

# RECORDS PROVIDED BY GEMINI

## Case Information

STEEVIO BARDAKJIAN vs. OLIVE VIEW MEDICAL CENTER

SSN: 554812130

DOB: 05/23/1970

Case Number: SIF11540526

Claim Number: SIF11540526

## Ship To:

Attn: Qualified Med Eval

## Record Information

Request Number: 1544102

Copy Date: 01/22/2025

Record Type(s): Medical

## Requested Location

LEE WOODS, DM

13113 Hadley St

Whittier CA 90601

## Verified Location

LEE WOODS, DM

13113 Hadley St

Whittier CA 90601



250 Technology Way, Rocklin, CA 95765

877.739.7481 | [clientsupport@gemini.legal](mailto:clientsupport@gemini.legal)



Gemini Legal Support, Inc., a professional photocopier organized and existing under the laws of the State of California has reviewed the attached records and attests that said records consist of 359 pages.

Executed on 01/26/2025, at Rocklin, California.

Respectfully,  
Gemini Legal Support, Inc.



REC-1544102

Records Subject: Steevio Bardadjian Date of Birth: 05/23/1970 SSN: XXX-XX-2130

000002

## DECLARATION OF CUSTODIAN OF RECORDS

Name of records subject: Steevio Bardadjian

I declare as follows pursuant to California Evidence Code sections 1560, 1561:

I am employed by and am the duly authorized custodian of records and am authorized to certify records for:

LEE WOODS, DM

(Facility Name)

Please be sure to include this Declaration along with the records you are providing to Gemini. Without a completed Declaration, this Subpoena or Authorization has not been fulfilled. If no records are being provided to Gemini, this Declaration is still required.

**I certify (Please check all that apply):**

That the accompanying records are true and complete copies of records described in the Subpoena or Authorization. These records were maintained in the regular course and scope of business of the employer stated above and were prepared by authorized personnel. No records, documents or other materials have been withheld except as noted below. I further certify that I have made a diligent, thorough, and complete search of all available sources including the computer databases for both open and closed files whether in-house or in a storage facility or any other location under the control of my employer for any and all items to be produced on the attached subpoena duces tecum or authorization for records subject named above.

That no records were produced because no records were found for the individual named on the Subpoena or Authorization. Please indicate the reason, if any, as to why records do not exist:

That partial records were produced. Please indicate below which records were not provided from those requested on the attached Subpoena or Authorization:

That all or partial records are located at the following facility:

Facility Name, Address, and Phone Number: \_\_\_\_\_

Type of Records Located at this Facility: \_\_\_\_\_

That records were provided to the Applicant Attorney of the case stated on the provided Subpoena or Authorization on \_\_\_\_\_ (date).

**Records were produced in the following manner:**

Records were made available to Gemini and/or its affiliate for copying and/or picking up.

Records were mailed/faxed/e-mailed to Gemini at the address listed on the Subpoena or Authorization in compliance with Evidence Code section 1560.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this Declaration is executed on 1/20/25 at Whittier (city), State of CA.

  
Printed name required  
Signature of custodian required

**DECLARATION OF CUSTODIAN OF RECORDS**Name of records subject: Steevio Bardadjian

I declare as follows pursuant to California Evidence Code sections 1560, 1561:

I am employed by and am the duly authorized custodian of records and am authorized to certify records for:

LEE WOODS, DM**(Facility Name)**

Please be sure to include this Declaration along with the records you are providing to Gemini. Without a completed Declaration, this Subpoena or Authorization has not been fulfilled. If no records are being provided to Gemini, this Declaration is still required.

**I certify (Please check all that apply):**

That the accompanying records are true and complete copies of records described in the Subpoena or Authorization. These records were maintained in the regular course and scope of business of the employer stated above and were prepared by authorized personnel. No records, documents or other materials have been withheld except as noted below. I further certify that I have made a diligent, thorough, and complete search of all available sources including the computer databases for both open and closed files whether in-house or in a storage facility or any other location under the control of my employer for any and all items to be produced on the attached subpoena duces tecum or authorization for records subject named above.

That no records were produced because no records were found for the individual named on the Subpoena or Authorization. Please indicate the reason, if any, as to why records do not exist:

---

That partial records were produced. Please indicate below which records were not provided from those requested on the attached Subpoena or Authorization:

---

That all or partial records are located at the following facility:

Facility Name, Address, and Phone Number: \_\_\_\_\_

Type of Records Located at this Facility: \_\_\_\_\_

That records were provided to the Applicant Attorney of the case stated on the provided Subpoena or Authorization on \_\_\_\_\_ (date).

**Records were produced in the following manner:**

Records were made available to Gemini and/or its affiliate for copying and/or picking up.

Records were mailed/faxed/e-mailed to Gemini at the address listed on the Subpoena or Authorization in compliance with Evidence Code section 1560.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this Declaration is executed on \_\_\_\_\_ at \_\_\_\_\_ (city), State of \_\_\_\_\_.

---

Printed name required

---

Signature of custodian required

250 Technology Way | Rocklin, CA 95765  
Phone 877-739-7481

000003

STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION  
**WORKERS' COMPENSATION APPEALS BOARD**

**Steevio Bardadjian**

Claimant/Applicant,

VS.

**OLIVE VIEW MEDICAL CENTER/  
Subsequent Injuries Fund (SIBTF)**

Employer/insurance Carrier/Defendant.

Case No. **SIF11540526**

(IF APPLICATION HAS BEEN FILED, CASE NUMBER  
MUST BE INDICATED REGARDLESS OF DATE OF INJURY)

**SUBPOENA DUCES TECUM**

(When records are mailed, identify them by using above  
case number or attaching a copy of subpoena)

Where no application has been filed for injuries on or after  
January 1, 1990 and before January 1, 1994, subpoena will  
be valid without a case number, but subpoena must be served  
on claimant and employer and/or insurance carrier.

See instructions below.\*

*The People of the State of California Send Greetings to:* LEE WOODS, DM

13113 Hadley St Whittier, CA 90601

We COMMAND YOU to appear before: Gemini Legal Support, Inc.  
at 250 Technology Way Rocklin CA 95765

on the 28th day of January, 2025 at 4:03 o'clock PM to testify in the above-  
entitled matter and to bring with you and produce the following described documents, papers, books and records.

**-Please see Attachment 3 for a detailed description of requested records-**

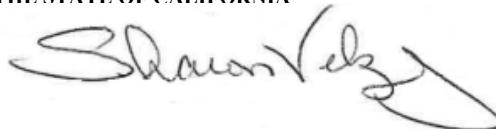
(Do not produce X-rays unless specifically mentioned above.)

For failure to attend as required, you may be deemed guilty of a contempt and liable to pay to the parties aggrieved all losses and damages sustained thereby and forfeit one hundred dollars in addition thereto.

This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is served herewith.

Date 12/19/2024

**WORKERS' COMPENSATION APPEALS BOARD  
OF THE STATE OF CALIFORNIA**



*Secretary, Assistant Secretary, Workers' Compensation Judge*

**\*FOR INJURIES OCCURRING ON OR AFTER JANUARY 1, 1990,  
AND BEFORE JANUARY 1, 1994**

If no Application for Adjudication of Claim has been filed, a declaration under penalty of perjury that the Employee's Claim for Workers' Compensation Benefits (Form DWC-1) has been filed pursuant to Labor Code Section 5401 must be executed properly.

**SEE REVERSE SIDE  
(SUBPOENA INVALID WITHOUT DECLARATION)**



You may fully comply with this subpoena by mailing the records described (or authenticated copies, Evid. Code 1561) to the person and place stated above within ten (10) days of the date of service of this subpoena.

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or city Police Department unless accompanied by notice from this Board that deposit of the witness fee has been made in accordance with Government Code 68097.2, et seq

## **DECLARATION FOR SUBPOENA DUCES TECUM**

Case No. SIF11540526

STATE OF CALIFORNIA, County of Los Angeles

The undersigned states:

That he /she is (one of) the attorney(s) of record / representative(s) for the applicant/defendant in the action captioned on the reverse hereof. That LEE WOODS, DM

has in his/her possession or under his/her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reasons:

SAID RECORDS ARE RELEVANT TO THE ALLEGATIONS AND DEFENSES BY THE PARTIES IN THE PROSECUTION OF THIS MATTER, TO PROVIDE AN ACCURATE MEDICAL HISTORY OF THE APPLICANT, TO PROVE AN INJURY AND NOTICE THEREOF, TO PROVIDE THE RIGHT TO COMPENSATION, PERMANENT AND TEMPORARY DISABILITY, MEDICAL TREATMENT, AND ANY POSSIBLE PENALTIES. PURSUANT TO LABOR CODE SECTION 5401 FORM DWC 1 HAS BEEN DULY FILED.

### **Declaration for Injuries on or After January 1, 1990 and Before January 1, 1994**

- That an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by the dependent(s) of the decedent, and that a true copy of the form filed is attached hereto. (*Check box if applicable and part of declaration below. See instructions on front of subpoena.*)

I declare under penalty of perjury that the foregoing is true and correct

Executed on 12/19/2024, at VAN NUYS, California.  
\_\_\_\_\_  
KOSZDIN FIELDS VAN NUYS  
6151 Van Nuys Blvd  
Van Nuys CA 91401  
\_\_\_\_\_  
/s/ Michael Fields \_\_\_\_\_  
Signature \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
818-781-1503 \_\_\_\_\_ Telephone \_\_\_\_\_

## **DECLARATION OF SERVICE**

STATE OF CALIFORNIA, County of \_\_\_\_\_

I, the undersigned, state that I served the foregoing subpoena by showing the original and delivering a true copy thereof, together with a copy of the Declaration in support thereof, to each of the following named persons, personally, at the date and place set forth opposite each name.

Name of Person Served

Date

Place

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I declare under penalty of perjury that the foregoing is true and correct

Executed on \_\_\_\_\_, at \_\_\_\_\_, California.

\_\_\_\_\_  
Signature

# **ATTACHMENT 3**

**Case Name:** vs. OLIVE VIEW MEDICAL CENTER

**Case Number:** SIF11540526

**Records Subject:** Steevio Bardadjian

**AKA:**

**Date of Birth:** 05/23/1970

**Social Security Number:** 554-81-2130

**Claims #:** SIF11540526

**Date of Injury:** 07/03/2018 -

**Employee #:**

**Records Requested:**

**Need records from 05/23/1970 - Present**

Any and all non-privileged physical, digital and hand-written medical records including records from May 23, 1970 to present, including but not limited to:

1. Both private and industrial records,
2. Doctors note(s)
3. Treatment and evaluation record(s)
4. Nurses note(s)
5. Inpatient and outpatient record(s)
6. Correspondence, lab result(s), diagnostic test result(s)
7. Requests for authorizations (RFAs)
8. Medical and radiology report(s)
9. Phone logs and Sign in sheet(s)
10. Patient note(s)
11. Patient intake form(s)
12. Patient demographics form(s)
13. Physical therapy record(s)
14. Physical therapy progress note(s)
15. Medical history form(s)
16. Occupational records
17. Emergency room records
18. Work Status Report(s)
19. Telephonic recordings
20. Digital appointment recordings
21. Pharmacy and prescription records

MUST INCLUDE RECORDS FROM LEE WOODS, DM AT 13113 HADLEY ST, WHITTIER, CA 90601

Ref #: REC-1544102

**000006**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  Michael Fields, Esq. KOSZDIN FIELDS VAN NUYS 6151 Van Nuys Blvd Van Nuys CA 91401		313679	FOR COURT USE ONLY
TELEPHONE NO.: 818-781-1503 E-MAIL ADDRESS (Optional): michael@koszdin.com ATTORNEY FOR (Name): Steevio Bardadjan		FAX NO. (Optional):	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> Los Angeles STREET ADDRESS: 6150 Van Nuys Blvd. Rm. 105 MAILING ADDRESS: 6150 Van Nuys Blvd. Rm. 105 CITY AND ZIP CODE: Van Nuys 91401 BRANCH NAME: Workers' Compensation Appeals Board - Van Nuys			
PLAINTIFF/ PETITIONER: Steevio Bardadjan DEFENDANT/ RESPONDENT: OLIVE VIEW MEDICAL CENTER/ Subsequent Injuries Fund (SIBTF)		CASE NUMBER: SIF11540526	
<b>NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION</b> (Code Civ. Proc., §§ 1985.3,1985.6)			

**NOTICE TO CONSUMER OR EMPLOYEE****TO (name):** Steevio Bardadjan1. PLEASE TAKE NOTICE THAT **REQUESTING PARTY (name):** Steevio BardadjanSEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (*specify date*): 01/28/2025The records are described in the subpoena directed to **witness** (*specify name and address of person or entity from whom records are sought*): LEE WOODS, DM 13113 Hadley St Whittier CA 90601 Whittier, CA 90601

A copy of the subpoena is attached.

2. IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED. IN ITEM a. OR b. BELOW:
- If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the **witness** and the **deposition officer** named in the subpoena at least five days before the date set for production of the records.
  - If you are not a party to this action, you must serve on the **requesting party** and on the **witness**, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should **not** be filed with the court. **WARNING:** IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.
3. YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date: 12/19/2024

Michael Fields, Esq.

(TYPE OR PRINT NAME)

► /s/ Michael Fields

(SIGNATURE OF  REQUESTING PARTY) ATTORNEY**OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS**1.  I object to the production of all of my records specified in the subpoena.2.  I object only to the production of the following specified records:

3. The specific grounds for my objection are as follows:

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

(Proof of service on reverse)

PLAINTIFF/ PETITIONER: Steevio Bardadjan  
 DEFENDANT/ RESPONDENT: OLIVE VIEW MEDICAL CENTER/ Subsequent Injuries Fund (SIBTF)

CASE NUMBER:  
 SIF11540526

**PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION**  
 (Code Civ. Proc., §§ 1985.3,1985.6)

Personal Service       Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action**.
2. I served a copy of the *Notice to Consumer or Employee and Objection* as follows (*check either a or b*):
  - a.  **Personal service.** I personally delivered the *Notice to Consumer or Employee and Objection* as follows:
 

(1) Name of person served:	(3) Date served:
(2) Address where served:	(4) Time served:
  - b.  **Mail.** I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
 

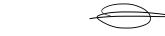
(1) Name of person served: Michael Fields, Esq.	(3) Date of mailing: 12/19/2024
(2) Address: KOSZDIN FIELDS VAN NUYS 6151 Van Nuys Blvd Van Nuys CA 91401	(4) Place of mailing ( <i>city and state</i> ): Rocklin, CA

 (5) I am a resident of or employed in the county where the *Notice to Consumer or Employee and Objection* was mailed.
- c. My residence or business address is (*specify*): 250 Technology Way Rocklin CA 95765
- d. My phone number is (*specify*): 877-739-7481

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 12/19/2024

Alain Gutierrez  
 (TYPE OR PRINT NAME OF PERSON WHO SERVED)

  
 (SIGNATURE OF PERSON WHO SERVED)

**PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS**  
 (Code Civ. Proc., §§ 1985.3,1985.6)

Personal Service       Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action**.
2. I served a copy of the *Objection to Production of Records* as follows (*complete either a or b*):
  - a. **ON THE REQUESTING PARTY**
    - (1)  **Personal service.** I personally delivered the *Objection to Production of Records* as follows:
 

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
    - (2)  **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
 

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing ( <i>city and state</i> ):

 (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
  - b. **ON THE WITNESS**
    - (1)  **Personal service.** I personally delivered the *Objection to Production of Records* as follows:
 

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
    - (2)  **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
 

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing ( <i>city and state</i> ):

 (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
3. My residence or business address is (*specify*):
4. My phone number is (*specify*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

  
 (SIGNATURE OF PERSON WHO SERVED)

Case No.: **SIF11540526**

Case Name: **vs. OLIVE VIEW MEDICAL CENTER**

**Notice of Service**

I am employed in the county of Placer. I am over the age of eighteen years and not a party to the above entitled action. My business address is 250 Technology Way Rocklin, CA 95765

Documents Served: Subpoena Duces Tecum, Declaration for Subpoena Duces Tecum, Attachment 3

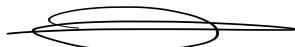
On 12/19/2024, the foregoing documents were prepared for service on each interested party in this action and addressed as follows:

<b>Delivered to</b>	<b>Sent to</b>	<b>Method</b>
Michael Fields, Esq.	KOSZDIN FIELDS VAN NUYS michael@koszdin.com	Email
Subsequent Injuries Fund (SIBTF)	Subsequent Injuries Fund (SIBTF) 1750 HOWE AVE SUITE 370 SACRAMENTO, CA 95825	Mail
od legal	od legal 1515 Clay Street Ste 701 Oakland, CA 94612	Mail

I am familiar with Gemini Legal Support, Inc.'s practice of collection and processing correspondence. Under that practice for mail, it will be delivered, same day, via digital delivery to our vendor Kubra who will deposit it with the U.S. Postal Service on the same day with postage thereon fully prepaid in Gardena, California, in the ordinary course of business.

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/19/2024, at Rocklin, California.



---

Alain Gutierrez

**000009**

0000010

**PROOF OF SERVICE AFFIDAVIT**  
**CODE OF CIVIL PROCEDURE SECTIONS 1013(a)(b)**

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

My name is Brian Silva.

I am over the age of 18 and not a party to the corresponding case(s).

**I am employed at KUBRA in the county of Los Angeles, State of California, which is where the following mailing occurred.**

My business address is 14105 S Normandie Ave #2, Gardena, CA 90249, which is where I placed the document(s) described herein for deposit with the United States Postal Service.

I am readily familiar with this business' practice of collection and processing correspondence for mailing with the United States Postal Service.Under that practice, correspondence will be deposited with the United States Postal Service this same day in the ordinary course of business.

Each envelope was sealed and placed for collection and mailing on 12/19/2024.

The exact title of the document(s) served, and the name(s) and address(s) of the people or entities being served are listed on the attached Document Service List(s).This affidavit may include multiple Document Service Lists for documents which were mailed to many different parties on unrelated cases as part of the ordinary course of services.

I declare under penalty of perjury under the laws of the State of California that the foregoing and all information contained in the attached Document Service List(s) is true and correct.

Printed Name: Brian Silva

Dated: 12/19/2024



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Attachments: Document Service List(s) included as part of this affidavit

0000011

UAN: Gemini Legal Support Rocklin  
EAMS Administrator: Alison Slotsve  
EAMS Admin Email: aslotsve@geminiduplication.com  
Case Name: vs. OLIVE VIEW MEDICAL CENTER  
Case No.: SIF11540526

**DOCUMENT SERVICE LIST**  
**CODE OF CIVIL PROCEDURE SECTION 1013(a)(3)**

This Document Service List is part of the attached Proof Of Service Affidavit dated 12/19/2024 signed by Brian Silva and describes the following documents served for c5e21dea-af2d-450e-88ee-e671109a46eb.

Total number of pages/images: 10

The titles of the document(s) served are as follows:

Subpoena Duces Tecum, Declaration for Subpoena Duces Tecum, Attachment 3

The following persons and/or entities are to be served by placing a true copy thereof into a sealed envelope with postage paid in the manner described in the affidavit:

LEE WOODS, DM  
13113 HADLEY ST  
WHITTIER CA 90601

The following is the updated mailing address based on USPS requirements where the persons and/or entities were actually served.

LEE WOODS, DM  
13113 HADLEY ST  
WHITTIER CA 90601-4509

**Lee C. Woods, M.D., P.C.**  
**Orthopedic Surgery**  
**ELECTROMYOGRAPHY/NERVE CONDUCTION STUDIES**

13113 Hadley Street, Whittier, CA 90601  
2120 W. 8<sup>th</sup> Street, Suite 102, Los Angeles, CA 90057  
5170 Sepulveda Blvd, Suite 300, Sherman Oaks, CA 91403  
Phone 562-907-7682

**Test Date:** 02/13/2024

<b>Patient:</b>	<b>Steevio Bardakjian</b>	<b>DOB:</b>	05/23/1970	<b>Physician:</b>	Juliane Tran, M.D.
<b>Sex:</b>	Male	<b>Height:</b>	5' 11"	<b>Ref Phys:</b>	Lee C. Woods, M.D.
<b>ID#:</b>		<b>Weight:</b>	220 lbs.	<b>Interpreter:</b>	None

\*The following study is authorized, as per the letter of authorization: "If you should need any diagnostic testing to be completed, you are authorized to obtain those tests."

#### **ELECTRODIAGNOSTIC RESULTS**

##### **Electromyogram (EMG) Procedure:**

Needle EMG examination was performed. Each muscle was tested with the monopolar disposable Teflon coated electrodes and at least 10 different motor unit potentials were observed in each muscle tested. Please refer to the data in the tabulated forms.

##### **Nerve Conduction Studies (NCS) Procedure:**

Using standard surface stimulation methods, the motor and sensory nerves were studied as noted and shown in the following data in tabulated forms. Motor latencies were obtained at 8 cm, unless otherwise indicated. Sensory studies were performed at 14 cm unless otherwise indicated and measured from the peak of the sensory nerve action potentials.

All sensory nerve studies were antidromic techniques unless otherwise indicated. Conduction velocities given were for the distal and proximal segments as shown. All temperatures were maintained at approximately 33 degrees Celsius.

##### **Patient Complaints:**

Back pain radiating to bilateral lower extremities, with numbness from bilateral knees to feet, (right more than left).

##### **Relevant Past Medical History:**

Positive for history of diabetes x 5 years.

##### **Relevant Past Surgical History:**

Positive for history of back surgery (discectomy/laminectomy) in 2018, and right knee surgery in 2022.

**000012**

**Focused Exam:**

Motor strength: normal, 5/5.

Sensation: reduced sensation diffusely in bilateral lower extremities.

Muscle atrophy: moderate atrophy of the foot intrinsic muscles, with trace edema in bilateral lower extremities.

Other test(s): equivocal Straight leg raising test bilaterally.

**Nerve Conduction Studies****Anti Sensory Summary Table**

Stim Site	NR	Peak (ms)	Norm Peak (ms)	P-T Amp ( $\mu$ V)	Norm P-T Amp	Site1	Site2	Delta-P (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
<b>Left Sup Fibular Anti Sensory (Ant Lat Mall)</b>											
14 cm	NR	<4.5		>6.0		14 cm	Ant Lat Mall		14.0		>40
<b>Right Sup Fibular Anti Sensory (Ant Lat Mall)</b>											
14 cm	NR	<4.5		>6.0		14 cm	Ant Lat Mall		14.0		>40
<b>Left Sural Anti Sensory (Lat Mall)</b>											
Calf	NR	<4.5		>6.0		Calf	Lat Mall		14.0		>40
<b>Right Sural Anti Sensory (Lat Mall)</b>											
Calf	NR	<4.5		>6.0		Calf	Lat Mall		14.0		>40

**Motor Summary Table**

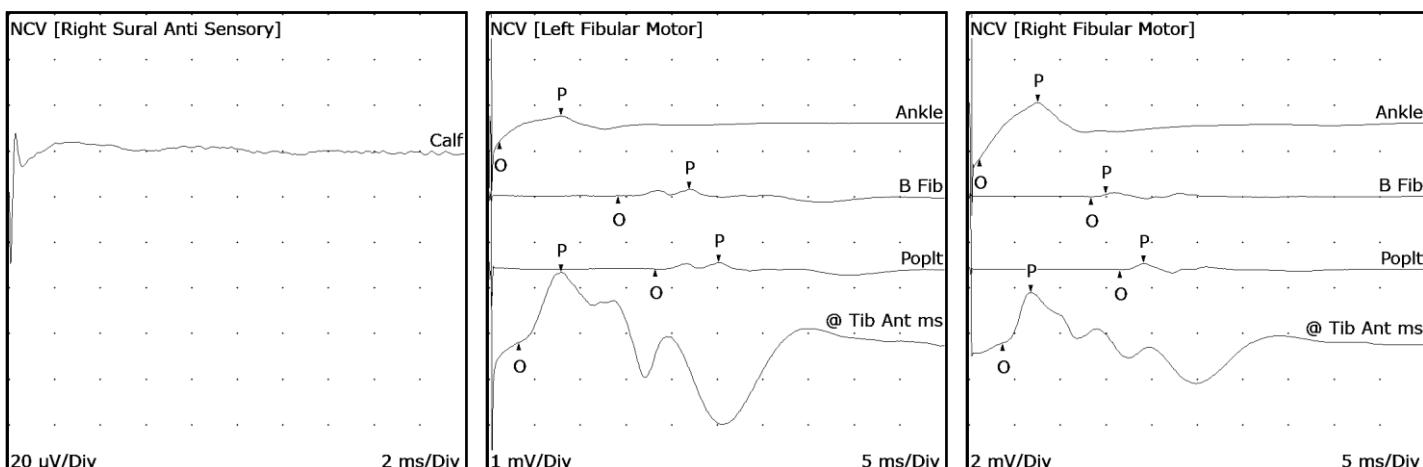
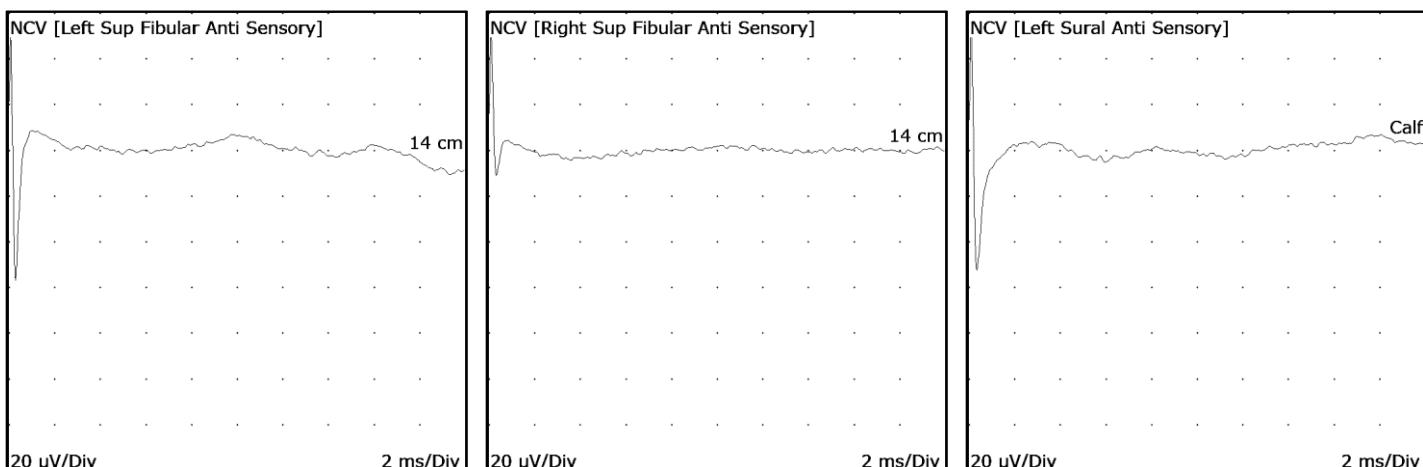
Stim Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (mV)	Norm O-P Amp	Site1	Site2	Delta-0 (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
<b>Left Fibular Motor (Ext Dig Brev)</b>											
Ankle		1.2	<5.5	0.6	>2.5	B Fib	Ankle	12.9	30.8	24	
B Fib		14.1		0.1		Poplt	B Fib	4.1	9.0	22	>40
Poplt		18.2		0.1							
recorded @ Tib Ant. ms		3.3		1.5							
<b>Right Fibular Motor (Ext Dig Brev)</b>											
Ankle		1.2	<5.5	2.5	>2.5	B Fib	Ankle	12.2	31.0	25	
B Fib		13.4		0.1		Poplt	B Fib	3.2	9.0	28	>40
Poplt		16.6		0.3							
recorded @ Tib Ant ms		3.7		2.2							
<b>Left Tibial Motor (Abd Hall Brev)</b>											
Ankle		8.0	<6.0	0.0	>3.0	Knee	Ankle	12.2	41.5	34	>40
Knee		20.2		0.1							
<b>Right Tibial Motor (Abd Hall Brev)</b>											
Ankle		1.2	<6.0	1.4	>3.0	Knee	Ankle	17.2	43.0	25	>40
Knee		18.4		0.1							

**H Reflex Studies**

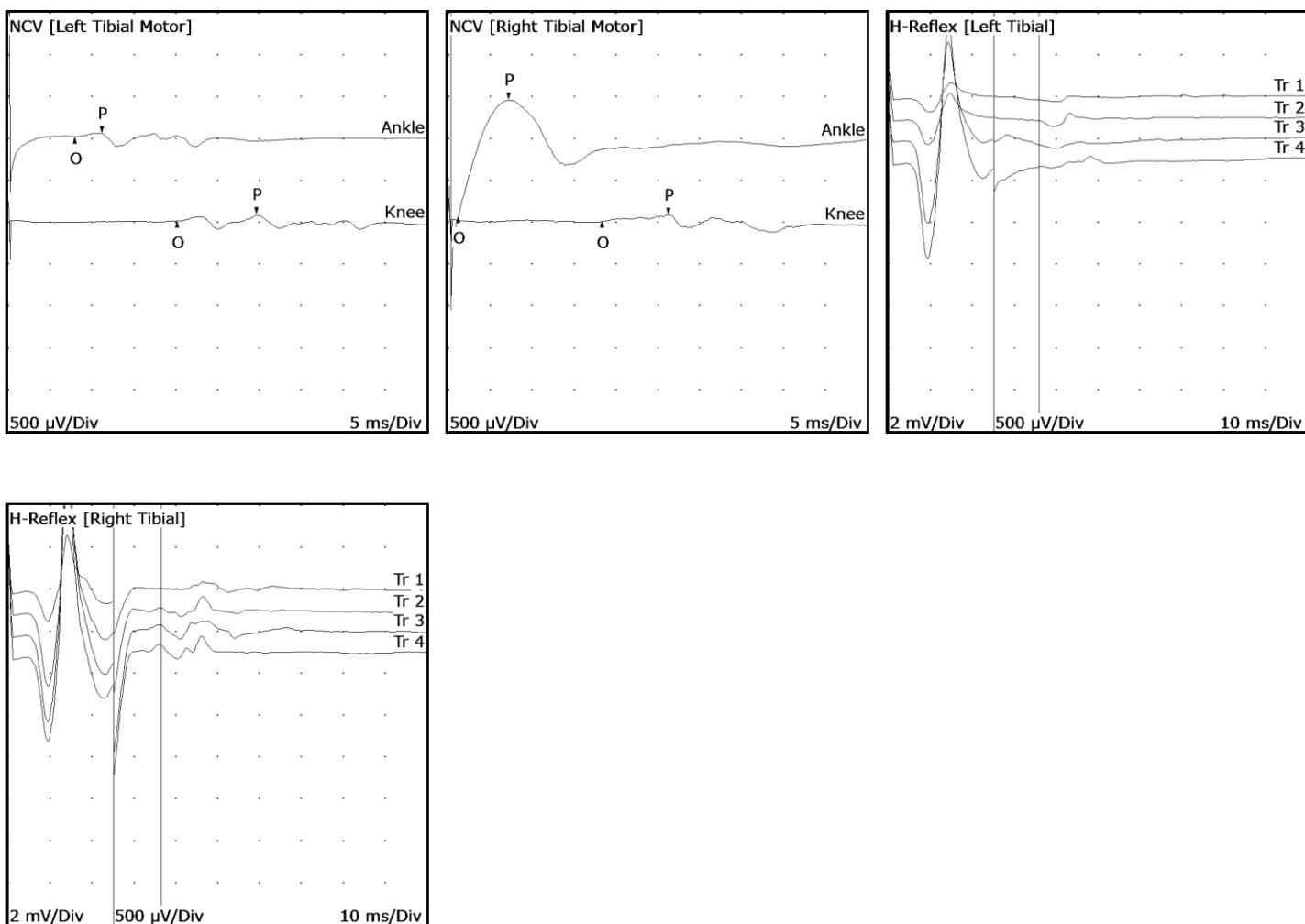
NR	H-Lat (ms)	Lat Norm (ms)	L-R H-Lat (ms)	L-R Lat Norm
Left Tibial (Gastroc)	36.01	<33	0.55	<1.5
Right Tibial (Gastroc)	36.56	<33	0.55	<1.5

**EMG**

Side	Muscle	Ins Act	Fibs	Psw	Amp	Dur	Poly	Recrt	Int Pat	Comment
Right	BicepsFemS	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	VastusMed	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	AntTibialis	Incr	<b>1+</b>	<b>1+</b>	Nml	Nml	0	Nml	Nml	
Right	Gastroc	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Soleus	Incr	<b>1+</b>	<b>1+</b>	Nml	Nml	0	Nml	Nml	
Right	Ext Dig Brev									deferred, muscle atrophy
Right	PostTibialis	Incr	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Lumbo Parasp Low	Nml	Nml	Nml						
Left	BicepsFemS	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	VastusMed	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	AntTibialis	Nml	<b>trace to 1+</b>	<b>trace to 1+</b>	Nml	Nml	0	Nml	Nml	
Left	Gastroc	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	Soleus	Nml	<b>trace to 1+</b>	<b>trace to 1+</b>	Nml	Nml	0	Nml	Nml	
Left	Ext Dig Brev									deferred, muscle atrophy
Left	PostTibialis	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	Lumbo Parasp Low	Nml	Nml	Nml						
Left	ExtHallLong	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	ExtHallLong	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	

**Waveforms:**

000014



### Impression:

#### Nerve Conduction Studies of bilateral lower extremities: Abnormal

- 1) Study is consistent with the presence of a severe sensory motor peripheral neuropathy with severely reduced and prolonged responses all the motor nerves, and absent responses of all the sensory nerves.
- 2) No electro diagnostic evidence of fibular nerve entrapment neuropathy.

