

ERIC E. GOFNUNG CHIROPRACTIC CORP.

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

6221 Wilshire Blvd., Suite 604 • Los Angeles, California 90048 • Tel. (323) 933-2444 • Fax (323) 933-2909

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am a citizen of the United States. I am over the age of 18 years and not a party of the above-entitled action; my business address is 6221 Wilshire Blvd., Suite 604, Los Angeles, CA 90048. I am familiar with a Company's practice where the mail, after being placed in a designated area, is given the appropriate postage and is deposited in a U. S. mailbox in the City of Los Angeles, after the close of the day's business. On August 5, 2022, I served the within following letter / forms on all parties in this action by placing a true copy thereof enclosed in a sealed envelope in the designated area for out-going mail addressed as set forth above or electronically on the specified parties with email addresses as identified. I declare under the penalty of perjury that the foregoing is true and correct under the laws of the State of California and that this declaration was executed at 6221 Wilshire Blvd., Suite 604, Los Angeles, CA 90048.

On 5 day of August, 2022, I served the within concerning:

Patient's Name: Lugo, Martin
Claim Number: 005834-002905-WC-01; 005834-002603-WC-01; 005834-002969-WC-01
WCAB / EAMS case No: ADJ14468138; ADJ14468143; ADJ14468359

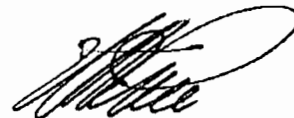
- MPN Notice
- Designation of Primary Treating Physician & Authorization for Release of Medical Records
- Financial Disclosure
- Request for Authorization - 07/6/2022
- Itemized - (Billing) / HFCA - 07/6/2022
- QME Appointment Notification
- Primary Treating Physician's Referral
- Initial Consultation Report - 07/6/2022
- Re-Evaluation Report / Progress Report (PR-2) _____
- Permanent & Stationary Evaluation Report - _____
- Post P&S Follow Up - _____
- Review of Records - _____
- PQME / Med Legal Report - _____
- Computerized Dynamic Range of Motion (Rom) And Functional Evaluation Report - _____

List all parties to whom documents were mailed to:

Workers Defenders Law Group
Natalia Foley, ESQ.
751 S. Weir Canyon Road Suite 157-455
Los Angeles, CA 90048

Gallagher Bassett
P.O. Box 2934
Clinton, IA 52733

I declare under penalty and perjury under the laws of the State of California, that the foregoing is true and correct, and that this Declaration was executed at Los Angeles, California on 5 day of August, 2022.



ILSE PONCE

**State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA**

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

New Request Resubmission – Change in Material Facts
 Expedited Review: Check box if employee faces an imminent and serious threat to his or her health
 Check box if request is a written confirmation of a prior oral request.

Employee Information

Name (Last, First, Middle): Lugo, Martin
 Date of Injury (MM/DD/YYYY): 03/23/2021 Date of Birth (MM/DD/YYYY): 07/30/1964
 Claim Number: 005834-002905-WC-01 Employer: Westpac Labs, Inc.

Requesting Physician Information

Name: Eric Gofnung, DC
 Practice Name: Eric Gofnung Chiro Corp. Contact Name: Ilse Ponce
 Address: 6221 Wilshire Blvd Suite 604 City: Los Angeles State: CA
 Zip Code: 90048 Phone: (323) 933-2444 Fax Number: (323) 903-0301
 Specialty: Chiropractor NPI Number: 1821137134
 E-mail Address: ilse.ponce@att.net

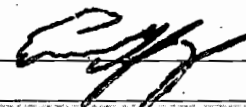
Claims Administrator Information

Company Name: Gallagher Bassett Contact Name: Diane Noble
 Address: P.O. Box 2934 City: Clinton State: IA
 Zip Code: 52733-2840 Phone: (951) 893-4032 Fax Number: (866) 855-9550
 E-mail Address:

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

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

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Triangular Fibrocartilage	S63.591A	Chiro Initial Consultation	99204	1 Time
Cervical Facet	M53.82	Progress Report	WC002	
Lumbar Facet	M47.816	Transcription	99199	
Shoulder Tenosynovitis	M65.811/M65.812			
Hip Osteoarthritis	M16.12			

Requesting Physician Signature:  Date: 07/06/2022

Claims Administrator/Utilization Review Organization (URO) Response

Approved Denied or Modified (See separate decision letter) Delay (See separate notification of delay)
 Requested treatment has been previously denied Liability for treatment is disputed (See separate letter)

Authorization Number (if assigned): Date:
 Authorized Agent Name: Signature:
 Phone: Fax Number: E-mail Address:

Comments:

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DWC Form RFA**

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<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health	
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Employee Information

Name (Last, First, Middle): Lugo, Martin	
Date of Injury (MM/DD/YYYY): 03/23/2021	Date of Birth (MM/DD/YYYY): 07/30/1964
Claim Number: 005834-002905-WC-01	Employer: Westpac Labs, Inc.

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Practice Name: Eric Gofnung Chiro Corp.	Contact Name: Ilse Ponce
Address: 6221 Wilshire Blvd Suite 604	City: Los Angeles State: CA
Zip Code: 90048 Phone: (323) 933-2444	Fax Number: (323) 903-0301
Specialty: Chiropractor	NPI Number: 1821137134
E-mail Address: ilse.ponce@att.net	

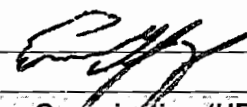
Claims Administrator Information

Company Name: Gallagher Bassett		Contact Name: Diane Noble
Address: P.O. Box 2934		City: Clinton State: IA
Zip Code: 52733-2840	Phone: (951) 893-4032	Fax Number: (866) 855-9550
E-mail Address:		

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

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Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Triangular Fibrocartilage	S63.591D	Electrical Stimulation	G0283	1 x a week for 6 weeks
Cervical Facet	M53.82	Therapeutic Exercises	97110	
Lumbar Facet	M47.816	Massage Therapy	97124	
Shoulder Tenosynovitis	M65.811/M65.812	CMT 5 regions	98942	
Hip Osteoarthritis	M16.12	Extraspinal Manipulation w/spinal	98943	


Requesting Physician Signature: 	Date: 07/06/2022
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Claims Administrator/Utilization Review Organization (URO) Response

