

PSYCHOLOGICAL ASSESSMENT SERVICES

CLINICAL & FORENSIC PSYCHOLOGY

2107 N. Broadway
Suite 207
Santa Ana, CA 92706

Mailing & Billing Address:
P.O. Box 6299
Laguna Niguel, CA 92607
(714)972-0040
Fax (714)972-0477

CONFIDENTIAL MATERIAL

The highly complex nature of the information contained in this report can result in serious misunderstandings if revealed to the patient. This could not only harm the patient but also the doctor-patient relationship. Consequently, it is strongly suggested that this report is not released to the patient without consulting the undersigned.

February 22, 2021

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

RE: **Sandra Roquemore vs. American Guard Services DBA**
DOI: April 1, 2020 - October 26, 2020; August 1, 2020 - November 3, 2020

EVALUATION AND MANAGEMENT OF NEW PATIENT REPORT

Dear Gentlepersons:

Your client underwent a psych evaluation at our office on February 22, 2021. The patient agreed these services be provided via telemedicine.

This is an office visit (99205) for the evaluation and management of a new patient involving the following three key components:

- x (1) A comprehensive history
- x (2) A comprehensive examination
- x (3) Medical decision making of High complexity

I. CHIEF COMPLAINTS:

Anxious and depressive symptomatology. Sleeping difficulties. Pain in her back and feet. Headaches.

II. COMPREHENSIVE HISTORY OF OCCUPATIONAL INJURY:

Ms. Roquemore began working for American Guard Services DBA in approximately January 20, 2020, as a security guard for Ralph's supermarket. Her regular work functions included providing security for a grocery store. She was exposed to extreme temperatures at her workplace. She remained on her feet and stood for prolonged periods of time throughout her shift.

The patient says that while she was working for American Guard Services DBA at Ralph's supermarket, she was exposed to incidents of harassment by five store managers. The patient would overhear the managers telling the store employees that the patient smelled like "pee, shit, a dog, and like she was drunk." The patient felt upset, insulted, and self-conscious. She says she asked the store employees, with whom she got along, if she smelled bad. She was told that she did not smell. The patient says she also overheard the managers saying that she should retire. The patient felt she was being discriminated against based of her age. She believed that the managers wanted to replace her with a younger security guard. She verbally reported the managers' harassing comments to her supervisors, Miguel and George (unrecalled last name), multiple times. Her work situation remained unchanged.

As the patient continued to work in a hostile work environment, she experienced a progressive worsening of her emotional condition. She felt insecure and emotionally overwhelmed at work. She worried about the possibility of losing her job and being unable to support herself financially. She experienced headaches and bouts of diarrhea. She dreaded going into work each day. She had difficulty sleeping due to her excessive worries about her work situation. She

Evaluation and Management of New Patient Report
RE: Sandra Roquemore vs. American Guard Services DBA
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experienced nightmares and distressing dreams related to incidents of harassment at her workplace. She often felt tired and fatigued during the day. She had difficulty concentrating due to her emotional condition and fatigue. She lost confidence in herself. She began to withdraw from others and isolate herself socially.

As the patient continued to work, she began to experience pain in her lower back, hips, legs, and feet, which she related to standing for prolonged periods of time at work. She also developed corns and calluses on her feet. Her pain progressively worsened. She sought treatment with pain management specialist, Dr. Patel, on her own. She says she had been treating with Dr. Patel for her lower back pain for over ten years. She underwent injections to her lower back and she was prescribed medication. She was released back to work without restrictions.

The patient says the different managers would place her to work in different locations throughout the store. She was frequently placed to work directly in front of the entrance. She explains that she underwent cataract surgery in approximately 2019, and that the breeze and the cold from the store entrance irritated her eyes. The patient says she would move away from the doorway. The managers would then complain to her supervisors who would direct her to do as she was told. The patient felt under significant stress and helpless. She felt she had no choice but to comply with the managers' directives despite her eye pain due to her fears of losing her job.

As the patient continued to work, her emotional and physical conditions further deteriorated. She developed worsening anxious and depressive symptomatology and sleeping difficulties. Her hair began to fall out and she developed bald patches on her scalp. She had a decreased appetite and gradually lost weight. In about October or November 2020, when her situation at work and emotional condition became unbearable, she sought legal representation. She was referred to Dr. Gofnung. She participated in physical therapy. In December 2020, the patient received a text message from her employer informing her that she had been removed from Ralph's. The

patient was subsequently placed to work at a 99 Cents Only Stores distribution center in Vernon, California. Her employer then transferred her to Bell Gardens which is too far for the patient. Her employer has not found anything closer and she was told if she did not accept the offered site then will consider her resigned at the end of February 2021. In addition, her employer cut her pay without reason from \$16/hour down to \$14/hour. She says her emotional condition improved following her transfer. However, she continued to experience anxious and depressive symptomatology and sleeping difficulties. She experienced persisting pain in her lower back, feet, and headaches. She was subsequently referred to my office for psychological evaluation and treatment.

