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, **BRISEIDA CHAVEZ**, 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.)*

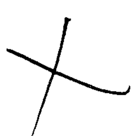
E personally delivering the sealed envelope to the person or firm named below at the address shown below.

Means of service: *(For each addressee, enter A – E as appropriate)*	Date Served:	Addressee and Address Shown on Envelope:
A	**04/13/21**	WORKERS DEFENDERS LAW GROUP 8018 East Santa Ana Canyon, Suite 100-215 Anaheim Hills, California 92808
A	**04/13/21**	Subsequent Injury Benefit Trust Fund 1750 Howe Avenue, Suite 370 Sacramento, California 95825-3367
A		

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 04/13/2021

Briseida Chavez BRISEIDA CHAVEZ
(signature of declarant) *(print name)*

QME Form 122
Rev. February 2009



Sameer Gupta, M.D.

DIPLOMATE, AMERICAN BOARDS OF INTERNAL MEDICINE
& Allergy and Immunology
Mailing Address:
1680 Plum Lane
Redlands, CA 92374
(909) 335-2323

February 25, 2021

Subsequent Injuries Benefit Trust Fund
1750 Howe Avenue # 370
Sacramento, California 95825-3367

Workers Defenders Group
8018 E. Santa Ana Canyon Suite 100-215
Anaheim Hills, California 92808
Attn: Natalia Foley Esq.

RE:	**SARVER, VICTORIA**
EMPLOYER:	Lighthouse Coastal Community Church
CLAIM NO.:	SIF11096006
DOE:	02/25/2021

INDEPENDENT MEDICAL EVALUATION REPORT

Based on California Code of Regulations 9793 Paragraph (h), 9795, and Paragraphs (b), (c) and (d), this report is billed under the ML-104

This report is an Extraordinarily Comprehensive Medical Legal Evaluation and includes the following COMPLEXITY FACTORS

Explanation of circumstances and justifications for use of procedure codes:

1. Face to face time with patient (History and physical examination) __1.25__ hour(s)
2. Record review time (Sorting, reading, summarizing 2+ hrs.) __5__ hour(s)
3. Report preparation time __2.25__ hour(s)
4. Medical research (provide excerpts & list of citations) (2+ hrs.) __2.25__ hour(s)
5. Addressing causation per written request __yes__
6. Addressing apportionment __yes__

Three or more employers and injuries - addressing apportionment of injuries __
Prior multiple injuries to same body system __
Two or more injuries to two or more body systems __

7. Evaluation involving prior multiple injuries to the same body part or parts being evaluated, &

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1. Face to face time with patient (History and physical examination) 1.25 hour(s)
2. Record review time (Sorting, reading, summarizing 2+ hrs.) 5 hour(s)
3. Report preparation time 2.25 hour(s)
4. Medical research (provide excerpts & list of citations) (2+ hrs.) 2.25 hour(s)
5. Addressing causation per written request yes
6. Addressing apportionment yes

Three or more employers and injuries - addressing apportionment of injuries __
Prior multiple injuries to same body system __
Two or more injuries to two or more body systems __

7. Evaluation involving prior multiple injuries to the same body part or parts being evaluated, &

three or more complexity factors (1-6) addressed: Yes/No

Dear Parties:

I had the opportunity of examining Victoria Sarver in my capacity as an internal medicine Independent Medical Evaluator on February 25, 2021, in order to determine disability for the Subsequent Injury Benefits Trust Fund, pursuant to Labor Code 4751 in compliance with the guidelines established by the Industrial Medical Council. This examination was conducted at 2760 East Florence Avenue, Huntington Park, California 90255. The following report is based on a comprehensive history and physical examination, review of available medical records, and laboratory data.

HISTORY OF PRE-EXISTING ILLNESS

The examinee is a 54-year-old, right-hand dominant female, born November 1, 1966.

Per the information received --

"Applicant was also diagnosed, suffered and continue to suffer from asthma and allergies. Asthma can vary in severity from person to person, yet asthma that is not well controlled can be fatal given exposure to triggers that cause debilitating disease. Applicant' asthma was not well maintained, during her life he experienced and continues to experience difficulties of breathing as well as the following symptoms …

- difficulty breathing
- pain in the chest
- shortness of breath
- chest tightness"

The patient reports a longstanding history of asthma with symptoms of wheezing, shortness of breath, chest tightness and coughing symptoms. The symptoms are typically 1-2 times a day daily for many years. In the past has taking albuterol inhaler several times a day to help control the symptoms. Does not recollect getting any other inhalers or evaluation in the past since she had so many other issues going on most of her life. Dorrtar an essential oil that she put on the chest daily has helped the issues as well most recently. Still continued to get chronic symptoms and would use albuterol inhaler daily if she had access to it.

The patient also note long standing nasal allergies with runny nose and stuffy nose especially on the right side but can completely block both sides. The symptoms are constant chronic moderate frequent daily not well controlled.

The patient notes history of diabetes when pregnant that resolved afterwards.

History of traumatic brain injury as a child. See complete documentation of the case to get a description.

The patient also notes a chronic pre-exiting history of insomnia, had to take a "night night pill" every so often to help her sleep – a natural sleep aid medication and Ambien in the past.

In discussing the various possible internal medicine issues, the patient notes that ever since a little girl has had chronic mid epigastric abdominal burning pain with nausea and some vomiting. Never had a chance to get this evaluated given life issues until recently where the patient notes that she had an endoscopy in the last ten years and demonstrated ulcers, treated with medications like omeprazole with some improvement but continued severe symptoms. Has never had an endoscopy afterwards to see if the ulcers improved.

Patient notes that she has had a lot of physical and mental and sexual trauma prior to the injury. She recollects being physical abused by father, recollect being in foster homes and seeing many different violent events and also notes experiencing physical violence during that time.

HISTORY OF SUBSEQUENT INJURY

MECHANISM OF INJURY: Ms. Sarver reports being involved in a cumulative trauma injury. In about 2011 she developed pain in her lower back, which she attributes to lifting chairs that weighed about seven pounds each and folding tables (weight not recalled) stacking them onto a dolly and pushing the dolly to a different building, as well as carrying objects up and down stairs. She self-treated her pain by applying ice packs on her lower back. The pastor was aware of her lower back complaints as he saw her lying on the ice packs. She sought medical treatment.

INITIAL TREATMENT: She was initially evaluated by a pain management physician, Dr. Shabazion. She was evaluated, Norco was prescribed, and an epidural injection was given to her lower back.

She continued to perform her customary work duties in pain.

SUBSEQUENT TREATMENT: On two occasions (dates not recalled), she sought treatment at Hoag Hospital Emergency Room; however, she does not recall what treatment was provided.

She began developing pain in her right groin area in about 2012 which she attributes to lifting a vacuum that weighed about 14 pounds and felt a sharp pain and developed a lump. She reported the accident to the pastor and was told to "push it in" and continued working. She sought medical treatment.

She sought treatment through her primary physician, Dr. Khan. She was examined, diagnosed with a hernia, and referred her to a surgeon.

She was referred to a surgeon in Fountain Valley. She was examined, diagnosed with a hernia and surgery was recommended.