<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)	
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)	
Authorization Number (if assigned):	Date:
Authorized Agent Name:	Signature:
Phone:	Fax Number:
E-mail Address:	
Comments:	

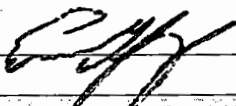
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<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
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Employee Information				
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Date of Injury (MM/DD/YYYY): 03/23/2021		Date of Birth (MM/DD/YYYY): 07/30/1964		
Claim Number: 005834-002905-WC-01		Employer: Westpac Labs, Inc.		
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Name: Eric Gofnung, DC				
Practice Name: Eric Gofnung Chiro Corp.		Contact Name: Ilse Ponce		
Address: 6221 Wilshire Blvd Suite 604		City: Los Angeles	State: CA	
Zip Code: 90048	Phone: (323) 933-2444	Fax Number: (323) 903-0301		
Specialty: Chiropractor		NPI Number: 1821137134		
E-mail Address: ilse.ponce@att.net				
Claims Administrator Information				
Company Name: Gallagher Bassett		Contact Name: Diane Noble		
Address: P.O. Box 2934		City: Clinton	State: IA	
Zip Code: 52733-2840	Phone: (951) 893-4032	Fax Number: (866) 855-9550		
E-mail Address:				
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Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Triangular Fibrocartilage	S63.591D	Orthopedic Consultation		
Cervical Facet	M53.82			
Lumbar Facet	M47.816			
Shoulder Tenosynovitis	M65.811/M65.812			
Hip Osteoarthritis	M16.12			
Requesting Physician Signature: 		Date: 07/06/2022		
Claims Administrator/Utilization Review Organization (URO) Response				
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Authorization Number (if assigned):		Date:		
Authorized Agent Name:		Signature:		
Phone:	Fax Number:	E-mail Address:		
Comments:				

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Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Triangular Fibrocartilage	S63.591D	Interventional Pain Management		
Cervical Facet	M53.82	Consultation		
Lumbar Facet	M47.816			
Shoulder Tenosynovitis	M65.811/M65.812			
Hip Osteoarthritis	M16.12			
Requesting Physician Signature: 			Date: 07/06/2022	
Claims Administrator/Utilization Review Organization (URO) Response				
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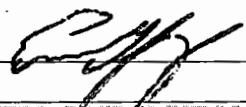
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Hypertension	I10	Internal Medicine		
Diabetes	E11.9	Consultation		

Requesting Physician Signature:  Date: 07/06/2022

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 Date of Injury (MM/DD/YYYY): 03/23/2021 Date of Birth (MM/DD/YYYY): 07/30/1964
 Claim Number: 005834-002905-WC-01 Employer: Westpac Labs, Inc.

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 Zip Code: 90048 Phone: (323) 933-2444 Fax Number: (323) 903-0301
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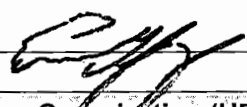
Claims Administrator Information

Company Name: Gallagher Bassett Contact Name: Diane Noble
 Address: P.O. Box 2934 City: Clinton State: IA
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Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Anxiety	F41.9	psychiatric vs psychological Consultation		

Requesting Physician Signature:  Date: 07/06/2022

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Authorization Number (if assigned): Date:
 Authorized Agent Name: Signature:
 Phone: Fax Number: E-mail Address:

Comments:

ERIC E. GOFNUNG, D.C., QME

SPORTS MEDICINE AND REHABILITATION

6221 Wilshire Boulevard, Suite 604 λ Los Angeles, California 90048 λ Tel. (323) 933-2444 λ Fax (323) 933-2909

Employer and/or Workers' Compensation Insurance Carrier:

GALLAGHER BASSETT

Re: Patient - MARTIN LUGO SR.
Social Security # - 561-71-1451
Date Of Injury - 6/4/20 & 3/23/21
Employer - WESTPAC LABS
Claim Number -

Designation of Primary Treating Physician
and/or Request of Change of Physician
&
Authorization For Release Of Medical Records

To Whom It May Concern:


I, MARTIN B. LUGO SR., request a change of primary treating physician and/or request to be treated by a doctor of chiropractic and designate Dr. Eric E. Gofnung as my primary treating physician pursuant to Article 2 (commencing with section 4600) of Chapter 2 of Part 2 of Division 4 of the Labor Code. Please accept my signature below as confirmation of my designation of Dr. Eric E. Gofnung as my primary treating physician. Pursuant to California Labor Code 4601, a request for change of physician may be made at any time.

I request all available present and future medical records to be forwarded to Dr. Eric E. Gofnung for review and comment. Please accept my signature below as my full authorization for release of my medical records and my authorization to release all necessary medical information regarding my condition to all parties involved, which include, but are not limited to my employer and/or their worker's compensation insurance company, to process the claim.

Please refer to the letterhead for Dr. Eric Gofnung's information.

Thank you for your assistance with this claim.

With Kind Regards,

Signature: X 

Printed: MARTIN LUGO

Date: 7/6/22

ERIC E. GOFNUNG CHIROPRACTIC CORP.

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

6221 Wilshire Boulevard, Suite 604 Los Angeles, California 90048 / Tel. (323) 933-2444 / Fax (323) 933-2909

July 6, 2022

Workers Defenders Law Group
Natalia Foley, ESQ.
751 S. Weir Canyon Road Suite 157-455
Los Angeles, CA 90048

Re: Patient: Lugo, Martin B.
SSN: XXX-XX-1451
EMP: Westpac Labs, Inc.
INS: Gallagher Bassett
Claim #: 005834-002905-WC-01; 005834-002603-WC-01; 005834-002969-WC-01
WCAB #: ADJ14468138; ADJ14468143; ADJ14468359
DOI: CT: 06/24/2020 to 03/23/2021; SI: 3/23/2021; 6/04/2020
D.O.E./Consultation: July 6, 2022

Primary Treating Physician's
Initial Evaluation Report
And Request for Authorization

Time Spent Face to face:	60 Mins
Time Spent on Report Preparation	30 Mins

Dear Gentlepersons:

The above-named patient was seen for a Primary Treating Physician's Initial Evaluation on July 6, 2022, in my office located at 6221 Wilshire Boulevard, Suite 604, Los Angeles, California 90048. The following information contained in this report is derived from a review of the available medical records, as well as the oral history as presented by the patient. **Dr. Gofnung is the PTP and the patient was examined by Dr. Gofnung.**

The history of injury as related by the patient, the physical examination findings, my conclusions and overall recommendations are as follows.

