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June 28, 2022

Natalia Foley
Workers Defenders Law Group
751 S. Weir Canyon Road, Suite 157-455
Anaheim, CA 90211

Re: Martin Lugo, Sr. vs. Westpac Labs, Inc./Sonic Healthcare
Safety National Casualty Corp. administered by Gallagher Bassett Services, Inc.
Case No: ADJ14468143; ADJ14468359; ADJ14468138
Claim No: 005834-002905-WC-01; 005834-002603-WC-01; 005834-002969-
WC-01

Dear Ms. Foley:

Your attention is respectfully invited to the following:

Enclosed for completion of your file, please find the following medical report(s):

- **Scott Rosenzweig, M.D. dated 12/14/21**

Very truly yours,

WALL McCORMICK BAROLDI &
DUGAN

BY 
ELLEN T. DUGAN

ETD/wl
Enclosure(s)

Copies to:

Diane Noble
Gallagher Bassett Services
P.O. Box 2934
Clinton, IA 52733

Tri-City Health Group

Scott Lewis Rosenzweig, M.D.
 1145 E. San Antonio Dr., Suite A
 Long Beach, CA. 90807
 Ph: (562) 984-5505 / Fax: (562) 984-8599

December 14, 2021

Patient:	Martin Lugo P.O. Box 12512, Costa Mesa, CA. 92627 Telephone (949) 609-9888 : DOB: 7/30/1964	Sex: Male SSN: 561-71-1451
Insurance:	Gallagher Bassett P.O. Box 2934, Clinton, IA. 52733 Telephone (866) 855-0230 : DOI: CT 1/1/2019-4/5/2020; 3/23/2021; 6/24/2020	FAX (916) 929-3791 :
Employer:	Westpac Labs Inc.	
Occupation :	Medical Courier	
Attorney:	Workers Defenders Law Group 8018 E. Santa Ana Canyon, Suite 100-215, Anaheim Hills, CA. 92808 Telephone (714) 948-5054 : FAX (310) 626-9632	
WCAB #:	ADJ14468138, ADJ14468143, ADJ14468359	

PERMANENT AND STATIONARY REPORT

To Whom It May Concern:

This is to inform interested parties that Dr. Edward Komberg is no longer with our practice.

I have evaluated the file on Martin Lugo. He is deemed to have been permanent and stationary as of October 13, 2021, the last date of treatment with his PTP Dr. Komberg.

I spent one hour reviewing the medical file in preparation of this report.

HISTORY OF INJURY AT INITIAL VISIT:

On **June 2, 2020**, during the course of his employment, Mr. Lugo was injured in a car accident. He was finishing his shift and driving in the company car. He was at a red light when he was rear-ended by a drunk female driver. Upon impact, he noticed pain to his neck and back.

A police report was done. He did report his injury to his employer. An appointment was made for him by his employer or insurance carrier for medical treatment.

Mr. Lugo went to Urgent Care on his own after the accident. He was examined and had x-rays of his neck; he was given medication for the pain and diagnosed with inflammation.

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The following day, he was seen by the company doctor at Concentra. He was examined, had x-rays done of his back, and was diagnosed with inflammation, arthritis and degenerative disease. He has started on physical therapy and subsequently stopped treatment. However, he noticed persisting neck pain that began to radiate to his right arm.

He continued working in spite of his persisting pain.

On **March 23, 2021**, Mr. Lugo noticed increasing pain while getting inside the small company car that he was provided. He is 6 feet tall and the car is small. He reports that he had to sit back and rest to catch his breath due to the increasing back, hip and left side pain. He noticed the pain after getting in and out of the car 25-35 times a day to deliver supplies and pick up lab work.

He reported his injury to his employer who made an appointment to see the company doctor. However, he had to re-schedule because the wait was too long and he was in pain.

On **March 29, 2021**, Mr. Lugo was seen at an urgent care center, where he was examined. He was administered an injection for pain and was prescribed Norco.

