

**ERIC E. GOFNUNG CHIROPRACTIC CORP.**

**SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION**

**6221 Wilshire Blvd., Suite 604 • Los Angeles, California 90048 • Tel. (323)933-2444 • Fax (323) 933-2909**

**PROOF OF SERVICE BY MAIL**

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am a citizen of the United States. I am over the age of 18 years and not a party of the above-entitled action; my business address is 6221 Wilshire Blvd, Suite 604 Los Angeles, CA 90048. I am familiar with a Company's practice where the mail, after being placed in a designated area, is given the appropriate postage and is deposited in a U. S. mailbox in the City of Los Angeles, after the close of the day's business. On **September 24, 2021**, I served the within following letter / forms on all parties in this action by placing a true copy thereof enclosed in a sealed envelope in the designated area for outgoing mail addressed as set forth above or electronically on the specified parties with email addresses as identified. I declare under the penalty of perjury that the foregoing is true and correct under the laws of the State of California and that this declaration was executed at 6221 Wilshire Blvd, Suite 604 Los Angeles, CA 90048.

On **24** day of **September**, 2021, I served the within concerning:

**Patient's Name: ROQUEMORE, SANDRA**  
**Claim Number: UW2000031099**

- MPN Notice
- Designation of Primary Treating Physician & Authorization for Release of Medical Records
- Financial Disclosure
- Request for Authorization -
- Itemized - ( Billing ) / HFCA - **6/7/2021**
- QME Appointment Notification
- Primary Treating Physician's Referral
- Initial Consultation Report -
- Re-Evaluation Report / Progress Report (PR-2)
- Permanent & Stationary Evaluation Report - **6/7/2021**
- Post P&S Follow Up -
- Review of Records -
- PQME / Med Legal Report -
- Computerized Dynamic Range of Motion (Rom) And Functional Evaluation Report -

List all parties to whom documents were mailed to:

Workers Defenders Law Group  
751 S Weir Canyon, Suite 157-455  
Anaheim, CA 92808

Accident Fund Lansing  
P. O. Box 40790  
Lansing, Michigan 48901

I declare under penalty and perjury under the laws of the State of California, that the foregoing is true and correct, and that this Declaration was executed at Los Angeles, California on **24** day of **September**, 2021.

  
\_\_\_\_\_  
**ILSE PONCE**

# ERIC E. GOFNUNG CHIROPRACTIC CORP.

## SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

6221 Wilshire Boulevard, Suite 604 Los Angeles, California 90048 | Tel. (323) 933-2444 | Fax (323) 933-2909

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June 7, 2021

Workers Defenders Law Group  
8018 E. Santa Ana Canyon, Suite 100-215  
Anaheim Hills, California 92808

Accident Fund Lansing  
P. O. Box 40790  
Lansing, Michigan 48901

Re: Patient: Roquemoire, Sandra Ann  
SSN: 000-00-0000  
EMP: American Guard Services  
INS: Accident Fund Lansing  
Claim #: UW2000031099  
WCAB #: ADJ13817769 & ADJ13818144  
DOI: CT: 04/01/2020-10/26/2020 & 08/01/2020-11/03/2020  
D.O.E./Consultation: June 7, 2021

### **Primary Treating Physician's Comprehensive Permanent and Stationary Evaluation Report**

Dear Gentlepersons:

The above-named patient was seen for a Primary Treating Physician's Comprehensive Permanent and Stationary Evaluation on June 7, 2021, in my office located at 6221 Wilshire Boulevard, Suite 604, Los Angeles, California 90048. The following information contained in this report is derived from a review of the available medical records, as well as the oral history as presented by the patient. **My associate, Dr. Kravchenko, examined the patient and I, Dr. Gofnung, the primary treating physician, agree with Dr. Kravchenko's physical examination findings and conclusions.**

This report and bill should be kept together by the Workers' Compensation carrier for the review company. The claims examiner should forward this report to the defense attorney and nurse case manager. This report serves as a written request for written authorization for today's evaluation/consultation and all additional appropriate treatment. This request is in compliance per AB 775 and with the mandates contained in Reg. 9792.6. Please pay within 60 days to avoid interest and penalties per Labor Code §§4603.2 and 5814.

My history and physical examination are as follows.

