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October 25, 2019

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**AGREED MEDICAL EVALUATION**

RE: **BARDAKJIAN, STEEVIO**  
D/I: **07/03/2018**  
EMP: **Olive View Medical Center**  
CLAIM #: **219-00110-B**  
WCAB #: **ADJ11540526**

To All Parties Involved:

I, the undersigned, examined Mr. Steevio Bardakjian as an Agreed Medical Examiner. I examined Mr. Bardakjian in my Sherman Oaks, California office today, October 25, 2019. My evaluation addressed this patient's orthopaedic complaints. The complexity factors of this report include review of **extensive medical records**, requiring 4-1/2 hours for review, **direct face-to-face time** of 1-1/4 hours, and addressing complex issues of **causation** and **apportionment**. Physician dictation and editing time spent in preparation of this Medical-Legal report, including typing and transcription required 2-3/4 hours.

**OCCUPATIONAL DESCRIPTION AND WORK HISTORY WITH OLIVE VIEW MEDICAL CENTER**

Mr. Bardakjian informed the undersigned that his occupational title at the time of the injury was of a nurse manager. Mr. Bardakjian states that his job duties as nurse manager involved performing clinical project manager duties in the IT department, which entailed overseeing staff and projects, mostly administrative, attending to meetings, answering the phone and emails, data entry/computer work, and driving twice a week for meetings.

Mr. Bardakjian stated that in an eight-hour workday, he would reach, twist, bend, squat, crawl, kneel, and lift up to one-third of the day, sit, stand, walk, grip up to two-thirds of the day, type up to more than two-thirds of the day. The lifting requirements were 10-50 lbs. The work surface consisted of cement, tile, and carpet.

Mr. Bardakjian commenced employment with Olive View Medical Center in July 1999. A pre-employment physical examination was performed. Radiographs were not taken. Mr. Bardakjian commenced employment with no restrictions imposed.

**HISTORY OF PRESENT ILLNESS**

Mr. Bardakjian is a 49-year-old male Nurse Manager employed by the Los Angeles County Department of Health Services/Olive View Medical Center who reportedly experienced a specific industrial injury on July 3, 2018, during the course of his usual and customary duties.

Mr. Bardakjian states that on July 3, 2018 at 9:30 am, he was refurbishing an administrative office installing new computers. He states that as he reached down to one of the desks to look at a network, he experienced a "snap" of the right lumbar spine, which reportedly felt like a rubber band tearing. Mr. Bardakjian states that he sat down to rest for a minute. He then proceeded to his trailer. He states that on the way to his trailer, approximately 10-15 minutes after the "snap", he states that he began limping as his right leg felt achey and weak.

Mr. Bardakjian informed his supervisor. Mr. Bardakjian reports he was told by his supervisor to go home to rest. He states that he proceeded home to rest. By the afternoon his pain increased, therefore he self-treated with Motrin. Mr. Bardakjian states that that night he awakened with severe stabbing, pulling, and burning radiating pain from the right lower back distally to his right leg and ankle. He reports that he also experienced numbness and tingling throughout his entire right leg. Mr. Bardakjian reports that at that time his fiancée had Norco available from her separate post-operative care. He states that he took two Norco, which reportedly helped decrease his pain.

Mr. Bardakjian reports that he continued taking Norco until he ran out on July 8, 2018. At the time, he states that he called his best friend who transported him to Henry Mayo Clinic in Santa Clarita. He was reportedly treated with IV steroids. He was prescribed Percocet.

Mr. Bardakjian states that the following Monday, he was evaluated at Facey Medical Group Industrial Clinic. At the time, he was reportedly evaluated and was referred to Henry Mayo Hospital for an emergency MRI of the lumbar spine.

Mr. Bardakjian states that he was evaluated at Henry Mayo Hospital, underwent the recommended MRI of the lumbar spine, and was provided with IV morphine and Ativan. He states that he was diagnosed with two herniated discs and 8-10 mm compression from L5-S1. It was reportedly recommended he be evaluated by a spine surgeon.

Mr. Bardakjian reports that two weeks after his visit to Henry Mayo Hospital, he was evaluated by spine surgeon, Dr. Barcohana, who reportedly recommended that he undergo emergency spine surgery.

Mr. Bardakjian states that in August of 2018 his right leg gave way while descending the stairs, injuring his knee. Mr. Bardakjian states that he attempted to self-treat his right knee with activity avoidance ice and elevation.

Mr. Bardakjian reports that he sought legal counsel. He continued treating with Dr. Barcohana, who reportedly performed lumbar spine discectomy from L3-L5 and decompression in September 2018. However, he does not recall the date of the surgery.

