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Board Certified Orthopaedic Surgeon  
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PANEL QUALIFIED MEDICAL RE-EVALUATION

NEXT LEVEL ADMINISTRATORS  
P.O. BOX 3055  
MILWAUKEE, WI 53201

RE: ROQUEMORE, SANDRA  
DATE OF RE-EVALUATION: March 24, 2023  
EMPLOYER: Cornerstone Capital Group  
DATE OF INJURY: April 1, 2020  
CLAIM NO: UW2000031099  
FILE NO: 216804-2

22 minutes were spent in a face to face evaluation with the examinee.

**FEE DISCLOSURE**

**ML 202-95:** This is a Follow-up Medical-Legal Evaluation where the examinee was re-examined prior to 18 months since the last medical legal evaluation was performed. **\*\*This is a medical legal report and does not qualify for a PPO/Network discount.**

I declare that I have reviewed 188 pages of documents and medical records submitted to me.

Thank you for the opportunity to evaluate Sandra Roquemore on Friday, March 24, 2023 in my office at 8453 S. Van Ness Ave. Inglewood, CA 90305.

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The history and physical examination is not intended to be construed as a general or complete medical evaluation. It is intended for medical legal purposes only and focuses on those areas in question. No treatment relationship is established or implied.

This medical-legal evaluation is based only on the current information and records submitted. It is solely the treating physician's responsibility to determine their patient's differential diagnoses and subsequent needs for medical treatment. This would be inclusive of all psychiatric conditions, vascular diseases, neuromuscular disorders, central nervous system disorders, auto-immune diseases, internal medicine disorders and all tumors, benign or malignant, even if they are undiagnosed or currently occult.

22 minutes were spent in a face-to-face evaluation with the patient.

#### HISTORY OF INJURY

This is a very pleasant 68-year-old right-hand dominant woman who describes an injury she sustained on a cumulative trauma basis to her lower back from April 1, 2020 through October 26, 2020 while employed as a Security Guard at Cornerstone Capital Group Inc. She attributes this to prolonged standing and walking for eight hours per day without a break. She states she reported the injury to her supervisor in October 2020. She is not sure of the date. She obtained an attorney and was referred to Dr. Eric Gofnung and received treatment with physical therapy. She received treatment with physical therapy with three sessions per week for five months. She states she had treatment with multiple pain management injections in her lower back without relief. She did not undergo surgery and states she is not interested in lumbar spine surgery. She worked as a Security Guard at Cornerstone Capital Group Inc. from January 2020 until February 20, 2021.

#### CURRENT MEDICAL TREATMENT

She is under the care of an unspecified physician and sees her physician on a monthly basis. Her last appointment was on February 14, 2023 and her next appointment is scheduled for March 28, 2023. She is taking Gabapentin, Hydrocodone, Methocarbamol, Duloxetine, Alendronate, Nurtec, Trazodone, Latanoprost,

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Brimonidine. She is not receiving physical therapy. She feels her condition is worse with the treatment provided to date.

#### PRESENT COMPLAINTS

She describes pain in the lower back that she rates as a 9 on a 10-point scale. She describes pain in the left leg that she rates as an 8 on a 10-point scale. She describes pain in her eyes that she rates as a 5 on a 10-point scale. She describes the pain as sharp, dull, and shooting. She feels this discomfort "most of the time." She states she can sit for up to 30 minutes, stand for up to 15 minutes, or walk for up to 10 minutes. She states she can lift up to 2 pounds now as compared to 15 pounds prior to the injury.

She also describes difficulty with her activities of daily living with "some difficulty" brushing her teeth, writing comfortably, hearing clearly, smelling the food she eats, or tasting the food she eats. She reports "difficulty" dressing herself, going to the toilet, having bowel movements, urinating, standing, sitting, walking normally, climbing stairs, holding something without pain, or riding in a car for 30 minutes. She reports inability to take a bath normally, combing her hair, typing on a computer, feeling what she touches, opening windows at home, lifting a child, flying in a plane, having sexual intercourse, or sleeping restfully.

#### EMPLOYMENT STATUS AND JOB DESCRIPTION

She worked for one year and two months as a Security Guard at Cornerstone Capital Group Inc. She worked 8 hours per day and 32 hours per week. Her job duties involved standing and walking for prolonged periods of time. She states she was not given any breaks or lunch breaks. She worked there from January 2020 until February 20, 2021. She states there were no periods of light duty or modified duty work.

#### PAST MEDICAL HISTORY

SURGERIES: No related surgeries.

ILLNESSES: None.

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INJURIES: As described above. She describes a prior injury to her lower back when she was involved in a taxi accident approximately two or three years ago. She does not recall the date. She received treatment with physical therapy with persistent symptoms. She also describes a prior injury 20 years ago when she slipped on oil while working at International Rectifier and injured both knees. She did not have any treatment for her knee injury.

MEDICATIONS: Gabapentin, Hydrocodone, Methocarbamol, Duloxetine, Alendronate, Nurtec, Trazodone, Latanoprost, Brimonidine.

### EXAMINEE PROFILE

The claimant is divorced. She has three children. She completed the 12<sup>th</sup> grade. She smokes 10 cigarettes per day and denies any alcohol or drug use.

