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March 25, 2021

WORKERS DEFENDERS LAW GROUP
8018 East Santa Ana Canyon, Suite 100-215
Anaheim Hills, California 92808
Attention: Natalia Foley, Esquire

DEPARTMENT OF INDUSTRIAL RELATIONS
Subsequent Injury Benefit Trust Fund
1750 Howe Avenue, Suite 370
Sacramento, California 95825-3367

EMPLOYEE	:	VICTORIA SARVER
EMPLOYER	:	Lighthouse Coastal Community Church
SIBTF NO.	:	SIF11096006
D/INJURY	:	CT September 1, 2013 – September 1, 2017; August 30, 2017
DATE OF BIRTH	:	November 1, 1966
WCAB NO.	:	ADJ11096006; ADJ11248785; ADJ11096005
EXAM DATE	:	March 25, 2021

COMPREHENSIVE INDEPENDENT MEDICAL NEUROLOGIC SIBTF EVALUATION REPORT:

Gentlepersons:

This examination was performed in the county of Los Angeles at 2760 East Florence Avenue, Huntington Park, California 90255 on March 25, 2021.

I have billed at the ML-104-95 level for a comprehensive medical legal evaluation. This case meets the criteria outlined as scenario (2) of ML-104 which reads "An evaluation involving prior multiple injuries to the same body part or parts being evaluated, and which requires three or more of the complexity factors listed under ML 103, including three or more hours of record review by the physician.

ML104-95 is billed today, noting the following physician time and complexity factors:

Causation is addressed per written request	
Apportionment between 2 or more injuries to 2 or more body systems addressed	
Face-to-face time	2 hours
Review of medical records (489 pages)	5 hours
Review of deposition Vol 1 (93 pages) January 19, 2018	1 hour and 30 minutes

X

Review of deposition Vol 2 (158 pages) May 11, 2018	1 hour
Review of deposition Vol 3 (81 pages) August 1, 2018	45 minutes
Report preparation and review	5 hours
Report editing	1 hour and 45 minutes

THE TIME REQUIRED FOR THIS PHYSICIAN TO ISSUE THE REPORT: 17 hours.

Thank you for asking me to perform an Independent Medical Evaluation on March 25, 2021 in order to determine disability for the Subsequent Injury Benefits Trust Fund, pursuant to Labor Code 4751. I have personally evaluated this patient and prepared this report.

The focus of this report is to address the applicant's pre-existing impairment / disability of different body regions, other than the industrial injury and to note the effects of the following injuries. This evaluation was performed in my office on March 25, 2021. The combination of the above complexity factors total 4.

This report is billed as a ML104 with Regulation 9795.

Per Labor Code 4751: If an employee, who is permanently and partially disabled receives a subsequent compensable injury resulting in additional permanent / partial disability, so that the degree of disability caused by the combination of both disabilities is greater than that which would have resulted from the subsequent injury alone, on the combined effect of the last injury on the previous disability or impairment, is a permanent disability equal to 70% or more of the total, he/she shall be paid in addition to the compensation due under the code for the permanent disability caused by the last injury, compensation of the remainder of the combined permanent disability existing up to the last injury, as provided in this article: provided, that either (a) the previous disability or impairment affected a hand, an arm, a foot, a leg or an eye, on the permanent disability resulting from the subsequent injury affects the opposite and corresponding member, and such allowed permanent disability, when considered alone and without regard to, or adjustment for, the occupation or age of the employee, is equal to 5% or more of the total, or (b) the permanent disability resulting from the subsequent injury, when considered alone and without regard to or adjustment for the occupation or the age of the employee, is equal to 35% or more of the total.

INITIAL SIBTF SUMMARY:

1. **Did the worker have an industrial injury?**

Answer - Yes. The patient was subjected to continuous trauma between September 1, 2013 through September 1, 2017 due to stress and strain, repetitive work, lifting heavy items, constant bending, kneeling and watching causing headache pain, neck pain, pain in the shoulders, arms, wrists, low back and lower limbs while employed by Lighthouse Coastal Community Church as a janitor.

The patient also sustained a specific injury on August 30, 2017 when she was forced to

go on her knees in the middle of a parish crowd, wash the floor and everyone laughed at her. The patient felt that she was discriminated against and felt that she was sexually harassed causing her severe stress, impaired sleep, depression, mental anguish and flashbacks.

She reports being harassed by a priest. The patient worked in a hostile work environment. She developed anxiety and depression and post-traumatic stress disorder. There was a Compromise & Release dated September 30, 2019 for the continuous trauma injury and specific injury. Also included was a hernia, head pain, pain in the upper limbs, back, lower limbs, psyche, stress, brain, nervous system and abdomen with a total assignment of \$45,000.00.

2. **Did the industrial injury rate to a 35% disability without modification for age and occupation?**

Answer – Not known.

3. **Did the worker have a pre-existing labor-disabling permanent disability?**

Answer – Yes. The patient has a history of dyslexia and learning problems. The patient was involved in a nonindustrial motor vehicular accident in 2017 with injuries to the neck and back. The patient has a history of alcoholism starting at the age of 9 through 28. The patient was assaulted by her father at the age of 5 resulting in head trauma and hospitalization. She is unaware of having memory problems at the time however, the patient does report problems with cognition and responds affirmatively to the Clinical Dementia Rating Scale Table 13-5 endorsing that she forgets what to purchase at a store, has to keep list of things that she is to purchase, forgets where she places her belongings, forgets people that she should know, difficulty with figuring out solutions to problems, difficulty keeping track of time and time-relationships which would qualify for a CVR rating of 0.5 on a Class I rating of 14% whole person impairment, which in my opinion is related to both alcoholism, as well as the patient's prior head trauma causing the need for hospitalization; The patient has a history of anxiety and depression. The patient has a history of orthopedic injuries in her teen's through her twenties, which should be addressed by an orthopedic surgeon. The patient has a history of ulcers, which should be addressed by a gastroenterologist. She has a history of anemia, which should be addressed by a hematologist. The patient has a history of arthritis, which should be addressed by a rheumatologist. The patient has a history of asthma, per the medical records. She has a history of blunt head and dental trauma at the age of 13 from a bus versus bicycle accident resulting in a cerebral concussion, nonindustrial.

4. **Did the pre-existing disability affect an upper or lower extremity or eye?**

Answer – Unknown. This should be addressed by a board certified orthopedist.

5. **Did the industrial permanent disability affect the opposite or corresponding body part?**

Answer – Yes. The patient’s medical records report bilateral symptoms of the limbs.

6. **Is the total disability equal to or greater than 70% after modification?**

Answer – Not known.

7. **Is the employee 100% disabled or unemployable from other pre-existing disability and work duties together?**

Answer – Not known from a neurological standpoint.

8. **Is the employee 100% disabled from the industrial injury?**

Answer – Not known.

9. **Additional records reviewed?**

Answer – Yes.

10. **Are evaluations or diagnostics needed?**

Answer – Yes. The patient is in need of a psychiatric evaluation for anxiety and depression that is longstanding, in need of an orthopedic evaluation for injuries sustained in her teen’s, is in need of a gastroenterological evaluation and possible endoscopy for ulcers, is in need of a hematologic evaluation and blood work for anemia, is in need of a rheumatologic evaluation for arthritis, including blood work, is in need of a CAT scan of the brain, given her history of alcoholism, is in need of a neuropsychological evaluation for learning problems and dyslexia and is in need of an evaluation by a pulmonary specialist for a history of asthma, nonindustrial.

SUMMARY OF SURGICAL AND MEDICAL PROBLEMS:

1. Per the medical records, Ms. Sarver has previously been diagnosed with vascular throbbing headaches, pain in the upper, mid and low back, pain in the bilateral knees and pain in the right groin.
2. The patient has been diagnosed with carpal entrapment neuropathy in both wrists.
3. The patient has musculoskeletal injuries from a motor vehicular accident dated June 7, 2017.
4. The patient has been diagnosed with a depressive and anxiety disorder, having industrial causation.
5. She has been diagnosed with tenderness of the upper limbs.
6. She has been diagnosed with insomnia, having industrial causation.
7. She has been diagnosed with a history of asthma, per the medical records, nonindustrial.
8. She has been diagnosed with cervical spine sprain / strain in the motor vehicular accident in June 2017, nonindustrial.

9. She has been diagnosed with traumatic brain injury from the motor vehicle accident of June 2017, nonindustrial.
10. She has a history of dyslexia and a learning disability, nonindustrial.
11. She has a history of head trauma requiring hospitalization at the age of 5, nonindustrial.
12. She has a history of alcoholism from the age of 9 through the age of 28 and likely memory disturbance from chronic alcoholism, nonindustrial.
13. She has a prior history of anxiety and depression, nonindustrial.
14. She has a history of ulcers, anemia and arthritis.
15. She has a history of blunt head and dental trauma at the age of 13 from a bus versus bicycle accident resulting in a cerebral concussion, nonindustrial.

DISCUSSION OF MEDICAL RECORDS:

A moderate amount of medical records were available for review which refer to the patient's industrial injury, as well as some records that mention the patient's prior nonindustrial medical complaints.

The records make reference to continuous trauma between September 1, 2013 through September 1, 2017 for a stress, sprain, repetitive work involving the neck, shoulders, low back, upper and lower limbs, hernia, headaches and emotional complaints, anxiety, depression and reference to post-traumatic stress disorder. The patient is also reported to have sleep disturbance.

She was evaluated by a chiropractor on January 11, 2018 due to her injuries that occurred during the course of her employment for Lighthouse Coastal Community Church due to repetitive trauma of the upper and lower limbs, spine pain, abdominal complaints and abdominal bulging. She underwent a hernia repair in December 2014. She was prescribed medications and experienced abdominal pain. She was terminated from her job in September 2017. She reported headaches, anxiety, depression, stress, problems with sleep, pain of the bilateral knees, right ankle, right elbow and right forearm.

She was evaluated by a Panel Qualified Medical Evaluator in orthopedics on July 14, 2018 for musculoskeletal complaints.

She was diagnosed with a hernia on the right side and underwent a repair of the hernia on December 25, 2013.

She reported pain involving both knees, both hands and spine from repetitive work. She reported pain in the bilateral shoulders. She has a prior history of two hernia surgeries which should be addressed by a surgeon. There is reference to a motor vehicle accident in which she was rear-ended injuring her neck and upper back. She was diagnosed with lumbar radiculopathy, chronic low back pain, paresthesia of the hands, possible carpal entrapment in both wrists and arthralgia of the knees. Her hand complaints were related to continuous trauma.



She underwent a psychologic evaluation on February 10, 2019 by Dr. Larson, Ph.D. She was subjected to sexual harassment by a priest, who inappropriately kissed her. There were other times when the priest was sexually inappropriate with her. She reported problems with memory. She had abdominal complaints and cramps. She had forgetfulness and would forget words. She complained of depression. She was hit by a car when she was 4 and lost several teeth. She broke her leg when she was in the fourth grade when she fell in a pond while skating. She sustained an elbow fracture at the age of 26 while roller skating at the beach. She was hit in the head when falling while skating. She states that another time she was struck in the head by a surfboard. She was diagnosed with a depressive / anxiety disorder.

There is a chiropractic report dated June 1, 2019 which refers to the patient having emotional distress, muscular complaints, dizziness, abdominal hernia and headaches.

She was evaluated by Dr. Goalwin, Ph.D., psychologist on June 25, 2019. The patient had been sexually harassed at work on at least six occasions while employed by Lighthouse Coastal Community Church. She reported abdominal complaints, arthritis, anemia, dizziness, visual problems, headaches and ringing in her ears. The patient was diagnosed with an anxiety disorder.

The patient was deposed on January 19, 2018 (93 pages) in which she discussed the two claims that she filed from her employment. She had complaints related to repetitive trauma and headaches. She testified of her current living circumstances, being married and then divorced in 2015. She was beaten up by an ex-boyfriend twenty years ago. There was a motor vehicle accident on June 7, 2017 in which she sustained injuries to both knees. She was injured while riding a bicycle at the age of 13 and lost her front teeth. She was rendered unconscious by the accident.

In the deposition of Victoria Sarver dated May 11, 2018 (58 pages), volume 2, pages 100 through 158, she reported taking Norco for low back pain. She took a muscle relaxer. She had problems with memory and depression. She took an anti-depressant. She was evaluated by several physicians. She experienced anxiety and depression from her work at the church. She described that the job she had to do at the church, embarrassing situations, muscular complaints, being laughed at, being sexually harassed, being forgetful, experiencing pain in the back and knees and experiencing panic attacks.

The patient was also deposed on August 1, 2018 (81 pages), Volume 3. The patient testified to panic attacks becoming worse. She described having three surgeries total; one hysterectomy and two hernia surgeries. She described her work activities and hours at work. Her last operation was on Christmas Eve for a hernia. She described being hit while on a bicycle and having a dental injury. She struck the pavement and lost four teeth. The patient used cocaine more than twenty-four years ago and had counseling. She had a prior history of alcohol abuse. She had heavy bleeding two years ago in December 2014. She reported experiencing nervousness and anxiety. She reported sleep problems, depression and feeling abandoned.

As relates to the patient's orthopedic complaints, I will defer these to an orthopedist. As relates to the patient's psychologic complaints, I will defer them to a psychiatrist / psychologist. As relates to the patient's abdominal complaints and hernia, I will defer this to a gastroenterologist. As relates to the patient's muscular complaints, as relates to arthritis, this should be addressed by a rheumatologist. I defer the patient's problems with memory and learning difficulties, apart from the traumatic head injury, to a neuropsychologist.

ACTIVITIES OF DAILY LIVING:

The patient reports difficulty with grasping, lifting, tactile sensation discrimination, difficulty with sleep due to pain, anxiety and depression, averaging four hours of sleep per night. scores 0 out of 24 on the Epworth Sleepiness Scale. She has difficulty with standing and walking.

NEUROLOGICAL EXAMINATION:

CRANIAL NERVE EXAMINATION:

Cranial nerves II-XII are serially tested and are within normal limits.

MOTOR EXAMINATION:

There is a normal motor examination. The patient showed full (5/5) motor force of the upper and lower limbs without evidence of wasting, weakness or fasciculations.

SENSORY EXAMINATION:

The patient shows intact sensation of the upper and lower limbs.

DEEP TENDON REFLEXES:

All reflexes are 1+.

COORDINATION:

Finger-to-nose testing was normal.

PATHOLOGIC REFLEXES:

Babinskis are absent.

GAIT AND STATION:

X

The patient has a broad-based gait which is seen in alcoholism. She has an unstable tandem gait. Romberg tests are negative.

REVIEW OF MEDICAL RECORDS:

Application for Adjudication dated 11/14/17, w/DOI: CT 09/01/13-09/01/17. Stress and strain, repetitive work, lifting heavy items, constant bending, kneeling, washing, causing HA, pain in neck, shoulders, arms, wrists, lower back and LE. Head, back, UE, LE and hernia. Employed by Lighthouse Coastal Community Church as a Janitor.

WC Claim Form dated 11/14/17 w/DOI: CT 09/01/13-09/01/17. Stress and strain, repetitive work, lifting heavy items, constant bending, kneeling, washing, causing HA, pain in neck, shoulders, arms, wrists, lower back and LE.

Application for Adjudication dated 11/14/17 w/DOI: 08/30/17. Pt was forced to go on her knees in the middle of the parish crowd and wash the floor so everyone would laugh at her in order to discriminate, diminish and sexually harass, that caused pt severe stress, sleep depression, mental anguish, resulting in flashbacks. Nervous system – stress. Employed by Lighthouse Coastal Community Church as a Janitor.

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Application for Adjudication dated 03/23/19, w/DOI: 09/15/13-09/15/17. Stress, depression, anxiety, PTSD due to sexual harassment by the priest harassing behavior and hostile work environments and retaliation by the church administration for complaint against the Priest. Brain and nervous system. Employed by Lighthouse Coastal Community Church as a Janitor.

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Compromise and Release dated 09/30/19 with DOI: CT 09/01/13-09/01/17; Specific injury 08/30/17 and CT 09/15/13-09/15/17. Head, BUE, hernia, back, BLE, psych, stress, brain, nervous system, and abdomen. Employed by Lighthouse Coastal Community Church. Settlement Amount: \$45,000.00.