Ms. Bardakjian states that his pain decreased after the surgery; however, after the surgery his right leg numbness and tingling continued. He reportedly lost all muscle tone. He states that he underwent postoperative physical therapy two months post-surgery.

Ms. Bardakjian reports that he began attending aqua therapy the first week of November and underwent five sessions as well as a home exercise program. He states that he then underwent eight sessions of "land therapy", one session a week. Mr. Bardakjian reports 3-4 months post-surgery, he was able to ambulate with the help of a cane and without the walker.

Mr. Bardakjian reports that in late November 2018, he underwent an updated MRI of his lumbar spine, which reportedly revealed continued compression of L4-5. He states that he was told by Dr. Barcohana that the next step was to undergo a lumbar spine fusion.

Mr. Bardakjian states that he transferred his care and began treating with Phillip Conwisar, M.D. in January or February 2019. He states that he was referred by Dr. Conwisar to pain management and began treating with Dr. Rohan.

Mr. Bardakjian reports that he was referred to chiropractic treatment and acupuncture, and underwent five sessions, which he states did not provide benefit.

Mr. Bardakjian states that Dr. Rohan performed a lumbar spine epidural steroid injection, which he states provided reduced pain for two days.

Mr. Bardakjian states that his pain, numbness, and tingling have improved with pain medication. The numbness and tingling radiating down the right leg has reportedly decreased by 40-50%.

Mr. Bardakjian states that he underwent an updated MRI of his lumbar spine in early October 2019, which reportedly continued to show compression. He states that he was referred to Edwin Haronian, M.D. He is scheduled for an appointment in November 2019.

Mr. Bardakjian reports that he continues to follow up with Dr. Rohan every four weeks. He was last evaluated by Dr. Conwisar in early October 2019.

**ADDITIONAL WORK INJURIES**

Denied.

**SIMULTANEOUS EMPLOYMENT**

Denied.

**SUBSEQUENT EMPLOYMENT HISTORY**

Denied.

**NON-WORK RELATED INJURIES TO THE SAME BODY PARTS AS TODAY'S EXAMINATION**

Denied.

**PRIOR EMPLOYMENT HISTORY**

Denied.

**MILITARY DUTY**

Denied.

**INCARCERATION**

Denied.

**PAST MEDICAL HISTORY**

**Childhood Illnesses**

Denied.

**Childhood Injuries**

Denied.

**Adult Illnesses**

Mr. Bardakjian has a history of adult onset diabetes mellitus.

**Surgeries**

Mr. Bardakjian is status post L3-L5 microdiscectomy of August 2018.

**Hospitalizations Other Than For Surgeries**

Denied.

**OFF WORK ACTIVITIES**

Mr. Bardakjian states that he can no longer walk his dog, bike, hike, and play tennis or soccer.

**PRESENT COMPLAINTS**

In reference to his lumbar spine Mr. Bardakjian complains of constant aching pressure like pain, located on the right side of the lumbar spine. The pain radiates down to the right hip and down to the shin, just above the ankle, accompanied by numbness and tingling. His symptoms are aggravated with any prolonged positions for more than 15 minutes, twisting of the torso, any lifting, pushing, and pulling, sleeping on the left side.

**ACTIVITIES OF DAILY LIVING**

Mr. Bardakjian states that his pain interferes with his ability to walk one block, lift more than ten pounds, sit or stand for 1/2 hour, travel up to 1 hour by car, type or write and get enough sleep to a severe degree.

Mr. Bardakjian states that he must limit his activities to a severe degree in order to prevent his pain from getting worse

Mr. Bardakjian states that his pain interferes with his ability to participate in social activities to a severe degree including not being to spend time outside with his family, unable to travel, meet up with his friends, cannot play tennis, hike or ride his bike.

Mr. Bardakjian states that his pain interferes with his daily activities to a severe degree including difficulties walking, grooming, cooking, washing dishes, taking care of his family or pets, doing many household chores, gardening and working on the car.

Mr. Bardakjian states that his pain interferes with his interpersonal relationship to a severe degree including being unable to be intimate with his partner due to the pain, unable to be physically or socially active with his partner.

Mr. Bardakjian states that his pain interferes with his ability to do jobs in the home to a severe degree including difficulties cooking, cleaning, taking out the trash, managing his garage, and managing his household and gardening.

Mr. Bardakjian states that his pain interferes with his ability to shower and bathe to a severe degree including not being able to move freely, unable to bend down enough, has to take breaks due to the pain and has difficulties washing lower portion of the body.

