PROOF OF SERVICE BY MAIL (1013a.2015.5. C.C.P.)

STATE OF CALIFORNIA, COUNTY OF ORANGE

I am employed in the county aforesaid; I am over the age of eighteen years and not a party to the within entitled action; my business address is 2107 N. Broadway, Suite 207, Santa Ana, CA 92706.

On 12/2/2021, I served the within progress report(s) dated 9/7/21 / 9/13/21 and bill regarding **Sandra Roquemore** on the appropriate parties in said action by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at Santa Ana, California, addressed as follows:

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

Ted Tribble PSY.D.
4344 Latham Street Ste. 120
Riverside, CA 92501

Claim #:
Attn.

Accident Fund Ins. Co. of America
P.O. Box 40790
Lansing, MI 48901
CL#:UW2000031101
Attn.: Patricia Carruther

Next Level Administrators
P.O. Box 1061
Bradenton, FL 34206
Claim #:
Attn.

I declare under penalty of perjury, that the foregoing is true and correct.

Executed on 12/2/202, at Santa Ana, California.

By: ______________________

Alina Flores

cc: File

State of California
Division of Workers' Compensation

Additional pages attached ☐

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Check the box(es) which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Form PR-3 or IMC 81556

☐ Periodic Report (required 45 days after last report) ☐ Change in treatment plan ☐ Discharged
☐ Change-in work status ☐ Need for referral or consultation ☐ Info. Requested by:
☐ Change in patient's condition ☐ Need for surgery or hospitalization ☐ Other: UR REQUESTED

Patient:
Last: Roquemore First: Sandra M.I.: Sex: Female DOB: 02/11/1955
Address: 1763 Exposition Blvd City: Los Angeles State: Zip: 90018
Occupation: SS #: 564-92-3586 Phone: ( ) (323)643-4539

Claims Administrator:
Name: Accident Fund Ins. Co. of America Claim Number: CL#:UW2000031101
Address: P.O. Box 40790 City: Lansing State: Zip: 48901
Phone: ( ) (877)563-4636 FAX: ( )
Employer name: American Guard Services (DBA) Employer Phone: ( )

The information below must be provided. You may use this form or you may substitute or append a narrative report.

Subjective Complaints:

Ms. Roquemore reports pain in her lower back, hips, feet, and left shoulder. Patient uses a cane to ambulate. She has difficulty controlling her emotions. She tends to socially isolate and withdraw from others. She feels sad, irritable, fearful, nervous, restless, anxious, depressed, and helpless. (Continue on 2nd page).

Objective Findings: (Include significant physical examination, laboratory, imaging, or other diagnostic findings.)

Sad and anxious mood.

Diagnosis:

1. Major Depressive Dis., Single Episode, Severe w /o — ICD-9 F32.2
2. Generalized Anxiety Disorder — ICD-9 F41.1
3. Insomnia Related to Other Mental Disorder — ICD-9 F51.05

Treatment Plan: (Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture. Use CPT codes is encouraged. Have there been any changes in treatment plan? If so, why?

Cognitive Behavioral Group Psychotherapy 1x week for 6 weeks. Relaxation Training/Hypnotherapy 1x week for 6 weeks. Follow up in 45 days. Continue with current treatment plan. (Continue on 2nd page).

Work Status: From the psychological standpoint, this patient is psychiatrically temporarily totally disabled until 10/22/2021.

Restriction: To be determined when patient reaches MMI Status.

Primary Treating Physician: (original signature, do not stamp) Date of exam: September 7, 2021

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code § 139.3.

Signature: [signature] Cal. Lic. #: PSY12317/PSY31773
Executed at: SANTA ANA Date: 09/07/2021
Name: Nelson J. Flores, Ph.D, QME/Nelson L. Flores, Psy.D. Specialty: Psychology
Address: P.O. Box 6299 Laguna Niguel, CA 92607-6299 Phone: (714) 972-0040
Next report due no later than

Subjective Complaints:

She experiences crying episodes and, at times, she feels like crying. She has difficulty communicating, making decisions, and remembering things. She has a decreased appetite and reports she has lost weight. She has lost interest in her usual activities. She fears the worst happening. She endorses sleep difficulties, including nightmares and distressing dreams. She feels tired and has low energy throughout the day. She experiences intrusive recollections and flashbacks. She has a decreased sexual desire. She is bothered by headaches. She experiences difficulties performing her activities of daily living and sitting and standing for long periods of time. She has physical limitations. She reports gastrointestinal disturbances, including indigestion, acid reflux, diarrhea, and constipation. She has shown improvement in her mood, motivation, and ability to utilize learned skills/techniques.

