



**NEXT LEVEL
ADMINISTRATORS**

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July 06, 2023

Workers Defender Law Firm
751 S. Weir Canyon Rd, Ste 157-455 Suite 100
Anaheim, CA 92808

RE: Employee: Sandra Roquemore
Carrier: United Wisconsin Insurance Company
Policyholder: Cornerstone Capital Group Inc LCF Vets Securing America Inc American Guard
Services (dba)
Employer: Vets Securing America Inc American Guard Services (dba)
Claim #: UW2000031101
D/A: 11/03/2020

Dear Workers Defender Law Firm,

Attached, please find all medicals received 04/27/23 through present.

Sincerely,

Patricia Carruthers
Claim Adjuster

CC: David Gonzales Esq via email

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

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

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

- New Request
- Expedited Review

Employee Information				
Employee Name: Sandra Ann Roquemore				
Date of Injury: CT 08/01/2020 to 11/03/2020 (psych), CT 4/01/2020 to 10/26/2020 (ortho)			Date of Birth: 02/11/1955	
Claim Number: UW2000031101 WCAB Numbers: ADJ 13818144, ADJ13817769			Employer: Vets Securing America Inc. American Guard Services (DBA)	
Provider Information				
Provider Name: Nimish Shah, M.D.				
Practice Name: New Horizon Medical Corporation			Contact: NHMC (For all Locations)	
Address: 21520 S. Pioneer Blvd, Suite #202		City: Hawaiian Gardens		State: CA
Zip Code: 90716	Phone : (562) 402-2811 Ext. 201		Fax: (562) 402-1505	
Provider Specialty : Pain Management			NPI Number: 1184837908	
E-Mail Address: Newhorizon215@yahoo.com				
Claim Administrator Information:				
Claims Administrator Name: Next Level Administrators			Contact Name: Patricia Carruthers	
Address: P.O. Box 1061		City: Bradenton		State: FL
Zip Code: 34206	TEL: #941-306-2393		FAX: #941-444-6200	
E-Mail Address: Not available and requesting from claims adjuster as soon as possible				
Requested Treatment (see instructions for guidance: attached additional page if necessary)				
Either state the requested treatment in the below space or indicate the specific page number(s) of the accompanying medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; attach additional request on a separate sheet.				
<u>Diagnosis</u>	<u>ICD-Code</u>	<u>Treatment</u> (See Attached treatment recommendation section of this evaluation)	<u>CPT/HCPCS Code</u>	<u>Other Information:</u> (Frequency, Duration Quantity, Facility, etc.) (See Attached)
Stress syndrome (anxiety, depression and insomnia) status post work injury.	F32.1 F41.1 F51.05	The patient was referred for M.D. reevaluation for psychotropic medications by primary treating physician, Nelson Flores, Ph.D.		
Lower back pain radiating into both lower extremities left more than right, on and off neck pain, status post aggravation related to work injury.		The patient is provided 30-day refill prescription for Trazodone 50 mg half to one tab h.s. p.r.n. #30 with prescription dated February 10, 2022 since next followup appointment is after four weeks.		
		The patient's claim was denied as per letter by claim adjuster, Patricia Carruthers on November 23, 2021. I requested all parties to arrange for AME or panel QME to address psych part of claim. I placed this		

Re: Sandra Ann Roquemore

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			request with my report dated December 08, 2021 and request is pending as of February 09, 2022.		
			Reevaluation in four weeks.		

Reeval. Reeval. Reeval.

Treating Physician Signature: _____

Date: 02/09/2022

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

DWC Form RFA (Effective 2/2014)

NIMISH SHAH, M.D., M.S.
AME, IME
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PHONE NO: (562) 402-2811
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M.D. REEVALUATION REPORT

DATE: 02/09/22

PATIENT NAME: Sandra Ann Roquemore

SOCIAL SECURITY NO.: 564-92-3586

CALIFORNIA DRIVERS LICENSE NO: N4081576

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

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

OCCUPATION: Security Guard

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

CLAIM NUMBER: UW2000031101

WCAB NUMBERS: ADJ 13818144, ADJ13817769

REFERRING ATTORNEY: Natalia Foley, Esq.

REFERRING PHYSICIAN: Nelson Flores, Ph.D.

This is a 67-year-old, pleasant African-American patient, who was seen on January 11, 2021 at New Horizon Advanced Pain Management Center's **Hawaiian Gardens** Location. The patient is seen for M.D. reevaluation at **Hawaiian Gardens** Location on February 09, 2022. The patient's interim history, physical examination and treatment plan were discussed with patient herself.

CHIEF COMPLAINT:

Re: Sandra Ann Roquemore

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

PRESENT HISTORY:

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

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

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

The patient is provided 30-day refill prescription for Trazodone since next followup appointment is after four weeks. The patient received prescription for Trazodone 50 mg one tab h.s. p.r.n. #30 with prescription dated **February 10, 2022** to obtain from an outside pharmacy. Although patient is recommended Trazodone on an industrial basis, she is currently using her private insurance due to denied claim. The patient is receiving generic Cymbalta 60 mg one a day along with generic Norco 7.5-325 t.i.d. p.r.n. #90 through pain management physician, John Gurskis, M.D. through

Re: Sandra Ann Roquemore

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private insurance effective November 05, 2021. The patient was placed on generic Cymbalta to treat anxiety, depression and pain. The patient is recommended Trazodone to treat anxiety, depression and insomnia and neuropathic pain in addition to failure of Amitriptyline. The patient was made aware of risk of psychotropic medications. The patient was instructed to stop those medications if notices any side effects or any undesirable thoughts. The patient also is recommended to discuss any concerns about psychotropic medications with psychologist since patient at present is following up more frequently with psychologist.

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

The patient was undergoing treatment with chiropractic physician Gofnung, D.C. in past. The patient at present is undergoing treatment of physical pain using her private insurance. The patient is seeing pain management physician John Gurskis, M.D. located in City of Long Beach through her private insurance. The patient was prescribed generic Cymbalta 60 mg one a day by John Gurskis, M.D. on November 05, 2021. The patient had follow-up appointment on November 29, 2021 when in addition to Cymbalta 60 mg generic Norco 7.5-325 t.i.d. p.r.n. #90 was added by John Gurskis, M.D. The patient had follow-up appointment with John Gurskis, M.D. on December 27, 2021, January 27, 2022 and again on January 31, 2022 Dr. Gurskis on January 31, 2022 recommended patient to follow up after she gets her COVID vaccination dose #2, which patient has appointment on **February 25, 2022**. The patient was told to follow up two weeks after her second dose of vaccination by Dr. Gurskis and follow-up appointment is going to be sometime in **March 2022**.

The patient's claim was denied as per letter by claim adjuster, Patricia Carruthers on November 23, 2021. I requested all parties to arrange for **AME or panel QME** to address psych part of claim. I placed this request with my report dated December 08, 2021. This request is not handled as of **February 09, 2022**.

The patient had her deposition sometime in 2021.

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

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

Re: Sandra Ann Roquemore
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PHYSICAL EXAMINATION:

BLOOD PRESSURE: 140/89. **PULSE:** 91. **RESPIRATION:** 18.
TEMPERATURE: 97.7.

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

The systemic examination is unremarkable.

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

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

GRIP STRENGTH (Jamar Dynamometer) (lbs)

	RIGHT	LEFT
1 st	10	00
2 nd	05	00
3 rd	05	00

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

IMPRESSION:

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

RECOMMENDATIONS:

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

The patient remains on Trazodone 50 mg one tab h.s. p.r.n. #30 and was provided refill prescription dated **February 10, 2022.**

Re: Sandra Ann Roquemore
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Although the patient is recommended Trazodone on an industrial basis, she is currently using her private insurance due to denied claim. The patient also remains on generic Cymbalta 60 mg one a day and generic Norco 7.5-325 t.i.d. through her pain management physician, John Gursiks, M.D. who is treating patient through her private insurance.

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

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

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

The patient's psychotropic medications were reviewed. The patient is counseled as the benefits of these medications and potential side effects. The risks include, but are not limited to, drowsiness, sedation, dependence, tolerance, addiction, nausea, tingling in the extremities, decreased appetite, problems with cognition, weight gain, potential problems with vision including glaucoma, constipation, nausea, itching, vomiting, dizziness, allergic reaction, slowing of breathing rate, slowing of reflexes or reaction time, physical dependence, tolerance and addiction. The patient was instructed to alert the prescribing physician to discuss any of these symptoms if they occur. The patient was advised possible danger of operating an automobile while under the influence of these medications. The patient was also made aware of synergistic effects of alcohol

Re: Sandra Ann Roquemore

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with these medications, the patient was instructed to use extreme caution while operating an automobile, or machinery, or using heavy equipment or working at unprotected heights and was explained dangers if the patient was responsible in take care of another individual who is unable to care for himself or herself. The patient also was made aware that these medications cannot be discontinued abruptly or without professional guidance. The patient fully understands these concepts and accepts the risk.

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

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

The patient's claim was denied as per letter by claim adjuster, Patricia Carruthers on November 23, 2021. I requested all parties to arrange for **AME or panel QME** to address psych part of claim. I placed this request with my report dated December 08, 2021. This request is not handled as of **February 09, 2022**.

I will follow with this patient on an outpatient basis.

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

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

Re-evaluation in 4 weeks.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from the others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

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

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

Sincerely,

Re: Sandra Ann Roquemore

02/09/2022

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Handwritten scribbles

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

NS: pw (1508839)

NIMISH SHAH, M.D., M.S.
AME, IME
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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 Progress Report, DWC form PR-2, or narrative report substantiating the request treatment.

