

THE WELLNESS STUDIO
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December 17, 2018

SCIF
P.O. Box 3171
Suisun City, CA 94585

**PRIMARY TREATING PHYSICIAN'S
PERMANENT AND STATIONARY REPORT**

PATIENT'S NAME:	KENDRICK, RAYMOND
DATE OF BIRTH:	April 8, 1956 (62)
SOCIAL SECURITY NUMBER:	Unavailable
DATE OF INJURY:	CT April 1, 2007 to May 24, 2018
EMPLOYER:	The Home Depot
OCCUPATION:	Customer Service Representative
CLAIM NO.:	Unavailable
WCAB NO.:	Unassigned
DATE OF EVALUATION:	December 17, 2018

To Whom It May Concern:

At the request of the Applicant Attorney, Mr. Raymond Kendrick presents today, December 17, 2018, for a permanent and stationary evaluation and treatment in my office located at 3711 Long Beach Blvd. Suite 200, Long Beach California 90807. At your request, I performed a Permanent and Stationary Evaluation.

HISTORY OF INJURY:

The patient is a 62-year-old, left-handed male who states that while employed with The Home Depot as a customer service representative he sustained injuries on a cumulative trauma basis from April 1, 2007 to May 24, 2018. The patient has been employed for this company for a period of 11 years. The patient's date of hire was in approximately 2007.

From April 1, 2007 to May 24, 2018, the patient started to experience pain in his back with radiating pain to the bilateral lower extremities, shoulders, upper extremities, nervous system and other body systems which he attributed after he had a stroke on April 23, 2017. The patient states that when he had a stroke he was working and was taken to Kaiser in San Pedro where he was evaluated, hospitalized for three weeks, administered medication and kept off work. After he was released he continued to attend follow-up visits with his private physician in Orchard Hospital Kaiser in Bellflower and San Pedro where he received therapy and medication. He continued under medical care for approximately six months.

The patient state that he developed pain to his back with radiating pain to the bilateral lower extremities, shoulders, upper extremities, nervous system and other body systems during the time he was off work.

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The patient states that he later returned to work and still continued to feel pain and continues to treat with his private physician to present.

JOB DESCRIPTION:

The patient worked at The Home Depot from approximately 2007 to present as a customer service representative. He worked more than 40 hours per week. His job duties included stocking go-backs, operating a lift, help the clients and various other duties.

The patient's job requirements included walking, standing, squatting, bending, twisting, flexing, side-bending, extending the neck, reaching, pushing, pulling, grasping, gripping, working overhead and lifting of approximately up to 40 pounds.

He states that he was exposed to toxic chemicals including cleaning supplies.

He states that chemical odors occurred at work.

HISTORY OF TREATMENT:

Initially, I have seen this patient on June 25, 2018 for evaluation of his cumulative trauma injury sustained from April 1, 2007 to May 24, 2018 while working as a customer service representative for The Home Depot. At the time of evaluation, he complained of dull pain in the lower back. He was recommended with physical therapy, chiropractic treatment, acupuncture, and medications. It was my opinion that the patient's current symptomatology was a result of the cumulative work-related injuries that occurred from April 1, 2007 to May 24, 2018.

CURRENT WORK STATUS:

The patient denies additional or part-time jobs while working for his employer.

PRESENT COMPLAINTS:

Lumbar Spine: The patient complains of activity dependent mild achy, dull low back pain and stiffness associated with sudden or repetitive movement, lifting, standing, walking, bending and twisting. He rates his pain as a 2-3/10.

Sleep: There is complaint of loss of sleep due to pain.

Psychological: The patient states due to prolonged pain, he feels like his condition will never improve which is causing anxiety.

PAST MEDICAL HISTORY:

PRIOR INDUSTRIAL INJURIES:

The patient states that in approximately 2006, he sustained an injury to his left shoulder while he was working for a different employer, K-Mart. He underwent a left shoulder surgery and made a full recovery. The case is now closed.

PRIOR MOTOR VEHICLE ACCIDENTS:

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The patient states that approximately 20 years ago, he sustained injuries to his back when he was a front seat passenger. He received approximately three to four months of treatment and made a full recovery. The case is not closed.