Treatment Plan:

The treatment to be provided by Dr. Flores and Registered Psychological Assistants, Jennifer Lightner and Ting F. Chiu.

Psychological Testing:

Burns Depression Checklist score: **87 (extreme depression)** Burns Anxiety Inventory score: **86 (extreme anxiety)**

Psychological testing administered today: **31** minutes (testing time includes administration, scoring, and interpretation).

Disclosure:

The patient was informed and consented to the use of telehealth services.

Scoring and interpretation of the psychological testing were conducted by Dr. Flores/Psychological Assistants, Jennifer Lightner/Ting F. Chiu.

Time spent for this service: 20 minutes face to face time with the patient via telemedicine.

Time spent preparing this report: 1.15 hours preparing, testing score, interpretation, transcribing, and editing this report.

I have reviewed the medical records and collateral records. X 15 mins.

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.

[X] 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	ROQSA000
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: Nelson J. Flores, PH.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: 1831237981	
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: (941) 444.6210	
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	Group Medical Psychotherapy	90853	1X WK X 6 WKS, TOTAL 6 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: 9/13/2021

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:		

State of California
Division of Workers' Compensation

REQUEST FOR AUTHORIZATION

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- [ ] Expedited Review: Check box if employee faces an imminent and serious threat to his or her health
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Employee Information

Employee Name (Last, First, Middle): Roquemore, Sandra	ROQSA000
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: Nelson J. Flores, PH.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: 1831237981	
E-mail Address:			

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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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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: 9/13/2021

Claims Administrator Response

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Division of Workers' Compensation

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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: Nelson J. Flores, PH.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: 1831237981	
E-mail Address:			

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Claims Administrator Name: Accident Fund Ins. Co. of America		Contact Name:	
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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	Phone call, intermediate	99442	ONCE IN 45 DAYS
Generalized Anxiety Disorder	F41.1	Phone call, intermediate	99442	" "
Insomnia	F51.05	Phone call, intermediate	99442	" "
Pain Dis. w/Related Psychologi	F45.42	Phone call, intermediate	99442	" "

Treating Physician Signature: Date: 9/13/2021

Claims Administrator Response

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Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

State of California
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Employee Information

Employee Name (Last, First, Middle): Roquemore, Sandra	ROQSA000
Date of Injury (MM/DD/YYYY): 11/03/2020	Date of Birth (MM/DD/YYYY): 02/11/1955
Claim Number:	Employer: American Guard Services (DBA)

Provider Information

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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: 1831237981	
E-mail Address:			

Claims Administrator Information

Claims Administrator Name: Next Level Administrators		Contact Name:	
Address: P.O. Box 1061		City: Bradenton	State: FL
Zip Code: 34206	Phone: (941)281-3494	Fax Number: (941)444-6200	
E-mail Address:			

Requested Treatment (see instructions for guidance; attached additional pages if necessary)

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Pain Dis. w/Related Psychologi	F45.42	Group Medical Psychotherapy	90853	" "

Treating Physician Signature: [signature] Date: 9/13/2021

Claims Administrator Response

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Authorization Number (if assigned):		Date:
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State of California
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Employee Information

Employee Name (Last, First, Middle): Roquemore, Sandra ROQSA000
Date of Injury (MM/DD/YYYY): 11/03/2020 | Date of Birth (MM/DD/YYYY): 02/11/1955
Claim Number: | Employer: American Guard Services (DBA)

Provider Information

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Practice Name: Psychological Assessment Serv. | Contact Name: Ted Tribble PSY.D.
Address: 2107 N Broadway Ste 207 | City: Santa Ana | State: CA
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Treating Physician Signature: | Date: 9/13/2021

Claims Administrator Response

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State of California
Division of Workers' Compensation

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Date of Injury (MM/DD/YYYY): 11/03/2020 | Date of Birth (MM/DD/YYYY): 02/11/1955
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Provider Information

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Pain Dis. w/Related Psychologi	F45.42	Phone call, intermediate	99442	" "

Treating Physician Signature: | Date: 9/13/2021

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:

Collections Department <collections@drnelsonflores.com>

Message Failed: 79895718 | 11/25/2021 11:43:54 AM PST

1 message

FAXAGENT <noreply@mitelcloud.com> Thu, Nov 25, 2021 at 11:59 AM
To: Fax 3 <collections@drnelsonflores.com>

Delivery Information:

Message #: 79895718

Sender Name: Fax 3
Sender Company:
Sender Phone:

Remote CSID:
Total Pages: 6

Start Time: 11/25/2021 11:43:54 AM PST
End Time: 11/25/2021 3:58:52 AM PST
Duration: 0.000 sec

Successful Deliveries:

Failed Deliveries:
1941446200 - 11941446200 :

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614K

Fax Transmission

To: 1941446200

Fax: 11941446200

RE: Roquemore, Sandra

From: Fax 3

Date: 11/25/2021 11:43:54 AM PST

Pages: 6

Comments:

09/07/21 PR-2 and RFAs

Collections
*Psychological Assessment Services *
Ph. 714-972-0040
Fax 714-972-0477

Collections Department <collections@drnelsonflores.com>

Message Failed: 79895719 | 11/25/2021 11:44:22 AM PST

1 message

FAXAGENT <noreply@mitelcloud.com> Thu, Nov 25, 2021 at 11:59 AM
To: Fax 3 <collections@drnelsonflores.com>

Delivery Information:

Message #: 79895719

Sender Name: Fax 3
Sender Company:
Sender Phone:

Remote CSID:
Total Pages: 6

Start Time: 11/25/2021 11:44:22 AM PST
End Time: 11/25/2021 3:58:58 AM PST
Duration: 0.000 sec

Successful Deliveries:

Failed Deliveries:
1941446200 - 11941446200 :

Delivered by **FAXAGENT**... "When Every Fax is Mission Critical"

79895719.pdf
616K

Fax Transmission

To: 1941446200

Fax: 11941446200

RE: Roquemore, Sandra

From: Fax 3

Date: 11/25/2021 11:44:22 AM PST

Pages: 6

Comments:

09/07/21 PR-2 and RFAs

Collections
*Psychological Assessment Services *
Ph. 714-972-0040
Fax 714-972-0477

PROOF OF SERVICE BY MAIL (1013a.2015.5. C.C.P.)

STATE OF CALIFORNIA, COUNTY OF ORANGE

I am employed in the county aforesaid; I am over the age of eighteen years and not a party to the within entitled action; my business address is 2107 N. Broadway, Suite 207, Santa Ana, CA 92706.

On 10/6/2021 , I served the within progress report(s) dated 6·15·21 & 6·22·21 and bill regarding
Sandra Roquemore
on the appropriate parties in said action by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at Santa Ana, California, addressed as follows:

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

Ted Tribble PSY.D.
4344 Latham Street Ste. 120
Riverside, CA 92501

Claim #:
Attn.

Accident Fund Ins. Co. of America
P.O. Box 40790
Lansing, MI 48901
CL#:UW2000031101
Attn.: Patricia Carruther

Next Level Administrators
P.O. Box 1061
Bradenton, FL 34206
Claim #:
Attn.

I declare under penalty of perjury, that the foregoing is true and correct.

Executed on 10/6/2021 , at Santa Ana, California.

By: ______________________
Alina Flores

cc: File

State of California
Division of Workers' Compensation

Additional pages attached ☐

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Check the box(es) which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Form PR-3 or IMC 81556

☐ Periodic Report (required 45 days after last report) ☐ Change in treatment plan ☐ Discharged
☐ Change-in work status ☐ Need for referral or consultation ☐ Info. Requested by:
☐ Change in patient's condition ☐ Need for surgery or hospitalization ☐ Other: UR REQUESTED

Patient:

Last Roquemore First Sandra M.I. ___ Sex Female DOB 02/11/1955
Address 1763 Exposition Blvd City Los Angeles State ___ Zip 90018
Occupation ___ SS # 564-92-3586 Phone ( ) (213)677-8002

Claims Administrator:

Name Accident Fund Ins. Co. of America Claim Number CL#:UW2000031101
Address P.O. Box 40790 City Lansing State ___ Zip 48901
Phone ( ) (877)563-4636 FAX ( )
Employer name: American Guard Services (DBA) Employer Phone: ( )

The information below must be provided. You may use this form or you may substitute or append a narrative report.