Mr. Bardakjian states that his pain interferes with his ability to dress himself to a severe degree including having difficulties bending over to put on sock or shoes, putting on his pants, he states that he constantly has to ask for help with many activities including dressing himself.

Mr. Bardakjian states that his pain interferes with his sexual activities to a severe degree he states that it is almost impossible to be physically intimate with his partner due to the pain in his back and right knee.

Mr. Bardakjian states that his pain interferes with his ability to concentrate to a severe degree he states that his work demands full attention and focus in order to do his job correctly, but unfortunately it is extremely difficult to focus at times with the constant pain in his back and knee.

**MEDICAL RECORD REVIEW**

09/20/18: Employee's Claim for Workers' Compensation Benefits and Application for Adjudication of Claim. DOI: 07/03/18. Mr. Steevio Bardakjian's DOB is 05/23/70. He is employed by Olive View Medical Center as a RN/IT Project Manager. He was standing up from under a desk and injured his back.

09/24/18: Application for Adjudication of Claim. DOI: 07/03/18. Mr. Bardakjian works as a RN/IT Project Manager for Olive View Medical Center. . He was standing up from under a desk and injured his back.

**REVIEW OF RECORDS:**

01/11/13: Podiatry Consultation, Shohreh Sayani, DPM. Facey Medical Group. Patient was seen for bilateral foot pain. Two months prior, he went to the gym and used the elliptical machine for 45 minutes. The next day he began to have bilateral heel pain, pain to the forefoot second metatarsal interspace. He uses ice and super feet. PMH: diabetes mellitus; hyperlipidemia; HTN. He was working part time as a nurse manager. MEDS: Lisinopril; Simvastatin; Metformin; Glipizide. EXAM: There was a slight pronated gait. There was pain on palpation over the posterior tibial nerve with positive Tinel's of the bilateral feet. Pain on palpation of the medial calcaneal nerve of the bilateral feet was noted. Positive inflammation of the second metatarsal interspace of the bilateral feet was noted.

**2014 RECORDS:**

01/29/14: Physical Medicine and Rehabilitation Evaluation, Robert Gazmarian, M.D. Southern California Orthopedic Institute (SCOI). Patient was seen for constant 8/10 low back pain radiating down the lower extremity; bilateral foot pain. Exam of the lumbar spine was WNL. Tinel's of the bilateral medial ankle was positive. X-rays of the lumbar spine was taken in the office on 01/29/14 which revealed moderately decreased disc spaces. Undated MRI of the lumbar spine showed moderate to severe foraminal narrowing at L4-5. IMPRESSION: 1) Bilateral tarsal tunnel syndrome. 2) L4-5 foraminal stenosis. PLAN: Activity modification; Mobic; Medrol Dosepak; electrodiagnostic testing; possible ESI: F/U in 2 weeks.

02/26/14: EMG and NCV studies of the lower extremities, Robert Gazmarian, M.D. IMPRESSION: Normal exam. PLAN: MRI pelvis; neuro and vascular consults.

02/298/14: MRI scan of the pelvis without contrast, Robert K. Lee, M.D. Southern California Orthopedic Institute (SCOI) Center for MRI. Referred by Dr. Gazmarian. IMPRESSION: The sciatic nerve outlet was unremarkable. Bilateral HIP degenerative changes including paralabral cyst along the posterosuperior right hip labrum consistent with underlying labral tear. Degenerative changes of the lumbar spine including annular disc bulge which may be correlated to a direct lumbar study given concern for radiculopathy. A 5 mm cystic focus posteriorly may relate to a small pilonidal cyst. Clinical correlation was recommended.

03/05/14: Physical Medicine and Rehabilitation Progress Note, Dr. Gazmarian. Reviewed was the MRI scan of the pelvis dated 02/28/14. DIAGNOSIS: Bilateral foot pain, possible electronegative tarsal tunnel syndrome. PLAN: Activity modification; cortisone injection; surgical consult.

03/12/14: MRI scan of the left ankle without contrast, Gregory Applegate, M.D. Southern California Orthopedic Institute (SCOI). Center for MRI. Referred by Dr. Gazmarian. IMPRESSION: The tarsal tunnel region including the medial and lateral plantar nerves and the overlying retinaculum have a normal intact appearance. Incidental noted was made of a non-edematous accessory type II navicular.

**2018 RECORDS:**

07/08/18: ER Report, Erick Armijo, M.D. Henry Mayo Newhall Memorial Hospital. Patient had 10/10 low back pain x4 days. He was at work when he bent over to pick something up and felt a pinch and pop and began having severe pain to the right lower lumbar region with radiation to the right posterior ankle. IV hydromorphone, Ketorolac, dexamethasone, Dilaudid and Flexeril was given. Exam was normal. IMPRESSION: Acute lumbar radiculopathy. PLAN: MRI; Naproxen; hydrocodone/acetaminophen.