Re: Patient: Roquemoire, Sandra Ann  
DOI: CT: 04/01/2020-10/26/2020 & 08/01/2020-11/03/2020  
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**Job Description:**

Ms. Roquemoire was employed by American Guard Services as a security guard at the time of the injury. She began working for this employer in January 20, 2020. She worked full time.

Job activities included standing at entrance of a Ralphs Grocery Store, and to observe the persons coming out of the store, and watch the door for anyone attempting to steal from the store. She is to walk throughout store every hour, going through the aisles. She would frequently assist by bringing in the shopping carts, helping the elderly find the product they were looking for or with their groceries.

During the course of work, the patient was required to perform standing and walking, flexing, twisting, and side-bending and extending the neck, bending and twisting at the waist.

Her physical activities included the majority of her shift standing and observing and at times assisted store employees, or customers, and used the bilateral upper extremities for simple grasping, power grasping, fine manipulation, pushing and pulling.

The patient frequently assisted by lifting and carrying objects while at work. The patient lifted grocery bags that weighed up to 15 pounds and carry these objects up to 10 feet.

The patient worked 8 hours per day and 4 days a week. Normal work hours were eight hours. Lunch break was 30 minutes, and at the majority of times she would be called during her lunch break for assistance. The lunch break would consist of 15 minutes, and the rest breaks were five minutes. The job involved working 100% indoors, on Wednesday from 2:00 p.m. until 10:30 p.m., and on Friday and Saturdays from 6:00 a.m. until 2:30 p.m.

The patient continues to work for Ralphs store as a security guard.

There was no concurrent employment at the time of the injury.

The patient denies working for any new employer.

**Prior Work History:**

Regarding prior employment, the patient worked for full in-home care for her son for four years, until he passed away.

**History of Injury and Treatment as Presented by Patient:**

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The patient was asymptomatic and without any disability or impairment prior to the continuous trauma injury from 04/01/2020 to 10/26/2020 as related to the eyes, digestive, lower extremities. The patient low back symptoms from a previous injury got worse as a result of this continuous trauma.

**Cumulative Trauma:**

The patient states that while working at her usual and customary occupation as a security guard for American Guard Services, she sustained a work-related injury to her eyes, abdominal, low back, hips, legs, ankles, feet and toes, which she developed in the course of her employment due to continuous trauma dated from 04/01/2020 to 10/26/2020. She attributes the injuries due to the repetitive standing and walking activities, and stress from continued harassment from store managers over a period of time. She attributes her eye symptoms which were irritated while working at the door and the constant wind in her eyes; after she had glaucoma surgery in November 2019 her eyes got better; however, with the constant standing at the door with the wind she began having irritation in her eyes.

The patient explains that because of the continued walking and standing while working she has aggravation in her low back pain. She had an onset of symptoms of abdominal pain with diarrhea because of the stress and nervous feeling she has when having to report to work. She has had constant harassment and name calling by the store managers. She has headaches, feels anxiety and stress the day before she has to report to work, which triggers the abdominal pain and diarrhea, difficulty sleeping and loss of appetite. She has pain in her low back which travels down her legs to her feet, with the continuous standing, walking and bending while at work. She has developed corns on her feet and calluses which she has never had before. She has reported her symptoms to her supervisor on a few occasions, but states she has been ignored. She is constantly taking Pepto-Bismol and Tylenol Extra Strength for the pain in her back, legs and feet/toes. The patient states even when she is off work she has pain in her low back, legs, feet and toes. She has written a complaint to her employer, but nothing has been recommended.

The patient has seen Dr. Irma Tan, her primary care physician. She has been treating for low back symptoms and was prescribed Norco medications, which she takes on her days off work. She will take Tylenol over-the-counter as needed. She has an injection to her lower back every three to four months; she believes it an anti-inflammatory injection this was for a previous injury, and for the exacerbation at this security guard job. She was taken off work on October 14, 2020 – 10/15/2020, because of the injection. She states the doctor recommends she rests after the procedures for a few days, but because of her financial situation and fear of losing her job she continues working.

**Cumulative Trauma:**

Re: Patient: Roquemore, Sandra Ann  
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The patient states that while working at her usual and customary occupation as a security guard for American Guard Services, she has headaches, stress and hair loss which she developed in the course of her employment due to continuous trauma dated from 08/01/2020 to 11/03/2020. She attributes these symptoms of the anxiety and stress to the hostile work environment and age discrimination.