Subjective Complaints:

Ms. Roquemore reports pain in her lower back, legs, and feet. She has difficulty controlling her emotions and impulses. She tends to socially isolate and withdraw from others. She feels sad, fearful, nervous, restless, anxious, depressed, and helpless. She has lost interest in her usual activities. (Continue on 2nd page).

Objective findings: (Include significant physical examination, laboratory, imaging, or other diagnostic findings.)

Sad and anxious mood and nervous.

Diagnosis:

1. Major Depressive Dis., Single Episode, Severe w/o — ICD-9 F32.2
2. Generalized Anxiety Disorder — ICD-9 F41.1
3. Insomnia Related to Other Mental Disorder — ICD-9 F51.05

Treatment Plan: (Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture. Use CPT codes is encouraged. Have there been any changes in treatment plan? If so, why?

Cognitive Behavioral Group Psychotherapy 1x week for 6 weeks. Relaxation Training/Hypnotherapy 1x week for 6 weeks. Follow up in 45 days. Continue with current treatment plan. (Continue on 2nd page).

Work Status: From the psychological standpoint, this patient is psychiatrically temporarily totally disabled until 07/30/2021.

Restriction: To be determined when patient reaches MMI Status.

Primary Treating Physician: (original signature, do not stamp) Date of exam: June 15, 2021

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code § 139.3.

Signature: [signature] Stephanie T Imp
Executed at: SANTA ANA Cal. Lic. # PSY20308/PSB94023427
Name: Ted Tribble Psy.D./Stephanie T. Imp, M.A. Date: 06/15/2021
Address: P.O. Box 6299 Laguna Niguel, CA 92607-6299 Specialty: Psychology
Next report due no later than ___ Phone: (714) 972-0040

DWC Form PR-2 (Rev. 1/1/99)

(Use additional pages, if necessary)

Subjective Complaints:

She experiences crying episodes and, at times, she feels like crying. She has difficulty communicating and remembering things. She has a decreased appetite and reports she has lost approximately 20 pounds. She fears the worst happening. She endorses sleep difficulties, including nightmares and distressing dreams. She feels tired and has low energy throughout the day. She experiences intrusive recollections and flashbacks. She has a decreased sexual desire. She is bothered by headaches and sweating sensations throughout her hands and body. She reports gastrointestinal disturbances, including heartburn, indigestion, acid reflux, diarrhea, and constipation. She has shown improvement in her ability to manage her anxiety symptoms and panic attacks and utilizing learned coping/relaxation skills.

Treatment Plan:

The treatment to be provided by Dr. Tribble, Dr. Flores, and Registered Psychological Assistants, Stephanie T. Imp and Jennifer Lightner.

Psychological Testing:

Burns Depression Checklist score: **94 (extreme depression)** Burns Anxiety Inventory score: **90 (extreme anxiety)**

Psychological testing administered today: **31** minutes (testing time includes administration, scoring, and interpretation).

Disclosure:

The patient was informed and consented to the use of telehealth services.

Scoring and interpretation of the psychological testing were conducted by Dr. Tribble/Psychological Assistants, Stephanie T. Imp/Jennifer Lightner.

Time spent for this service: 20 minutes face to face time with the patient via telemedicine.

Time spent preparing this report: 1.15 hours preparing, testing score, interpretation, transcribing, and editing this report.

I have reviewed the medical records and collateral records. X 15 mins.

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.

[X] 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 ROQSA000
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 Ted Tribble, PSY.D. Nelson J. Flores, PH.D.

Provider Name: Psychological Assessment Serv.
Practice Name: 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:
Address: P.O. Box 40790 City: Lansing State: MI
Zip Code: 48901 Phone: (877)563-4636 Fax Number: (941) 444 6200
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	Group Medical Psychotherapy	90853	1X WK x 12 WKS, TOTAL 12 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: [signature] PsyD PSY20308 Date: 6/22/2021

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:

DWC

State of California
Division of Workers' Compensation

REQUEST FOR AUTHORIZATION

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E-mail Address:

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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	Medical Hypnotherapy/Relaxation Tra	90880	1X WK X 6 WKS, TOTAL 6 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: [signature] PsyD PSY20308 | Date: 6/22/2021

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Insomnia	F51.05	Phone call, intermediate	99442	" "
Pain Dis. w/Related Psychologi	F45.42	Phone call, intermediate	99442	" "

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Authorization Number (if assigned): | Date:
Authorized Agent Name: | Signature:
Phone: | Fax Number: | E-mail Address:
Comments:

