

# Jonathan F. Kohan, M.D.

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Patient Name : Pepper Smith  
Date of Service : May 30, 2023  
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

## SECONDARY PHYSICIAN PAIN MANAGEMENT FOLLOW-UP REPORT AND REQUEST FOR AUTHORIZATION

*This special narrative report is reimbursable (1994) Official Medical Fee Schedule because one of the following: There was an unexpected or significant change in the patient's condition or the treatment plan; there is a change in patient care or status; submitted records were reviewed or specific questions were answered.*

Ms. Pepper is a very pleasant female who presents with complaint of a chronic pain in the neck and the left shoulder. The patient continues to work. She saw medical-legal examiner several days ago, report is pending. She is scheduled to have yet another one.

We did request authorization for the cervical epidural injection without any progress. The patient is using ibuprofen gel, naproxen, Prevacid, and lidocaine ointment. With medications, she is more functional and would like to have a refill today.

Unfortunately, there has been no progress with the requested cervical epidural injection and we do not have any information about denial or approval.

### PHYSICAL EXAMINATION:

On physical examination, spasm and tenderness is noted in the paravertebral muscles of the cervical spine. Discomfort with pain is noted on abduction of left shoulder against the gravity. Decreased sensation is noted in C6 and C7 dermatomal distributions bilaterally more so on the right side. Muscle strength is 4/5 on flexion of the right

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elbow.

**DIAGNOSES:**

Bilateral wrist sprain/strain with potential de Quervain's tenosynovitis and carpal tunnel syndrome.

Bilateral medial epicondylitis.

Bilateral shoulder sprain/strain with impingement on the left.

Cervical radiculopathy.

**RECOMMENDATION:**

Level C5-C6 is noticeable for the abutment of the right exiting nerve root. Disc deformity is 2.7 mm, right neural foraminal narrowing is noted. Uncovertebral joint hypertrophy is noticed. Level C6-C7 is noticeable for the 3.1 mm disc deformity and left uncovertebral joint hypertrophy. It does correlate with the patient's failed course of conservative treatment and clinical presentation. Thus, based on reasonable medical probability, the patient does meet criteria set by MTUS guidelines for cervical epidural injection. **We are formally requesting authorization for midline cervical epidural injection at level C6-C7 targeting level C5-C6.** Level C6-C7 is the highest level to do the injection safely. It will be done under the guidance of fluoroscopy.

We will arrange to obtain the report of medical-legal examiner for our records. We also would like to refill the medications today as they cause no side effect and help to maintain functional capacity.

Her next appointment will be in six weeks to re-assess clinical efficacy of medications and review medical records. Work status will be deferred.

I hope the above information has been helpful to you and if I can provide you with any further information, please do not hesitate to contact my office.

*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.*

*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-10 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*

*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, Natasha Yokum, Jason Perez and Emily Shemwell. Sherry Leoni, DC, may also have assisted in compiling and editing of this report. If*

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*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.*

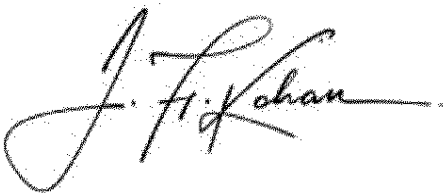
*Please be advised that Dr. Kohan has a financial interest in the Pacific Anesthesia Group.*



Michael Nadzhafov, P.A.C, M.P.H.

June 2, 2023

Date



Jonathan F. Kohan, M.D.  
Diplomate American Board of  
Anesthesiology  
Fellowship-Trained in Pain  
Medicine

Eric Gofnung, DC  
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Attn: James Kim

**PROOF OF SERVICE**  
**STATE OF CALIFORNIA**

**Smith, Pepper**

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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 6/6/2023 served the foregoing document described as:

**JONATHAN F. KOHAN, M.D.  
EVALUATION REPORT**

**Patient Name: Pepper Smith**

**File Number: 20078796**

**Claim #: 06758786**

**DOS: 5/30/2023**

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 6/6/2023 at



Emily Shemwell