

REA-LL



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To: 9093868711@rcfax.com

From: The Ramirez Firm - FAX

The Ramirez Firm

7121 Magnolia Ave Ste M

Riverside

CA

92504

Note:

Letter to Defense re Service of Documents, re: Rachel Covington v.
County of San Bernardino ADJ9606554 CT 05/02/2014 to 08/27/2014

Phone:

Phone: (951) 297-3707 * 108

Fax Phone: (909) 386-8711

Fax Phone: 19512973708

Date: 09/28/2023

Pages including 10
cover sheet:





THE RAMIREZ FIRM
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INLAND EMPIRE LOS ANGELES ORANGE COUNTY SAN DIEGO CENTRAL VALLEY

September 28, 2023

Michael Sullivan Ontario
PO Box 85059
San Diego, CA, 92186
c/o Peter Kim, Esq.

RE: Rachel Covington vs. County of San Bernardino Probation Department

Insurer: County of San Bernardino
DOI: CT 05/02/2014 - 08/27/2014
Claim #s: 118327
EAMS#s: ADJ9606554
Internal Case No.: 1506

Dear Counsel:

Pursuant to the Rules of Practice and Procedure of the Workers' Compensation Appeals Board, we are herewith filing the following:

- **Progress Report, Work Status & RFA Dr. Furman 09/20/2023**

Copies of these documents, together with a copy of this letter, are being forwarded to the parties listed on the proof of service list.

Sincerely,

THE RAMIREZ FIRM

By: _____

John R. Ramirez, Esq.
Attorney for APPLICANT

PROOF OF SERVICE
1013A(3) CCP Revised 5/1/88

STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

Under penalty of Perjury, I declare the following: I declare that I am over the age of 18, and am not a party to the enclosed action.

On September 28, 2023, I served the foregoing documents described as: **Letter to Defense re Service of Documents - Progress Report, Work Status & RFA Dr. Furman 09/20/2023** on all interested parties in this action by:

- (X) **BY FACSIMILE TRANSMISSION:** From FAX no.: (951) 297-3708 to the FAX numbers listed below. The machine I used complied with CRC 2003(3) and reported no error. Pursuant to Rule 2005(I), I caused the machine to print a record of the transaction.
- (X) **BY E-MAIL:** By e-mailing a PDF scanned copy thereof in addressed as stated as follows.
- (X) **BY US MAIL:** By placing a copy thereof in a sealed envelope addressed as follows:
- () **BY PERSONAL SERVICE:** By hand delivering;
- (X) **VIA EAMS.**

Michael Sullivan Ontario
PO Box 85059
San Diego, CA, 92186
proofofservice@sullivanattorneys.com
844-910-1850
Peter Kim, Esq.

County of San Bernardino
222 W. Hospitality Lane, Third Floor
San Bernardino, CA 92415
909-386-8711
Mr. Luis Leon

I am readily familiar with the firm's practice of collection and processing correspondence for mailing. Under that practice, it would be deposited with the United States Postal Service on the same day with postage thereon fully prepaid at Riverside, California, in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postage cancellation date or postage meter date on the envelope is more than one day after the date for mailing contained in this affidavit.

I declare, under penalty of perjury under the laws of the State of California, that the above is true and correct. Executed on September 28, 2023, at Riverside, California.

/S/ John R. Ramirez

Risk Management 2023-09-28 08:09:31

Additional pages attached ☒

State of California
Division of Workers' 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 Forms PR-3 or IMC 81556.

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

Patient:

Last	Covington-Branscome	First	Rachel	Middle	Sex F
Address	227 East 49th Street	City	San Bernardino	State	CA Zip 92404
Date of Injury	CT: 05/02/2014 - 08/27/2014	Date of Birth	07/03/1966		
Occupation	Probation Officer II	SS #	557-55-2361	Phone	

Claims Administrator:

Name	County of San Bernardino	Claim Number	118327
Address	222 West Hospitality Lane Fl 3	City San Bernardino	State CA Zip 92415
Phone	(909) 386-9029	Fax	(909) 386-8711
Employer:	San Bernardino County Probation	Employer Phone:	(909) 387-4967

Subjective Complaints:

Cervical Spine: On 09/20/2023 the patient rates the pain as an 7 out of 10 on the pain scale. The patient describes the pain in the cervical region as a frequent aching, throbbing, and burning pain. The patient reports an overall weakness. The patient indicates that she occasionally loses her balance and falls. The patient reports that sometimes her pain would exacerbate to 10/10. The patient reports she is taking medications prescribed by her other doctor and reports it helping with the pain. On 08/18/2023 the patient rated the pain as an 7 out of 10 on the pain scale.