### REVIEW OF MEDICAL RECORDS

**I declare that I reviewed a total of 188 pages of documents and medical records.**

03/08/21. Eric Gofnung, D.C. (Chiro). Follow-Up. DOI: CT 04/01/20 - 10/26/20; CT 08/01/20 - 11/03/20. S: Stomach issues, lower back pain radiating to lower extremities, bilateral feet pain, anxiety and depression. O: Restricted thoracic spine ROM with pain. Lumbosacral noted tenderness, myospasm, hypomobility, positive Milgram's, SI joint compression and SLR, decreased ROM with pain. Right greater trochanter tenderness, positive Patrick-FABERE's test, decreased right hip ROM with pain. Bunions, fungus at bilateral great toenails, bilateral plantar fascia tenderness, pain with bilateral ankle ROM. 4/5 strength, pain with Squatting and heel-toe walking, antalgic gait. Dysesthesia. A: Lumbar myofasciitis. Right SI joint dysfunction. Lumbar pain, radiculitis. Right hip trochanteric bursitis. Bilateral plantar fasciitis. Insomnia, anxiety, depression. Eye irritation. P: CMT 1x6 weeks. Pain management consult. Acupuncture 2x6 weeks. Work Status: Temporarily totally disabled. (p. 1 MR1)

04/19/21. Eric Gofnung, D.C. (Chiro). Follow-Up. DOI: CT 04/01/20 - 10/26/20; CT 08/01/20 - 11/03/20. S: Remains symptomatic. O: Restricted thoracic spine ROM with pain. Lumbosacral noted tenderness, myospasm, hypomobility; positive Milgram's, SI joint compression and SLR tests, decreased ROM with pain. Right

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greater trochanter and hip adductor tenderness, positive Patrick-FABERE's test, decreased right hip ROM with pain. Bunions, fungus at bilateral great toenails, bilateral plantar fascia tenderness, pain with bilateral ankle ROM. 4/5 strength, pain with Squatting and heel-toe walking, antalgic gait. Dysesthesia. A: Lumbar myofasciitis. Right SI joint dysfunction. Lumbar pain, radiculitis. Right hip trochanteric bursitis. Bilateral plantar fasciitis. Insomnia, anxiety, depression. Eye irritation. P: Pain management consult pending authorization. Continue CMT and adjunctive multimodality physiotherapy. Acupuncture 2x6 weeks. Work Status: Temporarily totally disabled. (p. 8 MR1)

08/16/21. Eric Gofnung, D.C. (Chiro). Follow-Up. DOI: CT 04/01/20 - 10/26/20; CT 08/01/20 - 11/03/20. S: Remains symptomatic. O: Restricted thoracic spine ROM with pain. Lumbosacral noted paralumbar tenderness and guarding, tenderness and hypomobility at L2 to L5; positive Milgram's, SI joint compression and SLR tests, unchanged ROM. Right greater trochanter and hip adductor tenderness, pain with Patrick-FABERE's test, unchanged right hip ROM. Bunions, fungus at bilateral great toenails, bilateral plantar fascia tenderness, pain with bilateral ankle ROM. 4/5 strength, pain with Squatting and heel-toe walking, antalgic gait. Dysesthesia. A: Lumbar myofasciitis. Lumbar facet-induced versus discogenic pain. Lumbar radiculitis, rule out. Right SI joint dysfunction, sprain/strain. Right hip trochanteric bursitis, rule out. Bilateral plantar fasciitis. Insomnia, anxiety, depression. Eye irritation. P: Pending lumbar spine CT. Work Status: P&S on 06/07/21. No lifting over 10 lbs., no repeated bending or twisting, allowed to change positions. (p. 15 MR1)

08/23/21. Seth Hirsch, Ph.D. (Psychology). Preliminary Report. DOI: CT 04/01/20 - 10/26/20; CT 08/01/20 - 11/03/20. HXOI: Patient claimed she was asked to do things beyond her job description, given conflicting instructions, was insulted and humiliated, insulted in front of other. S: Bilateral foot pain, back pain. Depressed, anxious and agitated. O: BDI-2 score 50/63, severe range. BAI score 36/63, severe range. A: Major depressive disorder, single episode, moderate to severe. Pain disorder associated with both psychological factors and a general medical condition. Generalized anxiety disorder. Insomnia. P: Cognitive behavioral psychotherapy and psychotropic medication. Work Status: Temporarily totally disabled. (p. 21 MR1)

10/18/21. Nelson Flores, Ph.D. (Psychology). PR-2. S: Pain in the left shoulder, left arm, left hand, lower back and feet. Difficulty controlling emotions, socially isolates, sad, fearful, nervous, restless, anxious, depressed and helpless. O: Sad

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mood. Burns depression checklist score 87, extreme depression. Burns anxiety checklist score 87, extreme anxiety. A: Major depressive disorder, single episode. Generalized anxiety disorder. Insomnia related to other mental disorder. P: Cognitive behavioral group psychotherapy 1x6 weeks. Relaxation training/hypnotherapy 1x6 weeks. (p. 25 MR1)

10/29/21. Eric Gofnung, D.C. (Chiro). Follow-Up. DOI: CT 04/01/20 - 10/26/20; CT 08/01/20 - 11/03/20. S: Condition unchanged, continues with same issues. O: Restricted thoracic spine ROM with pain. Lumbosacral noted paralumbar tenderness and guarding, tenderness and hypomobility at L2 to L5; positive Milgram's, SI joint compression and SLR tests, unchanged ROM. Right greater trochanter and hip adductor tenderness, pain with Patrick-FABERE's test, unchanged right hip ROM. Bunions, fungus at bilateral great toenails, bilateral plantar fascia tenderness, pain with bilateral ankle ROM. 4/5 strength, pain with Squatting and heel-toe walking, antalgic gait. Dysesthesia. A: Lumbar spine myofasciitis. Lumbar facet-induced vs. discogenic pain. Lumbar radiculitis, rule out. Right SI joint dysfunction, sprain/strain. Right hip trochanteric bursitis, rule out. Bilateral plantar fasciitis. Insomnia, anxiety, depression. Eye irritation. P: Lumbar spine MRI. Ophtha and psych consult. Home exercises, swim, aqua therapy, light resistance training. Obtain AME/QME reports. Work Status: P&S on 06/07/21. No lifting over 10 lbs., no repeated bending or twisting, allowed to change positions. (p. 27 MR1)

Hypnotherapy/Relaxation Training Notes. Jennifer Lightner, P.S.B. 05/03/22 (p. 33 MR1), 05/10/22 (p. 35 MR1), 05/24/22 (p. 37 MR1), 06/02/22 (p. 39 MR1), 06/09/22 (p. 39 MR1)