01/11/18 – PTP's Initial Eval and Rpt by Harold Iseke, DC/Chiropractor at Harold Iseke Chiropractic Professional Corp. DOI: 08/30/17, CT 09/01/13-09/01/17. Pt states that throughout the course of his employment at Lighthouse Coastal Community Church as a Janitor, she gradually developed pain in her head, arms, low back, abdomen and feet due to repetitive nature

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01/11/18 – PTP's Initial Eval and Rpt by Harold Iseke, DC/Chiropractor at Harold Iseke Chiropractic Professional Corp. DOI: 08/30/17, CT 09/01/13-09/01/17. Pt states that throughout the course of his employment at Lighthouse Coastal Community Church as a Janitor, she gradually developed pain in her head, arms, low back, abdomen and feet due to repetitive nature

of her job. She constantly uses her arms, hands and legs. She also states that she repetitively performed cleaning duties such as sweeping, mopping, dusting and scrubbing for the whole 8-hour shift. Pt started experiencing sharp pain in her abdomen and low back, with associated bulging sensation in abdomen around 2013. She did not report the symptoms to her employer. She did not take any pain medication. She continued working on regular duties. Pt reports that through the following months, she developed burning sharp pain in her arms, mostly the R arm, and feet with associated weakness and soreness. She also experienced occasional HA at work when exposed to cleaning chemicals in closed areas. She also developed severe stress and anxiety due to the outrageous behavior at her workplace. Within 2014, pt sought medical attention through her PCP Dr. Khan. She was prescribed with pain meds, Valium and Paxil, which afforded temporary symptomatic relief. She was then referred to see a specialist. In 2014, pt started to see pain specialist Dr. Michael Shahbazian. She reports multiple MRI scan and x-ray from her low back were obtained. She was referred to attend PT for 2 months. Therapy afforded minimal pain relief. She was prescribed with Norco and Soma, which afforded temporary pain relief. She also received approximately 6 injections to her low back, which afforded temporary pain relief. Pt continued to f/u on a 3-month basis. She was last seen in November 2017. She has a scheduled appointment in February 2018. Within December 2014, pt started to see surgeon Dr. Nguyen at Fountain Valley. Pt was Dx'd with R abdominal hernia. She was advised to undergo surgery. She underwent hernia repair surgery in December 2014. She followed up twice. She was last seen in late 2014. She was temporarily placed off work. Pt RTW on regular duties with the same employer. She continued to experience pain and discomfort in her arms, low back and feet, with associated HA. She also continued to experience stress anxiety and depression. She continued to take her prescribed meds, which afforded temporary pain relief Pt also started to experience pain in her abdominal area similar to the pain when she had the abdominal hernia. In 09/07/17, pt was terminated from her job. Pt is currently not working and is not receiving any kind of benefits. Currently taking pain and anxiety meds, which afford temporary symptomatic relief. She also reports her social life has been severely affected. She reports much difficulty sleeping due to the stress, anxiety and depression caused by her current medical condition. Pt reports she experienced throbbing HA only when cleaning closed areas. Pt denies additional or part-time jobs while working for this employer. Current Meds: Valium 2 mg, Paxil 5 mg, and Norco 10 mg. Allergies: Zofran, which causes severe difficulty breathing due to throat swelling. ROS: Neurologic: Has h/o intermittent HA and dizziness. Vitals: Wt: 105 lbs. BP: 132/106. PE: Motor strength 5/5. DTRs are 2/2. Pt has moderate and forward antalgic gait. Head: C/o frequent R temporal sharp, throbbing HA. R Elbow: C/o occasional moderate R elbow pain, stiffness and weakness. R Forearm: C/o occasional moderate R forearm pain, stiffness and weakness. Dx: 1) HA. 2) Sprain of ligaments of T/S. 3) Pain in T/S. 4) Sprain of ligaments of L/S. 5) LBP. 6) Pain in R elbow. 7) Pain in R hand. 8) Pain in R knee. 9) Pain in L knee. 10) Pain in R ankle. 11) Unspecified abdominal pain. 12) Sleep disorder, unspecified. 13) Anxiety disorder, unspecified. 13) MDD, single episode, unspecified. 14) Acute stress reaction. 15) Irritability and anger. 16) Chronic pain due to trauma. 17) Myalgia. 18) Myositis, unspecified. Plan: Recommended MRI of L/S, L elbow, L knee and R knee. Ordered acupuncture for low back, R elbow, L knee, R knee, R ankle and chiro therapy for T/S, L/S, L knee, R knee, and R ankle. Referred for ortho evaluation and Hernia specialist. TTD. Causation: In view of pt's h/o injury, present complaints,

X

mechanism of injury and today's clinical findings, this examiner opines that pt's current symptomatology is a result of the specific work-related injuries that occurred on 08/30/17; CT 09/01/13-09/01/17, during the course of her employment for Lighthouse Coastal Community Church as a janitor.

02/26/18 - PR-2 Report by Harold Iseke, DC. Pt c/o frequent R temporal, sharp throbbing HA, constant moderate achy upper/mid back pain and LBP and stiffness becoming sharp, severe pain with sudden or repetitive movement, lifting 10 lbs, standing, walking, bending, kneeling, twisting and squatting. C/o occasional moderate R elbow pain and R forearm pain, and activity-dependent moderate sharp R hand pain, stiffness, weakness, associated with lifting 10 lbs, reaching, grabbing/grasping, gripping, pushing and pulling repetitively. C/o constant moderate achy R knee and L knee pain and stiffness becoming sharp, severe pain with sudden or repetitive movement, lifting 10 lbs, standing, walking, bending, kneeling and twisting. Pt c/o activity-dependent moderate sharp, stabbing, abdominal pain and stiffness radiating to R groin. Pain now is 4/10, at worst 8/10, average 5/10. Pain interferes with ability to walk 3/10, prevent from lifting 10 pounds 7/10, ability to sit and stand for 1/2 hour 7/10, ability to travel 1 hour by car 10/10, general daily activities 8/10, interferes with relationship with family/partner/significant others 10/10, interferes with job around home 9/10, shower or bathe 8/10, write or type 2/10, dress 5/10, sexual activity 10/10, concentrate 4/10. Overall mood 6/10. Over past week, pt has been anxious and worried due to pain is 10/10, depressed due to pain 8/10, irritable due to pain 10/10, anxious/worried about performing activities because they might have your pain/symptoms worse 10/10. Pt has c/o loss of sleep due to pain and fatigue. Pt states that due to prolonged pain and financial hardship is feeling like condition will never improve and is causing anxiety, stress and depression. Pt completed 2 chiro and 2 acupuncture sessions. Reports therapy decreased pain. Vitals: Wt: 110 L/S. BP: 120/95. Dx remains unchanged. Referred to ortho and hernia specialist. Off work until 04/12/18.

02/07/18 - Denial of WC Benefit at Brotherhood Mutual. The patient's disability benefit for WC injury is denied due to no substantial medical evidence in support of work-related claim, post termination claim and good faith personal action.

07/14/18 – PQME Rpt by Payam Moazzaz, MD/Orthopedic Surgery. DOI: 09/01/13. Pt states that on 12/20/13, she was lifting up a vacuum and felt a sharp pain and popping sensation in her lower back as well as the R groin. She states that she felt a "bump" in R groin that was subsequently Dx'd as a hernia. She reported the injury to her supervisor but states medical care was not offered to her. She continued working. She then saw her own personal physician who referred her to a hernia surgeon. She states she underwent surgery on 12/25/13 for hernia repair. She states this required 2 surgeries due to complications but she is not sure of the details. She also describes a h/o CT injury she sustained to multiple body parts from 09/01/13 through 09/01/17 also while employed as a Janitor at Lighthouse Community Church. She states she developed pain involving her lower back, both knees, and both hands due to repetitive work including cleaning, mopping, moving furniture, lifting chairs, setting up for events, and cleaning up after events. She states medical Tx was not offered by the employer for these injuries either.

She continued working until June 2017 when she was terminated. She has had Tx since then with PT, meds, and aquatic therapy. She describes persistent back pain and N/T in her hands and pain in both of her knees. She states she was terminated in June 2017 and has not worked since that time. She also describes a 3rd injury in which she was rear-ended in 2017 resulting in injury to her upper back and neck. She does not recall the details or date. Pt is currently under the care of Dr. Savazen and sees her physician every 3 months. She is taking Norco as needed for pain. She is receiving PT. She reports no change in her condition with the Tx provided to date. She has undergone multiple MRI studies but is not sure of the results. Pt describes persistent pain in lower back and B/L knees with associated swelling. She states her LBP radiates to her R knee and R foot. She also describes stiffness in the lower back and shoulders and hands with associated N/T in her hands and R foot. She describes the pain as sharp and shooting and aching and feels this discomfort "most of the time." She rates her pain as 8/10. She states she can sit and walk for up to 20 minutes and stand for up to 10 minutes. She states she can lift up to 5 lbs now as compared to over 50 lbs prior to the injury. She also describes difficulty with her ADLs. She states there have been no periods of light or modified work duties. She states she has been completely off work since June 2017 when she was terminated. PMH: Two hernia surgeries. H/o a rear-end MVA in which she injured her neck and upper back but she does not recall the details. Meds: Norco. SH: Pt smokes 6 cigarettes per day and drinks alcohol on special occasions. She denies any recreational drug use. Vitals: Wt: 103 lbs. PE: Appears to be in no distress and appropriate affect. Posture: Pt stands with a level pelvis, level shoulders, and straight spine. Pt's head is centered over the shoulders. Gait: Pt ambulates with a normal gait with good heel strike and toe off and presents without any assistive devices. Pt is unable to heel walk, toe walk or squat. C/S: DTRs: B/L biceps, B/L triceps and B/L brachioradialis are 2+. Hoffman's negative B/L. Sensory: Sensation is intact to light touch and pinprick in all dermatomes in BUE. Motor: B/L deltoid, B/L biceps, B/L triceps, B/L brachials, B/L wrist extensors and flexors and B/L hand abductors 5/5. Shoulders: Neurological: There is no evidence of injury to the suprascapular, axillary or long thoracic nerves. Motor: B/L abduction, B/L flexion, B/L adduction, B/L external and internal rotation, B/L scapular elevation and B/L entire shoulder girdle 5/5. Special Testing: There is no anterior, posterior, inferior or multidirectional instability noted. Examination of the shoulders for impingement reveals negative Neer and Hawkin's impingement testing of the shoulder B/L. There is no weakness with rotator cuff strength testing. There is no combination of instability and impingement noted. Elbows: Motor: B/L flexion, extension, supination and pronation are 5/5. Special Testing: There is no ligamentous instability noted. Wrist and Hands: Neurological: Sensory examinations of hands are WNL. Moto exam of hands are WNL. Special Testing: The flexor digitorum profundus and flexor digitorum superficialis tendons are intact in the index, long, ring and small fingers. The flexor pollicis longus tendons are intact to thumb. Ligamentous exam of each joint is WNL. There is no laxity noted. For composite motion of flexion, the fingertips touch the distal palmar crease. The wrist flexors and extensors are strong. L/S: DTRs: B/L knee, and B/L ankles 2+. Clonus and Babinski's negative B/L. Sensory: Sensation is intact to light touch and pinprick in all dermatomes in BLE. Motor: B/L quadriceps, B/L hamstrings, B/L tibialis anterior, B/L extensor hallucis longus, B/L gastroc soleus complex and B/L peroneals 5/5. Special Testing: SLR negative B/L. Lasegue sign negative B/L. Waddell Signs: Pain with subcutaneous pinching, pain with axial compression, pain with trunk rotation

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and symptom magnification negative. Hips: Neurological: Sensation and motor exam of hips are WNL. Special Testing: FABER/Patrick's test is negative. Knees: Neurological: Sensory and motor evaluation is normal in both knees. Vascular status is intact. Special Testing: McMurray sign, Drawer sign and Lachman sign negative B/L. There is no MCL, LCL and ACL laxity present. Ankles and Feet: Neurological: Sensation, motor and vascular status is intact in feet and ankles. Special Testing: Ankle drawer test is negative. Dx: 1) Lumbar s/s with radiculitis. 2) H/o chronic LBP. 3) Possible recurrent hernia. 4) B/L hand paresthesias, r/o B/L hand CTS. 5) B/L knee arthralgia, r/o B/L knee internal derangement. Subjective Complaints Support Objective Findings: The subjective complaints appear to support the objective findings based on the hx and PE. P&S: Pt has had Tx with activity modification, meds, and PT and reports no improvement in her condition with the Tx provided to date. Further diagnostic testing is indicated at this time and pt has not yet reached a P&S status. Subjective Findings: Subjective findings of disability include frequent sharp, aching, and shooting pain in the lower back and knees with associated swelling and N/T in her hands and R foot. Subjective findings of disability also include diminished sitting capacity of up to 20 minutes, standing capacity of up to 10 minutes, and walking capacity of up to 20 minutes. Subjective findings of disability also include diminished lifting capacity of up to 5 lbs now as compared to over 50 lbs prior to the injury. Subjective findings of disability also include difficulty with ADLs including "difficulty" taking a bath normally, brushing her teeth, dressing herself, combing her hair, eating and drinking, going to the toilet, urinating, writing comfortably, typing on a computer, speaking clearly, standing, sitting, walking normally, climbing stairs, feeling what she touches, holding something without pain, opening windows at home, lifting a child, riding in a car for 30 minutes, flying in a plane, having sexual intercourse, and sleeping restfully. Objective Findings: Objective findings of disability include PE findings of reported inability to heel walk, toe-walk, or squat during the gait exam, splinting and guarding of R hand, tenderness over the carpal tunnel B/L, TTP along the paraspinal muscles on R over the L/S, pain with L/S ROM testing, diminished ROM of L/S, tenderness with patellofemoral compression B/L, and clicking beneath the patella B/L. Work Restrictions: This examiner opines that pt can RTW as of today with restrictions. She may lift and carry up to 20 lbs occasionally and 10 lbs frequently. She may stand or walk for 6 hours in an 8-hour work day and may sit for 8 hours in an 8-hour workday with normal breaks. Climbing, kneeling, stooping, crawling, and crouching should not be required. Overhead activities may be done on an occasional basis. Use of the hands for fine or gross manipulative movements may be done on a frequent basis. Pt does not require the use of an assistive ambulatory device. Causation: This examiner opines based on reasonable medical probability and the hx and PE, this examiner performed and documentation reviewed, pt's are a result of a combination of CT industrial injury sustained from 09/01/13 through 09/01/17, the specific industrial injury sustained in November 2012, and the MVA of 06/07/17. Apportionment: Pt has not yet reached a P&S status for final apportionment determination. However, based on the information currently available and hx and PE, this examiner performed and reasonable medical probability, with regards to B/L knees, apportionment would be indicated between the CT industrial injury of 09/01/13 through 09/01/17 and the non-industrial MVA of 06/07/17. With regards to L/S, apportionment would be indicated between the specific injury of November 2012, CT industrial injury of 09/01/13 through 09/01/17, the MVA of 06/07/17 and pt's h/o chronic LBP prior to the

industrial injury timeframe. With regards to B/L hands, this is attributable to CT injury of 09/01/13 through 09/01/17 and apportionment would not be indicated. Impairment: Pt has not yet reached a P&S status for WPI determination. This examiner would be able to provide a supplemental report including any indicated WPI percentages should the claimant be found to have reached a P&S status after review of the requested additional diagnostic studies and complete medical records including her earlier diagnostic studies. Future Medical Care: Further diagnostic testing is indicated at this time with EMG/NCS testing of BUE as well as MRI studies of L/S and B/L knees without contrast.

01/04/19 - Supplemental Rpt by Payam Moazzaz, MD. DOI: 09/01/13. After review of records as well as this examiner's prior report and previous records, further Tx is indicated at this time. Recommended referral to hand surgery specialist and ortho surgery. Surgical intervention would not be indicated for L/S.

02/10/19 - Comprehensive Psychological Med-Legal Eval by Douglas W. Larson, Ph.D./Clinical Psychology. DOI: CT 09/01/13-09/01/17; 08/30/17; CT 09/15/13-09/15/17. Pt's previous medical records were reviewed. Regarding sexual harassment issues, the line of negative events involved a previous pastor (Pastor Leigh) French kissing her on the mouth, which appeared to be a culmination of several attempts from him to be overly friendly throughout the years. Pt had somewhat valued Pastor Leigh's interactions before that because he would counsel her. When the incident first occurred, pt tried to dismiss it and move on, because she valued keeping her job. It was only when her daughter also reported similar questionable behavior by the pastor when she (the daughter) was a child that pt became more concerned and decided to report it to the authorities at her church, chiefly Pastor Eric. After pt made the report to Eric (the other pastor was in his 70's and has retired to Arizona) that she started to note a chill in the air in terms of her relations with other church staff, members that she was not being treated well and her hours were being cut more and more. Also as part of the negative interactions, she reported being almost literally forced to clean a floor in the presence of other witnesses despite her protestation that the cleaning would not be necessary. She ultimately did comply with the request by a contract worker named 'Hassim' to do the cleaning and afterwards felt she was being laughed at by the other people when she left the room. The pastor who inappropriately kissed pt was known as Pastor Leigh and was in his 70's at the time. She indicated after Pastor Leigh kissed her, she left the church, got in her car and went straight home. She indicated that at the time it happened he did smell like alcohol. Pt indicated at times in the past when she went for counseling that the pastor would ask her to sit on her lap and give hugs. She indicated the day he kissed her, which was shocking; it put some of his other behavior in perspective. Pt indicated that Pastor Leigh wanted to talk to her the next morning, but she did not want to talk about it and just tried to let it go. Pt indicated she ultimately decided to talk about it after her older daughter Lindsey had left the church, and following a church event they had a conversation with that Pastor Leigh had been inappropriate with Lindsey when she was in high school. Pt indicated this conversation was in the context that Lindsey would often come and help her do her cleaning because of her bad back. Pt indicated at one point Pastor Leigh patted Lindsey on the butt and at times Pastor Leigh would ask her to sit on her lap and give her candy. Pt recalled when she came home from the initial