PRIOR HOSPITALIZATION/FRACTURES:

The patient denies being hospitalized or having had any fractures in the past.

PRIOR SURGERIES:

The patient underwent a surgery in approximately 2006 to the left shoulder.

MAJOR ILLNESSES:

The patient has a history of hypertension, diabetes and history of stroke.

MEDICATIONS CURRENTLY TAKING:

The patient is currently taking medications for all three conditions (names unrecalled)

ALLERGIES:

The patient has no known allergies to food, medications or latex.

SOCIAL HISTORY:

The patient is single and has no children. He neither smokes cigarettes nor drinks alcoholic beverages.

ACTIVITIES OF DAILY LIVING

Self-Care

1. _____ Take a bath – Without Difficulty
2. _____ Brush your teeth – Without Difficulty
3. _____ Dress yourself – Without Difficulty
4. _____ Comb your hair – Without Difficulty
5. _____ Eat/Drink without discomfort – Without Difficulty
6. _____ Go to the toilet – Without Difficulty
7. _____ Urinate normally – Without Difficulty

Communication

8. _____ Write comfortably – Without Difficulty
9. _____ Type – Without Difficulty
10. _____ Speak – Without Difficulty

Physical Activity

11. _____ Stand – Without Difficulty
12. _____ Sit – Without Difficulty
13. _____ Recline – Without Difficulty

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- 14. Walk Normally – Without Difficulty
- 15. Climb stairs – Without Difficulty

Sensory Function

- 16. Feel contact your skin – Without Difficulty
- 17. Taste – Without Difficulty
- 18. Smell – Without Difficulty
- 19. Hear – Without Difficulty
- 20. See – Without Difficulty

Hand Functions

- 21. Grasp – Unable to Perform
- 22. Differentiate between what you touch – With Difficulty
- 23. Lift – Unable to Do

Travel

- 24. Ride on land forms of transportation – Without Difficulty
- 25. Drive a vehicle – With Some Difficulty
- 26. Fly on a plane – Without Difficulty

Sexual Function

- 27. Orgasm – Without Difficulty
- 28. Ejaculate – Without Difficulty
- 29. Lubricate – Without Difficulty
- 30. Achieve an erection – Without Difficulty

Sleep

- 31. Sleep restfully – With Some Difficulty
- 32. Sleep normally at night – With Some Difficulty

PAIN QUESTIONNAIRE:

Patient's self-assessment form (AMA Guides 5th Edition; Table 18-4 pg 576)

- I. PAIN (Rated 0-10; 0-None & 10-Excruciating)
 - a. Pain now – 3
 - b. Pain at its worst – 2
 - c. Pain on the average – 2
 - d. Pain aggravated by activity – 2
 - e. Frequency of pain – 2

- II. ACTIVITY LIMITATION (Rated 0-10; 0-None & 10-Unable to perform)
 - a. Pain interfere with your ability to walk 1 block – 3
 - b. Pain prevent you from lifting 10 lbs. – 2
 - c. Pain interfere with ability to sit for ½ hour – 1
 - d. Pain interfere with ability to stand for ½ hour – 2
 - e. Pain interfere with ability to get enough sleep – 2
 - f. Pain interfere with ability to participate in social activities – 2
 - g. Pain interfere with ability to travel 1 hour by car – 2

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- h. Pain interfere with general daily activities – 2
 - i. Limit activities to prevent pain from getting worse – 3
 - j. Pain interfere with relationships with family/partner/significant others – 1
 - k. Pain interfere with ability to do jobs around home – 2
 - l. Pain interfere with ability to shower or bathe without help – 2
 - m. Pain interfere with ability to write or type – 2
 - n. Pain interfere with ability to dress yourself – 2
 - o. Pain interfere with ability to engage in sexual activity – 1
 - p. Pain interfere with ability to concentrate – 2
- III. MOOD (Rated 0-10; 0-Extremely good & 10-Extremely bad)
- a. Overall mood – 3
 - b. Over past week, how anxious or worried have you been due to pain – 2
 - c. Over past week, how depressed have you been due to pain – 2
 - d. Over past week, how irritable have you been due to pain – 3
 - e. In general, how anxious/worried about performing activities because they might make your pain/symptoms worse – 2

REVIEW OF SYSTEM:

Constitutional: No history of fever, unexpected weight gain, fatigue, sweat and chills.