This authorization for treatment is made in compliance with Labor Code 4610 and 8 CCR 9792.6(o) and therefore serves as a written request for authorization for today's

Re: Patient: Lugo, Martin B.
DOI: SI: June 04, 2020; March 23, 2021
Date of Exam: July 6, 2022

evaluation/consultation and treatment recommendations as described in this report. Please comply with Labor Code 4610, 8 CCR 9792.11 – 9792.15, 8 CCR 10112 – 10112.3 (formerly 8 CCR 10225 – 10225.2) and Labor Code 5814.6. Please comply with Sandhagen v. State Compensation Insurance Fund (2008) 44 Cal. 4 ch 230. Please comply with Jesus Cervantes v. El Aguila Food Products, Inc. and Ciga, et al., WCAB en banc, 7-0, November 19, 2009. Be aware that Labor Code 4610(b) requires the defendant to conduct utilization review on any and all requests for treatment. Furthermore, Labor Code 4610 Utilization Review deadlines are mandatory. It is the defendant's duty to forward all consultation and treatment authorization requests to utilization review. Be aware the defendant and insurance company has five working days to authorize, delay, modify or deny a request for all treatment, but 10 days for spinal surgery. Please issue timely payment for medical care and treatment rendered in order to avoid payment of interests and penalties, per labor codes referenced. Failure of the defendant or insurance company to respond in writing within five working days results in an authorization by default. Furthermore, failure to pay for "self-procured" medical care when utilization deadlines are missed triggers penalties for the defendant or the insurance company due to violation of 8 CCR 10225 – 10225.2 and Labor Code 5814/5814.6 and 4603.2b. When there is a dispute with regard to treatment, the right to proceed with the Labor Code 4062 process belongs exclusively to the injured employee. If the treatment recommendations are not authorized by the insurance carrier, this report and bill should be kept together by the Workers' Compensation carrier for the review company. The claims examiner should forward this report to the defense attorney and nurse case manager.

This medical history was obtained with the assistance of medical historian, Ms. Ana Reed.

JOB DESCRIPTION:

Mr. Lugo was employed by Sonic Healthcare/Westpack Labs, Inc. as a medical courier at the time of the injury. They began working for this employer in October or November 2018. The patient worked full time.

Job activities included going to different accounts that were located throughout the county of San Diego, picking up labs from different medical facilities, unlocking boxes, remove the content, placing them inside his vehicle in a cooler or not. He was assigned to one route in the San Diego area. He delivered and picked up supplies for medical offices; vials, gloves and whatever they needed. These were in boxes and he picked up and delivered 3-4 times vehicle. He used a company vehicle and manually loaded everything onto a cart and into the vehicle.

The physical requirements consisted of sitting, walking, standing, flexing, twisting, and side-bending and extending the neck, bending and twisting at the waist, squatting, climbing, crawling, and kneeling.

The patient is a right-hand dominant born as a male, and they would use the bilateral upper extremities repetitively for simple grasping, power grasping, fine manipulation, keyboarding,

Re: Patient: Lugo, Martin B.
DOI: SI: June 04, 2020; March 23, 2021
Date of Exam: July 6, 2022

writing, pushing, and pulling, reaching at shoulder level, reaching above shoulder level, and reaching below shoulder level.

The patient was required to lift and carry objects while at work. The patient was required to lift and carry objects weighing up to and over 50 pounds and carry these objects several feet.

The patient was required to drive vehicles and get in and out 35 times a day. The patient was required to operate foot controls or move feet in a repetitive movement activity. The patient was not exposed to dust, gas, fumes, vapors, extreme temperatures, or humidity. The patient was not required to use visual or auditory protective equipment.

The patient worked 8 hours per day and 5 days a week. Normal work hours were 11 am until 8 pm. Lunch break was 30 minutes. There were no breaks. The job involved working 50% indoors, and 50% outdoors.

The last day the patient worked for this employer was March 29, 2021, at which time the patient was placed on temporary disability by a doctor. There was no concurrent employment at the time of the injury. He has remained off work.

PRIOR WORK HISTORY:

Regarding prior employment, the patient worked as a driver for Sovereign Health Company for 4.5-5 years.

HISTORY OF INJURY AND TREATMENT AS PRESENTED BY PATIENT:

June 04, 2020 & CT: 06/24/2020 to 03/23/2021

He was driving his company vehicle, seat-belted on his way home after his shift. As he was sitting at a red light his vehicle was struck by a drunk driver traveling at high speed. On impact, he was pushed forward. He was jolted forcefully and his seat collapsed as his body went backwards going all the way back to the back seat. He had immediate pain to his neck and back. His right knee hit the console and cracked it. He was not bleeding but he was in a lot of pain. He was able to exit the vehicle, sat on the curb and waited.

Paramedics came to the scene but he declined transportation as his girlfriend picked him up and took him to Hoag Hospital. At the ER he was examined, CT scan was done of his head and he was subsequently released from care.

His employer sent him to Concentra Occupational Clinic. He was examined, x-rays of the neck and back were done. He was recommended medication and a course of physical therapy modalities. He was also released to work.

Re: Patient: Lugo, Martin B.
DOI: SI: June 04, 2020; March 23, 2021
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He was concerned about losing his job due to furloughs so he stopped going to treatment. His employer had assigned him to work at the warehouse, lifting and stocking 50 lbs boxes. He worked for two months with worsening of his neck and back.

He resumed driving but was assigned to Orange County performing deliveries. He notes that the constant driving, exiting from the vehicle several times during each delivery caused **progressively worsening** pain to at neck and back.

March 23, 2021

In January 2021, he began to notice left hip pain every time he was exiting the vehicle. On March 23, 2021, on his last stop, he got into the vehicle, turned and felt sharp excruciating pain in the anterior and side of the left hip. He had to sit back for at least 15 minutes until the pain subsided only a bit. He then drove to drop off all the items. When he exited the vehicle he could not put any weight on the left leg. He tried to rest but the following day he still had pain and limited weight bearing with the left side due to the hip.