incident with Pastor Leigh that Lindsey was around, but they never really talked about it until about a year later. Pt also indicated that at times her memory was off and had kept a calendar of events which as of this writing had not been submitted for this examiner's review. Pt indicated that after Lindsey disclosed what had happened with the pastor she decided to go to Eric. She also indicated she was concerned no one was going to believe her. She indicated she recalled her stomach being in knots over the situation. After she reported the evaluation, she was relieved that Eric seemed to believe her. However, over time it seemed they (church staff member) were not as friendly to her. Pt recalled they would be in the conference room when they were having a meeting and they would completely ignore her. Regarding the other negative interpersonal incidents, one of the people pt had significant difficulties with was a man known as "Hassim." Hassim was married to one of the church staff members and was contracted to do some repairs at the church, and was working on drywall when this incident happened. Pt recalled on the day of the incident with Hassim she had already been busy trying to do many errands for many different people in the office. She indicated she pushed by Hassim to try and clean up a pile of drywall while he was working in the room. Pt indicated she was planning to pick up the drywall when she finished one of her other en-ands, but he insisted she stop immediately and pick up the materials on the floor. She indicated recalling telling Hassim that she would do it when she was done, but he responded "no" and that she needed to do it immediately. Pt indicated she tried to explain to him that it was not a matter of just cleaning up the one little area, but would have to clean up the whole floor because of the drywall. She indicated that Hassim did not accept her explanation and she was ordered to do it immediately, and in her perception, he was quite serious. Pt recalled trying to explain that if she were to clean the floor, and they were still working in it that they would still be leaving footprints, and she would have to clean the floor again. She indicated, however, she ultimately just did it. She indicated she was instructed to go under the desks to finish cleaning the floor. Pt indicated during this period she was told by a staff member named Jeannie to go in another room. She recalls looking back as she was going into the other office and it looked as though the staff members were talking and looking at her, and smirking, and giggling. Pt indicated she had symptoms that seemed to be something like a stroke that it was like electricity going through her body. She indicated this occurred in the office. She indicated she also had problems crying and forgetting words. She did not want anyone to think she was weird, and she was embarrassed and ashamed. Pt recalled that on that day Jeannie took her home and that she could not walk or ride a bike, because of the pain from being on her hands and knees. Pt indicated she was fired about a month after that incident. Pt indicated on the day she was fired she came in and was excited, because she just bought a new car. She indicated she started showing the car to Pastor Eric who told her that he wanted to talk to her in the office. Pt indicated she had been late in arriving to the office because of the car. Pt indicated she did not call, in part, because she wanted to surprise Pastor Eric and show him what she got. Pt indicated her paycheck was waiting for her and that was probably around 9:30. Her normal start time was between 8:00-8:30. Pt was angry because Jeannie knew what she was doing and how she handled the situation did not seem right. Pt indicated in the past they had cut her hours after the day that Hassim told her to get on her knees and to get the material cleaned up from the floor. She indicated on that same day she could hear another woman. Robyn, who worked at the church, on the phone talking with new cleaning people. However, pt indicated she did not put two and two

together until later. Pt recalled she had 3 write-ups before being fired. She indicated one for leaving cleaning supplies out such as paper towels. She indicated she did not recall what the second or third write-up was for, but indicated they were all "so stupid." Pt recalled Pastor Leigh had been forced out and it appeared that he conveniently retired, and then went to another state. Pt indicated during this time when she was working, she would go in at nights to do her work as a cleaner, because they were doing a lot of construction and she did not want to be in people's way. She also did not want to be around the elders, because in part she was becoming self-conscious because Jeannie had mentioned her clothes. Pt indicated during the summer she might wear a tank top, but indicated she never dressed in "Shorty shorts." which made it feel unfair that Jeannie would comment to her on the phone about her dress attire. Regarding physical injuries, pt indicates the main reason she is not working is because of her physical problems as opposed to mental problems. Her job involved setting up rooms for events, which would involve loading and unloading chairs from a broken dolly, which over time apparently led to back pain. Pt indicated that after moving the chairs, at one point, she was on the floor with ice packs. Details of her condition are deferred to the appropriate specialty. Mental Health Symptoms: Regarding depressed mood: When asked if she was depressed, pt indicated she did not know if she was depressed, but indicated she cannot get enough energy to do anything. She indicated she did not want to get out of bed at times, but she did because she had to get her daughter to school. She indicated at the time when her depression or feelings were the worst was when she talked to somebody at the SOS free clinic. She indicated at that time she may have gone about a month and she had also been given meds. She described it as a difficult time, because she had been holding it all in and she recalls going in February to see the lady at the SOS clinic. Pt also indicated at that time she had talked to a friend, Jaime who had talked about Pastor Leigh taking another woman to get her 'boobs done.' Currently, pt indicates she is mentally doing better but has a long way to go. She indicates she feels like she is about halfway better. Pt indicates there are times she will cry. She indicates she will cry by herself, but tries not to cry in front of other people. Pt believes at times she wishes she never would have gone to work for the church. She indicates she feels depressed most days, although once in a while she does not. Regarding diminished interest or pleasures in activities, pt indicates she struggles with loss of interest in activities. She indicates she has become quite withdrawn and does not want to go anywhere. She indicated she used to like to go to water parks, but now she does not like to do that. She tries to go to water parks so other people will have some fun. Pt indicates she still has some friends, but has withdrawn from them. Regarding weight loss and appetite: Pt is 5'3" tall and weighs maybe 104-105 lbs. Regarding Insomnia/Hypersomnia Problems: Pt said the night before this evaluation she went to bed at 10:30 PM and got up at 6 AM. She reported tossing and turning, and waking 2-3 times and was worrying about coming in for this evaluation. This is a fairly typical pattern for her and that she does not sleep a lot. She recalled listening to a radio station from 9 PM to 10 PM. Regarding Psychomotor Agitation/Retardation: Pt indicates she feels tired and slowed. She has fatigue nearly every day. Regarding Feelings of Worthlessness, Excessive or Inappropriate Guilt: Pt indicates she feels worthless at times, because she wishes she could do more than she used to. Regarding Reduced Ability to Think Or Concentrate: Pt indicates she has had memory problems consistent with test results. In terms of her memory, pt she has seen so many doctors she sometimes cannot remember what they said. Regarding thoughts of death or suicide: Pt

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indicated in the past, once or twice, she may have thought her kids might be better off without her. She indicated she has never had a suicidal attempt. Regarding anxiety and physical symptoms: Pt indicates that at times when she thinks about the difficult interactions, she has had with Pastor Leigh she will get knots in her stomach. She indicated probably the first time she had knots in her stomach was when she and Henry were splitting up. She indicated that eventually she had an ulcer and she wonders if maybe she had talked about the issues sooner she would have avoided that. Pt indicated at times she has had racing thoughts of being 'off the Richter scale.' She indicates at times she has had odd sensations of pictures going through her head very, very fast. She also indicated at times she had difficulty sitting still, because of her trying to stay busy. Regarding anger and frustration: Pt also indicates she becomes irritated over little things and then finds herself apologizing, and then feels guilty about it. Regarding serious mental health problems: Pt indicates she has nightmares and she will have flashbacks about what happened. She indicated she will go over the events in her mind of what happened. She denied hallucinations. Pt will have triggers when she runs into some of the people from the church, including the landlord she rents from, and when she runs into him she will get triggered. She indicates little things here and there will trigger her memories. Pt indicates she feels bad because not even one person has called her. She indicates after she was fired, she tried to let go and reach out to someone, but no one responded to her. She feels hurt, because she has considered these people to be her friends for many, many years. Pain Levels: Head and lower back 2/10, leg 4/10 and neck, shoulders, chest, upper and mid back, hips, and knees, feet, ankles 0/10. Trauma Hx: Regarding accidents, pt indicated she was rear-ended when she and Olivia were in the car. She indicated the car was totaled. She indicated she saw the other car coming up on her so it did not hurt as bad. She indicated earlier in the day she has been given some curtain rods by Pastor Eric and as a result of the accident the curtain rods were moving around the car. She indicated one of the curtain rods hit her. She does not recall if she hit her head, but she did remember hitting her elbow. She indicated at the time of the accident she was going down the freeway, and had just got off work, and it was somewhere between 4:30 and 5:00. She indicated her knees were bruised. She indicated she did not go to the hospital at the time. She indicated when she finally went to her doctor, he said she would be fine and would be back to normal. She indicated she probably saw the doctor the day after. She indicated she might have noticed some extra problems with concentration, which she described as "chopping off more than I needed at this point." Note that this is a miss-statement of the idiom "biting off more than one can chew." Pt was hit by a car and a bus when she was a child and lost 4 teeth that were replaced but then died and was taken out. Regarding battery, pt indicated she had a neighbor who drank a lot and one time pushed her, but there was no arrest. Regarding domestic violence, pt she had been in fights with Adam, the father of her daughter Lindsey. Regarding witnessing trauma, pt indicated "One of my best friends who skated with me later got hit by a drunk driver." She indicated she was close to that person. Medical Hx: Pt broke her leg in 4th grade when she fell off of a Koi pond. She remembers having a cast on and people would sign it. She indicated she could not skate for 6 weeks and that was frustrating for her. As noted, she was hit by a car and a bus while riding her bike, and lost 4 teeth. Pt also indicated she broke her fingers when she fell while skating when she was younger. She believes she broke 2 fingers in her R hand. Pt also indicated she broke her elbow when she was about age 26. She indicated she was roller skating at the beach at the time.

She indicated they wrapped the elbow so she would not have as much pain. Pt also indicated she slammed her L finger in a door when she was younger. Pt also indicated she broke one of her pinky toes 2 times. She indicated one was fairly recent and she lost a toenail which was just now growing back in. PSH: Pt has had 2 hernia surgeries around Christmas 2015 two weeks apart. Regarding head injury, pt may have hit her head when falling during skating. She indicated a surf board may have hit her head, but never recalls being knocked out. Pt indicated when she went to see Dr. Shah, he put her things on her head to help. She indicated she never really understood what the procedure was and never really discussed the issue with him. Current Meds: Norco, Valium and OTC Tylenol. Habits: Pt indicated she might have first had some alcohol when she took sips off party glasses at her mother's place. She indicated the last time she had an alcoholic beverage was within the last few days before this evaluation when she got some eggnog from Trader Joe's. She indicates she does not drink alcohol much. When asked if she went through a period of drinking a lot, she indicated that after her mother died, she drank more for a little bit and then when Lindsey was almost two, she went through some times of drinking more. Pt indicated she first tried marijuana around the age of 9 with some girlfriends. She indicated in high school she might have used marijuana maybe twice a week in general and on the weekends. She indicated she did not do marijuana for many years because she became paranoid one time after taking it. Pt is currently using marijuana oils to help with her pain over the last 9 months. She indicated the last time she smoked marijuana was about 15 days ago. Pt indicated she used cocaine around the age of 17. She indicated the last time she used any was over 20 years. Pt indicated she went to AA after she got a DUI. Mental Status Examination: General Appearance: The patient presented as a pleasant and cooperative woman appearing about her stated age. At one point, during the evaluation, the patient had to get up because of pain from sitting in the chair for an extended period. Orientation: She appeared to be of average intelligence based on her best test results. She was oriented in all spheres. Speech: Speech was significantly pressured at times when talking about her problems. She would often pause before answering questions, and restate her thoughts. Thought Processes: Generally intact. No problems with loosening of associations or significant tangentiality. There was no evidence of a psychotic thought process. Thought Content: Generally intact. There was no significant poverty of thought. There were no current suicidal, homicidal ideations, auditory or visual hallucinations. Mood And Affect: Mood was depressed and anxious. Affect was labile. She cried during the evaluation. Memory: Mildly to moderately impaired. Concentration And Attention Span: Generally intact, although test results also indicate some concerns. Fund Of Knowledge: Generally intact. Insight And Judgment: Fair in that she is aware she has some problems. Psychological Testing was performed. Dx: 1) Unspecified depressive disorder. 2) Unspecified anxiety disorder. Impairments Following the AMA Guides: When considering current social functioning, pt has moderate impairments, because she has withdrawn from friends. When considering current psychological functioning, pt has moderate impairments because she of her depression, anxiety, and memory and concentration problems. When considering current occupational functioning, pt has no impairments because she could still do her job as a janitor despite her mental health problems. With regard to concentration and pace, pt has moderate impairments because of her memory problems. Lastly, ability to perform ADLs, pt has moderate impairments because she often has no interest in doing activities at home. RTW Status/Work Restrictions: From a

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psychological point of view, pt was never TTD or TPD and never had work restrictions. Current Tx Needs: Pt would likely benefit from 20 sessions of CBT, with a focus on succeeding at work. Prognosis: Fair with recommended Tx. Causation: Causation at this time for her mental health problems is currently deemed to be with greater than 50% medical probability due to the negative industrial events she underwent. Since the events are in part due to the reported actions of those in a superior position to her, there is a scenario where the Rolda defense might be asserted and at that point, Rolda procedures would be expected to be followed. Disability Status: Pt was never TTD or TPD from a psychological point of view. Discussion of physical disability is deferred to the appropriate specialty. P&S/MMI Status: At the time of this examination, pt had not reached MMI because she may benefit from the course of Tx recommended. Permanent Disability Status/Impairment Rating: As there is not yet MMI or P&S status, there is not yet permanent disability. However, pt be given a current GAF of 60. Vocational Rehab: Deferred until MMI is reached. Apportionment Discussion: Formal apportionment is deferred until MMI reached. Summary and Integration: Industrial causation with greater than 50% medical probability is indicated at this time for her mental health problems, although with additional requested information this examiner's opinions may change. Since the events are in part due to those in a superior position to her there is a scenario where the Rolda defense might be asserted, and at that point, Rolda procedures would need to be followed. Given an onset of April 2016, a Benson analysis at this time indicates 40% to the CT of her back issues, 40% due to CT surrounding sexual harassment and its sequelae and the remaining 20% due to her marital problems. The specific injury of 08/30/17 and the car accident in June 2017 may be permanent aggravating factors or temporary exacerbating factors depending on additional information including additional records and evaluations, tx, and a subsequent re-evaluation.

06/19/19 – PTP's P&S Rpt at The Wellness Studio by Harold Iseke, DC. DOI: 08/30/17; CT 09/01/13-09/01/17. Pt states that throughout the course of his employment at Lighthouse Coastal Community Church as a Janitor, she gradually developed pain in her head, arms, low back, abdomen and feet due to repetitive nature of her job. She constantly uses her arms, hands and legs. She also states that she repetitively performed cleaning duties such as sweeping, mopping, dusting and scrubbing for the whole 8-hour shift. Pt states that she started experiencing sharp pain in her abdomen and low back, with associated bulging sensation in her abdomen around 2013. She did not report the symptoms to her employer. She did not take any pain med. She continued working on regular duties. Pt reports that through the following months, she developed burning sharp pain in her arms, mostly the R arm, and feet, with associated weakness and soreness. She also experienced occasional HA at work when exposed to cleaning chemicals in closed areas. She also developed severe stress and anxiety due to the outrageous behavior at her workplace. Within 2014, pt sought medical attention through her PCP, Dr. Khan. She was prescribed with pain med, Valium and Paxil, which afforded temporary symptomatic relief. She was then referred to see a specialist. In 2014, pt started to see pain specialist Dr. Michael Shahbazian. She reports multiple MRI scan and x-ray from her low back were obtained. She was referred to attend PT. Therapy afforded minimal pain relief. Pt was prescribed with Norco and Soma, which afforded temporary pain relief. She also received approximately 6 injections to her low back, which afforded temporary pain relief. She continued to f/u on a 3-month basis. Within

December 2014, pt started to see surgeon Dr. Nguyen. She was Dx'd with R abdominal hernia. Pt underwent hernia repair surgery in December 2014. She was last seen in late 2014. She was temporarily placed off work. Pt RTW on regular duties with the same employer. She continued to experience pain and discomfort in her arms, low back and feet, with associated HA. She also continued to experience stress, anxiety and depression. She continued to take her prescribed med, which afforded temporary pain relief. She reports she also started to experience pain in her abdominal area similar to the pain when she had the abdominal hernia. On 09/07/17, pt was terminated from her job. Pt is currently not working and is not receiving any kind of benefits. She is currently taking pain and anxiety med, which afford temporary symptomatic relief. She also reports her social life has been severely affected. She reports much difficulty sleeping due to the stress, anxiety and depression caused by her current medical condition. Initially, this examiner has seen pt on 01/11/18 for evaluation of her specific injury sustained on 08/30/17 and cumulative injuries from 09/01/13 to 09/01/17 while working as a janitor for Lighthouse Coastal Community Church. At the time of evaluation, she c/o pain in head, mid back, low back, R elbow, R forearm, R hand, B/L knee and abdominal. This examiner opines that pt's current symptomatology was a result of the specific work-related injuries that occurred on 08/30/17 and cumulative injuries from 09/01/13 to 09/01/17. During this evaluation, she remained symptomatic despite the Tx provided to her. She was placed on TTD. Pt c/o frequent occipital, L and R temporal throbbing HA with dizziness, nausea and light sensitivity Exacerbation with stress and activity. T/S: Pt c/o constant moderate achy upper mid back pain and stiffness becoming sharp, stabbing severe pain with lifting 10 lbs, standing, walking, driving, bending, kneeling, twisting, stooping and squatting. L/S: Pt c/o constant moderate sharp, stabbing unknown pain and stiffness becoming sharp severe pain radiating to L leg with N/T with lifting 10 lbs, standing, walking, driving, bending, kneeling, twisting, reaching, stooping and squatting. R Elbow: Pt c/o frequent moderate sharp R elbow pain and stiffness, associated with lifting 10 lbs, pushing, putting repetitively and turning. R Forearm: Pt c/o frequent moderate sharp R forearm pain and stiffness, associated with lifting 10 lbs, pushing, pulling repetitively and turning. R Hand: Pt c/o frequent severe sharp, burning R hand pain and stiffness, associated with lifting 10 lbs, reaching, grabbing, grasping, gripping, squeezing, pushing and pulling repetitively. R Knee: Pt c/o frequent moderate sharp, stabbing R knee pain and stiffness, associated with lifting 10 lbs, standing, walking, driving, bending, kneeling, twisting and squatting. L Knee: Pt c/o frequent severe sharp, stabbing L knee pain and stiffness, associated with lifting 10 lbs, standing, walking, driving, bending, kneeling, twisting and squatting. R Ankle: Pt stated that her R ankle pain is resolved. Abdominal: Pt c/o activity-dependent moderate sharp, stabbing abdominal pain and stiffness radiating to R groin. Sleep: There is c/o loss of sleep due to pain. Psychological: Pt states that due to prolonged pain, she is feels like her condition will never improve and is causing anxiety, stress, depression, irritability and nervousness. Pain now is 8/10, at worst 10/10, on average 5/10 and with activity 10/10. ROS: Neurologic: Pt has h/o HA and dizziness. SH: She smokes 6 cigarettes per day since age 19. She drinks alcoholic beverages occasionally. Vitals: Wt: 113 lbs. BP: 117/94. PE: Functional Testing: Standing on heels, toes, R and L foot, and kneeling and squatting increased LBP. MRI of R elbow on 01/10/19: Impression: 1) Common extensor tendinosis. 2) Radiohumeral effusion. 3) Ulnohumeral effusion. 4) Small subchondral cyst in the posterior aspect of the capitellum X-ray of R hand on 01/10/19:

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Impression: Unremarkable hand study. Dx: 1) HA. 2) Sprain of ligaments of T/S. 3) Spinal enthesopathy, thoracic region. 4) LBP. 5) Spinal enthesopathy, lumbar region. 6) Pain in R elbow. 7) Pain in R hand. 8) Pain in R knee. 9) Pain in L knee. 10) Unspecified abdominal pain. 11) Sleep disorder, unspecified. 12) Anxiety disorder, unspecified. 13) MDD, single episode, unspecified. 14) Acute stress reaction. 15) Irritability and anger. 16) Nervousness. 17) Chronic pain due to trauma. 18) Myalgia. Disability Status: After thorough review of all medical records concerned and the findings obtained from this evaluation, there is enough evidence to support the premise that pt has reached a plateau in terms of her condition. She has reached MMI on 06/19/19. Subjective Factors Of Disability: 1) HA with dizziness, nausea and light sensitivity. 2) Upper mid back pain and stiffness. 3) LBP and stiffness. 4) R elbow pain and stiffness. 5) R forearm pain and stiffness. 6) R hand pain and stiffness. 7) R knee pain and stiffness. 8) L knee pain and stiffness. 9) Abdominal pain and stiffness radiating to the R groin. 10) Loss of sleep. 11) Anxiety. 12) Depression. 13) Irritability. 14) Nervousness. Objective Factors Of Disability: T/S: 1) There is TTP of B/L scapular area, B/L trapezii, spinous processes, T6-T7 spinous process, T7-T8 spinous process, T8-T9 spinous process, T9-T10 spinous process, thoracic paravertebral muscles and thoracolumbar junction. 2) There is muscle spasm of B/L levator scapulae, B/L rhomboids, B/L scapular area and thoracic paravertebral muscles. 3) Positive orthopedic tests. L/S: 1) There is TTP of B/L gluteus, B/L SI joints, L3-S1 spinous processes, lumbar paravertebral muscles, spinous processes and thoracolumbar junction. 2) There is muscle spasm of B/L gluteus, lumbar paravertebral muscles and thoracolumbar junction. 3) There is limited ROM. 4) Positive orthopedic tests. R Elbow: 1) There is TTP of the anterior elbow, lateral elbow, medial elbow, olecranon process and posterior elbow. 2) There is muscle spasm of the dorsal forearm, lateral forearm, medial forearm and volar forearm. 3) There is limited ROM. 4) Positive orthopedic tests. 5. MRI findings revealed abnormal findings. R Hand: 1) Pt reported tenderness in R hand thumb. 2) There is TTP of the palmar aspect of R hand. 3) There is painful ROM. R Knee: 1) There is TTP of the anterior knee, lateral joint line, lateral knee, medial joint line, medial knee, popliteal fossa, posterior knee and superior border of patella. 2) There is muscle spasm of the anterior knee, lateral knee, medial knee, posterior knee and superior border of patella. 3) There is limited ROM. 4) Positive orthopedic tests. L Knee: 1) There is TTP of the anterior knee, lateral joint line, lateral knee, medial joint line, medial knee, popliteal fossa, posterior knee and superior border of patella. 2) There is muscle spasm of the anterior knee, lateral knee, medial knee, posterior knee and superior border of patella. 3) There is limited ROM. 4) Positive orthopedic tests. Impairment Rating: 5% WPI for T/S. 5% WPI for L/S. Combining these values gives 10% WPI for the spine. With regard to R elbow, flexion limited at 120 degrees has 2% UE impairment. This converts to 1% WPI of R elbow. Impairment of B/L knees are derived based on limitation of motion. She has normal limits. Therefore, there is no ratable impairment obtained on B/L knees. Pt's psychiatric complaint is industrially related. However, impairment rating is deferred to the appropriate treating specialist. Pt c/o difficulty to sleep restfully and sleep normally at night. Thus, she is placed under Class 1 in the Criteria for Rating impairment due to Sleep and Arousal Disorders. She has reduced daytime alertness. Her sleep pattern such that individual can perform most activities of daily living. Pt is assigned with 2% WPI for sleep. The burden of pt's condition has been increased by pain-related impairment in excess of the pain component already incorporated in the WPI rating. Additional pain-related

impairment of 2% WPI. In summary, the 10% WPI for the spine, 1% WPI for R elbow and 2% WPI for the sleep are combined per the Combined Values Chart which yields 13% WPI. This is then added to the 2% pain-related WPI. Therefore, pt has a total of 15% WPI. Causation: It is with reasonable medical probability that pt's permanent disability to the midback, low back, R elbow, R hand, B/L knee and abdomen arose out of, in the course of her employment with Lighthouse Coastal Community Church on a specific injury on 08/30/17 and cumulative injuries from 09/01/13 to 09/01/17, based on the provided historical information, subjective complaints, objective factors, review of medical records and information available to me at this time. Opinions with regard to pt's psychological disability are deferred to the appropriate specialist. Apportionment: While it is opined that there is a direct relationship between pt's injuries to the midback, low back, R elbow, R hand, B/L knee and abdomen and the specific and cumulative industrial trauma and it is this examiner's opinion that 100% of pt's current impairment arose out of, and in the course of her employment with Lighthouse Coastal Community Church as she was able to perform her usual and customary duties as a janitor. This examiner opines, within reasonable medical probability that 100% of pt's permanent disability to the relative to the aforementioned body regions are due to the specific trauma injury on 08/30/17 and CT from 09/01/13 to 09/01/17. Apportionment in regards to pt's psychological disabilities is deferred to the appropriate specialist. Work Restrictions: Pt has reached MMI on 06/19/19. She can return to her previous occupation as a janitor on modified duty with the following permanent work restrictions. In regard to midback and low back, pt should do no heavy lifting or more than 10 lbs, no repetitive bending or stooping, prolonged standing and walking. With respect to R elbow and R hand, she should be precluded from forceful pushing, pulling, gripping and grasping, squeezing, lifting and carrying or other activities involving comparable physical effort. With respect to B/L knees, she should be precluded from heavy lifting, prolonged weight bearing, kneeling, climbing, no repetitive use of stairs, walking on uneven surface, or other activities involving comparable physical effort. Supplemental Job Displacement Benefits: If the work restrictions noted above are not honored by her employer, then she should be regarded as a QIW, and therefore would be eligible for supplemental job displacement benefits. Future Medical Care: This examiner opines that pt should be provided future medical care for flare-ups that would be reasonably expected for her condition. Future medical care is to include additional tx which may involve up to 24 sessions of PT and chiro Tx per year for any acute flare-up. In addition, due to chronic pain, also recommends acupuncture Tx to help reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effects of medication-induced nausea, promote relaxation in anxious patients and reduce muscle spasm. Acupuncture tx in particular, are of great benefit for patients suffering with midback, low back, R elbow, R hand, B/L knee pain. In addition, pt may necessitate pharmaceutical agents to include, but not limited to analgesics and NSAID'S. These meds would be prescribed by her medical physician. Moreover, due to pt's residual midback, low back, R elbow, R hand, B/L knee pain, it is also medically probably that pt will require periodic orthopedic specialty evaluation, as well as meds, bracing, injections and even additional diagnostic studies (including x-rays, diagnostic ultrasound, MRI scans, EM/G/NCV studies, etc), in order to monitor for potential progression of pt's industrially-related injury/pathology. Moreover, orthopedic specialty consultations should also be provided for consideration of possible surgery if pt's

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symptoms significantly worsen and if so, deemed appropriate and necessary by the specialist at the time of said specialty consultation.

06/25/19 - Initial Comprehension Med-Legal Eval by Julie Goalwin, Ph.D./Clinical Psychology. DOI: 08/30/17; CT 09/01/13 through 09/01/17. Pt appeared disheveled her speech was slow and arrived on time for the appointment. Pt worked for Lighthouse church as a janitor. Her job duties were to clean all classrooms, offices and the church. Pt states that the Pastor of Lighthouse church Leigh Harrison made sexual advances towards her at her place of work, when she refused, she was made to feel out of place and that her job was in jeopardy. The pastor's wife was a friend and she did not want to hurt her. Pt states that these events occurred over a period of approximately 2 years, during this time she was sexually harassed on at least 6 separate times. She states during this 2-year time, lies were told about her at work and in the community. She states that Pastor Leigh Harrison would come to her home when his wife was out of town, he was supposed to fix the sink, but then would ask if the kids were gone. They were home and he had her 9-year-old daughter sit on his lap and discuss her clothing. He also grabbed her 21-year old daughter's bottom. She states the pastor had also tried to French kiss her on several occasions throughout the years and succeeded once sticking his tongue in her mouth. He would always sit very close to her and try to get her to sit on his lap. He also had touched her waist and butt on previous occasions. She also felt like his hugs lasted too long and was not appropriate. Pt states she tried to move on after the incidents because she valued her job and the Pastor was in his 70's and had moved to Arizona, she had heard he was forced out and made to retire from the Church. Her daughter reported similar incidents from the past when she was a minor and pt felt she could no longer be quiet she decided to make a report to the Junior Pastor, Eric. After she made her report, she noticed right away that everyone at the church was treating her differently. She was not treated well, and her hours were now being cut. Her hours were changed to working nights and she was not allowed to volunteer any longer. She started receiving endless criticism about her work and she was written up over silly things, blamed for leaving a roll of paper towels out. She was left out of meetings and 3 new people were hired. Pt states she would cry and was upset at everything that was going on. She was also having started having health issues from work, problems developed with her knees, some days she could not walk or ride her bike home due to the pain. Pt states that one time a contract worker named Hassim whom was married to a lady that worked for the church literally forced her to clean the floor on her knees when it did not need it. He wanted her to stop the errands and things she was doing and clean up area where he did drywall work, even though he was still working in the area making more of a mess. He was very aggressive in his demands, so she complied to clean the floor in front of others on her knees. When she left, she felt that office workers were laughing at her. Pt said there were other times he had harassed as well. Pt also states that one of the ladies that worked for the church Jeane had said something about her clothing attire, trying to state it may be provocative. Pt was working evenings and wore a tank top that covered everything, and nobody works in the evenings. She never wore shorts or low-cut tops. She felt that this was just another form of harassment. Pt states during this time she witnessed a theft by an elder named David, he stole \$5000.00, pt told Pastor Eric and he handled the situation with the police coming and the money was recovered hidden in the church. She was told to sign a form that she would not say anything

about the incident she signed the form in front of the Churches attorney. She signed the paperwork. She states all the elders and their wives knew about the incident. She felt she was treated differently after this also. She felt they demeaned her. Pt states she was fired a few months after she made the report regarding Pastor Leigh. She was fired for 3 write ups. On the day she was fired because she had been a little late to work. She had purchased a new car and was so excited to show Pastor Eric. She did not call to say she was running a little late. She was going to surprise him that is why she did not call. She tried to explain the situation; he did not care. She was fired and told to get her check. She states that she is now trying to put this behind her and move on with her life. Her medical problems have also contributed to her mental decline, to the point where work seems impossible. She has filed a claim for her medical issues from work and is receiving tx. Associated Physical/Emotional Symptoms: Pt is experiencing physical complaints: She has anemia, arthritis, sciatica, low BP, constipation, stomach pain, nausea, ulcers, dizziness, vision problems, HA, fatigue, tremors, sleep disturbances, ringing in the ears/tinnitus, poor circulation and swelling in hands/ankles/feet. She also has pain in neck, upper neck, mid back, low back, R hip, shoulder and elbow. She also has pain in both hands and knees. Pt states she has severe pain in her back-L leg it is a 6/10. She is also experiencing severe R hand pain and HA. She states this is due to repetitive cleaning, lifting, pushing, carrying and poisonous chemicals. Pt states that she has experienced emotional complaints: She feels depressed, anxious, tearful and sad. She is also lacking motivation, easily startled, tired and insecure. She is eating less, having sleep disturbances and unsure/fearful of the future. Pt states that she feels anxious and does not want to leave her house, when she does leave, she rushes R back home. She states she feels isolated and has lost many friends. She does not spend time with her family and she does not go on trips. She also has trouble dropping things due to injures/broken arm. She states she has 6 staircases to climb, she fell down. She cannot sleep for more than 2-3 hours and cannot stop thinking repetitive thoughts and she feels paranoid going to church. She is also sad and having crying spells. Drug Abuse-Alcohol-Tobacco: Pt states that she does not drink any alcohol. She does smoke oil tobacco and uses marijuana in oil form medicinally. Current Meds: Norco for her chronic pain. Mental Status Examination: Pt cooperative throughout the evaluation. Pt presented as disheveled, with slow speech and her eyes twitched. She had cognitive and conceptual delays. She states that she was physically and sexually harassed at work, she experienced unfair criticism and retaliation and she was wrongfully terminated. Pt is currently unemployed and receiving alimony and child support. She did have some slow speech at times. There are some indicators of short term and remote deficits likely related to stress and depression. Pt was oriented to person, place, time and situation. Dx: Axis I: Anxiety state, unspecified, mild cognitive impairment, primary insomnia, pain disorder with related psychological factors. Axis II: No Dx. Axis III: Description of physical disorder: HA, arm, shoulder, elbow and back pain. Axis IV: Situational psychosocial stressors (stress, financial distress). Axis V: GAF: 59, WPI: 17. Causation: Following careful psychological evaluation, this examiner has determined that events that occurred at work and their sequelae appear to be AOE/COE and were the predominant (>51%) to all the causes combined to have produced a psychological injury. This injury does meet requirements. The injury caused symptoms of anxiety state, generalized, mild cognitive delays, pain disorder with related psychological factors and insomnia, unspecified. Regarding the issue of good-faith personnel

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actions in causation consideration, this claim AOE/COE is the direct sexual harassment, and hostile work environment pt was subjected to causing her current anxiety and cognitive delay disorder. Based on the information provided, it appears that the predominant cause (>51%) of pt's impairing psychiatric symptoms occurred as a result of the events of employment with Lighthouse Church. There are no non-industrial issues presented to this examiner that would have contributed to the onset of pt's impairing psychiatric symptomatology, absent the events as they occurred while employed with Lighthouse Church. What made this a psychological is the sexual harassment by Pastor Leigh Harrison and then after a report was made the harassment and retaliation by Junior Pastor Eric. Also, church employees that were involved with the harassment. Pt was sexually harassed by Pastor Leigh Harrison, someone she looked up to and trusted him to counsel and guide her. He used his power at the Church to make inappropriate advances, such as grabbing her by the waist, hugs that lasted too long, wanting her to sit on his lap and finally French kissing her. He also was inappropriate to her children. After pt reported the incidents that had been going on for years to Junior Pastor Eric, she was immediately treated differently. She was gossiped about, laughed at and demeaned. Pt was written up for things she did not do, she was treated badly by others that worked at the church, forced to clean after them and laughed at. She was criticized nonstop. She had her hours cut and was given the night shift. Pt was fired after a few months of her report. She had also witnessed a theft in the church and was treated badly after that report. Based on the information provided, pt developed impairing psychiatric symptoms anxiety disorder generalized and mild cognitive disorder after being subjected to intense harassment and sexual harassment by the Pastor Leigh Harrison and Junior Pastor Eric at the Lighthouse Church. Pt was subjected to workplace sexual harassment by Pastor Leigh Harrison for over 2 years. He used his position as a person to take advantage of her. After she decided to make a report to Junior Pastor Eric she was criticized, harassed and gossiped about. She was retaliated against by being written up for things she did not do, or silly things like a roll of paper towels being left out. She was told maybe she dressed provocatively. She was laughed at and gossiped about until she was ultimately fired. It appears that all of these actions were discriminatory and done in bad faith; however, this examiner will defer to the WC Judge to determine. Therefore, it must be concluded that the above detailed industrial factors reach the level of substantial cause of pt's impairing anxiety disorder, insomnia and mild cognitive delay and pain disorder. Assessment of Disability: At this time pt is TTD. This examiner would like for her to be able to attend the CBT Biofeedback sessions that the QME asked for in a 12-week period. At this time, she will be TTD until 09/25/19. Apportionment: Based on this examiner's review issues of apportionment are deferred until she is at MMI. Based on the information currently available and the hx provided by pt, mental status examination, results of psychological testing, and record review, this examiner opines that the causation of the permanent psychological disability is 100% attributable to industrial injuries she sustained during the course of her employment. Work Restrictions: Pt is currently not working. Psychological Care: Pt requires psychological Tx in the form of outpatient psychotherapy for stress reduction and to help her cope more adequately with anxiety and stress. CBT is indicated to assist in reducing the anxious and depressive symptoms. Biofeedback has been shown to be useful in this type of Tx. As per the QME of Dr. Moazzaz dated 07/17/18, this examiner is requesting 20 CBT sessions over a 12 week course with the focus of succeeding at work. This examiner is also requesting

transportation for these appointments since there is no doctor close to her home and getting to the doctors is a severe problem. I would also like her to have an evaluation by a psychiatrist.