On or about **April 2, 2021** he was seen at Concentra Medical Group in Santa Ana, CA. He was examined and referred for x-rays of his hips and MRI studies of his low back and pelvis. He was placed on TTD and started a course of physical therapy. He was placed on TTD.

From **January 1, 2019 to April 5, 2021**, during the course of his employment as a medical courier for West Pack Labs, Inc., Mr. Lugo sustained cumulative trauma to his neck, back, hips, left side of leg, and sleep disturbance. He worked eight and a half hours a day, five to six days a week, since November of 2018. His symptoms developed as a result of his customary job duties. He is responsible for the transportation of medical items among labs, hospitals, clinics, and other healthcare facilities. He manages pickups and deliveries, takes orders, and sends invoices to medical clients. His symptoms began on **January 1, 2019**. He was required to get in and out of the car 25-30 times a day. The company car is very small and he is 6 feet tall.

He did report his injury to his employer. An appointment was not made for him by his employer or insurance carrier for medical treatment.

PAST MEDICAL HISTORY:

He has a history of colon cancer and diabetes.

PAST SURGICAL HISTORY:

In 2010, two feet of his colon were removed due to cancer. In 2005, he had gallbladder surgery.

PAST OR SUBSEQUENT INJURIES:

He denies having sustained any prior or subsequent work-related injuries or any new injuries to the subject body parts.

OCCUPATIONAL HISTORY:

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Mr. Lugo worked for West Pack, Inc. as a medical courier.

The physical demands of his job duties included: sitting, standing, walking, bending, stooping, reaching above shoulders, twisting, pushing, pulling, maintaining an awkward posture, keeping the head and neck in a fixed position for prolonged periods of time, lifting up to 10 pounds, bending over while lifting, simple and firm grasping and gripping with both hands, fine manipulation with both hands, constant use of upper back and shoulder muscles, and exposure to extremes in temperature, chemicals, and bio-hazardous materials.

He began these duties in 2018. He worked eight and a half hours a day, five to six days a week.

SOCIAL HISTORY:

He is single and has one child. He denies smoking or drinking alcohol.

SUBJECTIVE COMPLAINTS:

When he was seen by Dr. Komberg on October 13, 2021, Mr. Lugo complained of:

- Constant, moderate, achy neck pain at 5-6 on a scale of 0-10 with stiffness, tingling, and cramping, aggravated by turning to the left side.
- Constant, moderate to severe, dull, achy low back pain at levels of 7-8/10 with stiffness and tingling.
- Frequent, mild to moderate left shoulder pain at 3-4/10.
- Frequent, moderate right shoulder pain at 5-6/10 with numbness and tingling.
- Constant, moderate left hip pain at 6/10.
- Intermittent, mild right hip pain at 2-3 out of 10.

ACTIVITIES OF DAILY LIVING:

Self-Care/Personal Hygiene:	Mr. Lugo reports that he has much difficulty showering and bathing. He has some difficulty dressing, brushing his teeth, brushing his hair, and using the restroom.
Communication:	He has some difficulty writing, typing, and texting. He has some difficulty seeing, hearing, and speaking.
Physical Activity:	He has much difficulty standing, walking, climbing stairs, and bending. He has some difficulty sitting and getting up from a sofa.
Non-Specialized Functions:	Hand He has much difficulty lifting. He has some difficulty grasping and holding objects. He drops objects sometimes when trying to hold them. He has some loss of finger dexterity.
Sexual Function:	He states that he has some difficulty with orgasm, erection, ejaculation, and lubrication.
Sleep:	He wakes up 3-5 times per night due to pain in his neck, low back, and hips. When he wakes up in the night, it takes him 30-60 minutes to fall back asleep. He estimates that he gets 3-5 hours of sleep per night.
Psychosocial Function:	He feels depressed, anxious, and irritable most of the time.

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He avoids other people sometimes. He has some difficulty participating in social gatherings.