Collections Department <collections@drnelsonflores.com>

Message Sent: 78467396 | 9/21/2021 2:08:37 PM PDT

1 message

FAXAGENT <noreply@mitelcloud.com>
To: Fax 3 <collections@drnelsonflores.com>

Tue, Sep 21, 2021 at 2:49 PM

Delivery Information:

Message #: 78467396

Status: Success

Sender Name: Fax 3
Sender Company:
Sender Phone:

Remote CSID: FF240-IP.Rx
Total Pages: 6

Start Time: 9/21/2021 2:08:37 PM PDT
End Time: 9/21/2021 7:48:50 AM PDT
Duration: 0.491 sec
Delivery Count: 1

Recipient List:
19414446200 - 19414446200

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Fax Transmission

To: 19414446200

Fax: 19414446200

RE: Roquemore, Sandra

From: Fax 3

Date: 9/21/2021 2:08:37 PM PDT

Pages: 6

Comments:

06/15/21 PR-2 and RFAs

Collections
*Psychological Assessment Services *
Ph. 714-972-0040
Fax 714-972-0477

https://www.avast.com/sig-email?utm_medium=email&utm_source=link&utm_campaign=sig-email&utm_content=webmail&utm_term=icon>
Virus-free.
www.avast.com

https://www.avast.com/sig-email?utm_medium=email&utm_source=link&utm_campaign=sig-email&utm_content=webmail&utm_term=link>
<#DAB4FAD8-2DD7-40BB-A1B8-4E2AA1F9FDF2>

DWC

State of California
Division of Workers' Compensation

REQUEST FOR AUTHORIZATION

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Provider Specialty: Psychology | NPI Number: 1063682862
E-mail Address:

Claims Administrator Information

Claims Administrator Name: Next Level Administrators | Contact Name:
Address: P.O. Box 1061 | City: Bradenton | State: FL
Zip Code: 34206 | Phone: (941)281-3494 | Fax Number: (941)444-6200
E-mail Address:

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Pain Dis. w/Related Psychologi	F45.42	Phone call, intermediate	99442	" "

Treating Physician Signature: [signature] PsyD PSY20308 | Date: 6/22/2021

Claims Administrator Response

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Authorization Number (if assigned): | Date:
Authorized Agent Name: | Signature:
Phone: | Fax Number: | E-mail Address:
Comments:

Collections Department <collections@drnelsonflores.com>

Message Sent: 78467381 | 9/21/2021 2:08:16 PM PDT

1 message

FAXAGENT <noreply@mitelcloud.com> Tue, Sep 21, 2021 at 2:48 PM
To: Fax 3 <collections@drnelsonflores.com>

Delivery Information:

Message #: 78467381

Status: Success

Sender Name: Fax 3
Sender Company:
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Remote CSID: FF240-IP.Rx
Total Pages: 6

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To: 19414446200

Fax: 19414446200

RE: Roquemore, Sandra

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Date: 9/21/2021 2:08:16 PM PDT

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06/15/21 PR-2 and RFAs

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https://www.avast.com/sig-email?utm_medium=email&utm_source=link&utm_campaign=sig-email&utm_content=webmail&utm_term=icon>
Virus-free.
www.avast.com

https://www.avast.com/sig-email?utm_medium=email&utm_source=link&utm_campaign=sig-email&utm_content=webmail&utm_term=link>
<#DAB4FAD8-2DD7-40BB-A1B8-4E2AA1F9FDF2>

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STATE OF CALIFORNIA, COUNTY OF ORANGE

I am employed in the county aforesaid; I am over the age of eighteen years and not a party to the within entitled action; my business address is 2107 N. Broadway, Suite 207, Santa Ana, CA 92706.

On 4/12/2022 , I served the within progress report(s) dated 1.10.22 3.16.22 and bill regarding
Sandra Roquemore
on the appropriate parties in said action by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at Santa Ana, California, addressed as follows:

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

Ted Tribble PSY.D.
4344 Latham Street Ste. 120
Riverside, CA 92501

Claim #:
Attn.

Accident Fund Ins. Co. of America
P.O. Box 40790
Lansing, MI 48901
CL#:UW2000031101
Attn.: Patricia Carruther

Next Level Administrators
P.O. Box 1061
Bradenton, FL 34206
Claim #:
Attn.