In about 2012 she underwent a right inguinal hernia repair at Fountain Valley Hospital on an outpatient basis and taken off work.

She has difficulty walking. She was seen postoperatively by the surgeon and a second surgical procedure was recommended.

On December 25, 2012, she underwent revision of the right inguinal hernia at Fountain Valley Hospital on an outpatient basis.

She was released from the surgeon's care in about early 2013 and released to work.

In about 2014 or 2015 she developed headaches, which she attributes to using the cleaning solution, Waxi to mop the floor and clean mirrors and windows. She self-treated her pain by taking Excedrin and drinking water. She reported her headaches to her employer and told her headaches may be related to her eyes and should get them checked.

She sought evaluated by an ophthalmologist in Costa Mesa. She underwent an eye exam and glasses were prescribed; however, they did not relieve her headaches.

In about 2017 she developed pain in her hands, knees, and lower back, which she attributes to the repetitive gripping, grasping, pushing, pulling, lifting, carrying, stooping, squatting, kneeling, and prolonged standing and walking activities she performed at work. She did not report her symptoms in fear of being terminated. She continued to perform her customary work duties in pain. She self-treated her pain by applying essential oils.

She sought treatment through her primary physician, Dr. Shabazion. She was examined, a course of physical therapy and aqua therapy was initiated, and medication was prescribed, and given an epidural injection to her lower back and noted temporary relief.

In about 2018 she sought treatment at America's Best. She underwent an eye examination and glasses were prescribed.

She sought treatment by a physician in Fountain Valley. She was examined and seen on a one time basis.

She was referred to an orthopedic surgeon (name not recalled). The examinee was evaluated and referred for an MRI of the lower back and knees; however, she has not been provided with the results.

She also has been evaluated by Dr. Kelly, an orthopedic surgeon. She was evaluated, Norco was prescribed, and is in the process of being evaluated for pain management.

On February 5, 2021, she was down stairs to check her mailbox, when her right knee locked and she fell forwards and landed on a planter on the left side of her ribs. She developed immediate pain in her left ribs. She did not seek medical treatment.

She continues under the care of Dr. Khan.

PRESENT COMPLAINTS

GASTROINTESTINAL: The examinee complains of burning mild epigastric abdominal pain. These symptoms are chronic, moderate frequent not well controlled with associated nausea. Has done some dietary modifications and some over the counter medications daily like TUMS, Pepcid and Omeprazole, but due to her financial issues has not been able to utilize this but despite her previous use of the medications the symptoms still occur.

Has a bowel movement three times a week. Has chronic constipation. Does not each much due to the nausea.

ASTHMA: The examinee has a long standing history of asthma with coughing wheezing chest tightness for many years – the symptoms were severe enough with the need for albuterol 2 times a day on average in the past. Now improved with an essential oil on the chest daily but still gets breakthrough symptoms multiple times a day.

HEADACHES: The examinee complains of recurrent headaches with associated nausea and sensitivity to light.

ELBOWS: The examinee complaints of continuous pain in the left elbow and recurrent pain in the right elbow without pain radiation. She has no swelling or popping in the elbows. Weakness is noted in both upper extremities. The symptoms area aggravated with bending and extending her elbow, lifting, and lifting. Leaning her elbows against a hard surface causes her arms to go numb. The pain is alleviated with applying essential oils.

HANDS: The examinee complains of continuous pain in her hands, equally without pain radiation. She has continuous swelling in her left thumb and is unable to bend it. She has recurrent numbness and tingling in both upper extremities. She wears a hand/wrist support on the right hand. The symptoms are aggravated with gripping, grasping, pushing, pulling, lifting, carrying, and repetitive movements of her fingers. The pain is alleviated by applying essential oils.

LOWER BACK: The examinee complains of continuous pain in her lower back, with pain radiating up her back to the shoulder blades area and down the right lower extremity to her first toe. She notes recurrent numbness and tingling in her right lower extremity. The symptoms are aggravated with bending, twisting, turning, reaching, and standing up from a seated position, prolonged sitting and standing. She has recurrent constipation and urine leakage. The symptoms are alleviated by applying essential oils.

RIBS: The examinee reports complaints of recurrent pain in her left ribs and are sensitive to touch. Coughing, sneezing, taking deep breaths aggravates her pain, and raising her left arm.

HERNIA: The examinee complains of recurrent pain in her right groin area. She notes a lump in her right groin area and feels it rubbing when she walks.

KNEES: The examinee complains of recurrent pain in her knees. She notes recurrent swelling, instability, locking, and popping in her knees. She recurrently walks with an uneven gait. She has been told her left leg is about an inch longer than her right. The symptoms are aggravated with stooping, squatting, kneeling, ascending and descending stairs, standing up from a seated position, and prolonged walking. The symptoms are alleviated with elevation, applying the essential oils, and going into a pool.

OCCUPATIONAL HISTORY

The examinee began employment with Lighthouse Coastal Community Church in 2009. The examinee last worked in 2018.

Employers:

1. Lighthouse Coastal Community Church (janitor): 2009-2018

2. Homemaker: About three years.

3. TJ Maxx (cashier): About one and one-half years.

PAST MEDICAL HISTORY

PREVIOUS SYMPTOMS/
TREATMENT TO AFFECTED AREAS: None.

MEDICAL ILLNESSES: None.

PRIOR INJURIES

INDUSTRIAL: None.

NONINDUSTRIAL: In June 2018 she was involved in an auto-related accident. She was stopped in traffic on the freeway when her vehicle was rear-ended. She sustained injury to her neck, knees and right elbow. She was evaluated by a physician; however, she received no treatment. This is an ongoing claim.

In about 2018 she was descending stairs at home while holding onto the handrail, when she lost her grip as the handrail was not secure and lost her footing. She fell forwards, struck her right wrist against a "plank", and caught herself on a table. She recalls striking her right elbow and wrist. She received medical treatment an emergency and her wrist and arm was wrapped with an ace bandage. She fully recovered.

HOSPITALIZATIONS/SURGERIES

In about 2016 Hoag Hospital for a hysterectomy. The examinee was discharged after about two days.
Outpatient Surgeries:

In about 2012 Fountain Valley Hospital for a right inguinal hernia repair on an outpatient basis.

On December 25, 2012, Fountain Valley Hospital for a right inguinal hernia revision on an outpatient basis.

MEDICATIONS

Valium 2 mg one tablet as needed, onset in about 2015 for anxiety.
CBD oil applied as needed, onset 2016 for pain.
Dorttera essential oil for breathing.

ALLERGIES

The examinee is allergic to Zofran.

FAMILY HISTORY

Father: Deceased (age not recalled) from alcoholism. Medical history unknown.
Mother: Deceased in her 70s from developing blood in her lungs and had no known medical Problems.
Brother: Deceased in his 60s an accident. Medical history unknown.
Brother: Alive at 68 and has no known medical problems.
Sister: About 62 and has no known medical problems.

SOCIAL HISTORY

The examinee was born in San Luis Obispo. She was raised in Orange County in foster homes.

EDUCATION HISTORY: The applicant has a 10th-grade-level education.

HISTORY OF ABUSE: The examinee reports having a history of substance abuse with marijuana, acid, and mushrooms. She was also an alcoholic.