He notified his boss and requested a day off. His boss mentioned a clinic but never followed with a referral. He was allowed to take the day off.

He went to Huntington Beach Urgent Care on March 25, 2021 for his left hip. He was examined, MRI scan was done and he was placed off work for three days. He was told there was displacement in the hip joint, bilaterally, greater on the left side. He was recommended to see a specialist.

He tried to work one day, but he was unable to walk due to left hip and he went home.

At this point, his company sent him to Concentra and an appointment was scheduled on April 5, 2021.

He was examined, x-rays were done, physical therapy and medication and rest. He was followed and physical therapy was not beneficial.

At this point he decided to seek treatment through an attorney.

He came under the care of a chiropractor, Dr. Komber, as his primary treating physician. He was examined and sent for MRIs of the neck, back and left hip. He did have these studies. He was sent for physical therapy, however, on his first visit he was told he had exhausted all treatment. He was followed at the clinic, by different doctors and the clinic closed and relocated to Long Beach. His last visit was in December 2021. He was sent for an FCE which was done in early 2022.

He was sent to a QME, Dr. Dizay, who evaluated him on February 4, 2022 and did not find his condition permanent and stationary. He was recommended additional treatment.

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The patient has not had pain management procedures. He last received treatment in December 2021 and his pains have worsened. He reports developing right wrist pain due to use of one-point cane in right hand.

He notes that information regarding Medical Provider Networks and their rights if they are injured was not posted in their place of work on the walls in a common area. Upon being hired, they were not provided information relating to Medical Provider Networks and their rights if injured at work. Upon reporting their injury, they were not provided information relating to Medical Provider Networks and their rights if injured at work.

The patient presents to this office for further evaluation.

CURRENT COMPLAINTS:

Neck and Bilateral Shoulder Pain:

There is radiating pain from the neck into the shoulders and head, and they have been experiencing frequent headaches. They are experiencing numbness and tingling or burning sensations. The pain is moderate to severe, and the symptoms occur frequently in the neck **worse** with left sided movements. There is cracking and grinding of the neck with range of motion and twisting and turning the head and neck to the left side. The pain is aggravated with flexing or extending the head and neck, turning the to the left side, prolonged positioning of the head and neck, forward bending, pushing, pulling, lifting, and carrying greater than 5-10 pounds, and working or reaching at or above shoulder level. The patent has difficulty falling asleep and is often awakened during the night by neck pain. There are stiffness and restricted range of motion in the head and neck. The pain level varies throughout the day.

Pain medication, heating pads, ice packs, provides temporary pain relief.

Right Wrist:

Moderate to frequent pain, worse with using walking cane.

Lower Back:

The pain radiates down the buttocks and back of thighs to feet, greater on the left side. Patient does recall numbness and tingling in the feet. The pain is moderate to severe, and the symptoms occur frequently, constantly in the lower back, which increases becoming sharp and stabbing. The pain increases with activities of standing or walking as well as sitting over 10 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-pounds, going from a seated position to a standing position and twisting and turning at the torso. Patient complains of muscle spasms. Patient complains of pain and difficulty with intimate relations/sexual activity due to increased pain in the lower back. The patient denies experiencing bladder or bowel

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problems. Patient does awaken from sleep as a result of the low back pain. The patient self-restricts by limiting the activities. They walk with a limp due to low back symptoms. They uses a back brace, cane .

Pain medication, heating ice provide temporary relief.

Pain medication provides pain improvement, but they remain symptomatic.

Right Knee:

The patient reports right knee does not bother him at this time.

Left Hips:

The pain radiates down the buttocks and back of thighs to feet. The pain is moderate to severe, severe and the symptoms occur intermittently in the hip. The patient has a locking, clicking, and grinding sensation in the hip. The patient experiences numbness and tingling in the left leg. The pain increases with moving the leg or getting up from a seated position. The patient has difficulty sleeping and awakens with pain and discomfort. Patient uses a cane .

Hypertension:

The patient reports a 1-year history of hypertension and is currently medicated.

Diabetes:

The patient reports a 30-year history of hypertension and is currently medicated. He reports worsening diabetes due to his injuries.

Psyche:

The patient has episodes of anxiety, stress, and depression due to chronic pain and disability status. The patient denies suicidal ideation.

The patient has difficulty sleeping, often obtaining a few hours of sleep at a time. The patient feels fatigued through the day and finds himself lacking concentration and memory at times. The patient worries about medical condition and the future.

PAST MEDICAL HISTORY:

Illnesses:

The patient reports a 1-year history of hypertension and 30 year history of type 2 diabetes, uncontrolled, and is currently medicated.

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Injuries:

He sustained a minor injury while working for Sovereign Health towards the latter part of employment. He was asked to push vehicles from one location to another. Some vehicles had dead batteries and as he pushed them to be able to jumpstart and he strained his lower back. He did not get treatment as the company basically went bankrupt. His case settled with a monetary amount. He recovered.

The patient denied any non-work-related injuries.

The patient denied any new injuries.

Allergies:

The patient denied any known allergies.

Medications:

The patient is taking ibuprofen, glyburide, metformin, Jardiance, lisinopril.

Surgeries:

The patient had cholecystectomy in 2005 and in 2010 colon resection due to cancer.

Hospitalization:

The patient has been hospitalized for the above noted surgeries.

The patient was asymptomatic and without any disability or impairment prior to the specific injuries of June 04, 2020 to his neck and back and March 23, 2021 to his left hip.

REVIEW OF SYSTEMS:

Review of systems is remarkable for trouble sleeping, muscle or joint pain, stiffness, anxiety, depressed mood, social withdrawal, emotional problems, and stress.

ACTIVITIES OF DAILY LIVING:

Self-Care - Personal Hygiene: As a result of the industrially related injury, the patient states: Difficulty with urination, defecation, brushing teeth, combing hair, bathing by self, dressing by self, and eating by self, with a rating of 1/5.

Communication: As a result of the industrially related injury, the patient states: Difficulty with writing, typing, seeing, hearing, and speaking, with a rating of 3/5.

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Physical Activities: As a result of the industrially related injury, the patient states: Difficulty with standing, sitting, reclining, walking, and going up and downstairs, with a rating of 2/5.

