

TIME RECEIVED November 7, 2023 6:13:11 PM EST	REMOTE CSID 19095571714	DURATION 535	PAGES 8	STATUS Received
To: +18885085803	Page: 1 of 8	2023-11-07 23:04:11 GMT	19095571714	From: 19095571714

Arrowhead Orthopaedics
1801 Orange Tree Lane
#240
Redlands CA 92374

FAX

To: UNISURED WC

Company: UNISURED WC

Fax: +1 (888) 508-5803

Subject:

Ref:

Pages: 8

Remarks: rfa

From: Michelle King

Fax: +1 (909) 557-1714

Phone: 9095571600

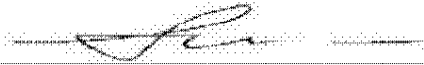
Date: 11/07/2023

Time: 03:03:37 PM PST

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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.

<input type="checkbox"/> New Request <input type="checkbox"/> Resubmission -- Change in Material Facts				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
Employee Information				
Name (Last, First, Middle): Ruth Green				
Date of Injury (MM/DD/YYYY): 2023-03-01			Date of Birth (MM/DD/YYYY): 05/15/1988	
Claim Number: 999999999			Employer: Hesperia Usd	
Requesting Physician Information				
Name: Nikachina, Anna				
Practice Name: Redlands Pain Management Suite 230			Contact Name: Michelle King 909-557-1600 x 1314	
Address: 1901 W Lugonia Ave			City: Redlands	State: CA
Zip Code: 92374	Phone: 909-557-1630		Fax Number: 909-557-1714	
Specialty:			NPI Number:	
E-mail Address:				
Claims Administrator Information				
Company Name: Tristar			Contact Name: Baca, Alisha	
Address: PO Box 2805, Clinton, IA, 527332805			City: Clinton	State: IA
Zip Code: 527332805	Phone: 858-715-8800		Fax Number: 866-669-0940	
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.)
Neck and low back	m47.812	Neurology Referral (as		
	m47.26	suggested		
	m47.816	by QME)		
	m79.10			
Requesting Physician Signature: 			Date: 11/07/2023	
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:				

Instructions for Request for Authorization Form

Warning: Private healthcare information is contained in the Request for Authorization for Medical Treatment, DWC Form RFA. The form can only go to other treating providers and to the claims administrator.

Overview: The Request for Authorization for Medical Treatment (DWC Form RFA) is required for the employee's treating physician to initiate the utilization review process required by Labor Code section 4610. A 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 must be attached. The DWC Form RFA is not a separately reimbursable report under the Official Medical Fee Schedule, found at California Code of Regulations, title 8, section 9789.10 et seq.

Checkboxes: Check the appropriate box at the top of the form. Indicate whether:

- This is a new treatment request for the employee or the resubmission of a previously denied request based on a change in material facts regarding the employee's condition. A resubmission is appropriate if the facts that provided the basis for the initial utilization review decision have subsequently changed such that the decision is no longer applicable to the employee's current condition. Include documentation supporting your claim.
- Review should be expedited based on an imminent and serious threat to the employee's health. A request for expedited review must be supported by documentation substantiating the employee's condition.
- The request is a written confirmation of an earlier oral request.

Routing Information: This form can be mailed, faxed, or e-mailed to the address, fax number, or e-mail address designated by the claims administrator for this purpose. The requesting physician must complete all identifying information regarding the employee, the claims administrator, and the physician.

Requested Treatment: The DWC Form RFA must contain all the information needed to substantiate the request for authorization. If the request is to continue a treatment plan or therapy, please attach documentation indicating progress, if applicable.

- List the diagnosis (required), the ICD Code (required), the specific service/good requested (required), and applicable CPT/HCPCS code (if known).
- Include, as necessary, the frequency, duration, quantity, etc. Reference to specific guidelines used to support treatment should also be included.
- For requested treatment that is: (a) inconsistent with the Medical Treatment Utilization Schedule (MTUS) found at California Code of Regulations, title 8, section 9792.20, et seq.; or (b) for a condition or injury not addressed by the MTUS, you may include scientifically based evidence published in peer-reviewed, nationally recognized journals that recommend the specific medical treatment or diagnostic services to justify your request.

Requesting Physician Signature: Signature/Date line is located under the requested treatment box. A signature by the treating physician is mandatory.