Group Psychotherapy Session Notes. Jennifer Lightner, P.S.B. 05/05/22 (p. 34 MR1), 05/19/22 (p. 36 MR1), 05/26/22 (p. 38 MR1)

06/09/22. Application for Adjudication of Claim (Amended Application). **Employer:** American Guard Services (DBA). **Occupation:** Security guard. **Body Parts:** Nervous system, stress. Head, not specified. Scalp. **Mechanism of Injury:** Amended to include digestive, eyes, trunk. **Attorney:** Natalia Foley. (p. 173 MR1)

06/21/22. Nelson Flores, Ph.D. (Psychology). Med-Legal Report. CC: Pain in the lower back, abdominal region and feet. Difficulty falling and staying asleep. Continued to be sad, feels hopeless, helpless, out of control emotionally, lost confidence, difficulty concentrating, lost confidence, distressing dreams, difficulty

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making decisions, nervous, restless. OBJ: Mental status examination and psychological testing were administered. DX: Major depressive disorder, single episode, moderate. Generalized anxiety disorder. Insomnia related to generalized anxiety disorder and chronic pain. Pain disorder associated with both psychological factors and medical condition, chronic. P&S DATE: 02/22/21. IMP RATING: 26% WPI. PERMANENT DISABILITY: MMI. APPORTIONMENT: 20% due to pre-existing dysthymic disorder, 20% due to ortho injuries (CT 04/01/20 - 10/26/20), and 60% due to harassment and hostile work environment (CT 08/01/20 - 11/03/20). WORK RESTRICTIONS: Patient should not return to work at any position with this employer, no work requiring handling stress and/or conflicts. FUTURE MEDICAL: Cognitive-behavioral and supportive psychotherapy, relaxation training and hypnotherapy. Medical appointment for psychotropic medications. Neuro consult. Internal medicine evaluation. Sleep study. (p. 40 MR1)

11/23/22. Dennis Dasher, M.D. (Internal Med). QME. DOI: CT 11/03/20, CT 10/26/20. CC: Heartburn. Eczema. Smoking. Difficulty sleeping, anxiety. Diarrhea. Headaches. Pain in the neck, lower back, and bilateral feet. OBJ: BP 130/81. Flaking of bilateral EAC. Denture in upper dental plate. Surgical scar over C6. Dry rales bibasilar, posteriorly. DX: Irritable bowel syndrome. Complaint of gastroesophageal reflux, not confirmed by contemporaneous records. Headaches, deferred to specialist. P&S DATE: 11/23/22. IMP RATING: GERD deferred, pending receipt of records. PERMANENT DISABILITY: MMI. APPORTIONMENT: Constipation and IBS are non-industrial. Heartburn is related to psych complaints, pending records. Headaches deferred to neurologist. Eczema not addressed, deferred to specialist. (p. 94 MR1)

01/08/23. Payam Kashfian, M.D. (Radiology). Lumbar Spine MRI. Multilevel disc desiccation and disc space height loss. Impression: 2 mm of retrolisthesis of L2 on L3. 3 to 4 mm diffuse broad-based disk bulging, in combination with moderate hypertrophic changes of facet joints and ligamentum flavum redundancy causes moderate canal, mild to moderate bilateral recess and moderate bilateral neural foraminal stenosis. 3 to 4 mm broad-based saddle-shaped disk bulge at L3-L4 level, which in combination with mild hypertrophic changes to the facet joints and mild ligamentum flavum redundancy causes mild bilateral neural foraminal stenosis; central canal remains patent. 3 to 4 mm broad-based central disk bulge associated with an annular fissure/tear at the L4-L5 level, which in combination with moderate hypertrophic changes of the facet joints and ligamentum flavum redundancy causes mild canal, moderate bilateral lateral recess and moderate bilateral neural recess and

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moderate bilateral neural foraminal stenosis. 1 to 2 mm diffuse broad-based disk bulge at L5-S1; canal and neural foramina are patent; facet joints moderately hypertrophied. 1 mm diffuse broad-based disk bulging at L1-L2; canal and neural foramina are patent; facet joints are mildly hypertrophied. (p. 171 MR1)

### DIAGNOSTIC TESTING

No new imaging studies were obtained today. The examinee has had diagnostic studies performed with results as listed below:

01/08/23. Payam Kashfian, M.D. (Radiology). Lumbar Spine MRI. Multilevel disc desiccation and disc space height loss. Impression: 2 mm of retrolisthesis of L2 on L3. 3 to 4 mm diffuse broad-based disk bulging, in combination with moderate hypertrophic changes of facet joints and ligamentum flavum redundancy causes moderate canal, mild to moderate bilateral recess and moderate bilateral neural foraminal stenosis. 3 to 4 mm broad-based saddle-shaped disk bulge at L3-L4 level, which in combination with mild hypertrophic changes to the facet joints and mild ligamentum flavum redundancy causes mild bilateral neural foraminal stenosis; central canal remains patent. 3 to 4 mm broad-based central disk bulge associated with an annular fissure/tear at the L4-L5 level, which in combination with moderate hypertrophic changes of the facet joints and ligamentum flavum redundancy causes mild canal, moderate bilateral lateral recess and moderate bilateral neural recess and moderate bilateral neural foraminal stenosis. 1 to 2 mm diffuse broad-based disk bulge at L5-S1; canal and neural foramina are patent; facet joints moderately hypertrophied. 1 mm diffuse broad-based disk bulging at L1-L2; canal and neural foramina are patent; facet joints are mildly hypertrophied. (p. 171 MR1)

### PHYSICAL EXAMINATION

#### GENERAL

##### General Appearance:

Height is 5 feet 4 inches and weight is 130 pounds.

The examinee has a well-nourished appearance and well-groomed hygiene.



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She appeared to be in no distress. She displays appropriate emotional affect.

The examinee sits comfortably. The claimant requires no assistance getting up and down from the exam table.