The patient explains that her hair is falling out constantly and she has frequent headaches, dizziness and nausea which come due to fear of losing her job. She has pain and itchiness in her scalp, due to stress. She purchased different hair products to see if they would help so that the hair loss would stop. She continues to experience hair loss. She is constantly being insulted and comments are made because of her age. The managers are constantly calling her bad names and saying terrible things about her to others. She experiences anxiety, stress and is sad working in a hostile work environment.

Ms. Roquemore underwent comprehensive course of treatment under our care consisting of chiropractic manipulations and adjunctive multimodality physiotherapy. The patient was recommended CT scan of her lumbar spine; this has not yet been done due to lack of authorization. She was recommended pain management consultation due to intractable lower back pain; this also has not been achieved due to lack of authorization. Ms. Roquemore has not returned to work. She has felt improvement with treatment she had been undergoing under our care; however, she remains symptomatic. She denies any new accidents or injuries.

**Current Complaints (June 7, 2021):**

1. Abdominal/stomach issues, intermittent and moderate.
2. Lower back pain, frequent and moderate, radiating to lower extremities, associated with weakness of lower extremities.
3. Right hip pain, occasional and slight.
4. Bilateral feet pain, frequent and moderate, associated with burning sensation at the soles.
5. Anxiety and depression.
6. Sleep difficulty.
7. Eye irritation.

**Past Medical History:**

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**Illnesses:**

The patient denies any major medical illnesses.

The patient states recently she does not recall the date, and was seen as outpatient at Martin Luther King for symptoms of Eczema and received radiation treatment. The patient denied any hospitalization.

**Injuries:**

11/17/1995 – While working for International rectifier, she sustained injury to her abdomen and groin because of a slip and fall injury. She did receive medical attention, but does not recall any of the details.

09/09/1995 – While working for International Rectifier Corp. she developed a skin rash because of a chemical spill. She had medical treatment and was in the hospital her skin was leaking yellow fluid. She was hospitalized for one week and receiving radiation for her skin problem at St. Francis Medical Center. Her condition was stabilized and she was diagnosed with Eczema. She continued treating for this condition for a year, and continues to date with Eczema.

The patient was involved in a vehicle vs. vehicle accident when she was 19 years old. She states upon impact she hit the windshield with her head, and some of her teeth were knocked out. She had medical attention for her teeth, and for her headaches.

2014 – The patient was a passenger in a taxi when all of a sudden their vehicle was T-boned, by another vehicle. She sustained injury to her low back, in the form of x-rays, physical therapy and injections, which she continues to have and injection every three to four months.

She is now treating her low back through her primary care physician.

The patient denied any new injuries.

**Allergies:**

The patient denied any known allergies.

**Medications:**

Norco 7.5, takes as needed  
Baby aspirin daily.

**Surgeries:**

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About 5-6 years ago, she had cervical spine fusion surgery.

1980 – Cesarean Section.

1979 – Cesarean Section.

**Hospitalization:**

1995 – The patient was hospitalized for one week at St. Francis Medical Center, due to a skin rash.

**Review of Systems:**

Review of systems is remarkable for trouble sleeping, muscle and joint pain, stiffness, anxiety, depressed mood, and stress:

**Activities of Daily Living:**

Physical Activities: As a result of the industrially-related injury, the patient states: Difficulty with standing, sitting, reclining, walking, and going up and downstairs, with a rating of 3/5.

Travel: As a result of the industrially-related injury, the patient states: Difficulty with riding in a car, bus, restful night sleep pattern, with a rating of 4/5.

**Family History:**

Mother is deceased and passed away from a stroke.

Father is deceased and passed away from illness.

The patient has one brother and one sister. They are well and in good health.

There is no known history of cancer or heart problems.

**Social History:**

She is divorced and she has three children.

The patient completed some college.

The patient consumes alcohol socially and smokes 6 cigarettes daily.

The patient does not exercise.

The patient does not participate in any sports activities.

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The patient has no hobbies.

**Physical Evaluation (June 7, 2021) – Positive Findings:**

**General Appearance:**

Ms. Roquemore is a 66-year-old right-hand female who appeared reported age, well-developed, well-nourished, well-proportioned, alert, cooperative and oriented x3. She presented with one-point cane, which was put away at my request for this examination.

