her neck and turning of her head. She has difficulty sleeping and awakens with pain and discomfort. Her pain level varies throughout the day depending on activities. Pain medication provide her pain improvement, but she remains symptomatic.

Bilateral Shoulders:

The patient has complaints of intermittent pain in her shoulders. She complains of stiffness to her shoulders. Her pain increases with reaching, pushing, pulling, and with any lifting. Lifting her upper extremity above shoulder level also increases her pain. Her pain level varies throughout the day depending on activities. She has difficulty sleeping and awakens with pain and discomfort. Rest and pain medication provide her pain improvement, but she remains symptomatic.

Bilateral Elbows:

The patient has complaints of frequent bilateral elbows pain. Her pain increases with gripping, grasping, flexing/extending, rotating, and repetitive hand and finger movements. She has difficulty sleeping and awakens with pain and discomfort. Her pain level varies throughout the day depending on activities. Physical therapy, acupuncture treatments, and pain medication provide her pain improvement, but she remains symptomatic.

Bilateral Hands/Wrists:

The patient has complaints of intermittent right hand and wrist pain and constant left hand and wrist pain, at times becoming achy and sharp at times. She has numbness and tingling in her hands as well as weakness that causes her to drop objects. Her pain increases with gripping, grasping, flexing/extending, rotating, and repetitive hand and finger movements. She has difficulty sleeping and awakens with pain and discomfort. Her pain level varies throughout the day depending on activities. Physical therapy, acupuncture treatments, and pain medication provide her pain improvement, but she remains symptomatic.

MEDICAL HISTORY:

The patient has a history of gastrointestinal problems and elevated blood pressure due to her stress and pain.

SURGERIES:

The patient underwent the following surgeries:

1. Bilateral Wrists CTR Surgeries-2001 each surgery occurring six months apart.
2. Tubal Ligation-1996
3. D&C and Fallopian tube removal for two ectopic pregnancies
4. Hysterectomy
5. Cholecystectomy

INJURIES:

The patient states in March 2020 she suffered a work injury to her neck and left shoulder, along with headaches with the same employer. She received medical care, treatment and recovered.

The patient states in 2018 she suffered a motor vehicle accident with injuries to her lower back. She received medical care, treatment and recovered. She filed a PI claim which settled.

The patient states in 2001 she suffered cumulative trauma work injuries to her wrists and hands with the same employer. She underwent bilateral wrists CTR surgeries and recovered. She filed a W/C claim which settled.

MEDICATIONS:

The patient is currently taking Ibuprofen cream, a muscle relaxant, a pain medication.

ALLERGIES:

The patient has no known allergies to any medications.

SOCIAL HISTORY:

The patient is divorced and has four children. She occasionally drinks and does not smoke.

FAMILY HISTORY:

Noncontributory.

HOBBIES:

The patient does not have any hobbies at this time.

ACTIVITIES OF DAILY LIVING:

The patient states prior to the above noted injury she had no disabling conditions and could perform all activities of daily living without any difficulties.

The patient states since the injury noted above she has difficulty cooking, kneeling, doing strenuous house chores, vacuuming, mopping, lifting and carrying baskets of laundry as well as grocery bags, using stairs, and prolonged sitting.

PHYSICAL EXAMINATION:

HEIGHT: 5' 3"

WEIGHT: 213lbs

Cervical Spine Examination:

On visual inspection, there is no erythema, edema, swelling or deformity about the cervical spine or upper back area. The patient's head is held in a normal position. No torticollis was noted.

There is spasm and tenderness over the paravertebral musculature but not over the upper trapezium, interscapular area, cervical spinous processes or occiput.

Cervical Range of Motion	Patient ROM	Normal
Forward Flex	45°	50°
Extension	55°	60°
Lateral Flex (rt.)	40°	45°
Lateral Flex (lt.)	40°	45°
Rotation (rt.)	70°	80°
Rotation (lt.)	70°	80°

Range of motion was accomplished with discomfort and spasm.