LEGAL HISTORY: The examinee had a DUI about 25 years ago, was arrested, and in jail for one day.

MILITARY EXPERIENCE: The examinee denies having any military experience.

INCOME SOURCE: Currently, the examinee is not receiving benefits. While working, the examinee earned about $400.00-500.00 biweekly.

MARRIAGE/CHILDREN: The examinee is divorced and has two children ages 26 and 15.

HABITS:

Tobacco: She smokes about one to two cigarettes per day.
Caffeine: None.
Alcohol: She drinks a glass of wine on occasion.

ACTIVITIES OF DAILY LIVING

Self-Care, Personal Hygiene:
The patient has no difficulty urinating or brushing her teeth. Reports difficulty blow drying and combing her hair, getting in and out of the bathtub, dressing oneself, and eating.

Communication:
The patient has much difficulty writing and speaking. She denies having difficulty typing, seeing, and hearing.

Physical Activity:
The patient has some difficulty sitting, standing, walking, ascending and descending stairs, and reclining, she has no difficulty

Sensory Function:
The patient has no difficulty hearing, tasting, or smelling. She has some tactile feeling in her hands.

Non-Specialized Hand Activities:
The patient has much difficulty with grasping, lifting, and tactile discrimination.

Travel:
The patient has much difficulty riding and driving. She does not fly.

Sexual Function:
The patient has not had sexual activity in about 15 years.

Sleep:
The patient has much *difficulty* restful and nocturnal sleep pattern.

REVIEW OF SYSTEMS

General: Denies fatigue. Denies fever, sweats, weight change, and appetite change.

Skin: Denies itching, pigmentation change, warts, or hair or nail problems.

Head: Reports headache, dizzy spells, ringing in right ear. Denies fainting, poor vision, watery/itchy eyes, ear pain, or poor hearing.

Respiratory: Denies loss of smell, sinus pain, nose bleed, runny nose, sore throat, cough, excessive sputum production, and wheezing.

Hematologic: Reports easy bruising. Denies swollen lymph nodes.

Cardiovascular: Reports shortness of breath when going upstairs and ankle swelling. Reports waking up at night with shortness of breath from having a panic attack. Denies chest pain, palpitations, or calf cramping with walking.

Genitourinary: Denies frequent urination at night, pain on urination, and blood in urine. She recurrently has urine leakage.

Musculoskeletal: Reports muscle or back pain. Reports joint pain. Denies swelling in joints.

Abdominal: **Reports trouble swallowing, nausea, stomach pain, constipation.** Denies heartburn, diarrhea, vomiting, blood in stool, or black stool.

Neurologic: Reports weakness, numbness, poor coordination, difficulty speaking, poor memory, tremor, depression or anxiety. Reports poor sleep patterns and daytime sleepiness.

Endocrinology: Denies hot/cold intolerance or excessive facial or body hair. Denies excessive thirst/urination or excessive urination at night.

OFF WORK ACTIVITIES

The examinee enjoys no activities.
As a result of the alleged injury, the examinee feels she can no longer participate in surfing, going to the beach, playing volleyball, and riding her bike.

PHYSICAL EXAMINATION

Height of 5' 2", weight of 115lbs, BP of 124/80, HR of 101, RR of 22, sp02 95%, temp of 98.1 F.

GENERAL EXAM

Patient is a well-developed, well-nourished female in no acute distress.

HEENT: Pupils are equal and reactive to light. No scleral icterus.
Nasal examination demonstrated no external nasal crease, pale / boggy turbinates.

Oral pharynx examination demonstrated a mask.

NECK: Neck examination demonstrated no lymphadenopathy. The trachea was midline. No masses.

LUNGS: Lung examination was clear to auscultation bilaterally with no wheezing. No retractions were noted.

HEART: Regular rate and rhythm. PMI was nondisplaced. No significant murmurs were noted on examination.

ABDOMEN: The abdomen was soft and non-distended. Some mild mid-epigastric tenderness to palpation. There are positive bowel sounds.

EXTREMITIES: Positive pulses bilaterally. No evidence of cyanosis. Normal capillary reflex.

NEUROLOGIC EXAMINATION: No gross focal neurological deficits. Gait appeared normal.

CURRENT DIAGNOSIS

1. Asthma, likely pre-existing, not industrially in nature.
2. Gastric issues, with reported history of significant issues pre-existing, likely not industrially related and not related to the work related injury as described,
3. Nasal allergies – with blockage bilaterally with more blockage on the right side, likely pre-existing based on the subjective history, not likely industrial in nature.
4. Traumatic brain injury with headaches, with history of childhood trauma and MVA, not likely industrial in nature, outside the scope of my practice, request QME specialist in neurology for further evaluation.
5. Neuropsychology issues including cognitive decline – request QME in neuropsychiatry to examine the pre-existing cognitive decline associated with the prior trauma.
6. Multiple psychiatric issues – request evaluation of QME psychiatrist if needed.

CAUSATION

ASTHMA:
It **is** within a reasonable degree of medical probability that the asthma was pre-existing in nature and not caused by the industrial injury and is labor disabling. Therefore I opine that the workplace injury did not **cause or aggravate** the claimant's **condition. I make this medical opinion based on the subjective history obtained by the patient on initial exam. Ideally if there are medical records from the private doctors describing that asthma that would help further solidify this opinion.**

GASTRITIS:
It **is** within a reasonable degree of medical probability that the gastritis was pre-existing in nature and was not caused by the industrial injury and is labor disabling. Therefore I opine that the workplace injury did not cause or aggravate the claimant's condition. **I make this medical opinion based on the subjective history obtained by the patient on initial exam. It is likely the pre-existing psycho-social factors contributed to the development of the gastritis. Ideally if there are medical records from the private doctors describing the gastritis that would help**

further solidify this opinion. I support this medical opinion with the medical research cited below.

NASAL ALLERGIES:
It **is** within a reasonable degree of medical probability that the nasal symptoms was pre-existing in nature and was not caused by the industrial injury and can be labor disabling. Therefore I opine that the workplace injury **did not** cause or aggravate the claimant's condition. **I make this medical opinion based on the subjective history obtained by the patient on initial exam. Ideally if there are medical records from the private doctors describing the nasal issues that would help further solidify this opinion.**

In the process of formulating opinions pertaining to causation, I take into account numerous factors. These include the mechanism of injury, the type of temporal onset of symptoms, the history given by the examinee, the response to various treatments, the physical examination findings, radiographic findings and the results of other pertinent objective tests, knowledge of the pathology and the pathophysiology of specific disease or injuries, knowledge of the overall health of the individual, and other pertinent information including my experience, knowledge and training.

PERMANENT & STATIONARY

ASTHMA, GASTRITIS, NASAL ALLERGIES:
YES. After examination of the claimant, review of all available medical tests, studies and records, I have concluded the claimant has reached Maximum Medical Improvement from treatment. If additional records are presented to me then I would be open to reviewing them and further clarifying the information on the three disease entities as stated.

According to the *Guides,* Maximum Medical Improvement is reached when a condition or state is well stabilized and is unlikely to change substantially in the next year, with or without medical treatment. Although over time there may be some change, further deterioration or change is not anticipated. As used in the worker's Compensation Act [51-1-1 NMSA 1978], "date of maximum medical improvement' means the date after which further recovery from or lasting improvement to an injury can no longer be reasonably anticipated based upon reasonable medical probability as determined by a health care provider.