Sensory Function: As a result of the industrially related injury, the patient states: Difficulty with hearing, seeing, feeling (tactile feeling), taste, and smell, with a rating of 3/5.

Hand Activities: As a result of the industrially-related injury, the patient states: Difficulty with grasping or gripping, lifting, and manipulating small items with a rating of 3/5.

Travel: As a result of the industrially related injury, the patient states: Difficulty with riding in a car, bus, etc., driving a car, traveling by plane, restful night sleep pattern, and sexual function, with a rating of 2/5.

FAMILY HISTORY:

He is adopted.

There is history of colon cancer.

SOCIAL HISTORY:

Mr. Lugo is a 57-year-old single and has one child.

The patient completed the 12th grade.

The patient consumes no occasional alcohol and does not smoke.

The patient does not exercise.

The patient does not participate in any sports activities.

The patient has no hobbies.

He has gained about 20-30 lbs since the 2021 injury.

Physical Evaluation (July 6, 2022) – Positive Findings:

General Appearance:

The patient is a 57-year-old male, right-hand dominant who appeared reported age, and was well-developed, well-nourished, and well-proportioned. The patient appears to be alert, cooperative and oriented x3.

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The patient presents with a one-point walking cane which he relies on during ambulation and holds the cane with his right upper extremity. The patient's movements are significantly guarded due to his pain levels. The patient has significant difficulty ambulating even for a few steps without the one-point walking cane.

Vital Signs:

Pulse: 84
Blood Pressure: 127/80
Height: 6'2"
Weight: 335

Cervical Spine:

Tenderness was noted over the bilateral paravertebral and upper trapezius musculature with tenderness and hypomobility noted at C2 through C7 vertebral regions, greatest over the left-sided facet joints with more pain on the left side.

Bilateral shoulder depression tests were positive with increased pain at the left.

Ranges of motion of the cervical spine were decreased and painful to tolerance.

<i>Cervical Spine Range of Motion Testing</i>		
Movement	Normal	Actual
Flexion	50	45
Extension	60	35
Right Lateral Flexion	45	20
Left Lateral Flexion	45	10
Right Rotation	80	50
Left Rotation	80	45

Shoulders & Upper Arms:

Left Shoulder:

Deformity, dislocation, edema, swelling, erythema, surgical scars and lacerations are not present upon visual examination of the shoulders. The shoulders are held in a nonantalgic position.

Tenderness and spasm are not present over the supraspinatus musculature, infraspinatus musculature, teres (minor/major) musculature, subscapularis musculature, periscapular musculature and deltoid musculature bilaterally. There is no tenderness over the subacromial bursa and subdeltoid bursa bilaterally. The acromioclavicular joint, glenohumeral joint and

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clavicle are not tender bilaterally. The triceps and biceps brachii muscles are without tenderness and spasm bilaterally and appear intact and without evidence of rupture.

Left Hawkins test was positive.

Right Shoulder:

Deformity, dislocation, edema, swelling, erythema, surgical scars and lacerations are not present upon visual examination of the shoulders. The shoulders are held in a nonantalgic position.

Tenderness at bilateral shoulders at supraspinatus, greatest near insertion of the shoulder, subacromial and subdeltoid bursa, acromioclavicular joint, greatest at the right shoulder.

Right Apprehension test was positive. Right Hawkins test was positive.

Ranges of motion of the left shoulder were normal **with pain at extremes. Right shoulder ranges of motion were decreased and painful, measured as follows:**

<i>Shoulder Ranges Of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	180	180	165
Extension	50	50	40
Abduction	180	180	145
Adduction	50	50	35
Internal Rotation	90	90	70
External Rotation	90	90	65

Elbows & Forearms:

Deformity, dislocation, edema, swelling, erythema, scars and lacerations are not present upon visual examination of the elbow bilaterally.

Tenderness is not present over the lateral epicondyle, medial epicondyle and cubital tunnel bilaterally. Tenderness is not present over the flexor muscle group and extensor muscle group of the forearm bilaterally.

Valgus and Varus Stress Tests are negative. Cozens' (resisted wrist extension) and Golfers' (resisted wrist flexion) tests are negative bilaterally.

Tinel's sign at the right elbow and left elbow is negative.

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Ranges of motion for the right and left elbows were accomplished without pain and spasm and were as follows:

<i>Elbow Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	140	140	140
Extension	0	0	0
Supination	80	80	80
Pronation	80	80	80

Wrists & Hands:

Left Wrist & Hand:

Deformity, dislocation, amputation, edema, swelling, erythema, scars, and lacerations are not present upon visual examination of the left wrist and hand.

Tenderness is not present over the volar and dorsal crease of the wrist. Tenderness is not present over the carpal tunnel and carpals. There is no tenderness over the distal ulna and radius. There is no tenderness noted over the anatomical snuff box and triangular fibrocartilage complex. There is no mechanical block noted during ranges of motion of the wrist. There is no tenderness over the thenar hand musculature, hypothenar hand musculature and intrinsic hand musculature.

Tinel's sign was negative. Finkelstein's test was negative.

Right Wrist & Hand:

Deformity, dislocation, amputation, edema, swelling, erythema, scars, and lacerations are not present upon visual examination of the wrists and hands.

Tenderness was noted at the right wrist, predominately over the dorsal crease, greatest at the triangular fibrocartilage complex.

Tinel's sign was negative. Finkelstein's test was negative.

Ranges of motion of the left wrist normal. Ranges of motion of the **right wrist were decreased with pain.**

<i>Wrist Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	60	60	45
Extension	60	60	45

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Ulnar Deviation	30	30	20
Radial Deviation	20	20	15

Finger ranges of motion were performed without pain. Triggering of the digits and mechanical block is not present. Tenderness is not present at the digits. Thumb abduction is 90 degrees bilaterally. Thumb adduction reaches the head of the 5th metacarpal bilaterally.

Bilateral hand digit range of motion is grossly within normal limits.

Grip Strength Testing:

Grip strength testing was performed utilizing the Jamar Dynamometer at the third notch, measured in kilograms, on 3 attempts and produced the following results:

Left: 20/24/26
Right: 0/0/0

Pain increased at the right wrist and shoulder during grip strength testing.

