

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Check the boxes which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Forms PR-3 or PR-4.

- Periodic Report (Required 45 days after last report) Change in treatment plan Release From Care
Change in work status Need for referral or consultation Response to request for information
Change in patient's condition Need for surgery or hospitalization Request for authorization
Other Referral to Psychiatrist for Psychotropic Medication

Patient

Lugo Sr. Martin
Patient last name: Patient first name: MI
P.O. Box 12512 Costa Mesa CA 92627 M
Patient Street Address/PO Box Patient City State Zip Code Sex

Medical Courier Date of Birth 07/30/1964
Occupation Phone Number
Claims Administrator Date of Injury 01/01/2019-4/05/2021

Gallagher Bassett 005834-002603-WC-01
Claims Administrator Name Claim number

P.O. Box 2840 Clinton IA 52733
Claims Administrator Street Address/ Claims Administrator City State Zip Code
(951) 893-4032 (951) 279-6632 Westpac Labs, Inc
Phone Number Fax Number Employer Name Phone Number

The information below must be provided. You may use this form or you may substitute or append a narrative report.

Subjective Complaints:
Pt have been exposed to a traumatic event that has caused them to respond with fear and anxiety on at least one occasion. Pt was rear ended by another vehicle, hurt his neck and lower back, right knee. Pt body is permanently stuck in the "fight or flight" phase of the anxiety that he is currently experiencing. Because of this, he began to develop symptoms of post-traumatic stress disorder and chronic pain disorder (back, left shoulder, and left knee and insomnia disorder, has isolated self from all.

Objective findings: (Include significant physical examination, laboratory, imaging, or other diagnostic findings.)
Clinical interview, biofeedback.

Diagnoses:
1. Posttraumatic Stress Disorder ICD-10 309.81 (F43.10)
2. Chronic Pain Disorder (Back, Lt Shoulder and Lt. Knee) ICD-10 G89.4
3. Insomnia Disorder ICD-10 780.52 (G47.00)
4. ICD-10
5. ICD-10
6. ICD-10
7. ICD-10
8. ICD-10
9. ICD-10
10. ICD-10

ICD-10 _____

ICD-10 _____

Treatment Plan: Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture). Use of CPT codes is encouraged. Have there been any **changes** in treatment plan? If so, why?

Continue with CBT therapy. Biofeedback is recommended.

Work Status: This patient has been instructed to:

Remain off-work until TTD9/01/2022

Return to *modified* work on _____ with the following limitations or restrictions. (List all specific restrictions re: standing, sitting, bending, use of hands, etc.):

Return to full duty on _____ with no limitations or restrictions.

Primary Treating Physician: (*original signature, do not stamp*)

Date of Exam 07/13/2022

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code section 139.3.

Physician signature

Julie Goalwin, PhD

Cal. License Number: PSY14146

Executed at: Los Angeles County

Date (mm/dd/yyyy): 07/13/2022

Physician Name Julie Goalwin, Ph.D., QME, AME

Specialty: Clinical Psychologist

Physician address: 115 Pine Ave., Suite 640, Long Beach, CA 90802

Phone Number (562) 364-8587

PRIVACY NOTICE: A statement of current data collection and use policies and certain privacy rights of injured workers may be found at the following website: http://www.dir.ca.gov/od_pub/privacy.html.



PROOF OF SERVICE BY MAIL

Re: Martin Lugo
Claim No. 005834-002603-WC-01
DOI: CT: 01/01/2019-04/05/2021
WCAB No. ADJ14468138

I am a resident of/employed in the aforesaid county, State of California; I am over the age of eighteen years and not a party to the within action; my business/residence address is:
115 Pine Ave. #640, Long Beach, CA 90802.

I served the following documents:

PR2 Report on 7/13/2022

On the interested parties in this action by placing the true copy of each document in a separate envelope addressed to each addressee, respectively, as follows.

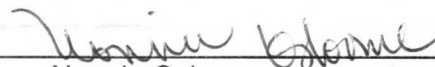
Gallagher Bassett
P.O. Box 2840
Clinton, IA 52733

Workers Defenders Law Group
751 S. Weir Canyon, Suite 157-455
Anaheim, CA 92808

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

Executed on, August 15, 2022

Signature


Nonnie Osborne

Nonnie Osborne