#### EMG of bilateral lower extremities: Abnormal

- 1) Study is consistent with the presence of an active bilateral L4, S1 lumbosacral radiculopathy, with mild active/acute denervation potentials present in one muscle of the bilateral L4 and S1 myotomes; However, clinical correlation is indicated.
- 2) No electro diagnostic evidence of lumbar sacral plexopathy.

\*Note: For the assessment of cervical/lumbosacral radiculopathy, the needle EMG testing can only evaluate the abnormality of the motor branch of the nerve roots, and not that of the sensory branch. Moreover, the presence of any acute/active denervation potentials may not be detected if the patient is unable to relax during the test. Therefore, a negative EMG test result does not entirely rule out the presence of radiculopathy. To achieve a meaningful clinical context, it is important that the EMG results be correlated with the patient's history, mechanism of injury, physical exam, and imaging findings.

*I declare under the penalty of perjury that I have not violated the Labor Code Section 139.3, and that the information contained in this report is true and correct to the best of my knowledge and belief.*

*Date this report: February 14, 2024.*



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**Juliane C. Tran, M.D.**

**Diplomate, American Board of Physical Medicine & Rehabilitation**

Today's Date: 7/18/23

Intake Taken By: Gabriela

DA  AA  ADJ

Office:  Whittier  Sherman Oaks  Los Angeles

Referred Name/Number: Marie @ DA 213-250-1800

Email: marie.lopez@lewisbrisbois.com

#### APPOINTMENT INFORMATION

Date of Evaluation: 9/08/23	Time of Evaluation: 10:30 a.m.
Type of Evaluation: RE- AME	Notes:

#### PATIENT'S INFORMATION

Name: Steevio Bardakjian	Sex: M	# 818-406-2639	Alt #
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Address: 25367 Splendido	City: Stevenson Ranch	State: CA	Zip: 91381
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Date of Birth: 05/23/1970	SS# 554-81-2130	DOI: 07/03/2018	
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Claim # 19-00110-B	ADJ # ADJ11540526	Panel #
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**Body Parts: BACK, R KNEE**

Employer's Address:

#### REFERRAL SOURCE

<input checked="" type="checkbox"/> Atty. <input type="checkbox"/> Adj.	Name: DA Charlene Underwood.	Phone: 213-250-1800	Ext:	Alt #
Name: Lewis Brisbois Bisgaard & Smith LLP		Fax: 213-250-7900		

Address: 633 West 5 <sup>th</sup> St. Suite 4000	City: Los Angeles	State: CA	Zip: 90071
--	-------------------	-----------	------------

Atty/Adj. email:	Assistant's email:
------------------	--------------------

#### PATIENT'S EMPLOYER NAME

## OLIVE VIEW MEDICAL CENTER

#### INTEPRETER

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Language: Name:	Number:
---	-----------------	---------

#### TRANSPORTATION

<input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Number:
--	-------	---------

#### MEDICAL RECORDS/DECLARATION

Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Inches:	Date:	Declaration: <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---------	-------	---

#### ATTORNEY/ADJUSTER

<input checked="" type="checkbox"/> Atty. <input type="checkbox"/> Adj.	Name: AA Robert A. Katz, Esq.	Phone: 818-781-1503	Ext:	Alt #
---	-------------------------------	---------------------	------	-------

Law/Ins Name: Koszdin, Fields, Sherry & Katz	Fax: 818-989-5288
--	-------------------

Address: 6151 Van Nuys Blvd.	City: Van Nuys	State: CA	Zip: 91401
------------------------------	----------------	-----------	------------

Atty/Adj. email:	Assistant's email:
------------------	--------------------

#### ATTORNEY/ADJUSTER

<input type="checkbox"/> Atty. <input checked="" type="checkbox"/> Adj.	Name: ADJ Elaine Barbagallo	Phone: 657-221-2007	Ext:	Alt #
---	-----------------------------	---------------------	------	-------

Law/Ins Name: Sedgwick	Fax: 877-324-1304
------------------------	-------------------

Address: P. O. Box 11028	City: Orange	State: CA	Zip: 92856
--------------------------	--------------	-----------	------------

Atty/Adj. email:	Assistant's email:
------------------	--------------------

#### NOTES


000017


**000018**

Today's Date 6/24/19

## Office: Whittier

## **RECORDS TO BE SENT**

000019

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

**AME or QME 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)

**Date Served:**

**Addressee and Address Shown on Envelope:**

<b>B</b>	<b>11/11/19</b>	Lewis Brisbois Bisgaard, & Smith, LLP 633 West 5th Street, Suite 4000 Los Angeles, California 90071
<b>B</b>	<b>11/11/19</b>	Kozdin, Fields, Sherry & Katz 6151 Van Nuys Blvd. Van Nuys, California 91401
<b>B</b>	<b>11/11/19</b>	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)

0000021

**LEE C. WOODS, M.D., P.C.**  
Diplomate, American Board of Orthopaedic Surgery  
Fellow, American Academy of Orthopaedic Surgeons

October 25, 2019

Lewis Brisbois Bisgaard, & Smith, LLP  
633 West 5th Street, Suite 4000  
Los Angeles, California 90071

Attention: Will McHenry  
Attorney at Law

Kozdin, Fields, Sherry & Katz  
6151 Van Nuys Blvd.  
Van Nuys, California 91401

Attention: Robert A. Katz  
Attorney at Law

**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.

0000022

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.

**RE: BARDAKJIAN, STEEVIO**

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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.

**RE: BARDAKJIAN, STEEVIO**

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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.

**RE: BARDAKJIAN, STEEVIO**

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**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 Gazmari, M.D. IMPRESSION: Normal exam. PLAN: MRI pelvis; neuro and vascular consults.

02/29/14: MRI scan of the pelvis without contrast, Robert K. Lee, M.D. Southern California Orthopedic Institute (SCOI) Center for MRI. Referred by Dr. Gazmari. 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. Gazmari. 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. Gazmari. 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.

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RE: BARDAKJIAN, STEEVIO

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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

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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,

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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.

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### 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

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### 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, spondylolysis, 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.

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RE: BARDAKJIAN, STEEVIO

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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**  
(employee name)

v **Olive View Medical Center**

(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 St. 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)

Date Served:

Addressee and Address Shown on Envelope:

<u>B</u>	<u>03/15/21</u>	<u>Matian Law Group Post-Office Box 261670 Encino, CA 91426</u>
<u>B</u>	<u>03/15/21</u>	<u>Lewis Brisbois Bisgaard, &amp; Smith, LLP 633 West 5th Street, Suite 4000 Los Angeles, California 90071</u>
<u>B</u>	<u>03/15/21</u>	<u>Tristar Risk Management Post Office Box 7052 Pasadena, California 91109</u>

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: March 15, 2021

Daniela Q.  
(signature of declarant)

Daniela Q.  
(print name)

**LEE C. WOODS, M.D., P.C.**  
Diplomate, American Board of Orthopaedic Surgery  
Fellow, American Academy of Orthopaedic Surgeons

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October 5, 2020

Lewis Brisbois Bisgaard, & Smith, LLP  
633 West 5th Street, Suite 4000  
Los Angeles, California 90071

Attention: Will McHenry  
Attorney at Law

Kozdin, Fields, Sherry & Katz  
6151 Van Nuys Blvd.  
Van Nuys, California 91401

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Attention: Robert A. Katz  
Attorney at Law

**AGREED MEDICAL RE-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 in my capacity as an Agreed Medical Evaluator. I examined Mr. Bardakjian in my Whittier, California office today, October 5, 2020. My evaluation addressed this patient's orthopaedic complaints. The undersigned previously examined Mr. Bardakjian on October 25, 2019. The complexity factors of this report include an extensive review of **voluminous medical record**, requiring 3 hours for review, **direct face-to-face time** of 1 hour. Physician dictation and editing time spent in preparation of this medical-legal report was 2-1/2 hours. Medical research was 3 1/2 hours.

RE: BARDAKJIAN, STEEVIO

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**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 that of Nurse Manager. Mr. Bardakjian related that his occupational 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 telephone 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.

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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.

**INTERIM MEDICAL HISTORY**

Mr. Bardakjian is a 50-year-old male Nurse Manager employed by the Los Angeles County Department of Health Services/Olive View Medical Center who was previously examined by the undersigned on October 25, 2019. Mr. Bardakjian reports he has not experienced any new or further injuries since his previous examination.

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At the examination of October 25, 2019, it was determined by the undersigned that Mr. Bardakjian had not achieved a permanent and stationary status. It was recommended that Mr. Bardakjian undergo an evaluation with a subspecialty spine specialist in reference to his lumbar spine. It was also recommended that he undergo an MRI of the right knee.

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Since his previous evaluation on October 25, 2019, Mr. Bardakjian underwent the recommended MRI of his right knee in April 2020. He has been treating with Dr. Conwiser, who reportedly recommended that he undergo right knee surgery. However, the insurance carrier reportedly has not authorized the surgery.

Mr. Bardakjian has not undergone the recommended spine specialist consultation recommended by the undersigned. He has continued treating with Dr. Cohan for pain medication management.

#### OFF WORK ACTIVITIES

Mr. Bardakjian stated that since prior examination he has engaged in sedentary activities only. He denies participating in activities such as minor car repair, hunting, horseback riding, walking, housework, skiing, fishing, golfing, gardening, tennis, bowling, or running.

#### PRESENT COMPLAINTS

In reference to his lumbar spine, Mr. Bardakjian complains of constant dull, throbbing, and sharp pain, and shooting pain down the right leg accompanied by numbness and tingling. He states he is now also experiencing intermittent weakness, numbness, and tingling of the left leg. He is now experiencing cramping of the calves and toes, right worse than left. Symptoms are aggravated with laying down, any movements, any prolonged activities.

In reference to his right knee, Mr. Bardakjian complains of constant dull, cramping, and sharp shooting pain with a feeling of pressure, accompanied by popping, swelling, and weakness. The symptoms increase with all activities.

#### 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 half an hour, travel up to one 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, stating that it is impossible for him to engage in any social walking activities with his family.

Mr. Bardakjian states that his pain interferes with his daily activities to a severe degree including difficulties bathing, twisting to get out of bed, cleaning his house, standing to wash dishes, mopping, cooking, bending down, and wiping cabinets.

Mr. Bardakjian states that his pain interferes with his interpersonal relationship to a severe degree, stating that he is unable to engage in intimate physical activity and is unable to attend family activities. He states that he and his significant other now sleep in different bedrooms because he would constantly toss and move throughout the night. He also states that he and his family have not had a vacation since his injury in July of 2018.

Mr. Bardakjian states that his pain interferes with his ability to do jobs in the home to a severe degree including difficulties standing to wash the dishes, mopping the floor, reaching cabinets, scrubbing the toilets and bending down to move items in the garage.

Mr. Bardakjian states that his pain interferes with his ability to shower and bathe to a severe degree, stating that he has to take his pain medication before bathing otherwise he requires assistance. He also states that it is very painful to twist to wash his back and shoulders and that he needs to sit down in order to fully bathe himself.

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. He states that he must lay down on his bed in order to put his pants on and that is it very painful to bend his right knee.

Mr. Bardakjian states that his pain interferes with his sexual activities to a severe degree, stating that he and his partner do not engage in any sexual activities anymore.

Mr. Bardakjian states that his pain interferes with his ability to concentrate to a severe degree, stating that it is almost impossible to concentrate and be an efficient employee while he is in severe pain. He states that he must constantly reposition himself, ensure he take his pain medication and practice relaxation techniques in order to remain somewhat focused.

**REVIEW OF RECORDS**

Submitted for review is  $\frac{1}{2}$ -inch of the following records:

- Edwin Haronian, M.D.;
- Kevin Kohan, M.D.;
- Philip Conwisar, M.D.;
- Total Imaging MRI.

Pertinent reports are reviewed as follows:

08/21/19: PR-2 Report, Philip H. Conwisar, M.D. DOI: 02/14/19. Mr. Steevio Bardakjian is employed by Olive View Medical Center as a RN IT Project Manager. Patient was under the care of Dr. Kevin Kohan for pain management. Patient had persistent server low back pain despite surgery 10 months ago by his prior treating spine surgeon. LUMBAR SPINE EXAM: There was a healed incision over the lumbar spine. Patient's gait was antalgic with a limp on the right. He was using a cane. Patient stands with a flattened lumbar lordosis. There was slight tenderness in the lumbar paravertebral muscles. Range of motion of the lumbar spine demonstrated flexion to 40 degrees, extension zero degrees, right lateral bending 10 degrees and left lateral bending 05 degrees, all with increased low back pain. SLR was to 30 degrees on the right with pain in the lower back region, and 60 degrees on the left without low back pain. Motor testing was 4+/5 with right knee extension, right ankle dorsiflexion and right great toe extension. Sensation was decreased at L4 and L5 on the right. Reviewed was electrodiagnostic studies of the lower extremities dated 06/21/19, the MRI's of the lumbar spine dated 07/10/18 and 11/08/18. PLAN: L/ESI at L4-5 on the right by Dr. Kohan; f/u in six weeks. DIAGNOSES: 1) S/P lumbar spine surgery, apparently hemilaminotomy/microdiscectomy L3-4, L4-5. 2) Recurrent disc herniation, L4-5. 3) Lumbar radiculopathy. WORK STATUS: Modified duty with restriction from repetitive bending, stooping, pushing, pulling lifting over 10 pounds; no weight bearing more than 30 minutes per hour; telecommute 25% of the time.

08/21/19: PR-2 Report, Dr. Conwisar. Mr. Steevio Bardakjian had a L/ESI two weeks ago that helped for a few days he was one year postop lumbar spine surgery performed by the prior treating spine physician. CURRENT COMPLAINTS: persistent

severe low back pain. Patient was doing poorly. Exam of the lumbar spine was unchanged. PLAN: spine surgical consultation with Dr. Edwin Haronian; additional lumbar spine surgery; updated MRI of the lumbar spine with IV gadolinium; f/u in six weeks. WORK STATUS: continue working with the same work restrictions.

09/03/19: Pain Management PR-2 Report, Kevin Kohan, M.D. Universal Pain Management. DOI: 07/03/18, Olive View Medical Center. F/U low back pain and right leg pain. Mr. Bardakjian stated that the epidural injection gave him approximately five days of pain relief. He was taking Percocet up to three times a day which allowed him to work and got 30% improvement of function ability to do his ADLs and work full time. ROS: numbness; sweats; weakness. EXAM: There was a scar on the lumbar spine. SLR was positive on the right. There was pain on palpation of the lumbar facet on both sides of the L3-S1 region. There was palpable twitch positive trigger points in the lumbar paraspinous musculature. Anterior lumbar flexion caused pain. There was pain with lumbar extension. Motor strength noted weakness at the right L3-4 and L4-5 regions. Sensation was decreased on the right side at L3-4 and L4-5. DTRs was 1+ of the right knee. There was pain with right hip motion. There was tenderness of the lumbar spine. CURES report was obtained and showed no evidence of doctor shopping. PLAN: F/u with neurosurgeon; continue Percocet. WORK STATUS: Per PTP.

10/08/19: Pain Management PR-2 Report, Kevin Kohan, M.D. CURRENT COMPLAINTS: constant low back and right leg pain. PLAN: Urine drug test; continue Percocet. WORK STATUS: Per PTP.

10/10/19: PR-2 Report, Dr. Conwisar. The recommended second opinion surgical consultation was authorized. CURRENT COMPLAINTS: severe low back pain radiating the lower extremities. Exam of the lumbar spine was unchanged. PLAN: Spine surgery consult. WORK STATUS: No changes.

11/04/19: Pain Management PR-2 Report, Kevin Kohan, M.D. Patient continued to experience constant low back and right leg pain. PLAN: F/U with neurosurgeon/spine surgeon; continue Percocet. WORK STATUS: Per PTP.

11/07/19: Secondary Treating Physician's Initial Orthopedic Evaluation, Edwin Haronian, M.D. and Nicholas Cascone, PA-

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C. DOI: 07/03/18. Mr. Bardakjian began employment with Olive View Medical Center as an RN IT Project Manager in 1999. He worked 1 hours a day, four days a week. At the time of his injuries, he performed general office and administrative duties, driving to meetings, operating a computer, creating reports, typing, entering data and managing projects. He was currently working with restrictions. HISTORY OF INJURY: On 07/04/18, Mr. Bardakjian was working under a desk. As he came back to a standing position, he felt a snapping sensation in his lower back that was followed by sharp pain. He reported the injury to his supervisor. On 07/08/18, he was seen at Henry Mayo Hospital ER where he was provided and prescribed pain medications. He had MRI studies done. Thereafter, he was seen at Facey Medical Group per his employer. After that, he was seen by Dr. Barcohana, orthopedic surgeon. Dr. Barcohana indicated patient needed emergency surgery that was performed on 08/04/18 which consisted of a discectomy. He had postop physical therapy and aquatic therapy. Since 2019, he has been under the care of Dr. Conwissar. MRI studies were obtained. Pain medications, acupuncture, physical therapy and chiropractic treatment was prescribed. He had a L/ESI in September 2019 with two to three days of pain relief. He was working with restrictions since April 2019. He was seen by the undersigned for a "QME" a week prior to 11/07/19. CURRENT COMPLAINTS: constant low back pain that varied in degree, with pain, numbness and tingling radiating to the right leg, aggravated by coughing and sneezing, with pain increasing with prolonged standing, walking and sitting; difficulty sleeping due to pain and discomfort. Pain meds and rest temporarily relieved his pain. MEDICAL HX: Type II diabetes. PSH: Lumbar laminectomy. MEDS: Glucophage; Percocet. EXAM: Height 5'11".Weight 215 lbs. Patient had a slow, antalgic gait. He was using a cane. There was tenderness and spasm in the paravertebral musculature of the lumbar spine. Heel and toe walking caused pain. Squatting also caused pain. Electric inclinometer report used for ROM was not provided in the submitted records. SLR was to 40 degrees on the right with right L5 pain. DTR's was reduced at the right knee. Sensation was decreased at L5 lateral leg and mid foot with pain. Range of motion of the hips was WNL with pain on the right. **X-rays of the lumbar spine** was obtained showing no fracture, dislocation or other abnormality. There was bridging lateral osteophytes noted especially at L2-3. The lateral views showed calcification, duplication in the anterior

longitudinal ligament throughout the lower thoracic and lumbar spine from T11 through S1, with bridging osteophytes. X-rays of the right hip was obtained which revealed evidence of avascular necrosis with alteration of the cortical bone at the femoral head. There was mild osteoarthritic changes. Reviewed was the MRI's of the L/S dated 07/10/18 and 11/08/18, as well as neurodiagnostics of the lower extremities dated 06/20/19. DIAGNOSIS: lumbosacral radiculopathy S/P hemilaminectomy. PLAN: Obtain all prior records and diagnostic studies; fusion of some type was warranted mostly to the L4-5 level; medications were deferred to pain management; MRI of the right hip. WORK STATUS: Per PTP.

11/22/19: PR-2 Report, Dr. Conwissar. CURRENT COMPLAINTS: low back pain radiating to the right lower extremity. Patient was evaluated by Dr. Haronian. Exam of the lumbar spine was essentially unchanged. Exam of the bilateral hips revealed restricted ROM of the right hip with slight pain on ROM. DISCUSSION: Dr. Haronian obtained an XR of the right hip which showed findings consistent with avascular necrosis. PLAN: X-rays of the right hip to R/O the right hip as a source of his persistent pain; f/u in six weeks. Work Status: No changes.

12/02/19: Pain Management PR-2 Report, Kevin Kohan, M.D. Patient continued with low back and right leg pain. PLAN: Right hip joint injection intraarticular as XRs were consistent with degenerative changes of the hip; Percocet. WORK STATUS: TTD.

12/05/19: Secondary Treating Physician's Report, Dr. Haronian and Michael Nadzhafov, PAC, MPH. CURRENT COMPLAINTS: Low back pain radiating to the RLE. Right hip XRs noted AVN. According to the patient, his PTP, Dr. Conwissar expressed doubts in regard to this finding. Dr. Haronian reviewed the MRI of the low back that was on a CD and was brought in by the patient. RECOMMENDATION: Posterior lumbar arthrodesis of L4-5; possible consideration of a spinal cord stimulator by pain management physician as the patient's dominant complaint was pain in the RLE; MRI of the right hip. Patient did not need a follow up appointment with Dr. Haronian.

\*\*\*2020 RECORDS\*\*\*

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01/07/2020: Pain Management PR-2 Report, Kevin Kohan, M.D. patient continued with low back and right leg pain. PLAN: **Patient's knee was apparently part of his case and the patient was interested in further imaging** Patient wanted to discuss findings of the lumbar spine with orthopedic surgeon. The hip joint injection was approved but patient wanted to hold off on any intervention He was to continue taking Percocet. WORK STATUS: Per PTP.

02/04/2020: Pain Management PR-2 Report, Kevin Kohan, M.D. Patient was awaiting for an MRI and potential surgical intervention by orthopedic surgeon. Treatment plan was unchanged. WORK STATUS: Per PTP.

02/26/2020: PR-2 Report, Dr. Conwisar. CURRENT COMPLAINTS: persistent low back pain radiating to the right tower extremity with paresthesias; **persistent right knee pain. He injured his right knee a few days after the lumbar spine surgery when he fell down due to low back pain. He twisted his right knee and had no treatment.** Exam of the lumbar spine and hips was unchanged. Exam of the bilateral knees revealed small effusion of the right knee. ROM of the right knee was 0 to 130 degrees and left knee was 0 to 140 degrees. There was medial joint line tenderness of the right knee. McMurray's test was positive on the right. X-rays of the right hip and pelvis taken on 11/25/19 showed very mild degenerative joint disease of the right hip. The joint space was preserved and measured 4 mm. Reviewed was the Orthopedic Evaluation dated 11/07/19 by Edwin Haronian, M.D., and the AME report dated 10/25/19 by the undersigned. DIAGNOSES: 1) S/P lumbar spine surgery, apparently hemilaminotomy/microdiscectomy L3-4, L4-5. 2) Recurrent disc herniation, L4-5. 3) L4-5 lumbar radiculopathy. 4) Internal derangement, right knee. DISCUSSION: Patient was seen by Dr. Haronian who recommended a fusion. Patient wanted a second opinion. Patient also had right knee pain since a fall that occurred soon after the lumbar spine surgery. Dr. Conwisar opined that the right knee was a compensable consequence injury of the lumbar spine injury. Patient had findings of internal/mechanical derangement and medial meniscus tear. Dr. Conwisar indicated that the AME by the undersigned agreed that patient was not Permanent and Stationary or at MMI. The undersigned recommended spine surgical consultation and an MRI of the right knee. PLAN: Second opinion spine surgical consultation with Dr. Patrick Johnson at Cedars Sinai; updated MRI scan of the lumbar

spine with IV gadolinium; MRI scan of the right knee; f/u in six weeks. WORK STATUS: No changes.

03/31/2020: Pain Management PR-2 Report, Kevin Kohan, M.D. Patient was seen via telemedicine audio and visual for approximately 15 minutes. CURRENT COMPLAINTS: low back pain controlled with Percocet. The elective surgery was on hold. PLAN: No changes. Percocet and Vistaril was prescribed. WORK STATUS: Per PTP.

04/13/2020: PR-2 Report, Dr. Conwisar. Patient was evaluated via telemedicine due to COVID-19 outbreak. CURRENT COMPLAINTS: Persistent low back pain radiating to the RLE with paresthesias; right knee pain. Treatment plan was unchanged. WORK STATUS: No changes.

05/04/2020: Pain Management PR-2 Report, Kevin Kohan, M.D. Patient was seen via telemedicine audio and visual. Patient continued to experience low back pain. No changes in treatment plan.

**05/28/2020: MRI scan of the right knee without contrast, Norma Pennington, M.D. Total Imaging & Open MRI.** Referral by Dr. Philip Conwisar. Hx: Injured at work. FINDINGS: There was an oblique tear of the posterior horn of the medial meniscus. There was small knee joint effusion. A Baker's cyst was observed.

06/01/2020: Pain Management PR-2 Report, Kevin Kohan, M.D. Patient was seen via telemedicine audio and visual. Patient had an MRI of his right knee done a few days ago. CURRENT COMPLAINTS: low back and right lower extremity pain, unchanged. PLAN: Obtain MRI images of the knee that was done; MRI of the lumbar spine; Percocet; Vistaril. WORK STATUS: Per PTP.

06/11/2020: PR-2 Report, Dr. Conwisar. Evaluation done via telemedicine. CURRENT COMPLAINTS: persistent severe low back pain radiating to the RLE; right knee pain, swelling, catching, giving way and occasional locking. Reviewed was the MRI scan of the lumbar spine dated 06/04/2020 showing a 3 mm disc protrusion at L3-4 and a 3.8 mm disc protrusion at L4-5. There was a 1.3 mm disc protrusion at L5-S1 and L2-3. The MRI scan of the right knee dated 05/28/2020 was reviewed showing an oblique tear of the posterior horn in the medial meniscus. **PLAN: Second opinion spine surgical consultation with Dr. Patrick Johnson; right knee**

**arthroscopy with partial medial meniscectomy; preop clearance; postop physical therapy; cold therapy device postop; crutches postop.** WORK STATUS: No changes.

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

#### **PHYSICAL EXAMINATION**

Height: 5'11"  
Weight: 220 lbs  
BP: 198/116  
Pulse: 102

#### **General Appearance**

Physical examination revealed a well-nourished, well-developed male who appeared his stated age. Mr. Bardakjian appeared comfortable during history taking. He arose however with hesitation utilizing a cane. Mr. Bardakjian required a cane throughout the examination. With independent weightbearing, Mr. Bardakjian required contact guarding of the walls. At the time of examination, Mr. Bardakjian was otherwise 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.

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Range of Motion

<u>Range of Motion of the Back</u>	<u>Degrees of Motion</u>	<u>Normal</u>
Flexion	15°	60°
Extension	1°	25°
Lateral Flexion - Right	3°	25°
Lateral Flexion - Left	11°	25°
<b>Straight Leg Raising</b>	- Right - Left	16° 37° No evidence of radiculopathy

**Comment:**

Sciatic pain generated between 30° and 70° of hip flexion is the abnormal finding interpreted as a positive straight leg raising maneuver. No such finding in this case consistent with radiculopathy (Low Back Pain; BMJ. 2004 May 8; 328 (7448): 1119-1121)

Range of Motion of the Lower Extremities

<u>Knee</u>	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Flexion	98°	107°	135°
Extension	-65°	-29°	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	15 mm	15 mm
First dorsal webspace	15 mm	15 mm
Lateral column	15 mm	15 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 crepititation 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)	47 cm	48 cm
Calf (5" from the lower pole of the patella with the patient resting the leg on the table)	41 cm	41 cm

**RADIOGRAPHS**

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

**Lumbar Spine**

Radiographs of the lumbar spine revealed L4-L5 marginal osteophyte formation indicative of degenerative disc disease with bridging syndesmophytes and marginal osteophyte formation with diffuse vertebral endplate sclerosis and irregularity as documented at the prior examination. There is loss of the normal lumbar lordosis. Otherwise, there was no evidence of spondylolisthesis, spondylolysis, fracture, dislocation, or loss of motion segment integrity.

**Right Knee**

~~Radiographs~~ of the right knee are normal with a cartilage interval of 6.296 mm on the right knee and 6.76 mm on the left knee.

**DIAGNOSES**

1. Lumbar Strain status post Lumbar Hemilaminotomy and L3-L4 Microdiscectomy with L3-4 ,L4-L5, and L5-S1 Disc Herniations and Radiculopathy.
2. Internal Derangement Right Knee.

**DISCUSSION**

This is a 50-year-old male Nurse Manager employed by the Los Angeles County Department of Health Services/Olive View Medical Center who originally experienced an injury of July 3, 2018. At the prior examination recommendations were made for management including subspecialty spine consultation as well as MRI evaluation. The MRI study of May 28, 2020 revealed evidence of medial meniscus tear. Thus, Mr. Bardakjian is a candidate for arthroscopy of his right knee as was documented by his current treating physician, Philip H. Conwisar, M.D. Indeed, Dr. Conwisar has recommended a spine subspecialty consultation as well.

Mr. Bardakjian underwent a lumbar MRI of June 4, 2020 which revealed evidence of multilevel involvement including disc protrusions of L3-L4, L4-L5 and L5-S1.

**PERMANENT AND STATIONARY STATUS**

Mr. Bardakjian has achieved a permanent and stationary status.

**OBJECTIVE FINDINGS**

The objective findings of examination continue to reveal evidence of lumbar tenderness with positive straight leg raising maneuver in the right lower extremity and limb girth atrophy. There is also medial joint line tenderness of the right knee unchanged from prior examination without straight or rotatory instability.

**PERMANENT IMPAIRMENT**

Based upon the 5<sup>th</sup> edition of the *Guides to the evaluation of permanent impairment*, Mr. Bardakjian experiences a traditional impairment of his right knee of 4% based upon table 17-10 page 537 of the *Guides*. However, given evidence of an oblique tear of the posterior horn of his medial meniscus in conjunction with evidence of a Baker's Cyst it is the conclusion of the undersigned that the traditional interpretation does not most accurately represent the impairment of the right knee. Therefore the Almaraz Guzman decision must be imposed to address the most accurate impairment.

Despite the fact that the Almaraz/Guzman Decision has been accepted by the legislature and the WCAB, there is not infrequently great dispute regarding its implementation. Thus, in order to further explain the basis for the Decision of the undersigned, based upon the findings of examination, it is essential to understand the *Guides* characterization of the physician in terms of determining the impairment of the whole person.