Epworth Sleepiness Scale:

Sitting and reading	2
Watching TV	2
Sitting inactive in a public place	1
Being a passenger in a motor vehicle for an hour or more	1
Lying down in the afternoon	3
Sitting and talking to someone	1
Sitting quietly after lunch (no alcohol)	1
Stopped for a few minutes in traffic while driving	1

Total Score: 12

OBJECTIVE FINDINGS:

On October 13, 2021, Dr. Komberg noted the following: Height: 6'2", Weight: 342 pounds, Temp.: 97.4° F, B.P.:142/81, Pulse: 70 bpm, right-hand dominant.

Sensation is intact and equal bilaterally in the upper and lower extremities.

Cervical Spine:

The cervical spine ranges of motion are decreased: flexion 35 degrees, extension 30 degrees, left lateral bending 20 degrees, right lateral bending 30 degrees, left rotation 50 degrees, and right rotation 65 degrees. There is no bruising, swelling, atrophy, or lesion present at the cervical spine. There is +3 tenderness to palpation of the cervical paravertebral muscles and bilateral trapezii. There is muscle spasm of the cervical paravertebral muscles and bilateral trapezii. Cervical Compression causes pain. Cervical Distraction causes pain.

Lumbar Spine:

The lumbar spine ranges of motion are decreased: flexion 40 degrees, extension 5 degrees, left lateral bending 15 degrees, and right lateral bending 10 degrees. There is no bruising, swelling, atrophy, or lesion present at the lumbar spine. There is +3 tenderness to palpation of the lumbar paravertebral muscles and bilateral SI joints. There is muscle spasm of the lumbar paravertebral muscles and bilateral gluteus. Kemp's causes pain on the left with radiation to the lower extremity. Seated Straight Leg Raise causes pain on the left with radiation to the left lower extremity.

Left Shoulder:

The left shoulder ranges of motion are decreased. There is no bruising, swelling, atrophy, or lesion present at the left shoulder. There is +3 tenderness to palpation of the trapezius, anterior shoulder, and posterior shoulder. There is muscle spasm of the trapezius, anterior shoulder, and posterior shoulder. Speed's causes pain. Apley's Scratch causes pain.

Right Shoulder:

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The right shoulder ranges of motion are decreased. There is no bruising, swelling, atrophy, or lesion present at the right shoulder. There is +3 tenderness to palpation of the trapezius, anterior shoulder, and posterior shoulder. There is muscle spasm of the trapezius, anterior shoulder, and posterior shoulder. Speed's causes pain. Apley's Scratch causes pain.

<u>Shoulder Range of Motion:</u>	Normal	Left	Imp.	Right	Imp.
Flexion	180	150°	2%	150°	2%
Extension	50	50°	0%	50°	0%
Abduction	180	140°	2%	140°	2%
Adduction	40	40°	0%	40°	0%
Internal Rotation	80	80°	0%	80°	0%
External Rotation	90	90°	0%	90°	0%

Impairment values were determined using Figures 16-40 on page 476, 16-43 on page 477, and 16-46 on page 479, and are expressed in terms of upper extremity impairment.

Left Hip:

The left hip ranges of motion are decreased. There is no bruising, swelling, atrophy, or lesion present at the left hip. There is +3 tenderness to palpation of the anterior hip, posterior hip, and lateral hip. There is muscle spasm of the anterior hip, posterior hip, and lateral hip. Patrick's or FABERE causes pain.

Right Hip:

The right hip ranges of motion are decreased. There is +3 tenderness to palpation of the anterior hip, posterior hip, and lateral hip. There is muscle spasm of the anterior hip, posterior hip, and lateral hip. Patrick's or FABERE causes pain.