Posture:

The examinee stands with a level pelvis, level shoulders, and straight spine. The claimant's head is centered over the shoulders.

Gait:

The examinee presents wearing black slippers with socks and ambulates with a cane held in the right hand and states she is unable to heel walk, toe walk, or squat.

LUMBAR SPINE:

Inspection:

Inspection reveals no evidence of scars, abrasions, punctures, or discolorations.

Palpation:

There is no tenderness to palpation of the midline lumbar spinous processes. There is tenderness to palpation along the paraspinous muscles over the lumbar spine and no tenderness over the sacrococcygeal area. There is no appreciable muscle spasm. She reports pain with range of motion testing.

<u>Range of Motion:</u>	<u>Normal Average</u>	<u>Measured</u>
Flexion	60°	30°
Extension	25°	10°
Right Side Bending	25°	10°
Left Side Bending	25°	20°
<u>Deep Tendon Reflexes:</u>	<u>Right</u>	<u>Left</u>

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Knee	2+	2+
Ankle	2+	2+
Clonus	Negative	Negative
Babinski's	Negative	Negative

Sensory:

Sensation is intact to light touch and pinprick in all dermatomes in the bilateral lower extremities.

Motor:

	<u>Right</u>	<u>Left</u>
Quadriceps	5/5	5/5
Hamstrings	5/5	5/5
Tibialis Anterior	5/5	5/5
Extensor Hallucis Longus	5/5	5/5
Gastroc Soleus Complex	5/5	5/5
Peroneals	5/5	5/5

Special Testing:

	<u>Right</u>	<u>Left</u>
Sitting straight leg raise	Negative	Negative

Waddell Signs:

Pain with subcutaneous pinching	Negative
Pain with axial compression	Negative
Pain with trunk rotation	Negative
Symptom magnification	Negative

ANKLES AND FEET:

Inspection:

There is no swelling noted.

Palpation:

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Palpation of the feet and ankles reveal no areas of tenderness. The malleoli, lesser toes, big toes, heels, and metatarsals are non-tender.

<u>Ankle Range of Motion:</u>	<u>Normal</u>	<u>Right</u>	<u>Left</u>
Extension	20	20	20
Flexion	40	40	40
Eversion	20	20	20
Inversion	30	30	30

Neurological:

Sensation, motor, and vascular status are intact in the feet and ankles.

Special Testing:

The Ankle Drawer test is negative.

<u>Measurements:</u>	<u>Right</u>	<u>Left</u>
Quadriceps muscle mass 10 cm above superior margin of patella	34 cm	34 cm
Calf muscle mass at Point of maximum growth	29 cm	29 cm

DIAGNOSTIC IMPRESSION

1. Lumbar sprain/strain with radiculitis.
2. History of chronic lower back pain.
3. Underlying lumbar spondylosis.

DISCUSSION

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The claimant's lumbar spine MRI study demonstrates diffuse multi-level degenerative changes with no areas of high-grade stenosis or neural compression. The claimant would not appear to be a surgical candidate at this time and also states she is not interested in lumbar spine surgery. In my opinion she has reached a permanent and stationary status. Prophylactic work restrictions and access to future medical care would be appropriate to provide for this claimant.

The attorney cover letter received from David Gonzales also asked if the treatment the applicant has received is reasonably necessary. Yes, in my opinion the treatment provided to the claimant has been appropriate.

#### SUBJECTIVE COMPLAINTS SUPPORT OBJECTIVE FINDINGS

The subjective complaints appear to be somewhat out of proportion to the objective findings based on the history, physical examination, and diagnostic studies.

#### PERMANENT AND STATIONARY

The claimant has had treatment with activity modification, physical therapy, and medications and reports no improvement in her condition with the treatment provided to date. Spinal surgical intervention would not be indicated. In my opinion, I do not anticipate further significant improvement over the next 12 months and the claimant has reached a permanent and stationary status as of the date of this evaluation.

#### SUBJECTIVE FINDINGS

Subjective findings of disability include frequent sharp, dull, and shooting pain in the lower back that she rates as a 9 on a 10-point scale with radiating left leg that she rates as an 8 on a 10-point scale. Subjective findings of disability also include diminished sitting capacity of up to 30 minutes, standing capacity of up to 15 minutes, or walking capacity of up to 10 minutes. Subjective findings of disability also include diminished lifting capacity of up to 2 pounds now as compared to 15 pounds prior to the injury.

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Subjective findings of disability also include difficulty with activities of daily living with “some difficulty” brushing her teeth, writing comfortably, hearing clearly, smelling the food she eats, or tasting the food she eats; “difficulty” dressing herself, going to the toilet, having bowel movements, urinating, standing, sitting, walking normally, climbing stairs, holding something without pain, or riding in a car for 30 minutes; and, inability to take a bath normally, combing her hair, typing on a computer, feeling what she touches, opening windows at home, lifting a child, flying in a plane, having sexual intercourse, or sleeping restfully.

### OBJECTIVE FINDINGS

Objective findings of disability include physical examination findings of presentation with a cane held in the right hand, reported inability to heel walk, toe walk, or squat during the gait exam, tenderness to palpation along the paraspinal muscles over the lumbar spine, reported pain with lumbar spine range of motion testing, and diminished range of motion of the lumbar spine.