I declare under penalty of perjury, that the foregoing is true and correct.

Executed on 4/12/2022 , at Santa Ana, California.

By: [signature]
Joanna Ambrocic

cc: File

State of California
Division of Workers' Compensation

Additional pages attached ☐

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Check the box(es) which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Form PR-3 or IMC 81556

☐ Periodic Report (required 45 days after last report) ☐ Change in treatment plan ☐ Discharged
☐ Change-in work status ☐ Need for referral or consultation ☐ Info. Requested by:
☐ Change in patient's condition ☐ Need for surgery or hospitalization ☐ Other: UR REQUESTED

Patient:
Last Roquemore First Sandra M.I. Sex Female DOB 02/11/1955
Address 1763 Exposition Blvd City Los Angeles State Zip 90018
Occupation SS # 564-92-3586 Phone ( ) (213)677-8002

Claims Administrator:
Name Accident Fund Ins. Co. of America Claim Number CL#:UW2000031101
Address P.O. Box 40790 City Lansing State Zip 48901
Phone ( ) (877)563-4636 FAX ( )
Employer name: American Guard Services (DBA) Employer Phone: ( )

The information below must be provided. You may use this form or you may substitute or append a narrative report.

Subjective Complaints:

Ms. Roquemore reports pain in her back, knees, and feet. She tends to socially isolate and withdraw from others. She feels sad, fearful, nervous, restless, anxious, and helpless. She has a decreased appetite. She has lost interest in her usual activities. She fears the worst happening. (Continue on 2nd page)

Objective findings: (Include significant physical examination, laboratory, imaging, or other diagnostic findings.)

Anxious mood.

Diagnosis:

1. Major Depressive Dis., Single Episode, Severe w/o — ICD-9 F32.2
2. Generalized Anxiety Disorder — ICD-9 F41.1
3. Insomnia Related to Other Mental Disorder — ICD-9 F51.05

Treatment Plan: (Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture. Use CPT codes is encouraged. Have there been any changes in treatment plan? If so, why?

Cognitive Behavioral Group Psychotherapy 1x week for 6 weeks. Relaxation Training/Hypnotherapy 1x week for 6 weeks. Follow up in 45 days. Continue with current treatment plan. (Continue on 2nd page)

Work Status: From the psychological standpoint, this patient is psychiatrically temporarily totally disabled until 02/25/2022.

Restrictions: To be determined when patient reaches MMI Status.

Primary Treating Physician: (original signature, do not stamp) Date of exam: January 10, 2022

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code § 139.3.

Signature: Cal. Lic. # PSY12317/PSB94026051
Executed at: SANTA ANA Date: 01/10/2022
Name: Nelson J. Flores, Ph.D, QME/Ting F. Chiu, M.A. Specialty: Psychology
Address: P.O. Box 6299 Laguna Niguel, CA 92607-6299 Phone: (714) 972-0040
Next report due no later than

DWC Form PR-2 (Rev. 1/1/99) (Use additional pages, if necessary)

Subjective Complaints:

She endorses sleep difficulties, including distressing dreams. She feels tired and has low energy throughout the day. She is bothered by blurred vision and headaches. She reports gastrointestinal disturbances, including diarrhea and constipation. With treatment, she has noticed some improvement in her headaches. She has shown improvement in her motivation, insight, and ability to utilize learned coping/relaxation skills.

Treatment Plan:

The treatment to be provided by Dr. Flores and Registered Psychological Associates, Jennifer Lightner-Farrell and Ting F. Chiu.

Psychological Testing:

Burns Depression Checklist score: **81 (extreme depression)** Burns Anxiety Inventory score: **92 (extreme anxiety)**

Psychological testing administered today: **31** minutes (testing time includes administration, scoring, and interpretation).

Disclosure:

The patient was informed of and consented to the use of telehealth services.

Scoring and interpretation of the psychological testing were conducted by Dr. Flores/Psychological Associates, Jennifer Lightner-Farrell/Ting F. Chiu.

Time spent for this service: 20 minutes face to face time with the patient via telemedicine.

Time spent preparing this report: 1.15 hours preparing, transcribing, and editing this report.

I have reviewed the medical records and collateral records. X 15 mins.