- Resubmission- Change in Material Facts
- Expedited Review:
- Check box if request is a written confirmation of a prior oral request.

Employee Information			
Employee Name: Thomas Andrew Dean			
Date of Injury: 09/02/2020	Date of Birth: 10/22/82		
Claim Number: 9317815	Employer: Walmart Associates, Inc.		
WCAB Number: ADJ13993771			
Provider Information			
Provider Name: Nimish Shah, M.D.			
Practice Name: New Horizon Medical Corporation	Contact: NHMC (For all Locations)		
Address: 21520 S. Pioneer Blvd, Suite #202	City: Hawaiian Gardens	State: CA	
Zip Code: 90716	Phone: (562) 402-2811 Ext. 201	Fax: (562) 402-1505	
Provider Specialty: Pain Management	NPI Number: 1184837908		
E-Mail Address: Newhorizon215@yahoo.com			
Claim Administrator Information:			
Claims Administrator Name: Sedgwick		Contact Name: Stephanie Smith	
Address: P.O. Box 14731	City: Lexington	State: KY	
Zip Code: 40512-4731	Phone: #916-933-0830 (Stephanie)	Fax: #877-219-0832 (UR Department)	
E-Mail Address: stephanie.smith@sedgwick.com			

Requested Treatment (see instructions for guidance: attached additional page if necessary)
 Either state the requested treatment in the below space or indicate the specific page number(s) of the accompanying medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; attach additional request on a separate sheet.

<u>Diagnosis</u>	<u>ICD-Code</u>	<u>Treatment</u> (See Attached treatment recommendation section of this evaluation)	<u>CPT/HCPCS Code</u>	<u>Other Information:</u> (Frequency, Duration Quantiv, Facility, etc.) (See Attached)
Left shoulder sprain/strain with impingement / left shoulder internal derangement with possible labral tear, possible non-traumatic complete tear of left rotator cuff with left shoulder tendinitis as reported by an orthopedist, Afshin Mashoof, M.D. / status post left shoulder arthroscopic labral repair acromioplasty, and distal clavicle resection on November 02, 2021 with 30-40% improvement in pain with significant improvement in range of motion as of February 21, 2022.	M25.512 M75.42 S43.432A	The patient was seen by an orthopedic panel QME examiner , Suzuki, M.D. on June 26, 2021 for initial panel QME evaluation who did not consider patient permanent and stationary. The Panel QME Examiner in causation considered patient's left shoulder industrial related to specific injury September 02, 2020. The patient's left elbow was considered related to specific injury September 02, 2020 as well as cumulative trauma. The patient is now undergoing treatment as allowed by orthopedic Panel QME Examiner. The patient is scheduled to see an orthopedic panel QME examiner Suzuki, M.D. for panel QME reevaluation on May 22, 2022 . I requested all parties to send all my records to Dr. Suzuki. I also requested both parties to provide		

Re: Thomas Andrew Dean

04/14/2022

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			me with panel QME report as soon as it becomes available for review.		
Possible cervical sprain/strain / possible left cervical facet pain C2-C3, C5-C6 / possible cervical diskogenic pain / possible referred pain from left shoulder / normal EMG nerve conduction study of both upper extremities September 10, 2021.	M54.2 M54.02		The patient's psychology evaluation although was certified by letter from Sedgwick on May 11, 2021, letter from Sedgwick on August 02, 2021 suggested psych is not a compensable body part based on letter by Stephanie Smith, claim adjuster. I requested all parties to arrange for AME or PQME in psych to address psyche part of claim. Although request was placed from August 20, 2021, it is not arranged as of April 14, 2022 .		
Left upper extremity pain most likely referred pain from right shoulder / normal EMG nerve conduction study of upper extremities September 10, 2021.	M54.12		Reevaluation in four weeks. (Reevaluation was certified by letter from Sedgwick dated February 03, 2022. The letter was prepared by claim adjuster Stephanie Smith).		
Right shoulder pain related to overcompensating left shoulder started first week of September 2021.					

Handwritten signature

Treating Physician Signature: _____

Date: 04/14/2022

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

DWC Form RFA (Effective 2/2014)

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PHONE NO: (562) 402-2811
FAX: (562) 402-1505

PRIMARY TREATING PHYSICIAN'S
NARRATIVE REEVALUATION REPORT

DATE: 04/14/22

PATIENT NAME: Thomas Andrew Dean

SOCIAL SECURITY NO.: 619-05-8867

CALIFORNIA DRIVERS LICENSE NO: B9343741

DATE OF BIRTH: 10/22/82 AGE: 40 SEX: Male

EMPLOYER: Walmart Associates, Inc.

OCCUPATION: Digital Personnel Shopper

DATE OF INJURY: 09/02/2020

CLAIM NUMBER: 9317815 WCAB NUMBER: ADJ13993771

REFERRING ATTORNEY: California Law Associates

This is a 40-year-old, pleasant Caucasian male patient, who was seen on March 15, 2022 at New Horizon Advanced Pain Management Center's **Hawaiian Gardens** Location. The patient was contacted for primary treating reevaluation from **Hawaiian Gardens** Location on April 14, 2022. The patient's interim history, physical examination and treatment plan were discussed with the patient himself.

The patient was seen by an orthopedic panel QME examiner, Suzuki, M.D. on June 26, 2021 for initial panel QME evaluation who did not consider patient permanent and stationary. The Panel QME Examiner in causation considered patient's left shoulder industrial related to specific injury September 02, 2020. The patient's left elbow was considered related to specific injury September 02, 2020 as well as cumulative trauma. The patient is now undergoing treatment as allowed by orthopedic Panel QME Examiner.

Re: Thomas Andrew Dean

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CHIEF COMPLAINT:

1. Constant left shoulder pain with pain involving left shoulder blade, left upper extremity with on and off neck pain, on and off headaches, status post work injury / status post left shoulder surgery on November 02, 2021 with **30-40%** improvement in pain with significant improvement in range of motion as of **April 14, 2022.**
2. Left shoulder pain with pain involving left upper extremity involving ring and little finger associated with tingling, numbness, weakness cramps, status post work injury / possible pain related to cervical spine or pain related to left shoulder / status post left shoulder surgery on November 02, 2021 with improvement.
3. Right shoulder pain started first week of September 2021 related to overcompensating left shoulder.

PRESENT HISTORY:

The patient is complaining of constant left shoulder and left shoulder blade pain, which patient rated 5 to 8 out of 10 on pain scale without medications and prior to surgery. The patient's left shoulder pain also involves entire left upper extremity involving mostly all four fingers except more significant at ring and little finger associated with tingling, numbness, weakness and cramps with constant pain prior to improvement. The patient also has on and off headache, on and off neck pain, which starts from back of his head on left side, radiates to front. The patient rated neck pain and headache 2 to 7 out of 10 on pain scale without medications. The patient's left shoulder pain aggravates with activities involving left upper extremity. The patient's neck pain aggravates with activities involving cervical spine. The patient's left upper extremity pain aggravates by using left upper extremity. The patient's left shoulder pain, which patient rated 5 to 7 out of 10 aggravated with using left upper extremity without medications. The patient described all his pain as sharp, shooting, stabbing, aching, throbbing, cramping pain. The patient has muscle spasm involving left triceps muscle. The patient has tingling, numbness involving left upper extremity. The patient feels weak in left upper extremity. The patient's neck pain aggravates with coughing, sneezing, straining, prolonged sitting and standing. The patient's neck is stiff in the morning. The patient has to constantly change position of neck to feel comfortable. The patient also feels weakness involving neck and left upper extremity. The patient's headache when severe associated with nausea. The patient cannot sit, stand, or drive in one position. The patient frequently changes position to get comfortable. The patient due to overcompensating left shoulder

Re: Thomas Andrew Dean

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started noticing right shoulder pain from first week of September 2021. According to patient, he is avoiding activities with left shoulder and is trying to perform all activities using right shoulder, which contributed in onset of right shoulder pain. The patient also suffers from anxiety, depression and insomnia related to pain, which has persisted since work injury September 02, 2021. **The patient noted 40%-50% improvement in VAS pain scores subjectively and also noted 40%-50% improvement in activity levels with use of currently prescribed medications with no side effects.** The patient's pain is limiting work, home, social, recreational, outdoor and sexual activities. The patient's pain is affecting sleep. Pain is causing emotional, marital and work disturbances.

The patient underwent **initial orthopedic panel QME evaluation** with Stephen Suzuki, M.D. on **June 26, 2021** whose dictated report was provided by applicant attorney and was reviewed and supplemental report issued dated October 22, 2021. The orthopedic panel QME examiner Stephen Suzuki, M.D. evaluated the patient for date of injury September 02, 2020 while employed for Walmart with claim number #9317815, ADJ13993771. The patient was evaluated for pain involving left arm and left shoulder. The patient after history, physical examination and review of records was not considered permanent and stationary. In **causation**, patient's left shoulder injury was considered industrial related to specific injury September 02, 2020. The panel QME examiner considered ulnar neuropathy left elbow secondary to cubital tunnel syndrome most likely result of injury of September 02, 2020 as well as cumulative trauma. There was no apportionment related to left shoulder. The panel QME reported apportionment may be an issue in regards to left cubital tunnel syndrome. The patient in **work restrictions** was **precluded** from work that requires **repetitive overhead use of left shoulder**. The patient should be **restricted from any lifting, pulling or pushing** for more than five pounds regarding left upper extremity. The patient in **treatment recommendation** was provided provision for left shoulder surgery due to failure of 16 physical therapy and multiple injections to left shoulder. In discussion, the orthopedic panel QME examiner wanted parties to provide him actual left shoulder MRI scan films in addition to recommending **upper extremity EMG and nerve conduction study** to evaluate the patient for ulnar neuropathy secondary to left cubital tunnel syndrome. The panel QME reported once those were arranged, he will send supplemental report. The patient was allowed to perform current job duties which involve computer work only working for new employer Carvana.