Eyes: No history blurred vision. The patient has no history of glaucoma and blindness.

ENT: No history of ringing in the ears, hearing loss, congestion or difficulty swallowing.

Cardiovascular: The patient has history of high blood pressure. No history of chest pain, arrhythmia, palpitations, valve disease, heart attack.

Respiratory: The patient has history of cough. No history of shortness of breath, wheezing, require oxygen.

Gastrointestinal: No history of constipation.

Genitourinary: No history of frequent urination, difficulty urinating, pain during urination, kidney stones, painful intercourse or blood in the urine.

Endocrine: The patient has history of diabetes. No history of thyroid problems, bleeding gums, blood disorder, or hair loss.

Musculoskeletal: No difficulty walking.

Skin: No history of easy bruising, itching, or rash.

Neurologic: No history of headaches and dizziness.

Psychiatric: No history of anxiety. No panic attacks or suicidal attempts.

PHYSICAL EXAMINATION

VITAL SIGNS:

Height: 5'6"

Weight: 191

Temperature: 97.1

B.P.: 127/86 mmHg

Pulse: 74 bpm

The patient is right-hand dominant.

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JAMAR Grip Strength results: (Second Notch)

Right: 15, 19, 17 kg.

Left: 26, 24, 24 kg.

Upper Extremity Measurement (CM):

	Right	Left
Biceps	28	28
Forearm	22	22

Lower Extremity Measurement (CM):

	Right	Left
Thigh	52	52
Mid-Calf Circumferenc	31	30

Lumbar Spine:

INSPECTION: There is no bruising, swelling, atrophy, or lesion present at the lumbar spine.

PALPATION: There is tenderness to palpation of the bilateral gluteus, bilateral SI joints, L3-L5 spinous processes, lumbar paravertebral muscles, spinous processes and thoracolumbar junction. There is muscle spasm of the lumbar paravertebral muscles and thoracolumbar junction.

The ranges of motion are decreased and painful.

RANGE OF MOTION:	<u>Exam</u>	<u>Normal</u>
Extension	25°	25°
Flexion	60°	60°
Left Lateral Bending	25°	25°
Right Lateral Bending	25°	25°

ORTHOPEDIC TESTS:

Kemps test	Negative
Sitting Straight Leg Raise	Negative

Functional Testing:

Standing on heels: Able to perform.

Standing on toes: Able to perform.

Standing on right foot: Able to perform.

Standing on left foot: Able to perform.

Kneeling: Able to perform.

Squatting: Able to perform.

Endurance Testing:

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Repetitive squat test: Number of reps till fatigue: 7.

DIAGNOSTIC STUDIES:

09/18/18 MRI of the Lumbar Spine with Ext, performed at Expert MRI, interpreted by Adil Mazhar, M.D. IMPRESSION: 1) Grade I anterior listhesis of L4 on L5. This finding appears stable in the extension position; 2) Hemangioma at L1; 3) Disc desiccation involving the entire lumbar spine; 4) Disc herniation seen in the lower thoracic level; 5) A 26.1 x 29.3 mm left renal cyst seen; 6) T12-L1. A broad based disc protrusion is identified. Disc material abuts the thecal sac. There is bilateral neural foraminal narrowing. Disc measures 3.5 mm in neutral and 3.3 mm in extension position; 7) L3-L4. A broad based disc protrusion with a focal left paracentral component is identified. Disc material indents the thecal sac. There is bilateral neural foraminal narrowing. Concurrent left lateral recess stenosis is seen. Annular fissure is identified. Disc measures 4.2 mm in neutral and 4.6 mm in extension position; 8) L4-L5. A broad based disc protrusion is identified. This finding together with bilateral facet and ligamentum flavum hypertrophy cause narrowing of the bilateral neural foramen. There is contact on bilateral exiting nerve root. Annular fissure is identified. Disc measures 3.5 mm in neutral and 3.3 mm in extension position; 9) L5-S1. A focal right paracentral disc protrusion is identified. Disc material indents the thecal sac. Concurrent right lateral recess stenosis is seen. Associated deviation of right transiting nerve root is noted. Annular fissure is identified. Disc measures 3.7 mm in neutral and 4.8 mm in extension position.

