

**EDWIN HARONIAN, M.D.**

— DISORDERS &amp; SURGERY OF THE SPINE —



- Minimally Invasive Spine Surgery
- Complex & Revision Spine Surgery
- Comprehensive Spine Care

Sedgwick CMS-Walnut Creek Office  
 P.O. Box 14421  
 Lexington, KY 40512  
 Attn: Krystal M.

Patient Name : Sherry Chowdhuary  
 Date of Service : November 11, 2019  
 Claim # : CA19674107-0001  
 Employer : Target Corporation (92337)  
 Date of Birth : November 29, 1963  
 Date of Injury : Ct:10/01/18-02/17/19  
 File # : 20058055



- Certified, American Board of Orthopedic Surgery

AAOS AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS  
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

- Fellow, American Academy of Orthopedic Surgeons



- Member, North American Spine Society

ACSS AMERICAN COLLEGE OF SPINE SURGERY

- American College of Spine Surgery



- Alumni, Kerlan-Jobe Orthopedic Clinic

5651 SEPULVEDA BLVD., STE 201  
 SHERMAN OAKS, CA 91411  
 PH: (818)788-2400  
 FAX: (818) 788-2453

724 CORPORATE CENTER DRIVE  
 SECOND FLOOR  
 POMONA, CA 91768  
 PH. (909) 622-6222  
 FX. (909) 622-6220

### FOLLOW-UP REPORT OF A PRIMARY TREATING PHYSICIAN

The patient is presenting to my attention and is complaining of neck and low back. She states that cold temperature aggravate her pain. She also has pain in the shoulders. She has difficulty with prolonged sitting, standing, walking, lifting, pushing, and pulling. She states that prolonged driving aggravates her pain. She states that the pain awakens her at night.

Spasm, tenderness, and guarding is noted in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion.

Previously, authorization was requested for MRI studies of the cervical and lumbar spine. This is pending. Neurodiagnostic studies of the bilateral upper and lower extremities were also requested.

Medications will be provided to her today. Ibuprofen gel will be provided to the patient, so that she could use to help reduce her pain and help reduce the need for taking oral pain medications.

Her disability status remains unchanged.

I will re-evaluate the patient back in four to six weeks. I will await for

**Chowdhuary, Sherry**  
**November 11, 2019**  
**Page 2 of 3**

the results of the diagnostic studies. Currently, the patient's claim is denied. I will await for the resolution of the medical legal issues.

**DIAGNOSIS:**

S43.409D Shoulder Sprain/Strain  
S63.509D Sprain of wrist  
M50.00 Cervical Radiculopathy  
M54.17 Radiculopathy lumbosacral region

*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-10 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*

*To complete this examination I have been assisted, as needed, for taking histories, taking x-rays, assisting with the patient, transcription of reports by some or all of the following personnel Alma Azucar, Natasha Yokum, Carmen Garcia and Emily Shemwell. Sherry Leoni, DC, or Randy Cockrell, DC, may also have assisted in compiling and editing of this report. If required an interpreter was provided. All of the above individuals are qualified to perform the described activities by reason of individual training or under my direct supervision.*

*Please be advised that Dr. Haronian has a financial interest in Osteon Surgery Center, Kinetix Surgery Center and Pomona Orthopedics.*



November 13,  
2019  
\_\_\_\_\_  
Date

Edwin Haronian, M.D.  
Certified Diplomate American  
Board of Orthopedic Surgery  
California License #A71385  
SL

\*Law Office of Natalia Foley  
8306 Wilshire Blvd. #115  
Beverly Hills, CA 90211

**PROOF OF SERVICE**  
**STATE OF CALIFORNIA**

I am employed in the County of Los Angeles. I am over the age of 18 and not a party to the within action; my business address is:

**5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411**

On 11/25/2019 served the foregoing document described as:

EDWIN HARONIAN, M.D.

**Chowdhuary, Sherry**  
**November 11, 2019**  
**Page 3 of 3**

EVALUATION REPORT

**Patient Name:** Sherry Chowdhuary  
**File Number:** 20058055  
**Claim #:** CA19674107-0001  
**DOS:** 11/11/2019

On all interested parties in this action by electronic transmission a true copy of this narrative report from **5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411**

Addressed as follows:

Krystal M.  
Sedgwick CMS-Walnut Creek Office  
P.O. Box 14421  
Lexington, KY 40512

Law Office of Natalia Foley  
8306 Wilshire Blvd. #115  
Beverly Hills, CA 90211

I declare that I am over the age of 18 years and not a party to this action. I also declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on 11/25/2019 at



---

Emily Shemwell