Claims Administrator/URO Response: Upon receipt of the DWC Form RFA, a claims administrator must respond within the timeframes and in the manner set forth in Labor Code section 4610 and California Code of Regulations, title 8, section 9792.9.1. To communicate its approval on requested treatment, the claims administrator may complete the lower portion of the DWC Form RFA and fax it back to the requesting provider. (Use of the DWC Form RFA is optional when communicating approvals of treatment; a claims administrator may utilize other means of written notification.) If multiple treatments are requested, indicate in comments section if any individual request is being denied or referred to utilization review.

Arrowhead Orthopaedics**Progress Notes**

Green, Ruth

Patient ID: 1190675530**DOB:** 05/15/1988**Age:** 35 years **Gender:** F

09/26/2023

Date: 09/26/23 : 08:35am**Title:** PR-2; Anna Nikachina, M.D., PHD**ARROWHEAD ORTHOPAEDICS**

STATE OF CALIFORNIA

Division of Worker's Compensation

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

Check the box(es) 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 Form PR-3.

<input type="checkbox"/> Periodic Report (required 45 days after last plan report)	<input type="checkbox"/> Change in treatment <input type="checkbox"/> Need for referral or consultation	<input type="checkbox"/> Released from care <input type="checkbox"/> Response to request for information
<input type="checkbox"/> Change in work status	<input type="checkbox"/> Need for surgery or hospitalization	<input checked="" type="checkbox"/> Request for authorization
<input type="checkbox"/> Change in patient's condition		<input type="checkbox"/> Other

Patient:

Last: **Green** First: **Ruth** Middle: Sex: female
 Address: **21410 Klamath Rd** City: **Apple Valley** State: **CA** Zip: **92308-7293**
 Date of Injury: **03/01/2023** Date of Birth: **05/15/88**
 Occupation: **Teacher** SS#: Phone: **(760)953-7721**

Claims Administrator:

Name: Tristar Claim #: 231082423
 Address: **PO Box 2805** City: **Clinton** State: **IA** Zip: **52733**
 Phone: **562-506-0300 x 4933** FAX: **866-669-0940**
 Adjustor: **Alisha Baca**

Employer
 Name: **Hesperia USD** Phone:

Interpreter:

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

CHIEF COMPLAINT:

Low back and neck pain with radiation

HISTORY OF PRESENT ILLNESS:

Ruth Green is a 35 year-old female, an employee of his. Used to, where she works as a teacher, who sustained an industrial injury on 03/01/2023. The patient reports that on the day of the injury she was hit by the heavy door to the back of the head, neck back. The mechanism of injury described below.

Mechanism of injury: "I was hit by the door flat against my back. It hit my back, back, head. I felt a crack in my neck. Then a tingling sensation down, headache, neck pain, shoulder pain, low back pain".

Since the time of the injury patient has been experiencing persistent pain in the neck (mostly on the right side, with intermittent radiation to upper extremities.

She also started to experience persistent back pain, which intermittently radiates into the left lower extremity, and in the right lower extremity patient is experiencing not only pain but also numbness and weakness. The patient has completed

Arrowhead Orthopaedics**Progress Notes**

Green, Ruth

Patient ID: 1190675530**DOB:** 05/15/1988**Age:** 35 years **Gender:** F

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physical therapy with some improvement of low back symptoms, however no improvement in regards to her neck. More so, patient reported having more frequent headaches. She did not have chiropractic manipulations or acupuncture. She has been evaluated by a spine surgeon Dr. Skubic. She underwent x-rays of the cervical spine which did not show any significant abnormalities. She had MRI of the lumbar spine in Desert Valley Hospital, which showed left L4-L5 synovial cyst and mild bilateral neuroforaminal stenosis at L4-L5. Since there was no surgically treatable pathology identified patient was referred to pain management services for further recommendations and management of her pain. In the meantime patient has also been referred to electrodiagnostic studies of the bilateral lower extremities which she completed on May 19, 2023.

INTERVAL HISTORY : The patient is returning today for a follow-up. She continues to go to physical therapy and finds that it still extremely beneficial for her. She would like to have more sessions focusing on the right shoulder mobility and cervical spine. In addition she felt some improvement in the right lower extremity function, however still has hard time ambulating. She still awaiting to complete electrodiagnostic studies to evaluate an etiology of her right lower extremity symptoms.