Motor Testing of the Cervical Spine and Upper Extremities:

Deltoid (C5), Biceps (C5), Triceps (C7), Wrist Extensor (C6), Wrist Flexor (C7), Finger Flexor (C8) and Finger Abduction (T1) motor testing is normal and 5/5 bilaterally, **with the exception of right shoulder 4/5, right finger flexion 4/5, all other myotomes 5/5.**

Deep Tendon Reflex Testing of the Cervical Spine and Upper Extremities:

Biceps (C5, C6), Brachioradial (C5, C6) and Triceps (C6, C7) deep tendon reflexes are normal and 2/2 bilaterally.

Sensory Testing:

C5 (deltoid), C6 (lateral forearm, thumb & index finger), C7 (middle finger), C8 (little finger & medial forearm), and T1 (medial arm) dermatomes are intact bilaterally as tested with a Whartenberg's pinwheel, **with the exception of generalized hypoesthesia in the entire right upper extremity.**

<i>Upper Extremity Measurements in Centimeters</i>		
Measurements	Left	Right
Biceps	38	38.5
Forearms	27	26.5

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Thoracic Spine:

Tenderness was noted over the paravertebral musculature, greatest at T9-T12 vertebral regions.

Kemp's test was positive bilaterally for increased thoracolumbar pain.

Thoracic spine ranges of motion were decreased and painful, measured as follows:

<i>Thoracic Spine Range of Motion Testing</i>		
Movement	Normal	Actual
Flexion	60	25
Extension	0	0
Right Rotation	30	10
Left Rotation	30	10

Lumbar Spine:

Muscle spasming over the bilateral paravertebral musculature with tenderness. Tenderness at bilateral sacroiliac joints and sciatic notches. L1 to L5 tenderness and hypomobility.

Milgram's test cannot be performed due to low back pain. Bilateral Sacroiliac compression test was positive.

Straight Leg Raising Test supine was positive bilaterally for back pain with radiation to bilateral lower extremities.

Right: 65 degrees.

Left: 55 degrees.

Lumbar spine ranges of motion were decreased and painful, measured as follows:

<i>Lumbar Spine Range of Motion Testing</i>		
Movement	Normal	Actual
Flexion	60	25
Extension	25	5
Right Lateral Bending	25	15
Left Lateral Bending	25	10

Hips & Thighs:

Right Hip:

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Deformity, dislocation, edema, swelling, erythema, scars and lacerations are not present upon visual examination of the right hip and thigh.

Tenderness and spasm is not present over the greater trochanteric region, hip bursa, hip abductor, hip adductor, quadriceps, biceps femoris musculature and femoroacetabular joint.

Patrick Fabere test and Hibb's test are negative.

Left Hip:

Tenderness over the femoroacetabular joint, greatest at the anterior aspect as well as over the region of the groin.

Patrick Fabere test and Hibb's test are negative bilaterally.

Hip ranges of motion were decreased and painful, measured as follows:

<i>Hip Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	120	70	120
Extension	30	10	30
Abduction	45	25	45
Adduction	30	10	30
External rotation	45	35	45
Internal rotation	45	15	45

Knees & Lower Legs:

Varicose veins were noted over bilateral lower extremities with acute lesions which the patient reports are from diabetes.

Tenderness to palpation was not present.

McMurray's test, Varus Stress test, anterior drawer test and posterior drawer test are negative.

Ranges of motion of the knees were restricted upon flexion due to the patient's girth and muscle tightness.

The patient was able to squat without knee pain or weakness.

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<i>Knee Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	135	90	90
Extension	0	0	0

Ankles & Feet:

Examination of ankles and feet did not demonstrate gross deformity, dislocation, amputation, edema, swelling, erythema, scars, lacerations, hallux valgus and hammertoes. The foot arch height is normal and without pes planus and pes cavus.

Tenderness is not present of digits 1 through 5, including metatarsals, cuneiforms, navicular, cuboid, talus and calcaneus. Tenderness is not present at the distal tibia, distal fibula, talonavicular joint, anterior talofibular ligament and deltoid ligament. There is no medial ankle instability or lateral ankle instability bilaterally. The Achilles tendon is intact. Tenderness is not present over the tarsal tunnel, sinus tarsi and tibialis posterior tendons (*medial ankle-plantarflexion & inversion*) bilaterally.

Anterior drawer test, posterior drawer test and Tinel's sign are negative bilaterally. The dorsalis pedis pulses are present and equal bilaterally.

Ankle ranges of motion were performed without pain, spasm, weakness, crepitus or instability bilaterally.

<i>Ankle Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Metatarsophalangeal joint (MPJ) Extension	60	60	60
MPJ Flexion	20	20	20
Ankle Dorsiflexion	20	20	20
Ankle Plantar Flexion	50	50	50
Inversion (Subtalar joint)	35	35	35
Eversion (Subtalar joint)	15	15	15

Motor, Gait & Coordination Testing of The Lumbar Spine and Lower Extremities:

Ankle Dorsiflexion (*L4*), Great Toe Extension (*L5*), Ankle Plantar Flexion (*L5/S1*), Knee Extension (*L3, L4*), Knee Flexion, Hip Abductor and Hip Adductor motor testing was normal and 5/5, **with the exception of hip adduction 4/5, all other myotomes 5/5.**

The patient was unable to perform squatting due to left hip pain and back pain.

Heel and toe walking could not be performed due to back and left hip pain.

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The patient's gait was antalgic significantly favoring left lower extremity and the patient relies on a one-point walking cane which was held in right upper extremity. The patient can only make a few steps without one-point cane.

Deep Tendon Reflex Testing of The Lumbar Spine and Lower Extremities:

Ankle (*Achilles-S1*) and Knee (*Patellar Reflex-L4*) deep tendon reflexes are normal and 2/2.

Sensory Testing:

L3 (*anterior thigh*), L4 (*medial leg, inner foot*), L5 (*lateral leg and midfoot*) and S1 (*posterior leg and outer foot*) dermatomes are intact bilaterally upon testing with a pinwheel.