The patient underwent **EMG and nerve conduction study** of left upper extremity on **September 10, 2021**. The patient underwent **MRI of**

Re: Thomas Andrew Dean
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left shoulder on **September 04, 2020** at Simon Med. I requested both parties to send those reports to an orthopedic panel QME examiner Stephen Suzuki, M.D. who can issue supplemental report. The status of supplemental report is unknown as of **April 14, 2022**.

The patient is scheduled to see an **orthopedic panel QME examiner**, Suzuki, M.D. for **panel QME reevaluation** on **May 22, 2022**. I requested all parties to provide me with panel QME report in addition to sending all my records to panel QME examiner.

The patient for **left shoulder** failed conservative treatment with physical therapy, acupuncture, left shoulder cortisone injection and home exercise program. I recommended **evaluation with an orthopedic surgeon** for possibility of left shoulder surgery. The decision for patient to undergo left shoulder surgery should come from an orthopedic surgeon. I requested authorization for patient to see an orthopedist from MPN. I respectfully disagree with previous orthopedist, Afshin Mashoof, M.D. who prematurely declared patient permanent and stationary on February 24, 2021 although patient continued to remain symptomatic without resolution. Afshin Mashoof, M.D. provided no impairment rating, no work restrictions although allowed future medical care with left shoulder injection, therapy and surgery. The letter from Sedgwick utilization review May 11, 2021 authorized evaluation with an orthopedist regarding left shoulder providing certification from May 11, 2021 to July 30, 2021 based on utilization review performed by Gary Taff, M.D. The patient was seen by an orthopedic panel QME examiner, Suzuki, M.D. in Mission Viejo on June 26, 2021 who according to the patient recommended left shoulder surgery. The patient was seen by an orthopedic surgeon, Ronald Glousman, M.D. on June 29, 2021 who after initial consultation diagnosed the patient with persistent symptomatic left shoulder posterior superior labral tear, impingement syndrome and distal clavicle arthrosis unresolved. Dr. Glousman submitted RFA requesting authorization for left shoulder arthroscopic labral repair, acromioplasty, distal clavicle resection, pre-op medical clearance with medial specialist with lab work, EKG, chest x-ray, pre-surgery COVID-19 testing within 72 hours of surgery, postop seven day ice machine, postop shoulder sling, postop left shoulder physical therapy three times a week for four weeks, 12 sessions, postop hydrocodone 5/325 #45 for postsurgical pain and recommended reevaluation in four weeks. According to the patient, he was contacted by nurse case manager who told the patient surgery was certified as per information provided by the patient on July 27, 2021. The patient was recommended to follow-up with Dr. Glousman. I concurred with Dr. Glousman regarding treatment of left shoulder. According to patient, his left shoulder surgery date

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was August 20, 2021. According to patient, he had a preop for left shoulder surgery on August 20, 2021, which was rescheduled to September 28, 2021 since patient was recently diagnosed with COVID-19. The patient underwent preop workup on September 28, 2021 and was given clearance to undergo left shoulder surgery. The patient was seen by Ronald Glousman, M.D. on October 26, 2021 who scheduled patient for left shoulder arthroscopic labral repair, acromioplasty and distal clavicle resection, which patient underwent on November 02, 2021. The patient was seen by Ronald Glousman, M.D. on November 18, 2021 who recommended temporary total disability for four weeks and also recommended postop physical therapy program twice a week for four weeks for range of motion and strengthening. According to patient, since he moved to Arizona, he was unable to find facility accepting Workers' Compensation cases from California. The patient had follow-up appointment with Ronald Glousman, M.D. on December 21, 2021 who again recommended patient to start postop physical therapy left shoulder. The patient was recommended to find physical therapy facility in Arizona and pay cash for treatment. The applicant attorney can apply receipt of treatment to patient's case as per discussion with patient on December 21, 2021. The other option was for Sedgwick insurance to certify treatment with provider in Arizona. The dictated report of Dr. Glousman December 21, 2021 was provided and was reviewed on January 18, 2022. The patient was seen by Dr. Glousman on January 18, 2022 and had zoom appointment on February 14, 2022 when Dr. Glousman recommended additional six sessions of therapy which were certified. The dictated report of Dr. Glousman dated January 18, 2022 and February 14, 2022 was provided and was reviewed on February 21, 2022. According to patient, he started **post-surgical physical therapy** and finished all 24 sessions out of 24 certified sessions with significant improvement in range of motion and partial improvement in pain. . The left shoulder treatment is deferred to Dr. Glousman. The patient had zoom appointment with Dr. Glousman on February 14, 2022 and patient had clinic appointment with Dr. Glousman on March 15, 2022. The dictated report of Dr. Glousman dated March 15, 2022 was provided and was reviewed on April 14, 2022 and findings were discussed with patient. The patient has next telemedicine appointment to see Dr. Glousman on **April 27, 2022.**

The patient developed **right shoulder** pain since first week of September 2021, which patient contributed to overcompensating left shoulder. The applicant attorney was recommended to amend right shoulder as per my report dated September 21, 2021 and paperwork is pending as of **April 14, 2022.** According to patient, the right shoulder pain is mild. The patient at present is recommended to

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continue conservative care with regular home exercises and medications. If the patient does not show significant improvement he may require diagnostic workup for right shoulder prior to recommending treatment.

The patient for pain involving cervical spine and left upper extremity was recommended **EMG and nerve conduction study of left upper extremity**. This study is essential to see if left upper extremity pain and neck pain are referred pain from left shoulder or patient also sustained injury to cervical spine when he injured left shoulder. The patient has abnormal sensory examination, abnormal reflexes and abnormal muscle mass involving left upper extremity. I requested authorization with my report dated April 22, 2021. The patient's EMG nerve conduction study of left upper extremity was **certified** by letter from Sedgwick May 11, 2021 based on utilization review performed by Gary Taff, M.D. providing certification from May 11, 2021 to July 30, 2021. According to patient, he was scheduled to undergo certified EMG nerve conduction study of left upper extremity on August 17, 2021. However, since the patient was diagnosed with COVID-19 this study was postponed and patient underwent on September 10, 2021 and report was provided and was reviewed and findings were discussed with patient on November 17, 2021. The patient has **normal** electrodiagnostic study of both upper extremities.

The patient underwent 17 sessions of physical therapy at Concentra with only short term improvement. The patient has undergone acupuncture few sessions at West Star Physical Therapy with no improvement. I recommended TENS unit trial for one month since patient suffers from chronic pain and he failed conservative treatment with physical therapy and medications. the benefit of TENS unit trial is to assist patient in decrease in pain, avoid use of oral medications, improved activities of daily living and as part of self-directed home functional restoration program which I recommended on his own seven days a week. I submitted authorization with my report dated April 22, 2021. The patient's TENS unit trial for one month was **certified** by letter from Sedgwick May 11, 2021 providing certification from May 11, 2021 to July 30, 2021 based on utilization review performed by Gary Taff, M.D. The patient received certified TENS unit first week of June 2021. The patient was recommended trial for one month prior to recommending purchase. According to the patient, he noted improved range of motion, decreased pain, decreased stiffness, and decreased need for oral medications with use of TENS unit. I requested **purchase of TENS unit with supplies** which should be provided on as-needed basis and initially request was denied on August 04, 2021 for which I prepared rebuttal report on August 04,

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2021 and also sent out request for appeal and reconsideration. The case was discussed with utilization review physician, Kevin Cohan who overturned previous denial. The patient's purchase of TENS unit with supplies was **certified** by Kevin Cohan, M.D. with determination dated August 18, 2021. **In addition, the IMR final determination letter also overturned UR denial and considered TENS unit with supply purchase medically necessary and appropriate.**

The patient remains on Ibuprofen 600 mg b.i.d./t.i.d. p.r.n. and diclofenac gel 1% 100 gm tube apply 2 gm b.i.d./t.i.d. The patient's Ibuprofen 600 mg #100 was **certified** by letter from Sedgwick claim examiner Stephanie Smith dated March 31, 2022. The patient last received diclofenac gel on August 20, 2021 through Prestige Pharmacy and did not require refill on **April 14, 2022**. The patient last received ibuprofen 600 mg b.i.d./t.i.d. p.r.n. #100 from Carequest Pharmacy on March 15, 2022 and did not require refill on **April 14, 2022**. The patient prefers Ibuprofen 600 mg over Acetaminophen 650 mg slow release as per information provided by patient on December 21, 2021. The patient failed all over-the-counter medications, ibuprofen, tizanidine, prescription strength ibuprofen and tizanidine, which he received through Company Selected Industrial Clinic in past. Both medications are considered exempt medications from UR. Since the patient unable to receive medications in timely manner from Walmart or Sam's Club Pharmacy he is currently using Prestige Pharmacy. The patient after undergoing left shoulder surgery received generic Norco 5/325 #45 for post-surgical pain, which he finished and did not require refill.

