

DOS: 7/10/2017 Medical Reports - First Report

**STATE OF CALIFORNIA DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS**

1. <b>INSURER NAME AND ADDRESS</b> HV ACONTROL INC 17735 SAN FERNANDO MISSION BLVD, Granada Hills, CA 91344		<b>PLEASE DO NOT USE THIS COLUMN</b>	
2. <b>EMPLOYER NAME</b> HV ACONTROL INC		Case No.	
3. Address No. and Street City Zip 17735 SAN FERNANDO MISSION BLVD, Granada Hills, CA 91344		Industry	
4. Nature of business (e.g., food manufacturing, building construction, retailer of women's clothes.) Air conditioning		County	
5. <b>PATIENT NAME</b> (first name, middle initial, last name) Semen Lev	6. Sex M	7. Date of Birth Mo. Day Yr. 9/11/2017	Age
8. Address: No. and Street City Zip 17547 Willard St, Northridge, CA 91325	9. Telephone number (818) 307-5492		Hazard
10. Occupation (Specific job title) AC installer	11. Social Security Number 623687468		Disease
12. Injured at: No. and Street City County Northgate, CA			Hospitalization
13. Date and hour of injury or onset of illness Mo. Day Yr. Hour 6/17/2017, CT: 6/26/2017 5:0pm	14. Date last worked Mo. Day Yr. 06/26/2017		Occupation:
15. Date and hour of first examination or treatment Mo. Day Yr. Hour 07/10/2017 8:30am	16. Have you (or your office) previously treated patient? No		Return Date/Code
<p><b>Patient please complete this portion, if able to do so.</b> Otherwise, doctor please complete immediately, inability or failure of a patient to complete this portion shall not affect his/her rights to workers' compensation under the California Labor Code.</p> <p>17. <b>DESCRIBE HOW THE ACCIDENT OR EXPOSURE HAPPENED.</b> (Give specific object, machinery or chemical. Use reverse side if more space is required.)                  On 06/17/2017 while performing his usual and customary duties as an air conditioning installer. Mr. Semen Lev sustained injuries to his left lower leg. He was working in a customers home when the owners dog got loose and bit Mr. Lev on the left leg, causing immediate puncture wounds, bleeding, and pain. It was witnessed by the owner of the company. He was provided alcohol to clean the area and a bandage to cover wound. The owner of the AC company told Mr. Lev not to pursue and medical treatment or legal action or he will lose his job. Mr. Lev states he still has pain in the left leg and has developed a phobia to dogs, every time he is near one he gets nervous and scared. Something he never experienced prior to the injury described above.                  On 06/26/2017 while performing his usual and customary duties as an air conditioning installer. Mr. Semen Lev sustained injuries to his head, face, mouth, neck, and back. He was in an attic walking on a narrow 2x4. Mr. Lev turned to grab a heavy box and slipped, he landed on his inner groin and scrotum with his two legs on each side of the beam and then fell forward slamming his face into the 2x4. Mr. Lev lost 3 of his front lower teeth and believes he lost consciousness because he can't remember how he got off the 2x4. His coworkers took him outside to the curb to rest. Then they took him home to rest. No medical treatment was offered or provided. Mr. Lev woke up in severe pain in his head, face, mouth, neck, and back and called in sick for the next 3 days hoping his pain would improve. However, his pain got progressively worse, he could not eat due to the pain in his mouth. He went to urgent care who referred him to a dentist and to the emergency room. Mr. Lev was worried about the cost and called the owner of the company to ask for help. The owner got upset and verbally harassed him then terminated him over the phone.</p>			
18. <b>SUBJECTIVE COMPLAINTS</b> (Describe fully. Use reverse side if more space is required.) Constant pain in the mouth, neck, back, abdomen/groin, and left lower leg			
19. <b>OBJECTIVE FINDINGS</b> (Use reverse side if more space is required.) A. Physical examination +3 tenderness to palpation in the mouth, neck, back, abdomen/groin, and left lower leg with decreased range of motion and positive orthopedic tests B. X-ray and laboratory results (State if none or pending.)			
20. <b>DIAGNOSIS</b> (if occupational illness specify etiologic agent and duration of exposure.) Chemical or toxic compounds involved? Yes ICD-9 Code Acute stress reaction (F43.0), Chronic pain due to trauma (G89.21), Complete loss of teeth due to trauma, class I (K08.111), Radiculopathy, cervical region (M54.12), Other specified disorders of male genital organs (N50.8), Unspecified abdominal pain (R10.9), Unspecified abnormalities of gait and mobility (R26.9), Unspecified injury of head, initial encounter (S09.90xA), Sprain of ligaments of lumbar spine, initial encounter (S33.5xxA) and Bitten by dog, initial encounter (W54.0xxA)			
21. Are your findings and diagnosis consistent with patient's account of injury or onset of illness? If "no", please explain. yes			
22. Is there any other current condition that will impede or delay patient's recovery? If "yes", please explain. no			
23. <b>TREATMENT RENDERED</b> (Use reverse side if more space is required.) Examination, physiotherapy, manipulation.			

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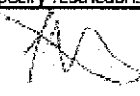
24. If further treatment required, specify treatment plan/estimated duration Requesting authorization for:  
 Acupuncture 1x per week for 4 weeks, physiotherapy and manipulation 1-2X per week for 4 weeks, shockwave 1X per week for 4-6 weeks,  
 Orthopedic and psych evaluation. Reevaluate in 4 weeks.