<u>Hip Range of Motion:</u>	Normal	Left	Imp.	Right	Imp.
Flexion	100	70°	10%	80°	5%
Extension	30	10°	10%	25°	0%
Internal Rotation	40	25°	0%	30°	0%
External Rotation	50	35°	0%	40°	0%
Abduction	40	15°	5%	30°	0%
Adduction	20	10°	5%	10°	5%

Impairment values were determined using Table 17-9 on page 537, and are expressed in terms of lower extremity impairment.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine, performed on April 9, 2021 by Kenneth Lynch, M.D., showed:

1. Modic type II changes involving the opposing endplates at L4 and L5.
2. Moderate disc desiccation at multiple levels with slight facet hypertrophy.
3. L2-3: 3 mm broad-based disc protrusion.
4. L3-4: 3 mm central disc protrusion. Mild spinal and neural foraminal stenosis.
5. L4-5: 5 mm disc protrusion. Spinal and neural foraminal stenosis.

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6. L5-S1: 3 mm central disc protrusion and mild spinal stenosis.

MRI of the left hip, performed on April 9, 2021 by Laura Hogan, M.D., showed moderate to severe superior joint space degeneration (arthritis).

EMG/NCV studies of the bilateral upper extremities, performed on May 8, 2021 by Javier Torres, M.D., showed:

1. C6-7 chronic radiculopathy on the right and C5-6 chronic radiculopathy on the left side.
2. Bilateral moderate carpal tunnel syndrome.
3. Peripheral neuropathy of the ulnar sensory motor nerves bilaterally.

EMG/NCV studies of the lumbar spine and lower extremities, performed on June 5, 2021 by Javier Torres, M.D., showed:

1. Chronic left L5 radiculopathy.
2. Bilateral lower extremity peripheral polyneuropathy.

MRI of the cervical spine, performed on August 19, 2021 by Alan Todd Turner, M.D., showed:

1. Straightening of the cervical spine with loss of normal lordotic curvature, which could be due to muscle spasm.
2. Loss of disc height and loss of disc signal at the C3-4, C5-6, C6-7 and C7-T1 levels.
3. Osteophytes on the anterior aspect of cervical vertebral bodies, consistent with spondylosis.
4. C3-4: 3.5 mm posterior disc protrusion, narrowing of the spinal canal, compression of the spinal cord, impingement of the C4 nerve roots bilaterally, and minimal narrowing of the neural foramina bilaterally.
5. C4-5: 2.1 mm posterior disc protrusion and minimal narrowing of the spinal canal.
6. C5-6: 3.1 mm posterior disc protrusion, minimal narrowing of the spinal canal, and minimal narrowing of the neural foramina bilaterally.
7. C6-7: 3.7 mm posterior disc protrusion, narrowing of the spinal canal, compression of the spinal cord, impingement of the C7 nerve roots bilaterally, and minimal narrowing of the neural foramina bilaterally.
8. C7-T1: 2.1 mm posterior disc protrusion and minimal narrowing of the spinal canal.

MRI of the right hip, performed on August 19, 2021 by Alan Todd Turner, M.D., was normal.

DIAGNOSES:

Cervical disc protrusions and degenerative disc disease at multiple levels with spinal canal and neural foraminal narrowing, per MRI [M50.20, M50.30, M48.02, M99.71]

Right C6-7 radiculopathy and left C5-6 radiculopathy, per EMG [M54.12]

Cervical spine muscle spasm [M62.838]

Lumbar musculoligamentous injury [S33.5XXA, S39.012A]

Lumbar disc protrusions and degenerative disc disease at multiple levels, worse at L4-5, with spinal and neural foraminal narrowing, per MRI [M51.26, M51.36, M48.06, M99.73]

Left L5 radiculopathy, per EMG [M54.16]

Lumbar muscle spasm [M62.830]

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Bilateral shoulder sprain/strain [S43.401A, S46.911A, S43.402A, S46.912A]
Bilateral AC joint sprain/strain [S43.51XA, S43.52XA]
Bilateral hip sprain/strain [S73.101A, S76.111A, S73.102A, S76.112A]

DISCUSSION:

Mr. Lugo was seen by Dr. Edward Komberg from April 16, 2021 to October 13, 2021. He completed courses of chiropractic treatment and acupuncture. He remained off work while undergoing treatment.