The patient for stress syndrome which involves insomnia, reactionary depression, reactionary anxiety was recommended **evaluation with psychologist** since it is not my field of expertise. Although psyche evaluation was certified by Gary Taff, M.D. on May 11, 2021 providing certification from May 11, 2021 to July 30, 2021 the letter from Stephanie Smith claim adjuster from Sedgwick considered psyche denied body part. However, adjuster Stephanie Smith on June 04, 2021 provided an email link for MPN psychologist. The patient selected Yacoub Norma, psychologist from Universal Psychological Services Inc. located in city of Newport Beach, telephone number 949-955-9100 as a reference #1. If somehow Norma Yacoub does not accept patient's case, patient as selection #2 selected Richard Recor, Ph.D. located in city of Santa Ana at Edinger Urgent Care, telephone number 714-442-0600. I requested claim examiner to allow patient to see either Yacoub Norma, Ph.D. or Richard Recor, Ph.D. I requested certification from claim examiner with my report dated June 15, 2021 and also with report dated July 27, 2021. However, the letter from

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Sedgwick dated August 02, 2021, which was received by mail on August 09, 2021 suggested **psyche is not a compensable body part** as per letter from claim adjuster, Stephanie Smith. I requested all parties to arrange for **AME or panel QME** in **psyche** to address psyche part of claim. This information was also discussed with patient on August 20, 2021. Although this request was placed since August 20, 2021, it is not arranged as of **April 14, 2022**. The patient currently remains on temporary total disability.

The patient started working for different employer Carvana. The patient currently lives in Arizona. According to patient, his work for Carvana was light and was not contributing in pain involving left or right shoulder. The patient was placed on temporary total disability from November 01, 2021 by Ronald Glousman, M.D. who performed left shoulder surgery on November 02, 2021. The patient currently remains on temporary total disability. Dr. Glousman recommended modified work which patient was unable to get through his new employer in Arizona. Since the patient was unable to get modified duty, he currently remains on temporary total disability.

The patient was contacted for primary treating reevaluation.

PHYSICAL EXAMINATION (AS OF LAST CLINIC EVALUATION):

The patient is alert, awake, and well oriented to time, place, and person.

Systemic examination is normal.

Examination of gait shows non-limping, non-favoring gait.

Examination of the neck shows no midline tenderness. Left paravertebral muscle tenderness. Left cervical facet tenderness noted C2-C3, C5-C6. Left trapezius tenderness noted. Cervical facet loading positive, Spurling's test positive.

Examination of the mid back is normal. Examination of the lower back is normal. Lumbar spine movements are normal.

Examination of the left shoulder shows patient has surgical scar over left shoulder. Left shoulder movements have improved, are still painful. Left shoulder flexion 160 degree painful, extension 40 degree painful, adduction 40 degree painful, abduction 160 degree painful, internal rotation 80 degree painful, external rotation 80 degree painful.

Examination of the right shoulder shows patient has tenderness

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over anterior aspect of right shoulder. Right shoulder movements are normal range, painful.

GRIP STRENGTH (Jamar Dynamometer) (lbs)

	RIGHT	LEFT
1st	120	80
2nd	115	75
3rd	115	75

SENSORY EXAMINATION: Shows altered sensation noted in distribution of C6 nerve root involving left upper extremity.

MOTOR EXAMINATION: Shows weakness of left upper extremity and left handgrip. In addition, the patient has lost muscle mass involving left upper arm and left forearm. There is some atrophy of muscle involving left upper extremity. No asymmetric atrophy of muscles seen.

PREVIOUS DIAGNOSTIC WORKUP:

1. September 02, 2020, x-ray of left shoulder at Concentra was negative for any fracture. This information was obtained from September 09, 2020, report of Afshin Mashoof, M.D.
2. September 04, 2020, MRI of left shoulder from Simon Med showed signal within posterior inferior Cordant of glenoid labrum compatible with probably a tear and evidence of tendinitis. This MRI was read by radiologist, Steven Kong. This information was obtained from report of Afshin Mashoof, M.D. dated September 09, 2020.
3. September 10, 2021, normal EMG nerve conduction study of both upper extremities as reported by Brandon Woods, M.D.

IMPRESSION:

1. Left shoulder sprain/strain with impingement / left shoulder internal derangement with possible labral tear, possible non-traumatic complete tear of left rotator cuff with left shoulder tendinitis as reported by an orthopedist, Afshin Mashoof, M.D. / status post left shoulder arthroscopic labral repair acromioplasty, and distal clavicle resection on November 02, 2021 with 30-40% improvement in pain with significant improvement in range of motion as of **April 14, 2022.**
2. Possible cervical sprain/strain / possible left cervical facet pain C2-C3, C5-C6 / possible cervical diskogenic pain / possible referred pain from left shoulder / normal EMG nerve

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conduction study of both upper extremities September 10, 2021.

3. Left upper extremity pain most likely referred pain from right shoulder / normal EMG nerve conduction study of upper extremities September 10, 2021.
4. Right shoulder pain related to overcompensating left shoulder started first week of September 2021.

RECOMMENDATIONS:

The patient was seen by an orthopedic panel QME examiner, Suzuki, M.D. on June 26, 2021 for initial panel QME evaluation who did not consider patient permanent and stationary. The Panel QME Examiner in causation considered patient's left shoulder industrial related to specific injury September 02, 2020. The patient's left elbow was considered related to specific injury September 02, 2020 as well as cumulative trauma. The patient is now undergoing treatment as allowed by orthopedic Panel QME Examiner.

The patient for **left shoulder** failed conservative treatment with physical therapy, acupuncture, left shoulder cortisone injection and home exercise program. I recommended **evaluation with an orthopedic surgeon** for possibility of left shoulder surgery. The patient was seen by an orthopedic surgeon, Ronald Glousman, M.D. on June 29, 2021 who recommended left shoulder surgery, which was **certified**. The patient on November 02, 2021 underwent left shoulder arthroscopic labral repair acromioplasty and distal clavicle resection performed by Ronald Glousman, M.D. The patient also underwent 24 post-surgical physical therapies with significant improvement in range of motion and partial improvement in pain as of **April 14, 2022**. The patient has telemedicine appointment to see Dr. Glousman on **April 27, 2022**. The left shoulder treatment is deferred to Dr. Glousman.

The patient developed **right shoulder** pain since first week of September 2021, which patient contributed to overcompensating left shoulder. The applicant attorney was recommended to amend right shoulder as per my report dated September 21, 2021 and paperwork is pending as of **April 14, 2022**. According to patient, the right shoulder pain is mild. The patient at present is recommended to continue conservative care with regular home exercises and medications. If the patient does not show significant improvement he may require diagnostic workup for right shoulder prior to recommending treatment.

The patient remains on ibuprofen 600 mg b.i.d./t.i.d. p.r.n. and diclofenac gel 1% apply 1-2 gm b.i.d./t.i.d. 100 gm. The patient did not require refill of oral medications or topical cream on

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April 14, 2022.

The patient noted 50% improvement in VAS pain scores subjectively and also noted 50% improvement in activity levels with use of currently prescribed medications with no side effects.

The patient for stress syndrome was recommended evaluation with psychologist, which initially was certified by Sedgwick and later was denied by Sedgwick stating psyche not an accepted body part. Since psyche was denied body part I requested parties to arrange for **AME or panel QME in psyche** and request was placed on August 20, 2021 and it is not arranged as of **April 14, 2022.**

I will follow with this patient on an outpatient basis.

Disability Status: The patient prior to left shoulder surgery was working for different employer Carvana. Since the patient's work was very light, computer work he was allowed to continue to perform regular job duties for Carvana prior to left shoulder surgery. The patient was placed on temporary total disability from November 01, 2021 since he underwent left shoulder surgery on November 02, 2021 by Ronald Glousman, M.D. Ronald Glousman, M.D. on March 15, 2022 precluded patient from overhead activities, precluded patient from lifting over 10 pounds, precluded patient from prolonged typing over 30 minutes per hour. The patient works for new employer Caravana. The new employer does not allow modified work since patient's work requires constant typing. Since the patient unable to perform modified job duties, patient remains on temporary total disability. The patient's temporary total disability is extended until **May 15, 2022.** The patient is receiving payment from Workers' Compensation carrier.

Re-evaluation in four weeks.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from the others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

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

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

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Sincerely,

[Handwritten signature]

Nimish Shah, M.D. M.S. AME, IME

Diplomate, American Board of Pain Management, Pain Medicine and
Anesthesiology

Medical Director

New Horizon Medical Corporation.

NS: pw (1512540)

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REVIEW OF RECORDS: 04/14/2022

March 15, 2022, orthopedic consultation reevaluation report of Ronald Glousman, M.D. was received by fax March 24, 2022. The patient was seen regarding date of injury September 02, 2020. The report was addressed to referring physician at New Horizon Medical Corporation, applicant law firm, Sedgwick. The report suggested patient is seen for reevaluation. The report described patient's interim history. The patient is status post left shoulder arthroscopic subacromial decompression. The completed initial rehabilitation while he improved, he remained symptomatic. The patient's current complaint residual loss of range of motion and weakness that precludes the patient from overhead activities and heavy lifting. The patient after examination was recommended additional physical therapy twice a week for three weeks six sessions range of motion and strengthening. The patient was recommended follow-up in four weeks. In work status patient was precluded from overhead activities, lifting over 10 pounds or prolonged typing over 30 minutes per hour. If modified duty is not available patient was recommended temporary total disability. The patient was recommended follow-up in 4 weeks. The report was signed by Ronald Glousman, M.D. The report was served with proof of service March 23, 2022 by Katy Murguia to New Horizon Medical Corporation, applicant law firm, Sedgwick with attached RFA March 23, 2022 with report dated March 15, 2022 recommending follow-up in four weeks and additional therapy twice a week for three weeks for left shoulder.

March 31, 2022, my clinic received three pages of fax from Sedgwick. The fax with letter dated March 31, 2022 addressed to New Horizon Medical Corporation. This was regarding Thomas Dean. Date of injury September 02, 2022. RFA was received, which was acknowledged. The patient's ibuprofen 600 #100 was certified. The letter came from claim adjuster, Stephanie Smith with copy to applicant law firm, defense law firm.