25. If hospitalized as inpatient, give hospital name and location      Date      Mo.      Day      Yr.      Estimated stay

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26. WORK STATUS - Is patient able to perform usual work? Yes  
 If "no", date when patient can return to: Regular work **08/21/2017**  
 Modified work Specify restrictions

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Doctor's Signature  CA License Number DC30855

Doctor Name and Degree (please type) Iseke, Harold D.C.      IRS Number 272582044  
 Address 3711 Long Beach Blvd Ste #200, Long Beach, CA 90807 Telephone Num: (562) 980-0555

**FORM 5021 (Rev. 4)**  
**1992**

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

DOS: 7/10/2017 Medical Necessity/EBM - RFA

**State of California  
Division of Workers' Compensation  
Request for Authorization for Medical Treatment (DWC for RFA)**

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or narrative report substantiating the requested treatment.

New Request  Resubmission - Change in Material Facts

Expedited Review: Check box if employee faces an imminent and serious threat to his or her health

Check box if request is a written confirmation of a prior oral request.

**Employee Information**

Name (Last, First, Middle): Semen Lev  
 Date of Injury (MM/DD/YYYY): 06/17/2017; CT: 06/26/2017  
 Date of Birth (MM/DD/YYYY): 09/11/2017  
 Claim Number: PENDING  
 Employer: HV ACONTROL INC

**Requesting Physician Information**

Name: Iseke, Harold D.C.  
 Practice Name: Harold Iseke Chiropractic Professional Corp  
 Address: 3711 Long Beach Blvd #200  
 Zip Code: 90807  
 Phone: (562) 980-0555  
 Specialty:  
 E-mail Address: kenul740@yahoo.com  
 Contact Name: Iseke, Harold D.C.  
 City: Long Beach  
 State: CA  
 Fax Number:  
 NPI Number: 1780120386

**Claims Administrator Information**

Company Name: HV ACONTROL INC  
 Address: 17735 SAN FERNANDO MISSION BLVD  
 Zip Code: 91344  
 Phone:  
 E-mail Address:  
 Contact Name:  
 City:  
 State:  
 Fax Number:

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

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis	ICD-Code	Procedure Requested	CPT/HCPCS Code	Other Information: (Frequency, Duration, Quantity, Facility, etc.)
Chronic pain due to trauma	G89.21	ACUPUNCTURE		1 x per week for 6 weeks
Chronic pain due to trauma	G89.21	CT-SCAN		to rule out internal derangement.
Chronic pain due to trauma	G89.21	MRI		to rule out internal derangement.
Chronic pain due to trauma	G89.21	HERNIA SPECIALIST		to rule out internal derangement.
Chronic pain due to trauma	G89.21	ORTHOPEDIC CONSULTATION		to rule out internal derangement.

Requesting Physician Signature:  Date of Request: 07/10/2017

**Claims Administrator/Utilization Review Organization (URO) Response**

Approved  Denied or modified (See Separate decision letter)  Delay (See separate notification of delay)

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<input type="checkbox"/> Requested treatment has been previously denied		<input type="checkbox"/> Liability for treatment is disputed (See separate letter)	
Authorization Number (if Assigned):		Date:	
Authorized Agent Name:		Signature:	
Phone:	Fax Number:	E-mail Address:	
Comments:			

DWC Form RFA (version 012014)

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Diagnosis	ICD-Code	Procedure Requested	CPT/HCPCS Code	Other Information: (Frequency, Duration, Quantity, Facility, etc.)
Complete loss of teeth due to trauma, class I	K08.111	ACUPUNTURE		1 x per week for 6 weeks
Complete loss of teeth due to trauma, class I	K08.111	CT-SCAN		to rule out internal derangement.
Complete loss of teeth due to trauma, class I	K08.111	ORTHOPEDIC CONSULTATION		to rule out internal derangement.
Radiculopathy, cervical region	M54.12	ACUPUNTURE		1 x per week for 6 weeks
Radiculopathy, cervical region	M54.12	MRI		to rule out internal derangement.
Radiculopathy, cervical region	M54.12	ORTHOPEDIC CONSULTATION		to rule out internal derangement.
Unspecified abdominal pain	R10.9	ACUPUNTURE		1 x per week for 6 weeks
Unspecified abdominal pain	R10.9	CT-SCAN		to rule out internal derangement.
Unspecified abdominal pain	R10.9	HERNIA SPECIALIST		to rule out internal derangement.
Unspecified injury of head, initial encounter	S09.90xA	CT-SCAN		to rule out internal derangement.
Unspecified injury of head, initial encounter	S09.90xA	ORTHOPEDIC CONSULTATION		to rule out internal derangement.
Sprain of ligaments of thoracic spine, initial encounter	S23.3xxA	ACUPUNTURE		1 x per week for 6 weeks
Bitten by dog, initial encounter	W54.0xxA	ACUPUNTURE		1 x per week for 6 weeks
Bitten by dog, initial encounter	W54.0xxA	ORTHOPEDIC CONSULTATION		to rule out internal derangement.
Sprain of ligaments of lumbar spine	S33.5XXA	ACUPUNTURE		1 x per week for 6 weeks
Sprain of ligaments of lumbar spine	S33.5XXA	MRI		to rule out internal derangement.