Mr. Lugo was referred to Dr. Archie R. Mays, who prescribed Norco 10/325 mg for his pain and Xanax for his anxiety and difficulty sleeping.

Mr. Lugo was evaluated by Nathan Ford, M.D., who prescribed Tramadol 50 mg to relieve his pain. Dr. Ford demonstrated a home exercise program for the cervical spine and shoulders.

Mr. Lugo was evaluated by a pain management specialist, Dr. Arlen Green, who prescribed Percocet 10/325 mg for pain relief because his other medications were not helpful.

In my opinion, Mr. Lugo may return to work with restrictions.

WORK RESTRICTIONS:

- Limit repetitive reaching, bending, and squatting.
- No lifting greater than 20 pounds occasionally.
- Limit prolonged sitting, standing and walking to pain tolerance.

SUPPLEMENTAL JOB DISPLACEMENT:

Enrollment in the Supplemental Job Displacement Program is warranted if the above work restrictions cannot be accommodated.

IMPAIRMENT:

With regard to the cervical spine, as there is evidence of multiple level injury, the ROM method is used to rate his impairment, according to Figure 15-4 on page 380. Mr. Lugo has disc lesions at three levels of the cervical spine with stenosis and radiculopathy, which are equivalent to 10% whole person impairment, according to Sections IIC and IIF of Table 15-7 on page 404. He has 4% whole person impairment due to loss of motion in flexion and extension, according to Table 15-12 on page 418. He has 3% whole person impairment due to loss of motion in lateral bending, per Table 15-13 on page 420. He has 2% whole person impairment due to loss of motion in rotation, according to Table 15-14 on page 421. The combined whole person impairment for the cervical spine is 19%.

With regard to the lumbar spine, clinical history and examination findings are consistent with an injury. Findings include muscle spasm on examination and non-verifiable radicular complaints. Mr. Lugo is placed in DRE Lumbar Category II of Table 15-3 on page 384, with 8% whole person impairment, based on the effects on his activities of daily living.

With regard to the right upper extremity, Mr. Lugo has 4% upper extremity impairment due to

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shoulder loss of motion, according to Figures 16-40 on page 476, 16-43 on page 477, and 16-46 on page 479. This is converted to 2% whole person impairment, using Table 16-3 on page 439.

With regard to the left upper extremity, Mr. Lugo has 4% upper extremity impairment due to shoulder loss of motion, according to Figures 16-40 on page 476, 16-43 on page 477, and 16-46 on page 479. This is converted to 2% whole person impairment, using Table 16-3 on page 439.

With regard to the right lower extremity, Mr. Lugo has 10% lower extremity impairment due to hip loss of motion, according to Table 17-9 on page 537. This is converted to 4% whole person impairment, using Table 17-3 on page 527.

With regard to the left lower extremity, Mr. Lugo has 30% lower extremity impairment due to hip loss of motion, according to Table 17-9 on page 537. This is converted to 12% whole person impairment, using Table 17-3 on page 527.

Mr. Lugo complains of difficulty sleeping, loss of sleep, difficulty with sexual function, anxiety, and depression. I will defer these complaints to the appropriate specialists.

CONSIDERATION OF ALMARAZ II:

It is my opinion that the above impairment rating, pending the inclusion of possible impairments outside my scope of expertise, is an accurate measure of the patient's impairment.

AMA IMPAIRMENT SUMMARY:

Cervical disc lesions at three levels with stenosis and radiculopathy	10%
Cervical spine loss of motion	9%
DRE Lumbar Category II	8%
Right shoulder loss of motion	2%
Left shoulder loss of motion	2%
Right hip loss of motion	4%
Left hip loss of motion	12%
 Combined Whole Person Impairment	 39%

CAUSATION:

Causation is industrial.