Girth & Leg Length (Anterior Superior Iliac Spine to Medial Malleoli) measurements were taken of the lower extremities, as follows in centimeters:

<i>Lower Extremity Measurements Circumferentially & Leg Length in Centimeters</i>		
Measurements (in cm)	Left	Right
Thigh - 10 cm above patella with knee extended	57.5	58
Calf - at the thickest point	48.5	49
Leg Length - Anterior Superior Iliac Spine To Medial Malleolus	107	107

Diagnostic Impressions:

1. Cervical myofasciitis, M79.1.
2. Cervical facet-induced versus discogenic pain, M53.82.
3. Cervical spine radiculitis, right sided, M54.12.
4. Thoracic myofasciitis, M79.1
5. Lumbar myofasciitis, M79.1.
6. Bilateral sacroiliac joint dysfunction, sacroiliitis, M53.3.
7. Lumbar facet-induced versus discogenic pain, M47.816.
8. Lumbar radiculitis/sciatica, M54.16/M54.31.
9. Bilateral shoulder tenosynovitis/bursitis, M57.21.

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10. Bilateral shoulder impingement syndrome, M75.41.
11. Right wrist musculoligamentous injury.
12. Right wrist triangular fibrocartilage complex injury, rule out tear, S63.591A.
13. Left hip DJD and aggravation due to continuous trauma, M16.12.
14. Right knee arthralgia, M25.561.
15. Hypertension, I10.
16. Diabetes, E11.9.
17. Anxiety and depression, F41.9, F34.1.

Treatment Plan:

The patient is recommended comprehensive treatment course consisting of chiropractic manipulations and adjunctive multimodality physiotherapy to include myofascial release, hydrocollator, infrared, cryotherapy, electrical stimulation, ultrasound, strengthening, range of motion (active / passive) joint mobilization, home program instruction, therapeutic exercise, intersegmental spine traction and all other appropriate physiotherapeutic modalities **for cervical, thoracic and lumbar spine, right shoulder, right wrist and left hip at once a week for six weeks with a followup in six weeks.**

Diagnostic studies recommended:

- 1) Diagnostic testing considered upon review of records if anything else as needed.

Specialty evaluations recommended:

- 1) The patient is recommended **internal medicine evaluation** for further workup of hypertension, diabetes and as related to causation, nature, extent and management.
- 2) The patient is recommended **interventional pain management evaluation** to address need for interventional pain management procedures and pharmacological management.
- 3) The patient is recommended **orthopedic evaluation** to address left hip and other extremity issues as related to pharmacological management and need for injections and surgery.
- 4) The patient is recommended **psychiatric versus psychological** evaluation for further workup of psych related complaints.

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Please note that I was provided about a 2-inch stack of records and I am requesting authorization for review of those records, which are require for me to provide the patient with the best management.

Home exercises were discussed with the patient and his voluntary participation and/or recovery. The patient was strongly recommended to start with aqua therapy program which will be walking in the pool, mobilizing his extremities with a goal of swimming

Medical Causation Regarding AOE/COE:

In my opinion, it is within a reasonable degree of medical probability that the causation of this patient's injuries, resultant conditions, as well as need for treatment with regards to neck, back, bilateral upper extremities and lower extremities are industrially related and secondary to continuous trauma from 06/24/2020 to 03/23/2021 while working for Sonic Healthcare/Westpack Labs, Inc. as a medical courier.

Please note, the patient reports the right wrist started because of holding the cane while walking with right upper extremity and therefore the right wrist is a compensable consequence of industrial injuries and therefore secondary to continuous trauma.

Please note, there is a pile of records of about may be 2 inches and, once reviewed if authorized, then I will issue a report with any change in my opinions included.

Causation as related to internal medicine causation such as diabetes and hypertension is deferred to internist.

Causation related to psych is deferred to appropriate specialist psychiatry and psychologist.

I concluded my opinion based on this patient's job description, history of injury as reported, medical records (if any provided), as well as the patient's complaints, my physical examination findings and diagnostic impressions, and absent evidence to the contrary.

Permanent and Stationary Status:

The patient's condition is not permanent and stationary.

Work Status/Disability Status:

The patient is on temporary total disability until followup in six weeks. This patient has a longstanding condition and continues to be significantly disabled and I do not know if this patient will be able to return successfully to the workplace in view of the totality of injuries.

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Disclosure:

I derived the above opinions from the oral history as related by the patient, revealed by the available medical records, diagnostic testing, credibility of the patient, examination findings and my clinical experience. This evaluation was carried out at 6221 Wilshire Boulevard, Suite 604, Los Angeles, California 90048. I prepared this report, including any and all impressions and conclusions described in the discussion.

I performed the physical examination, reviewed the document and reached a conclusion, of this report which was transcribed by Acu Trans Solution LLC and I proofread and edited the final draft prior to signing the report in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (J) of Section 139.2.

In compliance with recent Workers' Compensation legislation (Labor Code Section 4628(J)): "I declare under penalty of perjury that the information contained in this report and it's attachments, if any, is true and correct to the best of my knowledge and belief, except as to information I have indicated I have 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 herein, that I believe it to be true."

In compliance with recent Workers' Compensation legislation (Labor Code Section 5703 under AB 1300): "I have not violated Labor Code Section 139.3 and the contents of this report are true and correct to the best of my knowledge. This statement is made under penalty of perjury and is consistent with WCAB Rule 10978."

The undersigned further declares that the charges for this patient are in excess of the RVS and the OMFS codes due to high office and staff costs incurred to treat this patient, that the charges are the same for all patients of this office, and that they are reasonable and necessary in the circumstances. Additionally, a medical practice providing treatment to injured workers experiences extraordinary expenses in the form of mandated paperwork and collection expenses, including the necessity of appearances before the Workers' Compensation Appeals Board. This office does not accept the Official Medical Fee Schedule as prima facie evidence to support the reasonableness of charges. I am a board-certified Doctor of Chiropractic, a state-appointed Qualified Medical Evaluator, a Certified Industrial Injury Evaluator and certified in manipulation under anesthesia. Based on the level of services provided and overhead expenses for services contained within my geographical area, I bill in accordance with the provisions set forth in Labor Code Section 5307.1.