Objective findings of disability also include the diagnostic study reports below:

12/28/14. Dennis Hsueh, M.D. (Radiology). Lumbar Spine X-ray. DOI: N.A. Impression: No acute compression fracture or dislocation. Mild degenerative changes. (p. 534 prior evaluation records MR1)

09/13/17. Octavian Mihai, P.A.C. Prior spine CT noted 3 mm central stenosis with moderate bilateral foraminal narrowing. (p. 174 prior evaluation records MR1)

01/08/23. Payam Kashfian, M.D. (Radiology). Lumbar Spine MRI. Multilevel disc desiccation and disc space height loss. Impression: 2 mm of retrolisthesis of L2 on L3. 3 to 4 mm diffuse broad-based disk bulging, in combination with moderate hypertrophic changes of facet joints and ligamentum flavum redundancy causes moderate canal, mild to moderate bilateral recess and moderate bilateral neural foraminal stenosis. 3 to 4 mm broad-based saddle-shaped disk bulge at L3-L4 level, which in combination with mild hypertrophic changes to the facet joints and mild ligamentum flavum redundancy causes mild bilateral neural foraminal stenosis; central canal remains patent. 3 to 4 mm broad-based central disk bulge associated with an annular fissure/tear at the L4-L5 level, which in combination with moderate

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hypertrophic changes of the facet joints and ligamentum flavum redundancy causes mild canal, moderate bilateral lateral recess and moderate bilateral neural recess and moderate bilateral neural foraminal stenosis. 1 to 2 mm diffuse broad-based disk bulge at L5-S1; canal and neural foramina are patent; facet joints moderately hypertrophied. 1 mm diffuse broad-based disk bulging at L1-L2; canal and neural foramina are patent; facet joints are mildly hypertrophied. (p. 171 MR1)

### WORK RESTRICTIONS

It is my opinion that the claimant can return to work as of today with restrictions. She may lift and carry up to 10 pounds occasionally and 5 pounds frequently. She may stand or walk for 4 hours in an eight-hour work day and may sit for 8 hours in an eight-hour workday with normal breaks. Climbing, kneeling, stooping, crawling, and crouching may be done on an occasional basis. She has no restrictions with overhead activities. She has no restrictions with use of the hands for fine or gross manipulative movements. The claimant does not require the use of an assistive ambulatory device.

### CAUSATION

In my opinion based on reasonable medical probability and the history and physical examination I performed and documentation reviewed, the claimant's symptoms are a result of a combination of underlying degenerative changes and the cumulative trauma industrial injury she sustained from April 1, 2020 through October 26, 2020.

### APPORTIONMENT

Based on the information currently available and reasonable medical probability, there are underlying degenerative changes as demonstrated on the imaging study reports that are contributing to the cause of the current disability. In addition, there is history of non-industrial motor vehicle accident with worsening of lower back pain and treatment for years with a pain management specialist for chronic lower back pain. The claimant is also 68 years of age and has history of longstanding treatment for chronic related symptoms prior to her less than one-year of employment as a security guard at Cornerstone Capital Group Inc. In my opinion 50% of the current disability has been caused by the cumulative trauma industrial injury she sustained

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from April 1, 2020 through October 26, 2020 and 50% has been caused by the underlying non-industrial factors described above. My opinion regarding apportionment is made in consideration of Labor Code Sections 4663 and 4664.

#### FUTURE MEDICAL CARE

A provision for future medical care is indicated. The patient should be allowed physician visits by an orthopaedic specialist in the event of a flare-up of pain. Treatment may include an abbreviated course of physical therapy and the use of anti-inflammatory medications and antispasmodics. Diagnostic studies may be indicated as well to further evaluate her symptoms during these flare-ups. Access to a pain management specialist for lumbar injection treatments would also be appropriate to provide under future medical care.

#### IMPAIRMENT

With regard to the lumbar spine, based on the AMA 5<sup>th</sup> edition guidelines on page 384, Table 15-3, column II, the claimant's impairment is 8% of the whole person. She has non-verifiable radicular complaints with decreased range of motion on examination with no loss of reflexes, motor function, sensory function, or muscle girth asymmetry and diffuse degenerative changes on the MRI study. Of the given range of 5% - 8% listed for Lumbar DRE Category II, 8% was selected based on the degree of impact on her activities of daily living.

Thank you for the opportunity to evaluate this examinee. If I may be of additional assistance please correspond with me, in writing, at 8221 N. Fresno St, Fresno, Ca. 93720.

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ATTESTATION

I, Payam Moazzaz, M.D., personally took the examinee's history, reviewed the medical records, performed the physical examination, and dictated this report. All of the opinions expressed in the report are mine. In the preparation of the report Rogeline Diaz, MT, arranged all of the records in chronological order and prepared a list and excerpt of records for my review. I personally then reviewed all of the available medical records and the excerpt prior to the preparation of my report. Staff time has not been included in the calculation of time spent on this report. The entire report was personally reviewed by me and signed on the date and county as indicated.

I hereby declare under penalty of perjury that I have not violated Labor Code Section 139.3 to the best of my knowledge and have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration for any referral for examination or evaluation by a physician.

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.

Sincerely,



Payam Moazzaz, M.D.  
Board Certified Orthopaedic Surgeon

Signed this 2<sup>nd</sup> day of April 2023 in San Diego County in the State of California.



# Physician's Return-to-Work & Voucher Report

## FOR INJURIES OCCURRING ON OR AFTER 1/1/13

The Employee is P&S from all conditions and the injury has caused permanent partial disability

Employee Last Name Roquemore	Employee First Name Sandra	MI	Date of Injury 4/1/2020
Claims Administrator Next Level Administrators	Claims Representative Patricia Carruthers		
Employer Name Cornerstone Capital Group	Employer Street Address 10 Willow Road		
Employer City Maple Shade	State NJ	Zip Code 08052	Claim No. UW2000031099

The Employee can return to regular work

The Employee can work with the following restrictions:

hours: 1-2 2-4 4-6 6-8 None

Lift/Carry Restrictions: May not lift/carry at a height of 36"  
more than 10 lbs. for more than 5 hours per day.