**Vital Signs:**

Pulse: 77  
Blood Pressure: 127/92  
Height: 5'4"  
Weight: 116

**Thoracic Spine:**

Gross edema, swelling, erythema and scars are not present upon visual examination of the thoracic spine. The thoracic spine has a normal kyphotic curvature.

Tenderness and spasm is not present over the paravertebral musculature, trapeziums, rhomboid, latissimus dorsi musculature and interscapular region bilaterally. Tenderness and hypomobility is not present over the vertebral regions from T1 to T12.

Kemp's test is negative.

**Ranges of motion for thoracic spine were restricted secondary to lower back pain. Please see formal ranges of motion study attached.**

**Lumbosacral Spine:**

**Examination revealed tenderness to palpation with muscle guarding of bilateral paralumbar musculature. Tenderness and hypomobility were noted at L2 through L5 vertebral regions.**

**Milgram's test was positive. Sacroiliac joint compression test was positive on the right.**

**Straight Leg Raising Test (supine) elicited increased lower back pain with increased radiculopathy to right lower extremity:**

**Right: 35 degrees.**



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**Left: 45 degrees.**

**Ranges of motion for the lumbar spine were decreased and painful. Please see formal ranges of motion study attached.**

Hips & Thighs:

**Examination revealed tenderness to palpation at right greater trochanter and hip abductors.**

**Patrick Fabere test increased lower back pain and right hip pain.**

**Ranges of motion for right hip were decreased and painful, measured as follows.**

<i>Hip Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	120	120	<b>80</b>
Extension	30	30	30
Abduction	45	45	<b>40</b>
Adduction	30	30	30
External rotation	45	45	<b>30</b>
Internal rotation	45	45	<b>20</b>

Ankles & Feet:

**Examination revealed bunions, fungus at great toenails bilaterally.**

**Tenderness at bilateral plantar fascia.**

**Ranges of motion of both ankles were within normal limits with pain.**

<i>Ankle Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Metatarsophalangeal joint (MPJ) Extension	60	60	60
MPJ Flexion	20	20	20
Ankle Dorsiflexion	20	20	20
Ankle Plantar Flexion	50	50	50
Inversion (Subtalar joint)	35	35	35
Eversion (Subtalar joint)	15	15	15

Motor, Gait & Coordination Testing of The Lumbar Spine and Lower Extremities:

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Ankle Dorsiflexion (L4), Great Toe Extension (L5), Ankle Plantar Flexion (L5/S1), Knee Extension (L3, L4), Knee Flexion, Hip Abductor and Hip Adductor motor testing was normal and 5/5 with the exception of knee extension left 4/5, knee flexion left 4/5, hip abduction right 4/5, all other myotomes 5/5.

**Squatting is positive for back pain.**

**Heel and toe walking is positive for back pain.**

**Antalgic gait favoring left lower extremity.**

Deep Tendon Reflex Testing of The Lumbar Spine and Lower Extremities:

Ankle (*Achilles-S1*) and Knee (*Patellar Reflex-L4*) deep tendon reflexes are normal and 2/2.

Sensory Testing:

L3 (*anterior thigh*), L4 (*medial leg, inner foot*), L5 (*lateral leg and midfoot*) and S1 (*posterior leg and outer foot*) dermatomes are intact bilaterally upon testing with a pinwheel with the exception of dysesthesia at left L5-S1 dermatomal level.

Girth & Leg Length (Anterior Superior Iliac Spine to Medial Malleoli) measurements were taken of the lower extremities, as follows in centimeters:

<i>Lower Extremity Measurements Circumferentially &amp; Leg Length in Centimeters</i>		
Measurements (in cm)	Left	Right
Thigh - 10 cm above patella with knee extended	43	43
Calf - at the thickest point	23	22.5
Leg Length - Anterior Superior Iliac Spine To Medial Malleolus	96	96

Diagnostic Impressions:

1. Lumbar spine myofasciitis, M79.1.
2. Lumbar facet-induced versus discogenic pain, M47.816.
3. Lumbar radiculitis, rule out, M54.16.
4. Right sacroiliac joint dysfunction, sprain/strain, M53.3.
5. Right hip trochanteric bursitis, rule out, M70.61.
6. Bilateral plantar fasciitis, M72.2.

