

QUALIFIED MEDICAL EXAMINATION

August 30, 2013 1/15/14

Dear Sirs:

XXXX was seen on August 30, 2013, for a Qualified Medical Evaluation. This report is a summary of my findings of a Complex Medical-Legal Evaluation and does address issues of AOE/COE causation, issues of apportionment, issues of vocational rehabilitation, as well as multiplicity of issues. This includes record review by this physician. This orthopedic evaluation has involved the following:

CHIEF COMPLAINT

Low back pain. Buttock pain.

OCCUPATION

The patient works for XXXXXXXXXXXX as a driver. He worked for this company for five years, driving for various productions. He drove passenger vans/shuttles for casts and crews. He states he lifted up to seventy pounds on a regular basis. He was working without any limitations or restrictions at the time of this injury. He is currently working on modified duty.

HISTORY OF INJURY AS RELATED BY PATIENT

This is a 42-year-old male who is status post a work related injury that occurred on October 3, 2012. He states he was driving a shuttle van to take a cast and crew to and from a base camp to set a film shoot. He was driving over a rough dirt road when he started to have low back pain with sciatic type pain down his lower extremities. He states he reported the injury to his employer, and was seen by a company doctor. He had x-rays and an MRI. He states he was treated with physical therapy and medications with little improvement, but ultimately had injections in the lumbar spine which did give him substantial improvement. He does report numbness to the right foot, great toe, that is new to this injury and had not occurred prior to this injury. He denies any bladder or bowel dysfunction. He reports pain with sitting, standing, bending, heavy lifting.

PRIOR INJURIES

The patient states he had a ruptured lumbar disc in the past that was surgically removed, approximately five years prior to this injury. He states he had no disability, limitations or

restrictions following this surgery, and was able to perform full duty without pain, stating he did well post treatment.

PAST MEDICAL HISTORY:

Medical: None.

Surgeries: Lumbar spine discectomy 2009. Hernia repair in 2006. Spontaneous pneumothorax 1992.

Allergies: No known allergies to medications.

Medication: See chart.

REVIEW OF SYSTEMS

General:

The patient denies general fatigue.

Head and Neck:

The patient denies sinus problems, thyroid disease, or ear problems.

Heart:

The patient denies any cardiac conditions.

Lungs:

The patient denies asthma or any lung conditions.

GI:

The patient denies urinary frequency.

GU:

The patient denies constipation or diarrhea.

Psychological:

The patient denies anxiety or depression.

Neurologic:

The patient denies any numbness or any neurological disorders.

Hematologic/Lymphatic:

The patient denies AIDS, hepatitis, cancer, anemia.

Endocrine:

The patient denies diabetes.

SOCIAL HISTORY

Marital Status:

The patient is married.

Alcohol:

Socially.

Tobacco:

The patient denies any use of tobacco.

FAMILY HISTORY

Mother is status post liver and kidney transplant 2005.

Father is alive and well.

REVIEW OF INVESTIGATIONS

MRI of the lumbar spine dated October 6, 2012, reveals at the L4-5 region disc extrusion at 7mm superiorly and inferiorly with a right lateral extrusion to the L5 nerve root. Additionally there is a 4mm right lateral disc protrusion noted at L5-S1 transversing the left S1 nerve root.

PHYSICAL EXAMINATION

LUMBAR SPINE

Well healed scar lower lumbar spine.

Gait and posture are within normal limits.

Negative tenderness in the lower lumbar musculature.

Negative tenderness in the posterior superior iliac spine region.

Negative muscle spasms present.

Motor testing is 5/5 to all muscle groups of the lower extremities except for the right EHL which has 4/5.

Walking on the tiptoes is performed without difficulty.

Walking on the heels is performed without difficulty.

Deep Tendon Reflexes

Right: Knee: +2

Left Knee: +2

Right Ankle: +2

Left Ankle: +2

Range of Motion Lumbar Spine:

Flexion: 60 degrees

Extension: 30 degrees

Rotation: Right: 15 degrees Left: 15 degrees Normal: 15 degrees

Lateral Bend: Right: 30 degrees Left: 30 degrees Normal: 30 degrees

BILATERAL LOWER EXTREMITIES

Positive straight leg raise right lower extremity.

Diminished sensation to the L4 and L5 nerve root distribution right lower extremity.

Extensor hallucis longus diminished strength on the right, 4/5 compared to 5/5 on the left.

ASSESSMENT

- 1. Multi level lumbar herniated discs with extruded disc.**
- 2. Radiculitis right lower extremity.**
- 3. Radiculopathy right lower extremity.**

Jonathan Nissanoff, M.D.
FAAOS
Board Certified
Fellowship Trained
Sports Medicine & Trauma
Qualified Medical Examiner/AME

(888) 853-7944 Tel
www.calmedeval.com

DISABILITY STATUS

The patient has achieved a permanent and stationary status.