Reflexes and special tests are as follows:

Reflexes and test	Right	Left	Normal
Triceps reflex	2+	2+	2+
Biceps reflex	2+	2+	2+
Brachioradialis reflex	2+	2+	2+
Tinel Signs (wrists)	Negative	Negative	Negative
Tinel signs (elbow)	Negative	Negative	Negative
Adson Test	Negative	Negative	Negative

Motor power testing for the cervical spine:

Muscle Group	Right	Left	Normal
Deltoid (C5)	5	4	5
Biceps (C6)	5	4	5
Triceps (C7)	5	4	5
Wrists Extensors (C6)	5	5	5
Wrist Flexors (C7)	5	5	5
Finger Flexors (C8)	5	5	5
Finger Abduction (T1)	5	5	5

Sensory Testing:

Dermatome	Right	Left	Normal
C5 (Deltoid)	Intact	Intact	Intact
C6 (Lat Forearm, Thumb, Index)	Intact	Decreased with pain	Intact
C7 (Middle Finger)	Intact	Decreased with pain	Intact
C8 (Little finger, Med. Forearm)	Intact	Intact	Intact
T1 (Medial Arm)	Intact	Intact	Intact
T2 (Medial Arm)	Intact	Intact	Intact

Hoffman testing was positive on the left.

Shoulder Examination:

Shoulder Range of Motion	Right	Left	Normal

Flexion	180°	160°	180°
Abduction	180°	160°	180°
Extension	50°	45°	50°
Ext Rotation	90°	80°	90°
Ext Internal Rotation	90°	80°	90°
Adduction	50°	45°	50°

No tenderness was noted over the anterior deltoid, supraspinatus insertion or biceps tendon. **Tenderness was noted over the left acromioclavicular joint.**

Impingement and Hawkins signs were positive on the left. Job's sign was negative.

Apprehension test and re-location test were negative. No sulcus were present. Yergason test was negative. No deformity or incision was noted around the shoulder area.

Elbow Examination:

Elbow Range of Motion	Right	Left	Normal
Flexion	140°	140°	140°
Extension	0°	0°	0°
Pronation	80°	80°	80°
Supination	80°	80°	80°

Tenderness was noted over the left lateral (tennis) epicondyle not the medial (Golfer's) epicondyles. Resisted wrist extension did not elicit tenderness over the lateral epicondyle. The lateral pivot shift test did not reproduce instability. No olecranon bursitis was noted.

Wrist & Hands Examination:

Wrist Range of Motion	Right	Left	Normal
Flexion	60°	60°	60°
Extension	60°	60°	60°
Ulnar Deviation	30°	30°	30°
Radial Deviation	20°	20°	20°

No mechanical block was noted to range of motion. **There was tenderness over the left distal radius** not the carpus. No tenderness was noted at the anatomic snuffbox or the TFCC. Finkelstein test was normal. **Tinel testing was positive on the left. Phalen and reverse Phalen (praying position) testing were positive on the left. Two-point discrimination was greater than 6mm on the left.**

No atrophy or tenderness was noted in the thenar, hypothenar and intrinsic hand musculatures. The pulses are present and equal bilaterally.

Finger Range of Motion is as Follows:

	MCP Joint		PIP Joint		DIP Joint	
	Right	Left	Right	Left	Right	Left
Thumb	60	60	80	80	N/A	N/A
	0	0	10	10	N/A	N/A
Index	90	90	100	100	70	70
	0	0	0	0	0	0
Middle	90	90	100	100	70	70
	0	0	0	0	0	0
Ring	90	90	100	100	70	70
	0	0	0	0	0	0
Little	90	90	100	100	70	70
	0	0	0	0	0	0

All normal values in the above table are 0° for extension and 90° for extension. No triggering was noted in any digit. Range of motion was painless without mechanical block. The thumbs bilaterally (adduction) reach the head of the 5th metacarpal. Thumb abduction is 90° bilaterally.

REVIEW OF RADIOGRAPHIC EXAMINATION:

Three views of the cervical spine were obtained. AP and open mouth views show no fracture, dislocation or other abnormality. Lateral view shows straightening of the patient's cervical lordotic curvature. Loss of disc height was seen at C4-C5 and C5-C6 as well as at the C6-C7 level with anterior spondylosis noted. There is no evidence of spondylolysis, spondylolisthesis, fracture, dislocation or other abnormality.