- |                 |                                     |                                     |                          |                                     |                          |
|-----------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Standing        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Walking         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Sitting         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Climbing        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Forward Bending | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Kneeling        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Crawling        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Twisting        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Keyboarding     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe in what ways the impaired activities are limited:

- R/L  Hand(s) (circle): Grasping
- R/L  Hand(s) (circle): Pushing/  
Pulling
- Other: \_\_\_\_\_ (See below)

If a Job Description has been provided, please complete:  Regular  Modified  Alternative Work

Job Title: \_\_\_\_\_ Work Location: \_\_\_\_\_

Are the work capacities and activity restrictions compatible with the physical requirements set forth in the provided job description?  Yes  No, explain below

Physician's Name Payam Moazzaz, M.D. Role of Doctor (PTP, QME, AME) QME

Physician's Signature  Date 4/2/23



## DJG LAW GROUP, INC.

ATTORNEYS AT LAW

8181 EAST KAISER BLVD., SUITE 100  
ANAHEIM HILLS, CA. 92808  
TEL: 714.637.4100 / FAX: 714.637.4102  
WWW.DJGLAWGROUP.COM

March 22, 2023

### MAILING ADDRESS

Dr. Payam Moazzaz  
8221 N. Fresno Street  
Fresno, CA 93720

### APPOINTMENT ADDRESS

Dr. Payam Moazzaz  
8453 S. Van Ness Ave.  
Inglewood, CA 90305

RE: SANDRA ROQUEMORE vs. CORNERSTONE CAPITAL GROUP INC. on behalf of UNITED WISCONSIN INSURANCE COMPANY, administered by NEXT LEVEL ADMINISTRATORS

EAMS CASE NO. : ADJ13818144, ADJ13817769

DATE(s) OF LOSS : CT 11/03/2020, CT 10/26/2020

CLAIM NO. : UW2000031101, UW2000031099

CASE STATUS : PQME RE-EVAL WITH DR. MOAZZAZ ON MARCH 24, 2023 AT 7:00 A.M.

### PANEL QUALIFIED MEDICAL EVALUATION INTERROGATORY

Dear Dr. Moazzaz:

Enclosed please find the following:

- Document Index

Thank you for agreeing to examine Sandra Roquemore in your capacity as a Panel Qualified Medical Examiner in Orthopedics. Applicant is scheduled to be evaluated at your **Inglewood** office on **March 24, 2023**. Should Applicant fail to keep this duly noticed examination, please contact the parties at your earliest opportunity.

Please be informed that I have attached a copy of Labor Code Section 4628 for your review. Please be sure that you comply with this code section. Please note that if any independent contractors are involved, including yourself, that relationship under this

---

LOS ANGELES OFFICE  
3415 S Sepulveda Blvd Ste 1100  
Los Angeles, CA 90034  
(213) 289-3289

ORANGE COUNTY OFFICE  
8181 E Kaiser Blvd Ste 100  
Anaheim Hills, CA 92808  
(714) 637-4100

INLAND EMPIRE OFFICE  
11801 Pierce St Ste 200  
Riverside, CA 92505  
(951) 339-3889



RE: SANDRA ROQUEMORE vs. CORNERSTONE CAPITAL GROUP INC. on behalf of UNITED WISCONSIN INSURANCE COMPANY, administered by NEXT LEVEL ADMINISTRATORS

Page 2 of 6

code section must be disclosed. Please also find copies of Labor Code Sections 4663 & 4664 regarding issues of apportionment.

**IMPORTANT:** Applicant is not to reschedule this examination without prior authorization from this office.

The primary treating doctor for this Applicant is Dr. Eric E. Gofnung. **Please advise the parties immediately if you have a professional association with this physician.**

To assist you in preparing for this examination, enclosed is the entire medical file.

### FACTS

Applicant is a 67-year-old Security Guard who alleges two industrial injuries with Defendant's employer, Cornerstone Capital Group, Inc. (Vets Secure America d/b/a American Guard Services).

Applicant alleges an August 1, 2020 to November 3, 2020 cumulative trauma to her head, eyes, scalp, trunk, digestive system, and nervous system pursuant to performing repetitive job duties. The claim is denied.

Applicant also filed an April 1, 2020 through October 26, 2020 cumulative trauma regarding her head, eyes, scalp, trunk, back, lower extremities, digestive system (stomach), and stress. The claim is also denied.

Primary Treating Physician, Dr. Eric E. Gofnung, found Applicant Permanent and Stationary on June 7, 2021. His reporting opined injuries to the lumbar spine, possible right hip bursitis, plantar fasciitis, insomnia, anxiety, depression, and eye irritation. He also stated Applicant should be seen by a Psychologist/Psychiatrist for the psychological issues. Finally, Dr. Gofnung referred Applicant to an Ophthalmologist regarding the eye irritation issues.

Treating Psychiatrist, Dr. Nelson Flores, diagnosed Applicant with a major depressive disorder, a generalized anxiety disorder, and insomnia. Dr. Flores provided a



RE: SANDRA ROQUEMORE vs. CORNERSTONE CAPITAL GROUP INC. on behalf of UNITED WISCONSIN INSURANCE COMPANY, administered by NEXT LEVEL ADMINISTRATORS

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Maximally Medically Improved Report on June 21, 2022.

Internal Medicine Panel Qualified Medical Evaluator, Dr. Dasher, saw Applicant on November 23, 2022. Dr. Dasher found Applicant Maximally Medically Improved on an internal medicine basis.

You are the Panel Qualified Medical Evaluator in the specialty of Orthopedics. You initially evaluated Applicant on June 1, 2022, but did not find her Maximally Medically Improved. Rather, you requested an MRI of her lumbar spine. The January 8, 2023 MRI is enclosed herein.

### ISSUES

We request that you perform a thorough and unbiased evaluation in accordance with the standards defined by the California Division of Worker's Compensation and the *AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition (AMA Guides)*. During the physical examination, document all pertinent positive, negative and non-physiological findings. Please assess whether your findings are consistent with those of other examiners. If you feel that pain is ratable, explain fully your approach.

Please take a complete medical history from the applicant, including a report of the injury, review the enclosed materials and prepare a narrative report with specific attention to the following questions:

1. What are your diagnoses and which of these are as a result of the referenced injury? We request that you provide a full discussion of the significance of these diagnoses, as well as an explanation of the prognosis and the basis for the prognosis.
2. Has maximal medical improvement (MMI) been achieved? If not, please provide an estimate of when it is likely to occur and what will facilitate achieving MMI.