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7. Insomnia, anxiety and depression, G47.00, F41.9, F34.1.
8. Eye irritation, H57.9.

**Discussion and Recommendations:**

Ms. Roquemore underwent comprehensive course of treatment under our care consisting of chiropractic manipulations and adjunctive multimodality physiotherapy.

The patient's condition has improved with conservative care and stabilized into permanent and stationary. The patient is recommended to proceed with CT scan of lumbar spine in order to fully evaluate her condition and for future treatment recommendations. Further treatment is indicated for relief and can temporarily decrease the patient's impairment with activities of daily living for periods of time, as well as prevent worsening of same; however, further treatment will not decrease this patient's current level of **permanent** disability/impairment rating.

The patient is **recommended ophthalmologist consultation as well as psychological consultation in order to evaluate the issues with regards to eye irritation and persistent complaints of anxiety and depression respectively.**

The patient is **recommended to follow up with the undersigned in eight weeks in order to monitor her condition.**

**Medical Causation Regarding AOE/COE:**

In my opinion, it is within a reasonable degree of medical probability that the causation of this patient's injuries, resultant conditions, as well as need for treatment with regards to lumbar spine and right hip are industrially related and secondary to continuous trauma injuries from 04/01/2020 to 10/26/2020 while working for American Guard Services as a security guard.

With regards to eye irritation, the opinion is deferred to ophthalmologist.

With regards to psychological issues, the opinions are deferred to psychologist/psychiatrist.

I concluded my opinion based on this patient's job description, history of injury as reported, medical records (if any provided), as well as the patient's complaints, my physical examination findings and diagnostic impressions, and absent evidence to the contrary.

**Permanent and Stationary Status:**

The patient's condition is now permanent and stationary.

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**Subjective Factors of Disability:**

The subjective factors of disability consist of:

1. Abdominal/stomach issues, intermittent and moderate.
2. Lower back pain, frequent and moderate, radiating to lower extremities, associated with weakness of lower extremities.
3. Right hip pain, occasional and slight.
4. Bilateral feet pain, frequent and moderate, associated with burning sensation at the soles.
5. Anxiety and depression.
6. Sleep difficulty.
7. Eye irritation.

**Objective Factors of Disability:**

With regards to lumbar spine, the objective factors of disability consist of:

1. Palpatory tenderness.
2. Decreased and painful ranges of motion.
3. Muscle guarding on the exam.
4. Abnormal orthopedic testing.
5. Abnormal neurological examination findings.

With regards to right hip, the objective factors of disability consist of:

1. Palpatory tenderness.
2. Decreased and painful ranges of motion.
3. Decreased muscle function of right hip.

**Work Restriction:**

Based upon all the information available to me, including the results of diagnostic testing and my physical examination findings, as well as the patient's subjective complaints and the opinions of the secondary treating physicians, I recommend the following prophylactic work restrictions for the patient:

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No lifting in excess of 10 pounds. No repeated bending or twisting. Must be able to change positions as needed. If modified duty as indicated is not provided, then the patient is temporarily totally disabled until reevaluation in eight weeks.

**Vocational Rehabilitation Benefits:**

In my opinion, the patient is a qualified injured worker if work restrictions cannot be accommodated.

**AMA Impairment Analysis:**

1. Spine: Lumbar spine.
2. Lower Extremity: Right hip.
  - A. Lumbar Spine: Patient qualifying for DRE method and is placed in DRE category II and given 8% whole person impairment by referencing table 15-3 on page 384 due to history and physical examination compatible with injury, asymmetric loss of range of motion, muscle guarding on the exam.

**Lower Extremity:**

Right Hip: Right hip abduction 4/5 strength deficit correspondence to 25% lower extremity impairment by referencing table 17-8 on page 532 or 10% whole person impairment by referencing table 17-3 on page 527.

**Total Calculated Whole Person Impairment Rating:**

**Total calculated whole person impairment is 17%** by combining 8% spinal impairment with 10% lower extremity whole person impairment.

Please note, I reserve the right to change my opinions with regards to AMA impairment rating once the CT scan of the lumbar spine is available.