Mr. Lugo sustained injuries to his neck and back in a motor vehicle accident on June 2, 2020 while driving for work. He felt increased pain in his back and left hip on March 23, 2021 due to repeatedly getting in and out of his car while working as a courier. He sustained cumulative trauma to his neck, back, and hips while working as a courier, driving and getting in and out of his car 25-30 times a day.

APPORTIONMENT:

Mr. Lugo had no prior injuries, pain, disability, or limitation of function. There is evidence of degenerative disc disease and spondylosis in the cervical and lumbar spine on MRI. There is also

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MRI evidence of moderate to severe degenerative joint disease in the left hip.

With regard to the cervical spine, 50% of his impairment is due to the specific injury of June 2, 2020, 40% is due to the cumulative trauma from January 2019 to April 5, 2020, and 10% is due to the underlying degenerative disc disease.

With regard to the lumbar spine, 40% of his impairment is due to the specific injury of June 2, 2020, 20% is due to the aggravating injury of March 23, 2021, 20% is due to the cumulative trauma from January 2019 to April 5, 2020, and 20% is due to degenerative disc disease.

100% of his bilateral shoulder and right hip impairment is due to industrial cumulative trauma.

With regard to the left hip, 30% of his impairment is due to the underlying degenerative joint disease, 50% is due to the industrial cumulative trauma, and 20% is due to the aggravating injury of March 23, 2021.

The above is stated with reasonable medical probability, according to Labor Code Sections 4663 and 4664, in consideration of the *Escobedo* and *Benson* decisions.

FUTURE MEDICAL CARE:

Future medical care should include orthopedic evaluation, physical therapy, chiropractic treatment, acupuncture, anti-inflammatories, analgesics, muscle relaxants, imaging studies, and access to appropriate specialists including a psychologist and a pain management specialist.

All of my opinions are stated with reasonable medical probability. If you have any questions in regard to this case, please contact me.

AFFIDAVIT OF COMPLIANCE:

Consistent with Rule 10606, 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 for that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

Pursuant to Section LC5703 and 5737 (A)(1), I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and that I have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation.

I have not violated Labor Code Section 139.3, and the contents of this report are all true and correct to the best of my knowledge. This statement is made under penalty of perjury.

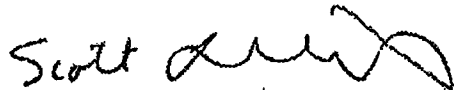
Please be advised this office is serving copies of this medical report and billings to all parties involved in this action. A primary treating physician has fulfilled his or her reporting duties by

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sending a copy of a required report to the claims administrator or to the person designated by the claims administrator to be the recipient of the required report. Additional copies of the reports will be provided at an additional cost.

Notice to payors: If you elect to transfer your responsibility of reviewing my charges to an independent review agency, it is your duty to transfer my medical reports and any other pertinent information I am serving attached to my billings to said review agency.

Signed in the County of Los Angeles, California.



Scott Lewis Rosenzweig, M.D.
Diplomate, American Board of Orthopedic Surgery

SLR: ark

PROOF OF SERVICE**STATE OF NEW YORK, COUNTY OF SUFFOLK**

I am employed in the County of Suffolk, State Of New York. I am over the age of 18 and not a party to the within action. My business address is:

WorkCompEDI Inc., 4250 Veterans Memorial Hwy, Suite 301, Holbrook, NY 11741.

On June 21, 2022 I served the foregoing documents described as: **REQUEST FOR AUTHORIZATION, MEDICAL REPORTS, ITEMIZED BILLING STATEMENT, AND ANY SUPPORTING DOCUMENTATION** for Lugo, Martin DOS: 12/14/2021 on the

interested parties in this action by electronic transmission to:

Gallagher Basset

State: I declare under penalty of perjury under the laws of the State of California that the above is true and correct

Executed on June 21, 2022, at Holbrook, New York


J Jones - Operations