State of California
Division of Workers' Compensation

REQUEST FOR AUTHORIZATION

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Insomnia	F51.05	Group Medical Psychotherapy	90853	" "
Pain Dis. w/Related Psychologi	F45.42	Group Medical Psychotherapy	90853	" "

Treating Physician Signature: [signature] Date: 3/16/2022

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:		

State of California
Division of Workers' Compensation
REQUEST FOR AUTHORIZATION

DWC Form RFA - California Code of Regulations, title 8, section 9785.

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[X] 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 ROQSA000

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: Nelson J. Flores, PH.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: 1831237981

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:

Requested Treatment (see instructions for guidance; attached additional pages if necessary)

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Treating Physician Signature: | Date: 3/16/2022

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Zip Code: 92706	Phone: 714-972-0040	Fax Number: 714-972-0477	
Provider Specialty: Psychology		NPI Number: 1831237981	
E-mail Address:			

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Treating Physician Signature: [signature] Date: 3/16/2022

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Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

Collections Department <collections@drnelsonflores.com>

Message Sent: 82634203 | 4/6/2022 4:14:43 PM PDT

1 message

FAXAGENT <noreply@mitelcloud.com> Wed, Apr 6, 2022 at 4:55 PM
To: Fax 3 <collections@drnelsonflores.com>

Delivery Information:

Message #: 82634203

Status: Success

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Sender Company:
Sender Phone:

Remote CSID: FF240-IP.Rx
Total Pages: 6

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Duration: 0.420 sec
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Fax Transmission

To: 19414446200

Fax: 19414446200

RE: Roquemore, Sandra

From: Fax 3

Date: 4/6/2022 4:14:43 PM PDT

Pages: 6

Comments:

01/10/22 PR-2 and RFAs

Collections
*Psychological Assessment Services *
Ph. 714-972-0040
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State of California
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E-mail Address:			

Claims Administrator Information

Claims Administrator Name: Next Level Administrators		Contact Name:	
Address: P.O. Box 1061		City: Bradenton	State: FL
Zip Code: 34206	Phone: (941)281-3494	Fax Number: (941)444-6200	
E-mail Address:			

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Comments:		

Gmail Collections Department <collections@drnelsonflores.com>

Message Sent: 82634179 | 4/6/2022 4:13:47 PM PDT

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FAXAGENT <noreply@mitelcloud.com> Wed, Apr 6, 2022 at 4:54 PM
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Message #: 82634179

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RE: Roquemore, Sandra

From: Fax 3

Date: 4/6/2022 4:13:47 PM PDT

Pages: 6

Comments:

01/10/22 PR-2 and RFAs

Collections
*Psychological Assessment Services *
Ph. 714-972-0040
Fax 714-972-0477

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STATE OF CALIFORNIA, COUNTY OF ORANGE

I am employed in the county aforesaid; I am over the age of eighteen years and not a party to the within entitled action; my business address is 2107 N. Broadway, Suite 207, Santa Ana, CA 92706.

On 8/10/2022 , I served the within psychological testing report dated 6/21/22 and bill regarding
Sandra Roquemore
on the appropriate parties in said action by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at Santa Ana, California, addressed as follows:

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

Ted Tribble PSY.D.
4344 Latham Street Ste. 120
Riverside, CA 92501

Accident Fund Ins. Co. of America
P.O. Box 40790
Lansing, MI 48901
CL#:UW2000031101
Attn.: Patricia Carruther

Next Level Administrators
P.O. Box 1061
Bradenton, FL 34206
Claim #:
Attn.

Claim #:
Attn.

I declare under penalty of perjury, that the foregoing is true and correct.

Executed on 8/10/2022 , at Santa Ana, California.

By: ______________________

Joanna Ambrocio

cc: File

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.

June 22, 2022

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

RE: **Sandra Roquemore vs. American Guard Services DBA**

PSYCHOLOGICAL TESTING REPORT-PERMANENT AND STATIONARY

Dear Gentlepersons:

Your client, Ms. Roquemore, agreed to Telemedicine Services. She was mailed a battery of Psychological Testings. The test were applied via Telemedicine from my office in Santa Ana, California on June 21, 2022. The psychological tests were scored by this examiner.

The time spent for the psychological testing evaluation services by physician or other qualified health care professional, including administration, scoring, integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning, and report and interactive feedback to the patient was 4.25 hours.

This complex psychological testing was administered for diagnostic purposes as well as to thoroughly explore issues of personality, cognition, malingering, and/or exaggeration.