07/10/18: Treatment Authorization Note, Linda Miranda, UCLA Medical Center. DOI: 07/03/18 back pain. Treatment for an industrial injury was authorized.

07/10/18: Doctor's First Report of Occupational Injury or Illness and Urgent Care Note, Pedro Lopez, M.D. On 07/03/18, patient was at work under a desk and when he got up he heard a popping sound in his lower back. He took Norco. He went to an ER. On 07/09/18, he noted numbness in his RLE. ROS: dizziness; numbness and weakness right lower leg; headaches. EXAM: Patient was using a cane. There was dullness to pinprick test at the right L4-5 dermatome. DIAGNOSIS: Lumbar radiculopathy, acute. PLAN: Go to ER for an immediate MRI of the lumbar spine; defer to Pain Management.

07/10/18: ER Report, Robert Casey, M.D. Henry Mayo Newhall Memorial Hospital. Patient's right lower back pain radiating down the right leg with numbness and weakness began on 07/03/18 when he bent over to pick something up at work and felt pinching and popping in his low back with persistent right lower back pain since with radiating pain down the back of the leg to the right ankle, and numbness in the RLE distal to the knee. EXAM: He was using a cane. There was decreased sensation distal to the right knee. Strength was decreased in the toes of the right foot. Lab work was done. MRI scan of the lumbar spine without contrast was performed. IV morphine was given. The case was discussed with Dr. Mark Liker who was on call for neurosurgery. IMPRESSION: Acute low back pain; lumbago with sciatica, right side. PLAN: f/u with neurosurgery; Methylprednisolone; Oxycodone/acetaminophen.

07/10/18: MRI scan of the lumbar spine without contrast, Richard L. Goldman, M.D. Henry Mayo Newhall Memorial Hospital. Ordered by Dr. Casey. Compared with MR L/S 01/21/14. Impression: There was slight progression of L4-5 which now included a 5 mm resulting in moderately severe central spinal stenosis. There was a congenitally small central spinal canal resulting in unchanged moderate L3-4 central spinal stenosis.

07/17/18: Workers' Compensation Progress Note, Riba Pemba, M.D. Facey Occupational Medicine Center. F/U for RLE pain. MRI was done. Patient was unable to extend the spine because of pain and discomfort. EXAM: Patient was using a cane. There was discomfort of the right paraspinal muscle.

SLR was positive on the right. There was numbness of the web of the great toe. ASSESSMENT: L4-5 radiculopathy. PLAN: Transfer to spine specialist; continue Oxycodone. WORK STATUS: TTD.

07/27/18: Orthopedic Consultation, Babak Barcohana, M.D. Southern California Orthopedic Institute (SCOI). DOI: 07/03/18. Patient's history of injury and subsequent treatment is reviewed. Patient works as a RN FOR L.A. County Dept. of Health Services since 1999. He last worked on 07/03/18. SPORTS: Biking; walking; hiking prior to the injury. MEDS: PERCOSET; Metformin; Naproxen; Metamucil; herbal meds. PMH: diabetes. CURRENT COMPLAINTS: low back pain; severe right leg pain. He used crutches and a cane. EXAM: Height 5'11". Weight 208 lbs. Patient had severe right leg antalgic gait. He was hunched forward. He was unable to heel or toe walk on the right leg. Sensation was diminished in the dorsal aspect of the right foot, lateral and medial right calf. SLR was positive on the right at 0 degrees as he was unable to extend the knee or hip. There was 3/5 strength in the right tibialis anterior and EHL, and 4/5 strength in the gastrocs. X-rays of the lumbar spine was taken in the office showing straightening of the lumbar lordosis and lumbar spondylosis. MRI of the lumbar spine dated 07/10/18 was reviewed. DIAGNOSES: Right L3-4 and L4-5 disc herniations with severe radiculopathy and weakness; diabetes. PLAN: Right L3-4 and L4-5 microdiscectomy on an urgent basis. WORK STATUS: TTD.

07/30/18: Urgent Care Progress Note, Linda Ugochukwu, M.D. Facey Medical Foundation F/U work injury, low back pain. ASSESSMENT: 1) Essential HTN. 2) Herniation of intervertebral disc of lumbar spine. PLAN: Catapres; Percocet; f/u with spine surgeon; f/u with PCP.

08/01/18: Authorization Letter. Regina Diaz, Claims Examiner, Tristar. STAT lumbar microdiscectomy right L3-4, L4-5 surgery was authorized.