Lumbar Spine: On 09/20/2023 the patient rates the pain as a 8 out of 10 on the pain scale. The patient describes the pain in the lumbar region as a frequent sharp, burning, and throbbing pain. The patient reports that pain and numbness radiate to her bilateral legs into all 10 toes. The patient reports that sometimes her pain would exacerbate to 10/10. The patient reports she is taking medications prescribed by her other doctor and reports it providing relief from the pain. On 08/18/2023 the patient rated the pain as a 8 out of 10 on the pain scale.

Objective Findings:

Height: 5'6", Weight: 177, B.P.: 130/88, Pulse: 86 bpm, right hand dominant.

Neurological examination:

Mental status: Patient is alert and oriented to person, place and time.

Motor strength testing for the upper and lower extremities is limited by pain.

Cervical Spine: Reflexes are 2+ and symmetric at the biceps, triceps, and brachioradialis bilaterally. Grade 4/5 intrinsic strength in the right hand; otherwise, 5/5 in all other muscle groups of the upper extremities symmetrically. She has cervical spine surgery on 03/12/2015. X-ray of cervical spine 01/30/2023. No acute fracture or subluxation of the cervical spine with fusion hardware seen at C5-C6. There has been interval progression of osseous fusion involving these vertebral bodies. Straightening of the normal cervical spinal lordosis. Multilevel degenerative disc disease, and facet and uncinat

spondylosis of the cervical spine.

Flexion 40°/50°

Extension 40°/60°

Right Lateral Bending 35°/45°

Left Lateral Bending 35°/45°

Right Rotation 65°/80°

Left Rotation 65°/80°

There is tenderness to palpation of the cervical paravertebral muscles. Cervical Compression is positive. Shoulder Depression is positive.

Lumbar Spine: Achilles reflexes are 1+ symmetrically even. The patient complains of weakness of her legs when the lower back pain worsens. Decreased sensation of the L5 dermatome to light touch bilaterally. X-ray of lumbar spine 01/30/2023. No acute fracture or subluxation seen involving the lumbar spine. Stable anterolisthesis of L5 on S1 with intact-appearing spinal stabilization hardware seen at L4-5 and L5-S1. Multilevel degenerative disc disease and facet spondylosis of the lumbar spine. Patient has undergone 3 lumbar spine fusion surgeries. Prior posterior surgery in 1991 and hardware removal in 1992. (05/07/2015 lumbar spine surgery with anterior lumbar interbody discectomy and fusion on L5/S1. Intraoperative reduction of L5/S1 spondylolisthesis. Anterior instrumentation of L4/5 using globus independence plate 11 mm in height. Anterior instrumentation of L5/S1 with globus independence plate 13 mm in height. Anterior lumbar interbody discectomy and fusion at L4-5. Anterior lumbar discectomy and fusion at L5/S1. Placement of 13 mm x 24 mm PEEK spacer at L5/S1. Placement of an 11 mm x 24 mm PEEK spacer at L4/L5. Allograft placement at L4/5 and L5/S1.)

Flexion 30°/60°

Extension 15°/25°

Right Lateral Bending 15°/25°

Left Lateral Bending 15°/25°

There is tenderness to palpation of the bilateral SI joints and lumbar paravertebral muscles. Sitting Straight Leg Raise is positive. Kemp's is positive.

Diagnosis:

- Other specified postprocedural states (Z98.89)
- Fusion of spine, cervical region (M43.22)
- Radiculopathy, cervical region (M54.12)
- Radiculopathy, lumbar region (M54.16)
- Other specified postprocedural states (Z98.89)
- Fusion of spine, lumbar region (M43.26)

Treatment Plan:

Request previous medical records for my review. The patient indicates that she is not working at the current time, and was medically retired in 04/2018. The patient indicates that she is not receiving TD payments at the current time.