A post-treatment complex psychological testing was recommended as it goes beyond the routine screening battery. As stated in the Psychiatric Protocol adopted by the Industrial Medical Council on July 16, 1992, and amended on March 18 and October 25, 1993, "Complex Psychological testing gives an in-depth view of the patient. Routine testing relying upon self-administered inventories may be insufficient in cases where elaboration; reading language and intellectual barriers; or confusional states exist," (pp. 9-10).

The basis of this report comes from the following sources of data: Clinical Interview, Review of Records, Medical and Psychiatric Symptom Checklist, Beck Anxiety Inventory (BAI), Beck Depression Inventory-II (BDI), Adult Neuropsychological Questionnaire, Epworth Sleeping Scale, and Insomnia Severity Index, along with my clinical interpretation.

On the Medical and Psychiatric Symptom Checklist, the patient reported a variety of symptoms indicating depression, anxiety, sleep difficulties, memory problems, attention span deficits, gastrointestinal disturbances, and physical complaints.

The Beck Anxiety and Beck Depression Inventories are each a 21-item, self-report questionnaire in which respondents rate their subjective experience of anxiety and depression. A total score is obtained from the responses by summing the items. Ultimately, the Beck Anxiety and Beck Depression Inventories scores can range from 0 to 63.

On the post-treatment BAI, Ms. Roquemore obtained a score of 28, indicative of severe levels of anxiety.

On the post-treatment BDI, the patient obtained a score of 49, indicative of severe levels of depression.

On the Neuropsychological Questionnaire, Ms. Roquemore reported no neuropsychological disturbances. However, it is cautioned that this questionnaire is only a screening device.

The Epworth Sleepiness Scale is an 8-item self-report questionnaire that measures an individual's general level of daytime sleepiness. On this test, the patient obtained a score of 23, which is indicative of severe excessive daytime sleepiness.

The Insomnia Severity Index is a 7-item self-report questionnaire that assesses the nature, severity, and impact of a patient's sleep difficulties including sleep onset, sleep maintenance, and interference on daytime functioning. The patient obtained a score of 28, which is indicative of severe clinical insomnia.

SUMMARY OF TEST RESULTS:

Ms. Roquemore was administered a comprehensive psychological test battery to assess her psychological functioning after her participation in psychotherapy. The testing exam was also oriented to obtain necessary data in order to more objectively evaluate the patient's levels of psychological disability/impairment.

Ms. Roquemore completed the psychological tests in a cooperative manner. She showed no perceptual or thought disorder. There does not appear to be an indication that the patient may be experiencing neuropsychological disturbances.

The results of the psychological tests suggest that Ms. Roquemore is reporting severe clinical levels of anxiety and severe clinical levels of depression.

On the Epworth Sleepiness Scale, there is an indication that the patient is experiencing severe excessive daytime sleepiness.

On the Insomnia Severity Index, there is an indication that the patient is experiencing severe clinical insomnia.

The time spent in application scoring and interpretation is as follows:

	Administration & Scoring	Test Evaluation Services
Checklist Questionnaire	15	30
Beck Anxiety	15	30
Beck Depression	15	30
Neuropsych	20	30
ESS	15	20
ISI	15	20
Subtotal	95min = (1.58 hours)	160min = (2.66 hours)
Total	255min = (4.25hours)	

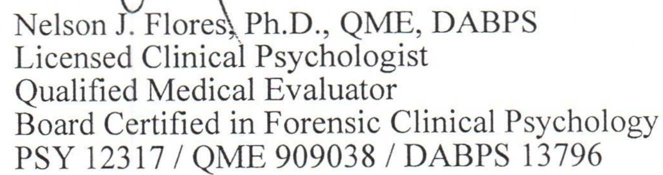
The test results suggest that the patient's anxious and depressive symptoms have chronically developed. The test data supports the patient's complaints, her subjective perception of improvement, and my diagnostic and clinical impressions. However, it is necessary to synthesize the data yielded here with clinical and archival data gathered in a clinical evaluation in order to assess the patient's current psychological functioning and degree of psychological disability/impairment.

DISCLOSURE:

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).

Please do not hesitate to contact me if you may have questions or if I may be of further assistance in this case.

Truly yours,



Nelson J. Flores, Ph.D., QME, DABPS
Licensed Clinical Psychologist
Qualified Medical Evaluator
Board Certified in Forensic Clinical Psychology
PSY 12317 / QME 909038 / DABPS 13796

cc: File
NJF:BR