The Almaraz/Guzman Decision states that: "Therefore, based upon the physician's judgment, experience, training and skill each reporting physician (treater or medical-legal evaluator) should give an expert opinion on the injured employee's WPI using the chapter, table or method assessing the impairment with the AMA *Guides* that most accurately reflects the injured employee's impairment. . ."<sup>1</sup>

The Almaraz/Guzman Decision including the August 19, 2010 Sixth District Appellate Court Decision further states that: "Although the WPI component of the schedule rating must be found on the AMA *Guides* (except in the case of psychiatric impairments), a physician is not inescapably locked into a specific paradigm for evaluating WPI under the *Guides*." Section 4660(b)(1) provides that the WPI of the schedule rating is to be rooted in "the descriptions and measurements of physical impairments and the corresponding percentages of impairments published in the (AMA *Guides*)."<sup>1,2</sup>

Therefore, section 4660(b)(1) does not mandate that the impairment for any particular condition must be assessed in any particular way under the *Guides*. Moreover: "While the AMA *Guides* often sets forth an analytical framework and methods for physicians assessing WPI, the *Guides* do not relegate a physician to the role of taking a few objective measurements and mechanically and uncritically assigning a WPI that is based on a rigid and standardized protocol and is devoid of any clinical judgment. Instead, the AMA *Guides* expressly contemplates that a physician will use his or her judgment, experience, training and skill in assessing WPI."<sup>1</sup>

The undersigned has met this standard in reviewing the facts including consideration of both the art and science of medicine in determining the whole person impairment in this case.

RE: BARDAKJIAN, STEEVIO

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It is the conclusion of the undersigned that a more accurate impairment rating can be concluded by employing table 17.3 page 527 of the Guides and concluding that Mr. Bardakjian has lost 20% of his lower extremity function resulting in an 8% impairment of the whole person of the right knee.

In reference to his lumbar spine given evidence of multi level involvement with disc protrusions of L3-L4 through L5-S1 the Range of Motion Method applies based upon section 15.2 page 579 of the Guides and 15.8 page 398 of the Guides. Based upon table 15.7 page 404 Mr. Bardakjian experiences Type IIC lesion with 7% impairment plus 1% for each involved level resulting in 10% Whole Person Impairment. This 10% Whole person impairment is then interpolated with the 22% Whole Person Impairment for Range of Motion Based upon the Table 15-8 page 407 and Table 15-9 page 409 of the Guides interpolating to a 30% Whole Person Impairment.

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Mr. Bardakjian should avoid activities that require repetitive bending and lifting prolonged standing and walking and lifting greater than 15 pounds.

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

#### **CAUSATION AND APPORTIONMENT**

As documented previously, it is the conclusion of the undersigned that Mr. Bardakjian's findings are as a result of industrial injury in reference to his lumbar spine as well as his right knee as a result of the incident of July 3, 2018.

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#### **CURRENT/FUTURE MEDICAL CARE**

As the recommendations for management are unchanged from prior examination, Mr. Bardakjian is a candidate for arthroscopy of his right knee as requested by his primary treating physician, Philip Conwisar, M.D. as well as Mr. Bardakjian should undergo the spine consultation recommended by the undersigned as well as the patient's primary treating physician, Dr. Conwisar. Further management of the spine will depend upon the recommendations of the spine subspecialist.

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**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 5, 2020 at Whittier, 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   | 3 hours     |
| b. Face-to-face time with patient  | 1 hour      |
| c. Preparation of medical-legal report<br>including typing and transcription | 2-1/2 hours |
| d. Total medical research  | 3.5 hours   |

DATE OF REPORT October 05, 2020

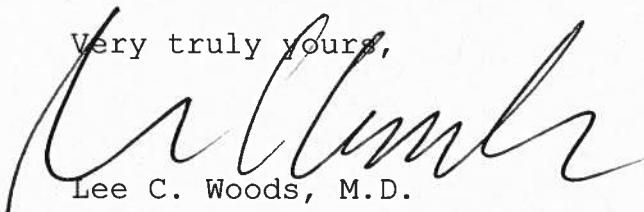
Signed this 15th day of March, 2021

in Los Angeles County, California.

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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/bk/kkj

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

Attention: Regina Diaz, Claims Adjuster

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**Bibliography:**

1. In Court of Appeal of the State of California Sixth Appellate District, Milpitas Unified School District, Petitioner versus Workers' Compensation Appeals Board and Joyce Guzman, Respondents, August 19, 2010.

2. Opinion and Decision After Reconsideration (en banc), case #ADJ1078163 (BAK0145426), Mario Almaraz, applicant versus Environmental Recovery Services (AKA Enviroserv); and State Compensation Insurance Fund, Defendant; Opinion and Decision After Reconsideration (en banc), case #ADJ3341185 (SJ00254688), Joyce Guzman, applicant, versus Milpitas Unified School District, permissibly self-insured; Keenan & Associates, adjusting agent defendant.

\* Copies of specific articles included in the above referenced evidence-based literature are available upon request\*

State of California  
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

AME or QME 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 St. 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)

Date Served: Addressee and Address Shown on Envelope:

<u>B</u>	<u>03/15/21</u>	Matian Law Group Post-Office Box-261670-Eneino, CA 91426
<u>B</u>	<u>03/15/21</u>	Lewis Brisbois Bisgaard, & Smith, LLP 633 West 5th Street, Suite 4000 Los Angeles, California 90071
<u>B</u>	<u>03/15/21</u>	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: March 15, 2021

Daniela Q.  
(signature of declarant)

Daniela Q.  
(print name)

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**LEE C. WOODS, M.D., P.C.**  
Diplomate, American Board of Orthopaedic Surgery  
Fellow, American Academy of Orthopaedic Surgeons

October 5, 2020

Lewis Brisbois Bisgaard, & Smith, LLP  
633 West 5th Street, Suite 4000  
Los Angeles, California 90071

Attention: Will McHenry  
Attorney at Law

Kozdin, Fields, Sherry & Katz  
6151 Van Nuys Blvd.  
Van Nuys, California 91401

Attention: Robert A. Katz  
Attorney at Law

**AGREED MEDICAL RE-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 in my capacity as an Agreed Medical Evaluator. I examined Mr. Bardakjian in my Whittier, California office today, October 5, 2020. My evaluation addressed this patient's orthopaedic complaints. The undersigned previously examined Mr. Bardakjian on October 25, 2019. The complexity factors of this report include an extensive review of **voluminous medical record**, requiring 3 hours for review, **direct face-to-face time** of 1 hour. Physician dictation and editing time spent in preparation of this medical-legal report was 2-1/2 hours. Medical research was 3 1/2 hours.

13113 Hadley Street • Whittier, CA 90601 • Phone 888 565-4192 • Fax 562 698-6075  
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5170 Sepulveda Boulevard, Suite 300 • Sherman Oaks, CA 91403

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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 that of Nurse Manager. Mr. Bardakjian related that his occupational 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 telephone 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.

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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.

INTERIM MEDICAL HISTORY

Mr. Bardakjian is a 50-year-old male Nurse Manager employed by the Los Angeles County Department of Health Services/Olive View Medical Center who was previously examined by the undersigned on October 25, 2019. Mr. Bardakjian reports he has not experienced any new or further injuries since his previous examination.

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At the examination of October 25, 2019, it was determined by the undersigned that Mr. Bardakjian had not achieved a permanent and stationary status. It was recommended that Mr. Bardakjian undergo an evaluation with a subspecialty spine specialist in reference to his lumbar spine. It was also recommended that he undergo an MRI of the right knee.

Since his previous evaluation on October 25, 2019, Mr. Bardakjian underwent the recommended MRI of his right knee in April 2020. He has been treating with Dr. Conwiser, who reportedly recommended that he undergo right knee surgery. However, the insurance carrier reportedly has not authorized the surgery.

Mr. Bardakjian has not undergone the recommended spine specialist consultation recommended by the undersigned. He has continued treating with Dr. Cohan for pain medication management.

#### OFF WORK ACTIVITIES

Mr. Bardakjian stated that since prior examination he has engaged in sedentary activities only. He denies participating in activities such as minor car repair, hunting, horseback riding, walking, housework, skiing, fishing, golfing, gardening, tennis, bowling, or running.

#### PRESENT COMPLAINTS

In reference to his lumbar spine, Mr. Bardakjian complains of constant dull, throbbing, and sharp pain, and shooting pain down the right leg accompanied by numbness and tingling. He states he is now also experiencing intermittent weakness, numbness, and tingling of the left leg. He is now experiencing cramping of the calves and toes, right worse than left. Symptoms are aggravated with laying down, any movements, any prolonged activities.

In reference to his right knee, Mr. Bardakjian complains of constant dull, cramping, and sharp shooting pain with a feeling of pressure, accompanied by popping, swelling, and weakness. The symptoms increase with all activities.

#### 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 half an hour, travel up to one 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, stating that it is impossible for him to engage in any social walking activities with his family.

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Mr. Bardakjian states that his pain interferes with his daily activities to a severe degree including difficulties bathing, twisting to get out of bed, cleaning his house, standing to wash dishes, mopping, cooking, bending down, and wiping cabinets.

Mr. Bardakjian states that his pain interferes with his interpersonal relationship to a severe degree, stating that he is unable to engage in intimate physical activity and is unable to attend family activities. He states that he and his significant other now sleep in different bedrooms because he would constantly toss and move throughout the night. He also states that he and his family have not had a vacation since his injury in July of 2018.

Mr. Bardakjian states that his pain interferes with his ability to do jobs in the home to a severe degree including difficulties standing to wash the dishes, mopping the floor, reaching cabinets, scrubbing the toilets and bending down to move items in the garage.

Mr. Bardakjian states that his pain interferes with his ability to shower and bathe to a severe degree, stating that he has to take his pain medication before bathing otherwise he requires assistance. He also states that it is very painful to twist to wash his back and shoulders and that he needs to sit down in order to fully bathe himself.

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 socks or shoes. He states that he must lay down on his bed in order to put his pants on and that is it very painful to bend his right knee.

Mr. Bardakjian states that his pain interferes with his sexual activities to a severe degree, stating that he and his partner do not engage in any sexual activities anymore.

Mr. Bardakjian states that his pain interferes with his ability to concentrate to a severe degree, stating that it is almost impossible to concentrate and be an efficient employee while he is in severe pain. He states that he must constantly reposition himself, ensure he takes his pain medication and practice relaxation techniques in order to remain somewhat focused.

REVIEW OF RECORDS

Submitted for review is  $\frac{1}{2}$ -inch of the following records:

- Edwin Haronian, M.D.;
- Kevin Kohan, M.D.;
- Philip Conwisar, M.D.;
- Total Imaging MRI.

Pertinent reports are reviewed as follows:

08/21/19: PR-2 Report, Philip H. Conwisar, M.D. DOI: 02/14/19. Mr. Steevio Bardakjian is employed by Olive View Medical Center as a RN IT Project Manager. Patient was under the care of Dr. Kevin Kohan for pain management. Patient had persistent server low back pain despite surgery 10 months ago by his prior treating spine surgeon. LUMBAR SPINE EXAM: There was a healed incision over the lumbar spine. Patient's gait was antalgic with a limp on the right. He was using a cane. Patient stands with a flattened lumbar lordosis. There was slight tenderness in the lumbar paravertebral muscles. Range of motion of the lumbar spine demonstrated flexion to 40 degrees, extension zero degrees, right lateral bending 10 degrees and left lateral bending 05 degrees, all with increased low back pain. SLR was to 30 degrees on the right with pain in the lower back region, and 60 degrees on the left without low back pain. Motor testing was 4+/5 with right knee extension, right ankle dorsiflexion and right great toe extension. Sensation was decreased at L4 and L5 on the right. Reviewed was electrodiagnostic studies of the lower extremities dated 06/21/19, the MRI's of the lumbar spine dated 07/10/18 and 11/08/18. PLAN: L/ESI at L4-5 on the right by Dr. Kohan; f/u in six weeks. DIAGNOSES: 1) S/P lumbar spine surgery, apparently hemilaminotomy/microdiscectomy L3-4, L4-5. 2) Recurrent disc herniation, L4-5. 3) Lumbar radiculopathy. WORK STATUS: Modified duty with restriction from repetitive bending, stooping, pushing, pulling lifting over 10 pounds; no weight bearing more than 30 minutes per hour; telecommute 25% of the time.

08/21/19: PR-2 Report, Dr. Conwisar. Mr. Steevio Bardakjian had a L/ESI two weeks ago that helped for a few days he was one year postop lumbar spine surgery performed by the prior treating spine physician. CURRENT COMPLAINTS: persistent

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severe low back pain. Patient was doing poorly. Exam of the lumbar spine was unchanged. PLAN: spine surgical consultation with Dr. Edwin Haronian; additional lumbar spine surgery; updated MRI of the lumbar spine with IV gadolinium; f/u in six weeks. WORK STATUS: continue working with the same work restrictions.

09/03/19: Pain Management PR-2 Report, Kevin Kohan, M.D. Universal Pain Management. DOI: 07/03/18, Olive View Medical Center. F/U low back pain and right leg pain. Mr. Bardakjian stated that the epidural injection gave him approximately five days of pain relief. He was taking Percocet up to three times a day which allowed him to work and got 30% improvement of function ability to do his ADLs and work full time. ROS: numbness; sweats; weakness. EXAM: There was a scar on the lumbar spine. SLR was positive on the right. There was pain on palpation of the lumbar facet on both sides of the L3-S1 region. There was palpable twitch positive trigger points in the lumbar paraspinous musculature. Anterior lumbar flexion caused pain. There was pain with lumbar extension. Motor strength noted weakness at the right L3-4 and L4-5 regions. Sensation was decreased on the right side at L3-4 and L4-5. DTRs was 1+ of the right knee. There was pain with right hip motion. There was tenderness of the lumbar spine. CURES report was obtained and showed no evidence of doctor shopping. PLAN: F/u with neurosurgeon; continue Percocet. WORK STATUS: Per PTP.

10/08/19: Pain Management PR-2 Report, Kevin Kohan, M.D. CURRENT COMPLAINTS: constant low back and right leg pain. PLAN: Urine drug test; continue Percocet. WORK STATUS: Per PTP.

10/10/19: PR-2 Report, Dr. Conwisar. The recommended second opinion surgical consultation was authorized. CURRENT COMPLAINTS: severe low back pain radiating the lower extremities. Exam of the lumbar spine was unchanged. PLAN: Spine surgery consult. WORK STATUS: No changes.

11/04/19: Pain Management PR-2 Report, Kevin Kohan, M.D. Patient continued to experience constant low back and right leg pain. PLAN: F/U with neurosurgeon/spine surgeon; continue Percocet. WORK STATUS: Per PTP.

11/07/19: Secondary Treating Physician's Initial Orthopedic Evaluation, Edwin Haronian, M.D. and Nicholas Cascone, PA-

C. DOI: 07/03/18. Mr. Bardakjian began employment with Olive View Medical Center as an RN IT Project Manager in 1999. He worked 1 hours a day, four days a week. At the time of his injuries, he performed general office and administrative duties, driving to meetings, operating a computer, creating reports, typing, entering data and managing projects. He was currently working with restrictions.

**HISTORY OF INJURY:** On 07/04/18, Mr. Bardakjian was working under a desk. As he came back to a standing position, he felt a snapping sensation in his lower back that was followed by sharp pain. He reported the injury to his supervisor. On 07/08/18, he was seen at Henry Mayo Hospital ER where he was provided and prescribed pain medications. He had MRI studies done. Thereafter, he was seen at Facey Medical Group per his employer. After that, he was seen by Dr. Barcohana, orthopedic surgeon. Dr. Barcohana indicated patient needed emergency surgery that was performed on 08/04/18 which consisted of a discectomy. He had postop physical therapy and aquatic therapy. Since 2019, he has been under the care of Dr. Conwissar. MRI studies were obtained. Pain medications, acupuncture, physical therapy and chiropractic treatment was prescribed. He had a L/ESI in September 2019 with two to three days of pain relief. He was working with restrictions since April 2019. He was seen by the undersigned for a "QME" a week prior to 11/07/19.

**CURRENT COMPLAINTS:** constant low back pain that varied in degree, with pain, numbness and tingling radiating to the right leg, aggravated by coughing and sneezing, with pain increasing with prolonged standing, walking and sitting; difficulty sleeping due to pain and discomfort. Pain meds and rest temporarily relieved his pain.

**MEDICAL HX:** Type II diabetes. PSH: Lumbar laminectomy. MEDS: Glucophage; Percocet. EXAM: Height 5'11". Weight 215 lbs. Patient had a slow, antalgic gait. He was using a cane. There was tenderness and spasm in the paravertebral musculature of the lumbar spine. Heel and toe walking caused pain. Squatting also caused pain. Electric inclinometer report used for ROM was not provided in the submitted records. SLR was to 40 degrees on the right with right L5 pain. DTR's was reduced at the right knee. Sensation was decreased at L5 lateral leg and mid foot with pain. Range of motion of the hips was WNL with pain on the right.

**X-rays of the lumbar spine** was obtained showing no fracture, dislocation or other abnormality. There was bridging lateral osteophytes noted especially at L2-3. The lateral views showed calcification, duplication in the anterior

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longitudinal ligament throughout the lower thoracic and lumbar spine from T11 through S1, with bridging osteophytes. X-rays of the right hip was obtained which revealed evidence of avascular necrosis with alteration of the cortical bone at the femoral head. There was mild osteoarthritic changes. Reviewed was the MRI's of the L/S dated 07/10/18 and 11/08/18, as well as neurodiagnostics of the lower extremities dated 06/20/19. DIAGNOSIS: lumbosacral radiculopathy S/P hemilaminectomy. PLAN: Obtain all prior records and diagnostic studies; fusion of some type was warranted mostly to the L4-5 level; medications were deferred to pain management; MRI of the right hip. WORK STATUS: Per PTP.

11/22/19: PR-2 Report, Dr. Conwissar. CURRENT COMPLAINTS: low back pain radiating to the right lower extremity. Patient was evaluated by Dr. Haronian. Exam of the lumbar spine was essentially unchanged. Exam of the bilateral hips revealed restricted ROM of the right hip with slight pain on ROM. DISCUSSION: Dr. Haronian obtained an XR of the right hip which showed findings consistent with avascular necrosis. PLAN: X-rays of the right hip to R/O the right hip as a source of his persistent pain; f/u in six weeks. Work Status: No changes.

12/02/19: Pain Management PR-2 Report, Kevin Kohan, M.D. Patient continued with low back and right leg pain. PLAN: Right hip joint injection intraarticular as XRs were consistent with degenerative changes of the hip; Percocet. WORK STATUS: TTD.

12/05/19: Secondary Treating Physician's Report, Dr. Haronian and Michael Nadzhafov, PAC, MPH. CURRENT COMPLAINTS: Low back pain radiating to the RLE. Right hip XRs noted AVN. According to the patient, his PTP, Dr. Conwissar expressed doubts in regard to this finding. Dr. Haronian reviewed the MRI of the low back that was on a CD and was brought in by the patient. RECOMMENDATION: Posterior lumbar arthrodesis of L4-5; possible consideration of a spinal cord stimulator by pain management physician as the patient's dominant complaint was pain in the RLE; MRI of the right hip. Patient did not need a follow up appointment with Dr. Haronian.

\*\*\*2020 RECORDS\*\*\*

01/07/2020: Pain Management PR-2 Report, Kevin Kohan, M.D. patient continued with low back and right leg pain. PLAN: **Patient's knee was apparently part of his case and the patient was interested in further imaging** Patient wanted to discuss findings of the lumbar spine with orthopedic surgeon. The hip joint injection was approved but patient wanted to hold off on any intervention He was to continue taking Percocet. WORK STATUS: Per PTP.

02/04/2020: Pain Management PR-2 Report, Kevin Kohan, M.D. Patient was awaiting for an MRI and potential surgical intervention by orthopedic surgeon. Treatment plan was unchanged. WORK STATUS: Per PTP.

02/26/2020: PR-2 Report, Dr. Conwisar. CURRENT COMPLAINTS: persistent low back pain radiating to the right tower extremity with paresthesias; **persistent right knee pain. He injured his right knee a few days after the lumbar spine surgery when he fell down due to low back pain. He twisted his right knee and had no treatment.** Exam of the lumbar spine and hips was unchanged. Exam of the bilateral knees revealed small effusion of the right knee. ROM of the right knee was 0 to 130 degrees and left knee was 0 to 140 degrees. There was medial joint line tenderness of the right knee. McMurray's test was positive on the right. X-rays of the right hip and pelvis taken on 11/25/19 showed very mild degenerative joint disease of the right hip. The joint space was preserved and measured 4 mm. Reviewed was the Orthopedic Evaluation dated 11/07/19 by Edwin Haronian, M.D., and the AME report dated 10/25/19 by the undersigned. DIAGNOSES: 1) S/P lumbar spine surgery, apparently hemilaminotomy/microdiscectomy L3-4, L4-5. 2) Recurrent disc herniation, L4-5. 3) L4-5 lumbar radiculopathy. 4) Internal derangement, right knee. DISCUSSION: Patient was seen by Dr. Haronian who recommended a fusion. Patient wanted a second opinion. Patient also had right knee pain since a fall that occurred soon after the lumbar spine surgery. Dr. Conwisar opined that the right knee was a compensable consequence injury of the lumbar spine injury. Patient had findings of internal/mechanical derangement and medial meniscus tear. Dr. Conwisar indicated that the AME by the undersigned agreed that patient was not Permanent and Stationary or at MMI. The undersigned recommended spine surgical consultation and an MRI of the right knee. PLAN: Second opinion spine surgical consultation with Dr. Patrick Johnson at Cedars Sinai; updated MRI scan of the lumbar

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spine with IV gadolinium; MRI scan of the right knee; f/u in six weeks. WORK STATUS: No changes.

03/31/2020: Pain Management PR-2 Report, Kevin Kohan, M.D. Patient was seen via telemedicine audio and visual for approximately 15 minutes. CURRENT COMPLAINTS: low back pain controlled with Percocet. The elective surgery was on hold. PLAN: No changes. Percocet and Vistaril was prescribed. WORK STATUS: Per PTP.

04/13/2020: PR-2 Report, Dr. Conwisar. Patient was evaluated via telemedicine due to COVID-19 outbreak. CURRENT COMPLAINTS: Persistent low back pain radiating to the RLE with paresthesias; right knee pain. Treatment plan was unchanged. WORK STATUS: No changes.

05/04/2020: Pain Management PR-2 Report, Kevin Kohan, M.D. Patient was seen via telemedicine audio and visual. Patient continued to experience low back pain. No changes in treatment plan.

05/28/2020: MRI scan of the right knee without contrast, Norma Pennington, M.D. Total Imaging & Open MRI. Referral by Dr. Philip Conwisar. Hx: Injured at work. FINDINGS: There was an oblique tear of the posterior horn of the medial meniscus. There was small knee joint effusion. A Baker's cyst was observed.

06/01/2020: Pain Management PR-2 Report, Kevin Kohan, M.D. Patient was seen via telemedicine audio and visual. Patient had an MRI of his right knee done a few days ago. CURRENT COMPLAINTS: low back and right lower extremity pain, unchanged. PLAN: Obtain MRI images of the knee that was done; MRI of the lumbar spine; Percocet; Vistaril. WORK STATUS: Per PTP.

06/11/2020: PR-2 Report, Dr. Conwisar. Evaluation done via telemedicine. CURRENT COMPLAINTS: persistent severe low back pain radiating to the RLE; right knee pain, swelling, catching, giving way and occasional locking. Reviewed was the MRI scan of the lumbar spine dated 06/04/2020 showing a 3 mm disc protrusion at L3-4 and a 3.8 mm disc protrusion at L4-5. There was a 1.3 mm disc protrusion at L5-S1 and L2-3. The MRI scan of the right knee dated 05/28/2020 was reviewed showing an oblique tear of the posterior horn in the medial meniscus. PLAN: Second opinion spine surgical consultation with Dr. Patrick Johnson; right knee

arthroscopy with partial medial meniscectomy; preop clearance; postop physical therapy; cold therapy device postop; crutches postop. WORK STATUS: No changes.

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

#### PHYSICAL EXAMINATION

Height: 5'11"  
Weight: 220 lbs  
BP: 198/116  
Pulse: 102

#### General Appearance

Physical examination revealed a well-nourished, well-developed male who appeared his stated age. Mr. Bardakjian appeared comfortable during history taking. He arose however with hesitation utilizing a cane. Mr. Bardakjian required a cane throughout the examination. With independent weightbearing, Mr. Bardakjian required contact guarding of the walls. At the time of examination, Mr. Bardakjian was otherwise 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.

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Range of Motion

<u>Range of Motion of the Back</u>	<u>Degrees of Motion</u>	<u>Normal</u>
Flexion	15°	60°
Extension	1°	25°
Lateral Flexion - Right	3°	25°
Lateral Flexion - Left	11°	25°
<u>Straight Leg Raising</u>	- Right - Left	16° 37°
		No evidence of radiculopathy

Comment:

Sciatic pain generated between 30° and 70° of hip flexion is the abnormal finding interpreted as a positive straight leg raising maneuver. No such finding in this case consistent with radiculopathy (Low Back Pain; BMJ. 2004 May 8; 328 (7448): 1119-1121)

Range of Motion of the Lower Extremities

<u>Knee</u>	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Flexion	98°	107°	135°
Extension	-65°	-29°	180°

Neurologic Examination

Straight leg raising (seated and supine) and Bragard's test (Lasègue'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	15 mm	15 mm
First dorsal webspace	15 mm	15 mm
Lateral column	15 mm	15 mm
Plantar	15 mm	15 mm

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### 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

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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

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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.

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**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)	47 cm	48 cm
Calf (5" from the lower pole of the patella with the patient resting the leg on the table)	41 cm	41 cm

**RADIOGRAPHS**

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

**Lumbar Spine**

Radiographs of the lumbar spine revealed L4-L5 marginal osteophyte formation indicative of degenerative disc disease with bridging syndesmophytes and marginal osteophyte formation with diffuse vertebral endplate sclerosis and irregularity as documented at the prior examination. There is loss of the normal lumbar lordosis. Otherwise, there was no evidence of spondylolisthesis, spondylolysis, fracture, dislocation, or loss of motion segment integrity.

**Right Knee**

Radiographs of the right knee are normal with a cartilage interval of 6.296 mm on the right knee and 6.76 mm on the left knee.

**DIAGNOSES**

1. Lumbar Strain status post Lumbar Hemilaminotomy and L3-L4 Microdiscectomy with L3-4 ,L4-L5, and L5-S1 Disc Herniations and Radiculopathy.
2. Internal Derangement Right Knee.

**DISCUSSION**

This is a 50-year-old male Nurse Manager employed by the Los Angeles County Department of Health Services/Olive View Medical Center who originally experienced an injury of July 3, 2018. At the prior examination recommendations were made for management including subspecialty spine consultation as well as MRI evaluation. The MRI study of May 28, 2020 revealed evidence of medial meniscus tear. Thus, Mr. Bardakjian is a candidate for arthroscopy of his right knee as was documented by his current treating physician, Philip H. Conwisar, M.D. Indeed, Dr. Conwisar has recommended a spine subspecialty consultation as well.

Mr. Bardakjian underwent a lumbar MRI of June 4, 2020 which revealed evidence of multilevel involvement including disc protrusions of L3-L4, L4-L5 and L5-S1.

**PERMANENT AND STATIONARY STATUS**

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Mr. Bardakjian has achieved a permanent and stationary status.

**OBJECTIVE FINDINGS**

The objective findings of examination continue to reveal evidence of lumbar tenderness with positive straight leg raising maneuver in the right lower extremity and limb girth atrophy. There is also medial joint line tenderness of the right knee unchanged from prior examination without straight or rotatory instability.

**PERMANENT IMPAIRMENT**

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Based upon the 5<sup>th</sup> edition of the Guides to the evaluation of permanent impairment, Mr. Bardakjian experiences a traditional impairment of his right knee of 4% based upon table 17-10 page 537 of the Guides. However, given evidence of an oblique tear of the posterior horn of his medial meniscus in conjunction with evidence of a Baker's Cyst it is the conclusion of the undersigned that the traditional interpretation does not most accurately represent the impairment of the right knee. Therefore the Almaraz Guzman decision must be imposed to address the most accurate impairment.

Despite the fact that the Almaraz/Guzman Decision has been accepted by the legislature and the WCAB, there is not infrequently great dispute regarding its implementation. Thus, in order to further explain the basis for the Decision of the undersigned, based upon the findings of examination, it is essential to understand the *Guides* characterization of the physician in terms of determining the impairment of the whole person.

The Almaraz/Guzman Decision states that: "Therefore, based upon the physician's judgment, experience, training and skill each reporting physician (treater or medical-legal evaluator) should give an expert opinion on the injured employee's WPI using the chapter, table or method assessing the impairment with the AMA *Guides* that most accurately reflects the injured employee's impairment. . ."<sup>1</sup>

The Almaraz/Guzman Decision including the August 19, 2010 Sixth District Appellate Court Decision further states that: "Although the WPI component of the schedule rating must be found on the AMA *Guides* (except in the case of psychiatric impairments), a physician is not inescapably locked into a specific paradigm for evaluating WPI under the *Guides*." Section 4660(b)(1) provides that the WPI of the schedule rating is to be rooted in "the descriptions and measurements of physical impairments and the corresponding percentages of impairments published in the (AMA *Guides*)."<sup>1,2</sup>

Therefore, section 4660(b)(1) does not mandate that the impairment for any particular condition must be assessed in any particular way under the *Guides*. Moreover: "While the AMA *Guides* often sets forth an analytical framework and methods for physicians assessing WPI, the *Guides* do not relegate a physician to the role of taking a few objective measurements and mechanically and uncritically assigning a WPI that is based on a rigid and standardized protocol and is devoid of any clinical judgment. Instead, the AMA *Guides* expressly contemplates that a physician will use his or her judgment, experience, training and skill in assessing WPI."<sup>1</sup>

The undersigned has met this standard in reviewing the facts including consideration of both the art and science of medicine in determining the whole person impairment in this case.

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It is the conclusion of the undersigned that a more accurate impairment rating can be concluded by employing table 17.3 page 527 of the Guides and concluding that Mr. Bardakjian has lost 20% of his lower extremity function resulting in an 8% impairment of the whole person of the right knee.

In reference to his lumbar spine given evidence of multi level involvement with disc protrusions of L3-L4 through L5-S1 the Range of Motion Method applies based upon section 15.2 page 579 of the Guides and 15.8 page 398 of the Guides. Based upon table 15.7 page 404 Mr. Bardakjian experiences Type IIC lesion with 7% impairment plus 1% for each involved level resulting in 10% Whole Person Impairment. This 10% Whole person impairment is then interpolated with the 22% Whole Person Impairment for Range of Motion Based upon the Table 15-8 page 407 and Table 15-9 page 409 of the Guides interpolating to a 30% Whole Person Impairment.

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Mr. Bardakjian should avoid activities that require repetitive bending and lifting prolonged standing and walking and lifting greater than 15 pounds.

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

#### CAUSATION AND APPORTIONMENT

As documented previously, it is the conclusion of the undersigned that Mr. Bardakjian's findings are as a result of industrial injury in reference to his lumbar spine as well as his right knee as a result of the incident of July 3, 2018.

#### CURRENT/FUTURE MEDICAL CARE

As the recommendations for management are unchanged from prior examination, Mr. Bardakjian is a candidate for arthroscopy of his right knee as requested by his primary treating physician, Philip Conwisar, M.D. as well as Mr. Bardakjian should undergo the spine consultation recommended by the undersigned as well as the patient's primary treating physician, Dr. Conwisar. Further management of the spine will depend upon the recommendations of the spine subspecialist.