RE: SANDRA ROQUEMORE vs. CORNERSTONE CAPITAL GROUP INC. on behalf of UNITED WISCONSIN INSURANCE COMPANY, administered by NEXT LEVEL ADMINISTRATORS

Page 4 of 6

3. Are the subjective complaints supported by objective findings? Please explain the rationale for your conclusions.
4. On what date did the applicant's condition become permanent and stationary or is the applicant temporarily totally or temporarily partially disabled at the present time?
5. If in your opinion the applicant is temporarily disabled, what type of treatment would you recommend to cure or relieve from the effects of applicant's injury, and what is the estimated duration of such treatment?
6. If the applicant has received or is currently receiving treatment, please explain if that treatment is covered by ACOEM Practice Guidelines. If so, is it consistent with those Guidelines? If not, was or is the treatment reasonably necessary to cure and/or relieve the applicant from the effects of the industrial injury? Would discontinuation of any of the care currently being rendered result in a deterioration of his/her function? Please explain the rationale for your conclusions.
7. Is there any evidence of dysfunctional illness behavior? Is any of the treatment inappropriate or likely to reinforce dysfunctional illness behavior?
8. If the applicant is permanent and stationary, please indicate the factors of disability you deem appropriate, including objective findings and subjective complaints. When rating impairment, please detail your methodology, including references to Tables, Figures and page numbers.

(For upper extremity injuries)

For upper extremity injuries, complete Figure 16-1 Upper Extremity Impairment Evaluation Record (*AMA Guides.*, pp. 436-437.) Please document measurements bilaterally.

(For lower extremity injuries)



RE: SANDRA ROQUEMORE vs. CORNERSTONE CAPITAL GROUP INC. on behalf of UNITED WISCONSIN INSURANCE COMPANY, administered by NEXT LEVEL ADMINISTRATORS

Page 5 of 6

For lower extremity ratings, explain the method(s) that you have chosen, with reference to Table 17-2 Guide to the Appropriate Combination of Evaluation Methods (*AMA Guides.*, p. 526.) Please document measurements bilaterally.

(For spinal injuries)

If spinal impairment is rated, explain your choice of methods and how you determined impairment.

9. If the applicant is permanent and stationary, please comment upon factors of apportionment as you deem appropriate and, if you believe apportionment is applicable, please indicate the degree of disability you believe medically probable that applicant would have experienced absent this injury. Your apportionment determination should consist of what approximate percentage of the permanent disability was caused by the direct result of the injury arising out of and occurring in the course of employment and what approximate percentage of the permanent disability was caused by other factors, both before and subsequent to the industrial injury, including prior industrial injuries. If you are unable to include an apportionment determination in your report, please state the specific reasons why you cannot make a determination of the effect of that prior condition on the permanent disability arising from the injury. If you are unable to make an apportionment determination, please consult with other physicians or refer the employee to another physician from whom the employee is authorized to seek treatment or an evaluation in order to make the final determination.
10. Is further medical care required? If so, please explain what further diagnostic evaluations and/or treatments are required and why.
11. As a result of the industrial injury, can the applicant return to his/her pre-injury occupation? Please complete the attached Functional Capacity Assessment form concerning the applicant's work restrictions, if any. If you prefer not to use the form, you may incorporate all the answers to the questions on the Functional Capacity Assessment in your narrative report.



RE: SANDRA ROQUEMORE vs. CORNERSTONE CAPITAL GROUP INC. on behalf of UNITED WISCONSIN INSURANCE COMPANY, administered by NEXT LEVEL ADMINISTRATORS

Page 6 of 6

Please provide any other information that you feel would be useful in understanding this case.

Medical treatment is not authorized at this time, but you may accept this letter as your authority to perform diagnostic procedures necessary to obtain your opinion.

If your office is contacted by the Applicant or his/her representative for the purpose of rescheduling the originally scheduled appointment, please notify the undersigned for the purpose of obtaining authority for the requested rescheduling.

Please forward a copy of your report to the undersigned as well as to Applicant's attorney, Workers Defenders Anaheim, 751 S. Weir Canyon Rd., Ste 157 455, Anaheim, CA 92808; Attention: Natalia Foley, Esq.

Please forward a copy of your report and billing statement to the attention of Next Level Administrators, P.O. Box 1061, Bradenton, FL 34206; Attention: Ms. Patricia Carruthers, who agrees to bear the responsibility and costs of the examination.

Thank you again for agreeing to act as our Panel Qualified Medical Examiner in this matter.

Very truly yours,  
DJG LAW GROUP, INC.

By: David J Gonzales, Esq.  
Certified Specialist Workers' Compensation Law  
The State Bar of California Board of Legal Specialization

DJG/cal

Enclosures: Document Index, dated 02/23/23; LC Section 4628; LC Sections 4663 & 4664

cc: See Attached Proof of Service

**DOCUMENT INDEX 2/23/2023**

**MEDICAL REPORTS:**

Payam Kashfin, M.D. (MRI Lumbar Spine)	01/08/23
Dennis Dasher, M.D.	11/23/22
Nelson Flores, Ph.D.	06/21/22; 06/09/22; 05/26/22; 05/24/22; 05/19/22; 05/10/22; 05/05/22; 05/03/22; 10/18/21
Eric Gofnung, D.C.	10/29/21; 08/16/21; 04/19/21; 03/08/21
Seth Hirsch, Ph.D.	08/23/21

**LEGAL DOCUMENTS:**

Amended Application for Adjudication of Claim	06/09/22
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1 **DJG Law Group, Inc.**  
2 8181 E Kaiser Blvd, Suite 100  
3 Anaheim, CA 92808  
4 P: 714-637-4100; F: 714-637-4102  
By: David J. Gonzales, Esq. | SBN: 215983

5 Attorney for Defendant: Cornerstone Capital Group Inc. on behalf of United  
6 Wisconsin Insurance Company, administered by Next Level Administrators

7  
8 **WORKERS' COMPENSATION APPEALS BOARD**  
9 **OF THE STATE OF CALIFORNIA**

10 SANDRA ROQUEMORE,

11 Applicant,

12 vs.

