

Alex Lee, LAc, PhD
1145 E. San Antonio Dr. Ste.B
Long Beach, CA 90807-2379
Phone: (562) 984-5505 / Fax: (562) 984-8599

Date of Examination: 08/04/2025

Primary Treating Physician:
Scott L. Rosenzweig, M.D.
1145 E. San Antonio Dr. Ste.B
Long Beach, CA 90807-2379

Re: **Cordero Rojas, Alfredo**
Sex: Male
Date of Birth: 06/03/1970
Address: 758 Rose Ave Apt 110

SSN: 999-99-9999
Insurer: Farmers Insurance - MAIN

CLAIM#: 7008656982-1
Date of Injury: CT: 06/08/2017 - 01/14/2025
WCAB #:
Employer: Taco Surf Inc
Attorney: Ramin R. Younessi

Defense Attorney:

INITIAL ACUPUNCTURE REPORT

To Whom It May Concern:

SUBJECTIVE:

On 08/04/2025 the subjective complaints included: constant moderate neck pain radiating to the bilateral upper extremities with numbness and tingling; constant moderate lower back, bilateral knee and ankle pain radiating to the bilateral lower extremities with numbness and tingling.

OBJECTIVE

There is obstructed flow of Qi, poor circulation, and visibly decreased range of motion of the neck, lower back, bilateral knee and bilateral ankle with moderate spasm in the bilateral upper trapezius, cervical and lumbar paravertebral musculature; tenderness in the lateral and frontal side of the bilateral knee; tenderness in the lateral and frontal side of the bilateral ankle.

ASSESSMENT:

Cervicalgia [M54.2]

Lumbago [M54.50]
Bilateral knee pain [M25.569]
Bilateral ankle pain [M25.579]

GOALS:

Increase functionality
Increase range of motion
Decrease of pain, using pain scale 1-10
Decrease frequency of flare-ups
Decrease duration of flare-ups
Decrease sensitivity to aggravating factors
Decrease in stiffness

PLAN:

The plan is to perform acupuncture and/or electroacupuncture with infrared up to 24 visits, 2-3 visits per week for 8 weeks.

REFERENCES:

Labor Code §4600. (a) Medical, surgical, chiropractic, acupuncture, and hospital treatment, including nursing, medicines, medical and surgical supplies, crutches, and apparatus, including orthotic and prosthetic devices and services, that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. In the case of his or her neglect or refusal reasonably to do so, the employer is liable for the reasonable expense incurred by or on behalf of the employee in providing treatment.

In reference to acupuncture, please refer to the following excerpt from *Guidelines for Chiropractic Quality Assurance and Practice Parameters, Proceedings of the Mercy Center Consensus Conference*:

Chapter 7, Modes of Care, Page 112, D. Special Interest Areas, 2. Acupuncture:

Acupuncture is a healing art that has been utilized for over 5,000 years. It is taught at some chiropractic colleges and is utilized by some practitioners. Its primary clinical use is for pain control.

7.16.1 Rating: Promising
Evidence: Class I, II, III
Consensus Level: 1

Page 106, Procedure Ratings (System I) Promising: Given current knowledge of, this appears to be appropriate for the given indication in the specified patient population. As more evidence and experience accumulates, this interim rating will change. This connotes provisional acceptance, but permits a greater role for the current level of clinical use.

Page 107, Evidence, Class I: Evidence provided by one or more well-designed controlled clinical trials; or well-designed experimental studies that address reliability, validity, positive predictive value, discriminability, sensitivity, and specificity.

Evidence, Class II: Evidence provided by one or more well-designed uncontrolled, observational clinical studies, such as case-control, cohort studies, etc.; or clinically relevant basic science studies that address reliability, validity, positive predictive value, discriminability, sensitivity, and specificity; and published in refereed journals.

Evidence, Class III: Evidence provided by expert legal opinion, descriptive studies or case reports.

Page xl, E. Consensus Levels, Level 1: (Full agreement) - over 85% (more than 30 votes out of 35)

Also, please refer to the following excerpts from *Acupuncture and Electroacupuncture: Evidence-Based Treatment Guidelines August 2004; Council of Acupuncture and Oriental Medicine Associations; Foundation for Acupuncture Research*.

HealthNet, *Acupuncture for Pain Management, Policy Number 03-10-77:*

HealthNet National Medical Policy, October 2003

"Acupuncture is covered for treatment of pain as there are scientific studies to validate its effectiveness."

Aetna, *Clinical Policy Bulletin 0135, Acupuncture, 2004:*

Although some Aetna policies cover any diagnosis, Aetna considers needle acupuncture (manual or electroacupuncture) to be "medically necessary" for postoperative and chemo-therapy induced nausea and vomiting, nausea of pregnancy, postoperative dental pain, **temporomandibular disorders (TMD)**, and migraine headache.

For most United Healthcare policies, acupuncture is covered for any medical diagnosis.

Some Blue Cross policies are limited to pain conditions, while others cover acupuncture for any medical diagnosis.