**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 5, 2020 at Whittier, 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   | 3 hours     |
| b. Face-to-face time with patient  | 1 hour      |
| c. Preparation of medical-legal report<br>including typing and transcription | 2-1/2 hours |
| d. Total medical research  | 3.5 hours   |

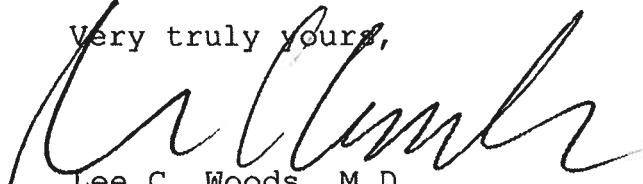
DATE OF REPORT October 05, 2020

Signed this 15th day of March, 2021

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/bk/kkj

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

Attention: Regina Diaz, Claims Adjuster

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**Bibliography:**

1. In Court of Appeal of the State of California Sixth Appellate District, Milpitas Unified School District, Petitioner versus Workers' Compensation Appeals Board and Joyce Guzman, Respondents, August 19, 2010.

2. Opinion and Decision After Reconsideration (en banc), case #ADJ1078163 (BAK0145426), Mario Almaraz, applicant versus Environmental Recovery Services (AKA Enviroserv); and State Compensation Insurance Fund, Defendant; Opinion and Decision After Reconsideration (en banc), case #ADJ3341185 (SJ00254688), Joyce Guzman, applicant, versus Milpitas Unified School District, permissibly self-insured; Keenan & Associates, adjusting agent defendant.

\* Copies of specific articles included in the above referenced evidence-based literature are available upon request\*

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

**AME or QME 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.: **19-00110-B** EAMS or WCAB Case No. (if any): **ADJ11540526**

I, **Crystal Macea**, 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 St. 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)

Date Served:

Addressee and Address Shown on Envelope:

<b>B</b>	<b>04/22/24</b>	Lewis Brisboid Bisgaard & Smith LLP 633 West 5th St Suite 4000 Los Angeles, CA 90071
<b>B</b>	<b>04/22/24</b>	Koszdin, Fields, Sherry & Katz 6151 Van Nuys Blvd. Van Nuys, CA 91404
<b>B</b>	<b>04/22/24</b>	Sedgwick P.O. Box 11028 Orange, CA 92856

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: **04/22/2024**

**Crystal Macea**  
 (signature of declarant)

**Crystal Macea**  
 (print name)

**LEE C. WOODS, M.D., P.C.**  
**Diplomate, American Board of Orthopaedic Surgery**  
**Fellow, American Academy of Orthopaedic Surgeons**

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April 8, 2024

Lewis Brisboid Bisgaard & Smith LLP  
633 West 5<sup>th</sup> St Suite 4000  
Los Angeles, CA 90071

Attention: Charlene Underwood  
Attorney at Law

Koszdin, Fields, Sherry & Katz  
6151 Van Nuys Blvd.  
Van Nuys, CA 91404

Attention: Robert A. Katz, Esq  
Attorney at Law

**AGREED MEDICAL EVALUATION SUPPLEMENTAL REPORT**

RE: BARDAKJIAN, STEEVIO  
D/I: 07/03/2018  
EMP: OLIVE VIEW MEDICAL CENTER  
CLAIM #: 19-00110-B  
WCAB #: ADJ11540526

To All Parties Involved:

I, the undersigned examined Mr. Stevio Berdakjian in my capacity as an Agreed Medical examiner on September 8, 2023. My evaluation addresses this patient's orthopaedic complaints. The undersigned has received additional medical record for review. This report is considered an ML203 Supplemental Medical-Legal Report.

**Review of Records:**

02/13/2024: EMG/NCV Studies of the bilateral lower extremities were reported by Juliane C. Tran at Lee C. Woods, MD, P.C. Orthopedic Surgery. Referral by the undersigned. IMPRESSION:

Nerve Conduction Studies of bilateral lower extremities: Abnormal

1) Study is consistent with the presence of a severe sensory motor peripheral neuropathy with severely reduced and prolonged responses all the motor nerves, and absent responses of all the sensory nerves.

2) No electro diagnostic evidence of fibular nerve entrapment neuropathy.

EMG of bilateral lower extremities: Abnormal

1) Study is consistent with the presence of an active bilateral L4, S1 lumbosacral radiculopathy, with mild active/acute denervation potentials present in one muscle of the bilateral L4 and S1 myotomes; However, clinical correlation is indicated.

2) No electro diagnostic evidence of lumbar sacral plexopathy.

**DISCUSSION**

At the examination of September 8, 2023, Mr. Berdakjian was a 52-year-old male nurse manager for the Los Angeles County Department Health Services/Olive View Medical Center who experienced the original injury of July 3, 2018 resulting in disc herniation. Mr. Berdakjian had originally been declared permanent and stationary on October 5, 2020 resulting in an impairment rating of 30%. The conclusion of the undersigned that the findings of the above noted MRI study revealing peripheral neuropathy and evidence of bilateral L4 and S1 lumbosacral radiculopathy should be considered in terms of management including the necessity for potential decompression. However, it is the conclusion of the undersigned that the original impairment most accurately characterizes the impairment rating. Further consideration of the impairment rating is not indicated based upon the study results.

**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

**13113 Hadley Street • Whittier, CA 90601 • Phone 562 907-7682 • Fax 562 698-6075**  
**112 W. 9th Street, Suite 1126 • Los Angeles, CA 90015**  
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BERDAKJIAN, STEVIO

April 8, 2024

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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 April 8, 2024 at Whittier, 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 the undersigned.

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.

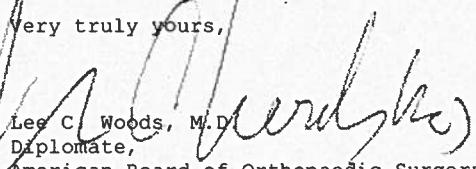
DATE OF REPORT April 1, 2024

Signed this 22<sup>nd</sup> day of April, 2024

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/eh

CC: Sedgwick  
P.O. Box 11028  
Orange, CA 92856

Attention: Elaine Barbagallo, Claims Adjustor.

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

**AME or QME 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.: **19-00110-B** EAMS or WCAB Case No. (if any): **ADJ11540526**

I, **Crystal Macea**, 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 St Whitter 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.
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  - 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.

<u>Means of service:</u> <small>(For each addressee. enter A – E as appropriate)</small>	<u>Date Served:</u>	<u>Addressee and Address Shown on Envelope:</u>
<b>B</b>	<b>09/20/23</b>	Lewis Brisboid Biggaard & Smith LLP 633 West 5th St Suite 4000 Los Angeles, CA 90071
<b>B</b>	<b>09/20/23</b>	Koszdin, Fields, Sherry & Katz 6151 Van Nuys Blvd. Van Nuys, CA 91404
<b>B</b>	<b>09/20/23</b>	Sedgwick P.O. Box 11028 Orange, CA 92856

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: **09/20/2023**

**Crystal Macea**  
(signature of declarant)

**Crystal Macea**  
(print name)

**LEE C. WOODS, M.D., P.C.**  
Diplomate, American Board of Orthopaedic Surgery  
Fellow, American Academy of Orthopaedic Surgeons

September 8, 2023

Lewis Brisboid Bisgaard & Smith LLP  
633 West 5<sup>th</sup> St Suite 4000  
Los Angeles, CA 90071

Attention: Charlene Underwood  
Attorney at Law

Koszdin, Fields, Sherry & Katz  
6151 Van Nuys Blvd.  
Van Nuys, CA 91404

Attention: Robert A. Katz, Esq  
Attorney at Law

**AGREED MEDICAL EVALUATION**

RE: BARDAKJIAN, STEEVIO  
D/I: 07/03/2018  
EMP: OLIVE VIEW MEDICAL CENTER  
CLAIM #: 19-00110-B  
WCAB #: ADJ11540526

To All Parties Involved:

I the undersigned examined Mr. Steevio Bardakjian in my capacity as an Agreed Medical Examiner in my Sherman Oaks, California office today, September 8, 2023. My evaluation addresses this patient's orthopaedic complaints. This report is considered an **ML202** comprehensive medical-legal evaluation.

**OCCUPATIONAL DESCRIPTION AND WORK HISTORY**

Mr. Bardakjian informed the undersigned that his occupational title at the time of the injury was that of Nurse Manager. Mr. Bardakjian related that his occupational 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 telephone 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**

This is a 52-year-old male nurse manager employed by the Los Angeles County Department of Health Services/Olive View Medical Center previously examined by the undersigned on September 20, 2022 and October 5, 2020.

Since prior examination, Mr. Bardakjian has continued to experience back pain associated with lower extremity radicular symptoms as well as right knee pain. Mr. Bardakjian states his pain usually has worsened since prior examination. Mr. Bardakjian has been managed by Philip Conwissar, M.D. He was recently referred to spine subspecialist James Cho, M.D. for evaluation and probable surgery based upon the history provided by Mr. Bardakjian.

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OFF WORK ACTIVITIES

Mr. Bardakjian states he participates in sedentary activities only stating he is not participating in activities such as minor car repair, hunting, horseback riding, skiing, fishing, golfing, gardening, tennis, bowling, or running.

PRESENT COMPLAINTS

Mr. Bardakjian describes lumbar pain associated with bilateral lower extremity pain and numbness and cramping and a pulling sensation. He describes pain varies in intensity in both his knees and his back from dull to sharp.

In reference to the right knee, Mr. Bardakjian has a complaint of stiffness, pain, and burning sensation as well as sharp pain.

ACTIVITIES OF DAILY LIVING

Mr. Bardakjian states his pain interferes with his ability to walk one block, lift 10 pounds such as a bag of groceries, sit for half an hour, stand for half an hour, sleep and travel in a car up to an hour to a severe degree.

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

Mr. Bardakjian states his pain interferes with his ability to write and type to a moderate degree.

Mr. Bardakjian states his pain interferes with his ability to participate in social activities to a severe degree including "all of my ADLs, grooming, hygiene, and cooking."

Mr. Bardakjian states his pain interferes with daily activities to a severe degree including walking his dogs, cooking, doing laundry, bathing, and yard work.

Mr. Bardakjian states his pain interferes with his interpersonal relationships to a severe degree stating he is unable to visit friends and family and is unable to have intimacy with his partner.

Mr. Bardakjian states his pain interferes with his ability to perform jobs in home and shower and bath to a moderate degree.

Mr. Bardakjian states his pain interferes with his ability to dress himself to a severe degree including applying shoes, pants, socks, and undergarments stating that he wears clogs for the ease of putting on the shoe wear.

Mr. Bardakjian states his pain interferes with his sexual intimacy and concentration to a severe degree.

REVIEW OF RECORDS

Received by the Office of Lee C. Woods, M.D. on 08/16/23 are records and Declaration Pursuant to CCR, Title 8, §9793(n) which is dated 07/19/23 and signed by Brett T. Sherry, Esq. from Koszdin, Fields & Sherry indicating the total page count of 122 pages.

REVIEW OF MEDICAL RECORDS:

06/03/22: PR-2 Report, Ann Bonner, PA-C and Philip H. Conwisar, M.D. DOI: 07/03/18, County of Los Angeles Olive View Medical Center. Note: Page 4 is missing. Mr. Steevio Bardakjian worked as a RN IT Project Manager. He was one-month postop right knee arthroscopy with partial medial meniscectomy. He was doing well. He felt like his strength in his quadriceps continued to improve but had some mild lingering pain. He was attending postop physical therapy for his right knee and completed three sessions so far with nine sessions remaining. He noted improvement with physical therapy. He was also doing a home exercise program. He also continued to treat with Dr. Kohan, pain management specialist for his low back. EXAM: Exam of the lumbar spine revealed healed incision. He ambulated with an antalgic gait. There was a limp present on the right. He was using a cane. Patient was standing with a flattened lumbar lordosis. There was no scoliosis or list. There was no evidence of atrophy of the gluteus maximum bilaterally. There was slight tenderness of the lumbar paravertebral muscles. Range of motion of the lumbar spine demonstrated flexion to 40 degrees, extension zero degrees, right lateral bending 10 degrees, and left lateral bending 05 degrees, with increased low back pain on ROM

testing. Straight leg raising was to 30 degrees on the right with low back pain and 60 degrees on the left without pain. Exam of the bilateral hips revealed slight restriction with ROM testing of the right hip with slight pain. Range of motion of the left hip was full and without pain. Exam of the bilateral knees revealed mild swelling of the right knee. There were healed incisions over the right knee. Range of motion of the knees R/L in degrees: Flexion 125/140; extension 20/zero. Neurological Exam: Motor test was 4+/5 with right knee extension and right ankle dorsiflexion. (PAGE 4 IS MISSING). Reviewed was the MRI of the lumbar spine dated 07/10/18 showing "a 3 mm disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5 mm disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing." DIAGNOSES: 1) S/P lumbar spine surgery, apparently hemilaminotomy/microdiscectomy at L3-4, L4-5. 2) Recurrent disc herniation, L4-5. 3) L4-5 lumbar radiculopathy. 4) Postop right knee arthroscopy with partial medial meniscectomy. PLAN: continue authorized postop physical therapy for the right knee; continue treating with Dr. Kohan for the low back; f/u in four weeks. WORK STATUS: Remain TTD.

07/22/22: PR-2 Report, Ann Bonner, PA-C and Dr. Conwisar. Patient continued to do well S/P right knee arthroscopy. He complained of persistent severe low back pain. He stated he was trying to get a spine surgical consultation with Dr. Patrick Johnson at Cedars Sinai. His adjuster changed and she has not received authorization for spine consultation. Exam of the lumbar spine and hips was unchanged. Exam of the right knee revealed mild swelling, healed incisions over the knee. Range of motion of the right knee -5 to 135 degrees. Motor testing remained 4+/5 with right knee extension and right ankle dorsiflexion. Sensation was decreased at L4 and L5. Reviewed was an MRI of the lumbar spine dated 06/04/2020 showing "a 3 mm disc protrusion at L3-4 and 3.8 mm disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3 mm disc protrusion at L5-S1 and L2-3." Reviewed were Electrodiagnostic studies of the lower extremities which revealed evidence of chronic bilateral L4 and L5 lumbar radiculopathy, right greater than left. PLAN: Additional physical therapy for the right knee; f/u with Dr. Kohan for the low back; second opinion spine surgery consultation with Dr. Patrick Johnson at Cedars Sinai; physical therapy for the lumbar spine; f/u in four weeks. WORK STATUS: TTD.

08/02/22: Telemedicine Pain Management PR-2 Report, Kevin Kohan, D.O. and Seyeon Kang, NP. Universal Pain Management. DOI: 07/03/18, Olive View Medical Center. Patient with low back and right knee pain due to work related injuries. He recovered from COVID-19. He continued with physical therapy after right knee surgery on 05/04/22 with mild improvement with physical therapy, which allowed him to ambulate longer distances. He complained of low back pain radiating to both feet, increased with exertion and improved with medication. He complained of right knee aching pain with prolonged positioning, alleviated by rest, physical therapy and medication. He was in the process of finding a spinal surgeon after failed laminectomy in 2018. He had epidural injections in the past which did not help. Spinal cord stimulator trial was discussed and patient was interested in this procedure in the future. MEDS: Percocet providing 30% pain relief; OTC stool softeners. PSH: August 2018, L3-5 discectomy. On 06/29/21, open heart surgery at Henry Mayo. On 05/04/22, right knee surgery. UDS on 06/06/22 was consistent with Percocet and metabolites, positive for TCH which is legal in California. Reviewed were the MRI of the right knee dated 05/28/2020 and MRI of the lumbar spine dated 06/04/2020. IMPRESSION: 1) 52 year old male with history of L3-5 laminectomy with significant radiculopathy on the right side and post-laminectomy syndrome with lumbar radiating due to work related injury. 2) S/p right knee surgery, 05/04/22, recovering and doing physical therapy. PLAN: spinal cord stimulator trial; continue current meds; f/u with spinal surgeon; continue physical therapy for the right knee; knee injections; Percocet was refilled; continue Metamucil; f/u in one month. WORK STATUS: Per PTP.

08/31/22: PR-2 Report, Dr. Conwisar. Patient was improving after right knee arthroscopy surgery 3-1/2 months ago. He had some persistent right knee pain and weakness. He complained of severe low back pain radiating to the lower extremities. They have not received authorization for second opinion spine consultation. Exam of the lumbar spine, hips and knees was unchanged. Motor testing as 4+/5 with right great toe extension. PLAN: physical therapy for the right knee and lumbar spine; second opinion spine surgical consultation with Dr. Patrick Johnson or Dr. Jae Chon; f/u with Dr. Kohan; f/u in four weeks. WORK STATUS: TTD.

10/04/22: Telemedicine Pain Management PR-2 Report, Dr. Kohan. Patient was in physical therapy for his right knee and low back with functional improvement noted. Spine surgery consultation was pending. He did not know if he wanted to proceed with Baker fusion surgery that was recommended. PLAN: continue with physical therapy; Percocet was refilled; continue with activities as tolerated; f/u in one month. WORK STATUS: Per PTP.

680000

RE: BARDAKJIAN, STEEVIO  
September 8, 2023  
Page 4

10/06/22: Telemedicine PR-2 Report, Ann Bonner, PA-C and Dr. Conwisar. Patient was improving after right knee arthroscopy but had some persistent right knee pain and weakness in his right lower extremity. He complained of severe low back pain radiating to the lower extremities. Authorization was received for additional physical therapy for the right knee and physical therapy for the low back which he started this week. Authorization was given for second opinion spine surgery consultation with Dr. Patrick Johnson at Cedars Sinai. EXAM: Physical exam was performed by Telemedicine. Exam of the lumbar spine revealed a healed incision at the lumbar spine region. Range of motion of the lumbar spine was restricted by pain. Sensation was decreased in the L5 dermatome. Neurological exam was limited in a telemedicine exam. Exam of the right knee revealed healed incisions. There was slight restriction in extension and flexion of the right knee with pain on ROM. PLAN: continue physical therapy; second opinion spin surgery consultation with Dr. Patrick Johnson; f/u with Dr. Kohan; f/u in four weeks. WORK STATUS: TTD.

11/01/22: Telemedicine Pain Management PR-2 Report, Dr. Kohan. Patient was to see Dr. Patrick Johnson for spine surgery consultation. He was doing physical therapy for the lumbar spine and right knee. He was also doing shoulder therapy. Treatment plan was unchanged. WORK STATUS: Per PTP.

11/23/22: PR-2 Report, Ann Bonner, PA-C and Dr. Conwisar. Patient continued to experience persistent low back pain that was sever at time. He had mild pain in his right knee. He continued to have radiating pain down his right lower extremity. Exam of the lumbar spine was unchanged. He ambulated with an antalgic gait, limping on the right. Exam of the hips and knees was unchanged. PLAN: continue physical therapy and home exercise program; spine surgery consult with Dr. Patrick Johnson; f/u with Dr. Kohan; f/u in four weeks. WORK STATUS: TTD.

11/28/22: Telemedicine Pain Management PR-2 Report, Dr. Kohan and Seyeon Kang, NP. Patient's current complaint was continued low back pain radiating down the bilateral lower extremities with numbness and tingling in both feet; right knee pain. He was to see Dr. Patrick Johnson. He continued to take Percocet for pain. PLAN: F/U with Dr. Conwisar; spine surgery consultation with Dr. Patrick Johnson; consider spinal cord stimulator trial; Percocet was refilled; f/u in one month. WORK STATUS: Per PTP.

12/23/22: Telemedicine Pain Management PR-2 Report, Kevin Kohan, D.O. and Seyeon Kang, NP. Patient wanted to wean down on Percocet from 10/325 to 7.5.325 mg TID as needed. Physical therapy mildly improved his low back pain. Spine surgery consultation with Dr. Patrick Johnson was still pending. CURRENT COMPLAINT: low back pain that was always present and varied in intensity with pain radiating down the bilateral lower extremities with numbness and tingling in both feet; constant pain in the right knee, with sharp shooting pain with movement. PLAN: Wean down on Percocet; spine surgery consult with Dr. Patrick Johnson; Percocet was refilled; f/u in one month. WORK STATUS: Per PTP.

12/29/22: Telemedicine PR-2 Report, Ann Bonner, PA-C and Dr. Conwisar. Patient's symptoms regarding his low back and right knee were unchanged. He completed physical therapy for low back and continued with exercises at home. Patient was authorized to see Dr. Patrick Johnson for spine consultation but Dr. Johnson no longer accepts workers comp cases. PLAN: Spine surgery consultation with Dr. Jae Chon at Cedars Sinai; f/u with Dr. Kohan; f/u in four weeks. WORK STATUS: TTD to 01/08/23. Return to modified work on 01/09/23 with no repetitive bending, stooping, pushing, pulling, lifting over 10 pounds, squatting, kneeling, climbing or other similar activities; weight bearing activities to no more than 30 minutes per hour.

2023 MEDICAL RECORDS:

01/20/23: Telemedicine Pain Management PR-2 Report, Kevin Kohan, D.O. and Seyeon Kang, NP. Patient completed physical therapy for the low back and right knee. He was doing a home exercise program at a gym twice a week. He was able to ambulate without a cane. He weaned down Percocet to 7.5.325 TID prn, with meaningful benefit and was able to function and perform his ADL's. CURRENT COMPLAINT: low back pain radiating mainly to the right leg with numbness and tingling in both feet; constant right knee pain. PLAN: lumbar spine surgery consultation was pending; continue Percocet; f/u in four weeks. WORK STATUS: Per PTP.

02/20/23: Telemedicine Pain Management PR-2 Report, Kevin Kohan, D.O. Patient returned to full time work. He was not able to dome of his ADL's but was trying to do it with medication management. Patient's symptoms and treatment plan was unchanged. WORK STATUS: Per PTP.

060000

RE: BARDAKJIAN, STEEVIO  
September 8, 2023  
Page 5

03/24/23: Telemedicine Pain Management PR-2 Report, Kevin Kohan, D.O. Patient was waiting for authorization to see a spine surgeon. He had a significant amount of low back pain that interfered with his ADL's. He was working full time from home. He continued to have constant sharp right knee pain. Treatment plan was unchanged. WORK STATUS: Per PTP.

04/07/23: Telemedicine PR-2 Report, Ann Bonner, PA-C and Dr. Conwisar. Patient's symptoms were unchanged. Patient saw the undersigned for QME four months ago. Exam was unchanged. PLAN: continue home exercise program; f/u with Dr. Kohan; copy of QME report was requested; spine surgery consultation with Dr. Jae Chon; updated MRI of the lumbar spine; f/u in four weeks. WORK STATUS: Work restrictions were unchanged.

04/24/23: Telemedicine Pain Management PR-2 Report, Kevin Kohan, D.O. Patient stated chiropractic therapy with some improvement. He still had low back and right knee pain, with difficulty moving, turning ad twisting. He was waiting for authorization for an MRI of his lumbar spine. He was unable to do some of his ADL'S but was trying to do it with medication management. PLAN: continue chiropractic treatment and Percocet; spine surgery consultation; consider spinal cord stimulator trial; f/u in one month. WORK STATUS: Per PTP.

05/22/23: Telemedicine Pain Management PR-2 Report, Kevin Kohan, D.O. Patient was commuting to work and was also trying to do alternative work. He was doing to chiropractic treatments with some improvement. Patient's symptoms were unchanged. Treatment plan was unchanged. Patient was to return to the office in one month. WORK STATUS: Per PTP.

05/22/23: Telemedicine PR-2 Report, Ann Bonner, PA-C and Dr. Conwisar. Patient's symptoms were unchanged. He was authorized for a second opinion spine surgery consultation with Dr. Chon at Cedars Sinai. He was attended chiropractic treatment with temporary relief, per the recommendation by pain management. Patient was scheduled for an updated MRI of the lumbar spine on 06/02/23. PLAN: continue with chiropractic care and home exercise program; f/u with Dr. Kohan; MRI L/S; f/u in four weeks. WORK STATUS: Work restrictions were unchanged.

06/21/23: Telemedicine Pain Management PR-2 Report, Kevin Kohan, D.O. Patient had the updated MRI of the lumbar spine doing three weeks ago and was waiting for the results. Patient's symptoms were unchanged. He had one session of chiropractic treatment and found it tough to go because of his work schedule. PLAN: chiropractic treatment; Percocet was refilled; spine surgery consultation; f/u in one month. WORK STATUS: Per PTP.

#### PHYSICAL EXAMINATION

Height: 5'11"  
Weight: 210 lbs  
BP: 166/114  
Pulse: 99  
RR: 20  
Temperature: 98.1

#### General Appearance

Physical examination revealed a well-nourished, well-developed male who appeared his stated age. Mr. Bardakjian appeared uncomfortable during history taking. Mr. Bardakjian arose with hesitation requiring use of a cane. At the time of examination, Mr. Bardakjian otherwise 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 again had difficulty heel walking, toe walking, hopping, and squatting.

There remains a 5-cm midline lumbar longitudinal surgical scar.

I found no evidence of muscle spasm. There was no evidence of swelling.

There remains midline and bilateral lumbar paraspinal tenderness in conjunction with sciatic notch tenderness bilaterally. There was no evidence of tenderness of the trochanters, thighs, calves, sacrum, sacroiliac joints, coccyx, iliac crest, or pain with pelvic compression.

160000

RE: BARDAKJIAN, STEEVIO  
 September 8, 2023  
 Page 6

<u>Range of Motion of the Back</u>	<u>Degrees of Motion</u>	<u>Normal</u>
Flexion	68°	60°
Extension	6°	25°
Lateral Flexion - Right	12°	25°
Lateral Flexion - Left	8°	25°

#### COMMENT

The Loebel dual inclinometer method, utilizing a minimum of three measurements of each motion as described in Section 15.8b of the AMA Guides, 5<sup>th</sup> edition was employed.

Any deviation from what is considered the normal or mean in terms of range of motion is voluntary in nature or the patient's actual physiology range of motion in the absence of objective evidence of tenderness and guarding.

#### Neurologic Examination

Straight leg raising (seated and supine) and Bragard's test (Lasègue's test) were positive in the right lower extremity. Patrick's test (FABERE) was positive bilaterally. Deep tendon reflexes (patellar and Achilles) were 0/2+ and symmetric bilaterally. Mr. Bardakjian described constant numbness currently in bilateral lower extremities distal to the knees and decreased sensation of bilateral feet to soft touch and pinprick bilaterally. There was no evidence of clonus. There was normal proprioception. Babinski's sign was negative.

#### Muscle Strength

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

#### Knee Examination

Examination of the knees revealed well-healed arthroscopic portal scars of the right knee. There was tricompartmental tenderness of the right knee with evidence of mild soft tissue swelling and effusion. Popliteal space, patellar tracking, and patellar mechanism were again difficult to evaluate. There was no crepitus upon flexion or extension. There remains positive patellar compression maneuver of the right knee.

#### Knee Joint Stability

Joint stability was normal in medial, lateral, anterior drawer, posterior drawer, Slocum test, anterolateral, posterolateral, Lachman test, and pivot shift test again although difficult to evaluate secondary to the patient's pain.

#### Knee Tests

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

<u>LIMB GIRTHS</u>	<u>RIGHT</u>	<u>LEFT</u>
Thigh ( 5" from the superior pole of the patella with the patient resting leg on the table)	47	47
Calf ( 5" from the lower pole of the patella with the patient resting the leg on the table)	40	40

#### RADIOGRAPHS

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

0000092

Lumbar Spine

Radiographs of the lumbar spine revealed evidence of lumbar spondylosis with evidence of ossification of the anterior longitudinal ligament as previously documented. Again, there was evidence of diffuse endplate sclerosis and irregularity as well as syndesmophyte formation throughout the lumbar spine. There was no evidence of spondylolisthesis, spondylolysis, fracture, dislocation, or loss of motion segment integrity.

Right Knee

Radiographs of the right knee were normal.

DIAGNOSES

1. Lumbar Strain.
2. Status Post Lumbar Hemilaminectomy and L3-L4 Microdiscectomy with Recurrent L4-L5 Disc Herniation and Radiculopathy.
3. Status Post Arthroscopy of Right Knee.

DISCUSSION

This is a 52-year-old male Nurse Manager employed by the Los Angeles County Department of Health Services/Olive View Medical Center who originally experienced an industrial injury on July 3, 2018 resulting disc herniation. Mr. Bardakjian was originally considered permanent and stationary by the undersigned on October 5, 2020 in reference to his lumbar spine and right knee. However, Mr. Bardakjian underwent arthroscopy of the right knee in May 2022. Mr. Bardakjian remains symptomatic postoperatively and is so as of today's examination. Indeed, Mr. Bardakjian now also presents with evidence of radiculopathy in the right lower extremity and sensory deficit involving the calves bilaterally.

Mr. Bardakjian has been followed by his primary treating physician, Philip Conwiser, M.D. Mr. Bardakjian was reportedly referred to spine subspecialist, James Cho, M.D. Absent knowledge of the conclusion of the spine subspecialist, Dr. Cho any recommendations by Dr. Cho should be provided on the basis of future medical care since as documented above Mr. Bardakjian was previously declared permanent and stationary in reference to his lumbar spine.

PERMANENT AND STATIONARY STATUS

Mr. Bardakjian remains permanent and stationary in reference to his Lumbar Spine.

PERMANENT IMPAIRMENT

Mr. Bardakjian has not yet achieved the permanent and stationary status in reference to his right knee. Thus, it is premature to discuss permanent impairment in reference to his right knee. Mr. Bardakjian should avoid activities that require prolonged standing, walking, ladder and stair climbing.

Otherwise, the permanent impairment in reference to his lumbar spine is unchanged.

CAUSATION AND APPORTIONMENT

As documented previously, the impairments and findings of examination are as a result of the incident of July 3, 2018.

CURRENT/FUTURE MEDICAL CARE

As documented above, Mr. Bardakjian was evaluated by spinal subspecialist, James Cho, M.D. Pending the availability of Dr. Cho's evaluation, the undersigned defers further discussion in reference to management of the lumbar spine.

A new MRI is indicated in reference to the right knee following which recommendations for treatment will be made.

000003

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 \_\_\_\_\_ at Los Angeles / Whittier / Glendale, 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 the undersigned.

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.

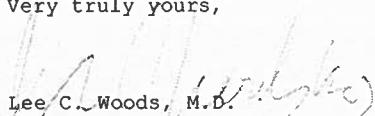
DATE OF REPORT September 8, 2023

Signed this 20<sup>th</sup> day of September, 2022

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/ps/aku

CC: Sedgwick  
P.O. Box 11028  
Orange, CA 92856

Attention: Elaine Barbagallo, Claims Adjustor.

460000

Cal. Lic. #G060756  
DEA #BW114824

*D. S. Kekshian*

**LEE C. WOODS, M.D.**  
ORTHOPAEDIC SURGERY

13113 HADLEY STREET • WHITTIER, CALIFORNIA 90601 • (888) 565-4192

2120 WEST 8TH STREET, SUITE 102 • LOS ANGELES, CALIFORNIA 90057

5170 SEPULVEDA BOULEVARD, SUITE 300 • SHERMAN OAKS, CALIFORNIA 91403

NAME J. Bardiakjian ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ DATE 10/26/2016

Rx

*up to 3 weeks supply c  
persistent severe pain Rx  
Please consult*

NO. REP.  
 LABEL  
REP. \_\_\_\_ TIMES  
 NO DRIVING

WHEN TAKING MED.

AUTHORIZATION FOR REFILLS DURING REGULAR OFFICE HOURS ONLY  
M.D.