April 12, 2022, my clinic received paperwork from Sedgwick regarding Thomas Dean. Date of injury September 02, 2022. Claim #9317815. The letter came from nurse case manager, Pech Kim, RN. There was attached form regarding physical capability form. It was completely based on April 14, 2022 examination. The patient's employer has committed in partnering with you and associates in his recovery process. The employer Walmart offers the temporary alternative duty program. There was attached paperwork regarding physical capabilities and MMI physician form. **(REVIEWER'S COMMENT:** the patient's physical capabilities were addressed by

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orthopedic surgeon, Ronald Glousman, M.D. who recommended and precluded patient from overhead activities. The patient also was recommended and precluded lifting over 10 pounds. The patient was precluded from prolonged typing over 30 minutes per hour. The patient is currently employed with new employer, Carvana. The new employer does not allow modified work since patient's work requires constant typing and computer work. I recommend temporary total disability. I sent the report of Dr. Glousman to Sedgwick case management nurse at fax number 614-495-5156 filling out information. The patient's new employer does not allow modified work since his work requires constant typing and computer work. Since the patient unable to return to modified work he remains on temporary total disability. The patient had telemedicine appointment on April 14, 2022 and next appointment is in four weeks).

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

State of California
 Division of Workers' Compensation
 REQUEST FOR AUTHORIZATION
 DWC Form RFA - California Code of Regulations, title 8, section 9785

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

- New Request
- Expedited Review

Employee Information	
Employee Name: Sandra Ann Roquemore	
Date of Injury: CT 08/01/2020 to 11/03/2020 (psych), CT 4/01/2020 to 10/26/2020 (ortho)	Date of Birth: 02/11/1955
Claim Number: UW2000031101 WCAB Numbers: ADJ 13818144, ADJ13817769	Employer: Vets Securing America Inc. American Guard Services (DBA)

Provider Information	
Provider Name: Nimish Shah, M.D.	
Practice Name: New Horizon Medical Corporation	Contact: NHMC (For all Locations)
Address: 21520 S. Pioneer Blvd, Suite #202	City: Hawaiian Gardens State: CA
Zip Code: 90716	Phone: (562) 402-2811 Ext. 201 Fax: (562) 402-1505
Provider Specialty: Pain Management	NPI Number: 1184837908
E-Mail Address: Newhorizon215@yahoo.com	

Claim Administrator Information:	
Claims Administrator Name: Next Level Administrators	Contact Name: Patricia Carruthers
Address: P.O. Box 1061	City: Bradenton State: FL
Zip Code: 34206	TEL: #941-306-2393 FAX: #941-444-6200
E-Mail Address: Not available and requesting from claims adjuster as soon as possible	

Requested Treatment (see instructions for guidance: attached additional page if necessary)
 Either state the requested treatment in the below space or indicate the specific page number(s) of the accompanying medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; attach additional request on a separate sheet.

Diagnosis	ICD-Code	Treatment <small>(See Attached treatment recommendation section of this evaluation)</small>	CPT/HCPCS Code	Other Information: <small>(Frequency, Duration, Quantity, Facility, etc.)</small> <small>(See Attached)</small>
Stress syndrome (anxiety, depression and insomnia) status post work injury.	F32.1	The patient was referred for M.D. reevaluation for psychotropic medications by primary treating physician, Nelson Flores, Ph.D.		
	F41.1			
	F51.05			
Lower back pain radiating into both lower extremities left more than right, on and off neck pain, status post aggravation related to work injury.		The patient is provided 30-day refill prescription for Trazodone 50 mg half to one tab h.s. p.r.n. #30 with prescription dated January 11, 2022 since next followup appointment is after four weeks.		
		The patient's claim was denied as per letter by claim adjuster, Patricia Carruthers on November 23, 2021. I requested all parties to arrange for AME or panel QME to address psych part of claim. I placed this		

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

Sandra Ann Roquemore

Treating Physician Signature: _____

Date: 01/11/2022

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

DWC Form RFA (Effective 2/2014)

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

M.D. REEVALUATION REPORT

DATE: 01/11/22

PATIENT NAME: Sandra Ann Roquemore

SOCIAL SECURITY NO.: 564-92-3586

CALIFORNIA DRIVERS LICENSE NO: N4081576

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

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

OCCUPATION: Security Guard

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

CLAIM NUMBER: UW2000031101

WCAB NUMBERS: ADJ 13818144, ADJ13817769

REFERRING ATTORNEY: Natalia Foley, Esq.

REFERRING PHYSICIAN: Nelson Flores, Ph.D.

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

CHIEF COMPLAINT:

Re: Sandra Ann Roquemore

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

PRESENT HISTORY:

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

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

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

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

Re: Sandra Ann Roquemore

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

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

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

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

The patient had her deposition sometime in 2021.

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

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

PHYSICAL EXAMINATION:

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

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

The systemic examination is unremarkable.

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

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

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

IMPRESSION:

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

RECOMMENDATIONS:

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

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

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

Re: Sandra Ann Roquemore

01/11/2022

Page 7

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

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

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

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

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

Meraki RCM Solutions, LLC

Phone: (877) 375-2686 Fax: (877) 318-9686

PAST DUE BILLING RE-SUBMISSION

INSURANCE NAME : Next Level Administrators
 ADDRESS : P.O BOX 1061 Bradenton, FL 34206
 FAX : (941) 444-6200 ATTN: Claims Examiner
PROVIDER: New Horizons Medical Corp; Tax ID: 33-0746132
 PATIENT NAME : **SANDRA A ROQUEMORE**
 CLAIM # : **UW2000031101**
 DATE OF SERVICE (S) : **03/16/2022**
 CHARGE AMT : **\$ 596.00**

To whom it may concern:

Please be advised this office was retained by the above provider to recover moneys owed to them for claims previously submitted by this office on their behalf.

This letter will serve as notice that penalties and interest are now owed on the attached billing, due to your failure to comply with 4603.2 (b). The Labor Code states that an employer has either 30 days from the day of receiving itemization to properly object in writing to the medical bills or has 45 working days to issue payment from the day that the bill was received. Furthermore, the LC 4603.2 (b) points out that a 15% penalty increase will be applied along with a 10% interest on the time accrued of the overdue payment.

Please be advised we are accordingly demanding the full OMFS amount be paid along with the accrued penalty and interest. If you decide to litigate this case without any valid objection, be aware this office will request sanctions at the time of hearing for unreasonable delay as per LC 5814 and for your bad faith actions as per LC 5813.

Immediate payment is expected. I sincerely hope we can resolve this matter without being compelled to taking up the courts' time.

If in case the bill was already paid, we request a Explanation of review, and Copy of check you provided to us.

Thank you,

Shaza Sultan
 Billing Department
Ph: (877) 285-2686 x 472, Fax (877) 318-9686
Email: austin.pathak@gmail.com

Additional information enclosed with this letter:

- CMS-1500 Claim Form
- Authorization for Service/RFA
- Medical Reports
- Other Documents

Meraki RCM Solutions, LLC

Phone: (877) 375-2686 Fax: (877) 318-9686

PROOF OF SERVICE

On 10 May 2023, I served the foregoing documents described as:

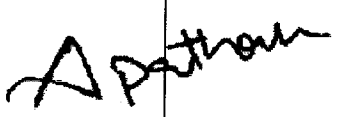
PAST DUE BILLING RESUBMISSION, CMS-1500, MEDICAL REPORTS, AUTHORIZATION ETC, PROOF OF SERVICE

BY MAIL: In this action I have placed a true copy enclosed in an envelope with postage thereon fully prepaid in the United States and mailed to Addressed:

BY FACSIMILE TRANSMISSION: From Fax (877) 318-9686 to the fax number (941) 444-6200. Claimsthe facsimile machine I used complied with Rule 2003 (3) and no error was reported by the machine. I caused the machine to print a record of the transaction.

I am readily familiar with the practice of collection and processing correspondence for mailing. Under that practice, it would be deposited with the United States Postal Service on the same day with postage thereon fully prepaid at 01 September 2015 in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postage cancellation date or postage meter date on the envelope is more than one day after the date for mailing contained in this affidavit.

Sincerely,



Austin Pathak

Re: Sandra Ann Roquemore
03/16/2022
Page 2

		request with my report dated December 08, 2021 and request is pending as of March 16, 2022.		
		Reevaluation in four weeks.		

about that about that about that

Treating Physician Signature: _____

Date: 02/09/2022

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

DWC Form RFA (Effective 2/2014)

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

M.D. REEVALUATION REPORT

DATE: 03/16/22

PATIENT NAME: Sandra Ann Roquemore

SOCIAL SECURITY NO.: 564-92-3586

CALIFORNIA DRIVERS LICENSE NO: N4081576

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

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

OCCUPATION: Security Guard

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

CLAIM NUMBER: UW2000031101

WCAB NUMBERS: ADJ 13818144, ADJ13817769

REFERRING ATTORNEY: Natalia Foley, Esq.

REFERRING PHYSICIAN: Nelson Flores, Ph.D.

This is a 67-year-old, pleasant African-American patient, who was seen on February 09, 2021 at New Horizon Advanced Pain Management Center's **Hawaiian Gardens** Location. The patient is seen for M.D. reevaluation at **Hawaiian Gardens** Location on March 16, 2022. The patient's interim history, physical examination and treatment plan were discussed with patient herself.