NOTE: The carrier/employer is requested to immediately comply with 8 CCR Section 9784 by overnight delivery service to minimize duplication of testing/treatment. This office considers "all medical information relating to the claim" to include all information that either has, will, or could reasonably be provided to a medical practitioner for elicitation of medical or medical-legal opinion as to the extent and compensability of injury, including any issues regarding AOE/COE - to include, but not be limited to, all treating, evaluation, and testing reports, notes, documents, all sub rosa films, tapes, videos, reports; employer-level investigation documentation including statements of individuals; prior injury documentation; etc. This is a continuing and ongoing request to immediately comply with 8 CCR Section 9784 by overnight delivery service should such information become available at any time in the future. Obviously, time is of the essence in providing evaluation and treatment. Delay in providing information can only result in an unnecessary increase of treatment and testing costs to the employer.

I will assume the accuracy of any self-report of the examinee's employment activities, until and unless a formal Job Analysis or Description is provided. Should there be any concern as to the accuracy of the said employment information, please provide a Job Analysis/Description as soon as possible.

I request to be added to the Address List for Service of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Workers' Compensation Appeals Board. I am advising the Workers' Compensation Appeals Board that I may not appear at hearings or Mandatory settlement Conferences for the case in chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manuel Index No. 6.610, effective February 1, 1995, I request that defendants, with full authority to resolve my lien, telephone my office and ask to speak with me.

The above report is for medicolegal assessment and is not to be construed as a report on a complete physical examination for general health purposes. Only those symptoms which I believe have been involved in the injury, or might relate to the injury, have been assessed. Regarding the general health of the patient, the patient has been advised to continue under the care of and/or to get a physical examination for general purposes with a personal physician.

Re: Patient: Lugo, Martin B.
DOI: SI: June 04, 2020; March 23, 2021
Date of Exam: July 6, 2022

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

Should you have any questions with regard to this consultation please contact me at my office.

Sincerely,



Eric E. Gofnung, D.C.
Manipulation Under Anesthesia Certified
State Appointed Qualified Medical Evaluator
Certified Industrial Injury Evaluator

Signed this 6th day of July, 2022, in Los Angeles, California.

EEG:svl

ERIC E. GOFNUNG, D.C., QME

SPORTS MEDICINE AND REHABILITATION

6221 Wilshire Boulevard, Suite 604 λ Los Angeles, California 90048 λ Tel. (323) 933-2444 λ Fax (323) 933-2909

Date: 7 / 6 / 22

To Employer: Westpac Labs INC

RE: Employee/ Injured worker: MARTIN LUGO
SS# and/or Date of birth: 71301 1144
Date of Injury: CT: 4/24/20-3/23/21; 3/23/21; 6/4/20
Claim #: _____
WCAB #: _____
EAMS Case #: _____

The patient named above has designated: Eric Gofnung, D.C. Mayya Kravchenko, D.C. Jyrki Suutari, D.C. as their Primary Treating Physician. The patient is being scheduled to be seen in our office for evaluation and treatment of their industrially related injuries.

Please inform us if you have an established Medical Provider Network (MPN)? Please provide us with the following information so that we can inform and provide the injured worker with the proper information on how to select a treating physician from the employer's MPN.

Per Title 8 CCR 9767.5 an employer's MPN must have at least three (3) physicians in my area of specialty, of Chiropractic, to treat the injured worker. These three chiropractors must be within 30 minutes or 15 miles of a covered employee's residence or workplace.

Please list the names and phone numbers of these three (3) Chiropractors on the following lines:

_____, D.C.; (_____) _____ - _____
_____, D.C.; (_____) _____ - _____
_____, D.C.; (_____) _____ - _____

If this list of three Chiropractors in the employer's MPN is not forwarded to our office within five (5) days, we will take this to mean that you do not have three chiropractors on your MPN list within 30 minutes or 15 miles of the covered employee's residence or workplace.

If so, then the patient has requested this office to evaluate and to treat his/her industrially related medical needs and we will proceed to evaluate and treat the injured worker as needed on an industrial basis.

If you, the insurance company/employer, fail or refuse to furnish treatment to the injured worker, then the expense incurred for medical services furnished will be due as per Section 5402, subdivision (b) and (c). Labor Code 5402 (b)(c), requires the employer to authorize all appropriate medical care up to \$10,000 until the liability for the claimed injury is accepted or rejected. If payment of this bill is denied; we will pursue provisions under L.C. 4603.2

As of 06/01/04, Labor code 5814 mandates a 25% penalty on the amount of payment unreasonably delayed (10% if self-imposed). Accordingly, it would be requested that the employer please provide immediate payment.

Patient's name: MARTIN LUGO SR

Signature: X 

ERIC E. GOFNUNG CHIROPRACTIC CORP.

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

6221 Wilshire Blvd., Suite 604 • Los Angeles, California 90048 • Tel. (323)933-2444 • Fax (323) 933-2909

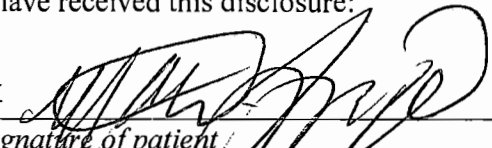
Disclosure. You may be referred to one or more of the physicians or other health care practitioners listed below. They or their family members may provide services to or have another financial interest directly or indirectly with each other.

Eric Gofnung, DC, David Feder, LAc. Mayya Kravchenko, DC.

If you would like to know of alternatives to any of them or to any other health care practitioner or facility you are referred to, please let your examining or treating doctor or his or her office staff know.

Complaints. If you have any questions, concerns, or complaints regarding any referral or any other service, please contact your doctor or his or her office manager. Your confidential communications will be protected. You have the right to file a complaint with the doctor's state licensing agency: for a chiropractor, it would be the Board of Chiropractic Examiners, 2525 Natomas Park Drive, Suite 260, Sacramento, CA 95833; for a podiatrist, the Board of Podiatric Medicine, 2005 Evergreen Street, Ste. 1300, Sacramento, CA 95815-3831; for an allopathic physician (M.D.), the Medical Board of California, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815; for an acupuncturist, the California Acupuncture Board, 1747 N. Market Blvd, Suite 180, Sacramento, CA 95834, and for an osteopath (D.O.), the Osteopathic Medical Board of California, 1300 National Drive, Suite #150, Sacramento, CA 95834-1991.

I have received this disclosure:

X 

Signature of patient
MARIA LUGO SR.

Type or print name of patient

Date signed by patient: 7/6/22
Date received by patient: 7/6/22
KL

Office staff initials