*Bardiakjian Steenvio*

560000

Cal. Lic. #G060756  
DEA #BW1114824

**LEE C. WOODS, M.D.**  
ORTHOPAEDIC SURGERY

13113 HADLEY STREET • WHITTIER, CALIFORNIA 90601 • (888) 565-4192  
 2120 WEST 8TH STREET, SUITE 102 • LOS ANGELES, CALIFORNIA 90057  
 5170 SEPULVEDA BOULEVARD, SUITE 300 • SHERMAN OAKS, CALIFORNIA 91403

NAME L. Woods DATE 2-19  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

Rx

Orthopedic Re:

NO. REP.  
 LABEL  
REP.    TIMES  
 NO DRIVING  
WHEN TAKING MED.

AUTHORIZATION FOR REFILLS DURING REGULAR OFFICE HOURS ONLY

M

Attn: Lee Woods, M.D.  
13113 Hadley St.  
Whittier, CA 90601

RECEIVED

OCT 03 2019

Re: **Steevio Bardakjian v. Olive View Hospital**  
WCAB Case: (MDR) ADJ11540526  
Claim No: 219-00110-B  
DOI: 07/03/2018

**AME EVALUATION - JOINT INTERROGATORY LETTER**

Dear Dr. Woods:

Thank you for serving as the Agreed Medical Examiner (AME) in orthopedics for the above referenced case. You are scheduled to evaluate Mr. Steevio Bardakjian on October 25, 2019 at 8:00 am in your Sherman Oaks office. Should the applicant fail to keep this appointment, please notify the parties immediately.

**Claim Summary:**

This is an admitted specific injury per defendant's Acceptance Notice dated 07/20/2018.

Applicant, Mr. Steevio Bardakjian, is a registered nurse and his job title at Olive View Hospital is noted as "Nurse Manager". Records indicate applicant began working for COLA in 1999. His residence address is noted as 25367 Spendido Court, Stevenson Ranch, CA 91381. His date of birth is noted as 05/23/1970. Medical records indicate applicant is 5'11 and approximately 208 lbs.

The mechanism of injury is not in dispute. On July 3, 2018, applicant was reaching under a desk to show cable management to the staff. Applicant heard a popping noise on his back, and immediately felt dizzy. Applicant was sent home early on that same day which was the last day he has worked.

According to the applicant's "Employee Report of Incident" statement he provided on July 16, 2018, he provided the following information about his symptoms and initial medical treatment. Applicant stated that after being sent home early to rest that he was bed ridden for four days and in excruciating and debilitating pain relative to his right lower extremity. He went to his local community emergency room at Henry Mayo Hospital on July 8, 2018. They directed him to immediately follow up with his primary care physician for a potential spinal nerve compression.

Thereafter, on July 10, 2018 applicant was evaluated by Dr. Lopez at Facey Occupational Health in Valencia. Dr. Lopez directed applicant to return to the ER at Henry Mayo Hospital and request a copy of the STAT MRI due to abnormal neurological findings. After having his son drive him and assist, he obtained and the STAT MRI and provided a copy to Dr. Lopez, who after reviewing recommended applicant seek an immediate neuro surgical consult.

Applicant underwent back surgery on Aug 6, 2018, which was pre-authorized by defendants .

Applicant's current authorized MPN PTP is Phillip Conwisar, MD.

Applicant, through his attorneys of record, has pled injury to the following body part(s) in his Application for Adjudication of Claim:

1. Back

#### Interrogatories

In order to fully evaluate this claim, we have enclosed for your review, copies of all medical reports obtained by applicant and defendants as of the date of this correspondence.

We would appreciate your usual, thorough and complete evaluation of this individual and your response to the following questions:

- R/R*
1. Are the orthopedic medical findings consistent with the original incidents or injuries claimed by the applicant? Should Applicant be evaluated in any other fields of medicine?
  2. Was there any period for which the applicant, due to the industrial injury, was or is temporarily disabled from work? If so, for what period of time would you estimate the applicant to have been or will be temporarily disabled?
    - a. If the applicant was temporary disabled, please provide an opinion on which employment was the cause of such temporary disability.
    - b. Was the applicant able to work in a modified capacity in accordance with the medical reports to date?
    - c. Please take a detailed history of the applicant's employment history and job duties including when his last actual day of work was as well as where he is currently working, if at all.

3. If a disability exists as the result of an industrial injury, is it permanent and stationary for rating purposes? When, in your estimation, did the condition become permanent and stationary? If the condition is permanent and stationary, please describe:
- a. Permanent disability factors resulting from the injury, including subjective and objective factors to which the injury was an aggravating or contributing cause;
    - i. Pursuant to Labor Code § 4660(a), "In determining percentages of permanent disability, account shall be taken of the nature of physical injury or disfigurement, the occupation of the injured employee, at the time of the injury, consideration being given to an employee's diminished future earning capacity."
    - ii. Pursuant to Labor Code § 4663(b), "Any physician who prepares a report addressing the issue of permanent disability due to a claimed industrial injury shall in that report address the issue of causation of the permanent disability."
  - b. Factors, if any, which you believe preexisted and are not related to and not aggravated by the injuries in the instant claims;
    - i. Please specifically address whether the applicant's activities of daily living and normal use of the orthopedic body parts at issue were a cause of his current claimed injury and/or a cause of any residual permanent disability.
  - c. Please outline your opinion as to any residual subjective complaints. Are the applicant's subjective complaints consistent with the medical findings and clinical examination?
  - d. Does a disability exist such as to incapacitate or restrict the applicant from certain work activities? If so, please describe such work limitations with reference to the guidelines for work capacity published by the Workers' Compensation Appeals Board.
  - e. Pursuant to AMA Guides to the Evaluation of Permanent Disability (5<sup>th</sup> Ed.), please state in percentages the applicant's individual body part impairments as well as whole person impairment in addition to any work restrictions. Please also document the sections and page numbers of the AMA Guidelines you utilized in arriving at the applicant's impairment level, with specificity. **This injury will be rated under the NEW SCHEDULE; however, determination of any work restrictions remains necessary.** *If the permanent impairment is not accurately depicted in the normal Sections/Chapters of the Guides, you may use other chapters/sections in accordance with Almazan v. Guzman II.*
- RAX*

- f. Please also obtain a detailed history as to the applicant's physical abilities in his actives of daily living.
4. Please describe any and all factors of apportionment. In doing so, please comment on the following:

  - a. Were there any factors of disability, subjective or objective, which existed prior to the industrial injury, which in your opinion represented some handicap in the open labor market, even though the disability may have been congenital with applicant's job at the time of the injury? If so, please describe to the best of your estimation the disability and your reasons for that conclusion. Does a pre-existing disability continue to exist?
  - b. Are there factors of disability which pre-existed the industrial injury that were aggravated and/or exacerbated? If so, to what extent was the industrial injury an aggravating factor? What is your opinion as to the natural progression of such pre-existing medical condition?
  - c. Do you believe there have been any other underlying processes before the injury, which, irrespective of the industrial injury, would have manifested itself in disability by this time? As a medical probability, to what extent would you estimate the applicant would have been disabled now and upon what information do you base your conclusion?
  - d. Have there been any subsequent injuries or events that have aggravated or accelerated the underlying degenerative condition, if there is such?
  - e. If you do find apportionment, please state in percentages that portion of disability that is attributable to each claimed injury and pre-existing injuries and non-industrial factors, if any.

    - i. Pursuant to Labor Code § 4663(a), "Apportionment of permanent disability shall be based on causation."
    - ii. Pursuant to Labor Code § 4663(c), "In order for a physician's report to be considered complete on the issue of permanent disability, it must include an apportionment determination. A physician shall make an apportionment determination by finding what approximate percentage of the permanent disability was caused by the direct result of injury arising out of and occurring in the course of employment and what approximate percentage of the permanent disability was caused by other factors both before and subsequent to the industrial injury, including prior industrial injuries." Please take these codes into consideration during your apportionment discussion.

- iii. Please ensure your discussion on apportionment is in compliance with Escobedo, Benson and other relevant apportionment case law addressing substantial evidence.
5. In connection with medical treatment provided to the applicant to date, has it been reasonable and appropriate in light of the incidents of injury claimed by the applicant?
6. Is any future medical treatment reasonably necessary to cure and/or relieve the effects of the industrial injury? If so, please outline the nature, type and duration of the future medical treatment you feel is appropriate, if any. Does the medical treatment as recommended in the ACOEM Guidelines apply to the current case. If so, what is the future treatment recommended as dictated by the Guidelines? If not, please address the scientific evidence relied upon to determine applicant's need for future medical care.
7. Is the applicant capable of returning to his usual and customary occupation as it was at the time of the claimed injury, or in the alternative, whether the applicant is medically eligible for vocational rehabilitation?
8. If his employment was not the sole cause of the claimed injuries, what activities and/or events were contributing causes of the injuries, prior to and/or subsequent to the injury, if any, including but not limited to personal activities of daily living?
- a. Please specifically comment on any discrepancies between the history the applicant provided to you and the records you review.

Please be advised that you are authorized to perform any testing that you deem reasonably necessary in reaching your diagnosis and an evaluation of the applicant. If you feel that hospitalization is necessary, you must first obtain authority from both of the undersigned.

If additional diagnostic testing is necessary, please contact the adjuster listed below for their vendor contact information to schedule. Any diagnostic testing scheduled outside of defendant's preferred vendor will not be reimbursed.

Either party may serve you additional medical records and reports and/or additional evidence so long as the other party is copied with the correspondence to you and served copies of the records and/or reports without the need for a joint interrogatory pursuant to Labor Code Section 4062.3(e).

**Please send one copy to each of the signatories below as well as one copy and original bill to: TRISTAR RISK MANAGEMENT, P.O. Box 7052, PASADENA, CA 91109 Attn: Ms. Regina Diaz**

000101

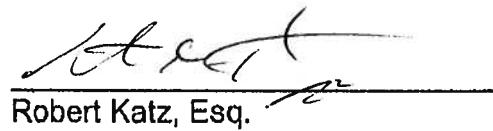
Thank you again for your participation as the orthopedic AME in this matter. Should you have any questions or comments, please do not hesitate to contact the parties jointly.

LEWIS BRISBOIS BISGAARD & SMITH LLP



Will McHenry, Esq.

KOSZDIN, FIELDS SHERRY & KATZ



Robert Katz, Esq.

Re: Steevio Bardakjian v. Olive View Hospital

WCAB Case: (MDR) ADJ11540526

Claim No: 219-00110-B

DOI: 07/03/2018

### MEDICAL INDEX

<u>MEDICAL REPORTS</u>	
<i>Kevin Kohan, MD</i>	07/23/19, 07/01/19, 05/20/19; 04/16/19
<i>Philip Conwisar, MD</i>	04/19/19 (Return to Work); 04/19/19 (PTP Report) 03/20/19; 02/14/19
<i>Babak Barcohana, MD</i>	11/15/18, 10/04/18, 08/16/18; 08/08/18 (Discharge Summary) 08/06/18 (Operative Report; Preop Hx, H&P Note);07/27/18
<i>Henry Mayo Hospital</i>	07/10/18; 07/10/18; 07/10/18; 07/08/18
<i>Shariar Bamshad, MD</i>	06/20/19
<i>Laura Applegate, MD (MRI)</i>	11/08/18
<i>Esther Kishimoto, PA</i>	11/15/18, 10/04/18
<i>UC Provider</i>	07/17/18, 07/10/18, 07/30/18
<i>MD Orthopedics Inc.</i>	08/01/19
<i>Southern California Orthopedic</i>	08/09/18, 08/16/18, 07/27/18
<i>Facey Medical Foundation</i>	07/30/18, 07/18/18, 07/17/18, 07/10/18
<i>SDT Records</i>	Southern California Ortho Institute Facey Medical Foundation Henry Mayo Memorial Hospital



LEWIS BRISBOIS BISGAARD & SMITH LLP

Charlene Underwood  
633 West 5<sup>th</sup> Street, Suite 4000  
Los Angeles, California 90071  
Charlene.Underwood@lewisbrisbois.com  
Direct: 213.599.7866

September 22, 2022

File No. 35008.534

Lee Woods, M.D.  
13113 Hadley St.  
Whittier, CA 90601

RE: **STEEVIO BARDAKJIAN V. COUNTY OF LOS ANGELES OLIVE VIEW**

Claim No : 219-00110-B  
WCAB (LAO) Case : ADJ11540526  
Date of Injury : 07/03/18

**JOINT AGREED MEDICAL EXAMINER LETTER**

Dear Dr. Woods:

The parties wish to thank you for agreeing to act in your capacity as the Agreed Medical Examiner, in Orthopedics, in the above-referenced matter.

Applicant Steevio Bardakjian is scheduled for a re-evaluation, on September 30, 2022, at 8:00 a.m. Please advise the parties if Applicant fails to attend this examination.

You previously examined Applicant and issued reporting in this matter, dated October 5, 2020, and October 25, 2019.

By way of background information, Applicant Steevio Bardakjian (*date of birth May 23, 1970*), a registered nurse, employed as a Nurse Manager, with County of Los Angeles/Olive View Hospital, alleges a July 3, 2018 industrial injury, to his back and right knee.

Please address the following issues, in your reporting:

1. Are the medical findings consistent with the original incidents or injuries claimed by the Applicant? Does the mechanism of injury correlate to the current medical evidence?

Lee Woods, M.D.  
Steevio Bardakjian v. Olive View Hospital  
September 22, 2022  
Page 2

2. Was there any period for which the Applicant, due to the industrial injury, was or is temporarily disabled from work? If so, for what period of time would you estimate the Applicant to have been or will be temporarily disabled? Please take a detailed history of his employment history including Applicant's last actual date of work.

3. If a disability exists as the result of an industrial injury, is it permanent and stationary for rating purposes? When, in your estimation, did the condition become permanent and stationary? If the condition is permanent and stationary, please describe:

a. Permanent disability factors resulting from the injury, including subjective and objective factors to which the injury was an aggravating or contributing cause;

i. Pursuant to Labor Code §4660(a), "In determining percentages of permanent disability, account shall be taken of the nature of physical injury or disfigurement, the occupation of the injured employee, at the time of the injury, consideration being given to an employee's diminished future earning capacity."

ii. Pursuant to Labor Code §4663(b), "Any physician who prepares a report addressing the issue of permanent disability due to a claimed industrial injury shall in that report address the issue of causation of the permanent disability."

b. Factors, if any, which you believe preexisted and are not related to and not aggravated by the injuries in the instant claims;

c. Please outline your opinion as to any residual subjective complaints. Are the subjective complaints consistent with the medical findings and clinical examination?

d. Does a disability exist such as to incapacitate or restrict the Applicant from certain work activities? If so, please describe such work limitations with reference to the guidelines for work capacity published by the Workers' Compensation Appeals Board.

e. Since the permanent disability should be rated under the new schedule and pursuant to AMA Guides to the Evaluation of Permanent Disability (5th Ed.), please also state in percentages Applicant's individual body part impairments as well as whole person impairment in addition to any work restrictions. Please also document the sections and page numbers of the AMA Guidelines you utilized in arriving at Applicant's impairment level.

4. Please describe any and all factors of apportionment. In doing so, please comment on the following:

Lee Woods, M.D.

Steevio Bardakjian v. Olive View Hospital

September 22, 2022

Page 3

a. Were there any factors of disability, subjective or objective, which existed prior to the industrial injury, which in your opinion represented some handicap in the open labor market, even though the disability may have been congenial with Applicant's job at the time of the injury? If so, please describe to the best of your estimation the disability and your reasons for that conclusion. Does a pre-existing disability continue to exist?

b. Are there factors of disability which pre-existed the industrial injury that were aggravated and/or exacerbated? If so, to what extent was the industrial injury an aggravating factor? What is your opinion as to the natural progression of such pre-existing medical condition?

c. Do you believe there have been any other underlying processes before the injury, which, irrespective of the industrial injury, would have manifested itself in disability by this time? As a medical probability, to what extent would you estimate the Applicant would have been disabled now and upon what information do you base your conclusion?

d. Have there been any subsequent injuries or events that have aggravated or accelerated the underlying degenerative condition, if there is such?

e. If you do find apportionment, please state in percentages which portion of disability is attributable to each claimed injury and pre-existing injuries and non-industrial factors, if any.

i. Pursuant to Labor Code §4663(a), "Apportionment of permanent disability shall be on causation."

ii. Pursuant to Labor Code §4663(c), "In order for a physician's report to be considered complete on the issue of permanent disability, it must include an apportionment determination. A physician shall make an apportionment determination by finding what approximate percentage of the permanent disability was caused by the direct result of injury arising out of and occurring in the course of employment and what approximate percentage of the permanent disability was caused by other factors both before and subsequent to the industrial injury, including prior industrial injuries." Please take these codes into consideration during your apportionment discussion.

5. Please ensure your discussion on apportionment is in compliance with Escobedo, Benson, and other relevant apportionment case law addressing substantial evidence.

6. In connection with medical treatment provided to the Applicant to date, has it been reasonable and appropriate in light of the incidents of injury claimed by the Applicant? Please specifically address any medication the applicant has been taking or DME equipment.

7. Is any future medical treatment reasonably necessary to cure and/or relieve the effects of the industrial injury? If so, please outline the nature, type and duration of the future medical treatment you feel is appropriate, if any. Does the medical treatment as recommended in the ACOEM Guidelines apply to the current case. If so, what is the future treatment recommended

as dictated by the Guidelines? If not, please address the scientific evidence relied upon to determine applicant's need for future medical care.

8. Is the Applicant capable of returning to his usual and customary occupation as it was at the time of the claimed injury, or in the alternative, whether the Applicant is medically eligible for vocational rehabilitation?

9. Were the actual events of Applicant's employment with the County of Los Angeles/ Olive View Hospital a cause or aggravating factor of his claimed injuries and/or residual symptoms/disability? If his employment was not the sole cause of his claimed injuries, what activities, subsequent or prior accidents and/or events were contributing causes to his injuries, if any, including but not limited to personal activities of daily living?

a. Please specifically comment on any discrepancies between the history the applicant provided to you and the records you review.

10. Did Applicant sustain injuries as claimed as a result of his employment with the County of Los Angeles / Olive View Hospital?

11. Please advise whether the applicant should be referred to any other specialties for evaluation which is beyond your expertise. Specifically, please advise whether you recommend that the applicant should be evaluated by physician's in any additional specialties.

Please be advised that you are authorized to perform any testing that you deem reasonably necessary in reaching your diagnosis and an evaluation of the applicant. If you feel that hospitalization is necessary, you must first obtain authority from both of the undersigned.

If additional diagnostic testing is necessary, please contact the adjuster listed below for their vendor contact information to schedule. Any diagnostic testing scheduled outside of defendant's preferred vendor will not be reimbursed.

**Pursuant to Labor Code Section 139.2 and 8 Cal. Code Regs. Section 38, an initial or follow-up comprehensive medical-legal evaluation report must be prepared and submitted no later than thirty (30) days after you have seen the employee or otherwise commenced your comprehensive medical-legal evaluation procedure.**

Attached with this letter is both a medical-legal records index and a two page Preliminary Report AME/QME sheet. We ask that you complete this immediately after you complete your exam so that immediate attention to any needs of the applicant are addressed while we await your final full report.

Please send one copy of the report to the undersigned, one copy to: Koszdin, Fields, Sherry & Katz, Attn: Robert A. Katz, Esq., 6151 Van Nuys Blvd., Van Nuys, CA 91401. Also,

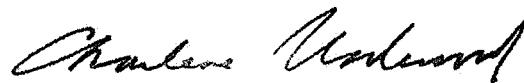
Lee Woods, M.D.  
Steevio Bardakjian v. Olive View Hospital  
September 22, 2022  
Page 5

please send one copy and original bill to: Sedgwick Claims Management Services, Inc., Attn:  
Elaine Barbagallo, Po Box 11028 Orange Ca 92856

Thank you again for your participation as the AME in this matter. We look forward to working with you and your anticipated courtesy and cooperation in this matter. Should you have any questions or comments, please do not hesitate to contact the undersigned.

Robert A. Katz, Esq.  
Koszdin, Fields, Sherry & Katz  
6151 Van Nuys Blvd.  
Van Nuys, CA 91401  
Phone: (818) 781-1503  
Fax: (818) 925-7090

Charlene Underwood, Esq  
Lewis Brisbois Bisgaard & Smith LLP  
633 West 5<sup>th</sup> Street, Ste. 4000  
Los Angeles, CA 90071  
Phone: (213) 250-1800  
Fax: (213) 250-7900



Enclosure: Schedule of Record; Records

cc: Elaine Barbagallo, Claims Examiner Sedgwick CMS  
Robert Katz, Esq. Koszdin, Fields, Sherry & Katz  
[lacounty@ventivcloud.com](mailto:lacounty@ventivcloud.com)  
[orangelitigation@sedgwick.com](mailto:orangelitigation@sedgwick.com)

Lee Woods, M.D.  
Steevio Bardakjian v. Olive View Hospital  
September 22, 2022  
Page 6

### SCHEDULE OF RECORDS

**Medical Records:**

*Philip Conwisar, M.D.*

- |   |  |
|---|--|
| - Primary Treating Physician's Progress Report (PR-2) | Dated: 07/29/2022, 09/09/2020, 10/21/2020, 12/09/2020, 01/20/2021, 02/02/2021, 02/18/2021, 03/04/2021, 05/07/2021, 06/18/2021, 07/30/2021, 09/01/2021, 10/08/2021, |
| - RFA   | Dated: 11/17/2020, 01/18/2021, 02/02/2021, 02/25/2021, 03/16/2021  |

**Declaration Pursuant to Cal. Code Regs., Title 8, § 9793(n)**

Re: Steevio Bardarkjian v. County of Los Angeles

---

LEWIS BRISBOIS BISGAARD & SMITH LLP  
[www.lewisbrisbois.com](http://www.lewisbrisbois.com)

Lee Woods, M.D.  
Steevio Bardakjian v. Olive View Hospital  
September 22, 2022  
Page 7

Claim Nos. 219-00110-B  
WCAB Case Nos: ADJ11540526  
Dates of Loss: 07/03/18

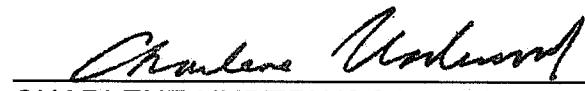
I, Charlene Underwood, declare:

I am Attorney for the firm Lewis, Brisbois, Bisgaard, & Smith LLP, the law firm of record for Defendant COUNTY OF LOS ANGELES, administered by SEDGWICK CMS. Pursuant to Cal. Code Regs., Title 8 § 9793(n), I declare that the provider of the documents has complied with the provision of Labor Code § 4062.3 before providing the documents to the physician.

I declare that the total page count of the documents provided to the physician is 109 pages.

I declare under penalty of perjury under the law of State of California that the foregoing statements are true and correct.

Executed on September 22, 2022, at Los Angeles, California.

  
CHARLENE UNDERWOOD, ESQ.

---

LEWIS BRISBOIS BISGAARD & SMITH LLP  
[www.lewisbrisbois.com](http://www.lewisbrisbois.com)

000110

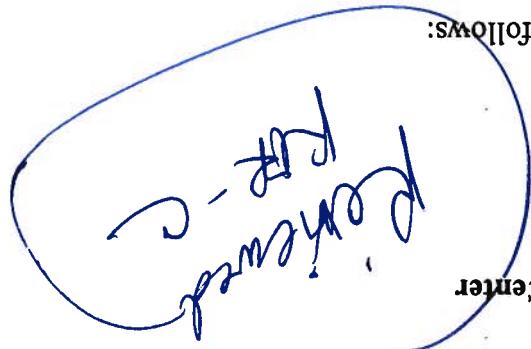
**PLEASE NOTE:** You will need to contact Linda, the doctor's historian at ph#(310) 920-8037 to schedule and perform your medical history at least 1 month prior to your appointment. The doctor's office requests you contact their office at least 6 days in advance to confirm your appointment and that you do not bring any family members to the examination. In the doctor's office you will need to wear a mask at all times. If vaccination is required you will need to bring your vaccination card. The evaluation will take approximately 4 to 5 hours and parking is \$16.00.

If you are unable to keep the appointment, please notify the doctor immediately. Failure to give the doctor AT LEAST 48 hours notice of cancellation could result in YOU (not the insurance carrier) being charged for the doctor's time. If you reschedule the above-scheduled appointment, please notify our office of the new date and time.

TIME :	8:30 a.m. (Arrival Time - 8:15 a.m.)
DATE :	September 11, 2023
PHONE :	(562) 907-7682
DOCTOR :	Dr. Lee Woods 5170 Sepulveda Blvd, Suite 300 Sherman Oaks, CA 91403

### AGREED MEDICAL RE-EXAMINATION

We have scheduled a medical appointment for you as follows:



Dear Mr. Barakjian:

RE: Steveio Barakjian v. Olive View Medical Center  
EAMS No.: ADJ11540526  
Claim No.: 19-00110-B  
Date of Injury: 07/03/2018

Mr. Steveio Barakjian  
25367 Splendidio  
Stevenson Ranch, CA 91381

July 19, 2023

AUG 16 2023

### RECEIVED

Susan E. Fields \* Mark J. Sherry \* Brett T. Sherry \* Jack P. Koszdin  
6151 Van Nuys Boulevard Van Nuys, California 91401 FAX (818) 925-7090  
(1931-2014) (818) 781-1503  
Legal Assistant Richard Meyer  
Workers' Compensation, \* Certified Specialist, Board of Legal Specialization,  
The State Bar of California, \* Certified Specialist, Board of Legal Specialization,  
Dee Thievery



Very truly yours,

KOSZDIN, FIELDS & SHERRY

*Brett T. Sherry/L*

Brett T. Sherry  
Attorney at Law  
*brett@koszdin.com*

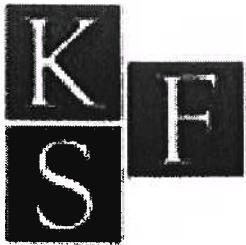
BTS/ham

cc: Dr. Lee Woods  
13113 Hadley Street  
Whittier, CA 90601-4509

Sedgwick - B  
P.O. Box 11028  
Orange, CA 92856

Lewis, Brisbois, Bisgaard & Smith  
633 W. 5th Street, Suite 4000  
Los Angeles, CA 90071

000111



# KOSZDIN, FIELDS & SHERRY

Susan E. Fields \*

Mark J. Sherry \*

Brett T. Sherry

\* Certified Specialist,  
Workers' Compensation,  
The State Bar of California,  
Board of Legal Specialization

6151 Van Nuys Boulevard

Van Nuys, California 91401

(818) 781-1503

FAX (818) 925-7090

Jack P. Koszdin  
(1931 – 2014)

Legal Assistants  
Richard Mayer  
Dee Thierry

July 19, 2023

Dr. Lee Woods  
13113 Hadley Street  
Whittier, CA 90601-4509

**RE: Steevio Bardakjian v. Olive View Medical Center**

EAMS No.: ADJ11540526

Claim No.: 19-00110-B

Date of Injury: 07/03/2018

## TITLE 8 CCR 9793 (n) DECLARATION / ATTESTATION

Dear Dr. Woods:

The attorney for the applicant, Steevio Bardakjian declares under penalty of perjury that the attorney for this applicant has complied with Labor Code Section 4062.3

The office of the applicant also attests that the page count provided for your review of records, excluding this declaration, position statement, and index of records cover page, totals 122.

Very truly yours,  
KOSZDIN, FIELDS & SHERRY

Brett T. Sherry  
Attorney at Law  
[brett@koszdin.com](mailto:brett@koszdin.com)

cc: Sedgwick - B  
P.O. Box 11028  
Orange, CA 92856

Lewis, Brisbois, Bisgaard & Smith  
633 W. 5th Street, Suite 4000  
Los Angeles, CA 90071

000112

## **Medical Index – (current) Dr. Lee Woods**

**RE: Steevio Bardakjian v. Olive View Medical Center**

EAMS No.: ADJ11540526  
Claim No.: 19-00110-B  
Date of Injury: 07/03/2018

### **Kevin Kohan, M.D. (Universal Pain Management)**

06-21-23 Supplemental Report on Pain Management Progress  
05-22-23 Supplemental Report on Pain Management Progress  
04-24-23 Supplemental Report on Pain Management Progress  
03-24-23 Supplemental Report on Pain Management Progress  
02-20-23 Supplemental Report on Pain Management Progress  
01-20-23 Supplemental Report on Pain Management Progress  
12-23-22 Supplemental Report on Pain Management Progress  
11-28-22 Supplemental Report on Pain Management Progress  
11-01-22 Supplemental Report on Pain Management Progress  
10-04-22 Supplemental Report on Pain Management Progress  
08-02-22 Supplemental Report on Pain Management Progress

### **Philip Conwisar, M.D. / Ann Bonner, PA-C**

05-22-23 PTP Interim Report - Request for Authorization for Treatment  
04-07-23 PTP Interim Report - Request for Authorization for Treatment  
12-29-22 PTP Interim Report - Request for Authorization for Treatment  
11-23-22 PTP Interim Report - Request for Authorization for Treatment  
10-06-22 PTP Interim Report - Request for Authorization for Treatment  
08-31-22 PTP Interim Report - Request for Authorization for Treatment  
07-22-22 PTP Interim Report - Request for Authorization for Treatment  
06-03-22 PTP Interim Report - Request for Authorization for Treatment

# PHILIP H. CONWISAR, M.D.

A Professional Corporation

Orthopaedic Surgery

• Sports Medicine

• Arthroscopic Surgery

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

June 3, 2022

Tristar Risk Management  
P.O. Box 11967  
Santa Ana, CA 92711

Attn: Regina Diaz

RFA REQUEST SENT  
SEPARATELY VIA FAX

RE: **BARDAKJIAN, STEEVIO**  
D/I: July 3, 2018  
OCC: RN IT Project Manager  
EMP: Olive View Medical Center  
Los Angeles County  
Health Care Department  
D/E: June 3, 2022  
CLAIM #: 219-00110-B  
WCAB #: ADJ11540526

## **PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT**

The patient returns to the office today. He is one month post-op right knee arthroscopy with partial medial meniscectomy. He is doing well at this time. He feels like his strength continues to improve; however, he does have some mild lingering pain. He has started post-op physical therapy for his right knee and states that he has had three sessions so far. He still has nine sessions remaining. He notes improvement with physical therapy and states that he does his exercises and stretches at home. He notes that his strength in his quadriceps have improved. He continues to treat with Dr. Kohan, the pain management specialist for his low back.

### **OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:**

#### **LUMBAR SPINE EXAMINATION:**

There is a healed incision, lumbar spine.

The patient ambulates with an antalgic gait. There is a limp present on the right. He uses a cane for assistance with ambulation.

000114

4835 Van Nuys Blvd., Ste. 210  
Sherman Oaks, CA 91403

• 819 Auto Center Drive  
Palmdale, CA 93551

• 28212 Kelly Johnson Pkwy, Ste. 155  
Valencia, CA 91355

**BARDAKJIAN, STEEVIO**

June 3, 2022

Page 2 of 6

The patient stands with a flattened lumbar lordosis. The crests of the ilium are parallel to the floor. There is no list to either the right or left. There is no scoliosis. The gluteus maximus on the right and left show no evidence of atrophy, bilaterally.

There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles.

With direct palpation, there is no generalized tenderness in the lumbar spine.

There is no tenderness in the right and left sacroiliac joints, bilaterally.

There is no tenderness in the right and left sciatic notches, bilaterally.

**RANGE OF MOTION:**

Flexion is to 40 degrees, with increased low back pain.

Extension is to 0 degrees, with increased low back pain.

Right lateral bending is to 10 degrees, with increased low back pain.

Left lateral bending is to 5 degrees, with increased low back pain.

**SUPINE POSITION:**

Straight leg raising is to 30 degrees, on the right, with pain in the lower back region.

Straight leg raising is to 60 degrees, on the left, without pain in the lower back region.

