

FAX

Date 01/13/2022

Number of pages including cover 11

To:

Phone

Fax Phone (310) 626-9632

From:

Austin Pathak

Business Office

CA

Phone (877) 285-2686 * 472

Fax Phone 18773189686

REMARKS:

Hello Sir/Madam,
Please find the attached medical report of Sandra Roquemore for the
DOS:
01/11/2022.
Thank you
New Horizon Medical Corp.

NIMISH SHAH, M.D., M.S.
AME, IME
MEDICAL DIRECTOR
NEW HORIZON MEDICAL CORPORATION
21520 S. PIONEER BLVD., SUITE 202
HAWAIIAN GARDENS, CA 90716
PHONE NO: (562) 402-2811
FAX: (562) 402-1505

State of California
Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA – California Code of Regulations, title8, section 9785

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

- New Request
 Expedited Review

Employee Information				
Employee Name: Sandra Ann Roquemore				
Date of Injury: CT 08/01/2020 to 11/03/2020 (psych), CT 4/01/2020 to 10/26/2020 (ortho)			Date of Birth: 02/11/1955	
Claim Number: UW2000031101 WCAB Numbers: ADJ 13818144, ADJ13817769			Employer: Vets Securing America Inc. American Guard Services (DBA)	
Provider Information				
Provider Name: Nimish Shah, M.D.				
Practice Name: New Horizon Medical Corporation			Contact: NHMC (For all Locations)	
Address: 21520 S. Pioneer Blvd, Suite #202			City: Hawaiian Gardens State: CA	
Zip Code: 90716		Phone : (562) 402-2811 Ext. 201 Fax: (562) 402-1505		
Provider Specialty : Pain Management			NPI Number: 1184837908	
E-Mail Address: Newhorizon215@yahoo.com				
Claim Administrator Information:				
Claims Administrator Name: Next Level Administrators			Contact Name: Patricia Carruthers	
Address: P.O. Box 1061			City: Bradenton State: FL	
Zip Code: 34206			TEL: #941-306-2393 FAX: #941-444-6200	
E-Mail Address: Not available and requesting from claims adjuster as soon as possible				
Requested Treatment (see instructions for guidance: attached additional page 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 request on a separate sheet.				
Diagnosis	ICD-Code	Treatment (See Attached treatment recommendation section of this evaluation)	CPT/HCPCS Code	Other Information: (Frequency, Duration Quantity, Facility, etc.) (See Attached)
Stress syndrome (anxiety, depression and insomnia) status post work injury.	F32.1 F41.1 F51.05	The patient was referred for M.D. reevaluation for psychotropic medications by primary treating physician, Nelson Flores, Ph.D.		
Lower back pain radiating into both lower extremities left more than right, on and off neck pain, status post aggravation related to work injury.		The patient is provided 30-day refill prescription for Trazodone 50 mg half to one tab h.s. p.r.n. #30 with prescription dated January 11, 2022 since next followup appointment is after four weeks.		
		The patient's claim was denied as per letter by claim adjuster, Patricia Carruthers on November 23, 2021. I requested all parties to arrange for AME or panel QME to address psych part of claim. I placed this		

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		request with my report dated December 08, 2021 and request is pending as of January 11, 2022.		
		Reevaluation in four weeks.		

Treating Physician Signature:



Date: 01/11/2022

Claims Administrator Response:			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (see separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)			
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment disputed			
Authorization Number (if assigned):		Date:	
Authorized Agent Name:		Signature:	
Phone:	Fax Number:	E-Mail Address:	
Comments:			

DWC Form RFA (Effective 2/2014)

NIMISH SHAH, M.D., M.S.
AME, IME
MEDICAL DIRECTOR
NEW HORIZON MEDICAL CORPORATION
21520 S. PIONEER BLVD., SUITE 202
HAWAIIAN GARDENS, CA 90716
PHONE NO: (562) 402-2811
FAX: (562) 402-1505