**Apportionment to Causation:**

Based on the patient's past medical history, she had prior injury to abdomen and groin in 1995, skin injury in 1995. She was involved in a motor vehicle accident when she was 19 years old, injuring her head and teeth. In 2014, the patient was involved in a motor vehicle accident in which she injured her lower back and received treatment and reported continuing to have an injection for her low back pain every three to four months until present. I do not have any medical records with regards to 2014 motor vehicle accident. Based upon currently available information, I apportion causation with regards to lumbar spine 70% to above-described continuous trauma injury and 30% to prior motor vehicle accident in 2014. With regards to right

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hip, I apportion causation 100% to above-described continuous trauma and 0% to non-industrial causes.

Please note, I reserve the right to change my opinions should additional medical records come forward.

**Future Medical Care:**

Provisions should be made for further chiropractic, acupuncture, physiotherapy care and treatment, to include both medical and surgical treatment, diagnostic studies of X-rays, MRIs & CT NCV/EMG, Internal medicine consultation, orthopedic consultation and interventional pain management consultation on an as-needed basis.

**Disclosure:**

I derived the above opinions from the oral history as related by the patient, revealed by the available medical records, diagnostic testing, credibility of the patient, examination findings and my clinical experience. This evaluation was carried out at 6221 Wilshire Boulevard, Suite 604, Los Angeles, California 90048. I prepared this report, including any and all impressions and conclusions described in the discussion.

In compliance with recent Workers' Compensation legislation (Labor Code Section 4628)(b): " I declare that Dr. Kravchenko examined the patient and may have assisted with initial preparation and assembly of components of this report, and I, Dr. Gofnung, the primary treating physician, have reviewed the report, edited the document, reviewed the final draft and I am in agreement with the findings, including any and all impressions and conclusions as described in the this report."

I performed the physical examination, reviewed the document and reached a conclusion, of this report which was transcribed by Acu Trans Solution LLC and I proofread and edited the final draft prior to signing the report in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (J) of Section 139.2.

In compliance with recent Workers' Compensation legislation (Labor Code Section 4628(J)): "I declare under penalty of perjury that the information contained in this report and it's attachments, if any, is true and correct to the best of my knowledge and belief, except as to information I have indicated I have 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."

In compliance with recent Workers' Compensation legislation (Labor Code Section 5703 under AB 1300): "I have not violated Labor Code Section 139.3 and the contents of this report are true and correct to the best of my knowledge. This statement is made under penalty of perjury and is consistent with WCAB Rule 10978."

The undersigned further declares that the charges for this patient are in excess of the RVS and the OMFS codes due to high office and staff costs incurred to treat this patient, that the charges are the same for all patients of this office, and that they are reasonable and necessary in the circumstances. Additionally, a medical practice providing treatment to injured workers experiences extraordinary expenses in the form of mandated paperwork and collection expenses, including the necessity of appearances before the Workers' Compensation Appeals Board. This office does not accept the Official Medical Fee Schedule as prima facie evidence to support the reasonableness of charges. I am a board-certified Doctor of Chiropractic, a state-appointed Qualified Medical Evaluator, a Certified Industrial Injury Evaluator and certified in manipulation under anesthesia. Based on the level of services provided and overhead expenses for services contained within my geographical area, I bill in accordance with the provisions set forth in Labor Code Section 5307.1.

NOTE: The carrier/employer is requested to immediately comply with 8 CCR Section 9784 by overnight delivery service to minimize duplication of testing/treatment. This office considers "all medical information relating to the claim" to include all information that either has, will, or could reasonably be provided to a medical practitioner for elicitation of medical or medical-legal opinion as to the extent and compensability of injury, including any issues regarding AOE/COE - to include, but

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not be limited to, all treating, evaluation, and testing reports, notes, documents, all sub rosa films, tapes, videos, reports; employer-level investigation documentation including statements of individuals; prior injury documentation; etc. This is a continuing and ongoing request to immediately comply with 8 CCR Section 9784 by overnight delivery service should such information become available at any time in the future. Obviously, time is of the essence in providing evaluation and treatment. Delay in providing information can only result in an unnecessary increase of treatment and testing costs to the employer.

I will assume the accuracy of any self-report of the examinee's employment activities, until and unless a formal Job Analysis or Description is provided. Should there be any concern as to the accuracy of the said employment information, please provide a Job Analysis/Description as soon as possible.

