



## UR/UM NEW CLAIM REFERRAL FORM

Telephone: (949) 221-1700 ext. 304

Fax: (949) 612-9207

Email: [SBCounty@medexhco.com](mailto:SBCounty@medexhco.com)

[www.medexhco.com](http://www.medexhco.com)

Claim Number:	144881
WCIS Number:	2023062911473321940750

Adjuster Name:	Maria Llamas
Adjuster Phone:	(909) 386-8656
Adjuster Fax:	(909) 386-8711
Adjuster Email:	Maria.Llamas@rm.sbcounty.gov
Employer:	San Bernardino County

Jurisdiction:	California
Referral Date:	6/28/2023
RFA Received Date:	06/29/2023
Referred to URO:	7/5/2023
Review Type:	<input type="checkbox"/> Litigated XXXXX <input type="checkbox"/> Adjuster Approved  <input type="checkbox"/> Retrospective <input type="checkbox"/> Concurrent <input type="checkbox"/> Prospective

**Employee Information** – All employee demographics are kept on file. Please use this section for any **NEW** referrals OR if there is a change in employee demographics.

Last Name:	Steele	Accepted Body Parts:
First Name:	Silvia,	
Address:	2505 W. Foothill #123	
City/State/Zip:	San Bernardino, CA 92410	
Phone Number:	(909) 831-9702	Denied Body Parts:
DOI:	06/27/2023	Delayed low back left side
DOB:	01/24/1959	
SSN:	XXX-XX-1155	

Applicant Attorney:	
Law Firm:	
Address:	
City/State/Zip:	
Phone Number:	
Fax Number:	
Email:	

Defense:	
Law Firm:	
Address:	
City/State/Zip:	
Phone Number:	
Fax Number:	
Email:	

PT of low back at keystone for 9 sessions, 3x per week

**Special Handling Instructions:** \*Please include all medical records relevant to the request dated within the past 6 months.

Send all referrals to: [SBCounty@medexhco.com](mailto:SBCounty@medexhco.com) Pursuant to §9792.9(1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the injured worker's condition, not to exceed five (5) working days from the date of receipt of the written request for authorization. (2) If appropriate information which is necessary to render a decision is not provided with the original request for authorization, such information may be requested within five (5) working days from the date of receipt of the written request for authorization to make the proper determination.

In no event shall the determination be made more than 14 days from the date of receipt of the original request for authorization by the health care provider.



State of California  
Division of Workers' Compensation  
**Request for Authorization**

DWC Form RFA - California Code of Regulations, title 8, section 9785.

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

- ☐ New Request ☐ Resubmission - Change in Material Facts \_\_\_\_\_  
☐ Expedited Review: Check box if the patient faces an imminent and serious threat to his or her health \_\_\_\_\_  
☐ Check box if request is the written confirmation of a prior oral request \_\_\_\_\_

**Employee Information**

Employee Name (Last, First, Middle): STEELE SILVIA  
Date of Injury (MM/DD/YYYY): 05/27/2023 Date of Birth (MM/DD/YYYY): 01/24/1959  
Claim Number: 3213131230001 Employer: San Bernardino County- Dept. Risk Management

**Provider Information**

Provider Name: KHATE SOLIMAN  
Practice Name: Keystone Industrial Medicine Contact Name:  
Address: 1950 S. Sunwest Ln, Suite 108 City: San Bernardino State: CA  
Zip Code: 92408 Phone: (909) 521-8818 Fax Number: (909) 521-9854  
Provider Specialty: Nurse Practitioner / MD NPI Number: 1134855448 / 1710129093  
E-mail Address:

**Claims Administrator Information**

Claims Administrator: SAN BERNARDINO RISK MANAGEMENT Contact Name: MANAGEMENT RISK  
Address: 222 W. Hospitality Lane Third Floor City: SAN BERNARDINO State: CA  
Zip Code: 92415 Phone: Fax Number: (909) 386-8711  
E-mail Address:

Requested Treatment: (See the instructions for guidance; attach additional pages if necessary.)