M.D. REEVALUATION REPORT

DATE: 01/11/22

PATIENT NAME: Sandra Ann Roquemore

SOCIAL SECURITY NO.: 564-92-3586

CALIFORNIA DRIVERS LICENSE NO: N4081576

DATE OF BIRTH: 02/11/55 AGE: 67 SEX: Female

EMPLOYER: Vets Securing America Inc. American Guard Services
(DBA)

OCCUPATION: Security Guard

DATES OF INJURY: CT 08/01/2020 to 11/03/2020 (psych), CT
04/01/2020 to 10/26/2020 (ortho)

CLAIM NUMBER: UW2000031101

WCAB NUMBERS: ADJ 13818144, ADJ13817769

REFERRING ATTORNEY: Natalia Foley, Esq.

REFERRING PHYSICIAN: Nelson Flores, Ph.D.

This is a 67-year-old, pleasant African-American patient, who was seen on December 08, 2021 at New Horizon Advanced Pain Management Center's **Hawaiian Gardens** Location. The patient is seen for M.D. reevaluation at **Hawaiian Gardens** Location on January 11, 2022. The patient's interim history, physical examination and treatment plan were discussed with patient herself.

CHIEF COMPLAINT:

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1. Stress syndrome (anxiety, depression and insomnia), status post work injury (CT 08/01/2020 to 11/03/2020).
2. Low back pain constantly radiating into both lower extremities left more than right associated with tingling, numbness, weakness, cramps, burning, status post work injury (CT 04/01/2020 to 10/26/2020).

PRESENT HISTORY:

The patient was complaining of stress and inability to function prior to psychotropic medications. The patient's anxiety attacks, feeling out depression, tense feeling, difficulty sleeping, tiredness, fatigue, helpless improved with psychotropic medications. The patient's confused thoughts and poor concentrations improved with psychotropic medications. The patient with currently prescribed medications has noted improvement in psych symptoms.

The patient is complaining of constant lower back pain constantly radiating into both lower extremities left more than right associated with tingling, numbness, weakness, cramps and burning. The patient rated lower back pain 8 to 9 out of 10 on pain scale. The patient described her pain as dull, aching pain which becomes sharp, shooting. Pain aggravates with activities. The patient has tingling, numbness involving both hands and feet. The patient's pain gets aggravated with prolonged walking, standing and sitting. The patient has stress induced on and off neck pain and constant headaches. The patient's neck pain gets aggravated with coughing and sneezing. The patient's lower back pain gets aggravated with prolonged sitting and standing. The patient's lower back is stiff in the morning. The patient has to change position to get comfortable. The patient also complains of loss of bladder or bowel control related to her back pain.

The patient is referred for M.D. reevaluation for psychotropic medications by psychologist Nelson Flores, Ph.D. who is handling psych part of patient's claim.

The patient is provided 30-day refill prescription for Trazodone since next followup appointment is after four weeks. The patient received prescription for Trazodone 50 mg one tab h.s. p.r.n. #30 with prescription dated **January 11, 2022** to obtain from an outside pharmacy. Although patient is recommended Trazodone on an industrial basis, she is currently using her private insurance due to denied claim. The patient is receiving generic Cymbalta 60 mg one a day through pain management physician through private insurance from November 05, 2021. The patient was placed on

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generic Cymbalta to treat anxiety, depression and pain. The patient is recommended Trazodone to treat anxiety, depression and insomnia and neuropathic pain in addition to failure of Amitriptyline. The patient was made aware of risk of psychotropic medications. The patient was instructed to stop those medications if notices any side effects or any undesirable thoughts. The patient also is recommended to discuss any concerns about psychotropic medications with psychologist since patient at present is following up more frequently with psychologist.

The patient remains under the care of psychologist, Nelson Flores, Ph.D. and associate. The patient is currently undergoing **group therapy** once a week and **stress/hypnotherapy** once a week over Zoom with psychologist, Nelson Flores, Ph.D. and associate.