IMPAIRMENT

Using the *Guides to the Evaluation of Permanent Impairment Fifth Edition, AMA:*

For the asthma given page 104 table 5-9, since the patient would use if she had available to her an albuterol inhaler daily, she would most likely best be categorized as being a score of 2, given her daily medication requirements. Therefore using table 5-10, the total asthma score is 2 which would then give her a 14% whole person impairment as determined by the table.

For the gastritis, given the continued clinical symptoms history of ulcers seen in the Upper GI tract per patient report, and physical exam findings today, lack of significant improvement with the dietary modifications and previous medication management – using page 121, table 6-3 the patient best fits class 3 impairment of the whole person and therefore I opine a 30% impairment of the whole person as it relates to the Upper GI issues.

For the nasal issues, using page 260, table 11.6, given the fact that the patient has blockage of the nasal passages, but not complete blockage, I opine a 3 % whole person impairment as it relates to the nasal airway passages.

Recent case law, Almaraz-Guzman II charge the rating physician with providing a Whole Person Impairment rating utilizing any chapter, table or method in the AMA Guides 5th Edition that most accurately reflects the injured claimant's impairment. The AMA Guides state, "impairment percentages or ratings developed by medical specialists are consensus derived, estimated to reflect the severity of the medical condition and the degree to which the impairment decreases an individual's ability to perform common Activities of Daily Living, excluding work". In the course of this evaluation, I have critically analyzed the injured worker's Activities of Daily Living, and applied Almaraz-Guzman II. The issues surrounding Activities of Daily Living may be problematic as these activities are subjective in nature and not something that I can actually measure. However, my job is to compare what the claimant reports in the loss of Activities of Daily Living with what was expected from the objective findings and pathology.

I opine that the Whole Person Impairment rating given in this report adequately addresses the legitimate objective medical factors in pathology and constitutes substantial medical evidence using the AMA Guides 5th Edition and taking into account Almaraz-Guzman II.

APPORTIONMENT

There **is medical** evidence, pre-injury restriction, limitation, accommodation that caused or can be related to the claimant's asthma, gastritis, and nasal issues, therefore apportionment is appropriate. Based on the information received in the cover letter along with the subjective history obtained by the patient the asthma, gastritis and the nasal allergies are predominantly pre-existing and not related to the workplace injury in question. Therefore I opine a 100% apportionment to pre-existing issues and no apportionment to the workplace injuries in question.

Under SB899 (Escobedo) however, apportionment now can be based on non-industrial pathology, if it can be demonstrated by substantial medical evidence that the non-industrial pathology has caused permanent disability.

To be substantial evidence on the issue of apportionment, the medical report must be framed in terms of reasonable medical probability and must not be speculative. My report is based upon the pertinent facts and after adequate examination and history I have set forth my reasoning in support of my conclusions, this is required by the Escobedo decision.

PRE-EXISTING LABOR DISABLING CONDITIONS

The asthma is a pre-existing labor disabling condition – when asthma is present, with exertion that is typically associated with the work related task, the asthma can be aggravated causing shortness of breath preventing the completion of labor tasks. I support this opinion with the research cited below.

The gastritis is a pre-existing labor disabling condition, since the gastritis when flared can cause nausea and vomiting and requires the patient to be close to bathroom facilities, preventing her from doing the labor related tasks.

The nasal allergies is a pre-existing labor disabling condition, since when the patient is exposed to certain strong smells and scents in the work place environment or cleaning supplies in the workplace environment, that can cause nasal blockage preventing her to breathe through her nose which prevent her from doing her labor related tasks.

MEDICAL RESEARCH

Glavin, Gary B., et al. "The neurobiology of stress ulcers." *Brain research reviews* 16.3 (1991): 301-343.

Kanno, Takeshi, et al. "Peptic ulcers after the Great East Japan earthquake and tsunami: possible existence of psychosocial stress ulcers in humans." *Journal of gastroenterology* 48.4 (2013): 483-490.

Hiles, Sarah A., et al. "Working while unwell: workplace impairment in people with severe asthma." *Clinical & Experimental Allergy* 48.6 (2018): 650-662.

Tarlo, Susan M. "Workplace respiratory irritants and asthma." *Occupational Medicine (Philadelphia, Pa.)* 15.2 (2000): 471-484.

Pursuant to ACOEM, MTUS, ODG Guidelines or preponderance of scientific medical evidence of continued medical care with documented functional improvement or relief of symptoms.

REVIEW OF MEDICAL RECORDS

The medical records are noted below:

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

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

WC Claim Form dated 11/14/17 DOI: 08/30/17. Pt was forced to go on her knees in middle of the parish crowd and wash the floor so everyone would laugh at her to discriminate. Diminish and sexually harass pt, causing severe stress, sleep depression, mental anguish, resulting in flashbacks.

Application for Adjudication dated 03/23/18 DOI: CT 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, nervous system. Employed by Lighthouse Coastal Community Church as a Janitor.

WC Claim Form dated 03/23/18 DOI: CT 09/15/13 - 09/15/17. Stress, depression, anxiety, PTSD due to sexual harassment by the priest, harassing behavior and hostile work environments by the church administration.

Application for Adjudication dated 11/14/19 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. Employed by Lighthouse Coastal Community Church as a Janitor.

Compromise & Release dated 09/30/19. DOI: CT: 09/01/13 - 09/01/17. Head, BUE, hernia, back, BLE and psych. Employed by Lighthouse Coastal Community Church as a Janitor. Settlement amount $45,000.00.

01/11/18 - PTP's Initial Eval and Rpt 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 head, arms, low back, abdomen and feet due to the repetitive nature of her job. She constantly uses her arms, hands and legs. She repetitively performed cleaning duties for 8-hour shift. She started experiencing sharp pain in 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 medication. She continued working on regular duties. She reports that through the following months, she developed burning sharp pain in her arms, mostly 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 outrageous behavior at her workplace. Within 2014, she sought medical attention through her PCP, Dr. Khan. She was prescribed pain meds, Valium and Paxil, which afforded temporary symptomatic relief. She was then referred to see a specialist. In 2014, she started to see pain specialist, Dr. Michael Shahbazian. She reports multiple MRI scans and x-rays from her low back were obtained. She was referred to attend PT for two months. The therapy afforded minimal pain relief. She was prescribed with Norco and Soma, which afforded temporary pain relief. She also received approximately six injections to her low back, which afforded temporary pain relief. She continued to f/u on a 3-month basis. She was last seen in 11/2017. She has a scheduled appointment in 02/2018. Within 12/2014, she started to see surgeon, Dr. Nguyen at Fountain Valley. She was diagnosed with R abdominal hernia. She was advised to undergo surgery. She underwent hernia repair surgery in 12/2014. She was temporarily placed off work. She returned to work on regular duties with the same employer. She continued to experience