III. FAMILY AND SOCIAL HISTORY:

Ms. Roquemore married when she was 19 years old and was married for approximately 4 years. She has a 41 year old daughter and a 38 year old son from this marriage.

IV. CURRENT COMPLAINTS:

Ms. Roquemore reports feeling sad, helpless, hopeless, lonely, afraid, terrified, scared, angry, guilty, and irritable. She feels out of control emotionally. She tends to socially isolate and withdraw from others. She has lost confidence in herself and lacks motivation. She has lost interest in her usual activities, as she no longer enjoys these activities as she once did. She feels as though everything requires a great deal of effort. She experiences crying episodes. At times, she feels like crying but is unable to bring herself to tears. She feels much more sensitive and emotional than she once was. She has a decreased appetite and estimates that she has lost 20 pounds. She reports sleep difficulties due to her excessive worries and pain. She awakens throughout the night and early in the morning. She maintains a low energy level and feels easily tired and fatigued throughout the day. She avoids places that remind her of her workplace. She experiences nightmares, distressing dreams, flashbacks, and intrusive recollections. She feels nervous, restless, agitated, and tense. She reports spells of terror and panic. She has difficulty

remembering things. She is fearful without cause and worries excessively. She is bothered by episodes of dizziness and muscle tension. She experiences sweating sensations throughout her hands and body, trembling in her hands, numbness, tingling sensations, hot sensations, wobbliness in her legs, and shakiness. She feels unable to relax and pessimistic. She fears the worst happening, losing control, and dying. She reports death thoughts, but denies suicidal ideation, plan, or intent. She has a decreased sexual desire. She reports gastrointestinal disturbances and headaches.

V. MENTAL STATUS EXAMINATION:

Ms. Roquemore was cooperative throughout the interview. Rapport was easily developed. She had a normal command of speech and language. Her speech pattern was soft and emotional.

Ms. Roquemore was emotionally involved during the evaluation. Her mood was sad and anxious. Affect was appropriate to her thought content. Her thought processes were appropriate, logical, and coherent. Her thought content was focused. Her intellectual functioning seemed average, however, it appeared to be impacted by her emotional condition. She denied suicidal or homicidal ideations, plan, or intent.

Ms. Roquemore was alert and oriented to person, place, and time. Her contact with reality was adequate and showed no disturbance of consciousness. There was no evident histrionic manifestation of pain. She had memory difficulties. Her concentration was, at times, deficient during the evaluation. Her insight was intact and judgment was good. She appeared to be able to manage her own affairs.

IX. MEDICAL DECISION MAKING/TREATMENT RECOMMENDATIONS:

1. Cognitive Behavioral Group Psychotherapy (90853) 1X/week for 8 weeks to: decrease the frequency and intensity of the patient's depressive and anxious symptoms; decrease the levels of patient's feelings of anger and irritability; increase the patient's engagement in usual and social interactions; increase patient's levels of motivation and hopefulness; improve patient's duration and quality of sleep; increase the patient's use of coping/relaxation skills to manage feelings of nervousness and panic; facilitate the patient's development and implementation of appropriate stress management skills; and assist the patient in adjusting and adapting to levels of pain and physical limitations.

2. Hypnotherapy/ Relaxation Training (90880) 1X/week for 8 weeks to: increase patient's ability to use appropriate pain control methods to manage levels of pain; improve patient's duration and quality of sleep; and increase the patient's use of coping/relaxation skills to manage feelings of nervousness and panic.

3. Referral for Medical Evaluation for Psychotropic Medication.

4. Referral for Pain Management to provide treatment for the patient's chronic pain complaints to her back, hips, legs, and feet.

5. Follow-up in 45 days.

DISCLOSURE

The clinical interview including review of the history with the patient, application, scoring and interpretation of the psychological tests, review of medical records, and the preparation and dictation of this report were performed by the undersigned. Our psych assistant, Stephanie T.

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Imp, M.A., participated in the collection of historical data with the patient and other required documentation. This report was done in consideration of and in compliance with LC§4628.

Time spent performing this evaluation: 2 hours with the applicant. 2.25 hours preparing the report including historical data, dictation, transcribing and editing 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 believe it to be true (LC §4628j).

Very truly yours,



Ted Tribble, Psy.D.
Licensed Clinical Psychologist
Qualified Medical Evaluator
PSY 20308 / QME 109637

cc: Accident Fund Inc. Co. Of America
Workers Defenders Law Group
File

NJF:DJ



State of California
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 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

Employee Name (Last, First, Middle): Roquemore, Sandra
Date of Injury (MM/DD/YYYY): 11/03/2020 Date of Birth (MM/DD/YYYY): 02/11/1955
Claim Number: CL#:UW2000031101 Employer: American Guard Services (DBA)

Provider Information

Provider Name: Ted Tribble, PSY.D.
Practice Name: Psychological Assessment Serv. Contact Name: Ted Tribble, PSY.D.
Address: 2107 N Broadway Ste 207 City: Santa Ana State: CA
Zip Code: 92706 Phone: 714-972-0040 Fax Number: 714-972-0477
Provider Specialty: Psychology NPI Number: 1063682862
E-mail Address:

Claims Administrator Information

Claims Administrator Name: Accident Fund Ins. Co. of America Contact Name:
P.O. Box 40790
Address: City: Lansing State: MI
Zip Code: 48901 Phone: (877)563-4636 Fax Number: (941) 444-16200
E-mail Address:

Requested Treatment (see instructions for guidance; attached additional pages 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 requested treatment can be found. Up to five (5) procedures may be entered; attach additional requests on a separate sheet.