In PPO plans, Cigna Healthcare covers acupuncture for 20 broad medical diagnoses including but not limited to stroke, trigeminal neuralgia, sinusitis, spastic colon, rheumatism, pinched nerve, failed back with intractable pain, dysmenorrhea, **sciatica**, herpes Zoster, **headaches**, **bursitis**, Bell's palsy, **back or cervical pain**, arthritis of all kinds, **tendinitis**, and **tennis elbow**.

Commonwealth of Massachusetts, Department of Industrial Accidents:

Treatment Guidelines, 2004

In Massachusetts, the state workers' compensation system standards allow acupuncture to be utilized as a treatment for various work-related injuries, up to 16 visits per injury.

State of Colorado, Department of Labor and Employment:

Division of Workers Compensation, Medical Treatment Guidelines, 2003

Colorado allows acupuncture and electroacupuncture to be used up to 14 times as a trial course of treatments, but go on to state that "any of the above *acupuncture treatments may extend longer if objective functional gains can be documented or when symptomatic benefits facilitate progression in the patient's treatment program*. Treatment beyond 14 treatments must be documented with respect to need and ability to facilitate positive symptomatic or functional gains. Such care should be re-evaluated and documented with each series of treatments."

ADDITIONAL COMMENTS:

If I do not receive an objection letter in 5 days we will assume that the treatment has been authorized.

CCR9792.6© Utilization Review Standards require that upon receipt of a written request for authorization, an insurer shall issue a written authorization, denial, or notice of delay of decision to the health care provider, which shall be transmitted or placed in the U.S. mail no later than five (5) working days after the insurer's receipt of the request and any necessary supporting documentation of the request, and shall include the name and phone number of a responsible contact person. A notice of delay shall state what additional information is required to make a decision regarding the request.

DISCLOSURE NOTICE:

(1) DECLARATION UNDER PENALTY OF PERJURY "I declare under penalty of perjury that the information contained in this report and its attachment, 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."

Also, "I declare under penalty of perjury that I have not violated Labor Code 139.3, and that I have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation."

Sincerely,

A handwritten signature in black ink, appearing to read 'Alex Lee', with a stylized flourish at the end.

Alex Lee, LAc, PhD

ACUPUNCTURE TREATMENT SOAP NOTE

Patient Name: Alfredo Cordero Rojas	Patient ID: 6934	DOB: 06/03/1970	Gender: M
Patient Address: 758 Rose Ave Apt 110, Long Beach, CA 90813			
Claims Administrator: Farmers Insurance - MAIN			DOI: CT: 06/08/2017 - 01/14/2025;
Claim Number: 7008656982-1	Employer: Taco Surf Inc , 16281 Pacific Coast Highway, Surfside, CA 90743		
Referring Provider:			

Treatment Ordered

- | | | |
|--|---|--|
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| <input type="checkbox"/> Thoracic Pain | <input type="checkbox"/> Shoulder Pain - LT | <input type="checkbox"/> Hip Pain - LT |
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Contraindications

Pain level on last MD evaluation:

☐ 0
 ☐ 1
 ☐ 2
 ☐ 3
 ☐ 4
 ☐ 5
 ☒ 6
 ☐ 7
 ☐ 8
 ☐ 9
 ☐ 10

Pain since last treatment:

☐ Same
 ☐ Improved
 ☐ Worsened

Quality:

☐ Dull
 ☐ Sharp
 ☐ Achy
 ☐ Burning
 ☐ Throbbing
 ☐ Shooting
 ☐ Incapacitating
 ☐ Stabbing
 ☐ Pulsing
 ☐ Stinging
 ☒ Sore
☒ Tender
 ☐ Piercing
 ☐ Tight
 ☐ Unbearable
 ☐ Cramping

Frequency:

☒ Constant
 ☐ Frequent
 ☐ Intermittent
 ☐ Occasional

Severity:

☒ 0
 ☐ 1
 ☐ 2
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Symptoms:

☐ Radiation
 ☒ Numbness
 ☒ Tingling
 ☐ Swelling
 ☐ Other:

Objective:

Swelling: Strength: ☐ Weak ☐ Strong ☒ Limited by pain

Spasm:

Tenderness: Other:

Assessment:

☐ Qi Stagnation
 ☐ Blood Stagnation
 ☒ Qi & Blood Stagnation
 ☐ Qi/Yang xu
 ☐ Blood/Yin xu

Protocols:

Side:

☐ Move Qi
 ☐ Move Blood
 ☒ Move Qi & Blood
 ☐ Nourish Yin
 ☐ Nourish Yang
 ☐ Descend Qi & Blood
 ☐ Ascend Qi & Blood

Acupuncture Treatment :

(97026) Infrared (97810) Manual Acupuncture 15 min (97811) Re insert Manual Acupuncture add 15 min