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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 medication, which afforded temporary pain relief. She reports she also started to experience pain in her abdominal area similar to pain when she had abdominal hernia. On 09/07/17, she was terminated from her job. She is currently not working and is not receiving any kind of benefits. She is currently taking pain and anxiety medication, 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. She has h/o unexpected weight loss and fatigue. Currently c/o frequent R temporal, sharp, throbbing HA. Also has constant, moderate, achy pain in upper/mid/lower back, B/L knees and stiffness becoming sharp, severe with sudden or repetitive movement. Occasional, moderate pain in B/L forearm, stiffness and weakness. Also c/o activity dependent moderate, sharp, stabbing abdominal pain and stiffness radiating to R groin. C/o loss of sleep due to pain and fatigue. She reports due to prolonged pain and financial hardship is feeling like condition will never improve and is causing anxiety, stress, depression and irritability. Has moderate and forward antalgic gait. PSH: Hysterectomy surgery in 2016 by Dr. Rahshani in Fountain Valley. ROS: Has a h/o unexpected weight loss and fatigue. H/o occasional difficulty walking and reports weakness of R arm and hand. Has h/o intermittent HAs and dizziness. Has anxiety, depression and occasional panic attacks. Vitals: BP 132/106. Pulse 96. Ht 5'3". Wt 105 lbs. PE: Tenderness and spasms in RLQ. Has moderate and forward antalgic gait. 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. 14) Major depressive disorder, single episode, unspecified. 15) Acute stress reaction. 16) Irritability and anger. 17) Chronic pain due to trauma. 18) Myalgia. 19) Myositis, unspecified. Plan: Ordered MRI of L/S, L elbow, L knee and R knee. Referred to acupuncture and chiropractic. Referred to Ortho and Hernia Specialist. TTD. Causation: Related to injuries on 08/30/17; CT: 09/01/13 - 09/01/17.

02/26/18 - PTP's PR-2 by Harold Iseke, DC. Pt states that therapy decreased pain. There have been 2 chiropractic and acupuncture visits to date. However, prolonged activity causes exacerbation of pain. Vitals: BP: 120/95. Pulse: 82. Wt: 110 lbs. Temp: 97.5F. Dx remains unchanged. Plan: TTD.

07/14/18 - PQME by Payam Moazzaz, MD. DOI: 09/01/13; 12/20/13. Pt has h/o multiple injuries sustained while employed as a janitor at Lighthouse Community Church. States she sustained a specific injury 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 R groin. She felt a bump in R groin that was subsequently diagnosed 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 underwent surgery on 12/25/13 for hernia repair. She states this required two surgeries due to complications but she is not sure of the details. She also describes 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 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 treatment was not offered by the employer for these injuries either. She continued working until 06/2017 when

she was terminated. She has had treatment 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 06/2017 and has not worked since that time. She also describes 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. She 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 treatment provided to date. She has undergone multiple MRI studies but is not sure of the results. Currently c/o persistent pain in lower back and bilateral knees with associated swelling. Lower back pain radiates to her R knee/foot. She also describes stiffness in lower back and shoulders and hands with associated N/T in her hands and R foot. She describes pain as sharp and shooting and aching and feels this discomfort most of the time. Pain is 8/10. She states she can sit for up to 20 minutes, stand for up to 10 minutes, and walk for up to 20 minutes. She states she can lift up to 5 lbs now as compared to over 50 lbs prior to the injury. Difficulties with ADLs. PMH: H/o a rear-end MVA in which she injured her neck and upper back but she does not recall the details. PSH: Hysterectomy. Vitals: Wt: 103 lbs. Ht: 5'2". Dx: 1) Lumbar sprain/strain 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. Disability Status: Has not reached P&S. Subjective Factors of Disability: Frequent sharp, aching, and shooting pain in lower back and knees with associated swelling and N/T in her hands and R foot. Diminished sitting capacity of up to 20 minutes, standing capacity of up to 10 minutes, and walking capacity of up to 20 minutes. Diminished lifting capacity of up to 5 pounds now as compared to over 50 lbs prior to the injury. Difficulty with ADLs. Objective Factors of Disability: Inability to heel walk, toe walk, or squat during the gait exam, splinting and guarding of R hand, tenderness over carpal tunnel bilaterally, TTP along the paraspinous muscles on R over L/S, pain with L/S ROM testing, diminished range of motion of L/S, tenderness with patellofemoral compression bilaterally, and clicking beneath the patella bilaterally. Work Restrictions: 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. Impairment Rating: Not indicated at this time. Causation: Results of injury sustained from 09/01/13 to 09/01/17 and specific industrial injury in 11/2012 and MVA on 06/07/17. Apportionment: With regards to B/L knees, apportionment would be indicated between CT industrial injury of 09/01/13 to 09/01/17 and non-industrial MVA of 06/07/17. With regards to L/S, apportionment would be indicated between specific injury of 11/2012 CT industrial injury of 09/01/13 to 09/01/17, MVA of 06/07/17, and pt.'s history of chronic lower back pain prior to the industrial injury timeframe. With regards to B/L hands, this is attributable to CT injury of 09/01/13 to 09/01/17 and apportionment would not be indicated. Future Medical Care: Ordered EMG/NCV of BUE, MRI L/S and B/L knees.

07/18/18 - Supplement Note by Payam Moazzaz, MD. DOE: 07/14/18. Pt was seen for PQME. While speaking with the injured worker and reviewing the medical records, examiner has identified hernia that was outside his area of expertise.

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01/04/19 - Supplemental Rpt by Payam Mcazzaz, MD. After review of records, as well as examiner's prior report and previous records recommended referral to hand specialist for B/L CTS and to ortho surgeon for B/L knee meniscal tears. Surgical intervention would not be indicated for L/S.

02/10/19 - Comprehensive Psychological Medical Legal Eval by Douglas Larson, Ph.D. DOI: CT 09/01/13 - 09/01/17; 08/30/17; CT 09/15/13 - 09/15/17. Pt was employed as a janitor by her beloved church in September 2008 and was fired in September 2017, and during that time was sexually harassed by a senior pastor, but delayed reporting it only after her older daughter noted similar behavior, and she feared for the safety of her younger daughter. After she reported the incident, initially she was treated well but over time felt that she was considered a problem leading to write ups, reduction in hours, humiliating treatment and ultimately in termination. She had learning problems, was retained one year in school, and has notable memory problems related to an auto accident in 06/2017, three months before she was fired. Regarding physical injuries, she indicated that the main reason she was not working was 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. She indicated that after moving the chairs, at one point, she was on the floor with ice packs. Currently c/o depressed mood, diminished interest or pleasures in activities, weight loss and appetite; current height was 5'3' and weight was around 104-105 lbs, has insomnia/hypersomnia, psychomotor agitation/retardation, feelings of worthlessness, excessive or inappropriate guilt, reduced ability to think or concentrate with diminished memory, suicidal thoughts; had suicidal thoughts in the past (once or twice) but never attempted, anxiety; reported that when stressful events occur there were associated symptoms of knots in her stomach, occasional odd sensations of pictures going through her head rapidly, and difficulty sitting still. She also believed that her stomach ulcer might also be a derivative of her anxiety and stress, anger and frustration, nightmares and flashbacks about the subject industrial events. Current has pain in head/lower back pain, 2/10; neck/shoulders/chest/upper and mid back/hips/knees/feet/ankles, 0/10; legs, 4/10 with tingling. Dx: **1) Unspecified depressive disorder. 2) Unspecified anxiety disorder**. Plan: Recommended CBT therapy. Disability Status: Pt has not reached MMI. Impairment Ratings: When considering current social functioning, she has moderate impairments because she has withdrawn from friends. When considering current psychological functioning, she has moderate impairments because she of her depression, anxiety, and memory and concentration problems. When considering current occupational functioning, she has no impairments because she could still do her job as a janitor despite her mental health problems. With regard to concentration and pace, she has moderate impairments because of her memory problems. In her ability to perform ADLs, she has moderate impairments because she often has no interest in doing activities at home. **Current GAF 60. Work Status: From a psychological point of view she was never TTD or TPD**. Physical disability is deferred to the appropriate specialty. Causation: **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.** Vocational rehab and apportionment were deferred until MMI was reached.