TESTS:	RIGHT	LEFT
Lasègue Test:	Negative	Negative
Contralateral SLR:	Negative	Negative
Patrick's Test:	Negative	Negative
Gaenslen's Test:	Negative	Negative
Babinski:	Negative	Negative
Ankle Clonus:	Negative	Negative

**BILATERAL HIP EXAMINATION:**

	RIGHT	LEFT
Trendelenburg:	Negative	Negative
Tenderness Great Trochanter:	Negative	Negative

There is slight restriction to range of motion of the right hip. There is slight pain with range of motion of the right hip. There is full range of motion of the left hip. There is no pain with range of motion of the left hip.

#### **BILATERAL KNEE EXAMINATION:**

There is mild swelling, right knee. There are healed incisions, right knee. There is no evidence of heat, swelling or effusion, left knee. Popliteal space is normal, bilaterally.

<b>RANGE OF MOTION, KNEES:</b>	<b>RIGHT</b>	<b>LEFT</b>	<b>NORMAL</b>
Flexion:	125 degrees	140 degrees	140 degrees
Extension:	20 degrees	0 degrees	0 degrees
<b>TESTS:</b>	<b>RIGHT</b>	<b>LEFT</b>	
Medial Joint Line Tenderness:	Neg	Neg	
Lateral Joint Line Tenderness:	Neg	Neg	
Medial Collateral Ligament Tenderness:	Neg	Neg	
Lateral Collateral Ligament Tenderness:	Neg	Neg	
Anterior Drawer:	Neg	Neg	
Posterior Drawer:	Neg	Neg	
Lachman's Test:	Neg	Neg	
Pivot Shift Test:	Neg	Neg	
McMurray's:	Neg	Neg	
Slocum's:	Neg	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	Neg	Neg	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

#### **VASCULAR EXAM:**

Posterior tibial pulses are present.

Dorsalis pedis pulses are present.

#### **NEUROLOGIC EXAM:**

##### **MOTOR TESTING:**

	<b>RIGHT</b>	<b>LEFT</b>	<b>RIGHT</b>	<b>LEFT</b>
Hip Flexion:	5/5	5/5	Hip Extension:	5/5
Knee Extension:	4+/5	5/5	Knee Flexion	5/5
Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5

**BARDAKJIAN, STEEVIO**

June 3, 2022

Page 5 of 6

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

**DIAGNOSES:**

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. POST-OP RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.

**DISCUSSION/TREATMENT PLAN:**

The patient is one month post-op right knee arthroscopy with partial medial meniscectomy. He is doing well at this time. He has started his authorized post-op physical therapy and has had three sessions so far. He will continue his authorized post-op physical therapy.

He will continue treating with Dr. Kohan, the pain management specialist for his low back.

The patient will return for reevaluation in four weeks.

**WORK/DISABILITY STATUS:**

The patient will remain at temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

*The above evaluation was performed on June 3, 2022 by the undersigned at my office located at 4835 Van Nuys Blvd., Ste. 210, Sherman Oaks, CA 91403. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.*

*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 I have indicated I have 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 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.*

  
Ann Bonner, PA-C

**BARDAKJIAN, STEEVIO**

June 3, 2022

Page 6 of 6



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Philip H. Conwisar, M.D., F.A.A.O.S.  
Diplomate, American Board of Orthopaedic Surgery

Date: June 3, 2022 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz  
Robert Katz, Attorney at Law  
6151 Van Nuys Boulevard  
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith  
633 West 5<sup>th</sup> St. Suite 4000  
Los Angeles, CA 90071

000118

# PHILIP H. CONWISAR, M.D.

A Professional Corporation

**Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery**

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

July 22, 2022

Tristar Risk Management  
P.O. Box 11967  
Santa Ana, CA 92711

Attn: Regina Diaz

RE:	<b>BARDAKJIAN, STEEVIO</b>
D/I:	July 3, 2018
OCC:	RN IT Project Manager
EMP:	Olive View Medical Center
	Los Angeles County
	Health Care Department
D/E:	July 22, 2022
CLAIM #:	219-00110-B
WCAB #:	ADJ11540526

## **PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2**

### **REQUEST FOR AUTHORIZATION FOR TREATMENT**

The patient returns to the office today. He is eleven weeks post-op right knee arthroscopy with partial medial meniscectomy. He continues to do well at this time. He feels like his strength continues to improve; however, he does still have some pain. He continues to treat with Dr. Kohan, the pain management specialist for his low back. He has persistent and severe pain in his low back. He states that he has been trying to have a spine surgical consultation with Dr. Patrick Johnson at Cedar Sinai; however, his adjuster has changed and she has not received the authorization.

#### **OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:**

##### **LUMBAR SPINE EXAMINATION:**

There is a healed incision, lumbar spine.

The patient ambulates with an antalgic gait. There is a limp present on the right.

The patient stands with a flattened lumbar lordosis. The crests of the ilium are parallel to the floor. There is no list to either the right or left. There is no scoliosis. The gluteus maximus on the right and left show no evidence of atrophy, bilaterally.

**BARDAKJIAN, STEEVIO**

July 22, 2022

Page 2 of 6

There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles.

With direct palpation, there is no generalized tenderness in the lumbar spine.

There is no tenderness in the right and left sacroiliac joints, bilaterally.

There is no tenderness in the right and left sciatic notches, bilaterally.

#### RANGE OF MOTION:

Flexion is to 40 degrees, with increased low back pain.

Extension is to 0 degrees, with increased low back pain.

Right lateral bending is to 10 degrees, with increased low back pain.

Left lateral bending is to 5 degrees, with increased low back pain.

#### SUPINE POSITION:

Straight leg raising is to 30 degrees, on the right, with pain in the lower back region.

Straight leg raising is to 60 degrees, on the left, without pain in the lower back region.

TESTS:	RIGHT	LEFT
Lasègue Test:	Negative	Negative
Contralateral SLR:	Negative	Negative
Patrick's Test:	Negative	Negative
Gaenslen's Test:	Negative	Negative
Babinski:	Negative	Negative
Ankle Clonus:	Negative	Negative

#### BILATERAL HIP EXAMINATION:

	RIGHT	LEFT
Trendelenburg:	Negative	Negative
Tenderness Great Trochanter:	Negative	Negative

There is slight restriction to range of motion of the right hip. There is slight pain with range of motion of the right hip. There is full range of motion of the left hip. There is no pain with range of motion of the left hip.

**BARDAKJIAN, STEEVIO**  
 July 22, 2022  
 Page 3 of 6

**BILATERAL KNEE EXAMINATION:**

There is mild swelling, right knee. There are healed incisions, right knee. There is no evidence of heat, swelling or effusion, left knee. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	135 degrees	140 degrees	140 degrees
Extension:	-5 degrees	0 degrees	0 degrees
TESTS:	RIGHT	LEFT	
Medial Joint Line Tenderness:	Neg	Neg	
Lateral Joint Line Tenderness:	Neg	Neg	
Medial Collateral Ligament Tenderness:	Neg	Neg	
Lateral Collateral Ligament Tenderness:	Neg	Neg	
Anterior Drawer:	Neg	Neg	
Posterior Drawer:	Neg	Neg	
Lachman's Test:	Neg	Neg	
Pivot Shift Test:	Neg	Neg	
McMurray's:	Neg	Neg	
Slocum's:	Neg	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	Neg	Neg	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

**VASCULAR EXAM:**

Posterior tibial pulses are present.  
 Dorsalis pedis pulses are present.

**NEUROLOGIC EXAM:**

**MOTOR TESTING:**

	RIGHT	LEFT	RIGHT	LEFT
Hip Flexion:	5/5	5/5	Hip Extension:	5/5
Knee Extension:	4+/5	5/5	Knee Flexion	4/5
Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	4+/5	5/5	Great Toe Flexion:	5/5

BARDAKJIAN, STEEVIO  
July 22, 2022  
Page 4 of 6

**SENSATION:**

There is decreased sensation:

	<u>Right</u>	<u>Left</u>
L1		
L2		
L3		
L4	X	
L5	X	
S1		

<b>DEEP TENDON REFLEXES:</b>	<b>RIGHT</b>	<b>LEFT</b>
Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

**X-RAY EXAMINATION:**

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

**DIAGNOSTIC STUDIES:**

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

**BARDAKJIAN, STEEVIO**

July 22, 2022

Page 5 of 6

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

**DIAGNOSES:**

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. POST-OP RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.

**DISCUSSION/TREATMENT PLAN:**

The patient continues to improve eleven weeks post-op right knee arthroscopy with partial medial meniscectomy. He has completed his twelve sessions of post-op physical therapy for his right knee and states that he was finding improvement with physical therapy. He continues to have some weakness in his right knee; however, he notes that this was improving with physical therapy. He is indicated for additional postop physical therapy for his right knee. I request authorization for additional postop physical therapy for his right knee to be twice a week for six weeks. Please provide authorization so treatment can be provided promptly.

He will continue treating with Dr. Kohan, the pain management specialist for his low back.

He has persistent severe pain in his low back. He has been symptomatic for over four years. He is indicated for a second opinion spine surgical consultation. Please provide authorization for second opinion spine surgical consultation with Dr. Patrick Johnson at Cedar Sinai.

The patient has persistent pain in his low back that is severe. I request authorization for physical therapy for the lumbar spine to be twice a week for six weeks. Please provide authorization so treatment can be provided promptly.

The patient will return for reevaluation in four weeks.

**WORK/DISABILITY STATUS:**

The patient will remain at temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

BARDAKJIAN, STEEVIO

July 22, 2022

Page 6 of 6

The above evaluation was performed on July 22, 2022 by the undersigned at my office located at 4835 Van Nuys Blvd., Ste. 210, Sherman Oaks, CA 91403. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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 I have indicated I have 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 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.

Ann Bonner, PA-C

Philip H. Conwisar, M.D., F.A.A.O.S.  
Diplomate, American Board of Orthopaedic Surgery

Date: July 22, 2022 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz  
Robert Katz, Attorney at Law  
6151 Van Nuys Boulevard  
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith  
633 West 5<sup>th</sup> St. Suite 4000  
Los Angeles, CA 90071

Bardakjian, Steevio Male 05-23-1970



**SHAHIN A. SADIK, M.D., Q.M.E.**  
BOARD CERTIFIED-PAIN MANAGEMENT AND ANESTHESIOLOGY  
ASSOCIATE PROFESSOR OF USC

**FRANCIS X. RIEGLER, M.D., Q.M.E.**  
BOARD CERTIFIED-PAIN MANAGEMENT AND ANESTHESIOLOGY  
ASSISTANT CLINICAL PROFESSOR OF USC

**RAY H d'AMOURS, M.D., Q.M.E.**  
BOARD CERTIFIED-PAIN MANAGEMENT AND ANESTHESIOLOGY  
ASSISTANT CLINICAL PROFESSOR OF USC

**DANIEL ALVES, M.D.**  
BOARD CERTIFIED-PAIN MANAGEMENT AND PAIN

**KEVIN KOHAN, D.O.**  
BOARD CERTIFIED-PAIN MANAGEMENT AND PAIN

**ARVINDER GILL, D.O.**  
BOARD CERTIFIED PAIN MANAGEMENT  
DIPLOMATE, AMERICAN BOARD OF ANESTHESIOLOGY

**ROHIT CHOUDHARY M.D.**  
PAIN MANAGEMENT  
DIPLOMATE, AMERICAN BOARD OF ANESTHESIOLOGY

**ANNA KRZYSIAK, P.T.**  
**DEBBIE CASTILLO, P.T.A.**  
**MARC REZNIKOFF, L.Ac.**  
**OMID MAHGEREFTEH, D.C.**

IN REFERENCE	:	Bardakjian, Steevio
DATE OF BIRTH	:	05-23-1970
SSN	:	XXX-XX-2130
EMPLOYER	:	OLIVE VIEW MEDICAL CENTER
INJURY DATE	:	07-03-2018
COMPENSATION CARRIER	:	Sedgwick
ADDRESS	:	PO BOX 11028, Orange CA 92856
ADJUSTOR	:	VIRIDIANA MALDONADO
CLAIM NUMBER	:	219-00110-B
WCAB NUMBER	:	
CURRENT EVALUATION	:	08-02-2022

#### SUPPLEMENTAL REPORT ON PAIN MANAGEMENT PROGRESS (PR-2)

- |  |  |  |
|--|--|--|
| (XX) Periodic Report                                   | ( <input type="checkbox"/> Change in Treatment Plan            | ( <input type="checkbox"/> Release from Care                   |
| ( <input type="checkbox"/> Change in Work Status       | ( <input type="checkbox"/> Need for Referral or Consultation   | ( <input type="checkbox"/> Response to Release for Information |
| ( <input type="checkbox"/> Change in Patient Condition | ( <input type="checkbox"/> Need for Surgery or Hospitalization | ( <input type="checkbox"/> Request for Authorization           |
| ( <input type="checkbox"/> Other                       |  |  |

This is a consultation report in accordance with the State of California Workers' Compensation Official Medical Fee Schedule effective April 1, 1999, Reports Section, C, Consultation Report.

000125

Bardakjian, Steevio Male 05-23-1970

The following is a report on pain management progress performed at 28212 Kelly Johnson Parkway, SUITE 155, Valencia CA 91355 - 5084.

**Current Complaints**

Low back and knee pain

**History of Injury :**

Today's visit was completed via Telemedicine with the permission of the patient due to the COVID-19 national emergency. Telemedicine visits utilize audio and/or video communication.

The patient is 52 years old male with low back and knee pain due to work-related injuries. He recovered from COVID19 and continues with physical therapy after right knee surgery on May 4, 2022. The patient admits mild improvement with physical therapy which allows him to ambulate longer distances.

Low back pain is aching in radiates down to bilateral feet. It increases with exertion and improves with the current medication regimen. Right knee pain is aching and gets worse with the prolonged position. Alleviating factors include resting and current medication with physical therapy.

Mr. Bardakjian is in the process of finding a spinal surgeon after failed laminectomy in 2018. He had epidural injections in the past which did not help.

We discussed a spinal cord stimulator trial and the patient is interested in the procedure in the future.

The current medication regimen with Percocet provides 30% of pain relief and functional improvement. Patient is able to ambulate longer distances and perform lower extremity dressing.

Patient is able to tolerate the current regimen, and denies any side effects that include mental clouding, constipation, itching, and drowsiness. Without medicine patient states that it would be very difficult to perform normal daily activities and would be confined to their home.

He is not interested in weaning off medication at this time.

Constipation is managed with over-the-counters stool softeners as needed.

Patient denies recent hospitalizations, surgeries, or ER visits. Denies changes in bowel or bladder function. Denies signs or symptoms of saddle anesthesia.

Aggravating factors include excessive activity, exertion, prolonged position  
Alleviating factors include rest, medication

5A's reviewed with patient:

Analgesia: Reports 30% improvement in pain with current regimen

ADL: Reports improvement in overall function was taking medication

Adverse effects: No significant effects such as respiratory depression, somnolence, etc.

Abuse: No suspicious or drug seeking behavior.

Affect: Appropriate behavior and mood

It is the practice of Universal Pain Management to periodically review the 5 domains (The 5 As) which are relevant for ongoing monitoring of chronic pain patient on opioids.

Analgesia: The patient reports greater than 30 % pain relief while taking medications, including opioids.

ADLs/ subjective functional improvement from baseline:30 %.

Functional Objective Improvement: Patient is able to perform activities such as bathing,grooming,dressing,transfers,ambulation and preparing of meals with the aid of the medications AS EVIDENCED IN THE PERSONAL MEDICATION STATEMENTS PROVIDED UNDER SEPARATE COVER.

Adverse side effects : no side effects noted.

Abuse: the patient is compliant with the pain management agreement.

Affect: the patient's behavior and mood are appropriate. The patient has failed prior medications which include; none.

Bardakjian, Steevio Male 05-23-1970

The duration that the opioid medication lasts is 6 hours.  
The onset of symptom relief for their medication is 20 minutes.  
Weaning has been tried but was not successful.  
Conservative treatment has been tried for more than 3 months but it failed.  
An updated pain agreement is present on file.  
VAS (Without Meds): 10  
VAS (With Meds): 7  
There is 30 % of improvement with opioid medications.

Without medications, the patient is able to ambulate 50 feet as baseline.

With the medications patient able to ambulate 500 feet with the medications, an improvement from baseline.

**\*Interval F/U**

**Scales:** Pain at present is 8 on the pain scale.

**Pain Descriptors:** Location of pain is at Low back and knee pain. Patient describes his pain as constant.

**Recent Diagnostic Studies:**

CAT Scan: No.

Discogram: No

EMG: No.

MRI: No.

Myelogram: No.

**Allergy**

No Known Drug Allergies.

**Past Medical History**

Diabetes ()

High Blood Pressure ()

**Surgical History**

Open heart surgery: 06-29-2021 at HENRY MAYO

L3-L5 Disectomy: 08/2018

**Review of Systems**

**Skin (Integumentary):** Denies itching.

**Gastro-Intestinal:** Denies nausea, constipation or GI upset. There is no loss of bowel control.

**Neurological:** There is no focal neurologic changes.

**Constitutional:** Denies sweats, dizziness or unusual loss or gain of weight. Sweats. There is no over sedation or dysphoria.

**Genito-urinary:** Denies loss of bladder control.

**Physical Examination**

On a scale of 1 to 10 the pain level is 8. NO VITALS DUE TO TELEMEDICINE APPOINTMENT

**General:** Patient is alert and oriented. His mood and affect are normal. PE limited, telemed visit; Patient speaking in full clear coherent sentences and answering questions appropriately

**PAIN MANAGEMENT**

Bardakjian, Steevio Male 05-23-1970

- Opioid Dose Calculator
- UDS

**Review of Medical Records:**

Reviewed authorization for medication and follow-up report.

MRI of the lumbar spine on June 4, 2020, demonstrates multilevel disc herniation prominent at L4-L5. There is central canal stenosis at L1-L2, L2-L3, L3-L4, and L4-L5. The multilevel bilateral neural foraminal narrowing is noted from L1 to S1.

MRI of the right knee on May 28, 2020, shows an oblique tear of the posterior horn of the medial meniscus and small knee joint effusion.

A CURES (Controlled Substance Utilization Review and Evaluation System) report from the Depart of Justice - Bureau of Narcotic Enforcement was obtained. This is a prescription drug monitoring program (PDMP). There are no signs of doctor shopping noted.

UDS on June 6, 2022, is consistent with Percocet and metabolites. It is positive for THC which is legal in California.

We are prescribing controlled substances. The most recent urine drug screen was done on 06-03-2022.

Review of medical records and/or consultation between treating physicians and/or discussion of Utilization Review and/or planning and/or creation of RFAs, and/or preparation of this report totaled 60 minutes of non-face-to-face patient care time, justifying CPT code 99358. I am billing appropriately.

**Legal Status:**

Primary Treating Physician: Philip Conwisor MD

Attorney: KOSZDIN, FIELDS, SHERRY & KATZ

P & S Status:

**Impression:**

This patient is a 52-year-old male with a history of L3-L5 laminectomy with significant radiculopathy on the right side and postlaminectomy syndrome with lumbar radiculopathy due to work-related injury.

Status post right knee surgery May 4, 2022. Recovering and doing physical therapy at this time. Mr. Bardakjian is in the process of finding a spinal surgeon after failed laminectomy in 2018. He had epidural injections in the past which did not help.

Patient reports 30% of pain improvement with Percocet. The patient is able to increase physical activity, social activities, sleep, and care for himself.

A CURES (Controlled Substance Utilization Review and Evaluation System) report from the Depart of Justice - Bureau of Narcotic Enforcement was obtained. This is a prescription drug monitoring program (PDMP).

There are no signs of doctor shopping noted.

Urine screening from the 6/6/2022 report demonstrates Percocet and metabolites. It is also positive for THC which we do not prescribe but is legal in CA.

**ICD Codes:** Hip pain (M25.559), Tear of meniscus of right knee (S83.206A), Lumbar radiculopathy, chronic

(M54.16), Lumbar postlaminectomy syndrome (M96.1), Long term (current) use of opiate analgesic (Z79.891)

We are prescribing controlled substances. The most recent urine drug screen was done on 06-03-2022.

**Treatment Plan:**

---We discussed a spinal cord stimulator trial and the patient is interested in the procedure in the future. He would like to continue with current medication management and follow-up with a spinal surgeon at this time. We will contact a representative to provide further information in the future if symptoms exacerbate.

---Continue physical therapy after the right knee surgery.

---The patient may benefit from the knee injection or further interventions with genicular nerve block in the future if pain persists despite knee surgery.

---Follow up with a spinal specialist.

---I am refilling medication, Percocet, today. Patient is not interested in weaning off Percocet at this time. He will consider it after completing physical therapy. Continue Metamucil to control opioid-induced constipation.

Continue current medication regimen as it is providing significant symptomatic and functional improvement without evidence of impairment, abuse, diversion, or hoarding.

Without medicine, patient states that it would be very difficult to perform normal daily activities and would be confined at home.

Patient counselled regarding the medication and how to appropriately take them. Furthermore, discussion had with patient about appropriate down-titration of opioids and utilizing the lowest possible dose which provides significant relief.

---Patient must follow up with primary care for preventative and maintenance healthcare.

---Patient must keep medication locked safe container to prevent loss and theft.

---Encouraged the patient to continue activities as tolerated and to utilize nonpharmacological treatment modalities such as ice/hot packs as needed for flare up of symptoms.

---Follow-up in one month for continued pain management and medication refill or adjustment

**Pharmacologic assessment and management**

The patient's psychotropic/opiate medications were reviewed. The patient is counseled as to the benefits of this medication and potential side effects. The risks include, but are not limited to drowsiness, sedation, dependence, tolerance, addiction, nausea, tingling in the extremities, decreased appetite, problems with cognition, and potential problems with vision including glaucoma.

The patient is instructed to alert the prescribing physician to discuss any of these symptoms if they occur. The patient is advised as to the dangers of operating a vehicle while under the influence of this medication. The patient is also aware of the synergistic effects of alcohol with this medication and to use extreme caution when operating in an automobile while under the influence of this medication.

The patient understands that this medication cannot be discontinued abruptly without professional guidance. The patient fully understands these concepts and accepts the risks. The patient understands that this medication is taken as prescribed by the prescribing physician. The patient is request refills from this office only in that and understands that early request for refills might not be honored.

Bardakjian, Steevio Male 05-23-1970

Due to COVID-19, patients were screened upon arrival including taking temperatures, asking if patient are experiencing COVID-19 symptoms, providing distancing instructions while in the office. Increased sanitation measures to prevent COVID-19 have been implemented which include calling patient, consent for treatment, taking temperature, hand sanitizer, and disinfecting wipes.

The patient has interval subjective and objective functional improvement with the medications as documented from BASELINE. The patient has been WEANED to the lowest possible dose. Any further weaning will result in the patient being bedbound and or going to the ER. An opioid contract is on file. Therefore the patient meets all the guidelines criteria of ODG, CMS and CAMTUS guidelines that are utilized in the state of California to continue opioid medications.

We are a multidisciplinary pain clinic as noted on page 78 of the CAMTUS guidelines. This is to be considered anytime the patient's symptoms do not improve on opioids in 3 months. We utilize a combination of Medication Management, Biofeedback, Physical Therapy, Chiropractic, Acupuncture, Psychological intervention and appropriate Interventional Techniques. We assess the patient on a routine basis.

We monitor the 4 A's for ongoing monitoring: Analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. For monitoring patients for long-term use of opioids we also utilize recommendations as noted on page 88 of the CAMTUS. These are patients who are on opioids greater than 6 months. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. We make every effort to assess the pain at every visit, and functioning is measured at 6- month intervals as recommended by the guidelines. For maintenance of the patient's medications we do not lower if the current medication is working as noted on page 89 of the CAMTUS guidelines. All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening.

Included with this report is a handwritten attestation by the patient documenting pain relief and improvement in functional activity before and after taking their prescribed medications. Any utilization review of these medications that does not specifically comment on the handwritten attestation, when provided, is invalid and non-compliant.

**Medications prescribed:**

Percocet 10 mg-325 mg tablet 0.5-1 Tablet Three times a Day for 30 Days , Prescribe 90 Tablet

**Work Status:** As per PTP

**Work Restriction:**

Due to the complexities involved with management and close monitoring of this patient's current medications and treatment, it is my opinion that the patient follow up with our office on a regimen of at least every 30 to 45 days to properly assess and treat the patient's condition. The patient's questions were answered in detail. An extended period of time was spent with the patient explaining test results, diagnostic impressions, physical findings, and further plans and alternatives. Should there be any additional questions; the patient is encouraged to contact our office.

Sincerely,

000130

Bardakjian, Steevio Male 05-23-1970

Syeon Kang, N.P.



Kevin Kohan, D.O.

**DISCLOSURE:**

*The patient was interviewed by the above-signed Nurse Practitioner/Physician Assistant/Physician under the direction and guidance of the signing Physician. The physical examination was performed by the Nurse Practitioner/Physician under the direction and supervision of the Physician. The dictation was prepared by the Nurse Practitioner/Physician, including any and all impressions and conclusions described in the discussion, and were discussed and reviewed with the Physician. In compliance with the recent Workers Compensation legislation (Labor Code Section 4628 (b): "I declare that the above evaluation was performed by the above signed Nurse Practitioner/Physician under the direction and guidance of the signing physician and was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (j) of Section 139.2." In compliance with recent Workers Compensation legislation (Labor Code 4628(j)): "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 I have indicated I have received from others. As to that information, the signing Nurse Practitioner/Physician and Physician 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." In compliance with the recent Workers Compensation legislation (Labor Code Section 5703 under AB 1300): "Neither the signing Physician or Nurse Practitioner/Physician have violated Labor Code section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury.*

*"Dragon medical software may have been used to dictate this note. On occasion errors can occur in the content, grammar, and punctuation. We retain the right to modify this information without notice in the event of errors."*

*Signed in Los Angeles County, California  
By*



Kevin Kohan, D.O.

*This has been electronically signed by Kevin Kohan, D.O. on 08-02-2022.*

Bardakjian, Steevio Male 05-23-1970



**SHAHIN A. SADIK, M.D., Q.M.E.**  
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**MARC REZNIKOFF, L.Ac.**  
**OMID MAHGEREFTEH, D.C.**

Name : Steevio Bardakjian

MR# UPM31805

Date of Operation: 08-02-2022

DOB: 05-23-1970

**Opioid Dose Calculator**

Category	Test	Result	Remarks
<b>Opioid Dose Calculator</b>			
1	Oxycodone (mg per day)	30	
2	Oxycodone: Morphine Equivalent	45	
3	Oxycodone - Total no. of pills prescribed	90	
4	Oxycodone - No. of days pills prescribed for	30	
5	Oxycodone - mg/pill	10	
6	Oxycodone - Med deviation	30	
7	Total Daily Morphine Equivalent Dose	45	

Combined risk category using Opioid risk tool and Opioid dose is

\* Based on information published by University of California, San Francisco and University of Rochester, Dept. of Palliative Care.

Seyeon Kang, N.P.

This has been electronically signed by Seyeon Kang, N.P. on 08-02-2022.

(3)

# PHILIP H. CONWISAR, M.D.

A Professional Corporation

**Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery**

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

August 31, 2022

Tristar Risk Management  
P.O. Box 11967  
Santa Ana, CA 92711

RTA REQUEST SENT  
SEPARATELY VIA FAX

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**  
D/I: July 3, 2018  
OCC: RN IT Project Manager  
EMP: Olive View Medical Center  
Los Angeles County  
Health Care Department  
D/E: August 31, 2022  
CLAIM #: 219-00110-B  
WCAB #: ADJ11540526

## **PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT**

The patient is reevaluated today. He is improving after right knee arthroscopic surgery 3 ½ months ago. He does have some persistent right knee pain and weakness. He is also having severe low back pain with radiating pain to the lower extremities. We have not received authorization for second opinion spine surgical consultation.

### **OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:**

#### **LUMBAR SPINE EXAMINATION:**

There is a healed incision, lumbar spine.

The patient ambulates with an antalgic gait. There is a limp present on the right.

The patient stands with a flattened lumbar lordosis. The crests of the ilium are parallel to the floor. There is no list to either the right or left. There is no scoliosis. The gluteus maximus on the right and left show no evidence of atrophy, bilaterally.

There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles.

With direct palpation, there is no generalized tenderness in the lumbar spine.

There is no tenderness in the right and left sacroiliac joints, bilaterally.

There is no tenderness in the right and left sciatic notches, bilaterally.

**RANGE OF MOTION:**

Flexion is to 40 degrees, with increased low back pain.

Extension is to 0 degrees, with increased low back pain.

Right lateral bending is to 10 degrees, with increased low back pain.

Left lateral bending is to 5 degrees, with increased low back pain.

**SUPINE POSITION:**

Straight leg raising is to 30 degrees, on the right, with pain in the lower back region.

Straight leg raising is to 60 degrees, on the left, without pain in the lower back region.

TESTS:	RIGHT	LEFT
Lasègue Test:	Negative	Negative
Contralateral SLR:	Negative	Negative
Patrick's Test:	Negative	Negative
Gaenslen's Test:	Negative	Negative
Babinski:	Negative	Negative
Ankle Clonus:	Negative	Negative

**BILATERAL HIP EXAMINATION:**

	RIGHT	LEFT
Trendelenburg:	Negative	Negative
Tenderness Great Trochanter:	Negative	Negative

There is slight restriction to range of motion of the right hip. There is slight pain with range of motion of the right hip. There is full range of motion of the left hip. There is no pain with range of motion of the left hip.

**BILATERAL KNEE EXAMINATION:**

There is mild swelling, right knee. There are healed incisions, right knee. There is no evidence of heat, swelling or effusion, left knee. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	135 degrees	140 degrees	140 degrees
Extension:	-5 degrees	0 degrees	0 degrees
TESTS:	RIGHT	LEFT	
Medial Joint Line Tenderness:	Neg	Neg	
Lateral Joint Line Tenderness:	Neg	Neg	
Medial Collateral Ligament Tenderness:	Neg	Neg	
Lateral Collateral Ligament Tenderness:	Neg	Neg	
Anterior Drawer:	Neg	Neg	
Posterior Drawer:	Neg	Neg	
Lachman's Test:	Neg	Neg	
Pivot Shift Test:	Neg	Neg	
McMurray's:	Neg	Neg	
Slocum's:	Neg	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	Neg	Neg	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

**VASCULAR EXAM:**

Posterior tibial pulses are present.

Dorsalis pedis pulses are present.

**NEUROLOGIC EXAM:****MOTOR TESTING:**

	RIGHT	LEFT	RIGHT	LEFT
Hip Flexion:	5/5	5/5	Hip Extension:	5/5
Knee Extension:	4+/5	5/5	Knee Flexion	4/5
Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	4+/5	5/5	Great Toe Flexion:	5/5

August 31, 2022

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**SENSATION:**

There is decreased sensation:

	<u>Right</u>	<u>Left</u>
L1		
L2		
L3		
L4	X	
L5	X	
S1		

**DEEP TENDON REFLEXES:**                   **RIGHT**                   **LEFT**

Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

**X-RAY EXAMINATION:**

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

**DIAGNOSTIC STUDIES:**

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

**BARDAKJIAN, STEEVIO**

August 31, 2022

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MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

**DIAGNOSES:**

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. POST-OP RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.

**DISCUSSION/TREATMENT PLAN:**

The patient is improving 3 ½ months after right knee arthroscopic surgery. He does have residual weakness and pain in the right knee. He is indicated for additional physical therapy.

I again request authorization for additional physical therapy for the right knee twice a week for six weeks. Please provide authorization.