11/09/20 - AME Rpt by Eric E. Gofnung, DC/Chiropractor. DOI: CT 09/01/13-09/01/14; CT 09/15/13-19/15/17; 08/30/17. Pt reported she was asymptomatic and without any disability or impairment prior to the CT injury from 09/01/13 to 09/01/17, as related to her neck, B/L shoulders, elbows, wrists/hands, low back, and BLE, B/L knees. She states when she began working for Lighthouse Coast Community, she had no pain complaints to these areas. Pt states that while performing her usual and customary job duties as a Janitor for Lighthouse Coastal Community, she gradually developed pain in her head, arms, low back, abdomen, and feet due to the repetitive nature of her job. She states she constantly used her arms, hands, and legs to perform her job duties while lifting heavy items, moving furniture and chairs on a dolly at Least twice a week and sometimes more often, repetitively, and movements including constant bending, kneeling, washing, and lifting. She states the dolly she used to move the chairs had a broken wheel making it more difficult to move. She also repetitively performed cleaning duties such as sweeping, moping, dusting, and scrubbing during her entire shift. She states she began to experience pain in her low back in approximately early 2012 due to her work duties. Pt states that she started experiencing pain in her abdomen, with associated bulging sensation in her abdomen in November 2012. She states that she was lifting up a vacuum and felt a sharp pain and popping sensation in her lower back and R groin. She states she felt a bump in R groin area. She states her supervisor was there when the incident happened. She reached down to her lower abdominal area and noticed a bump, which she reported to her supervisor who was present. He told her that may be a hernia and told her she could pop it back in. Medical care was not offered. She states her LBP was worsened as a result of this incident. She states her employer was aware of her LBP as she would have to stop and put ice on her low back after a couple of hours of work. Pt states she continued working at her regular job duties with ongoing symptoms. Pt states that in the following months, she noted the onset of burning sharp pain in arms, mostly the R elbow and hand, and feet with associated weakness and soreness. She states she also experienced occasional HA at work when exposed to cleaning chemicals in closed areas. Pt states that in 2014, she sought medical attention through her PCP Dr. Khan for her low back. She was prescribed pain medication, vitamins, and Paxil, which provided temporary relief. She continued to f/u on a 3-month basis. Pt states that in approximately December 2014, she was evaluated by surgeon Dr. Nguyen in Fountain Valley. She was Dx'd with R abdominal hernia. Hernia repair surgery was recommended and performed twice in approximately December 2014. She states she followed up twice postoperatively with Dr. Nguyen and was last seen in late 2014. Pt states she was temporarily placed off work for approximately 2 weeks, and then returned to work at her regular duties with the same employer. Pt states she was referred by her PCP for pain management due to back pain in 2014 and evaluated by Dr. Shahbazian. Recommendation was made for lumbar epidural injections after she completed PT. She was also prescribed Vicodin. She underwent a series of 3 lumbar epidural injections in February and March 2014, which provided temporary relief. However, she continued to experience LBP, and continued to treat with Dr. Shahbazian for medication refills and course of PT. She underwent another series of 3 lumbar epidural injections in August, September and October, 2014. She underwent a lumbar

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epidural injection in January 2015, which was very helpful. She continued to treat with Dr. Shahbazian for medication refills. She underwent lumbar epidural injections in May, June and October 2015, November 2016, and March 2017. She is no longer treating with Dr. Shahbazian since approximately 2017. Pt also states that she developed stress and anxiety due to harassment at her workplace beginning approximately 2012 due to sexual harassment by the pastor of the church, Pastor Leigh, who was in his 60s or 70s. Pastor Leigh also made inappropriate comments to her, and would hug or touch her in inappropriate ways, which made her feel very uncomfortable, and unsafe. She states that the pastor French-kissed her without her consent in approximately 2015, She states that in 2016, after she was divorced, Pastor Leigh asked her to go with him on a date, and would come to her house when she was by herself at home, which made her feel very uncomfortable. She states she also discovered that this pastor was sexually harassing her daughter who was 19 or 20 at the time, which increased her anxiety about the situation as she feared for the safety of her daughter. Pt states that she reported the inappropriate behavior and comments to the head pastor, and her work shift was changed to nights when Pastor Leigh was not at the workplace. She states that it was agreed with the pastor that this problem would not be discussed with anyone else, however, all of her co-workers knew about the incident. Pt states that after she reported the sexual harassment to the head pastor, she noted that co-workers treated her differently, began belittling and ostracizing her. She was also being written up for very small issues that she had never been written up for before, which she felt was retaliation for reporting the sexual harassment. She states that in weekly meetings, she was completely ignored and talked over, which was different than before she reported the sexual harassment. She states her daughters were also treated differently after she reported the sexual harassment. She states her hours were also cut, she was no longer allowed to volunteer or bring help when she needed assistance in lifting heavy items. Pt states as she continued to perform her job duties, she experienced gradually increasing pain and discomfort in her arms, low back, and feet with associated HA. Pt states she also started to experience pain in her abdominal area similar to the pain when she had the abdominal hernia. Pt states she also continued to experience stress, anxiety and depression, as well as pain in her low back, neck, R elbow, and B/L knees, and she continued to treat with Dr. Shahbazian on a private basis for pain management and medication referrals. She continued to take her prescribed medication, which afforded temporary relief. Pt states that on 08/30/17, she was performing her regular duties cleaning the church offices when she was told to clean a particular office floor immediately. During this time, remodeling was being performed in the offices. She states she was ordered to stop what she was doing immediately, by someone who was not her supervisor, and to clean up some drywall that was on the floor. Due to her back issues, she had to get on her knees in order to clean up the drywall. She states that coworkers in the office were telling her to come and do something else and appeared to be laughing at her as she was cleaning up the drywall. She states she felt embarrassed, discriminated against, and harassed. As a result of this incident, she states that she has suffered severe stress, depression mental anguish and loss of sleep, as well as increased pain in her low back and knee. She had to leave early that day due to this incident. She continued working her regular job duties. Pt states that in early September 2017, she was told to get rid of some heavy filing cabinets and coffee machines that were in the hail due to remodeling. The cabinets had to be moved from the second floor to the first floor. Pt states she called some of her

friends to come and help her with a truck to get rid of the cabinets and coffee makers. She states that the next day her supervisor, Jeannie called her, and said she was not supposed to get rid of the filing cabinets because they had important information in them, which was contradictory to what she had instructed her to do. Pt states that in the last year of her employment, she was disciplined at least four times, which she felt was done unfairly and was retaliation for reporting the sexual harassment. She states her hours were also cut to 12 hours per week, and she was no longer allowed to bring help to perform her job. Pt states that on 09/07/17, she was terminated from her employment because she was written up a 4th time. Pt states she is not currently working and is not receiving any kind of benefits. Pt was referred for psychological tx to Dr. Goalwin in June 2019. Recommendation was made for psychotherapy and psychiatric evaluation. Pt retained legal representation for her injuries, and was referred for medical tx to Harold Iseke, D.C. and was evaluated in January 2018. She was referred for MRI of R elbow, low back and B/L knees, acupuncture and chiro tx, and ortho evaluation and to a hernia surgeon. She was taken off work. She was also referred for electrodiagnostic studies of UE and a psychological evaluation. Pt was referred to a hand specialist and a surgeon regarding her knees. Pt states that she continued to treat with Dr. Iseke until June 2019, when she was released from care. Pt states that recently her PCP, Dr. Khan, referred her for MRI scan and x-rays of her low back, to Dr. John Kelly for LBP that is radiating to R foot. Dr. Kelly referred her to a new pain management doctor, Dr. Vivek Babaria in Fountain Valley. Pt is currently also receiving psychological counseling. Complaints Secondary To Subsequent Injury of 09/01/13: HA: Pt reports HA with sharp pain on R side of head, which last for up to 10 minutes. She uses an essential oil for HA, which helps. At times she has light sensitivity as a result of HA. Neck: Pain is intermittent L-sided neck pain that is described as pulsating. There is cracking and grinding of neck with ROM and twisting and turning the head and neck. She has difficulty turning her head to L. There is report of stiffness in neck. She is experiencing N/T sensations in both arms, R>L. Her pain level varies throughout the day but is worse in the morning. Ice packs and hot baths with Epsom salt provide temporary pain relief, but she remains symptomatic. R Elbow: Pain in R elbow is constant, and intermittent on the L. Pain increases, becoming throbbing and burning in R elbow with shooting pain from the shoulder. Her pain increases with reaching, pushing, pulling, and with any lifting. Ice packs and hot baths with Epsom salt provide temporary pain relief, but she remains symptomatic. B/L Hands/Wrists: Constant pain in B/L wrists and hands, R much greater than L. Pain is aggravated with gripping, grasping, torquing motions, flexion, and extension of the wrist/hand, pinching, fine finger manipulation, driving, repetitive use of UE pushing, pulling, and lifting and carrying lbs. She has weakness and loss of grip strength in hands and wrists and drops objects as a result. There is N/T in hands and fingers, R much greater than L. She has difficulty sleeping and awakens with N/T and pain, and discomfort. Her pain level varies throughout the day, depending on activities. Ice packs and hot baths with Epsom salt provide temporary pain relief, but she remains symptomatic. Upper. Mid and Lower Back: Pain is moderate, and the symptoms occur frequently in upper, mid and lower back. Pain in lower back is much worse than the upper and mid back. Pain radiates down her R buttock, hip and leg to the calf and to her foot and great toe and is constant. She has N/T in her R foot. She has numbness on her R calf. Pain increases with activities of standing or walking as well as sitting over 15 minutes as well as activities of kneeling, stooping, squatting, forward bending, ascending

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and descending stairs, forceful pushing and pulling, lifting and carrying greater than 5-10 lbs, going from a seated position to a standing position and twisting and turning at the torso. She c/o muscle spasms in lower back. She awakens from sleep as a result of LBP. Ice packs and hot baths with Epsom salt provide temporary pain relief, but she remains symptomatic. B/L Knees: R knee pain is constant, and L knee pain is frequent. There is report of swelling and throbbing pain in knees, R worse than L. Pain increases with activities of standing or walking as well as activities of attempting to kneel, stoop, squat, forward bending, ascending and descending stairs, forceful pushing and pulling, lifting and carrying greater than 5- 10 lbs, going from a seated position to a standing position and vice versa. She reports occasional episodes of buckling of knees. Ice packs and hot baths with Epsom salt provide temporary pain relief, but she remains symptomatic. Chemical Exposure: C/o HA and breathing problems due to chemical exposure from work. Hernia: Pt reports a bump in R groin. She has occasional pain in R groin with bending, getting in and out of the bath and other similar activities. Abdominal pain: Pt reports worsening of abdominal pain due to stress. Complaints Secondary to Subsequent Injuries of CT 09/15/13-09/15/17: Psych: Pt has continuous episodes of anxiety, stress, depression, and panic attacks due to chronic pain and disability status. She denies suicidal ideation. Complaints Secondary to Subsequent injuries of 08/30/17: Psyche: Pt has continuous episodes of anxiety, stress, depression, and panic attacks due to chronic pain and disability status. She denies suicidal ideation. Complaints And Injuries Predating the Subsequent Injury: Non-industrial pre-existing complaints: 1) TBI: Occurred when pt was approximately 13 years old; she was riding her bike and was hit in her back by a Volkswagen. As a result of this accident she had severe injury to her neck, back, knees, head and she lost almost all her front teeth. 2) Severe HA. 3) Memory issues. 4) Confusion. 5) Difficulty concentrating. 6) Difficulty communicating. 7) Dizziness. 8) Nausea/vomiting. 9) Loss of coordination/balance. 10) Chronic pain. 11) Blurry vision. 12) Irritability. 13) Sadness. 14) Anxiety. 15) Lack of self-efficacy. 16) Asthma and allergies resulting in difficulty breathing, chest pain/tightness, and SOB. 17) Arthritis. 18) Hand tremor. 19) Anemia. 20) Fainting. 21) Hyperventilation. 22) Panic attacks. 23) Learning disability - since childhood going back to her earliest memories, she has attended classes for learning disabled from elementary school through college. She did not finish middle school. 24) Paranoid fear of someone being after her. 25) Vomiting. 26) Diarrhea. 27) Psychogenic respiratory disorder. 28) Pharyngitis. PMH: Injuries: When pt was approximately 13 years old, she was riding her bike and was hit in her back by a Volkswagen and a city bus drove over her (but the wheels did not hit her). As a result of this accident, she had severe injury to neck, back, knees, head and she lost almost all her front teeth. Pt reports she fully recovered from her musculoskeletal injuries and got tooth implant, but thinks she may have developed learning disabilities from the accident. Pt was involved in a MVA when she was 21 or 22 and suffered an injury to her upper back. She states she received PT, and her symptoms completely resolved. Pt was involved in a non-industrial MVA when she was rear-ended on 06/07/17 with aggravation of her neck, upper back, lower back, both knees, and R foot big toe pain. She received Tx with Dr. Shah, Dr. Shahbazian, Dr. Khan, and the Greenoak Facility. She received neurological and chiropractic tx. Her symptoms have not resolved. Allergies: Pt is allergic to Zofran for 4 years. Medications: Norco, Valium and CBD oil cream. PSH: Multiple lumbar epidural injections in 2014-2017. Hernia repair surgery x 2 in December 2014. Hysterectomy in April 2016. ROS: Remarkable for trouble sleeping,

muscle or joint pain, stiffness, anxiety, depressed mood, social withdrawal, emotional problems, and stress. SH: Pt consumes alcohol rarely. Pt smokes cigarettes 4-6 per day. Vitals: Wt: 113 lbs. BP: 129/89. PE: Pt was alert, cooperative and oriented x 3. Motor Testing of C/S and UE: Deltoid (C5), Biceps (C5), Triceps (C7), Wrist Extensor (C6), Wrist Flexor (C7), Finger Flexor (C8) and Finger Abduction (T1) motor testing is normal and 5/5 bilaterally. DTRs Testing of C/S and UE: Biceps (C5, C6), Brachioradial (C5, C6) and Triceps (C6, C7) DTRs are normal and 2/2 bilaterally. Sensory Testing: C5 (deltoid), C6 (lateral forearm, thumb & Index finger), C7 (middle finger), C8 (little finger & medial forearm), and T1 (medial arm) dermatomes are intact bilaterally as tested with a Wartenberg's pinwheel with the exception of hypoesthesia at R hand median nerve distribution. Lumbosacral Spine: SLR Test (supine) elicited increased LBP with increased radiculopathy to RLE: Right: 65 degrees. Left: 70 degrees. Ankles and Feet: Motor. Gait and Coordination Testing of The L/S and LE: Ankle dorsiflexion (L4), great toe extension (L5), ankle plantar flexion (L5/S1), knee extension (L3, L4), knee flexion, hip abductor and hip adductor motor testing was normal and 5/5 with the exception of R knee 4/5 in flexion and extension, other myotomes 5/5. Antalgic gait was noted favoring RLE. DTR Testing of L/S and LE: Ankle (Achilles-S1) and knee (Patellar Reflex-L4) DTR are normal and 2/2. Sensory Testing: L3 (anterior thigh), L4 (medial leg, inner foot), L5 (lateral leg and midfoot) and S1 (posterior leg and outer foot) dermatomes are intact bilaterally upon testing with a pinwheel. Dx: 1) Cephalgia, closed head trauma. 2) H/o concussion/TBI secondary to childhood injury and secondary to MVA of 06/2017 per hx. 3) C/S s/sand myofasciitis, secondary to MVA of 06/2017, improved. 4) Cervical facet-induced versus discogenic pain, secondary to MVA of 06/2017. 5) T/S myofasciitis, secondary to MVA of 06/2017, secondary to CT, secondary to 2012 industrial injury. 6) Thoracic facet-induced versus discogenic pain, secondary to MVA of 06/2017, secondary to CT, secondary to 2012 industrial injury. 7) L/S myofasciitis, secondary to MVA of 06/2017, secondary to CT, secondary to 2012 industrial injury. 8) Lumbar facet-induced versus discogenic pain, secondary to MVA of 06/2017, secondary to CT, secondary to 2012 industrial injury. 9) Lumbar disc herniations confirmed by MRI secondary to MVA of 06/2017, secondary to CT, secondary to 2012 industrial injury, Per 12/05/18 lumbar MRI: L4-L5, there is mild B/L stenosis of lateral recesses caused by 3-4 mm posterior disc protrusion and mild B/L ligamentous thickening/facet arthropathy. Associated potential may exist for symptomatic impingement upon descending left or right L5 nerve roots. At L5-S1, there is mild B/L facet arthropathy, without impingement. Otherwise, negative MRI examination of L/S at other levels evaluated. 10) Lumbar radiculitis, R, secondary to MVA of 06/2017, secondary to CT, secondary to 2012 industrial injury. 11) R lateral epicondylitis, secondary to CT, Per 01/10/19 MRI of R Elbow: common extensor tendinosis. Radiohumeral effusion. Ulnohumeral effusion. Small subchondral cyst in the posterior aspect of the capitellum. 12) B/L CTS, secondary to CT, confirmed by NCV/EMG of the date that you reviewed. 13) B/L knee internal derangement, secondary to CT and 2017 MVA, Per 12.8.18 L Knee MRI: Longitudinal horizontal oblique tearing of anterior horn and body of lateral meniscus, violating the superior meniscal surface at anterior horn, and inferior meniscal surface at lateral meniscal body, with superimposed low-grade inner margin tearing. Low-grade longitudinal intrasubstance tearing of distal patellar tendon at tibial tuberosity insertion, extending craniocaudally over a distance of approximately 1.1, on a background of tendinosis. Ossific fragment within distal patellar tendon at tibial