Diagnosis	ICD-Code	Procedure Requested	CPT/HCPCS Code	Other Information: (Frequency, Duration Quantity, Facility, etc.)
Major Depressive Dis., Single	F32.2	<i>Referral for medical evaluation for psychotropic medication</i>	99205	Once
Generalized Anxiety Disorder	F41.1		99205	" "
Insomnia	F51.05		99205	" "
Pain Dis. w/Related Psychologi	F45.42		99205	" "

Treating Physician Signature:  Date: 4/29/2021

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:



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E-mail Address:

Claims Administrator Information

Claims Administrator Name: Accident Fund Ins. Co. of America Contact Name:
Address: P.O. Box 40790 City: Lansing State: MI
Zip Code: 48901 Phone: (877)563-4636 Fax Number:
E-mail Address:

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Diagnosis	ICD-Code	Procedure Requested	CPT/HCPCS Code	Other Information: (Frequency, Duration Quantity, Facility, etc.)
Major Depressive Dis., Single	F32.2	Referral for Pain management	99205	Once
Generalized Anxiety Disorder	F41.1		99205	" "
Insomnia	F51.05		99205	" "
Pain Dis. w/Related Psychologi	F45.42		99205	" "

Treating Physician Signature:  Date: 4/29/2021

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:
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Employee Name (Last, First, Middle): Roquemore, Sandra
 Date of Injury (MM/DD/YYYY): 11/02/2020 Date of Birth (MM/DD/YYYY): 02/11/1955
 Claim Number: CL#:UW2000031101 Employer: American Guard Services (DBA)

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Diagnosis	ICD-Code	Procedure Requested	CPT/HCPCS Code	Other Information: (Frequency, Duration Quantity, Facility, etc.)
Major Depressive Dis., Single	F32.2	Group Medical Psychotherapy	90853	1X WK X 8 WKS, TOTAL 8 SESSIONS
Generalized Anxiety Disorder	F41.1	Group Medical Psychotherapy	90853	" "
Insomnia	F51.05	Group Medical Psychotherapy	90853	" "
Pain Dis. w/Related Psychologi	F45.42	Group Medical Psychotherapy	90853	" "

Treating Physician Signature:  Date: 4/29/2021

Claims Administrator Response

- Approved** **Denied or Modified (See separate decision letter)** **Delay (See separate notification of delay)**
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Diagnosis	ICD-Code	Procedure Requested	CPT/HCPCS Code	Other Information: (Frequency, Duration Quantity, Facility, etc.)
Major Depressive Dis., Single	F32.2	Medical Hypnotherapy/Relaxation Tra	90880	1X WK X 8 WKS, TOTAL 8 SESSIONS
Generalized Anxiety Disorder	F41.1	Medical Hypnotherapy/Relaxation Tra	90880	" "
Insomnia	F51.05	Medical Hypnotherapy/Relaxation Tra	90880	" "
Pain Dis. w/Related Psychologi	F45.42	Medical Hypnotherapy/Relaxation Tra	90880	" "

Treating Physician Signature:  Date: 4/29/2021

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Diagnosis	ICD-Code	Procedure Requested	CPT/HCPCS Code	Other Information: (Frequency, Duration Quantity, Facility, etc.)
Major Depressive Dis., Single	F32.2	Office visit	99213	ONCE IN 45 DAYS
Generalized Anxiety Disorder	F41.1	Office visit	99213	" "
Insomnia	F51.05	Office visit	99213	" "
Pain Dis. w/Related Psychologi	F45.42	Office visit	99213	" "

Treating Physician Signature:  Date: 4/29/2021

Claims Administrator Response

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 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:

Fax Transmission

To: 19414446200

From: Fax 1

Fax: 19414446200

Date: 5/3/2021 2:11:47 PM PDT

RE: Sandra Roquemore rfa

Pages: 14

Comments:



Psych Medical <psychmedical@drnelsonflores.com>

Message Sent: 75448110 | 5/3/2021 2:11:47 PM PDT

1 message

FAXAGENT <noreply@mitelcloud.com>
To: Fax 1 <psychmedical@drnelsonflores.com>

Mon, May 3, 2021 at 2:26 PM

Delivery Information:

Message #: 75448110

Status: Success

Sender Name: Fax 1

Sender Company:

Sender Phone:

Remote CSID: FF240-IP.Rx

Total Pages: 14

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