FOR UTILIZATION REVIEW AND STATUS CALLS PLEASE CALL (562) 984-5505


Provider Name: Alex Lee, LAc, PhD

State Lic. #AC14153

Executed at: 1145 E. San Antonio Dr. Ste.B, Long Beach, CA 90807-2379

Phone: (562) 984-5505 Date: 08/07/2025

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 ☐ 3
 ☐ 4
 ☐ 5
 ☒ 6
 ☐ 7
 ☐ 8
 ☐ 9
 ☐ 10

Pain since last treatment:

☐ Same
 ☐ Improved
 ☐ Worsened

Quality:

☐ Dull
 ☐ Sharp
 ☐ Achy
 ☐ Burning
 ☐ Throbbing
 ☐ Shooting
 ☐ Incapacitating
 ☐ Stabbing
 ☐ Pulsing
 ☐ Stinging
 ☒ Sore
☒ Tender
 ☐ Piercing
 ☐ Tight
 ☐ Unbearable
 ☐ Cramping

Frequency:

☐ Constant
 ☒ Frequent
 ☐ Intermittent
 ☐ Occasional

Severity:

☒ 0
 ☐ 1
 ☐ 2
 ☐ 3
 ☐ 4
 ☒ 5
 ☐ 6
 ☐ 7
 ☐ 8
 ☐ 9
 ☐ 10

Symptoms:

☐ Radiation
 ☒ Numbness
 ☒ Tingling
 ☐ Swelling
 ☐ Other:

Objective:

Swelling: Strength: ☐ Weak ☐ Strong ☒ Limited by pain

Spasm:

Tenderness: Other:

Assessment:

☐ Qi Stagnation
 ☐ Blood Stagnation
 ☒ Qi & Blood Stagnation
 ☐ Qi/Yang xu
 ☐ Blood/Yin xu

Protocols:

Side:

☐ Move Qi
 ☐ Move Blood
 ☒ Move Qi & Blood
 ☐ Nourish Yin
 ☐ Nourish Yang
 ☐ Descend Qi & Blood
 ☐ Ascend Qi & Blood

Acupuncture Treatment :

(97026) Infrared (97810) Manual Acupuncture 15 min (97811) Re insert Manual Acupuncture add 15 min

FOR UTILIZATION REVIEW AND STATUS CALLS PLEASE CALL (562) 984-5505


Provider Name: Alex Lee, LAc, PhD

State Lic. #AC14153

Executed at: 1145 E. San Antonio Dr. Ste.B, Long Beach, CA 90807-2379

Phone: (562) 984-5505 Date: 08/18/2025

☒ 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


Provider Signature

ACUPUNCTURE TREATMENT SOAP NOTE

Patient Name: Alfredo Cordero Rojas	Patient ID: 6934	DOB: 06/03/1970	Gender: M
Patient Address: 758 Rose Ave Apt 110, Long Beach, CA 90813			
Claims Administrator: Farmers Insurance - MAIN			DOI: CT: 06/08/2017 - 01/14/2025;
Claim Number: 7008656982-1	Employer: Taco Surf Inc , 16281 Pacific Coast Highway, Surfside, CA 90743		
Referring Provider:			

Treatment Ordered

- | | | |
|---|---|--|
| <input type="checkbox"/> Cervical Pain | <input type="checkbox"/> Shoulder Pain - RT | <input type="checkbox"/> Hip Pain - RT |
| <input type="checkbox"/> Thoracic Pain | <input type="checkbox"/> Shoulder Pain - LT | <input type="checkbox"/> Hip Pain - LT |
| <input checked="" type="checkbox"/> Lumbar Pain | <input type="checkbox"/> Elbow Pain - RT | <input type="checkbox"/> Knee Pain - RT |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Elbow Pain - LT | <input type="checkbox"/> Knee Pain - LT |
| | <input type="checkbox"/> Wrist Pain - RT | <input type="checkbox"/> Ankle Pain - RT |
| <input type="checkbox"/> Finger(s) Pain - LT | <input type="checkbox"/> Wrist Pain - LT | <input type="checkbox"/> Ankle Pain - LT |
| <input type="checkbox"/> Finger(s) Pain - RT | <input type="checkbox"/> Hand Pain - RT | <input type="checkbox"/> Foot Pain - RT |
| | <input type="checkbox"/> Hand Pain - LT | <input type="checkbox"/> Foot Pain - LT |

Contraindications

Pain level on last MD evaluation:

☐ 0
 ☐ 1
 ☐ 2
 ☐ 3
 ☐ 4
 ☐ 5
 ☒ 6
 ☐ 7
 ☐ 8
 ☐ 9
 ☐ 10

Pain since last treatment:

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Quality:

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Contraindications

Pain level on last MD evaluation:

☐ 0
 ☐ 1
 ☐ 2
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| <input type="checkbox"/> Finger(s) Pain - RT | <input type="checkbox"/> Hand Pain - RT | <input type="checkbox"/> Foot Pain - RT |
| | <input type="checkbox"/> Hand Pain - LT | <input type="checkbox"/> Foot Pain - LT |

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 ☐ 1
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Provider Signature