CHIEF COMPLAINT:

Re: Sandra Ann Roquemore

03/16/2022

Page 4

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

PRESENT HISTORY:

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

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

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

The patient is provided 30-day refill prescription for Trazodone since next followup appointment is after four weeks. The patient received refill prescription for Trazodone 50 mg one tab h.s. p.r.n. #30 with prescription dated **March 16, 2022** to obtain from an outside pharmacy. Although patient is recommended Trazodone on an industrial basis, she is currently using her private insurance due to denied claim. The patient is receiving generic Cymbalta 60 mg one a day along with generic Norco 7.5-325 t.i.d. p.r.n. #90 through pain management physician, John Gurskis, M.D. through

Re: Sandra Ann Roquemore
03/16/2022
Page 6

PHYSICAL EXAMINATION:

BLOOD PRESSURE: 134/90. **PULSE:** 75. **RESPIRATION:** 18.
TEMPERATURE: 97.5.

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

The systemic examination is unremarkable.

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

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

GRIP STRENGTH (Jamar Dynamometer) (lbs)

	RIGHT	LEFT
1 st	10	05
2 nd	10	05
3 rd	05	00

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

IMPRESSION:

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

RECOMMENDATIONS:

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

The patient remains on Trazodone 50 mg one tab h.s. p.r.n. #30 and was provided refill prescription dated **March 16, 2022**. Although the patient is recommended Trazodone on an industrial basis, she

Re: Sandra Ann Roquemore

03/16/2022

Page 7

is currently using her private insurance due to denied claim. The patient also remains on generic Cymbalta 60 mg one a day and generic Norco 7.5-325 t.i.d. through her pain management physician, John Gursiks, M.D. who is treating patient through her private insurance.

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

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

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

The patient's psychotropic medications were reviewed. The patient is counseled as the benefits of these medications and potential side effects. The risks include, but are not limited to, drowsiness, sedation, dependence, tolerance, addiction, nausea, tingling in the extremities, decreased appetite, problems with cognition, weight gain, potential problems with vision including glaucoma, constipation, nausea, itching, vomiting, dizziness, allergic reaction, slowing of breathing rate, slowing of reflexes or reaction time, physical dependence, tolerance and addiction. The patient was instructed to alert the prescribing physician to discuss any of these symptoms if they occur. The patient was advised possible danger of operating an automobile while under the influence of these medications. The patient was also made aware of synergistic effects of alcohol with these medications, the patient was instructed to use extreme caution while operating an automobile, or machinery, or using heavy equipment or working at unprotected heights and was

Re: Sandra Ann Roquemore
03/16/2022
Page 8

explained dangers if the patient was responsible in take care of another individual who is unable to care for himself or herself. The patient also was made aware that these medications cannot be discontinued abruptly or without professional guidance. The patient fully understands these concepts and accepts the risk.

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

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

The patient's claim was denied as per letter by claim adjuster, Patricia Carruthers on November 23, 2021. I requested all parties to arrange for **AME or panel QME** to address **psych part of claim**. I placed this request with my report dated December 08, 2021. This request is not handled as of **March 16, 2022**.

I will follow with this patient on an outpatient basis.

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

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

Re-evaluation in 4 weeks.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from the others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

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

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

Sincerely,
Nimish Shah, M.D.

Re: Sandra Ann Roquemore

03/16/2022

Page 9

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

NS: pw (1510715)

Meraki RCM Solutions, LLC

Phone: (877) 375-2686 Fax: (877) 318-9686

PAST DUE BILLING RE-SUBMISSION

INSURANCE NAME : Next Level Administrators
 ADDRESS : P.O BOX 1061 Bradenton, FL 34206
 FAX : (941) 444-6200 ATTN: Claims Examiner
PROVIDER: New Horizons Medical Corp; Tax ID: 33-0746132
 PATIENT NAME : **SANDRA A ROQUEMORE**
 CLAIM # : **UW2000031101**
 DATE OF SERVICE (S) : **11/08/2021**
 CHARGE AMT : **\$ 174.44**

To whom it may concern:

Please be advised this office was retained by the above provider to recover moneys owed to them for claims previously submitted by this office on their behalf.

This letter will serve as notice that penalties and interest are now owed on the attached billing, due to your failure to comply with 4603.2 (b). The Labor Code states that an employer has either 30 days from the day of receiving itemization to properly object in writing to the medical bills or has 45 working days to issue payment from the day that the bill was received. Furthermore, the LC 4603.2 (b) points out that a 15% penalty increase will be applied along with a 10% interest on the time accrued of the overdue payment.

Please be advised we are accordingly demanding the full OMFS amount be paid along with the accrued penalty and interest. If you decide to litigate this case without any valid objection, be aware this office will request sanctions at the time of hearing for unreasonable delay as per LC 5814 and for your bad faith actions as per LC 5813.

Immediate payment is expected. I sincerely hope we can resolve this matter without being compelled to taking up the courts' time.

If in case the bill was already paid, we request a Explanation of review, and Copy of check you provided to us.

Thank you,

Shaza Sultan
 Billing Department
Ph: (877) 285-2686 x 472, Fax (877) 318-9686
Email: austin.pathak@gmail.com

Additional information enclosed with this letter:

- CMS-1500 Claim Form
- Authorization for Service/RFA
- Medical Reports
- Other Documents

Meraki RCM Solutions, LLC

Phone: (877) 375-2686 Fax: (877) 318-9686

PROOF OF SERVICE

On 10 May 2023, I served the foregoing documents described as:

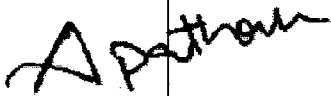
PAST DUE BILLING RESUBMISSION, CMS-1500, MEDICAL REPORTS, AUTHORIZATION ETC, PROOF OF SERVICE

BY MAIL: In this action I have placed a true copy enclosed in an envelope with postage thereon fully prepaid in the United States and mailed to Addressee:

BY FACSIMILE TRANSMISSION: From Fax (877) 318-9686 to the fax number (941) 444-6200. Claimsthe facsimile machine I used complied with Rule 2003 (3) and no error was reported by the machine. I caused the machine to print a record of the transaction.

I am readily familiar with the practice of collection and processing correspondence for mailing. Under that practice, it would be deposited with the United States Postal Service on the same day with postage thereon fully prepaid at 01 September 2015 in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postage cancellation date or postage meter date on the envelope is more than one day after the date for mailing contained in this affidavit.

Sincerely,



Austin Pathak

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

REVIEW OF RECORDS

DATE: 11/08/21
PATIENT NAME: Sandra Ann Roquemore
SOCIAL SECURITY NO.: 564-92-3586
CALIFORNIA DRIVERS LICENSE NO: N4081576
DATE OF BIRTH: 02/11/55 **AGE:** 66 **SEX:** Female
EMPLOYER: Vets Securing America Inc. American Guard Services (DBA)
OCCUPATION: Security Guard
DATES OF INJURY: CT 08/01/2020 to 11/03/2020 (psych), CT 04/01/2020 to 10/26/2020 (ortho)
CLAIM NUMBER: UW2000031101
WCAB NUMBERS: ADJ 13818144, ADJ13817769
REFERRING ATTORNEY: Natalia Foley, Esq.
REFERRING PHYSICIAN: Nelson Flores, Ph.D.

November 04, 2020, applicant law firm filed CT claim. CT 08/01/2020 to 11/03/2020 mentioning nervous system, stress. The report suggested stress due to hostile work environment and age discrimination. This claim was filed by Workers Defenders Anaheim, applicant attorney, Natalia Foley at Anaheim location on November 04, 2020.

February 22, 2021, evaluation and management of new patient report from Psychological Assessment Services was addressed to applicant law firm. The patient was seen regarding date of injury CT

Re: Sandra Ann Roquemore

11/08/2021

Page 2

04/01/2020 to 10/26/2020 and CT 08/01/2020 to 11/03/2020. The patient was seen for anxiety, depression, sleeping difficulties. The patient also was seen for pain in her back, feet, headache. The report described patient's employment with American Guard Services from approximately January 2020 as security guard and was placed at Ralph Supermarket. The report described patient's regular work function. The report described patient facing harassment at Ralph Supermarket from store manager. Subsequent events were described in details. The report also described patient started having pain in low back radiating down into both lower extremities related to prolonged standing. The patient also developed cons and calluses on her feet. The patient went to pain management specialist, Dr. Patel. The patient in the past was treated for low back pain for over 10 years. The patient had injection to low back and was receiving medications. The patient described different manager would place her to work in different location throughout the store. The patient's work difficulties, psychological symptoms onset and patient seeking legal assistance were described in detail. The patient was sent to chiropractic physician, Gofnung, D.C. who recommended therapy. The patient in December 2020 received text message from employer informing she had been removed from Ralph. The patient was subsequently placed to work at 99-Cents Store only in Vernon and employer later transferred her to Bell Gardens which was too far for patient. The patient's pay was cut from February 2021 from \$16 an hour to \$14 an hour. The patient was experiencing anxiety, depression, sleeping difficulties. The patient also was noticing persistent pain involving low back, feet and headache. The applicant attorney referred patient to psychologist at Psychological Assessment Services and was seen by Ted Tribble, Ph.D. The patient after history, underwent mental status examination, psychological testing. The patient on axis I was diagnosed with, 1) Major depressive disorder single episode severe without psychotic feature. 2) Generalized anxiety disorder. 3) Insomnia related to generalized anxiety disorder and chronic pain. 4) Pain disorder associated with both psychological factors and general medical condition chronic. Axis III status post orthopedic injury. The patient's GAF was 50. The report mentioned nonindustrial factor related to patient's mother's death in 2020 from COVID-19. However, moiré than 51% of all combined factors contributing to her current psychiatric injury are directly related to her exposure at work, stress, incident of harassment CT 08/01/2020 to 11/03/2020 and orthopedic injuries she sustained CT 04/01/2020 to 10/26/2020 while at work for American Guard Services DBA. The causation will be discussed in detail when patient becomes permanent and stationary. The patient from psychological prospective was considered temporarily totally disabled. The

Re: Sandra Ann Roquemore

11/08/2021

Page 3

patient in medical treatment was recommended cognitive behavioral group psychotherapy once a week for eight weeks, hypnotherapy / relaxation training once a week for eight weeks, medical evaluation for psychotropic medications, referral for pain management to provide treatment for patient's chronic pain complaint to her back, hips, legs, and feet, follow-up in 45 days. The report was signed by Ted Tribble, Ph.D. and copy was sent to applicant law firm and insurance carrier.