Either state the requested treatment in the below space or indicate the specific page number(s) of the accompanying medical report on which the requested treatment can be found. Up to five(5) procedures may be entered; attach additional requests on a separate sheet.

Diagnosis	ICD-Code	Procedure Requested	CPT/HCPCS Code	Other information: (Frequency, Duration, Quantity, Facility, etc.)
Strain of muscle, fascia and tendon of lower back, initial encounter	S39.012A	RFA for PT of low back at Keystone for 9 sessions, 3x per week		

**Special Instructions / Treatments:**

RFA for PT of low back at Keystone for 9 sessions, 3x per week

Treating Physician Signature:  Date: 6/28/2023

**Claim Administrator 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

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

Comments:

Risk Management 2023-06-29 08:04:16

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Date:	6/28/2023	DOI:	5/27/2023
Patient:	STEELE SILVIA	DOB:	1/24/1959
Address:	2505 W. FOOTHILL # 123 SAN BERNARDINO CA 92410	SSN:	XXX-XX-1155
Phone:	(909) 831-9702	Account #:	50261

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Employer:	San Bernardino County- Dept. Risk Management-(Internal)	Contact:	
Address:	222 W. HOSPITALITY  San Bernardino CA 92415	Phone:	

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Insurance:	SAN BERNARDINO RISK MANAGEMENT	Adjuster:	MANAGEMENT RISK
Address:	222 W. Hospitality Lane Third Floor SAN BERNARDINO CA 92415	Phone:	(909) 386-8655
		Claim #:	

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NCM/UR:			
Phone:		Ext:	FAX:

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Diagnosis:			
Diag.added:	S39.012A	Strain of muscle, fascia and tendon of lower back, initial encounter	Active

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Requested Date:	6/28/2023	Status	
Requested:	0 times a week for 0 weeks	Authorized	0
Authorized by:		Used	0
Authorized on:		Remaining	0
Received by:			
Pre Cert #:			
Referring Phys:	IKHATE SOLIMAN	Signature :	
Referred to:			

Appointment Date:		
Consult Only:		Consult & Treat:

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Comments:

Special Instructions:  
RFA for PT of low back at Keystone for 9 sessions, 3x per week



**Keystone**  
Industrial Medicine

1950 S. Sunwest Ln, Suite 108  
San Bernardino CA 92408  
Phone: (909) 521-8818  
Fax: (909) 521-8854

**VISIT NOTES NEW INJURY (WNI)**

**1. Patient**

Name: **STEELE, SILVIA**  
Address: 2505 W. FOOTHILL # 123  
SAN BERNARDINO CA 92410  
Date of Birth: 24-Jan-1959 Sex: F SSN: 439-45-1155

Phone: (909) 885-5758  
Date of Exam: 26-Jun-2023  
Date of Injury: 27-May-2023

Claim Number: \_\_\_\_\_  
Claim Administrator: RISK, MANAGEMENT  
Claim Adj Contact: \_\_\_\_\_

**2. Employer**

Name: San Bernardino County- Dept. Risk Management-(Internal)  
Address: 222 W. HOSPITALITY  
San Bernardino CA 92415

**3. Insurer**

Name: SAN BERNARDINO RISK MANAGEMENT  
Address: 222 W. Hospitality Lane Third Floor  
SAN BERNARDINO CA 92415

**CHIEF COMPLAINTS**

**PHYSICIAN'S CONCERNS**

**RELEVANT COMPLAINTS**

**HPI - History of Present Illness**

**Problem List**

Problem # 1: Low back (Lumbosacral)

**General HPI**

Today's Chief complaint: lower back

Accident or Exposure Description: pulling / pushing / lifting tubes, boxes, stacks of papers from under desk.

Duration: Since 05/27/2023; 32 days.