Two views of the thoracic spine were obtained. No significant abnormalities were noted.

Two views of the left elbow were obtained. No significant abnormalities were noted.

REVIEW OF MEDICAL RECORDS:

Letter of referral was present as well as demographic data and the claim form. Reports of the pain management are present in the chart and have been reviewed.

Unfortunately, there do not appear to be diagnostic studies for today's visit.

DIAGNOSES:

Cervical radiculopathy.
Bilateral shoulder impingement.
Bilateral elbow tendonitis/bursitis.
Bilateral wrist tendonitis/bursitis.

DISCUSSION:

The patient is a 51-year-old female who sustained industrial injury as a result of cumulative trauma on July 31, 2021 to July 31, 2022, while working as a DMV Manager for State of California DMV. The patient states that over the course of decades of arduous work activities, she develop pain to the neck, arms, wrists and

hands. She developed psychological issues as well. She states that in March 2020, she was involved in an explosion in which her neck and left shoulder were impacted. She received treatment at the industrial clinic including physical therapy, medications and acupuncture treatments. She is eventually return to full duty. In June 2022, she was involved in altercation with another coworker. There was no physical altercation, but she experienced neck tension, pain radiating into the left upper extremity as well as psychological and elevated hypertension. She reported the injury was referred to the industrial clinic where she received some treatment for the neurological and psychological symptoms. In June 2022, she attributes abdominal pain and gastritis due to psychological distress. She sought care privately underwent CT study and colonoscopy. She was referred to the psychologist, but the evaluation not yet been conducted. In September 2022, she was seen by the current primary treating physician who placed her on temporary total disability and provided splinting, physiotherapy, chiropractic. MRI studies and nerve studies are pending. She was seen by pain management.

The patient presenting complaining of neck pain which radiates to the left upper extremity with pain, paresthesia and numbness. She is complaining of left shoulder pain with decreased range of motion and strength largely attributed to the neck. She is complaining of tenderness at the left elbow and at the left wrist with decreased grip and decreased sensation, numbness and tingling.

Physical examination today showed spasm, tenderness and guarding in the paravertebral musculature of the cervical spine. Decreased sensation was noted in the left C6 and C7 dermatomes. Positive Spurling test was noted on the left side. The left shoulder had impingement and Hawkins signs with range of motion in flexion and abduction over 120 degrees, strength of the left deltoid, biceps and triceps are graded 4/5 today. Tenderness was noted at the left lateral epicondyle. Left wrist had positive Phalen, reverse Phalen signs with decreased grip strength, distal radial tenderness over the hand. Positive Tinel sign can be appreciated on the volar left wrist.

All conditions, risk, benefits and alternatives were discussed with the patient and the patient verbalized understanding. We request that all prior medical records and diagnostic studies be forwarded to our attention, so we may avoid duplication in testing and treatment. In particular all MRI investigations are needed in order to make the surgical recommendations which have been requested.

Apparently our history is in error and neurodiagnostics of the upper extremities are not yet been conducted. The patient is presenting with clear symptomatology of radiculopathy possibly superimposed on peripheral nerve entrapment. **In order to fully evaluate and make additional treatment recommendations, we are requesting authorization to conduct neurodiagnostic studies of the upper extremities at this time.**

The patient is receiving medications from pain management.

Modification for work and disability status will be deferred to the primary treating physician and the patient will return to my attention in four to six weeks. Once neurodiagnostics have been accomplished and the MRI studies are available for review, we will make the additional treatment recommendations which have been requested by the primary.

I hope the above information has been helpful to you and thank you for referring this patient to my office for orthopedic examination.

We are requesting that all the patient medical records, related or unrelated to this case be sent to our attention for review which will be incorporated in accessing the treatment and medical legal issues.