DIAGNOSES:

1. Spinal enthesopathy, lumbar region (M46.06)
2. Low back pain (M54.5)
3. Sleep disorder, unspecified (G47.9)
4. Anxiety disorder, unspecified (F41.9)
5. Myositis, unspecified (M60.9)
6. Chronic pain due to trauma (G89.21)

APPROPRIATENESS OF TREATMENT:

The conservative treatments provided to the patient which include pain medications, physical therapy, acupuncture and chiropractic manipulation therapy as well as the diagnostic tests taken are medically necessary and reasonable for his condition.

DISCUSSION:

Mr. Raymond Kendrick is a 62-year old male who claims of cumulative work-related injury from April 04, 2007 to May 24, 2018 while working as a customer service representative for The Home Depot. He sustained industrial injury to his low back attributed to repetitive nature of his job duties. He also developed symptoms of stress and psych due to work overload, pressured to work at a quick pace. Due to his chronic pain, he also developed anxiety, depression, and stress.

The patient presented to my office initially on June 25, 2018. During these evaluations, he persistently complained of pain in the lower back despite the treatments.

At this juncture, the patient still complains of frequent pain in the back. He also complains of anxiety and loss of sleep secondary to pain.

DISABILITY STATUS:

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After thorough review of all medical records concerned and the findings obtained from this evaluation, there is enough evidence to support the premise that the patient has reached a plateau in terms of his condition. He has reached maximum medical improvement on December 17, 2018.

SUBJECTIVE FACTORS OF DISABILITY:

1. Low back pain and stiffness.
2. Loss of sleep.
3. Anxiety.

OBJECTIVE FACTORS OF DISABILITY:

Lumbar Spine:

1. There is tenderness to palpation of the bilateral gluteus, bilateral SI joints, L3-L5 spinous processes, lumbar paravertebral muscles, spinous processes and thoracolumbar junction.
2. There is muscle spasm of the lumbar paravertebral muscles and thoracolumbar junction.
3. MRI findings revealed abnormal findings.

IMPAIRMENT RATING:

The AMA *Guides* states that *"the physicians judgment based upon experience, training, skill, thoroughness in clinical evaluation, and ability to apply guides criteria as intended, will enable appropriate and reproducible assessment to be made of clinical impairment"*. (Chapter 15)

Lumbar spine: In determining the lumbar spine impairment, the DRE method is also utilized. Objectively, he has tenderness, spasm and positive MRI findings. Using Table 15-3 on page 384, he is placed under DRE Lumbar Category II and is given **7% WPI**.

Psych: The patient's psychiatric complaints is industrially related. However, impairment rating is deferred to the appropriate treating specialist.

Sleep:

The patient complains of having some difficulty sleeping and having a restful sleep. Thus, he is placed under Class 1 in the Criteria for Rating Impairment due to Sleep and Arousal Disorders. He has reduced daytime alertness. His sleep pattern such that individual can perform most activities of daily living. Utilizing Table 13-4 on page 317, the patient is assigned with *2% whole person impairment for sleep*.

Pain: The burden of the patient's condition has been increased by pain-related impairment in excess of the pain component already incorporated in the WPI rating. This is in reference to Chapter 18 Section 18.3d on page 573 which states that, *"If the individual appears to have pain-related impairment that has increased the burden of his or her condition slightly, the examiner may increase the percentage [of whole person impairment according to the body or organ rating system] by up to 3%."* This conclusion is based on the fact that he continues to have significant pain in the affected body parts causing marked alteration in performance of his activities of daily living. Therefore, I have assigned an additional pain-related impairment of 2% WPI.