The patient was undergoing treatment with chiropractic physician Gofnung, D.C. in past. The patient at present is undergoing treatment of physical pain using her private insurance. The patient is seeing pain management physician John Gurskis, M.D. located in City of Long Beach through her private insurance. The patient was prescribed generic Cymbalta 60 mg one a day by John Gurskis, M.D. on November 05, 2021. The patient had follow-up appointment on November 29, 2021 when in addition to Cymbalta 60 mg generic Norco 7.5-325 t.i.d. p.r.n. #90 was added by John Gurskis, M.D. The patient had follow-up appointment with John Gursiks, M.D. on December 27, 2021 and next follow-up appointment is on or about on **January 27, 2022**.

The patient's claim was denied as per letter by claim adjuster, Patricia Carruthers on November 23, 2021. I requested all parties to arrange for **AME or panel QME** to address psych part of claim. I placed this request with my report dated December 08, 2021. This request is not handled as of **January 11, 2022**.

The patient had her deposition sometime in 2021.

The patient currently remains on temporary total disability. The patient is receiving payment from state disability.

The patient is here for reevaluation and was provided refill prescription to obtain generic Trazodone from an outside pharmacy.

PHYSICAL EXAMINATION:

BLOOD PRESSURE: 130/88. **PULSE:** 100. **RESPIRATION:** 18.
TEMPERATURE: 97.6.

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The patient is well developed, well nourished, and does not appear in any apparent distress. The patient is conscious, alert, and oriented to time, place and person.

The systemic examination is unremarkable.

Examination of the neck is abnormal. Cervical spine movements are painful.

Examination of the lower back is abnormal. Lumbar spine movements are restricted painful.

Mental Status Examination and Psychological Testing by referring psychologist shows depression, anxiety and insomnia related to stress syndrome.

IMPRESSION:

1. Stress syndrome (anxiety, depression and insomnia) status post work injury.
2. Lower back pain radiating into both lower extremities left more than right, on and off neck pain, status post aggravation related to work injury.

RECOMMENDATIONS:

The patient is referred for M.D. reevaluation for psychotropic medications as recommended by psychologist Nelson Flores, Ph.D. who is handling psych part of patient's claim.

The patient remains on Trazodone 50 mg one tab h.s. p.r.n. #30 and was provided refill prescription dated **January 11, 2022**. Although the patient is recommended Trazodone on an industrial basis, she is currently using her private insurance due to denied claim. The patient also remains on generic Cymbalta 60 mg one a day and generic Norco 7.5-325 t.i.d. through her pain management physician, John Gursiks, M.D. who is treating patient through her private insurance.

The patient was counseled as to benefit of these medications and potential side effects. The patient was instructed to alert prescribing physician to any side effects if they occurred. The patient fully understands these concepts and accepted the risk. The patient is to request refill from this office only regarding prescribed medications by Dr. Shah. The patient understands that early request for refill might not be honored and in fact might be caused for the patient to be discharged from our clinic. The patient is provided pain medications as per **MTUS guidelines**. Please note the following:

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1. **The patient has greater than 50% relief of pain with prescribed medications. The patient's Vas scores on an average have improved more than 50% with prescribed pain and other medications.**
2. The patient's **ability to function is significantly improved** with medications as the patient is able to perform activities of daily living more than 50% of the time. The patient is able to carry on with day-to-day living activities and is able to remain functional due to prescribed medications. The patient is able to perform walking, sitting, standing, bathing, cooking, sweeping, performing laundry, dishwashing and socializing significantly better due to prescribed medications.
3. There is no documented abuse, diversion or hoarding of prescribed medications and there are no evidences of illicit drug use. The patient is monitored and undergoes urine drug screening every 3-4 months while having remained on prescribed medications. This is based on guidelines. The urine drug screen is done to monitor compliance with treatment regimen. The patient is routinely monitored with urine drug screens and CURES review.
4. The patient has **opioid contract** on file regarding prescribed opioids. The patient is compliant with medication use.
5. The patient undergoes regular assessment for potential sequelae of therapy including opioid induced hyperalgesia, tolerance, pseudo addiction and addiction. So far, the patient has not exhibited any of those risks.
6. The patient has **satisfied all four domains** which have been proposed by California Chronic Pain Medical Treatment Guidelines (4 "A"s). The patient has adequate analgesia, improved activity of daily living, no adverse side effects and no aberrant drug taking behavior to remain on prescribed opioids.
7. The benefit of continued opioid use outweighs the risk in this patient. This patient was tried on NSAIDs and alternative analgesics and either they were ineffective alone or not well tolerated. The lowest effective dose has been prescribed. We have reiterated with the patient that the long term goal is to wean off of opioid analgesics if / when tolerated.
8. MTUS clearly states (page 80) **opioids should be continued** as the patient demonstrates improved pain and function. MTUS clearly states (89) **do not attempt to lower the dose if it is working.**
9. Discussed opiate tolerance, dependence, abuse, diversion and possibility of addiction. The patient wishes to continue current pain medications despite of possibility of addiction. **Non-pharmacological pain intervention discussed and reviewed with the patient. Encouraged non-pharmacological intervention to increase duration between dosages and reduced the need for analgesics.** Discussed alternatives to opioid pain medications, discussed disease process and treatment options.