06/19/19 - PTP's Permanent and Stationary Rpt by Harold Iseke, DC. DOI: 08/30/17; CT 09/01/13 - 09/01/17. Pt remained symptomatic despite the treatments provided to her. She was placed on TTD. Currently she c/o frequent occipital, B/L temporal throbbing HA with dizziness, nausea and light sensitivity. Constant, moderate, achy pain in upper/mid back pain and stiffness. Constant moderate sharp, stabbing L/S pain and stiffness, radiating to L leg with N/T. Frequent, moderate, sharp pain in R elbow/forearm with stiffness. Has frequent, severe, sharp, burning pain in R hand with stiffness. Frequent, moderate, sharp, stabbing pain in R knee and stiffness. Frequent, severe, sharp, stabbing pain in L knee and stiffness. R ankle pain resolved. C/o activity dependent moderate, sharp, stabbing abdominal pain and stiffness radiating to R groin. C/o loss of sleep due to pain. Due to prolonged pain, she feels like her condition will never improve and is thus causing anxiety, stress, depression, irritability and nervousness. Has difficulties with ADLs. She has h/o fatigue, blindness, hearing loss on L side, chest pain and palpitations, SOB, constipation. Vitals: BP: 117/94. Wt: 113 lbs. Pulse: 97. Temp: 97.8F. Ht: 5'3". Diagnostics: MRI of R shoulder on 01/10/19 showed common extensor tendinosis, radio humeral effusion, ulno humeral effusion, small subchondral cyst in the posterior aspect of the capitellum. X-ray of R hand on 01/10/19 showed unremarkable hand study. Dx: 1) HA. 2) Spinal enthesopathy, thoracic region. 3) Pain in T/S. 4) Spinal enthesopathy, lumbar region. 5) LBP. 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) Major depressive disorder, single episode, unspecified. 14) Acute stress reaction. 15) Irritability and anger. 16) Chronic pain due to trauma. 17) Myalgia. 18) Nervousness.** Disability Status: Reached MMI. Subjective Factors of Disability: HA with dizziness, nausea and light sensitivity. Upper mid back pain and stiffness. LBP and stiffness. R elbow pain and stiffness. R forearm pain and stiffness. R hand pain and stiffness. R knee pain and stiffness. L knee pain and stiffness. Abdominal pain and stiffness radiating to R groin. Loss of sleep. Anxiety. Depression. Irritability. Nervousness. Objective Factors of Disability: T/S: TTP of B/L scapular area, trapezius, spinous processes, T6-T7 spinous process, T7-T8 spinous process, T8-T9 spinous process, T9-T10 spinous process, thoracic PVM and thoracolumbar junction. Muscle spasm of B/L Levator Scapulae, rhomboids, scapular area and thoracic PVM. Positive orthopedic tests. L/S: TTP of B/L gluteus, SI joints, L3-S1 spinous processes, lumbar PVM, spinous processes and thoracolumbar junction. Muscle spasm of B/L gluteus, lumbar PVM and thoracolumbar junction. Limited ROM. Positive orthopedic tests. R Elbow: TTP of the anterior, lateral, medial elbow, olecranon process and posterior elbow. There is muscle spasm of dorsal, lateral, medial and volar forearm. Limited ROM. Positive orthopedic tests. MRI findings revealed abnormal findings. R Hand: Tenderness in thumb. TTP of palmer aspect. Painful ROM. B/L Knee: TTP of anterior/lateral/medial/posterior knee, MJL, LJL, popliteal fossa and superior border of patella. Muscle spasm of anterior/lateral/medial/posterior knee and superior border of patella. Limited ROM. Positive orthopedic tests. **Impairment Rating: 10% WPI for spine; 5% for T/S and 5% L/S. 1% WPI for R elbow. No impairment for B/L knees. Impairment rating for psych deferred to appropriate specialist. 2% WPI for sleep. Combined total WPI is 15%. Causation: It is with reasonable medical probability that pt.'s permanent disability to the mid back, 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 CT from 09/01/13 to 09/01/17. Opinions with regard to pt.'s psychological disability are deferred to appropriate specialist. Apportionment: 100% due to specific injury on 08/30/17 and CT from 09/01/13 to 09/01/17**. Work Restrictions: No heavy lifting more than

10 lbs, no repetitive bending or stooping, prolonged standing and walking. Precluded from forceful pushing, pulling, gripping and grasping, squeezing, lifting and carrying or other activities involving comparable physical effort. 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. Future Medical Care: May involve up to 24 sessions of PT and chiropractic tx per year for any acute flare-up. Also recommends acupuncture. Periodic orthopedic specialty evaluation, as well as meds, bracing, injections and even additional diagnostic studies. Moreover, orthopedic specialty consultations should also be provided for consideration of possible surgery if pt.'s symptoms significantly worsen and if so deemed appropriate and necessary by the specialist at the time of said specialty consult.