I request to be added to the Address List for Service of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Workers' Compensation Appeals Board. I am advising the Workers' Compensation Appeals Board that I may not appear at hearings or Mandatory settlement Conferences for the case in chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manuel Index No. 6.610, effective February 1, 1995, I request that defendants, with full authority to resolve my lien, telephone my office and ask to speak with me.

The above report is for medicolegal assessment and is not to be construed as a report on a complete physical examination for general health purposes. Only those symptoms which I believe have been involved in the injury, or might relate to the injury, have been assessed. Regarding the general health of the patient, the patient has been advised to continue under the care of and/or to get a physical examination for general purposes with a personal physician.

Time spent face-to-face with the patient is 60 minutes. Time spent on reviewing the records and preparation of this report, including dictation and editing, was 60 minutes. **Reviewing the American Medical Association Guides to the Evaluation of Permanent Impairment, 5th Edition in preparing this report, 30 minutes were spent.**

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Should you have any questions with regard to this consultation please contact me at my office.

Sincerely,



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Eric E. Gofnung, D.C.  
*Manipulation Under Anesthesia Certified*  
*State Appointed Qualified Medical Evaluator*  
Certified Industrial Injury Evaluator

Signed this 15 day of September, 2021, in Los Angeles, California.

EEG:svl

Sincerely,

Re: Patient: Roquemore, Sandra Ann  
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Date of Exam: June 7, 2021



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Mayya Kravchenko, D.C., QME  
*State Appointed Qualified Medical Evaluator*  
*Certified Industrial Injury Evaluator*

Signed this 15 day of September, 2021, in Los Angeles, California.

MK:svl



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Important Notice: This report contains protected health information that may not be used or disclosed unless authorized by the patient or specifically permitted by the Health Insurance Portability and Accountability Act (HIPAA).

Date

Evaluator

## Summary/Discussion

### Calibration Certificate

Device ID	Device Type	Date of Examination
19EE89	Muscle Tester	6/7/2021

Last Factory Calibration

Date
5/28/2014

Last Full Calibration

JTECH Recommended Drift Limits	Drift from Factory Calibration	Date & Time
±20%	2.0%	1/20/2021 3:59:10 PM

Last Zero Calibration

JTECH Recommended Drift Limits	Drift from Factory Calibration	Date & Time
±20%	2.0%	1/20/2021 3:59:10 PM

## Patient Information

**Name:** Sandra Ann Roquemore  
**Patient ID:** 17257  
**Gender:** Female  
**Birth Date:** 2/11/1955  
**Dominant Hand:** Right

**Primary Insurance**

**Secondary Insurance**

**Employer**

**Referral**

**Attorney**

**Care Providers**

**Range of Motion - Inclinometry**

**Spine Range of Motion**

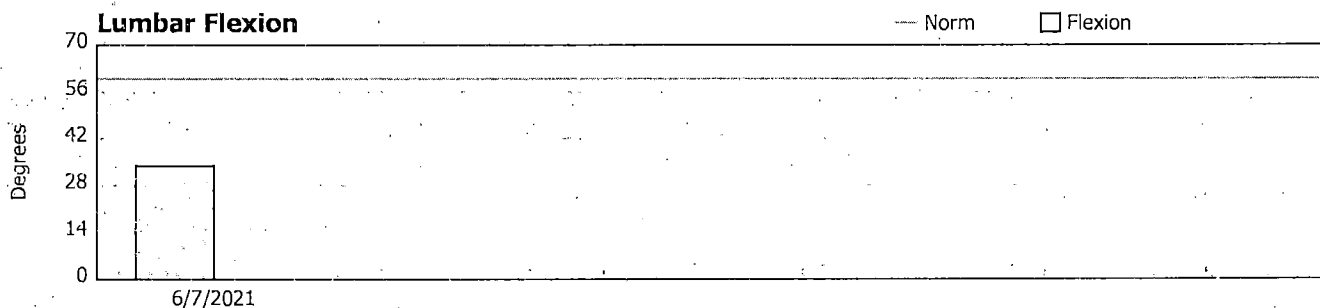
The patient's active range of motion was objectively evaluated with Tracker ROM from JTECH Medical using the dual inclinometry protocols outlined in the AMA Guides to the Evaluation of Permanent Impairment.