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tuberosity insertion, extending craniocaudally approximately 1.2 cm with mild bone marrow edema within ossific fragment, suggestive of adult Osgood-Schlatter disease. Tricompartmental chondromalacia, most pronounced within patellofemoral compartment, characterized by moderate-grade articular cartilage fissuring, on a background of low-grade articular cartilage loss. Very small joint effusion and small popliteal cyst. Mild edema of suprapatellar fat pad, non-specific, possibly representing quadriceps/suprapatellar fat pad impingement. Per 12/05/18 R Knee MRI: Longitudinal horizontal oblique tearing-of anterior horn and body of lateral meniscus, violating inferior meniscal surface. Minimal longitudinal horizontal oblique tearing of posterior horn of medial meniscus, violating inferior meniscal surface. Mild tendinosis of quadriceps/patellar tendon extensor mechanism, without discrete tear. Tricompartmental chondromalacia, most pronounced within patellofemoral compartment, characterized by moderate-grade articular cartilage fissuring, on a background of low-grade articular cartilage loss. Small joint effusion and small popliteal cyst. Mild edema of suprapatellar fat pad, non-specific, likely representing quadriceps/suprapatellar fat pad impingement. 14) Gastritis/ulcer, diverticulitis. 15) Hernia post repair x2, r/o recurrence. 16) Anxiety and depression. 17) Learning disabilities per hx secondary to childhood trauma. 18) Toxic exposure associated with HA and SOB. AMA Impairment, 5th Edition Analysis, Causation, Pre and Post Subsequent Injury Apportionment, MMI, Work Restrictions and Discussions: C/S: Impairment Rating: Pt qualifying for DRE method and is placed in DRE category II and given 5% WPI due to asymmetric loss of ROM. Causation: As per currently available medical records, causation for C/S injury is secondary to MVA of June 2017. Apportionment: Based upon currently available information, this examiner apportions causation for C/S 100% to June 2017 injury. MMI: is reasonable to declare pt has reached MMI with regards to C/S as pt is expected to have reached MMI 1 year from the DOI from MVA of 06/2017. Please note, the C/S injuries occurred due to an auto accident on 06/07/17 and that date is after the beginning date, but before the ending date of the orthopedic subsequent work injury of CT, and had the MVA of 06/07/17 not occurred, this examiner does not believe this pt would have had any C/S issues at this time as the records reviewed are only significant for neck issues as related to the 06/07/17 MVA. Work Restrictions: A) Pre-existing the Subsequent Work injury: This examiner opines, it is reasonable to conclude pt's C/S condition was labor disabling as a result of the auto accident on 06/07/17 in view of her non resolving issues and she had a work restriction of no very heavy lifting prior to the ending date of the subsequent injury CT. B) Following Subsequent Work Injury: There are no further work restrictions for the C/S following the orthopedic subsequent work injury. T/S: Impairment Rating: Pt qualifying for DRE method and is placed in DRE category II and given 5% WPI due to asymmetric loss of ROM. Causation: Per medical records, pt had T/S injuries following MVA of 06/07/17. T/S was also a part of subsequent ortho CT injury. Apportionment: With regards to T/S, this examiner apportions causation 50% to MVA of 06/07/17 and 50% to subsequent ortho CT injury. MMI: It is reasonable to declare pt has reached MMI with regards to T/S 1 year from end date of orthopedic subsequent injury as well as one year from the date of MVA accident 06/07/17. Work Restrictions: A) Pre-existing The Subsequent Work Injury: Pt had no work restrictions with regards to T/S. B) Following Subsequent Work Injury: Pt should be precluded from lifting over 15 lbs, repeated bending or twisting. L/S: Impairment Rating: A) L/S: Pt is qualifying for ROM method due to 2 levels of disc protrusion/HNP at L4 through S1 as

confirmed by 12/05/18 MRI and correlated clinically. 1) L/S ROM 11% WPI. 2) Specific disorders, 8% WPI and patient qualifying for Category IIC 7% due to disc protrusion/HNP plus Category IIF 1% due to one additional level. 3) L/S total 18% WPI by combining ROM with specific disorders impairment. B) L/S qualifying for DRE method and pt is placed in DRE Category III and is given 13% WPI due to asymmetrical loss of ROM, disc protrusion/HNP and radicular complaints. L/S is best represented by ROM method, 18% WPI. Causation: As per medical records, there were complaints of LBP pain starting 2012 or 2013 due to vacuum lifting incident. There were also records of L/S complaints secondary to subsequent orthopedic CT injury. There were also medical records substantiating lower back injury from 06/07/17 MVA. Therefore, this examiner opines, L/S injuries are secondary to all of the injuries mentioned above. Apportionment: Based upon currently available medical records, this examiner apportions L/S 60% to subsequent orthopedic CT injury and 20% to MVA of 06/07/17 and 20% to 2012/2013 lifting injury. MMI: It is reasonable to declare pt has reached MMI as pt is expected to have reached MMI one year from the dates of injury. Work Restrictions: A) Pre-existing The Subsequent Work injury: It is reasonable to conclude pt's injuries were labor disabling with a work restriction of no heavy lifting. B) Following Subsequent Work Injury: No lifting over 15 lbs, no repeated bending or twisting, must be able to change positions as needed, recommend using lumbar brace while working. Spine total impairment 26% PI by combining 5% C/S with 5% T/S with 18 % L/S impairment. R Elbow: Impairment Rating: Not applicable for R elbow. Causation: Pt did not have any issues with her R elbow prior to the subsequent injury. This examiner opines, it is within reasonable degree of medical probability that the causation of pt's injuries and subsequent disability/impairment arose out of the employment due to subsequent injury of CT from 09/01/13 to 09/01/17. Apportionment: With regards to R elbow, this examiner apportions causation 100% to CT from 09/01/13 to 09/01/17. MMI: It is reasonable to declare pt has reached MMI with regards to R elbow as pt is expected to have reached MMI one year from the date of the subsequent injury. Work Restrictions: A) Pre-existing the Subsequent Work Injury: This examiner does not see any evidence of a pre-existing labor disabling condition and thus, pt did not have any work restrictions. B) Following Subsequent Work Injury: No forceful or repeated grasping, pulling, pushing, or torquing with R arm. R Wrist Impairment Rating: R wrist/hand major grip strength impairment is 30% UE impairment due to 82% SLI or 18% WPI. Causation: Pt does not have a preexisting h/o R wrist complaints or disability or impairment per records reviewed. This examiner opines, it is within reasonable degree of medical probability that the causation of pt's R wrist injuries and subsequent disability/impairment arose out of employment due to subsequent injury of CT from 09/01/13 to 09/01/17. Apportionment: This examiner apportions causation with regards to R wrist 100% to subsequent injury or CT from 09/01/13 to 09/01/17. MMI: It is reasonable to declare pt has reached MMI as pt is expected to have reached MMI one year from the date of subsequent injury. Work Restrictions: A) Pre-existing The Subsequent Work injury: Pt did not have any complaints, Dx or tx for R wrist as per records reviewed prior to subsequent injury. It is reasonable to conclude pt did not have a labor disabling condition nor work restrictions prior to subsequent work injury. B) Following Subsequent Work Injury: No forceful or repeated grasping, pushing, pulling, or torquing with R hand. No prolonged keyboarding or writing. RUE total impairment is 30% UE impairment or 18% WPI. L Wrist: Impairment Rating: L wrist/hand minor grip strength impairment is 30% UE

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impairment due to 89% SLI. L wrist/hand WPI is 18%. Causation: Pt did not have any preexisting h/o L wrist symptoms, Dx, or Tx prior to the subsequent injury. This examiner opines, it is within reasonable degree of medical probability that the causation of pt's L wrist injuries and subsequent disability/impairment arose out of the employment due to subsequent injury of CT from 09/01/13 to 09/01/17. Apportionment: This examiner apportions causation with regards to L wrist 100% to subsequent injury CT from 09/01/13 to 09/01/17. MMI: It is reasonable to declare pt has reached MMI as pt is expected to have reached MMI one year from the date of the subsequent injury. Work Restrictions: A) Pre-existing The Subsequent Work injury: In view of pt not having any preexisting complaints, Dx or tx, it is reasonable to conclude there were no labor disabling conditions nor pre-existing work restrictions. B) Following Subsequent Work Injury: No forceful or repeated grasping, torquing, pulling or pushing with L hand. RUE total impairment 51% by combing 30% RUE impairment with 30% LUE impairment or 31% WPI. LE: R Knee: Impairment Rating: R knee muscle function deficit impairment is 24% LE impairment due to grade IV strength deficit on flexion and extension of the knee or 10% WPI. Causation: This examiner opines, based on review of the medical records, pt had injury to R knee as a result of subsequent injury of CT from 09/01/13 to 09/01/17. Pt also injured her R knee in a MVA of 06/07/17. Apportionment: This examiner apportions causation 50% to MVA of 06/07/17 and 50% to subsequent injury of CT from 09/01/13 to 09/01/17. MMI: It is reasonable to declare pt has reached MMI as pt is expected to have reached MMI one year from the date of the subsequent injury. Work Restrictions: A) Pre-existing The Subsequent Work injury: This examiner did not see any medical records documenting R knee issues aside of records referencing to 06/07/17 accident. Please note that 06/07/17 MVA causing R knee injury occurred after the beginning date, but before the ending date of the Subsequent Injury CT 09/01/13/ to 09/01/17. Please note that the earliest MRI this examiner recalls reviewing was completed on 12/05/18. It is reasonable to conclude pt had a labor disabling due to the 06/07/17 car accident, but it is difficult to conclude her work restrictions following the 06/07/17 accident without reviewing earlier imaging studies such as x-rays or MRI. B) Following Subsequent Work Injury: Following the subsequent work injury, pt should be precluded from repeated or forceful squatting, kneeling, climbing, running, jumping, or walking over uneven ground. L Knee: Impairment Rating: L knee does not have applicable impairment at this time. Causation: This examiner opines, it is within a reasonable degree of medical probability that the causation of pt's injuries and subsequent disability/impairment arose out of the employment due to subsequent injury of CT from 09/01/13 to 09/01/17. Apportionment: As related to the L knee, there were records stating pt injured her L knee as a result of MVA of June 2017 as well as during CT from 09/01/13 to 09/01/17. This examiner apportions causation with regards to L knee 50% to 06/07/17 MVA and 50% to CT. MMI: It is reasonable to declare pt has reached MMI as pt is expected to have reached MMI one year from the date of the subsequent injury. Work Restrictions: A) Pre-existing the Subsequent Work injury: This examiner did not see any medical records documenting L knee issues aside of records referencing to 06/07/17 accident. Please note that 06/07/17 MVA causing L knee injury occurred after the beginning date, but before the ending date of the Subsequent Injury CT 09/01/13 to 09/01/17. Please note that the earliest MRI this examiner recalls reviewing was completed on 12/05/18. It is reasonable to conclude pt had a labor disabling due to the 06/07/17 car accident, but it is difficult to conclude her work

restrictions following the 06/07/17 accident without reviewing earlier imaging studies such as x-rays or MRI. B) Following Subsequent Work Injury: Following the subsequent work injury, pt should be precluded from repeated or forceful squatting, kneeling, climbing, running, jumping, and walking over uneven ground. Total LE impairment is 10% WPI. Total Calculated WPI Rating: Total calculated WPI is 62% by combining 26% spinal impairment with 31% UE WPI with 10% LE WPI and 17% psychiatric WPI as per psychiatric report. Please note, this AMA impairment analysis does not include specialists such as, internist, general surgeon, neurologist nor toxicologist, gastroenterologist. P&S Status: Pt's condition is P&S. Subjective Factors of Disability: The subjective factors of disability consist of: 1) HAs – Pt reports HA that occur approximately 3-5 times per month with sharp pain on R side of her head. 2) Neck pain - Described as intermittent L-sided pulsating pain, stiffness, cracking and grinding with twisting of neck, N/T sensations in both arms, R>L. 3) Shoulders pain - Described as constant pain in both shoulder blades, R worse than L. 4) B/L Elbows pain – pt reports pain in both elbows, R much greater than L. Pain in R elbow is constant, and intermittent on the L. Pain increases, becoming throbbing and burning in R elbow with shooting pain from the shoulder. 5) B/L Hands/Wrists pain – pt reports constant pain in B/L wrists and hands, R much greater than L. Pain is aggravated with gripping, grasping, torquing motions, flexion, and extension of the wrist/hand, pinching, fine finger manipulation, driving, repetitive use of the UE pushing, pulling, and lifting and carrying pounds. She has weakness and loss of grip strength in hands and wrists and drops objects as a result. There is N/T in the hands and fingers, R much greater than L. 6) Upper, Mid and Lower Back pain – pt reports pain is moderate, and the symptoms occur frequently in the upper, mid and lower back. Pain in lower back is much worse than the upper and mid back. Pain radiates down her R buttock, hip and leg to the calf and to her foot and great toe and is constant. She has N/T in her R foot. She has numbness on her R calf. Pain increases with activities of standing or walking as well as sitting over 15 minutes as well as activities of kneeling, stooping, squatting, forward bending, ascending and descending stairs, forceful pushing and pulling, lifting and carrying greater than 5-10 lbs, going front a seated position to a standing position and twisting and turning at the torso. Pt c/o muscle spasms in her lower back. She awakens from sleep as a result of LBP. 7) B/L Knees pain: Pt reports R knee pain is constant, and the L knee pain is frequent. There is report of swelling and throbbing pain in knees, R worse than L. Pain increases with activities of standing or walking as well as activities of attempting to kneel, stoop, squat, forward bending, ascending and descending stairs, forceful pushing and pulling, lifting and carrying greater than 5-10 lbs, going from a seated position to a standing position and vice versa. She reports occasional episodes of buckling of knees. 8) Chemical Exposure - She c/o HA and breathing problems due to chemical exposure from work. 9) Hernia – Pt reports a bump in R groin. She has occasional pain in R groin with bending, getting in and out of the bath and other similar activities. Objective Factors of Disability: With regards to C/S, the objective factors of disability consist of: 1) Palpatory tenderness. 2) Decreased and painful ROM. With regards to T/S, the objective factors of disability consist of: 1) Palpatory tenderness. 2) Decreased and painful ROM. 3) Abnormal orthopedic testing. With regards to L/S, the objective factors of disability consist of: 1) Palpatory tenderness. 2) Decreased and painful ROM. 3) Abnormal orthopedic testing. 4) Abnormal results of the MRI of L/S. With regards to R elbow, the objective factors of disability consist of: 1) Palpatory tenderness. 2) Abnormal orthopedic

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testing. 3) Abnormal MRI results. With regards to R wrist, the objective factors of disability consist of: 1) Abnormal orthopedic testing. 2) Decreased grip strength. 3) Abnormal results of neurological examination. 4) Abnormal NCV/EMG results. With regards to L wrist, the objective factors of disability consist of: 1) Abnormal orthopedic testing. 2) Decreased grip strength. 3) Abnormal NCV/EMG results. With regards to R knee, the objective factors of disability consist of: 1) Palpatory tenderness. 2) Decreased muscle function. 3) Abnormal orthopedic testing. 4) Abnormal MRI results. With regards to L knee, the objective factors of disability consist of: 1) Abnormal MRI results. Vocational Rehab Benefits: This examiner opines, pt is a QIW. However, due to multiple impairments and disabilities, this examiner does not believe she will be able to return to any gainful employment, compete, function or be in the open labor market or in any capacity based on this examiner's examination and all records reviewed. Future Medical Care: Pt will require future medical care in the form of orthopedic consult and Tx, pain management consult and Tx with regards to L/S. Pt will require hand surgery consult with regards to B/L wrists. Pt will require further psychiatric care. Pt will require internal toxicology consult to evaluate toxic exposure as well as SOB, anemia and HA. Pt will require general surgical consult to evaluate and possibly treat hernia. Pt will require gastroenterology consult to evaluate and possibly treat gastritis and abdominal complaints.