06/25/19 - Initial Comprehensive Medical Legal Eval by Julie Goalwin, Ph.D. DOI: 08/30/2017; CT 09/1/13 - 09/01/17. Pt worked for Lighthouse Church as a Janitor. Her job duties were to clean all classrooms, offices and the church. She states that the Pastor of Lighthouse Church made sexual advances towards her at her place of work, and 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. She 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 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. She 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 was 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 and she decided to make a report to the Junior Pastor. 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 wasn't 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 three new people were hired. She states she would cry and was upset at everything that was going on. She also started having health issues from work, problems developed with her knees and some days she could not walk or ride her bike home due to the pain. She states that one time a contract worker who 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 others on her knees. When she left, she felt that office workers were laughing at her. She said there were other times he had harassed as well. She also states that one of the ladies that worked for the church had said something about her clothing attire, trying to state it may be provocative. She 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. She states during this time she witnessed a theft by an elder named, he stole $5000.00, she told Pastor 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 Church's attorney. 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. She was fired a few months after she made the report regarding the Pastor. 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 she did not call to say she was running a little late. She was going to surprise him, that's 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 treatment. She has anemia, arthritis, sciatica, low BP, constipation, stomach pain, nausea, ulcers, dizziness, vision problems, headaches, 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, right hip, shoulder and elbow. She also has pain in both hands and knees. She has severe pain in her back, L leg, 6/10. She is also experiencing severe R hand pain and HA. This is due to repetitive cleaning, lifting, and pushing, carrying and poisonous chemicals. 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. She feels anxious and doesn't want to leave her house, when she does leave, she rushes right back home. She states she feels isolated and has lost many friends. She doesn't spend time with her family, she does not go on trips. She also has trouble dropping things due to injures/broken arm. She states she has six staircases to climb, she fell down. She can't sleep for more than 2-3 hours and can't stop thinking repetitive thoughts and she feels paranoid going to church. She is also sad and having crying spells. She has had previous medical treatment for a hernia and surgery, her back, and she has a hysterectomy previously. She is treating with a pain specialist and has injections in her spine every 3 months. Then she will see a new specialist in a year. She is treating with Dr. Kahn in Costa Mesa and Dr. Shavasien a pain specialist in Laguna Beach. This treatment is all for her work-related physical injuries. She was previously prescribed Paxil, and Valium for her problems with her employer, through a medical doctor. She received counseling at SOS center from a counselor for 3-4 months after she was fired. **Dx: Axis I: Anxiety state, unspecified. Mild cognitive impairment. Primary insomnia. Pain disorder with related psychological factors. Axis II: No diagnosis. Axis III: HA, arm, shoulder, elbow and back pain. Axis IV: Situational psychosocial stressors (stress, financial distress). Axis V: GAF: 59. WPI: 17.** Plan: Requesting CBT biofeedback sessions, Psychiatrist eval and also transportation for these appt. Disability Status: Not reached MMI. **Impairment Rating: 17% WPI. Work Status: TTD until 09/25/19. Causation: Pt's psychological conditions are predominantly caused by industrial injury being 100% attributable to industrial injuries of 08/30/17;** CT 09/1/13 through 09/01/17.

11/09/20 - AME Rpt by Eric Gofnung, DC. DOI: CT 09/01/13 - 09/01/17; CT 09/15/13 - 09/15/17; 08/30/17. Pt was asymptomatic and without any disability or impairment prior to continuous trauma injury from 09/01/13 - 09/01/17, as related to her neck, B/L shoulders, elbows, wrists/hands, low back, and BLE and B/L knees. She began working for Lighthouse Coast

Community. 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 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 began to experience pain in her low back in approximately early 2012 due to her work duties. She started experiencing pain in her abdomen, with associated bulging sensation in her abdomen in 11/2012. 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 continued working at her regular job duties with ongoing symptoms. She also experienced occasional headaches at work when exposed to cleaning chemicals in closed areas. She states that in 2014, she sought medical attention through her PCP. Dr. Khan for her low back. In approximately 12/2014, she was evaluated by surgeon, Dr. Nguyen in Fountain Valley. She was diagnosed with R abdominal hernia. Hernia repair surgery was recommended and performed twice in approximately 12/2014. She states she followed up twice postoperatively with Dr. Nguyen and was last seen in late 2014. She was temporarily placed off work for approximately 2 weeks, and then returned to work at her regular duties with the same employer. Recommendation was made for lumbar epidural injections after she completed physical therapy. 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 a series of lumbar epidural injections. She is no longer treating with Dr. Shahbazian since approximately 2017. She developed stress and anxiety due to harassment at her workplace beginning approximately 2012 due to sexual harassment by the pastor of the church. Pt discovered the 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. She reported the inappropriate behavior and comments to head pastor, and her work shift was changed to nights when Pastor was not at the workplace. She was treated her differently after she had reported. She was also being written up for very small issues that she had never been written up for before. She was no longer allowed to volunteer or bring help when she needed assistance in lifting heavy items. She continued to perform her job duties, she experienced gradually increasing pain and discomfort in her arms, low back, and feet with associated headaches. She also started to experience pain in her abdominal area similar to the pain when she had the abdominal hernia. She also continued to experience stress, anxiety and depression, as well as pain in her low back, neck, right elbow, and bilateral knees, and she continued to treat with Dr. Shahbazian on a private basis for pain management and medication referrals. She is not currently working and is not receiving any kind of benefits. She was referred for psychological treatment to Dr. Goalwin in 06/2019. Recommendation was made for psychotherapy and psychiatric evaluation. She retained legal representation for her injuries, and was referred for medical treatment to Harold Iseke, D.C. and was evaluated in 01/2018. She was

referred for MRI scans of R elbow, low back and B/L knees, acupuncture and chiropractic treatment, and orthopedic evaluation and to a hernia surgeon. She was taken off work. She was also referred for electrodiagnostic studies of the upper extremities and a psychological evaluation. She was referred to a hand specialist and a surgeon regarding her knees. She states that she continued to treat with Dr. Iseke until 06/2019, when she was released from care. She 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 her R foot. Dr. Kelly referred her to a new pain management doctor, Dr. Vivek Babaria in Fountain Valley. She is currently also receiving psychological counseling. Complaints due to CT 09/01/13 - 09/01/17: Sharp pain on R side of head; L-sided neck pain, stiffness, N/T in both arms, R greater than L; R elbow pain; B/L wrists and hands pain, R much greater than L, weakness and loss of grip strength in hands and wrists and drops objects as a result, N/T hands and, fingers, R much greater than L; difficulty sleeping; mid/upper/lower back pain; B/L knee pain; c/o HA and breathing problems due to chemical exposure from work; bump in R groin, occasional pain in R groin with bending, getting in and out of the bath and other similar activities; worsening of abdominal pain due to stress. Complaints secondary to CT injury from 09/15/13 - 09/15/17 and also injury on 08/30/17: Continuous episodes of anxiety, stress, depression, and panic attacks due to chronic pain and disability status. She denies suicidal ideation. Nonindustrial pre-existing complaints includes: Traumatic brain injury occurred when she 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. Severe HA. Memory issues. Confusion. Difficulty concentrating and communicating. Dizziness. Nausea/vomiting. Loss of coordination/balance. Chronic pain. Blurry vision. Irritability. Sadness. Anxiety. Lack of self-efficacy. Asthma and Allergies resulting in difficulty breathing, chest pain/tightness, and SOB. Arthritis. Hand tremor. Anemia. Fainting. Hyperventilation. Panic attacks. 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. Paranoid fear of someone being after her. Diarrhea. Psychogenic respiratory disorder. Pharyngitis. Also reports difficulties with ADLs. PSH: Hysterectomy in 04/2016. Vitals: BP 129/89. Pulse 91. Wt 133 lbs. Ht 5'2". Dx: 1) **Cephalgia, closed head trauma. 2) History of concussion/TBI secondary to childhood injury and secondary to MVA of 06/2017. 3) C/S s/s and myofascitis, secondary to MVA of 06/2017, improved. 4) Cervical facet-induced versus discogenic pain, secondary to MVA of 06/2017. 5) T/S myofascitis, 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 myofascitis, 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 herniation confirmed by MRI secondary to MVA of 06/2017, secondary to CT, secondary to 2012 industrial injury. 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. 12) B/L CTS, secondary to CT. 13) B/L knee internal derangement, secondary to CT and 2017 MVA. 14) Gastritis/ulcer, diverticulitis. 15) Hernia post repair x2, r/o recurrence. 16) Anxiety and depression. 17) Learning disabilities per history secondary to childhood trauma. 18) Toxic exposure associated with HA and SOB.** Disability Status: Reached P and S. Subjective Factors of Disability: 1) HA that occur