CURRENT SUBJECTIVE FACTORS OF IMPAIRMENT

Moderate pain in the lower lumbar spine increasing to moderate to severe with prolonged sitting, standing, bending, stooping, and heavy lifting.

CURRENT OBJECTIVE FACTORS OF IMPAIRMENT

Herniated/extruded disc lumbar spine.
Radiculopathy right lower extremity.

WORK RESTRICTIONS

The patient is limited to no prolonged sitting, no prolonged standing, no repetitive bending or stooping, no heavy lifting.

IMPAIRMENT RATING

Based on the AMA Guidelines, Fifth/Sixth Edition, this patient would be considered a DRE Category II and would have an 8% whole person impairment rating.

FUTURE MEDICAL CARE

Provisions should be made for this patient to have future orthopedic office visits, physical therapy for flare ups, anti-inflammatory medication, compounding creams, and pain medications, as well as future pain management treatments including epidural injections, lumbar spine surgery including lumbar decompression, fusion, and disc replacement surgery due to the patient's age.

VOCATIONAL REHABILITATION

If his employer is not able to accommodate his current work restrictions, the patient could be considered a qualified injured worker.

Jonathan Nissanoff, M.D.
FAAOS
Board Certified
Fellowship Trained
Sports Medicine & Trauma
Qualified Medical Examiner/AME

(888) 853-7944 Tel
www.calmedeval.com

APPORTIONMENT

Although this patient had a disc herniation in the past and theoretically his pathology of a bad disc could be contributing to the pathology that he currently has now as an acute on chronic condition, the patient did not have any disability prior to this injury while working. Furthermore, there appears to be not only a disc protrusion at the same level that he had a disc herniation in the past, but at a second level as well as extrusion of the disc with compression and irritation of the nerve roots. Therefore I would not apportion any of the patient's current disability or treatment to any prior pathology and feel his current disability and care would be 100% apportioned to this current injury.

CAUSATION

This is a direct work related injury.

DISCLOSURE NOTICE:

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 herein, that I believe it to be true."

In accordance with Labor Code 4628, 10606 and/or WCAB 10978, this is to advise that this report was dictated and reviewed by myself.

My signature hereby certifies that I have reviewed the history in detail with the patient to verify its accuracy and completeness, that I performed the physical examination and the opinions and conclusions represented within this report are mine alone.

Please be advised that this report is in compliance with the rules of practice and procedure, Rule 9785. Requests for additional copies of this report must be made in writing, and are subject to handling fees payable in advance. The handling fees are as follows: Handling fee: \$10.00, plus .50/per page, minimum of 3 pages.

Statement referable to reasonable costs for clerical expenses necessary to produce this report as per California Statute 4628. State of California Labor Code 4628, entitled, "Responsibilities of Physician signing medical-legal report", Paragraph (d), authorizes "reasonable costs of clerical expenses necessary to producing the report." The cost of clerical expense by a transcriptionist to produce this report is beyond "ordinary physician overhead expense." This report contains five pages. My cost to have this report transcribed by a transcriptionist was \$90.00.

August 30, 2013

7

Jonathan Nissanoff, M.D.
FAAOS
Board Certified
Fellowship Trained
Sports Medicine & Trauma
Qualified Medical Examiner/AME

(888) 853-7944 Tel
www.calmedeval.com

I further declare under penalty of perjury that I have not violated the provisions of the California Labor Code, Section 139.3 with regard to the evaluation of this patient or the preparation of this report.

Sincerely,

ELECTRONICALLY SIGNED AUGUST 30, 2013

Jonathan Nissanoff, M.D.
Diplomate, American Board of Orthopedic Surgeons
Fellow American Academy of Orthopedic Surgeons
Qualified Medical Examiner
JN/kae

Jonathan Nissanoff, M.D.
FAAOS
Board Certified
Fellowship Trained
Sports Medicine & Trauma
Qualified Medical Examiner/AME

(888) 853-7944 Tel
www.calmedeval.com

PROOF OF SERVICE BY MAIL or FAX

(1013A, 2015.5 C.C.P.)

STATE OF CALIFORNIA

COUNTY OF SAN DIEGO

W.C.A.B. # :

I am a citizen of the United States and an employee in the county aforesaid; I am over the age of eighteen years and not a party to the within entitled action. My business address is: 15525 Pomerado Road, E-6, Poway, California 92064

On _____, I served (or my staff served) the within PR-2/report, bill, and lien for date of August 30, 2013 on the interested parties in said action for the following:

Evaluation and Record Review

by placing a true copy thereof, either via fax or enclosed in a sealed envelope with postage thereon, fully prepaid in the United States mail, at Poway, California, addressed as follows:

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

Prepared by: _____

Executed on _____, at Poway, California.