08/02/18: Preoperative Cover Sheet. Patient was cleared for surgery.

08/06/18: Operative Report, Babak Barcohana, M.D. Valley Presbyterian Hospital. PRE/POST OP DX: Right L4 stenosis. Right L4-5 stenosis with herniated disc. Right lumbar radiculopathy. PROCEDURE: Right L3-4 decompression with decompression of L3 and L4 nerve roots for stenosis. Right

L4-5 decompression and discectomy. Use of operative microscope. Lateral localizing films x2.

08/16/18, 10/04/18: Orthopedic Progress Notes, Esther Kishimoto, PAC and Dr. Barcohana. CURRENT COMPLAINTS: back pain and weakness in the right leg, improved. PLAN: Percocet; pool therapy. WORK STATUS: TTD.

10/22/18, 10/26/18, 10/29/18: Physical Therapy Notes, Southern California Orthopedic Institute (SCOI), three visits for the lumbar spine.

11/08/18: MRI scan of the lumbar spine with and without contrast, Laura Applegate, M.D. Southern California Orthopedic Institute (SCOI). Center for MRI and CT. Ordered by Dr. Barcohana. Hx: low back pain radiating down the right leg with numbness and tingling. Compared with 07/10/18 study. IMPRESSION: 1) L4-5 showed a 4 mm central extrusion with mildly flattened thecal sac. There was enhancing granulation tissue within the right hemilaminectomy site within the posterior canal and within the right lateral recess without obvious nerve root impingement. Disc bulge extending into the right neural foramen moderately to severely narrowed the right neural foramen impinging the right L4 nerve root, progressive since the previous. There was no recurrent disc herniation within the right lateral recess. Left sided disc bulge extending to the left neural foramen with facet hypertrophy moderate to severely narrowed the left neural foramen impinging the left L4 nerve root, similar to previous. There was mild underlying congenital spinal stenosis. 2) L3-4 SHOWED a 3 MM disc bulge. There was a right hemilaminectomy. There was enhancing granulation tissue within the lateral canal and hemilaminectomy site. There was mild residual canal stenosis. Right sided disc bulge mild to moderately narrowed the right and mildly narrowed the left neural foramen. 3) L2-3 showed a 1 mm disc bulge and slight facet hypertrophy without canal or foraminal stenosis. 4) Underlying congenital spinal stenosis.

11/15/18: Orthopedic Progress Note, Esther Kishimoto, PAC and Dr. Barcohana. CURRENT COMPLAINTS: Pain and weakness in the right leg. Patient was attending aqua therapy with improvement. WORK STATUS: MRI scan of the lumbar spine dated 1108/18. Plan: Percocet. WORK STATUS: TTD.

**2019 RECORDS:**

02/14/19: Primary Treating Physician's Doctor's First Report of Occupational Injury or Illness, Philip H. Conwisar, M.D. DOI: 02/14/19. Patient is employed by Olive /vie Medical Center as a RN IT Project Manager since July 1999. Patient's history of injury and subsequent treatment is reviewed. CURRENT COMPLAINTS: constant low back pain with stiffness, popping, numbness in the right lower back, with radiating pain to the right buttock, knee, leg to the ankle; right knee soreness; constant right leg pain; intermittent squeezing sensation pain in the left leg with cramping with pain radiating to the left calf and toes. SUBSEQUENT INJURIE: In August 2018, he fell from some stairs injuring his right knee. He used an ice pack and elevated his right leg. He fell twice since surgery and injured his right knee. He had residual symptoms. EXAM: There were healed incisions over the lumbar spine. He ambulated with an antalgic gait limping on the right. He used a cane. There was flattened lumbar lordosis. There was slight tenderness of the lumbar paravertebral muscles. Range of motion of the lumbar spine was limited by pain. SLR was to 40 degrees on the right with low back pain and 60 degrees on the left without pain. Motor testing was 4+/5 with right knee extend, right ankle dorsiflexion and right great toe extension. Sensation was decreased L4 and L5 regions. Reviewed was MRI scan of the lumbar spine dated 07/10/18 and 11/08/18. DIAGNOSES: 1) S/P lumbar spine surgery, apparently hemilaminotomy/microdiscectomy L3-4, L4-5. 2) Recurrent disc herniation, L4-5. 3) Lumbar radiculopathy. Plan: electrodiagnostic of the lower extremities; Pain Management; Percocet. WORK STATUS: TTD.

03/10/19: PR-2 Report, Dr. Conwisar. Patient's symptoms AND treatment plan were unchanged. WORK STATUS: TTD.