The patient reports that on 04/11/2023 she fell at her home due to losing balance. The patient complains of seizure like symptoms. The patient reports that she fell on her right side and developed excruciating pain to her right ribs.

I've reviewed Dr. Vincent Fortanasce's Pqme report dated 06/22/23 and would respectfully disagree with the recommendations of a 24-hour EEG, a routine EEG, and an MRI scan of the head as this would not provide a definitive answer regarding the issue of seizures. Therefore, my professional opinion is that the recommended diagnostic testings is

not medically necessary at this time.

CT study on the bilateral ribs 06/15/2023. Stanton Kremsky, MD. 1. The ribs and sternum appear unremarkable. No fracture or dislocation is noted. No osteosclerotic or osteolytic bone lesion seen. No periosteal reaction is seen. 2. The overlying muscles and soft tissues of the chest wall appear unremarkable. 3. Bilateral lung parenchyma appears unremarkable.

4. Thoracic spine shows generalized decreased bone density with the prominence of striations. Early spondylotic changes are seen evident as tiny marginal anterolateral osteophytosis at all thoracic levels.

X-rays of the left ribs, 03/25/2023. Dr. Stanton Kremsky: 1. There is suspicion of subtle oblique fracture of left 9th and 10th ribs (laterally). Considering the history of fall, further evaluation with CT chest/left ribs is suggested. 2. Mediastinal widening. 3. Few faint linear radiopacities on the right side along the inferior margin of liver, differentials would include post surgical clips / artifacts. 4. Limited study due to inadequate inspiratory effort and artifacts.

She is seeing a pain management specialist through her private insurance at Inland Regional Pain Management in Colton and has a follow up appointment in August 2023.

At this time the patient has sufficient pain medication, no refill will be prescribed.

QME report 10/05/2016 by Dr. Theodore Georgis, MD. 47% WPI as per the 10/05/2016 evaluation. Regarding the need for further medical care, the QME opines, *"For symptomatic flare-ups of her cervical spine or lumbar spine, the patient should be afforded repeat visits with a treating doctor, as well as short courses of medications to include non-steroidal anti-inflammatory and/or pain medications. She also needs ongoing neuropathic medications, such as gabapentin for ongoing neurological symptoms, as well as access to neurological reevaluations as deemed necessary. Short courses of physical therapy, chiropractic treatment and/or acupuncture; up to 18 sessions per year. Further diagnostic testing to include x-rays, MRI scan and/or electrodiagnostic testing. A spinal injection, to include an epidural steroid injection, up to 3 per year for the cervical or lumbar spine. A brace for the neck or back may be required. The patient may need further surgery for the cervical spine or lumbar spine if she develops hardware failure or loosening or significant adjacent segment disease."*

Supplemental QME performed by Dr. Theodore Georgis, MD, (951) 330-0217 on 11/23/2020. Regarding the need for a neurological evaluation, the QME opines, *"I have no clinical information on this patient since my October 5, 2016 PQME re evaluation, but my recommendation for neurologic re-evaluations remain unchanged. I do not have a specific neurologist in mind for a referral, but would rely on the patient's PTP to determine if the patient currently requires a neurology re-evaluation and which neurologist is recommended."*

Supplemental QME report dated 03/03/2021 by Dr. Theodore Georgis, MD. The QME provides diagnoses of, *"Cervical spondylosis with right cervical radiculopathy; status post anterior cervical disc replacement, at the C5-6 level; March 12, 2015, Dr. Danisa. Lumbosacral spondylosis, foraminal stenosis, and lumbar radiculopathy, with pseudarthrosis at the L4-5 and L5-S1 levels; status post anterior discectomy. Lumbosacral spondylosis, foraminal stenosis, and lumbar radiculopathy, with pseudarthro is at the L4-5 and L5-S1 levels; status post anterior discectomy, instrumentation and interbody fusion at the L4-5 and L5-S1 levels; May 7, 2015. Dr. Danisa. Preexisting grade 3 spondylolisthesis at L5-S1, status post previous laminectomy, pedicle screw instrumentation and fusion at L4 to S1. Status post revision fusion of L4 to S1, with hardware removal, preexisting the current industrial injury claim. Cubital tunnel syndrome, right elbow; status post right cubital tunnel release; March 12, 2015, Dr. Riedel. Bilateral hips, contended; in my opinion, the hip symptoms are related to the lumbar spine condition with radicular pain. X-rays of the hips dated March 9, 2015 and October 20, 2017 were unremarkable."*

Patient will be scheduled for a follow up evaluation with the PTP in 4-6 weeks.