Deposition of Victoria Sarver on 01/19/18, Volume I (93 Pages):

Page 5 – Pt's full name is Victoria Marleen Sarver. Pages 7-10 – Pt last saw Dr. Iseke the previous week. Spent about 45mins with doctor. Pt had filed 2 claims, one for specific injury on 08/30/17 and other a CT claim from 09/01/13 for over a period of time. But pt testified start date was around 2008. Pages 11-13 - Pt testified that there was a period of time where she was working for her employer without actually being hired. Hence it was hard for her to recall when she was actually hired. CT claim was from 09/01/13 and 09/01/17 and she alleged stress, strain, repetitive work, lifting of heavy items, constant bending, kneeling, washing, causing headache, pain and neck, shoulders, arms, wrists, lower back and lower extremities. Pt had a Valium the previous night to rest at night as she was nervous. Dr. Khon, pt's PCP prescribed that med. Had been treating with Dr. Khon for 7yrs. Pt had Marlark from CalOptima from the state as insurance. Pages 14-15 – Pt had future appt with Dr. Michael Shabazian, saw him at Fountain Valley and Irvine. Had been seeing Dr. Shabazian, pain specialist for 3yrs. Saw doctor for pain in back, knees and foot. Used Marlark Insurance to see doctor. Pages 16-18 – Pt had married once. Still lives at Costa Mesa. Had been there for 2yrs now. Daughter Olivia Rogers, 12yrs old lives with her. Her oldest daughter Lindsey Richardson aged 23yrs stays with her once in a while. Was born at San Luis Obispo. Current place is an apartment. Furthest education is 10th grade. Pages 20-22 – Pt was married to Henry Rogers once and got divorced in 2015. Court had ordered child support and they both had to pay. Was stressed due to a robbery incident in 2015 at Orange County. Pages 23-25 – Pt testified that she didn't see the crime but her money was missing from the locked room. Being victim of the crime created stress. Pt made a police report and insurance paid it back. Got some of her money back. Pages 26-28 – Pt's ex-boyfriend Richardson beat pt up, it happened about 20yrs ago. She tried to get him arrested. Pt believed she had not really recovered from that. Had made a claim for an auto accident that happened on 06/07/17. Pt was the driver and she sustained injuries to both knees. Saw Dr. Khon and Dr.

Greenoak for those injuries. Pt's lawyer sent her to Dr. Greenoak. Pages 30-32 – Injured also low back. Saw doctor for 4-5 times and stopped as pt didn't like the doctor. Dr. Shaw diagnosed pt with depression. Dr. Shaw is the neurologist for her head. Had seen Dr. Shaw 4-5 times for depression. Pages 33, 34 - Still sees him but had treatment every other day. Had seen him about 3 times out of those times when she had been in the office. Pt just jolted really hard in the accident. Pt was involved in a bike accident at Costa Mesa where she was riding home from the beach and a bus hit her. Pt was 13yrs old then and her front teeth was completely knocked out in that accident. Treated with Dr. Green. Pages 35-37 – Pt smoked cigarettes on and off since she was 18yrs old. Used a pack a week. Last smoked the previous night. Used CB cream to help with pain. It was very helpful. Pages 38-40 – Saw a lady Sherry Fox at Wellness Clinic 25yrs ago and had drug counseling. Had a counseling with the doctor there as she was partying too much and wanted help before it went out of hand. 2yrs ago, had a private counseling with a psychologist. It was from a licensed therapist Gloria at SOS. Pages 41-43 – Had counseling for weeks at a time and had to sign back up again and so had counseling for 3-4 months. Had about 7-8 incidents with Pastor Leigh and the incidents started in 2014. Pages 44-46 – Pt felt uncomfortable and disturbing with those incidents. Had first counseling in 2014. The first incident in 2014 was when pt was moving chairs in sanctuary, Pastor Leigh came in and French-kissed her, open mouth. Pt felt shocked, grossed out. It happened in the main building of the church. Pages 47-49 – She thought he was going to give her a hug and say "Thank You" but instead he stuck his tongue inside mouth. It was shocking as she didn't expect that. Pt turned around and walked out and left for the whole day and went home. It was on a work day. Went home and was crying. The next day Pastor walked up to her and asked her to come to office. Pt was scared and so told him that she didn't want to discuss about that. Pastor and his wife were good friends of her. Pages 50-52 – Pt felt confused, scared, humiliated. When pt went to church or into congregation, Diane Winecki, older lady, elder's wife told her to talk to Pastor Leigh. But pt avoided as he would put his arm around her, a little too touchy and feely. He would ask her to sit on his lap, cry on his shoulder and to come closer. It started to get awkward so she avoided being in the room. Cheryl was in the front office, didn't see the incident because the couch was faced a different way. Pages 53-55 - Didn't try to report it as had fear of losing job. But discussed it with Jaime Whitelock. Pt told her daughter about the incident. Pt's daughter Lindsey told she would help pt to clean sometimes at the church. As pt couldn't do it anymore daughter helped her at church. Pt would try to go at night to do certain things. Later, Lindsey told about an incident that happened to her. Cordially, her daughter would talk to Pastor and then she told that he was patting her on the ass in an appropriate way. Pt got made and pissed and then started seeking help. It was then that she went to Eric. Pages 56-58 – It happened in 2015 as pt needed on and off help in the church. Pt had not seen the incident. Pt then went to Eric and told a little bit of what was happening there. Eric brought Rich Rapolli, another elderly person in the church to her new home. Pages 59-61- Lindsey was not at home and she was on her own then. They discussed about Pastor Leigh and he admitted that he did that to her. Eric told that information to her. Eric took measures so that they don't meet each other in the church. Pt requested to work at night to avoid seeing others during daytime. Started to feel self-conscious. Pages 62-64 – Eric didn't care when pt got her work done, and so she could get to work at night. Felt more comfortable then. Eric told all of elders and their wives and Eric had to have a meeting with the elders about the

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incident. Eric told this to her. He offered his mother as mentor. Didn't want to lose hope on church and so wanted to have a mentor. Had counseling with Cindy Wayman. Discussed with Judy Wayman, his aunt too. Pages 65-67 – Saw Judy 2-3 times. With Eric's mom, had phone conversations 2-3 times/day. It started to affect her a lot. She had kept it in for a long time and was losing weight and getting sick. After the first incident, through the months, Pastor was still touching her. Had 7-8 incidents. Pastor Leigh would call and see if her second daughter was with her. Henry and pt lived in the same house for 6 months until they filed for divorce. He called after they went to new apartment in 2015. Pages 68-70 – Leigh came over once to fix pipe and another time to give a ride when they had flood downstairs. Even though pt was uncomfortable with him, she let him to fix her pipe. He didn't do any unconsented conduct at home and everything was at church. Pt acted out as if she had work downstairs while he fixed the upstairs. Garage was on the bottom and house was on top of the garage. Page 72 – Youngest daughter was baptized in that church and had been in that church since 3yrs old. In 2015, she was 10yrs old. Pages 74-76 – Got divorced in 2015, verbal incident of asking pt to sit on lap was in January 2016. Leigh's daughter, Danielle 26yrs old was in the office when Leigh told that "Now that you are divorced, does that mean we can date" but pt wasn't sure if she heard that. Leigh's daughter was in her office down the hall and both doors were open. Pt believed she would have heard it. Page 79 – Pt was called his favorite by teachers at preschool. Pages 81-83 – Other people in the office, particularly women had changed their attitude towards pt and so she felt belittled. Her hours were cut, was written up for everything. Used to bring help with her but in the last write-up, they didn't want anybody to come to the church anymore. Took the help of her daughter and Poncho, a little Mexican boy to move things. Had trouble lifting things at the end. It caused burning sensation in back with pain, and would take a day to recover. Missed church on Sundays because worked Saturday nights. Pages 84, 85 – Not sure if Eric knew about the back pain. Felt the disciplinary actions were not fair. After 10yrs, pt is getting written up for leaving a light on, for not calling. Had to contact Jeanie for everything. Had meeting with Eric and Jeannie. Pt was willing to work with Jeannie and pt could see that Jeannie didn't want her there. Jeannie was the new secretary. Pages 86-89 – After pt complained, she couldn't volunteer. She had missed one Sunday school. Had worked until 3:30 am and overslept. Called Michelle who did pre-school. Next day onwards there wasn't volunteering for anything anymore. Restrictions were to be staying away pretty much from everybody and everything. Pt felt Elders, Eric and new pastor wanted her to be out of church. Last worked about 12hrs/week. In 2016, last worked the whole full year. Worked 8 months in 2017 and 12 months in 2016. In 2016, worked every night or every other night and weekends, holidays, made \$15.00 an hour or \$9,000 in total. Pt wasn't sure of the exact amount.

Deposition of Victoria Sarver on 05/11/18, Volume II (158 Pages):

Pages 100-102 – Pt had not worked anywhere since January 2018. Did work for managers at the apartment and was paid for that. Helped clean up the kitchen for them for about 2hrs. It was done about 4 months ago. Page 105 – Told doctors about personal injury case of 06/07/17. Page 107 – Pt had taken Norco in the past 8hrs. It was prescribed by Dr. Shahbazian. Pages 108-110 - Dr. Kahn was pt's PCP. Norco was prescribed for lower back pain. Received injections from him too and Medi-Cal paid him. Low back irritated a little bit. But it wasn't from auto accident. Strain on

low back by moving chairs, things and it just went out of way. Pages 111-113 – Told Dr. Shahbazian and to Dr. Khan about auto accident in 2017. Saw also Dr. Shah. Saw doctor around the time of the accident. Had seen only Dr. Shah's assistant. Last saw doctor 3 months ago. Had seen doctor only twice and pt had not talked about worker's comp. case. Pt told him about Dr. Shahbazian. Pages 114-116 – Had also taken a muscle relaxer before bed and it was prescribed by Dr. Shahbazian. Doctor knew about auto accident and work comp. injuries. Didn't tell Dr. Shah about worker's comp. Seeing Dr. Shah for head, psych. Injured head due to depression. Dr. Shah's office told some procedure done would help with depression and memory. Machine went to one side and to another side but it really hurt bad. The procedure was supposed to go to the sweet pot. Pages 117-119 – Started feeling anxiety, depression due to a lot of things, first felt depressed about 4yrs ago. It was due to work and home life. Was going through a divorce then. Couldn't recall if pt gave her birth date as 08/07/81 to Dr. Shah. On 10/05/17, pt was prescribed Paxil by Dr. Khan. Pages 120-122 – Last day of work at church was around 09/17/17. Didn't want muscle relaxers, painkiller things and also the Paxil. Stopped taking Paxil 2 months ago. Pages 123-125 – Lawyer sent pt to Dr. Shahbazian. P.I. Lawyer didn't send but she went on her own 5yrs ago. Dr. Khan referred pt to Dr. Shahbazian 5yrs ago. It was true that pt didn't tell Dr. Shah, Dr. Khan and Dr. Shahbazian about worker's comp. Pages 127-129 – Dr. Khan is pt's PCP and doctor knows about her history. Everyone said she would be fine in couple days and was just nervous. Pt is seeing Dr. Shah for psych issues. Pt couldn't recall the first day of visit with Dr. Shah. When pt went on 09/06/17, she had sustained injuries to b/l knees, low back. Had pain to R elbow, big toe on L foot. It was due to the auto accident. Pages 130,131 – Pt was still working for the church on 09/06/17 as per Dr. Shah's records. Pt had told about all aches and pain to doctor. Told doctor about her history. She believed she should have jolted head during the accident. Pages 133-136 – Pt had talked to Dr. Shah about depression caused by church when she got terminated. Didn't tell him about the August 30th incident where she was made to get on knees before the crowd. That caused great depression. Pt was really foggy and felt weird after the accident. No one was listening. They kept saying it was shock. Las Vegas shooting caused pt great anxiety, psychological problems. Pt didn't tell doctor about the church causing depression because she was crying when he walked into the office. Told doctor that she was upset with her daughter Lindsey. Pages 137-139 – Pt's daughter's male friend had a girl friend who died due to a gun shot. But in Dr. Shah's initial report, it was indicated that "The patient is currently tearful that she learned about a niece that died in Las Vegas". Pt felt the story was misunderstood. Pt felt church didn't want her anymore. Before she was terminated, pt had missed work. Pt didn't know if she had a concussion due to car accident. Pages 140-142 – Pt drove the car to the side of the road and someone had to pick it up to the body shop. Car was left 2 blocks away from the house. First saw Dr. Shah 3-4 days after. Pages 143-145 – When her back went out, she told Dr. Shahbazian. Also told doctor about neck pain that radiated down legs. Had to see Dr. Shah every day but pt haven't see doctor for the last week. Pt had a schedule to meet doctor on May 22nd. Pages 146-148 – On 08/30/17, her knees were swollen already Nissim told pt to go down on knees before crowd. Marge worked in preschool area and Nissim Menashe was her husband. He worked in the office that was getting redone. Pages 149-151 – It happened in the last office in the hallway. Currently, it is Don Shannon's office and he is in-charge of missions. Pt was cleaning there as part of job duties. It happened in the afternoon. Office was about the same size 10 by 12.

Pages 152-154 – Pt read the first deposition before the current one, didn't make any changes. Pt told Nissim that she would wipe off the floor after she finished doing her work. But Nissim told to clean the mess that was on the doorway or drywall immediately. The office floor had drywall and dust all over it. When Jeannie came to get pt, she was doing floors. He insisted 3 times. And whatever Jeannie told to do, she was doing. Page 155 – Jeannie told to straighten up the office, to take out trash. Pages 156-158 – Jeannie was the office manager. Pt knew she had to clean all the offices. There were 4-5 offices and pt was in James's office when Jeannie told what she had to do. Jeannie could see from her desk, Catty-Corner. Pt was cleaning in James's office. Jeannie told she was doing something wrong first and so pt was putting something back. Pages 159-161- Pt's door was open and Jeannie's door was open. Pt was going to wax the floors down and now they were done with the drywall in the office. Then Nissim called her and he was standing outside of Dons' door. He told pt to come and clean up the mess. Pages 162-164 – It happened after lunch time. Pt told she was scared of Jeannie that time and so said will do the work after finishing her work. Jeannie already had an attitude when she came in. She told pt to stop working at James's office and so pt went down hallway. Pt was called at 3 different places. She moved things out of her office and put it in a closet outside of the church. Didn't want to upset anybody else for the day. Pages 165-167 – Nissim told to clean only the mess in front of the office. Don's office was 30ft away from where she was standing. Pt was still cleaning when Jeannie told her to get back up and not to do that. She tried to finish that work but Jeannie told her to get up from doing that. Pt went into the office to start dusting and Jeannie told to stop. Page 168 – Jeannie told there was much inside and she started picking up that first and was putting that outside. Pages 170-173 – Pt was on knees as well she used mop when she started cleaning inside Don's office. But Nissim wanted outside to be cleaned first and he told it in a different jerky hostile tone. There was a trash can inside the office and pt started doing that because she had a little embarrassment. Robin and Jeannie were laughing and giggling about it. Did dust mopping and wet mopping after that. Pages 174-146 – Pt was dust mopping, bent down to get all little pieces, and wiped it with wet pipes. Pt told Eric's mom about the incident and Robin Strachan witnessed the incident. Pages 177-179 – Robin was very close to the office and so told Robin. Pt just knew that she was pulled in different directions. Had already had a meeting with Eric and Jeannie about work ethics. It happened on a different way. She knew that her knees were swollen from the accident and she had taken pt home. Knees were swollen from the accident. Pages 180-182 – Chose to do wipes to mop the floor for underneath under the big desk. A lot of times, pt had used wipes. Used a swifter, a wet jet. On August 30th, Nissim forced her to go on knees and pt chose to go down as she didn't want to get terminated. Pages 183-185 – Pt then testified that Nissim didn't tell her to get on knees and she chose as she had to bend down to clean it up. She could have moved the desk out of there and then swifited it out. This was another way. It was a bad day and she could feel the tension. Could have used mop. Nissim, Robin, Jeannie were there and Eric was gone out of the office already. Tony and a couple of men were outside on the banister area but not inside. They were all watching her in the hallway. Pages 186-188 – Jeannie and Robin were giggling at her when pt was cleaning the floor. They were looking right at her. Pages 189-191- Robin was in her doorway. Jeannie can walk through the doorway. Jeannie was the person whom pt had to listen to. Pt was cleaning up the rubble that Nissim asked her to pick up. There was inside and some outside because they drilled the hole through the wall. Pt was cleaning, mopping outside