04/16/19: Pain Management Consultation, Kevin Kohan, M.D. Universal Pain Management. DOI: 07/03/18. Patient's history of injury and subsequent treatment is reviewed. C/O low back and right leg/hip pain. Exam was noted. PLAN: chiropractic treatment; acupuncture; Lyrica; urine drug test; Percocet. WORK STATUS: per PTP.

04/19/19: PR-2 Report, Dr. Conwisar. C/o severe low back pain to the lower extremities. PLAN: electrodiagnostic studies of the lower extremities. WORK STATUS: Return to work on 04/22/19 with no repetitive bending, stooping,

pushing/pulling or lifting over 10 pounds; no weight bearing for her than 30 minutes per hour; telecommute 25% of the time.

05/20/19: Pain Management, Kevin Kohan, D.O. Patient's symptoms were unchanged. Percocet was refilled.

06/20/19: EMG and NCV studies of the right lower extremity, Shahriar Bamshad, M.D. Referred by Dr. Conwisar. **IMPRESSION:** Peripheral polyneuropathy. Chronic neuropathic changes in the bilateral L4 and L5 distribution, with very occasional active denervation potential on the right.

07/01/19, 07/23/19: Pain Management Pain Management Progress Notes, Kevin Kohan, D.O. **CURRENT COMPLAINTS:** low back and right leg pain. **PLAN:** Percocet; ESI; home exercise program.

Also included in the submitted medical records are various forms and duplicate reports.

**PHYSICAL EXAMINATION**

Height: 5'11"  
Weight: 220 lbs  
BP: 195/118  
Pulse: 106  
RR: 20

**General Appearance**

Physical examination revealed a well-nourished, well-developed male who appeared his stated age. The patient appeared comfortable during history taking. He arose without hesitation or support. At the time of examination, the patient was not wearing or using a collar, brace, or prosthetic device.

**EXAMINATION OF THE BACK AND LOWER EXTREMITIES**

There was no evidence of scoliosis. There was normal kyphosis, lordosis, posterosuperior iliac spine, and extremity alignment. Mr. Bardakjian ambulated with antalgia. Mr. Bardakjian had difficulty with heel walking and toe walking. He was unable to hop or squat. There was

a 5 cm midline lumbar surgical scar. I found no evidence of muscle spasm. There was no evidence of swelling.

There was midline and right-sided sacral and sciatic notch tenderness. There was no tenderness of the trochanters, thighs, calves, sacrum, sacroiliac joints, coccyx, iliac crest or pain with pelvic compression.

#### Range of Motion

<u>Range of Motion of the Back</u>	<u>Degrees of Motion</u>	<u>Normal</u>	
Flexion	27°	60°	
Extension	6°	25°	
Lateral Flexion - Right	13°	25°	
Lateral Flexion - Left	8°	25°	
<u>Knee</u>	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Flexion	98°	104°	135°
Extension	-59°	-52°	180°

#### Neurologic Examination

Straight leg raising (seated and supine) and Bragard's test (Laségue's test) were positive bilaterally. Cross straight leg raising was unremarkable. Patrick's test (FABERE) was positive on the right hemipelvis. Deep tendon reflexes (patellar and Achilles) were 0/2+ and symmetric bilaterally. Babinski's sign was negative. Vibratory sensation and sensation to pinprick were normal bilaterally. There was no evidence of clonus. There was normal proprioception.

<u>Two-Point Discrimination</u>	<u>Right Foot</u>	<u>Left Foot</u>
Medial column	14 mm	15 mm
First dorsal webspace	15 mm	15 mm
Lateral column	15 mm	14 mm
Plantar	15 mm	15 mm

#### Waddell Test

Waddell testing was normal in all phases.

**Vascular Examination**

Color, temperature, differentiation, hair growth, and nail health were normal bilaterally. There were no varicosities. Pulses (dorsalis pedis, posterior tibial, popliteal, and femoral) were normal bilaterally.

**Muscle Strength**

Knee flexion and extension were 2+ to 3-/5 on the right and 4/5 on the left. Ankle flexion and extension were 4/5 on the right and 5/5 on the left. Subtalar inversion and eversion were 5/5 bilaterally. EHL function was 1/5 on the right and 5/5 on the left.

**Knee Examination**

Examination of the knees revealed soft tissue fullness and mild effusion of the right knee. There was medial, posteromedial and posterior tenderness to palpation of the right knee. Popliteal space, patellar tracking and patellar mechanism were normal bilaterally. There was no crepitus upon extension or flexion and there was no patellar grinding bilaterally.