Mechanism of injury: Pt works as a claims assistant for SB county risk management for 5 years. Pt states its the repetitive movement of pushing, pulling and lifting of boxes everyday at work that caused her low back pain. reports having low back pain last month that is on and off. walking makes it better but sitting down for prolonged periods of time makes the pain worse. not taking medications.

**Low back (Lumbosacral): pain**

Pain intensity: 3/10

Frequency: intermittent

Quality of pain : dull

Numbness/Tingling: no

Weakness: no

Swelling: no

Numbness of saddle region: no

Bladder or Bowel Incontinence: no

Difficulty Kneeling: no

Difficulty Bending : yes

Difficulty with Prolong walking: no

Difficulty with Prolong sitting: yes

Abdominal Pain: no

**Social History:**

**SOCIAL HISTORY**

Smoking: Non-smoker

Alcohol: Non-drinker

**FAMILY HISTORY**

Back Problems: No

Diabetes: No

Heart Problems: No

Arthritis: No

Cancer: NO

## 4. SUBJECTIVE COMPLAINTS

Continued

**Past Medical History :**

Hypertension: No  
Other heart conditions: No  
Asthma/lung disease: No  
Diabetes: No  
GERD/heart burn: No  
Migraine/headache: No  
Seizures: No  
Kidney problem: No  
Liver problem: No  
Arthritis: No  
Depression: No  
Anxiety: No  
Permanent disability: No  
Past work-related injury: No  
Others: No  
Past Surgery: No

**Review of System :****General**

Weight loss: No  
Weight gain: No  
Fatigue: No  
Difficulty Sleeping: No  
Chronic pain: No  
Fever/Chill: No  
Night sweat: No

**Eye**

Eye pain: No  
Blurry vision: No  
Double vision: No  
Eye discharge: No  
Red Eye: No  
Foreign body sensation: No

**Head/Neck**

Pain: No  
Head injury: No  
Sores in/around mouth: No  
Difficulty hearing: No  
Ear pain or discharge: No  
Nasal discharge or post nasal drip: No  
Hoarseness: No  
Tooth pain: No  
Difficulty swallowing: No

**Pulmonary**

Shortness of breath: No  
Chest pain: No  
Cough: No  
Hemoptysis (Coughing up blood): No  
Wheezing: No  
Snoring or stop breathing during st: No

**Cardiovascular**

Chest pain: No  
Shortness of breath: No  
Orthopnea (short of breathing lying down): No  
Paroxysmal Nocturnal Dyspnea (waking up from sleep with shortness of breath): No  
Lower leg edema or swelling: No  
Loss of consciousness: No  
Irregular or rapid heart beat: No  
Heart palpitation: No  
Leg cramp and pain: No

**Gastrointestinal**

Heart burn: No  
Hemla: No  
Abdominal pain: No  
Difficulty swallowing: No

**4. SUBJECTIVE COMPLAINTS**

Continued

Nausea/vomiting: No  
Vomiting blood: No  
Black/tarry or blood in stool: No  
Loss of control of bowel movement: No  
Diarrhea: No  
constipation: No  
Abdominal swelling: No  
Jaundice (skin color change - yellowish): No  
**Genito Urinary**  
Blood in urine: No  
Burning with urination: No  
Urination at night: No  
Incontinence (unintentional loss of urine): No  
Sexual dysfunction: No  
**Neurological**  
Loss of neurological function: No  
Loss or change of consciousness: No  
Seizure: No  
Numbness or tingling: No  
Dizziness: No  
Balance problem: No  
Headache: No  
Fainting: No  
Memory loss: No  
**Endocrine**  
Thyroid disease: No  
Heat or cold intolerance: No  
Diabetes: No  
**Musculoskeletal**  
Muscle pain: No  
Joint pain: No  
Arthritis: No  
Broken bones: No  
Low back pain: No  
**Hematology**  
Bleeding gums: No  
Easy bruising: No  
Blood disorder: No  
**Mental Health**  
Depression: No  
Anxiety: No  
Suicidal ideation: No  
Homicidal ideation: No  
Hallucination: No  
Substance abuse: No  
**Skin**  
Redness: No  
Discoloration: No  
Lesions: No  
Itching: No