We are requesting claims adjuster to authorize medications six months at a time to prevent any administrative delay. The patient is carefully monitored every 4-6 weeks and any changes in any of the medications will be notified by the way with RFA. The patient remains on prescribed medications based on guidelines. **Utilization-review with phone call should only be done if reviewer has any additional questions which are not addressed in my report.**

The patient's psychotropic medications were reviewed. The patient is counseled as the benefits of these medications and potential side effects. The risks include, but are not limited to, drowsiness, sedation, dependence, tolerance, addiction, nausea, tingling in the extremities, decreased appetite, problems with cognition, weight gain, potential problems with vision including glaucoma, constipation, nausea, itching, vomiting, dizziness, allergic reaction, slowing of breathing rate, slowing of reflexes or reaction time, physical dependence, tolerance and addiction. The patient was instructed to alert the prescribing physician to discuss any of these symptoms if they occur. The patient was advised possible danger of operating an automobile while under the influence of these medications. The patient was also made aware of synergistic effects of alcohol with these medications, the patient was instructed to use extreme caution while operating an automobile, or machinery, or using heavy equipment or working at unprotected heights and was explained dangers if the patient was responsible in take care of another individual who is unable to care for himself or herself. The patient also was made aware that these medications cannot be discontinued abruptly or without professional guidance. The patient fully understands these concepts and accepts the risk.

The patient is allowed to continue opioids since the patient satisfies four domains which have been proposed as per California Chronic Pain Medical Treatment Guidelines. These domains have been summarized as 4 "A"s (Adequate analgesia, improvement in activity of daily living, no adverse side effects and no aberrant drug taking behaviors).

The patient remains under the care of psychologist, Nelson Flores, Ph.D. and associate. The patient is currently undergoing **group therapy** once a week and **stress/hypnotherapy** once a week over Zoom with psychologist, Nelson Flores, Ph.D. and associate.

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The patient's claim was denied as per letter by claim adjuster, Patricia Carruthers on November 23, 2021. I requested all parties to arrange for **AME or panel QME** to address psych part of claim. I placed this request with my report dated December 08, 2021. This request is not handled as of **January 11, 2022**.

I will follow with this patient on an outpatient basis.

I wish to thank you, Nelson Flores, Ph.D., for allowing me to participate in the care of this interesting patient.

DISABILITY STATUS: Deferred to primary treating physician. The patient currently remains on temporary total disability. The patient is receiving payment from State Disability.

Re-evaluation in 4 weeks.

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 the 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.

I have not violated Labor Code section 139.3 and the content of this report are true and correct to the best of my knowledge. This report was dictated by Nimish Shah, M.D. and transcribed by AcuTrans Transcription Services, LLC.

Per labor code 4603.2 (B) and 4622 (A), payment and/or objection to any part of this bill shall be made within 45 days after receipt of the same. Any properly documented list of services provided not paid at the rates then in effect under section 5307.1 within the 45 working day period, shall be increased by rate of 15% penalty and 7% interest. Should this itemization or portion thereof be contested, denied, or considered incomplete, please notify in writing within 30 working days. Thank you for your cooperation.