**Knee Joint Stability**

Joint stability was normal in medial, lateral, anterior drawer, posterior drawer, Slocum test, anterolateral, posterolateral, Lachman test and pivot shift.

**Knee Tests**

Quadriceps inhibition test, patellar apprehension test, and McMurray's test were negative. Apley's grind test was positive in the right knee. Deep knee bending and duck Waddle testing could not be performed.

**Measurements**

	<u>Right</u>	<u>Left</u>
Thigh (5" from the superior pole of the patella with the patient resting the leg on the table)	48 cm	49 cm

Calf (5" from the lower pole  
of the patella with the  
patient resting the leg  
on the table) 43 cm 41 cm

**RADIOGRAPHS**

Radiographs of the lumbar spine were obtained in my Sherman Oaks, California office and were interpreted by me. My findings are as follows:

**Lumbar Spine**

Radiographs of the lumbar spine revealed evidence of loss of normal lumbar lordosis with calcification of the anterior longitudinal ligament. There was diffuse vertebral endplate sclerosis and irregularity. Otherwise, there was no evidence of spondylolisthesis, spondylosis, fracture, dislocation, or loss of motion segment integrity.

**DIAGNOSES**

1. Lumbar Strain status post Lumbar Hemilaminotomy and L3-L4 Microdiscectomy with recurrent L4-L5 Disc Herniation and Radiculopathy.
2. Internal Derangement of Right Knee.

**DISCUSSION**

This is a 49-year-old male Nurse Manager employed by the Los Angeles County Department of Health Services/Olive View Medical Center who experienced an industrial injury of July 3, 2018 as a result of which he experienced a lumbar disc herniation.

Mr. Bardakjian was evaluated on July 10, 2018 by Pedro Lopez, M.D. who documented findings consistent with lumbar radiculopathy including loss of sensory function in the L4-L5 dermatome.

Mr. Bardakjian was followed thereafter and seen again in the emergency room by Robert Casey, M.D. at Henry Mayo Newhall Memorial Hospital on July 10, 2018 with documentation of radiating pain and sensory deficit in his right lower extremity. The diagnosis again was sciatica. Corticosteroid and analgesic medications were prescribed.

On July 10, 2018, an L4-L5 disc herniation was documented. Subsequently, Mr. Bardakjian was evaluated by Babak Barcohana, M.D. Dr. Barcohana documented right L3-L4 and L4-L5 disc herniations. Subsequently, Mr. Bardakjian underwent an August 6, 2018 right L3-L4 decompression with decompression of L3 and L4 nerve roots and right L4-L5 decompression and discectomy.

Despite undergoing surgery, Mr. Bardakjian remained symptomatic. Mr. Bardakjian provides a history that he fell at home in August 2018 and experienced an injury in reference to his right knee. Mr. Bardakjian self-treated his right knee condition with ice and elevation. Mr. Bardakjian states that he informed his physician of his continued pain and injury; however, the medical documentation does not include any reference to the right knee. Notwithstanding, examination reveals evidence of medial, posteromedial and posterior joint line tenderness of the right knee.

Currently, examination continues to reveal evidence of recurrent radiculopathy including positive straight leg raising maneuver in the right lower extremity both in seated and supine positions in conjunction with right gluteal and sciatic notch tenderness. Reflexes are bilaterally hypoactive. There is asymmetry of the lower extremities.

Given the evidence of recurrent disability, it is the conclusion of the undersigned that in all reasonable medical probability revision surgical intervention will be necessitated; however, given the circumstances it is the conclusion of the undersigned that an orthopaedic spine subspecialty consultation is indicated in order to document the appropriate approach and management in this case. Thus, the undersigned is referring Mr. Bardakjian for consultation to spine subspecialist, Sam Bakshian, M.D.

**PERMANENT AND STATIONARY STATUS**

Mr. Bardakjian has not yet achieved a permanent and stationary status.

**OBJECTIVE FINDINGS**

The objective findings of examination reveal evidence of tenderness of the lumbar spine with positive straight leg raising maneuver both in seated and supine positions. There is asymmetry with atrophy of the right lower extremity.

There is medial, posteromedial and posterolateral joint line tenderness of the right knee with soft tissue fullness and swelling and mild effusion consistent with internal derangement. There is no evidence of straight or rotatory instability.

**PERMANENT IMPAIRMENT**

Mr. Bardakjian has not yet achieved a permanent and stationary status. Thus, it is premature to discuss permanent impairment.

Mr. Bardakjian should currently be precluded from engaging in activities in reference to his lumbar spine including repetitive bending and stooping.

In reference to his right knee, Mr. Bardakjian should avoid activities that require prolonged standing, walking, squatting, and kneeling.