**OBJECTIVE FINDINGS****Vitals :**

B/P 1: 130/80    Pulse: 74    Temperature: 98.8    Resp: 16

**Measurement :****Low back (Lumbosacral)****Inspection**

Loss of lumbar lordosis : No

Scoliosis : No

Swelling : No

**5/ OBJECTIVE FINDINGS***Continued*

Discharge : No

Erythema : No

Wound : No

Deformity : No

Mass/Lesion : No

**Palpation/Tenderness at:**

Lumbar spine tenderness : No

Sacral/Coccyx tenderness : No

Right paraspinal tenderness : No

Left paraspinal tenderness : No

Right sciatic notch tenderness : No

Left sciatic notch tenderness : No

**Range of Motion**

Flexion : 60

Extension : 25

Right Lateral bending : 25

Left Lateral bending : 25

**Reflex**

Right Patellar : .

Left Patellar : .

Right Achilles : .

Left Achilles : .

**Vascular**

Right popliteal : .

Left popliteal : .

Right posterior tibial : .

Left posterior tibial : .

Right dorsalis pedis : Normal

Left dorsalis pedis : Normal

**Sensation**

Low Back : Intact

Right lower extremity : Intact

Left lower extremity : Intact

**Motor**

Lateral Bending : 5/5

Iliopsoas : 5/5 bilaterally

Quadriceps : 5/5 bilaterally

Adductor : 5/5 bilaterally

Hamstring : 5/5 bilaterally

Extensor Hallucis Longus : 5/5 bilaterally

Gastrocnemius : 5/5 bilaterally

**Special test**

Right straight leg test : Negative

Left straight leg test : Negative

Waddell's sign : Negative

**DIAGNOSIS :**

Diag. Added: 1 S39.012A Strain of muscle, fascia and tendon of lower back, initial encounter Active

**TREATMENT PLAN :**

Medications: 06/28/2023, 130, Cyclobenzaprine HCL 5mg -

Medications: 06/28/2023, 3023, ibuprofen 200mg # 30 - 1-2 Q6-8h

Supplies : 06/28/2023, 112, Cold pack -



## 7. TREATMENT RENDERED

... Continued

- \* Current Plans :
- Pt here for initial evaluation of low back pain after repetitive pulling/pushing and lifting heavy boxes at work
  - PE consistent with mild strain
  - Dispensed Ibuprofen 200 mg PRN for pain. May take up to 2 tablets. Education provided by MA
  - Dispensed ice pack, cold pack x1
  - Dispensed Flexeril 5mg PO. take one tab at night. Advised driving or operating any heavy machineries as it can cause drowsiness.
  - Modified work
  - RFA for PT of low back for 9 sessions at Keystone, 3x per week
  - RTC in a week to assess progress, follow up with PT

## \* Physical Therapy Referral

## WORK STATUS

Date	Work Status	From	To	Restrictions
06/28/2023	Modified Work	06/28/2023	07/05/2023	NEW INJURY * Limit lift/push/pull: 20 lbs Limit walking and standing to 30 mins per hour, followed by 30 mins of sit-down duty

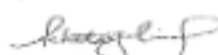
## Next Appointment:

Next Appointment : 7/5/2023 3:30 PM

Electronically Signed By KHATE SOLIMAN

And PAUL KIM MD

Doctor's Signature



Date: 6/28/2023 02:01 PM

Doctor's Name

KHATE SOLIMAN

PAUL KIM MD

CA License Number: W95020432

Title

Nurse Practitioner

Address

1950 S. Sunwest Ln, Suite 100 San Bernardino CA 92408

Date of exam 06/28/2023. 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.