Sincerely,



Nimish Shah, M.D. M.S., AME, IME
Diplomate, American Board of Pain Management, Pain Medicine and
Anesthesiology
Medical Director
New Horizon Medical Corporation.

NS: pw (1507315)

Re: Sandra Ann Roquemore

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PROOF OF SERVICE BY MAIL (1013) (A)/2015.5 CC.P

I, the undersigned, declare that I am resident of the State of California, employed in County of Los Angeles, over the age of 18 years and not a party to the within action or proceedings. My business address is 21520 South Pioneer Blvd., Suite 202, Hawaiian Gardens, CA 90716, and that on the date this declaration is dated, I served the following documents hereinafter described as medical records (medical reports plus billing plus RFA only for Workers' Compensation cases) in the matter of,

PATIENT NAME: Sandra Ann Roquemore

SOCIAL SECURITY NO.: 564-92-3586

CALIFORNIA DRIVERS LICENSE NO: N4081576

DATE OF BIRTH: 02/11/55 **AGE:** 66 **SEX:** Female

EMPLOYER: Vets Securing America Inc. American Guard Services (DBA)

OCCUPATION: Security Guard

DATES OF INJURY: CT 08/01/2020 to 11/03/2020 (psych), CT 04/01/2020 to 10/26/2020 (ortho)

CLAIM NUMBER: UW2000031101

WCAB NUMBERS: ADJ 13818144, ADJ13817769

By causing to be deposited or personally depositing a true copy thereof, in a sealed envelope with postage thereon, fully prepared in the United States Mail at Hawaiian Gardens address as follows. Some reports were served by E-Mail or fax. The preferred method of serving is electronic transmission either by Email or fax. I am requesting the patient's insurance carrier and adjuster to serve my reports to defense attorney. Pursuant to rules and regulations of Division of Industrial Accidents, we are responsible to submit one medical report. If the defense attorney requires us to serve copies of medical records we request \$10.00 processing fee, \$5.00 postage fee, and \$00.50 per page copy fee forwarded us prior to requesting those records. We will send paperwork to defense attorney once requested fees are received. The defense attorney will only receive this report once requested fees are received.

Re: Sandra Ann Roquemore

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Nelson Flores, Ph.D. (primary treating physician)
2107, N Broadway, Suite 207
Santa Ana, CA 92706
TEL: #714-972-0040
FAX: #714-972-0477
CLAIM NUMBER: UW2000031101
WCAB NUMBERS: ADJ 13818144, ADJ13817769

Natalia Foley (applicant attorney)
Workers defenders Law Group
8018 E. Santa Ana Canyon Road, Suite 100-215
Anaheim, CA 92808
TEL: #714-948-5054
FAX: #310-626-9632
Cell Phone: #310-707-8098 (Natalia Foley)
Email: nfoleylaw@gmail.com
CLAIM NUMBER: UW2000031101
WCAB NUMBERS: ADJ 13818144, ADJ13817769

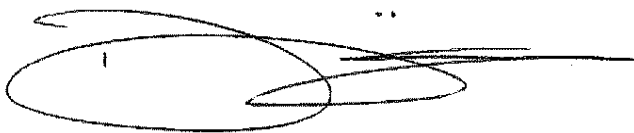
Attn: Claim Adjuster, Patricia Carruthers
Next Level Administrators
P.O. Box 1061
Bradenton, FL 34206
TEL: #941-306-2393
FAX: #941-444-6200
CLAIM NUMBER: UW2000031101
WCAB NUMBERS: ADJ 13818144, ADJ13817769

I declare under penalty of perjury under the Law of State of California that the foregoing is true and correct.

Executed at Hawaiian Gardens, California on 01/12/2022.

Diana Ponce

Diana Ponce / Cathy Carreon / Carol Espinoza / Maria Bernal /
Maulesh Patel / Chris Barboza / Raja Diptani for New Horizon
Medical Corporation.



BILLING:

Raja Diptani / Diana Ponce / Chris Barbosa / Maulesh Patel