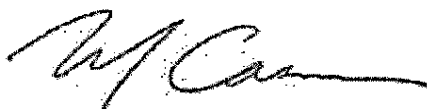
We request to be added to the Address List for Services of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Worker's Compensation Appeals Board. We are advising the Worker's Compensation appeals Board that we may not appear at the hearings or Mandatory Settlement Conferences for the case in chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manual index No. 60610, effective February 1, 1995, we request that

defendants, with full authority to resolve our lien, telephone our office and ask to speak with our "workers' compensation negotiator".

Authorizations for transportation, medication, physiotherapy, rehabilitation, a conditioning program and the above stated recommendations are requested based upon medically reasonable treatment requirements. This is per labor code 4600 and Title 8, Section 9792.6, C.C.R. and Rule 9785(b). Furthermore, we are requesting that all the medical records be forwarded to our office to avoid repetition in testing and treatment. Please provide us with information regarding the status of the case as soon as possible.

To complete this examination I have been assisted, as needed, for taking histories, taking x-rays, assisting with the patient, transcription of reports by some or all of the following personnel Alma Azucar, Maria Valles, Marlen Sanchez, Laura Casillas and Emily Shemwell. Sherry Leoni, DC, or Shahrzad Forat, DC, may also have assisted in compiling and editing of this report. If required an interpreter was provided. All of the above individuals are qualified to perform the described activities by reason of individual training or under my direct supervision. I certify that this examiner reviewed the history and the past medical records directly with the patient. The examination of the patient, and interpretation of tests and x-rays, was all performed by this examiner. The dictation and the review of the final report were performed entirely by me. The opinions and conclusions contained in this report are entirely my own. I declare, under penalty of perjury, that the information contained in this report, and any attachments, is true and correct, and that there has not been a violation in this report of Section 139.3 L.C. to the best of my knowledge and belief, except as to information that I have indicated was received from others. As to that information I declare under penalty of perjury, that I have accurately detailed the information provided me and, unless otherwise noted, I believe it to be true.

In order to prepare this report and complete the evaluation, time was spent without face to face with the patient. The billings reflect such time spent by the physician with the code 99358. Edwin Haronian, M.D. Inc. does not accept the Official Medical fee schedule as prime facie evidence to support the reasonableness of charges. Edwin Haronian, M.D. is a fellow of the American Academy of Orthopedic Surgeons and is board certified, specializing in disorder and surgery of the spine. Under penalty of perjury under the laws of the State of California, services are billed in accordance with our usual and customary fees. Additionally, this medical practice providing treatment to injured worker's experiences extraordinary expenses in the form of mandated paperwork and collection expenses, including the necessity to retain highly-trained personnel to appear before the Workers' compensation appeals board. Based on the level of services provided and overhead expenses for services contained within our geographical area, we bill in accordance with the provisions set-forth in Labor Code Section 5307.1. Please be advised that Dr. Haronian has a financial interest in Osteon Surgery Center, Kinetix Surgery Center and Pomona Orthopedics.



Nicholas Cascone, P.A.C

Date

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

County where executed: Los Angeles County

Eric Gofnung, DC
**6221 Wilshire Blvd. #604 {By Fairfax}
Los Angeles, CA 90048

*Workers Defenders Law Group
8018 E. Santa Ana Cny #100-215
Anaheim Hills, CA 92808

*SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650
Attn: James Kim

PROOF OF SERVICE
STATE OF CALIFORNIA

I am employed in the County of Los Angeles. I am over the age of 18 and not a party to the within action; my business address is:
5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411

On 1/1/2023 served the foregoing document described as:

EDWIN HARONIAN, M.D.
EVALUATION REPORT

Patient Name: Pepper Smith
File Number: 20078796
Claim #: 06758786
DOS: 12/21/2022

On all interested parties in this action by electronic transmission a true copy of this narrative report from **5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411**

Addressed as follows:

Eric Gofnung, DC
6221 Wilshire Blvd. #604 {By Fairfax}
Los Angeles, CA 90048

Workers Defenders Law Group
8018 E. Santa Ana Cny #100-215
Anaheim Hills, CA 92808

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

I declare that I am over the age of 18 years and not a party to this action. I also declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on 1/1/2023 at



Emily Shemwell