June 10, 2021, next level administrator sent letter to psychologist, Ted Tribble, Ph.D. This was regarding patient, Sandra Roquemore. Date of injury November 03, 2020. Claim number mentioned was uw200003110. The letter stated RFA cannot be processed because the claim has been denied. Dispute resolution information was mentioned. The letter was sent by claim adjuster, Patricia Carruthers with copy to patient.

Request is herein made for reimbursement at 99358 x 1 for review of medical records. This is code for time spent (35 minutes) reviewing medical records, my prior reports and time took in preparation, dictation, transcription and editing this report.

Sincerely,

Nimish Shah, M.D.

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

NS: pw (1504485)

Meraki RCM Solutions, LLC

Phone: (877) 375-2686 Fax: (877) 318-9686

PAST DUE BILLING RE-SUBMISSION

INSURANCE NAME : Next Level Administrators
 ADDRESS : P.O BOX 1061 Bradenton, FL 34206
 FAX : (941) 444-6200 ATTN: Claims Examiner
PROVIDER: New Horizons Medical Corp; Tax ID: 33-0746132
 PATIENT NAME : **SANDRA A ROQUEMORE**
 CLAIM # : **UW2000031101**
 DATE OF SERVICE (S) : **12/08/2021**
 CHARGE AMT : **\$ 404.96**

To whom it may concern:

Please be advised this office was retained by the above provider to recover moneys owed to them for claims previously submitted by this office on their behalf.

This letter will serve as notice that penalties and interest are now owed on the attached billing, due to your failure to comply with 4603.2 (b). The Labor Code states that an employer has either 30 days from the day of receiving itemization to properly object in writing to the medical bills or has 45 working days to issue payment from the day that the bill was received. Furthermore, the LC 4603.2 (b) points out that a 15% penalty increase will be applied along with a 10% interest on the time accrued of the overdue payment.

Please be advised we are accordingly demanding the full OMFS amount be paid along with the accrued penalty and interest. If you decide to litigate this case without any valid objection, be aware this office will request sanctions at the time of hearing for unreasonable delay as per LC 5814 and for your bad faith actions as per LC 5813.

Immediate payment is expected. I sincerely hope we can resolve this matter without being compelled to taking up the courts' time.

If in case the bill was already paid, we request a Explanation of review, and Copy of check you provided to us.

Thank you,

Shaza Sultan
 Billing Department
Ph: (877) 285-2686 x 472, Fax (877) 318-9686
Email: austin.pathak@gmail.com

Additional information enclosed with this letter:

- CMS-1500 Claim Form
- Authorization for Service/RFA
- Medical Reports
- Other Documents

Meraki RCM Solutions, LLC

Phone: (877) 375-2686 Fax: (877) 318-9686

PROOF OF SERVICE

On 10 May 2023, I served the foregoing documents described as:

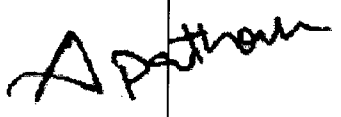
PAST DUE BILLING RESUBMISSION, CMS-1500, MEDICAL REPORTS, AUTHORIZATION ETC, PROOF OF SERVICE

BY MAIL: In this action I have placed a true copy enclosed in an envelope with postage thereon fully prepaid in the United States and mailed to Addressed:

BY FACSIMILE TRANSMISSION: From Fax (877) 318-9686 to the fax number (941) 444-6200. Claimsthe facsimile machine I used complied with Rule 2003 (3) and no error was reported by the machine. I caused the machine to print a record of the transaction.

I am readily familiar with the practice of collection and processing correspondence for mailing. Under that practice, it would be deposited with the United States Postal Service on the same day with postage thereon fully prepaid at 01 September 2015 in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postage cancellation date or postage meter date on the envelope is more than one day after the date for mailing contained in this affidavit.

Sincerely,



Austin Pathak

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

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

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

- New Request
- Expedited Review

Employee Information	
Employee Name: Sandra Ann Roquemore	
Date of Injury: CT 08/01/2020 to 11/03/2020 (psych), CT 4/01/2020 to 10/26/2020 (ortho)	Date of Birth: 02/11/1955
Claim Number: UW2000031101 WCAB Numbers: ADJ 13818144, ADJ13817769	Employer: Vets Securing America Inc. American Guard Services (DBA)

Provider Information	
Provider Name: Nimish Shah, M.D.	
Practice Name: New Horizon Medical Corporation	Contact: NHMC (For all Locations)
Address: 21520 S. Pioneer Blvd, Suite #202	City: Hawaiian Gardens State: CA
Zip Code: 90716	Phone: (562) 402-2811 Ext. 201 Fax: (562) 402-1505
Provider Specialty: Pain Management	NPI Number: 1184837908
E-Mail Address: Newhorizon215@yahoo.com	

Claim Administrator Information:	
Claims Administrator Name: Next Level Administrators	Contact Name: Patricia Carruthers
Address: P.O. Box 1061	City: Bradenton State: FL
Zip Code: 34206	TEL: #941-306-2393 FAX: #941-444-6200
E-Mail Address: Not available and requesting from claims adjuster as soon as possible	

Requested Treatment (see instructions for guidance; attached additional page if necessary)
 Either state the requested treatment in the below space or indicate the specific page number(s) of the accompanying medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; attach additional request on a separate sheet.

Diagnosis	ICD-Code	Treatment <small>(See Attached treatment recommendation section of this evaluation)</small>	CPT/HCPCS Code	Other Information: <small>(Frequency, Duration, Quantity, Facility, etc.)</small> <small>(See Attached)</small>
Stress syndrome (anxiety, depression and insomnia) status post work injury.	F32.1	The patient was referred for M.D. reevaluation for psychotropic medications by primary treating physician, Nelson Flores, Ph.D.		
	F41.1			
	F51.05			
Lower back pain radiating into both lower extremities left more than right, on and off neck pain, status post aggravation related to work injury.		The patient is provided 30-day refill prescription for Trazodone 50 mg half to one tab h.s. p.r.n. #30 with prescription dated December 08, 2021 since next followup appointment is after four weeks.		
		The patient's claim was denied as per letter by claim adjuster, Patricia Carruthers on November 23, 2021. I am requesting all parties to arrange for AME or panel QME to address psych part of claim. I am		

Re: Sandra Ann Roquemore
12/08/2021
Page 2

			placing this request with my report dated December 08, 2021.		
			Reevaluation in four weeks.		

Revised 12/8/21

Treating Physician Signature: _____

Date: 12/08/2021

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

DWC Form RFA (Effective 2/2014)

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

M.D. REEVALUATION REPORT

DATE: 12/08/21

PATIENT NAME: Sandra Ann Roquemore

SOCIAL SECURITY NO.: 564-92-3586

CALIFORNIA DRIVERS LICENSE NO: N4081576

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

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

OCCUPATION: Security Guard

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

CLAIM NUMBER: UW2000031101

WCAB NUMBERS: ADJ 13818144, ADJ13817769

REFERRING ATTORNEY: Natalia Foley, Esq.

REFERRING PHYSICIAN: Nelson Flores, Ph.D.

This is a 66-year-old, pleasant African-American patient, who was seen on November 08, 2021 at New Horizon Advanced Pain Management Center's **Hawaiian Gardens** Location. The patient is seen for M.D. reevaluation at **Hawaiian Gardens** Location on December 08, 2021. The patient's interim history, physical examination and treatment plan were discussed with patient herself.

CHIEF COMPLAINT:

Re: Sandra Ann Roquemore

12/08/2021

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

PRESENT HISTORY:

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

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

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

The patient is provided 30-day refill prescription for Trazodone since next followup appointment is after four weeks. The patient received prescription for Trazodone 50 mg one tab h.s. p.r.n. #30 with prescription dated **December 08, 2021** to obtain from an outside pharmacy. Although patient is recommended Trazodone on an industrial basis, she is currently using her private insurance due to denied claim. The patient is receiving generic Cymbalta 60 mg one a day through pain management physician through private insurance from November 05, 2021. The patient was placed on

Re: Sandra Ann Roquemore

12/08/2021

Page 5

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

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

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

The patient's claim was denied as per letter by claim adjuster, Patricia Carruthers on November 23, 2021. I am requesting all parties to arrange for **AME or panel QME** to address psych part of claim. I am placing this request with my report dated December 08, 2021.

The patient had her deposition sometime in 2021.

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

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

PHYSICAL EXAMINATION:

BLOOD PRESSURE: 134/90. **PULSE:** 107. **RESPIRATION:** 18.
TEMPERATURE: 97.8.

Re: Sandra Ann Roquemore

12/08/2021

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

The systemic examination is unremarkable.

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

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

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

IMPRESSION:

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

RECOMMENDATIONS:

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

The patient remains on Trazodone 50 mg one tab h.s. p.r.n. #30 and was provided refill prescription dated **December 08, 2021**. Although the patient is recommended Trazodone on an industrial basis, she is currently using her private insurance due to denied claim. The patient also remains on generic Cymbalta 60 mg one a day and generic Norco 7.5-325 t.i.d. through her pain management physician, John Gursiks, M.D. who is treating patient through her private insurance.

