



UR/UM NEW CLAIM REFERRAL FORM

Telephone: (949) 221-1700 ext. 304

Fax: (949) 612-9207

Email: SBCounty@medexhco.com

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 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.



new

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: 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 Speciality: 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

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

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

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

NCM/UR:

| | | |
|--------|------|------|
| Phone: | Ext: | FAX: |
|--------|------|------|

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

| | | | |
|-----------------|----------------------------|-------------|---|
| 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: | KHATE SOLIMAN | Signature : |  |
| Referred to: | | | |

Appointment Date:

Consult Only:

Consult & Treat:

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) 521-9854

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

28-Jun-2023

Date of Injury

27-May-2023

Claim Number

Claim Administrator :

Claim Adj Contact :

RISK, MANAGEMENT

Employer (Name & Address)

Name: **San Bernardino County- Dept. Risk Management-(Internal)**

Address: 222 W. HOSPITALITY

San Bernardino CA 92415

Insurer (Name & Address)

Name: **SAN BERNARDINO RISK MANAGEMENT**

Address: 222 W. Hospitality Lane Third Floor

SAN BERNARDINO CA 92415

CHIEF COMPLAINTS

lower back pain

SUBJECTIVE 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
Hear palpitation: No
Leg cramp and pain: No

Gastrointestinal

Heart burn: No
Hernia: 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/Tenderess 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 Achillies : .

Left Achillies : .

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

Gastrosoleus : 5/5 bilaterally

Special test

Right straight leg test : Negative

Left straight let test : Negative

Wadell'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. Adored 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 #95020432

Title

Nurse Practitioner

Address

1950 S. Sunwest Ln, Suite 108 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.