**CAUSATION AND APPORTIONMENT**

Based upon the history provided by Mr. Bardakjian and the available medical documentation, Mr. Bardakjian experienced a lumbar injury as a result of the incident of July 3, 2018. There is no other history of injury or illness, which would account for the findings in reference to his lumbar spine. Secondarily, within reasonable medical probability, Mr. Bardakjian experienced a right knee injury as a result of a fall, which he experienced secondary to his right knee giving way as a result of his back injury in August 2018. Mr. Bardakjian has not yet achieved a permanent and stationary status; thus, it is premature to discuss apportionment.

**CURRENT/FUTURE MEDICAL CARE**

As noted above, Mr. Bardakjian experiences what appears to be a recurrent radiculopathy in all probability secondary to a recurrent herniated nucleus pulposus. The undersigned has recommended subspecialty spine consultation in this circumstance.

Mr. Bardakjian also presents with evidence of internal derangement of his right knee based upon the injury that occurred secondary to his knee giving way as a result of his lumbar injury. Thus the knee condition is industrial in nature. Mr. Bardakjian requires management including an MRI study of his right knee following which recommendations will be made for management including probable arthroscopy.

**DISCLOSURE STATEMENT**

I declare under penalty of perjury that the information contained in this report and its attachments, 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.

I further declare under penalty of perjury that I personally performed the evaluation of the patient or, in the case of a supplemental report, I personally performed the cognitive services necessary to produce the report on October 25, 2019 at Sherman Oaks, CA and that, except as otherwise stated herein, the evaluation was performed and the time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6 of the California Labor Code. I further certify that any medical records reviewed in the preparation of this report were personally reviewed by myself, and may have been summarized in chronological order and/or transcribed by Marvin Brown, a certified medical-legal assistant.

I further declare under penalty of perjury that I have not violated the provision of California Labor Code 139.3 with regard to the evaluation of this patient or the preparation of this report.

I verify under penalty of perjury that the total time I spent on the following activities is true and correct:

- |  |             |
|--|-------------|
| a. Reviewing the records   | 4-1/2 hours |
| b. Face-to-face time with patient  | 1-1/4 hours |
| c. Preparation of medical-legal report<br>including typing and transcription | 2-3/4 hours |
| d. Total medical research  | hours       |

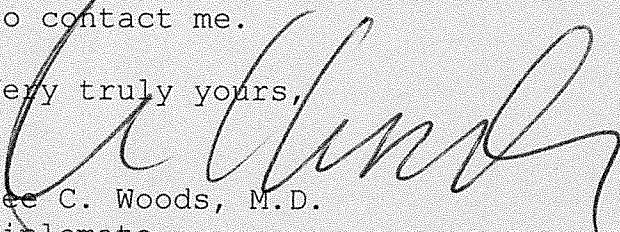
DATE OF REPORT October 25, 2019

Signed this 11th day of November, 2019

in Los Angeles County, California.

If I can be of further assistance, please do not hesitate to contact me.

Very truly yours,

  
Lee C. Woods, M.D.

Diplomate,  
American Board of Orthopaedic Surgery

LCW/sc/an

CC: Tristar Risk Management  
Post Office Box 7052  
Pasadena, California 91109

Attention: Regina Diaz, Claims Adjuster

**State of California**  
**DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT**

**AME or OME Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(i))**

Case Name: **BARDAKJIAN, STEEVIO** v **Olive View Medical Center**  
(employee name) (claims administrator name, or if none employer)

Claim No.: **219-00110-B** EAMS or WCAB Case No. (if any): **ADJ11540526**

I, Daniela Q., declare:  
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: 13113 Hadley Street Whittier, CA 90601
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

- A depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.
- B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
- C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
- D placing the sealed envelope for pick up by a professional messenger service for service. (*Messenger must return to you a completed declaration of personal service.*)
- E personally delivering the sealed envelope to the person or firm named below at the address shown below.

Means of service:  
(For each addressee,  
enter A – E as appropriate)

B  
B  
B  
\_\_\_\_\_

Date Served:

11/11/19  
11/11/19  
11/11/19  
\_\_\_\_\_

Addressee and Address Shown on Envelope:

Lewis Brishois Bisgaard, & Smith, LLP 633 West 5th Street, Suite 4000 Los Angeles, California 90071  
Kozdin, Fields, Sherry & Katz 6151 Van Nuys Blvd. Van Nuys, California 91401  
Tristar Risk Management Post Office Box 7052 Pasadena, California 91109  
\_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: November 11, 2019

Daniela Q.  
(signature of declarant)

Daniela Q.  
(print name)