approximately 3-5 times per month with sharp pain on R side of her head. 2) Neck pain - intermittent L-sided pulsating pain, stiffness, cracking and grinding with twisting of the neck, N/T sensations in both arms, R greater than L. 3) Shoulders pain - constant pain in both shoulder blades, R worse than L. 4) B/L elbows pain - pain in both elbows, R much greater than left. Pain in R elbow is constant, and intermittent on L. The pain increases, becoming throbbing and burning in R elbow with shooting pain from shoulder. 5) B/L hands/wrists pain - 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 upper extremities 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 - pain is moderate, and the symptoms occur frequently in the upper, mid and lower back. Pain 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 pounds, going from a seated position to a standing position and twisting and turning at the torso. She complains of muscle spasms in her lower back. She awakens from sleep as a result of lower back pain. 7) B/L knees pain - R knee pain is constant, and L knee pain is frequent. Swelling and throbbing pain in knees, R worse than L. The 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 pounds, going from a seated position to a standing position and vice versa. She reports occasional episodes of buckling of knees. 8) Chemical exposure - she complains of HA and breathing problems due to chemical exposure from work. 9) Hernia - 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: C/S: Palpatory tenderness. Decreased and painful ROM. T/S: Palpatory tenderness. Decreased and painful ROM. Abnormal orthopedic testing. L/S: Palpatory tenderness. Decreased and painful ROM. Abnormal orthopedic testing. Abnormal results of MRI of L/S. R Elbow: Palpatory tenderness. Abnormal orthopedic testing. Abnormal results of MRI. R Wrist: Abnormal orthopedic testing. Decreased grip strength. Abnormal results of neurological examination. Abnormal NCV/EMG results. L Wrist: Abnormal orthopedic testing. Decreased grip strength. Abnormal NCV/EMG results. R Knee: Palpatory tenderness. Decreased muscle function. Abnormal orthopedic testing. Abnormal MRI results. L Knee: Abnormal MRI results. **Impairment Rating: 62% total WPI in which 26% for spinal WPI (5% for C/S, 5% for T/S and 18% for L/S), 31% for upper extremity WPI (18% for R wrist and 18% for L wrist) and 10% for lower extremity WPI (10% for R knee). 0% WPI for R elbow and L knee. Causation: C/S injury is secondary to MVA of 06/2017. T/S injury is secondary to MVA of 06/07/17 and also a part of subsequent orthopedic continuous trauma injury. L/S injury is secondary to complaints of lower back pain starting 2012 or 2013 due to vacuum lifting incident, subsequent orthopedic continuous trauma injury, MVA on 06/07/17. R elbow/wrist, L wrist injury is secondary to subsequent injury of continuous trauma from 09/01/13 to 09/01/17. B/L knee injury is secondary to continuous trauma from 09/01/13 to 09/01/17 and also from MVA of 06/07/17. Apportionment: For C/S 100% to 06/2017 injury. For T/S 50% to MVA of 06/07/17**

and 50% to subsequent orthopedic continuous trauma injury. For L/S 60% to subsequent orthopedic continuous trauma injury and 20% to MVA of 06/07/17 and 20% to 2012/2013 lifting injury. For R elbow/wrist, L wrist 100% to continuous trauma from 09/01/13 to 09/01/17. For B/L knee 50% to MVA of 06/07/17 and 50% to subsequent injury of continuous trauma from 09/01/13 to 09/01/17. Work Restrictions: No lifting over 15 lbs, no repeated bending or twisting, must be able to change positions as needed, recommend using lumbar brace while working. No forceful or repeated grasping, pulling, pushing, or torquing with B/L arm/hand. No prolonged keyboarding or writing. No repeated or forceful squatting, kneeling, climbing, running, jumping, or walking over uneven ground. Vocational Rehabilitation: Pt is qualified injured worker. However, due to multiple impairments and disabilities, examiner do 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. Future Medical Care: Orthopedic consultation and treatment, pain management consultation and treatment with regards to L/S. Hand surgery consultation with regards to B/L wrists. Require further psychiatric care. Internal toxicology consultation to evaluate toxic exposure as well as SOB, anemia and HA. Require general surgical consultation to evaluate and possibly treat hernia. Require gastroenterology consultation to evaluate and possibly treat gastritis and abdominal complaints. Neurology consultation to address history of closed head trauma, TBI and post- concussion syndrome. Additionally, she is recommended to undergo x-ray and MRI of C/S.

Deposition of Sarver Victoria on 01/19/18 (93 Pages).

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. Dr. Khon, pt's PCP prescribed that med. Had treated with Dr. Khon for 7yrs. 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 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 and it happened about 20yrs ago. Pt believed she every really recovered from that. Had made a claim for an auto accident that happened on 06/07/17. Pt was the driver and 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. Lawyer also sent pt to a neurologist Dr. Shaw. Pages 32-34 – Had seen Dr. Shaw 4-5 times for depression. 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. Was involved in a bike accident 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. Treated with Dr. Green. Pages 35-37 – Pt smoked cigarettes on and off since she was 18yrs old. Last smoked the previous week. Used CB cream to help with pain. It was very helpful. Pages 38-40 – Saw a doctor at Wellness Clinic 25yrs ago. Had a voluntary 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 and open mouth. Pt felt shocked, grossed out. It happened in the main building of the church. Pages 47-49 – 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. It started to get awkward so she avoided being in the room. Cheryl was in the front office, didn't see the incident. 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 Lindsay 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. Cordially, her daughter would talk to Pastor and then she told that he was patting her on the ass in an appropriate way. 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 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 be able 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 86-88 – 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.

Deposition of Sarver Victoria on 05/11/18 (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 about auto accident in 2017 and to Dr. Khan. 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. Pages 117-119 – Started feeling anxiety, depression, 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, 121 – Last day of work at church was around 09/17/17. Stopped taking Paxil, stopped taking it 2 months ago. Pages 123-124 – 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 133-135 – 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 about 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 back went out, 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 were 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 him 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. Jeanne 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 swifted 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 Nissum 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 Sarver Victoria on 08/01/18 (81 Pages).

Pages 261-263 – Pt had taken Norco the previous night. It was prescribe by Dr. Shahbazian. Last saw doctor 3 months ago. Had appt scheduled to see Dr. Shahbazian in next 2 weeks and another eye doctor. Durine 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 forway. 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 Vokswagen hit pt during her c and a bus ran over and she had a front tooth injury. The wheels didn't get on pt. 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 3yrs 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 24yrs 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. 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 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 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. Never got a tax return, for many years and it made her mad in 2012, 2013 and 2014. Felt angry for doing something stupid. Didn't have financial problems. DWC-1 claim form dated 03/23/18. The only person who advanced to pt was Pastor Leigh.

In addition to the records summarized were duplicate records, facsimile cover letters, billing records and utilization review documents.
Sincerely,

DISCLOSURE:

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

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my know-ledge. This statement is made under penalty of perjury."

This is to certify that Sameer Gupta, M.D., performed the above evaluation and examination and that he prepared this report.

Date of Report: February 25, 2021. Signed this 12th day of April, 2021 in San Bernardino County

Sincerely,

Sameer Gupta, MD.