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

Re: Sandra Ann Roquemore

12/08/2021

Page 7

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

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

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

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

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

Re: Sandra Ann Roquemore
12/08/2021
Page 8

The patient's claim was denied as per letter by claim adjuster, Patricia Carruthers on November 23, 2021. I am requesting all parties to arrange for **AME or panel QME** to address psych part of claim. I am placing this request with my report dated December 08, 2021.

I will follow with this patient on an outpatient basis.

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

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

Re-evaluation in 4 weeks.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from the others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

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

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

Sincerely,
Nimish Shah

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

NS: pw (1505760)

Re: Sandra Ann Roquemore

12/08/2021

Page 9

REVIEW OF RECORDS: 12/08/2021

November 23, 2021, my clinic received five pages from Valleria Herrera. There was attached letter from Next Level Administrator. The letter was regarding patient Sandra Roquemore. The date of injury mentioned was November 03, 2020. The letter was addressed to Nimish Shah, M.D. The patient's claim number uw2000031101. The letter stated RFA was received, which was acknowledged. All the items in RFA were mentioned. The letter stated RFA cannot be processed because claim has been denied. Dispute resolution information was mentioned. The letter came from claim adjuster, Patricia Carruthers with copy to patient, defense attorney, Applicant attorney. My RFA dated November 08, 2021 was denied stating claim continues to be denied. Utilization review deferred. Liability for treatment disputed. This was stamped by Patricia Carruthers with the stamp date November 22, 2021.

November 23, 2021, duplicate letter with attached denied RFA from Patricia Carruthers was received by mail November 29, 2021.

Meraki RCM Solutions, LLC

Phone: (877) 375-2686 Fax: (877) 318-9686

PAST DUE BILLING RE-SUBMISSION

INSURANCE NAME : Next Level Administrators
 ADDRESS : P.O BOX 1061 Bradenton, FL 34206
 FAX : (941) 444-6200 ATTN: Claims Examiner
PROVIDER: New Horizons Medical Corp; Tax ID: 33-0746132
 PATIENT NAME : **SANDRA A ROQUEMORE**
 CLAIM # : **UW2000031101**
 DATE OF SERVICE (S) : **05/12/2022**
 CHARGE AMT : **\$ 410.00**

To whom it may concern:

Please be advised this office was retained by the above provider to recover moneys owed to them for claims previously submitted by this office on their behalf.

This letter will serve as notice that penalties and interest are now owed on the attached billing, due to your failure to comply with 4603.2 (b). The Labor Code states that an employer has either 30 days from the day of receiving itemization to properly object in writing to the medical bills or has 45 working days to issue payment from the day that the bill was received. Furthermore, the LC 4603.2 (b) points out that a 15% penalty increase will be applied along with a 10% interest on the time accrued of the overdue payment.

Please be advised we are accordingly demanding the full OMFS amount be paid along with the accrued penalty and interest. If you decide to litigate this case without any valid objection, be aware this office will request sanctions at the time of hearing for unreasonable delay as per LC 5814 and for your bad faith actions as per LC 5813.

Immediate payment is expected. I sincerely hope we can resolve this matter without being compelled to taking up the courts' time.

If in case the bill was already paid, we request a Explanation of review, and Copy of check you provided to us.

Thank you,

Shaza Sultan
 Billing Department
Ph: (877) 285-2686 x 472, Fax (877) 318-9686
Email: austin.pathak@gmail.com

Additional information enclosed with this letter:

- CMS-1500 Claim Form
- Authorization for Service/RFA
- Medical Reports
- Other Documents

Meraki RCM Solutions, LLC

Phone: (877) 375-2686 Fax: (877) 318-9686

PROOF OF SERVICE

On 10 May 2023, I served the foregoing documents described as:

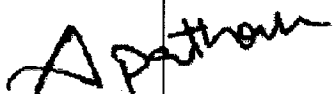
PAST DUE BILLING RESUBMISSION, CMS-1500, MEDICAL REPORTS, AUTHORIZATION ETC, PROOF OF SERVICE

BY MAIL: In this action I have placed a true copy enclosed in an envelope with postage thereon fully prepaid in the United States and mailed to Addressee:

BY FACSIMILE TRANSMISSION: From Fax (877) 318-9686 to the fax number (941) 444-6200. Claimsthe facsimile machine I used complied with Rule 2003 (3) and no error was reported by the machine. I caused the machine to print a record of the transaction.

I am readily familiar with the practice of collection and processing correspondence for mailing. Under that practice, it would be deposited with the United States Postal Service on the same day with postage thereon fully prepaid at 01 September 2015 in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postage cancellation date or postage meter date on the envelope is more than one day after the date for mailing contained in this affidavit.

Sincerely,



Austin Pathak

Re: Sandra Ann Roquemore

05/12/2022

Page 2

		request with my report dated December 08, 2021. The patient was seen by psych Panel QME Examiner in Los Angeles on April 30, 2022 whose report is requested and is pending as of May 12, 2022 . The patient was seen by Panel QME Examiner, psychologist, Patam Moavvaz.		
		Reevaluation in four weeks.		

Patam Moavvaz

Treating Physician Signature: _____

Date: 005/12/2022

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

DWC Form RFA (Effective 2/2014)

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

M.D. REEVALUATION REPORT

DATE: 05/12/22

PATIENT NAME: Sandra Ann Roquemore

SOCIAL SECURITY NO.: 564-92-3586

CALIFORNIA DRIVERS LICENSE NO: N4081576

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

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

OCCUPATION: Security Guard

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

CLAIM NUMBER: UW2000031101

WCAB NUMBERS: ADJ 13818144, ADJ13817769

REFERRING ATTORNEY: Natalia Foley, Esq.

REFERRING PHYSICIAN: Nelson Flores, Ph.D.

This is a 67-year-old, pleasant African-American patient, who was seen on April 14, 2022 at New Horizon Advanced Pain Management Center's **Hawaiian Gardens** Location. The patient is seen for M.D. reevaluation at **Hawaiian Gardens** Location on May 12, 2022. The patient's interim history, physical examination and treatment plan were discussed with patient herself.

CHIEF COMPLAINT:

Re: Sandra Ann Roquemore

05/12/2022

Page 4

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

PRESENT HISTORY:

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

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

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

The patient is provided 30-day refill prescription for Trazodone since next followup appointment is after four weeks. The patient received refill prescription for Trazodone 50 mg one tab h.s. p.r.n. #30 with prescription dated **May 15, 2022** to obtain from an outside pharmacy. Although patient is recommended Trazodone on an industrial basis, she is currently using her private insurance due to denied claim. The patient is receiving generic Cymbalta 60 mg one a day along with generic Norco 7.5-325 t.i.d. p.r.n. #90 through pain management physician, John Gurskis, M.D. through

Re: Sandra Ann Roquemore

05/12/2022

Page 5

private insurance effective November 05, 2021. The patient was placed on generic Cymbalta to treat anxiety, depression and pain. The patient is recommended Trazodone to treat anxiety, depression and insomnia and neuropathic pain in addition to failure of Amitriptyline. The patient was made aware of risk of psychotropic medications. The patient was instructed to stop those medications if notices any side effects or any undesirable thoughts. The patient also is recommended to discuss any concerns about psychotropic medications with psychologist since patient at present is following up more frequently with psychologist.

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

The patient was undergoing treatment with chiropractic physician Gofnung, D.C. in past. The patient at present is undergoing treatment of physical pain using her private insurance. The patient is seeing pain management physician John Gurskis, M.D. located in City of Long Beach through her private insurance. The patient was prescribed generic Cymbalta 60 mg one a day by John Gurskis, M.D. on November 05, 2021. The patient had follow-up appointment on November 29, 2021 when in addition to Cymbalta 60 mg generic Norco 7.5-325 t.i.d. p.r.n. #90 was added by John Gurskis, M.D. The patient had follow-up appointment with John Gurskis, M.D. on December 27, 2021, January 27, 2022 and again on January 31, 2022 Dr. Gurskis on January 31, 2022 recommended patient to follow up after she gets her COVID vaccination dose #2, which patient had on February 25, 2022. The patient was seen by Dr. Gurskis, M.D. sometime March 2022 who performed lumbar epidural steroid injection on April 11, 2022 and patient has next follow-up appointment on **May 16, 2022**.

The patient's claim was denied as per letter by claim adjuster, Patricia Carruthers on November 23, 2021. I requested all parties to arrange for **AME or panel QME** to address psych part of claim. I placed this request with my report dated December 08, 2021. The patient was seen by psych Panel QME Examiner, Patam Moavvaz in city of Los Angeles on **April 30, 2022** whose report and recommendations are requested from all parties since it is pending as of **May 12, 2022**.

The patient had her deposition sometime in 2021.

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

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

PHYSICAL EXAMINATION:

BLOOD PRESSURE: 130/78. **PULSE:** 76. **RESPIRATION:** 18.
TEMPERATURE: 97.8.

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

The systemic examination is unremarkable.

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

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

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

IMPRESSION:

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

RECOMMENDATIONS:

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

The patient remains on Trazodone 50 mg one tab h.s. p.r.n. #30 and was provided refill prescription dated **May 15, 2022**. Although the patient is recommended Trazodone on an industrial basis, she is currently using her private insurance due to denied claim. The patient also remains on generic Cymbalta 60 mg one a day and generic Norco 7.5-325 t.i.d. through her pain management

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

Re-evaluation in 4 weeks.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from the others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

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

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

Sincerely,
Nimish Shah, M.D.

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

NS: pw (1516297)