CURRENT WORK STATUS:

The patient is currently TTD. She is a Teacher.

PAST MEDICAL HISTORY:

None

PAST SURGICAL HISTORY:

None

ALLERGIES:

NKDA

CURRENT MEDICATIONS:

Rx: ibuprofen 800 mg tablet Ref: 0

Instructions: take 1 tablet (800 mg) by oral route 3 times per day with food

Rx: Voltaren Arthritis Pain 1 % topical gel Ref: 1

Instructions: apply 2 grams to the affected area(s) by topical route 4 times per day

SOCIAL HISTORY:

Smoking Status: Never smoker

Alcohol consumption: denies alcohol consumption

Illicit Drugs/Marijuana: denies

FAMILY HISTORY/REVIEW OF SYSTEMS:

The "Initial and/or Follow-Up Patient Health History" form has been signed and dated by the patient and physician, and then scanned into the patient's permanent electronic medical record. There is no pertinent aspect of the patient's Past History, Social History, Family History or Review of Ten Organ Systems noted relative to the neuromusculoskeletal problems addressed at today's evaluation.

PHYSICAL EXAMINATION:

The patient is 5'9" tall, weighs 226 lbs, and BMI is 33.37 kg/m². Patient is pleasant, cooperative, awake, alert, and oriented x3. Not in acute distress. HEENT: atraumatic, normocephalic, anicteric. No facial asymmetry. Tongue is at midline. Extraocular movements are intact. Pupils are round, equal, and reactive to light and accommodation. Neck is supple. No jugular venous distension. No lymphadenopathy. No thyroid enlargement. Chest is of normal configuration. Respirations are regular.

The patient is still limping and ambulating with **wide gait, almost hemiplegic type of pattern.**

Arrowhead Orthopaedics**Progress Notes**

Green, Ruth

Patient ID: 1190675530**DOB:** 05/15/1988**Age:** 35 years **Gender:** F

09/26/2023

 Inspection of the cervical spine reveals no gross deformities.

There is no scapular winging. No infraspinatus or supraspinatus muscle atrophy

Range of motion of the cervical spine is within functional limits

There is mild tenderness to palpation of the cervical paraspinal muscles from C2-C7 bilaterally. There is no tenderness to palpation of articular pillars of cervical facet joints at the same levels. There are a few trigger points in the right trapezius muscles and rhomboid muscles. Palpation of the trigger points reproduces typical twitch response.

Spurling's test is negative bilaterally

Foraminal compression test is negative bilaterally

Adson's test is negative

Upper limb tension test is negative bilaterally

Inspection of the lumbar spine reveals normal alignment.

There is no pelvic obliquity. Evaluation of the skin is normal with no rashes, scars, or ecchymosis

Range of motion of the lumbar spine is limited with extension by 10 to 15 degrees, flexion by 15 to 20 degrees, lateral bending by 15 to 20 degrees

There is a tenderness to palpation of the lumbar paraspinal muscles at the levels L4/5 L5/S1 bilaterally, R>L. Positive axial load at the same levels. There is no tenderness to palpation of the sacroiliac joints.

Straight leg raise is positive on the right

Examination of the upper or lower extremities reveals no focal muscle atrophy

Muscles have normal bulk and tone

Motor function testing was performed using a 5 point scale with 5 representing full function.

Right: Deltoid 4, Biceps brachii 5, Triceps brachii 5, Hand Grip Muscles 5

Left: Deltoid 5, Biceps Brachii 5, Triceps brachii 5, Hand grip muscles 5

Right: hip flexors 5, hip extensors 5, knee flexors 5, knee extensors 5, ankle dorsiflexors 5, plantar flexors, EHL 5

Left: hip flexors 5, hip extensors 5, knee flexors 5, knee extensors 5, ankle dorsiflexors 5, plantar flexors, EHL 5

Muscle stretch reflexes:

Quadriceps femoris is 2+ symmetrically

Triceps surae is 2+ symmetrically

Brachioradialis is 2+ symmetrically

Biceps brachii is 2+ symmetrically

Triceps brachii is 2+ symmetrically

DIAGNOSTIC STUDIES:**EMG/NCV of the right lower extremity**, done at Precision occupational medical group Inc.

Physician: Sanjay Deshmukh, MD

Electrodiagnostic impression: Normal EMG/NCS of right lower extremity.