13 CORNERSTONE CAPITAL GROUP INC.  
14 on behalf of UNITED WISCONSIN  
15 INSURANCE COMPANY, administered  
16 by NEXT LEVEL ADMINISTRATORS,

17 Defendants.

Case No.: ADJ13818144, ADJ13817769

18 **CCR §9793(N) DECLARATION**

19 I declare, under penalty of perjury, that the following is true and correct:

- 20 1. Defendants have complied with the provisions of Labor Code Section 4062.3  
21 before providing the enclosed documentation to the physician.  
22 2. Total page count of the documents provided: 188

23 DATED: March 22, 2023

24 Respectfully submitted,  
25 **DJG LAW GROUP, INC.**

26   
27 By: David J. Gonzales, Esq.  
28

1 DJG LAW GROUP ANAHEIM 12282626  
2 DAVID J. GONZALES, ESQ.  
3 (714) 637-4100  
4 WCAB@djglawgroup.com

5 PROOF OF SERVICE BY MAIL

6 RE: SANDRA ROQUEMORE vs. CORNERSTONE CAPITAL GROUP INC. on  
7 behalf of UNITED WISCONSIN INSURANCE COMPANY, administered  
8 by NEXT LEVEL ADMINISTRATORS

9 EAMS CASE NO. : ADJ13818144, ADJ13817769  
10 CLAIM NO. : UW2000031101, UW2000031099

11 STATE OF CALIFORNIA, COUNTY OF ORANGE

12 I, Carlos Alvarez, am employed in the aforesaid County, State of California; I am over  
13 the age of 18 years and not a party to the within action; my business address is 8181  
14 E Kaiser Blvd, Suite 100, Anaheim, CA 92808.

15 On, March 22, 2023, I served the foregoing: **ADVOCACY LETTER TO PQME DR.**  
16 **MOAZZAZ, DATED 03/22/23; DOCUMENT INDEX, DATED 02/23/23; CCR 9793**  
17 **(N) DECLARATION, DATED 03/22/23** on the interested parties in this action by  
18 placing a true copy thereof, enclosed in a sealed envelope, addressed as follows:


19 PLEASE SEE ATTACHED MASTER MAILING LIST

20 BY MAIL, I placed such envelope for deposit in the U.S. Mail for service by the United  
21 States Postal Service, with postage thereon fully prepaid.

22 AS FOLLOWS: I am "readily familiar" with the firm's practice of collection and  
23 processing correspondence for mailing. Under that practice it would be deposited  
24 with the U.S. Postal Service on the same day with postage thereon fully prepaid at  
25 Anaheim Hills, California, in the ordinary course of business. I am aware that on  
motion of the party served, service is presumed invalid if postal cancellation date or  
postage meter date is more than one day after date of deposit for mailing in affidavit.

(STATE) I declare under penalty of perjury under the laws of the State of California  
that the foregoing is true and correct.

Executed on March 22, 2023 at Anaheim Hills, California.

  
Carlos Alvarez

1 RE: SANDRA ROQUEMORE vs. CORNERSTONE CAPITAL GROUP INC. on  
2 behalf of UNITED WISCONSIN INSURANCE COMPANY, administered  
3 by NEXT LEVEL ADMINISTRATORS

4 EAMS CASE NO. : ADJ13818144, ADJ13817769  
5 CLAIM NO. : UW2000031101, UW2000031099

6 MASTER MAILING LIST

7 Workers Defenders Anaheim  
8 751 S. Weir Canyon Rd., Ste 157 455  
9 Anaheim, CA 92808

10 Dr. Payam Moazzaz  
11 California Medical Legal Specialists, LLC  
12 8221 N. Fresno Street  
13 Fresno, CA 93720  
14 (VIA ONLINE PORTAL)

15 Next Level Administrators  
16 P.O. Box 1061  
17 Bradenton, FL 34206

State of California  
**DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT**

**AME or QME Declaration of Service of Medical - Legal Report (Lab, Code § 4062.3(i))**

**Case Name:** Sandra Roquemore v Next Level Administrators  
*(employee name)* *(claims administrator name, or if none employer)*

**Claim No.:** UW2000031099 **EAMS or WCAB Case No. (if any):** \_\_\_\_\_

I, Audrey Amesqua, declare:

1. I am over the age of 18 and I am not a party to this case.
2. My business address is: 8221 N. Fresno St, Fresno, CA 93720
3. On the date shown below, I served this QME Findings Summary Form with the original, or a true and correct copy of the original, comprehensive medical-legal report, which is attached, on each of the persons or firms named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

- A depositing the sealed envelope with the U.S. Postal Service with the postage fully prepaid.
- placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
- C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
- D placing the sealed envelope for pick up by a professional messenger service for service.  
*(Messenger must return to you a completed declaration of personal service.)*
- E personally delivering the sealed envelope to the person or firm named below at the address shown below.

<u>Means of service:</u> <i>(For each addressee, Enter A-F as appropriate)</i>	<u>Date Served:</u>	<u>Addressee and Address:</u>
B	4/5/2023	Sandra Roquemore, 1763 Exposition Blvd. Los Angeles CA 90059
B	4/5/2023	Next Level Administrators, P.O. Box 3055 Milwaukee WI 53201
B	4/5/2023	Workers Defenders Law Group, 751 S. Weir Canyon Rd., Ste. 157 455 Anaheim CA 92
B	4/5/2023	Djg Law, 8181 E. Kaiser Blvd., Ste. 100 Anahiem CA 92808

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

Date: 4/5/2023

A. Amesqua

*(Signature of Declarant)*

Audrey Amesqua

*(Print Name)*