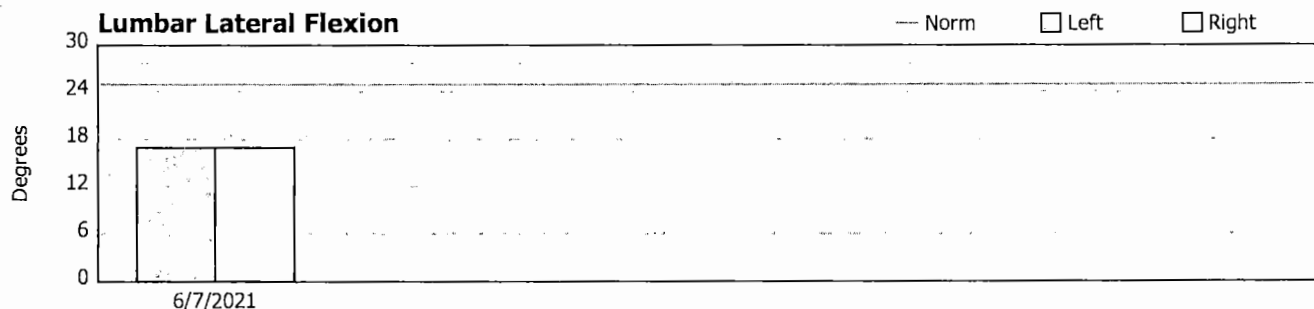
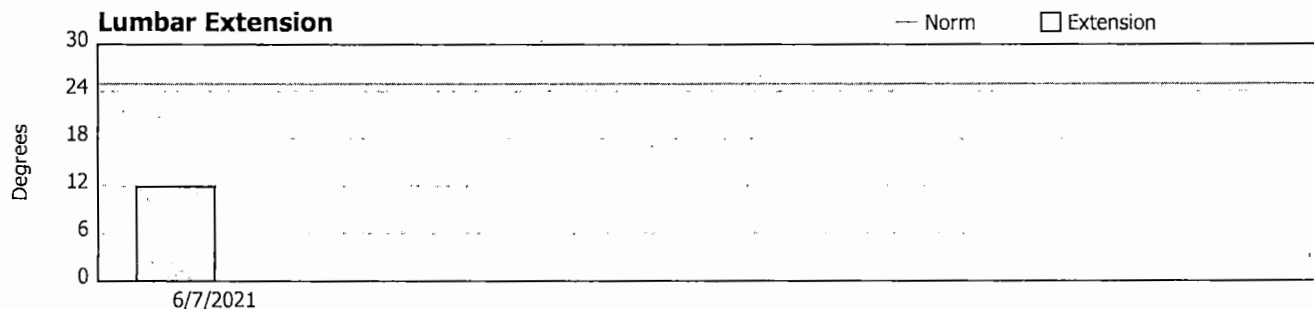
% Norm	Difference	Result	Norm	Lumbar ROM
57%	26°	34°	60°	Lumbar Flexion
48%	13°	12°	25°	Lumbar Extension
68%	8°	17°	25°	Lumbar Lateral Left
68%	8°	17°	25°	Lumbar Lateral Right

According to the AMA Guides, "An accessory validity test can be performed for lumbosacral flexion and extension... If the straight-leg-raising angle exceeds the sum of sacral flexion and extension angles by more than 15°, the lumbosacral flexion test is invalid. Normally, the straight-leg-raising angle is about the same as the sum of the sacral flexion-extension angle... If invalid, the examiner should either repeat the flexion-extension test or disallow impairment for lumbosacral spine flexion and extension."

Unless otherwise noted, the table(s) above show current test results compared to American Medical Association normative values.

**Spine Range of Motion Progress**





**Custom Spine Range of Motion**

The patient's active range of motion was objectively evaluated with Tracker ROM from JTECH Medical using dual inclinometry protocols.

**Custom Spine Range of Motion Progress**

**Extremity Range of Motion**

The patient's active range of motion was objectively evaluated with Tracker ROM from JTECH Medical using the single and dual inclinometry protocols outlined in the AMA Guides to the Evaluation of Permanent Impairment. The table(s) above show current test results compared to American Medical Association normative values.

**Extremity Range of Motion Progress**

**Custom Extremity Range of Motion**

The patient's range of motion was objectively evaluated with Tracker ROM from JTECH Medical using single and/or dual inclinometry protocols.

**Custom Extremity Range of Motion Progress**