MRI of the lumbar spine without contrast, performed at Desert Valley Hospital, on 3/14/2023

Impression: Degenerative disc disease and facet disease in the lumbar spine, no significant spinal canal stenosis. Mild bilateral neuroforaminal stenosis at L4-L5 and L5-S1. Facet synovial cyst adjacent to the left L4-L5 facet joint.

Xray of Cervical spine 03/01/2023 Victor Valley advanced imaging

FINDINGS: Straightening on lateral view.

Possible minimal anterior 3-4 disk space narrowing.

No displaced fracture.

No foraminal encroachment.

IMPRESSION: No displaced fracture; probable spasm.

DIAGNOSIS:

Cervical spondylosis without myelopathy or radiculopathy

Lumbar spondylosis with radicular symptoms in the right lower extremity

Lumbar facet arthropathy

Arrowhead Orthopaedics**Progress Notes**

Green, Ruth

Patient ID: 1190675530**DOB:** 05/15/1988**Age:** 35 years **Gender:** F

09/26/2023

Myofascial pain with trigger points in the right trapezius muscle**RECOMMENDATIONS:**

The patient is returning today for a follow-up. She denies having any new neurological symptoms since the last visit. She continues to go to physical therapy and finds that it still extremely beneficial for her. She would like to have more sessions focusing on the right shoulder mobility and cervical spine.

We will place a request for a few additional sessions of PT (6-8 sessions) to focus on the right shoulder and cervical spine.

In addition, she felt some improvement in the right lower extremity function, however still has hard time ambulating. She still awaiting to complete electrodiagnostic studies to evaluate an etiology of her right lower extremity symptoms. We will review findings in the next visit, once report is available.

As per QME recommendations it was suggested that the patient will also have a neurological evaluation. We will place a request for an evaluation by neurology specialist for right lower extremity weakness and abnormal gait

FOLLOW UP:

Ruth will follow up in 6 - 8 weeks

DISABILITY STATUS:

Per PTP

Anna Nikachina, M.D., Ph.D.,

Diplomate of American Board of Physical Medicine & Rehabilitation

Diplomate of American Board of Pain Medicine

Diplomate of American Board of Headache Management

Patient Education:

Primary Treating Physician: (original signature, do not stamp) Date of exam: **09/26/23**

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 §139.3

Signature: Electronically signed- Anna

Nikachina, MD, PhD 07:15 AM

Executed at: Arrowhead Orthopaedics

Name: Anna Nikachina, M.D., Ph.D.

Address: 1901 West Lugonia Ave., Suite

120, Redlands, CA 92374

Phone: (909) 557-1600 - Fax: (909)

890-1899

Reexamination date:

Cal Lic. A120159

Date: 09/26/23

Specialty: Pain Management

Phone: 909 -557-6100

Fax: 909-890-0218

DWC Form PR-2 (Rev.
01.01.05)

Nurse Case Manager: **Brenda Loemic**

Phone: **909-756-0037**

Fax: **888-508-5803**

Defense Attorney:

Address:

Printed On: 11/07/2023

Page: 4 of 5

Arrowhead Orthopaedics**Progress Notes**

Green, Ruth

Patient ID: 1190675530**DOB:** 05/15/1988**Age:** 35 years **Gender:** F09/26/2023

Phone:

Fax:

Applicant Attorney:

Address:

Phone:

Fax:

Billing**Procedure Codes:****Procedure:** Estab Comprehensive: 99214**Procedure:** PR-2: WC002**Diagnosis Codes:****Diagnosis:** Spondylosis without myelopathy or radiculopathy, cervical region : ICD10 = M47.812 / ICD9 = 721.0 / SNOMED = 267970006**Diagnosis:** Other spondylosis with radiculopathy, lumbar region : ICD10 = M47.26 / ICD9 = 721.3 / SNOMED = 239880009**Diagnosis:** Arthropathy of lumbar facet joint : ICD10 = M47.816 / ICD9 = 716.98 / SNOMED = 428671008**Diagnosis:** Myofascial pain : ICD10 = M79.10 / ICD9 = 781.99 / SNOMED = 279062009**Progress Note Status:****Action Item:** Progress Note Complete - Redlands

#Orders: Treatment Request Form, Physical Therapy

SIGNED BY Anna Nikachina, MD (ANI) 10/30/2023 11:07A