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In summary, the 7% WPI for the lumbar spine and 2% WPI for the sleep are combined per the Combined Values Chart (CVC), pages 604-606 of the AMA Guides, which yields 9% WPI. This is then added to the 2% pain-related WPI. Therefore, the patient has a total of **11% whole person impairment (WPI)**.

I reserve the right to alter my opinions in light of any additional submitted medical information that may be presented subsequent to this report.

APPLICATION OF THE ALMARAZ/GUZMAN EN BANC DECISION:

The final impairment rating obtained based on the methods provided by the 5th Edition of the *AMA Guides* is deemed to be an accurate measure of the patient's functional loss. Thus, there is no indication that entails the need for the application of the Almaraz-Guzman En Banc Decision in this case.

CAUSATION:

It is with reasonable medical probability that Mr. Kendrick's permanent disability to the low back arose out of, in the course of his employment (AOE/COE) with The Home Depot, on a cumulative trauma injury from April 1, 2007 to May 24, 2018, based on the provided historical information, subjective complaints, objective factors, review of medical records and information available to me at this time.

Opinions with regard to the patient's psychological disability are deferred to the appropriate specialist.

I reserve the right to change my opinions once additional medical records are provided for my review.

APPORTIONMENT:

Causal analysis of permanent disability is assessed in the light of the effects of Senate Bill 899 as defined under California State Workers' Compensation Labor Code, Sections 4663 and 4664, and as it relates to current case laws, including Escobedo vs. Marshalls.

With regard to his lumbar spine, I apportioned 80 percent of his lumbar spine disability was apportioned to the cumulative trauma injury from April 1, 2007 to May 24, 2018 and 20 percent to underlying degenerative changes based on the MRI study obtained on September 18, 2018.

Apportionment in regards to the patient's psychological disabilities is deferred to the appropriate specialist.

I reserve the right to change my opinions once additional medical records are provided for my review.

WORK RESTRICTIONS:

Mr. Kendrick's condition has reached maximum medical improvement (MMI) on December 17, 2018. He can return to his previous occupation as a customer service representative on modified duty with the following permanent work restrictions:

In regard to his lower back, he is restricted from heavy lifting, squatting, stooping prolonged standing, sitting, kneeling, climbing, twisting, walking on uneven grounds, or other activities involving comparable physical effort.

SUPPLEMENTAL JOB DISPLACEMENT BENEFITS:

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If the work restrictions noted above are not honored by his employer, then he should be regarded as a Qualified Injured Worker (QIW), and therefore would be eligible for Supplemental Job Displacement Benefits.

FUTURE MEDICAL CARE:

It is my opinion that this patient should be provided future medical care for flare-ups that would be reasonably expected for his condition. Future medical care is to include:

- Additional treatment which may involve up to 24 sessions of physical therapy and chiropractic treatment per year for any acute flare-up.
- In addition, due to chronic pain, the ACOEM practice guidelines also recommends acupuncture treatments to help reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effects of medication-induced nausea, promote relaxation in anxious patients and reduce muscle spasm. Acupuncture treatments in particular, are of great benefit for patients suffering with lumbar spine pain. In addition, the patient may necessitate pharmaceutical agents to include, but not limited to analgesics and NSAID'S. These medications would be prescribed by her medical physician.
- Moreover, due to the patient's residual lumbar spine pain, it is also medically probably that Mr. Kendrick will require periodic orthopedic specialty evaluation, as well as medications, bracing, injections and even additional diagnostic studies (including x-rays, diagnostic ultrasound, MRI scans, EMG/NCV studies, etc.), in order to monitor for potential progression of the patient's industrially-related injury/pathology. Moreover, orthopedic specialty consultations should also be provided for consideration of possible surgery if the patient's symptoms significantly worsen and if so deemed appropriate and necessary by the specialist at the time of said specialty consultation.

Thank you for allowing me to participate in the care and treatment of this patient. If I may be of further assistance to you, please feel free to contact me at your convenience.

Sincerely Yours,



Dr. Harold Iseke, D.C.