Work Status: This patient has been instructed to:

☐ Remain off-work

until

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<input checked="" type="checkbox"/> Return to modified work on 09/20/2023 with following limitations or restrictions If no Modified work duties are available to the injured worker, the patient should be considered temporarily disabled until the following visit or 6 weeks.
<input type="checkbox"/> Return to full duty on Sedentary work only.

Date of exam: 09/20/2023

Primary Treating Physician:

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:



Cal. Lic. #G72162

Executed at: Ontario, CA
Name: Yury Furman, MD
Address: 3602 Inland Empire Boulevard, Ste. B-120

Date: 09/20/2023
Specialty: Neurology
Phone: (909) 265-9500

Address: Ontario, CA 91764

Next report due no later than 11/04/2023

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Inland Metro Medical Group, Inc.
3602 Inland Empire Boulevard, Ste. B-120
Ontario, CA 91764
Phone: (909) 265-9500
Fax: (909) 265-9600

WORK STATUS

To Whom It May Concern:

Date: 09/20/2023
Re: Rachel Covington-Branscome
DOB: 07/03/1966
SS#: 557-55-2361
Employer: San Bernardino County Probation

Diagnosis:

- Other specified postprocedural states (Z98.89)
- Fusion of spine, cervical region (M43.22)
- Radiculopathy, cervical region (M54.12)
- Radiculopathy, lumbar region (M54.16)
- Other specified postprocedural states (Z98.89)
- Other specified postprocedural states (Z98.89)
- Fusion of spine, lumbar region (M43.26)
- Fusion of spine, lumbar region (M43.26)

The patient is placed on modified duty with the following modifications: Sedentary work only. If modified duty is not available, the patient is to be considered temporarily totally disabled until next evaluation. If you have any questions, please feel free to call upon me.

Yours for better health,



Yury Furman, MD
License #: G72162

3602 Inland Empire Boulevard, Ste. B-120
Ontario, CA 91764
Phone: (909) 265-9500

Fax: (909) 265-9600

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State of California
Division of Workers' Compensation
Request for Authorization for Medical Treatment (DWC for 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 narrative report substantiating the requested treatment.

☒ New Request ☐ Resubmission – Change in Material Facts

☐ Expedited Review: Check box if employee faces an imminent and serious threat to his or her health

☐ Check box if request is a written confirmation of a prior oral request.

Employee Information

Name (Last, First, Middle): Rachel Covington-Branscome

Date of Injury (MM/DD/YYYY): CT: 05/02/2014 - 08/27/2014

Date of Birth (MM/DD/YYYY): 07/03/1966

Claim Number: 118327

Employer: San Bernardino County Probation

Requesting Physician Information

Name: Yury Furman, MD

Practice Name: Inland Metro Medical Group, Inc.

Contact Name: Maricela Quiroz

Address: 3602 Inland Empire Boulevard, Ste. B-120

City: Ontario

State: CA

Zip Code: 91764

Phone: (909) 265-9500

Fax Number: (909) 265-9600

Specialty: Neurology

NPI Number: 1487688842

E-mail Address: RFA@InlandMetroMed.com

Claims Administrator Information

Company Name: County of San Bernardino

Contact Name: Bobiles, Linda

Address: 222 West Hospitality Lane Fl 3

City: San Bernardino

State: CA

Zip Code: 92415

Phone: (909) 386-9029

Fax Number: (909) 386-8711


E-mail Address:

Requested Treatment (see instructions for guidance; attach 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	ICD-Code	Procedure Requested	CPT/HCPCS Code	Other Information: (Frequency, Duration, Quantity, Facility, etc.)
Radiculopathy, lumbar region	M54.16	PTP Follow-Up		I am requesting a follow-up evaluation with PTP in 4-6 weeks

Date of Request: 09/20/2023

Requesting Physician Signature: 

Claims Administrator/Utilization Review Organization (URO) 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 (See separate letter)

Authorization Number (if Assigned):

Date:

Authorized Agent Name:

Signature

Phone:

Fax Number:

E-mail Address:

Comments:

DWC Form RFA (version 012014)