The patient has persistent severe low back pain. He has been symptomatic for over four years. I request authorization for second opinion spine surgical consultation with Dr. Patrick Johnson or Dr. Jae Chon in Los Angeles.

The patient is having a flare-up of low back pain. I request authorization for physical therapy for the lumbar spine twice a week for six weeks. Please provide authorization.

The patient will remain under the care of Dr. Kohan, the treating pain management specialist.

The patient will return for reevaluation in four weeks.

**WORK/DISABILITY STATUS:**

The patient will remain at temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

*The above evaluation was performed on August 31, 2022 by the undersigned at my office located at 4835 Van Nuys Blvd., Ste. 210, Sherman Oaks, CA 91403. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.*

**BARDAKJIAN, STEEV.**

August 31, 2022

Page 6 of 6

*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 I have indicated I have 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 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.*



---

Philip H. Conwisar, M.D., F.A.A.O.S.  
Diplomate, American Board of Orthopaedic Surgery

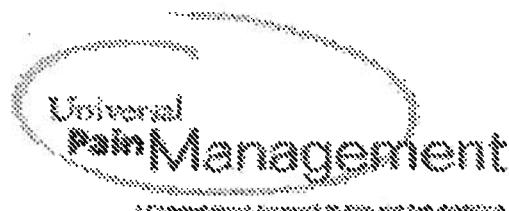
Date: August 31, 2022 Los Angeles County, California

PHC/cam

cc: Koszdin, Fields Sherry & Katz  
Robert Katz, Attorney at Law  
6151 Van Nuys Boulevard  
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith  
633 West 5<sup>th</sup> St. Suite 4000  
Los Angeles, CA 90071

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IN REFERENCE :	Bardakjian, Steevio
DATE OF BIRTH :	05-23-1970
SSN :	XXX-XX-2130
EMPLOYER :	OLIVE VIEW MEDICAL CENTER
INJURY DATE :	07-03-2018
COMPENSATION CARRIER :	Sedgwick
ADDRESS :	PO BOX 11028, Orange CA 92856
ADJUSTOR :	VIRIDIANA MALDONADO
CLAIM NUMBER :	219-00110-B
WCAB NUMBER :	
CURRENT EVALUATION :	10-04-2022

**SUPPLEMENTAL REPORT ON PAIN MANAGEMENT PROGRESS (PR-2)**

(XX) Periodic Report	( <input type="checkbox"/> Change in Treatment Plan	( <input type="checkbox"/> Release from Care
( <input type="checkbox"/> Change in Work Status	( <input type="checkbox"/> Need for Referral or Consultation	( <input type="checkbox"/> Response to Release for Information
( <input type="checkbox"/> Change in Patient Condition	( <input type="checkbox"/> Need for Surgery or Hospitalization	( <input checked="" type="checkbox"/> Request for Authorization
( <input type="checkbox"/> Other		

*This is a consultation report in accordance with the State of California Workers' Compensation Official Medical Fee Schedule effective April 1, 1999, Reports Section, C, Consultation Report.*

The following is a report on pain management progress performed at 28212 Kelly Johnson Parkway, SUITE 155, Valencia CA 91355 - 5084.

**Current Complaints: Low back and knee pain**

**History of Present Illness**

Today's visit was completed via Telemedicine with the permission of the patient due to the COVID-19 national emergency. Telemedicine visits utilize audio and/or video communication.

52-year-old male with low back and right knee pain due to work-related injury. Patient reports he underwent right knee surgery on 05/04/2022. The patient has been in therapy for about the knee and the low back and reports that there has been functional improvement. The patient would like to continue with conservative management of pain. The patient is happy doing therapy of both areas of the body. Meanwhile the patient admits that the spine surgery consultation has been pending. The patient is a follow-up visit does not know if she would like to proceed with a Baker fusion surgery as has been recommended. The patient still thinking about that the patient has several questions about a spinal cord stimulation therapy that was discussed today.

Patient admits low back pain is aching in nature and it radiates to bilateral feet. Patient reports previous lumbar spinal surgery was not very successful. He is still in process of finding a spinal specialist at Cedar Sinai.

Current medication regimen with Percocet provides 30% of pain relief and functional improvement. Patient is able to ambulate longer distances, perform hygiene duties, and perform lower extremity dressing.

Patient is able to tolerate the current regimen. He manages constipation with Metamucil.

Without medicine patient states that it would be very difficult to perform normal daily activities and would be confined to their home.

Patient denies recent hospitalizations or ER visits. Denies changes in bowel or bladder function. Denies signs or symptoms of saddle anesthesia.

Aggravating factors include excessive activity, exertion, prolonged position

Alleviating factors include rest, medication

5A's reviewed with patient:

Analgesia: Reports 30% improvement in pain with current regimen

ADL: Reports improvement in overall function was taking medication

Adverse effects: No significant effects such as respiratory depression, somnolence, etc.

Abuse: No suspicious or drug seeking behavior.

Affect: Appropriate behavior and mood

It is the practice of Universal Pain Management to periodically review the 5 domains (The 5 As) which are relevant for ongoing monitoring of chronic pain patient on opioids.

Analgesia: The patient reports greater than 30 % pain relief while taking medications, including opioids.

ADLs/ subjective functional improvement from baseline: 30 %.

Functional Objective Improvement: Patient is able to perform activities such as

bathing, grooming, dressing, transfers, ambulation and preparing of meals with the aid of the medications AS EVIDENCED IN THE PERSONAL MEDICATION STATEMENTS PROVIDED UNDER SEPARATE COVER.

Adverse side effects : no side effects noted.

Abuse: the patient is compliant with the pain management agreement.

Affect: the patient's behavior and mood are appropriate. The patient has failed prior medications which include; none.

The duration that the opioid medication lasts is 6 hours.

The onset of symptom relief for their medication is 20 minutes.

Weaning has been tried but was not successful.

Conservative treatment has been tried for more than 3 months but it failed.

An updated pain agreement is present on file.

VAS (Without Meds): 7

VAS (With Meds): 4

There is 30 % of improvement with opioid medications.

Without medications, the patient is able to ambulate 50 feet as baseline.

With the medications patient able to ambulate 500 feet with the medications, an improvement from baseline.

**\*Interval F/U Scales:** Pain at present is 7 on the pain scale. **Pain Descriptors:** Location of pain is at Low back and knee pain. Patient describes his pain as constant. **Recent Diagnostic Studies:**

CAT Scan: No.

Discogram: No

EMG: No.

MRI: No.

Myelogram: No.

#### **Allergy**

No Known Drug Allergies.

#### **Past Medical History**

Diabetes ()

High Blood Pressure ()

#### **Surgical History**

Open heart surgery: 06-29-2021 at HENRY MAYO

L3-L5 Disectomy: 08/2018

#### **Review of Systems**

**Skin (Integumentary):** Denies Itching.

**Gastro-Intestinal:** Denies nausea, constipation or GI upset. There is no loss of bowel control.

**Neurological:** There is no focal neurologic changes.

**Constitutional:** Denies sweats, dizziness or unusual loss or gain of weight. Sweats. There is no over sedation or dysphoria.

**Genito-urinary:** Denies loss of bladder control.

#### **Physical Examination**

Height (Inches): 71.00 Weight (lbs): 205.00

**General:** The patient is well developed and well-nourished. Patient is alert and oriented. His mood and affect are normal. Patient is in no acute distress. Patient has good hygiene. There is no apparent loss of coordination.

#### **Review of Medical Records:**

AUTH for medication noted

A CURES (Controlled Substance Utilization Review and Evaluation System) report from the Department of Justice - Bureau of Narcotic Enforcement was obtained. There are no signs of doctor shopping noted.

Review of medical records and/or consultation between treating physicians and/or discussion of Utilization Review and/or planning and/or creation of RFAs, and/or preparation of this report totaled 60 minutes of

non-face-to-face patient care time, justifying CPT code 99358. I am billing appropriately.

**Legal Status:**

Primary Treating Physician: Philip Conwisar MD  
Attorney: KOSZDIN, FIELDS, SHERRY & KATZ  
P & S Status:

**Impression:**

This patient is a 52-year-old male with a history of diabetes and hypertension status post L3-L5 laminectomy with significant radiculopathy on the right side and postlaminectomy syndrome with lumbar radiculopathy due to work related injury.

Status post right knee surgery May 4, 2022. Recovering and doing physical therapy at this time.

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping. Urine screening from 6/6/2022 report demonstrates Percocet and metabolites. It was positive for THC which we do not prescribe but are legal in CA.

**ICD Codes:** Hip pain (M25.559), Tear of meniscus of right knee (S83.206A), Lumbar radiculopathy, chronic (M54.16), Lumbar postlaminectomy syndrome (M96.1), Long term (current) use of opiate analgesic (Z79.891)

**Treatment Plan:**

---Continue with physical therapy status post right knee surgery As well as the low back

--- We discussed potential spinal cord stimulation therapy Especially if the patient is not a surgical candidate is a good idea per patient

---I am refilling medication, Percocet, today. Continue current medication regimen as it is providing significant symptomatic and functional improvement without evidence of impairment, abuse, diversion, or hoarding. Without medicine patient states that it would be very difficult to perform normal daily activities and would be confined to home.

Patient counselled regarding the medication and how to appropriately take them. Furthermore, discussion had with patient about appropriate down-titration of opioids and utilizing the lowest possible dose which provides significant relief.

Continue Metamucil to control opioid-induced constipation.

---Patient must follow-up with primary care for preventative and maintenance healthcare.

---Patient must keep medication locked safe container to prevent loss and theft.

---Encouraged the patient to continue activities as tolerated and to utilize nonpharmacological treatment modalities such as ice/hot packs as needed for flare up of symptoms.

---Follow-up in one month for continued pain management and medication refill or adjustment

**Pharmacologic assessment and management**

The patient's psychotropic/opiate medications were reviewed. The patient is counseled as to the benefits of this

medication and potential side effects. The risks include, but are not limited to drowsiness, sedation, dependence, tolerance, and addiction, nausea, tingling in the extremities, decreased appetite, problems with cognition and potential problems with vision including glaucoma.

The patient is instructed to alert the prescribing physician to discuss any of these symptoms if they occur. The patient is advised as to the dangers of operating a vehicle while under the influence of this medication. The patient is also aware of the synergistic effects of alcohol with this medication and to use extreme caution when operating in an automobile while under the influence of this medication.

The patient understands that this medication cannot be discontinued abruptly without professional guidance.

The patient fully understands these concepts and accepts the risks. The patient understands that this medication be taken as prescribed by the prescribing physician. The patient is request refills from this office only in that and understands that early request for refills might not be honored.

Due to COVID-19, patients were screened upon arrival including taking temperatures, asking if patient are experiencing COVID-19 symptoms, providing distancing instructions while in the office. Increased sanitation measures to prevent COVID-19 have been implemented which include calling patient, consent for treatment, taking temperature, hand sanitizer, and disinfecting wipes.

The patient has Interval subjective and objective functional improvement with the medications as documented from BASELINE. The patient has been WEANED to the lowest possible dose. Any further weaning will result in the patient being bedbound and or going to the ER. An opioid contract is on file. Therefore the patient meets all the guidelines criteria of ODG, CMS and CAMTUS guidelines that are utilized in the state of California to continue opioid medications.

We are a multidisciplinary pain clinic as noted on page 78 of the CAMTUS guidelines. This is to be considered anytime the patient's symptoms do not improve on opioids in 3 months. We utilize a combination of Medication Management, Biofeedback, Physical Therapy, Chiropractic, Acupuncture, Psychological Intervention and appropriate Interventional Techniques. We assess the patient on a routine basis.

We monitor the 4 A's for ongoing monitoring: Analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. For monitoring patients for long-term use of opioids we also utilize recommendations as noted on page 88 of the CAMTUS. These are patients who are on opioids greater than 6 months. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. We make every effort to assess the pain at every visit, and functioning is measured at 6- month intervals as recommended by the guidelines. For maintenance of the patient's medications we do not lower if the current medication is working as noted on page 89 of the CAMTUS guidelines. All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening.

Included with this report is a handwritten attestation by the patient documenting pain relief and improvement in functional activity before and after taking their prescribed medications. Any utilization review of these medications that does not specifically comment on the handwritten attestation, when provided, is invalid and non-compliant.

**Medications prescribed:**

Percocet 10 mg-325 mg tablet 0.5-1 Tablet Three times a Day for 30 Days , Prescribe 90 Tablet

**Work Status:** As per PTP

**Work Restriction:**

Due to the complexities involved with management and close monitoring of this patient's current medications and treatment, it is my opinion that the patient follow up with our office on a regimen of at least every 30 to 45 days to properly assess and treat the patient's condition. The patient's questions were answered in detail. An extended period of time was spent with the patient explaining test results, diagnostic impressions, physical findings, and further plans and alternatives. Should there be any additional questions; the patient is encouraged to contact our office.

Sincerely,



Kevin Kohan, D.O.

**DISCLOSURE:**

The patient was interviewed regarding the undersigned regarding the history. The physical examination was performed entirely by the undersigned physician. The dictation was prepared by myself, including any and all impressions and conclusions described in the discussion. In compliance with the recent Workers Compensation legislation (Labor Code Section 4628 (b)): "I declare that the above evaluation was performed by the undersigned and was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (j) of Section 139.2." In compliance with recent Worker's Compensation legislation (Labor Code 4628(j)): "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 I have indicated I have 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." In compliance with the recent Workers Compensation legislation (Labor Code Section 5703 under AB 1300): 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. This statement is made under penalty of perjury.

"Dragon medical software may have been used to dictate this note. On occasion errors can occur in the content, grammar, and punctuation. We retain the right to modify this information without notice in the event of errors."

Signed in Los Angeles County, California  
By



Kevin Kohan, D.O.

# **PHILIP H. CONWISAR, M.D.**

*A Professional Corporation*

**Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery**

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

October 6, 2022

Tristar Risk Management  
P.O. Box 11967  
Santa Ana, CA 92711

**RFA REQUEST SENT  
SEPARATELY VIA FAX**

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**  
D/I: July 3, 2018  
OCC: RN IT Project Manager  
EMP: Olive View Medical Center  
Los Angeles County  
Health Care Department  
D/E: October 6, 2022  
CLAIM #: 219-00110-B  
WCAB #: ADJ11540526

## **PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT**

The patient is evaluated by telemedicine. Consent was given for telemedicine examination. The patient is improving after right knee arthroscopic surgery performed five months ago. He has some persistent right knee pain and weakness in his right lower extremity. He also has severe low back pain with radiating pain to the lower extremities. We have received authorization for additional physical therapy for the right knee and physical therapy for the low back which he started this week. He has had one session so far. He has also been authorized for a second opinion spine surgical consultation with Dr. Patrick Johnson at Cedars Sinai. This is pending scheduling.

### **OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:**

Physical examination was performed by telemedicine.

#### **LUMBAR SPINE EXAMINATION:**

There is a healed incision, lumbar spine.

There is restricted range of motion. There is pain with range of motion.

000145

4835 Van Nuys Blvd., Ste. 210  
Sherman Oaks, CA 91403

• 819 Auto Center Drive  
Palmdale, CA 93551

• 28212 Kelly Johnson Pkwy, Ste. 155  
Valencia, CA 91355

Neurologic exam does not appear to be intact. There appears to be decreased sensation in the L5 dermatome. Neurologic examination is limited in a telemedicine examination.

**RIGHT KNEE EXAMINATION:**

There are healed incisions.

There is slight restriction in extension. There is slight restriction in flexion. There is pain with range of motion.

**X-RAY EXAMINATION:**

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

**DIAGNOSTIC STUDIES:**

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

**DIAGNOSES:**

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.

October 6, 2022

Page 3 of 4

2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. POST-OP RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.

**DISCUSSION/TREATMENT PLAN:**

The patient continues to improve five months postop right knee arthroscopic surgery. He does have residual weakness and pain in the right knee. He is to continue his authorized additional postop physical therapy for his right knee.

He is to continue his authorized physical therapy for his low back.

He has been authorized for a second opinion spine surgical consultation with Dr. Patrick Johnson at Cedars Sinai. This is pending scheduling and will be scheduled in the near future.

The patient will remain under the care of Dr. Kohan, the treating pain management specialist.

The patient will return for reevaluation in four weeks.

**WORK/DISABILITY STATUS:**

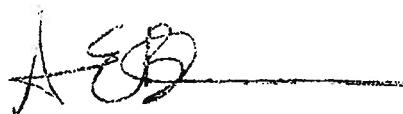
The patient remains temporarily, totally disabled.

Should you have any questions, please do not hesitate to contact this office.

*The above evaluation was performed on October 6, 2022 by telemedicine. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.*

*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 I have indicated I have 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 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.*



---

Ann Bonner, PA-C

**BARDAKJIAN, STEEVIO**

October 6, 2022

Page 4 of 4



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Philip H. Conwisar, M.D., F.A.A.O.S.  
Diplomate, American Board of Orthopaedic Surgery

Date: October 6, 2022 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz  
Robert Katz, Attorney at Law  
6151 Van Nuys Boulevard  
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith  
633 West 5<sup>th</sup> St. Suite 4000  
Los Angeles, CA 90071

000148

Bardakjian, Steevio Male 05-23-1970



**SHAHIN A. SADIK, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
 ASSOCIATE PROFESSOR OF USC

**FRANCIS X. RIEGLER, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
 ASSISTANT CLINICAL PROFESSOR OF USC

**RAY H. D'AMOURS, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
 ASSISTANT CLINICAL PROFESSOR OF USC

**DANIEL ALVES, M.D.**  
BOARD CERTIFIED PAIN MANAGEMENT AND PAIN

**KEVIN KOHAN, D.O.**  
BOARD CERTIFIED PAIN MANAGEMENT AND PAIN

**ARVINDER GILL, D.O.**  
BOARD CERTIFIED PAIN MANAGEMENT  
 DIPLOOMATE, AMERICAN BOARD OF ANESTHESIOLOGY

**ROHIT CHAUDHARY M.D.**  
PAIN MANAGEMENT  
 DIPLOOMATE, AMERICAN BOARD OF ANESTHESIOLOGY

**ANNA KRZYSIAK, P.T.  
 DEBBIE CASTILLO, P.T.A.  
 MARC REZNICKOFF, L.Ac.  
 OMID MAHGEREFTEH, D.C.**

IN REFERENCE	:	Bardakjian, Steevio
DATE OF BIRTH	:	05-23-1970
SSN	:	XXX-XX-2130
EMPLOYER	:	OLIVE VIEW MEDICAL CENTER
INJURY DATE	:	07-03-2018
COMPENSATION CARRIER	:	Sedgwick
ADDRESS	:	PO BOX 11028, Orange CA 92856
ADJUSTOR	:	ELAINE BARBAGALLO
CLAIM NUMBER	:	219-00110-B
WCAB NUMBER	:	
CURRENT EVALUATION	:	11-01-2022

#### **SUPPLEMENTAL REPORT ON PAIN MANAGEMENT PROGRESS (PR-2)**

<input checked="" type="checkbox"/> Periodic Report	<input type="checkbox"/> Change in Treatment Plan	<input type="checkbox"/> Release from Care
<input type="checkbox"/> Change in Work Status	<input type="checkbox"/> Need for Referral or Consultation	<input type="checkbox"/> Response to Release for Information
<input type="checkbox"/> Change in Patient Condition	<input type="checkbox"/> Need for Surgery or Hospitalization	<input checked="" type="checkbox"/> Request for Authorization
<input type="checkbox"/> Other		

This is a consultation report in accordance with the State of California Workers' Compensation Official Medical Fee Schedule effective April 1, 1999, Reports Section, C, Consultation Report.

The following is a report on pain management progress performed at 28212 Kelly Johnson Parkway, SUITE 155, Valencia CA 91355 - 5084.

Bardakjian, Steevio Male 05-23-1970

**Current Complaints: Low back and knee pain****History of Present Illness**

Today's visit was completed via Telemedicine with the permission of the patient due to the COVID-19 national emergency. Telemedicine visits utilize audio and/or video communication.

52-year-old male with low back and right knee pain due to work-related injury. Patient reports he underwent right knee surgery on 05/04/2022. The patient has been in therapy for about the knee and the low back and reports that there has been functional improvement. The patient would like to continue with conservative management of pain. The patient is happy doing therapy of both areas of the body. Meanwhile, the patient admits that the spine surgery consultation has now been moved to later this month. The patient has a follow-up appointment with Dr. Patrick Johnson to work on the lumbar spine. The patient is excited to finally move forward with the lumbar spine. The patient admits also doing shoulder therapy and there nonindustrial case.

Patient admits low back pain is aching in nature and it radiates to bilateral feet. Patient reports previous lumbar spinal surgery was not very successful. He is still in process of finding a spinal specialist at Cedar Sinai.

Current medication regimen with Percocet provides 30% of pain relief and functional improvement. Patient is able to ambulate longer distances, perform hygiene duties, and perform lower extremity dressing.

Patient is able to tolerate the current regimen. He manages constipation with Metamucil.

Without medicine patient states that it would be very difficult to perform normal daily activities and would be confined to their home.

Patient denies recent hospitalizations or ER visits. Denies changes in bowel or bladder function. Denies signs or symptoms of saddle anesthesia.

Aggravating factors include excessive activity, exertion, prolonged position

Alleviating factors include rest, medication

SA's reviewed with patient:

Analgesia: Reports 30% improvement in pain with current regimen

ADL: Reports improvement in overall function was taking medication

Adverse effects: No significant effects such as respiratory depression, somnolence, etc.

Abuse: No suspicious or drug seeking behavior.

Affect: Appropriate behavior and mood

There is 30 % of improvement with opioid medications.

Without medications, the patient is able to ambulate 50 feet as baseline.

With the medications patient able to ambulate 500 feet with the medications, an improvement from baseline.

**\*Interval F/U Scales:** Pain at present is 7 on the pain scale. **Pain Descriptors:** Location of pain is at Low back and knee pain. Patient describes his pain as constant. **Recent Diagnostic Studies:**

CAT Scan: No.

Discogram: No

EMG: No.

MRI: No.

Myelogram: No.

**Allergy**

Bardakjian, Steevio Male 05-23-1970

No Known Drug Allergies.

#### Past Medical History

Diabetes ()

High Blood Pressure ()

#### Surgical History

Open heart surgery: 06-29-2021 at HENRY MAYO

L3-L5 Disectomy: 08/2018

#### Review of Systems

**Skin (Integumentary):** Denies itching.

**Gastro-Intestinal:** Denies nausea, constipation or GI upset. There is no loss of bowel control.

**Neurological:** There is no focal neurologic changes.

**Constitutional:** Denies sweats, dizziness or unusual loss or gain of weight. Sweats. There is no over sedation or dysphoria.

**Genito-urinary:** Denies loss of bladder control.

#### Physical Examination

No vitals-telemed

**General:** The patient is well developed and well-nourished. Patient is alert and oriented. His mood and affect are normal. Patient is in no acute distress. Patient has good hygiene. There is no apparent loss of coordination.

#### PAIN MANAGEMENT

- UDS

#### Review of Medical Records:

We are prescribing controlled substances. There are no recent drug screens to review. The most recent urine drug screen was done on 06-03-2022. It is described in previous notes. The CURES database was reviewed. It shows no evidence of doctor shopping.

#### Legal Status:

Primary Treating Physician: Philip Conwissar MD

Attorney: KOSZDIN, FIELDS, SHERRY & KATZ

P & S Status:

#### Impression:

This patient is a 52-year-old male with a history of diabetes and hypertension status post L3-L5 laminectomy with significant radiculopathy on the right side and postlaminectomy syndrome with lumbar radiculopathy due to work related injury.

Status post right knee surgery May 4, 2022. Recovering and doing physical therapy at this time.

000151

Bardakjian, Steevio Male 05-23-1970

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping. Urine screening from 6/6/2022 report demonstrates Percocet and metabolites. It was positive for THC which we do not prescribe but are legal in CA.

**ICD Codes:** Hip pain (M25.559), Tear of meniscus of right knee (S83.206A), Lumbar radiculopathy, chronic (M54.16), Lumbar postlaminectomy syndrome (M96.1), Long term (current) use of opiate analgesic (Z79.891)

We are prescribing controlled substances. There are no recent drug screens to review. The most recent urine drug screen was done on 06-03-2022. It is described in previous notes. The CURES database was reviewed. It shows no evidence of doctor shopping.

**Treatment Plan:**

---Continue with physical therapy status post right knee surgery as well as the low back

--- Proceed with consultation with Dr. Patrick Johnson

--- We discussed potential spinal cord stimulation therapy Especially if the patient is not a surgical candidate is a good idea per patient

---I am refilling medication, Percocet, today. Continue current medication regimen as it is providing significant symptomatic and functional improvement without evidence of impairment, abuse, diversion, or hoarding. Without medicine patient states that it would be very difficult to perform normal daily activities and would be confined to home.

Patient counselled regarding the medication and how to appropriately take them. Furthermore, discussion had with patient about appropriate down-titration of opioids and utilizing the lowest possible dose which provides significant relief.

Continue Metamucil to control opioid-induced constipation.

---Patient must follow-up with primary care for preventative and maintenance healthcare.

---Patient must keep medication locked safe container to prevent loss and theft.

---Encouraged the patient to continue activities as tolerated and to utilize nonpharmacological treatment modalities such as ice/hot packs as needed for flare up of symptoms.

---Follow-up in one month for continued pain management and medication refill or adjustment

**Pharmacologic assessment and management**

The patient's psychotropic/opiate medications were reviewed. The patient is counseled as to the benefits of this medication and potential side effects. The risks include, but are not limited to drowsiness, sedation, dependence, tolerance, and addiction, nausea, tingling in the extremities, decreased appetite, problems with cognition and potential problems with vision including glaucoma.

The patient is instructed to alert the prescribing physician to discuss any of these symptoms if they occur. The patient is advised as to the dangers of operating a vehicle while under the influence of this medication. The patient is also aware of the synergistic effects of alcohol with this medication and to use extreme caution when operating in an automobile while under the influence of this medication.

The patient understands that this medication cannot be discontinued abruptly without professional guidance. The patient fully understands these concepts and accepts the risks. The patient understands that this medication be taken as prescribed by the prescribing physician. The patient is request refills from this office only in that and understands that early request for refills might not be honored.

000152

Bardakjian, Steevio Male 05-23-1970

Due to COVID-19, patients were screened upon arrival including taking temperatures, asking if patient are experiencing COVID-19 symptoms, providing distancing instructions while in the office. Increased sanitation measures to prevent COVID-19 have been implemented which include calling patient, consent for treatment, taking temperature, hand sanitizer, and disinfecting wipes.

The patient has interval subjective and objective functional improvement with the medications as documented from BASELINE. The patient has been WEANED to the lowest possible dose. Any further weaning will result in the patient being bedbound and or going to the ER. An opioid contract is on file. Therefore the patient meets all the guidelines criteria of ODG, CMS and CAMTUS guidelines that are utilized in the state of California to continue opioid medications.

We are a multidisciplinary pain clinic as noted on page 78 of the CAMTUS guidelines. This is to be considered anytime the patient's symptoms do not improve on opioids in 3 months. We utilize a combination of Medication Management, Biofeedback, Physical Therapy, Chiropractic, Acupuncture, Psychological intervention and appropriate Interventional Techniques. We assess the patient on a routine basis.

We monitor the 4 A's for ongoing monitoring: Analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. For monitoring patients for long-term use of opioids we also utilize recommendations as noted on page 88 of the CAMTUS. These are patients who are on opioids greater than 6 months. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. We make every effort to assess the pain at every visit, and functioning is measured at 6- month intervals as recommended by the guidelines. For maintenance of the patient's medications we do not lower if the current medication is working as noted on page 89 of the CAMTUS guidelines. All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening.

Included with this report is a handwritten attestation by the patient documenting pain relief and improvement in functional activity before and after taking their prescribed medications. Any utilization review of these medications that does not specifically comment on the handwritten attestation, when provided, is invalid and non-compliant.

**Medications prescribed:**

Percocet 10 mg-325 mg tablet 0.5-1 Tablet Three times a Day for 30 Days , Prescribe 90 Tablet

**Work Status:** As per PTP

**Work Restriction:**

Due to the complexities involved with management and close monitoring of this patient's current medications and treatment, it is my opinion that the patient follow up with our office on a regimen of at least every 30 to 45 days to properly assess and treat the patient's condition. The patient's questions were answered in detail. An extended period of time was spent with the patient explaining test results, diagnostic impressions, physical findings, and further plans and alternatives. Should there be any additional questions; the patient is encouraged to contact our office.

Sincerely,

Bardakjian, Steevio Male 05-23-1970



Kevin Kohan, D.O.

**DISCLOSURE:**

The patient was interviewed regarding the undersigned regarding the history. The physical examination was performed entirely by the undersigned physician. The dictation was prepared by myself, including any and all impressions and conclusions described in the discussion. In compliance with the recent Workers Compensation legislation (Labor Code Section 4628 (b): "I declare that the above evaluation was performed by the undersigned and was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (j) of Section 139.2." In compliance with recent Worker's Compensation legislation (Labor Code 4628(j)): "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 I have indicated I have 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." In compliance with the recent Workers Compensation legislation (Labor Code Section 5703 under AB 1300): 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. This statement is made under penalty of perjury.

"Dragon medical software may have been used to dictate this note. On occasion errors can occur in the content, grammar, and punctuation. We retain the right to modify this information without notice in the event of errors."

Signed in Los Angeles County, California  
By



Kevin Kohan, D.O.

000154

# PHILIP H. CONWISAR, M.D.

A Professional Corporation

**Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery**

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

November 23, 2022

Tristar Risk Management  
P.O. Box 11967  
Santa Ana, CA 92711

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**  
D/I: July 3, 2018  
OCC: RN IT Project Manager  
EMP: Olive View Medical Center  
Los Angeles County  
Health Care Department  
D/E: November 23, 2022  
CLAIM #: 219-00110-B  
WCAB #: ADJ11540526

## **PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT**

The patient is reevaluated in the office today. He continues to have persistent pain in his low back that is severe at times. He has mild pain in his right knee. He continues to improve following right knee arthroscopic surgery performed 6 ½ months ago. He continues to attend physical therapy for his low back and right knee. He has been authorized for a second opinion spine surgical consultation with Dr. Patrick Johnson at Cedars Sinai. This is pending scheduling. He continues to have radiating pain down his right lower extremity. He continues to treat with Dr. Kohan, the pain management specialist.

### **OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:**

#### **LUMBAR SPINE EXAMINATION:**

There is a healed incision, lumbar spine.

The patient ambulates with an antalgic gait. There is a limp present on the right.

The patient stands with a flattened lumbar lordosis. The crests of the ilium are parallel to the floor.

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4835 Van Nuys Blvd., Ste. 210  
Sherman Oaks, CA 91403

• 819 Auto Center Drive  
Palmdale, CA 93551

• 28212 Kelly Johnson Pkwy, Ste. 155  
Valencia, CA 91355

There is no list to either the right or left. There is no scoliosis. The gluteus maximus on the right and left show no evidence of atrophy, bilaterally.

There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles.

With direct palpation, there is no generalized tenderness in the lumbar spine.

There is no tenderness in the right and left sacroiliac joints, bilaterally.

There is no tenderness in the right and left sciatic notches, bilaterally.

**RANGE OF MOTION:**

Flexion is to 40 degrees, with increased low back pain.

Extension is to 5 degrees, with increased low back pain.

Right lateral bending is to 10 degrees, with increased low back pain.

Left lateral bending is to 5 degrees, with increased low back pain.

**SUPINE POSITION:**

Straight leg raising is to 30 degrees, on the right, with pain in the lower back region.

Straight leg raising is to 60 degrees, on the left, without pain in the lower back region.