the office. To get the dust, had to be on knees. Pages 192-195 – Grabbed the wipies and picked up drywall and put in trash before that. Don's office had wipies on it. Used wipies all the time for a lot of things. Then started cleaning inside first and Nissim was standing there waiting. Pages 196,197 – Alleged that all 3 of them laughed at her but testified she wasn't sure if Nissim laughed. He was behind pt and all she knew was it was awkward. Pages 198-200 – There was a tension, they weren't themselves, everything was a little weird and she was in Jeff's office. Pt indicated that office and it was marked as Exhibit 1. Pt was cleaning Jeff's office and she could hear Robin through the wall and heard him calling cleaning service. Pt asked him about that and she was told it was wrong number. Cleaning service conversation happened when the phone rang. Pt had not started to clean as everything was pretty clean. Spent 10mins in and Jeannie called her. Pages 202, 203 – It was not like spending usually. When she moved on to Don's office, she put all the things back to closet. Pt was instructed to leave everything in the closet. Pages 204-206- Nissim was working in Don's office. Jim wanted to do his floors first because he was ready to have his floors done next. Pt could go to Eric's office, bathroom, for meetings and Nissim was inside the office. Pt had other such things to do. Pages 207-209 – It was different times for different things in the office. Michelle and Eric were getting new things. Pt couldn't recall if she was asked to wax wooden floors. Pt turned around then to Jeannie to have him to tell her to clean that part. But Jeannie didn't say anything to do or to not do. Pages 210-212 – Pt was walking back towards the office and Nissim told her to do the work. Nissim was in Don's office and was standing outside. Robin asked her for a phone number and when pt went to do that, Nissim told her to complete the work he told. Pt told twice but Nissim insisted and told her to do it immediately. Pt was already past Don's office and she remembered looking down the hall at him. Pages 213-215 – Pt went to Robin's office after finishing Don's office. Asked Robin what it was all about and Robin shrugged it off and ignored a little bit. Pt then went to Jeannie to find out what was next work. Pt felt, laughing at her, misconduct were all to discriminate her. On August 30th, Eric wasn't even there and didn't do anything with regards to discrimination. Pages 216-218 – Robin, Jeannie and Nissim asked pt to do that. She was getting fragile and scared at the same time. Pt was told about the 3 claims she had; CT claim injuries; discrimination, sexual harassment and specific injury. Nissim forced pt to do work. Felt harassed but not sexually by Pastor Leigh. Pages 220, 221 – Pastor Leigh wasn't present on August 30. Pt wasn't sexually harassed on that day and she felt Jeannie would have told something about clothing. Felt she would have worn shorts and that could be the reason. Pages 222-224 – Pt couldn't recall what she was wearing that day. Didn't even know if she was sexually harassed. Events on August 30 caused her stress. Had been going through that before that auto accident. Had psychological stress due to auto accident on 06/17/17 and then due to August 30th incident. Before the auto accident, pt had anxiety. Pages 225-227 – On August 30th, had depression from auto accident, events of CT from incidents at work before August 30th. Before 08/30/17, pt was counseled about work performance. Eric Wayman counseled pt first. It was about the working hours and pt was written up 4 times. She felt the last one was not fair. Pages 228-230 – Pt felt the write-ups were not fair. Believed she went through something in her mind. Dr. Shah is a neurologist. Pt saw Dr. Shah in the beginning of September. Pages 231-233 – Wanted to have consultation due to the accident. Main concern related to auto accident was head injury. More than foggy, pt felt something was wrong. Pt was slow, words didn't come right away. Started noticing it

specifically after the auto accident. First time, pt saw Dr. Shah, he examined pt's body parts. Had a 15mins session with doctor. Second visit was for 10mins. Totally saw Dr. Shah personally twice. Pt answered all his questions truthfully. Pages 234-236 – Content of the meeting was he asking questions and she responding. Didn't have time to discuss work situation. Main concern was what happened with reaction and processing word information after the auto accident. Pt's memory was affected. Pt was a dingbat before. Presently, forgets to pick up daughter from school, the weird depression that she never felt before and never wanting to leave house were some of the thing she noticed. Pt felt belittled when everyone was acting towards her. Pages 237-239 – It was offensive to her and it was something extraordinary. Had pain in low back and knees on that day. Knees swell up that night. A lot of people in church knew she had back pain. Robin, Cheryl knew and they saw her using ice packs. Pages 240-243 – Nissim made her bend down to knees purposefully. Pt had perceived it that way. Going on knees and cleaning was not a choice. If she didn't do that, she would be written up. Felt differently than other people in the church since she had come back and had meetings. Worked for church for 9-10yrs. Wasn't treated like that those years. When half of the things weren't discussed between Eric and her, it was then she started getting written up. It started happening after she disclosed her sexual harassment complaint. Pages 244, 245 – Pt is currently treating with Dr. Iseke but not for the auto accident. Doctor didn't release her but pt cannot drive that far. Had panic attacks driving and so had someone take her for deposition. Pt went to Hoag Hospital for work comp. injury for counseling. Treating with Dr. Oak, Oakgreen or Greenoak. Saw chiropractor a couple of times. Pages 246, 247 – Couldn't recall if she told or not. Didn't know rights regarding worker's comp. Michelle worked for youth ministry and received worker's comp when she got her ankle injured. Learnt from her that there was worker's comp. Then reported about pain to him. Administration of church didn't give any form or paperwork to complete regarding the pain.

Deposition of Victoria Sarver on 08/01/18, Volume III (81 Pages):

Pages 261-263 – Pt had taken Norco the previous night. It was prescribed by Dr. Shahbazian. Last saw doctor 3 months ago. Had appt scheduled to see Dr. Shahbazian in next 2 weeks and another eye doctor. During eye test, pt was found to have something behind L eye and was recommended to see a specialist. Since last depo, didn't work anywhere or didn't try to work. It was because pt cannot sit or stand or do anything else for too long period of time and the attacks were getting worse, panic attacks, not wanting to leave house. Pages 264-266 – Received income from ex-husband currently. Pt had 3 surgeries in total; 2 hernias, one hysterectomy. Had only 1 hernia and it was from lifting a vacuum in the closet at the church. It happened about 6 yrs ago and Pastor Egypt was having an auction done. Pages 267-269 – After the function was over, pt had to clean up tables, chairs and bathrooms. Pt was on a payroll but wasn't sure if it was like night off or not. Pt had worked for a few years before she was picked up for payroll. Pt had worked for free to pay for her daughter's tuition fee. Church had a preschool. It was late and pt was in her pajamas. Pt couldn't recall if the event was for Egypt's ministry but knew it was for an auction. Pt had won a basket in that auction. Pages 270-272 – Pastor Leigh and Mary called pt to their house to get the basket. Even if pt had not won the auction, she would have vacuumed anyway. Pt worked 40hr/week but on special occasion, got extra for the hours. Things were put

in janitor's closet. Pt reached over to grab the vacuum, reached in, lifted it up, and out. Felt a pop on the R side. When lifted it, it was already outside the closet on the tile of the foray. Was talking to Mary and Leigh and 20mins later noticed something was sticking out. Pages 273-275 – They didn't see it happened but they heard her saying "Ow, it hurts". They told it could be hernia. During the 30mins delay between lifting vacuum and pt saying "Ow", she checked bathrooms, to see what she had to do. Pt and Lindsey, other daughter were getting things ready to start cleaning. Lindsey lives with her now. Pt told Leigh and Mary that a bump was sticking out. Made Lindsey feel the bump. When pt went home, she tried to push it back as per Leigh's and Mary's advice. Lindsey finished vacuuming. Pages 276-278 – Daughter was with Egypt's ministry and Egypt worked with church for youth, one of the pastors. Had 1 hernia and 2 surgeries. Last operation for hernia was on Christmas eve. Went to doctor's office to say something was wrong. Because she couldn't walk. 2 days after that, surgery was done. Pages 279-281 – It was around 2012. Pt was given a Cortisone shot but it didn't help with the pain. Doctor said he couldn't cut a nerve as pt was in anesthesia and he couldn't ask her. And that doctor had to go back and do it during the second operation. Had surgery for wisdom teeth. A Volkswagen hit pt and a bus ran over and she had a front tooth injury. The wheels didn't get on pt. It was during her 7th grade summer. Pages 283-285 – Pt flew and hit the pavement and knocked all 4 of front teeth out. It was then replanted on mouth. It was wired in. Had also filed psych claim. Didn't feel like leaving home now. Something emotionally triggered, not sure if it was a breakdown, lost friends, work. Had lot of anxiety nervousness, fearful when Leigh was there in church. Felt uncomfortable with that. Pages 286-288 – Even after Leigh left, pt's fears were not gone. Was an outgoing person, didn't want to leave house, stayed in own little complex. First had psychiatrist/psychologist treatment 3 yrs ago at SOS. Stopped going as the lady left. By then, started to talk to Eric about the issues. Pages 289-291 – Many years ago, had 6 classes of drug counseling with Sherry Fox. Friend had dropped a 20dollar bag of cocaine in her car and pt had also used cocaine more than 24 yrs ago. As per Hoag's records, under "Prior history of alcohol and drug abuse", it was mentioned as drugs and it was dated 10/25/11. Pt wasn't sure but told them her past. Also she wasn't sure if she was anxious on that day as Lindsey went over with her father for the Summer. Problems with Leigh started way before 2017. Things were okay with Leigh when vacuum incident occurred. It was just sometimes very awkward to go there in the office when alone with him. Pages 292-294 – Touch-Touch was around 2012. Pt went to Leigh for counseling but realized Eric was never crossing line in any way. Pt actually didn't tell the truth to a couple people. Pt couldn't tell Eric what was really inside and told it was due to hormones. She has had heavy bleeding for over 2 yrs, in 2014. Pt stated it was just a little more than average during that period. Pages 295-297 – Pt had blood clots, was on Norco and it was for the cramping. As per records 05/01/16, "Never a smoker" but it wasn't accurate. Pt agreed that she had smoked. It also said "Alcohol never used" and pt testified that she had told doctors about her past. As per records dated 04/23/15, "Diagnosis of tobacco use disorder" was mentioned but pt didn't know what it meant. In 2015, pt always had anemia and bleeding. She is RH-blood and so always had anemia. Had to take iron for that. Pt felt she would have probably talked to hysterectomy doctor about her life issues. Had hand tremors for a year and a half. Didn't notice it but people pointed it out. Currently noticed that it worsened. Pages 298-300 – Saw a doctor recently and consulted with him about that. Pain specialist noticed swelling in her hands.

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Sometimes, able to grasp and hold things but had been dropping things lately. If went to grab something, it would lock up in the fingers. It could be cups, pots, cooking things. Is able to make a fist but couldn't do it tightly. Explained anxiety as crawling out of skin, anxious, fearful, something was going to happen. Experienced anxiety depending on the situation. Had a fear of being far from home, and the questions were making her nervous. Also someone else's opinion also caused fear. Pages 301-303 – Pt felt lonely, not having a lot of people that were in her life, had nobody to call. Working in the church was comfortable emotionally for so many years. Being separated from church felt sad, little jealous, upset. Pt couldn't get to do VBS the first year. Felt hurt, left out. Felt betrayed, abused, mentally. Prior to going to church, pt was a harder, meaner and church gave a good change to her. Leigh was her spiritual mentor. Believed it was helpful and told everything to him. But at the end, her faith made her angry for a little while. Pages 304-306 – Hardest part was church with regards to emotional issues. Pastor Leigh would call in pt to his office, make her sit down on couch, hug her, and made her sit on his lap. Pt would try to play it off, make a joke and get out of there as she needed a job badly. It was getting too awkward. First told girlfriend, told Eric after 6 months. Pages 307-310 – Pt was a little bit afraid that she might be retaliated. But offered to leave them if it would make the church better. Pastor Eric brought another person home and they talked to her. Pastor Eric didn't discuss with the people in the church but discussed with elders. They told their wives. They considered pt as a problem and they changed. Felt rejected, left out. Cried alone and wasn't sleeping during that time. Felt also abandoned, depressed and alone. Felt sorry for herself now. Pages 311-313 – Had panic attacks, couldn't breathe once a week. When went for Wednesday meetings, got all panicky, scared and nervous. Didn't have anything to celebrate now. Called ladies of church but they didn't call her back. They didn't ask pt to leave church. Pages 315-317 – Robin and Cheryl from church were very close to pt. They came to dinner and Cheryl told she didn't want to be her friend if pt tried to sue the church. Called members of congregation and they didn't call back. Saw Dr. Moazzaz on the 14th. Told doctor everything, but in the papers that were sent to her, indicated hernia. Nothing about picking up chairs, was not indicated. Moving chairs had caused back pain. As per doctor's report dated 12/20/13, pt had sustained low back and hernia while lifting vacuum. But pt testified that it was not the same. And everything was put together. Doctor had spoken for about 25mins only though it was told the consultation would be for 3hrs. He wanted to do other tests before he could do anything. Pages 318, 319 – Pt was counseled by Eric for poor work performance and was written up 4 times. Pt stated it was only 2 as she had never left the doors unlocked. But Eric said she had left out a bunch of cleaning supplies, which was only paper towels, one bleach thing. Pt was told to use Waxie at the preschool side by Marge. Pages 321-323 – Told Eric that Leigh was patting Lindsey's ass. When Eric talked to Leigh, he didn't deny that. Told doctor that she doesn't type on computer. Haven't flown in years. Pages 324-326 – Had difficulty driving in car for 30mins. Didn't feel good about herself to even want to have intercourse. Franchise Tax Board tried to garnish her wages but she didn't make enough money. Never got a tax return, for many years and it made her mad in 2012, 2013 and 2014. Didn't have financial problems. Felt angry for doing something stupid. DWC-1 claim form dated 03/23/18 indicated that she had PTSD, due to sexual harassment by the priest. She testified that she didn't mention priest but she meant pastor. The only person who advanced to pt was Pastor Leigh.

CLINICAL IMPRESSIONS:

1. History of prior orthopedic injuries to be addressed by a board certified orthopedist.
2. Prior history of gastrointestinal complaints, including bloating to be addressed by a board certified internal medical specialist.
3. History of anemia to be addressed by a board certified internist or hematologist.
4. History of arthritis to be addressed by a board certified rheumatologist.
5. History of blunt head trauma in childhood, early teens and more recently from a motor vehicle accident, no industrial causation.
6. Post-traumatic head syndrome, no industrial causation.
7. Sleep disturbance.
8. History of a learning disorder to be addressed by a neuropsychologist, no industrial causation.
9. Post-traumatic head syndrome, no industrial causation.
10. Prior history of post-traumatic headaches, no industrial causation.
11. History of alcoholism to be further addressed with CT imaging, PET imaging or both of the brain.

DISCUSSION AND RECOMMENDATIONS:

Ms. Sarver does have pre-existing medical conditions, most of which fall beyond my scope of expertise which predate her employment with Lighthouse Coastal Community Church. The patient does have a history of multiple blows to the head, as well as a history of alcoholism, which in my opinion are co-contributing to her cognitive complaints, as reported. The patient also has a history of headaches, which in my opinion were, in part, related to her prior head injuries.

In my opinion, the patient qualifies for a 14% whole person impairment from Table 13-6 with 100% apportionment of permanent disability to nonindustrial factors.

For her headache complaints, in my opinion, she qualifies for a 5% whole person impairment from Table 13-11 which relates to the trigeminal nerve that innervates the scalp for pain. Of that 5%, there is 50% apportionment of permanent disability to pre-existing headaches that predate her employment and 50% related to her employment which leaves the patient with a 2.5 rating which rounds up to 3%.

In my opinion, the patient's impairment should be added, as opposed to combined, per KITE in that they both impact each other. Therefore, the patient's final whole person impairment is 17%, predating her hire date.

The remaining issues should be addressed by medical evaluations in orthopedics, internal medicine, rheumatology, psychology and brain CT or PET imaging or both.

X

If I can be of further assistance regarding this case, please do not hesitate to contact this office.

SOURCE OF ALL FACTS AND DISCLOSURE:

The source of all facts was the history given by the examinee and review of the previous examiner's medical reports. I personally interviewed the examinee, performed the physical examination, reviewed the history with the examinee, reviewed the medical records provided, dictated this report and it reflects my professional observations, conclusions and recommendations. Face-to-face time conformed with DWC Guidelines. I declare under penalty of perjury that the information contained in this report and its attachments, if any, are true and correct to the best of my knowledge and belief, except as to the information that I have indicated and received from others. As to this 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. Labor Code 139.3 was not violated. Assistance with preparation of this report was provided by Rena Martinez, Assistant and Rapid Care, Record Summarizer, each of whom were trained by Arrowhead Evaluation Services, Incorporated. Please note that all times listed reflect physician time spent and not staff time.

Date of Report: March 25, 2021. Signed this 13th day of April, 2021 at San Bernardino County, California.

Yours truly,



Lawrence M. Richman, M.D., Diplomate (Neurology),
American Board of Psychiatry and Neurology,
Diplomate, American Board of Electrodiagnostic Medicine,
Fellow, American Association of Neuromuscular and Electrodiagnostic Medicine,
NIH Fellowship, Neurovestibular Disorders and Neuro-Ophthalmology

LMR/kdp

State of California
DIVISION OF WORKERS' COMPENSATION – MEDICAL UNIT

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

Case Name: VICTORIA SARVER v Lighthouse Coastal Community Church
(employee name) (claims administrator name, or if none employer)

Claim No.: SIF11096006 **EAMS or WCAB Case No. (if any):** _____
ADJ11096006; ADJ11248785; ADJ11096005

I, SIMON THOMPSON, declare:
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: 1680 PLUM LANE, REDLANDS CA 92374
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:
 - A depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.
 - B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
 - C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
 - D placing the sealed envelope for pick up by a professional messenger service for service. (Messenger must return to you a completed declaration of personal service.)
 - E personally delivering the sealed envelope to the person or firm named below at the address shown below.

<u>Means of service:</u> <small>(For each addressee, enter A – E as appropriate)</small>	<u>Date Served:</u>	<u>Addressee and Address Shown on Envelope:</u>
<u>A</u>	<u>04/15/21</u>	<u>8018 East Santa Ana Canyon, Suite 100-215 Anaheim Hills, California 92808 Attention: Natalia Foley, Esquire</u>
<u>A</u>	<u>04/15/21</u>	<u>Subsequent Injury Benefit Trust Fund 1750 Howe Avenue, Suite 370 Sacramento, California 95825-3367</u>
<u>A</u>	<u>04/15/21</u>	_____
_____	_____	_____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 04/15/21

Simon Thompson
(signature of declarant)

SIMON THOMPSON
(print name)

X