TESTS:	RIGHT	LEFT
Lasègue Test:	Negative	Negative
Contralateral SLR:	Negative	Negative
Patrick's Test:	Negative	Negative
Gaenslen's Test:	Negative	Negative
Babinski:	Negative	Negative
Ankle Clonus:	Negative	Negative

**BILATERAL HIP EXAMINATION:**

	RIGHT	LEFT
Trendelenburg:	Negative	Negative
Tenderness Great Trochanter:	Negative	Negative

There is slight restriction to range of motion of the right hip. There is slight pain with range of motion of the right hip. There is full range of motion of the left hip. There is no pain with range

of motion of the left hip.

### **BILATERAL KNEE EXAMINATION:**

There is mild swelling, right knee. There are healed incisions, right knee. There is no evidence of heat, swelling or effusion, left knee. Popliteal space is normal, bilaterally.

<b>RANGE OF MOTION, KNEES:</b>	<b>RIGHT</b>	<b>LEFT</b>	<b>NORMAL</b>
Flexion:	135 degrees	140 degrees	140 degrees
Extension:	-5 degrees	0 degrees	0 degrees
TESTS:	<b>RIGHT</b>	<b>LEFT</b>	
Medial Joint Line Tenderness:	Neg	Neg	
Lateral Joint Line Tenderness:	Neg	Neg	
Medial Collateral Ligament Tenderness:	Neg	Neg	
Lateral Collateral Ligament Tenderness:	Neg	Neg	
Anterior Drawer:	Neg	Neg	
Posterior Drawer:	Neg	Neg	
Lachman's Test:	Neg	Neg	
Pivot Shift Test:	Neg	Neg	
McMurray's:	Neg	Neg	
Slocum's:	Neg	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	Neg	Neg	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

### **VASCULAR EXAM:**

Posterior tibial pulses are present.

Dorsalis pedis pulses are present.

### **NEUROLOGIC EXAM:**

#### **MOTOR TESTING:**

	<b>RIGHT</b>	<b>LEFT</b>	<b>RIGHT</b>	<b>LEFT</b>
Hip Flexion:	5/5	5/5	Hip Extension:	5/5
Knee Extension:	5/5	5/5	Knee Flexion	5/5
Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	4+/5	5/5	Great Toe Flexion:	5/5

**SENSATION:**

There is decreased sensation:

<u>Right</u>	<u>Left</u>
--------------	-------------

L1	
L2	
L3	
L4	X
L5	X
S1	

**DEEP TENDON REFLEXES:**      **RIGHT**      **LEFT**

Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

**X-RAY EXAMINATION:**

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

**DIAGNOSTIC STUDIES:**

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

**DIAGNOSES:**

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. POST-OP RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.

**DISCUSSION/TREATMENT PLAN:**

The patient continues to improve 6 ½ months postop right knee arthroscopic surgery. He is to continue his authorized physical therapy.

He is to continue his home exercises and stretches to tolerance.

He is to continue his authorized physical therapy for his low back.

He has been authorized for a second opinion spine surgical consultation with Dr. Patrick Johnson at Cedars Sinai. This is pending scheduling and will be scheduled in the near future.

The patient will remain under the care of Dr. Kohan, the treating pain management specialist.

The patient will return for reevaluation in four weeks.

**WORK/DISABILITY STATUS:**

The patient will remain at temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

*The above evaluation was performed on November 23, 2022 by the undersigned at my office located at 4835 Van Nuys Blvd., Ste. 210, Sherman Oaks, CA 91403. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.*

*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 I have indicated I have 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.*

**BARDAKJIAN, STEEVIO**

November 23, 2022

Page 6 of 6

*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.*



---

Ann Bonner, PA-C



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Philip H. Conwisar, M.D., F.A.A.O.S.  
Diplomate, American Board of Orthopaedic Surgery

Date: November 23, 2022 Los Angeles County, California

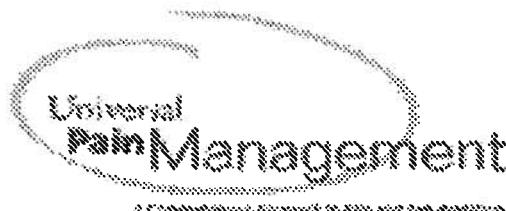
AB/jt

cc: Koszdin, Fields Sherry & Katz  
Robert Katz, Attorney at Law  
6151 Van Nuys Boulevard  
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith  
633 West 5<sup>th</sup> St. Suite 4000  
Los Angeles, CA 90071

000160

Bardakjian, Steevio Male 05-23-1970



**SHAHIN A. SADIK, M.D., Q.M.E.**  
 BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
 ASSOCIATE CLINICAL PROFESSOR OF USC

**FRANCIS X. RIEGLER, M.D., Q.M.E.**  
 BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
 ASSISTANT CLINICAL PROFESSOR OF USC

**RAY H. D'AMOURS, M.D., Q.M.E.**  
 BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
 ASSOCIATE CLINICAL PROFESSOR OF USC

**DANIEL ALVES, M.D.**  
 BOARD CERTIFIED PAIN MANAGEMENT AND PHYSICS

**KEVIN KOHAN, D.O.**  
 BOARD CERTIFIED PAIN MANAGEMENT AND PHYSICS

**ARVINDER GILL, D.O.**  
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 DIPLOOMATE, AMERICAN BOARD OF ANESTHESIOLOGY

**ROHIT CHOUDHARY M.D.**  
 PAIN MANAGEMENT  
 DIPLOOMATE, AMERICAN BOARD OF ANESTHESIOLOGY

**ANNA KRZYSIAK, P.T.**  
**DEBBIE CASTILLO, P.T.A.**  
**MARC REZNICKOFF, L.Ac.**  
 OWNED BY MAJOR PRACTITIONERS INC.

**IN REFERENCE**

:

**Bardakjian, Steevio**

DATE OF BIRTH

:

05-23-1970

SSN

:

XXX-XX-2130

EMPLOYER

:

OLIVE VIEW MEDICAL CENTER

INJURY DATE

:

07-03-2018

COMPENSATION CARRIER

:

Sedgwick

ADDRESS

:

PO BOX 11028, Orange CA 92856

ADJUSTOR

:

ELAINE BARBAGALLO

CLAIM NUMBER

:

219-00110-B

WCAB NUMBER

:

**CURRENT EVALUATION**

:

11-28-2022

**SUPPLEMENTAL REPORT ON PAIN MANAGEMENT PROGRESS (PR-2)** Periodic Report Change in Treatment Plan Release from Care Change in Work Status Need for Referral or Consultation Response to Release for Information Change in Patient Condition Need for Surgery or Hospitalization Request for Authorization Other

This is a consultation report in accordance with the State of California Workers' Compensation Official Medical Fee Schedule effective April 1, 1999, Reports Section, C, Consultation Report.

000161

Bardakjian, Steevio Male 05-23-1970

The following is a report on pain management progress performed at 28212 Kelly Johnson Parkway, SUITE 155, Valencia CA 91355 - 5084.

**Current Complaints**

Low back and knee pain

**History of Injury :**

Today's visit was completed via Telemedicine with the permission of the patient due to the COVID-19 national emergency. Telemedicine visits utilize audio and/or video communication.

The patient returns for medical treatment and treatment of ongoing dull to low back and right knee due to work-related injury. His primary complaint is low back pain. The pain varies in intensity but is always present. It radiates down to bilateral lower extremity with numbness and tingling in bilateral feet. There is an underlying dull, aching pain with components that are sharp and shooting depending on the activities being performed. Pain is aggravated by activities, such as ambulating longer distances, prolonged standing and sitting. Pain is decreased with medications. The patient denies changes in bowel or bladder function. Denies signs or symptoms of saddle anesthesia.

He has a history of lumbar spinal surgery which is not successful. A consultation with Dr. Patrick Johnson, a spine surgeon, for lumbar spine surgery is still pending at this time.

The patient continues physical therapy for low back and right knee pain status post right knee surgery 5/4/2022. Physical therapy provides 30% of pain relief and functional gain. He is able to ambulate longer distances and improve rotation movement-based activities. Knee pain improved after the procedure. The patient continues to follow up with Dr. Convisar, an orthopedic surgeon, in December 2022.

The patient denies recent hospitalizations, surgeries, or ER visits. There's been no increase in shootings or neurological deficits.

Current Medications for Pain: Percocet for nociceptive pain. He is taking Metamucil for constipation.

Analgesia: The patient reports greater than 30% pain relief with the medications.

ADLs: The patient is able to perform activities such as bathing, grooming, dressing, and preparing meals with the aid of the medications.

Adverse side effects: No cognitive side effects noted. There is no respiratory depression. No somnolence was noted.

Abuse: No suspicious or drug-seeking behavior.

Associations: No associated depression or anxiety in connection with the pain.

With medications, the pain is a 5/10.

Without medications, it is a 9/10.

On average the pain level is a 6/10.

When taking the meds they take effect within 20 minutes.

WCF

Pain relief with medications 30%

Walking without medications 10 yards and with medications, 50 yards.

Sleep without medications unable to do and with medications for 3-4 hours.

Standing without medications 10 minutes and with medications more than 1 hour at a time.

Range of motion is less than 30% without medications and more than 70% with medications.

It is the practice of Universal Pain Management to periodically review the 5 domains (The 5 As) which are relevant for ongoing monitoring of chronic pain patient on opioids.

Analgesia: The patient reports greater than 30 % pain relief while taking medications, including opioids.

There is 30 % of improvement with opioid medications.

000162

Bardakjian, Steevio Male 05-23-1970

**\*Interval F/U**

**Scales:** Pain at present is 7 on the pain scale.

**Pain Descriptors:** Location of pain is at Low back and knee pain. Patient describes his pain as constant.

**Recent Diagnostic Studies:**

CAT Scan: No.

Discogram: No

EMG: No.

MRI: No.

Myelogram: No.

**Allergy**

No Known Drug Allergies.

**Past Medical History**

Diabetes ()

High Blood Pressure ()

**Surgical History**

Open heart surgery: 06-29-2021 at HENRY MAYO

L3-L5 Disectomy: 08/2018

**Review of Systems**

**Skin (Integumentary):** Denies itching.

**Gastro-Intestinal:** Denies nausea, constipation or GI upset. There is no loss of bowel control.

**Neurological:** There is no focal neurologic changes.

**Constitutional:** Denies sweats, dizziness or unusual loss or gain of weight. Sweats. There is no over sedation or dysphoria.

**Genito-urinary:** Denies loss of bladder control.

**Physical Examination**

Height (inches): 71.00 Weight (lbs): 205.00 No vitals telemed visit

**General:** A&Ox3. The patient is alert and oriented. The patient is in no acute distress.

**Psychiatric:** Mood is euthymic. Affect is normal.

**Physical exam deferred due to telemedicine visit secondary to COVID-19 Pandemic.**

**PAIN MANAGEMENT**

- Opioid Dose Calculator
- UDS

000163

Bardakjian, Steevio Male 05-23-1970

**Review of Medical Records:**

The UDT from 6/6/22 is consistent with Oxycodone and metabolites. It is positive for THC which we do not prescribe but is legal in CA. No illicit drugs were noted.

A CURES (Controlled Substance Utilization Review and Evaluation System) report from the Department of Justice - Bureau of Narcotic Enforcement was obtained. This is a prescription drug monitoring program (PDMP). There are no signs of doctor shopping noted.

Reviewed authorization for Percocet, follow-up report, and Second Bill Review note.

Review of medical records and/or consultation between treating physicians and/or discussion of Utilization Review and/or planning and/or creation of RFAs, and/or preparation of this report totaled 60 minutes of non-face-to-face patient care time, justifying CPT code 99358. I am billing appropriately.

**Legal Status:**

Primary Treating Physician: Phillip Conwisar MD

Attorney: KOSZDIN, FIELDS, SHERRY & KATZ

P & S Status:

**Impression:**

This patient is a 52-year-old male status post L3-L5 laminectomy with significant radiculopathy on the right side and postlaminectomy syndrome with lumbar radiculopathy due to work related injury.

A history of recent right knee surgery May 4, 2022. Recovering and doing physical therapy at this time.

Pending consultation with a spine surgeon for lumbar spine surgery.

**ICD Codes:** Hip pain (M25.559), Tear of meniscus of right knee (S83.206A), Lumbar radiculopathy, chronic (M54.16), Lumbar postlaminectomy syndrome (M96.1), Long term (current) use of opiate analgesic (Z79.891)

**Treatment Plan:**

\* Continue physical therapy for low back and right knee pain status post right knee surgery 5/4/2022. Physical therapy provides 30% of pain relief and functional gain. He is able to ambulate longer distances and improve rotation movement-based activities.

\* Follow up with Dr. Conwisar, an orthopedic surgeon, in December 2022, status post right knee surgery.

\* The patient to proceed with a consultation with a spine surgeon for lumbar spine surgery.

\* Consider a spinal cord stimulator trial if the patient is not a surgical candidate.

\* Continue Percocet for nociceptive pain. He is taking Metamucil for constipation.

\* The UDT from 6/6/22 is consistent with Oxycodone and metabolites. It is positive for THC which we do not prescribe but is legal in CA. Results were reviewed with the patient. No illicit drugs were noted. Therefore,

Bardakjian, Steevio Male 05-23-1970

based on the results of this urine drug test and in conjunction with other forms of monitoring I will continue to prescribe medications as noted below.

\* A pain agreement is on file. The patients' sign and agree to a treatment contract that documents their understanding and willingness to abide by the expectations of opioid use. The contract outlines our patients' responsibilities with regard to their use of opioids and instructs them in the ways they are to interact with this position in their pharmacy when obtaining their medications. By signing the contract, they indicate that they understand its content and agree to abide by it.

\* I have reviewed the pain medications and found no evidence of abuse, hoarding, or diversion. A complete list of medications prescribed is contained within the electronic medical records (EMR).

\* Adverse effects of the medications were discussed with the patient. These include but are not limited to the risks include, but are not limited to drowsiness, sedation, dependence, tolerance, addiction, nausea, tingling in the extremities, decreased appetite, problems with cognition, and potential problems with vision including glaucoma.

\* Risks and side effects include but are not limited to, respiratory depression, sedation, constipation, pruritus, cognitive side effects, increased fall risk and accident risks, dependence, tolerance, addiction, and hypogonadism.

\* The patient is instructed not to drive or operate heavy machinery if impaired by the medications in any way. The patient is also reminded to use the medications exactly as prescribed; to never double up on doses; to never take opioids with alcohol, benzodiazepines, or other drugs that may interact with the opioids. The patient understands this. We reviewed how the medication is to be taken and this was confirmed by the patient.

\* A CURES (Controlled Substance Utilization Review and Evaluation System) report from the Department of Justice - Bureau of Narcotic Enforcement was obtained. This is a prescription drug monitoring program (PDMP). There are no signs of doctor shopping noted.

\* The patient is receiving greater than 30 percent relief while on the medication. The medications are being taken as prescribed. The patient is functional and participates in daily activities and attempts at light activities within their limits. The quality of life improved since initiating opioid therapy. In addition, the patient has a pain agreement on file. The long-term goals are to keep the patient on his current level of medications.

\* Encourage the patient to continue activities as tolerated and to utilize non-pharmacological treatment modalities such as ice/hot packs as needed for the flare-up of symptoms.

\* The patient must follow up with primary care for preventative and maintenance healthcare.

\* Follow-up in one month for continued pain management.

Due to COVID-19, patients were screened upon arrival including taking temperatures, asking if patient are experiencing COVID-19 symptoms, providing distancing instructions while in the office. Increased sanitation measures to prevent COVID-19 have been implemented which include calling patient, consent for treatment, taking temperature, hand sanitizer, and disinfecting wipes.

The patient has interval subjective and objective functional improvement with the medications as documented from BASELINE. The patient has been WEANED to the lowest possible dose. Any further weaning will result in the patient being bedbound and or going to the ER. An opioid contract is on file. Therefore the patient meets

Bardakjian, Steevio Male 05-23-1970

all the guidelines criteria of ODG, CMS and CAMTUS guidelines that are utilized in the state of California to continue opioid medications.

We are a multidisciplinary pain clinic as noted on page 78 of the CAMTUS guidelines. This is to be considered anytime the patient's symptoms do not improve on opioids in 3 months. We utilize a combination of Medication Management, Biofeedback, Physical Therapy, Chiropractic, Acupuncture, Psychological Intervention and appropriate Interventional Techniques. We assess the patient on a routine basis.

We monitor the 4 A's for ongoing monitoring: Analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. For monitoring patients for long-term use of opioids we also utilize recommendations as noted on page 88 of the CAMTUS. These are patients who are on opioids greater than 6 months. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. We make every effort to assess the pain at every visit, and functioning is measured at 6-month intervals as recommended by the guidelines. For maintenance of the patient's medications we do not lower if the current medication is working as noted on page 89 of the CAMTUS guidelines. All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening.

Included with this report is a handwritten attestation by the patient documenting pain relief and improvement in functional activity before and after taking their prescribed medications. Any utilization review of these medications that does not specifically comment on the handwritten attestation, when provided, is invalid and non-compliant.

**Medications prescribed:**

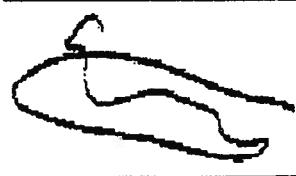
Percocet 10 mg-325 mg tablet 0.5-1 Tablet Three times a Day for 30 Days , Prescribe 90 Tablet

**Work Status:** As per PTP

**Work Restriction:**

Due to the complexities involved with management and close monitoring of this patient's current medications and treatment, it is my opinion that the patient follow up with our office on a regimen of at least every 30 to 45 days to properly assess and treat the patient's condition. The patient's questions were answered in detail. An extended period of time was spent with the patient explaining test results, diagnostic impressions, physical findings, and further plans and alternatives. Should there be any additional questions; the patient is encouraged to contact our office.

Sincerely,



Seyeon Kang, N.P.



Bardakjian, Steevio Male 05-23-1970

Kevin Kohan, D.O.

**DISCLOSURE:**

The patient was interviewed by the above-signed Nurse Practitioner/Physician Assistant/Physician under the direction and guidance of the signing Physician. The physical examination was performed by the Nurse Practitioner/Physician under the direction and supervision of the Physician. The dictation was prepared by the Nurse Practitioner/Physician, including any and all impressions and conclusions described in the discussion, and were discussed and reviewed with the Physician. In compliance with the recent Workers Compensation legislation (Labor Code Section 4628 (b)): "I declare that the above evaluation was performed by the above signed Nurse Practitioner/Physician under the direction and guidance of the signing physician and was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (j) of Section 139.2." In compliance with recent Workers Compensation legislation (Labor Code 4628(j)): "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 I have indicated I have received from others. As to that information, the signing Nurse Practitioner/Physician and Physician 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." In compliance with the recent Workers Compensation legislation (Labor Code Section 5703 under AB 1300): "Neither the signing Physician or Nurse Practitioner/Physician have violated Labor Code section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury.

"Dragon medical software may have been used to dictate this note. On occasion errors can occur in the content, grammar, and punctuation. We retain the right to modify this information without notice in the event of errors."

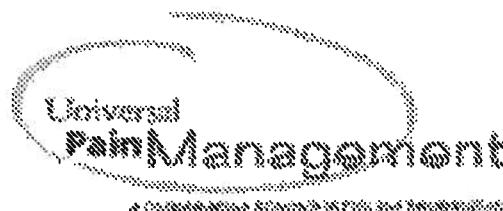
Signed in Los Angeles County, California  
By



Kevin Kohan, D.O.  
This has been electronically signed by Kevin Kohan, D.O. on 11-28-2022.

000167

Bardakjian, Steevio Male 05-23-1970



**SHAHIN A. SADIK, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
ASSOCIATE PROFESSOR OF USC

**FRANCIS X. RIEGLER, M.D., Q.M.E.**  
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DIPLOOMATE, AMERICAN BOARD OF ANESTHESIOLOGY

**ROHIT CHOUDHARY, M.D.**  
PAIN MANAGEMENT  
DIPLOOMATE, AMERICAN BOARD OF ANESTHESIOLOGY

**ANNA KRZYSIAK, P.T.  
DEBBIE CASTILLO, P.T.A.  
MARC REZNICKOFF, L.Ac.  
OMID MAHGEREFTEH, D.C.**

Name : Steevio Bardakjian

MR# UPM31805

Date of Operation: 11-28-2022

DOB: 05-23-1970

**Opioid Dose Calculator**

Category	Test	Result	Remarks
<b>Opioid Dose Calculator</b>			
1	Oxycodone (mg per day)	30	
2	Oxycodone: Morphine Equivalent	45	
3	Oxycodone - Total no. of pills prescribed	90	
4	Oxycodone - No. of days pills prescribed for	30	
5	Oxycodone - mg/pill	10	
6	Oxycodone - Med deviation	30	
7	Total Daily Morphine Equivalent Dose	45	

Combined risk category using Opioid risk tool and Opioid dose is

\* Based on information published by University of California, San Francisco and University of Rochester, Dept. of Palliative Care.



Seyeon Kang, N.P.

This has been electronically signed by Seyeon Kang, N.P. on 11-28-2022.

000168

Bardakjian, Steevio Male 05-23-1970



**SHAHIN A. SADIK, M.D., Q.M.E.**  
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**DEBBIE CASTILLO, P.T.A.**  
**MARC REZNICKOFF, L.A.C.**  
**OMID MAHGERFTSH, D.C.**

**IN REFERENCE**

DATE OF BIRTH	:	Bardakjian, Steevio
SSN	:	05-23-1970
EMPLOYER	:	XXX-XX-2130
INJURY DATE	:	OLIVE VIEW MEDICAL CENTER
COMPENSATION CARRIER	:	07-03-2018
ADDRESS	:	Sedgwick
ADJUSTOR	:	PO BOX 11028, Orange CA 92856
CLAIM NUMBER	:	ELAINE BARBAGALLO
WCAB NUMBER	:	219-00110-B
CURRENT EVALUATION	:	12-23-2022

**SUPPLEMENTAL REPORT ON PAIN MANAGEMENT PROGRESS (PR-2)**

(XX) Periodic Report	( <input type="checkbox"/> Change in Treatment Plan	( <input type="checkbox"/> Release from Care
( <input type="checkbox"/> Change in Work Status	( <input type="checkbox"/> Need for Referral or Consultation	( <input type="checkbox"/> Response to Release for Information
( <input type="checkbox"/> Change in Patient Condition	( <input type="checkbox"/> Need for Surgery or Hospitalization	( <input type="checkbox"/> Request for Authorization
( <input type="checkbox"/> Other		

This is a consultation report in accordance with the State of California Workers' Compensation Official Medical Fee Schedule effective April 1, 1999, Reports Section, C, Consultation Report.

Bardakjian, Steevio Male 05-23-1970

The following is a report on pain management progress performed at 28212 Kelly Johnson Parkway, SUITE 155, Valencia CA 91355 - 5084.

**Current Complaints**

Low back and knee pain

**History of Injury :**

Today's visit was completed via Telemedicine with the permission of the patient due to the COVID-19 national emergency. Telemedicine visits utilize audio and/or video communication.

The patient returns for medical management and treatment of ongoing pain to low back and right knee due to a work-related injury. He endorses knee pain improved after physical therapy. He wishes to a trial of weaning down Percocet from 10/325 mg to 7.5/325 mg three times a day as needed. We will re-evaluate the pain next month. The patient continues to report low back pain. The physical therapy for low back pain mildly improved symptoms. The spine surgeon consultation with Dr. Patrick Johnson is still pending.

**Lumbar spine:** The pain varies in intensity but is always present. It radiates down to bilateral lower extremity with numbness and tingling in bilateral feet. There is an underlying dull, aching pain with components that are sharp and shooting depending on the activities being performed. Pain is aggravated by activities, such as ambulating longer distances, prolonged standing and sitting. Pain is decreased with medications. The patient denies changes in bowel or bladder function. Denies signs or symptoms of saddle anesthesia.

He has a history of lumbar spinal surgery which is not successful. A consultation with Dr. Patrick Johnson, a spine surgeon, for lumbar spine surgery is still pending at this time.

**Knees:** The pain is constant. It is a sharp, shooting pain with movement. At rest, there is an underlying dull, aching pain. Pain increases with ambulating longer distances. It decreases with the use of medications. Status post right knee surgery 5/4/2022 improved pain.

The patient denies recent hospitalizations, surgeries, or ER visits. There's been no increase in shootings or neurological deficits.

**Current Medications for Pain:** Percocet for nociceptive pain. He is taking Metamucil for constipation.

**Analgesia:** The patient reports greater than 30% pain relief with the medications.

**ADLs:** The patient is able to perform activities such as bathing, grooming, dressing, and preparing meals with the aid of the medications.

**Adverse side effects:** No cognitive side effects noted. There is no respiratory depression. No somnolence was noted.

**Abuse:** No suspicious or drug-seeking behavior.

**Associations:** No associated depression or anxiety in connection with the pain.

With medications, the pain is a 5/10.

Without medications, it is a 9/10.

On average the pain level is a 6/10.

When taking the meds they take effect within 20 minutes.

**Past medical treatment for the pain:** The patient continues physical therapy for low back and right knee pain status post right knee surgery 5/4/2022. Physical therapy provides 30% of pain relief and functional gain for knee pain. He has a history of lumbar spinal surgery which is not successful.

**Past surgical history for the pain:** status post right knee surgery 5/4/2022.

WCF

Bardakjian, Steevio Male 05-23-1970

Pain relief with medications 30%

Walking without medications 10 yards and with medications, 50 yards.

Sleep without medications unable to do and with medications for 3-4 hours.

Standing without medications 10 minutes and with medications more than 1 hour at a time.

Range of motion is less than 30% without medications and more than 70% with medications.

There is 30 % of improvement with opioid medications.

**\*Interval F/U**

**Scales:** Pain at present is 7 on the pain scale.

**Pain Descriptors:** Location of pain is at Low back and knee pain. Patient describes his pain as constant.

**Recent Diagnostic Studies:**

CAT Scan: No.

Discogram: No

EMG: No.

MRI: No.

Myelogram: No.

**Allergy**

No Known Drug Allergies.

**Past Medical History**

Diabetes ()

High Blood Pressure ()

**Surgical History**

Open heart surgery: 06-29-2021 at HENRY MAYO

L3-L5 Disectomy: 08/2018

**Review of Systems**

**Skin (Integumentary):** Denies Itching.

**Gastro-Intestinal:** Denies nausea, constipation or GI upset. There is no loss of bowel control.

**Neurological:** There is no focal neurologic changes.

**Constitutional:** Denies sweats, dizziness or unusual loss or gain of weight. Sweats. There is no over sedation or dysphoria.

**Genito-urinary:** Denies loss of bladder control.

**Physical Examination**

NO VITALS TELEMED

General: A&Ox3. The patient is alert and oriented. The patient is in no acute distress.

Psychiatric: Mood is euthymic. Affect is normal.

Physical exam deferred due to telemedicine visit secondary to COVID-19 Pandemic.

**PAIN MANAGEMENT**

Bardakjian, Steevio Male 05-23-1970

- Opioid Dose Calculator
- UDS

**Review of Medical Records:**

The UDT from 6/6/22 is consistent with Oxycodone and metabolites. It is positive for THC which we do not prescribe but is legal in CA.

Reviewed authorization for Percocet, requests for medications, and follow up report.

A CURES (Controlled Substance Utilization Review and Evaluation System) report from the Dept of Justice - Bureau of Narcotic Enforcement was obtained. This is a prescription drug monitoring program (PDMP). There are no signs of doctor shopping noted.

Review of medical records and/or consultation between treating physicians and/or discussion of Utilization Review and/or planning and/or creation of RFAs, and/or preparation of this report totaled 60 minutes of non-face-to-face patient care time, justifying CPT code 99358. I am billing appropriately.

**Legal Status:**

Primary Treating Physician: Philip Conwiser MD  
Attorney: KOSZDIN, FIELDS, SHERRY & KATZ  
P & S Status:

**Impression:**

This patient is a 52-year-old male status post L3-L5 laminectomy with significant radiculopathy on the right side and postlaminectomy syndrome with lumbar radiculopathy due to work related injury.

Tear of meniscus of right knee status post recent right knee surgery May 4, 2022 which improved pain.

Pending consultation with a spine surgeon for lumbar spine surgery.

**ICD Codes:** Hip pain (M25.559), Tear of meniscus of right knee (S83.206A), Lumbar radiculopathy, chronic (M54.16), Lumbar postlaminectomy syndrome (M96.1), Long term (current) use of opiate analgesic (Z79.891)

**Treatment Plan:**

\* Weaned down Percocet from 10/325 mg to 7.5/325 mg three times a day as needed as a trial. He endorses improvement of knee pain status post surgery. The patient continues to report low back pain. We will re-evaluate the pain next month.

\* Pending consultation with a spine surgeon for lumbar spine surgery. He has a history of lumbar spinal surgery which is not successful. A consultation with Dr. Patrick Johnson, a spine surgeon, for lumbar spine surgery is still pending at this time.

Bardakjian, Steevio Male 05-23-1970

- \* Consider a spinal cord stimulator trial if the patient is not a surgical candidate.
- \* Follow up with Dr. Conwiser, an orthopedic surgeon status post right knee surgery as needed.
- \* Continue Percocet for nociceptive pain. He is taking Metamucil for constipation.

\* UDS to be done prior to the next visit. He will come on 12/27/22.

Today I am ordering a urine drug test. Urine drug testing (UDT) is used to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances--v58.69), to diagnose substance misuse (abuse), addiction, and/or other aberrant drug-related behavior, and to guide treatment. The frequency of random testing is determined by an individualized opioid risk a score which is based upon the patient's individual medical history, and the type and quantity of drugs prescribed. If the results of the definitive drug test are inconsistent, which could result in the patient being denied medication refills counseled for aberrant behavior, recommended for detoxification, or terminated from this practice.

\* The UDT from 6/6/22 is consistent with Oxycodone and metabolites. It is positive for THC which we do not prescribe but is legal in CA. Results were reviewed with the patient. No illicit drugs were noted. Therefore, based on the results of this urine drug test and in conjunction with other forms of monitoring I will continue to prescribe medications as noted below.

\* A pain agreement is on file. The patients' sign and agree to a treatment contract that documents their understanding and willingness to abide by the expectations of opioid use. The contract outlines our patients' responsibilities with regard to their use of opioids and instructs them in the ways they are to interact with this position in their pharmacy when obtaining their medications. By signing the contract, they indicate that they understand its content and agree to abide by it.

\* I have reviewed the pain medications and found no evidence of abuse, hoarding, or diversion. A complete list of medications prescribed is contained within the electronic medical records (EMR).

\* A CURES (Controlled Substance Utilization Review and Evaluation System) report from the Department of Justice - Bureau of Narcotic Enforcement was obtained. This is a prescription drug monitoring program (PDMP). There are no signs of doctor shopping noted.

\* The patient is receiving greater than 30 percent relief while on the medication. The medications are being taken as prescribed. The patient is functional and participates in daily activities and attempts at light activities within their limits. The quality of life improved since initiating opioid therapy. In addition, the patient has a pain agreement on file. The long-term goals are to keep the patient on his current level of medications.

#### Pharmacologic assessment and management

The patient is instructed to alert the prescribing physician to discuss any of these symptoms if they occur. The patient is instructed as to the dangers of operating a vehicle while under the influence of this medication. The patient is also aware of the synergistic effects of alcohol with this medication and to use extreme caution when operating in an automobile while under the influence of this medication.

The patient understands that this medication cannot be discontinued abruptly without professional guidance. The patient fully understands these concepts and accepts the risks. The patient understands that this medication is taken as prescribed by the prescribing physician. The patient request refills from this office only in that and understands that early requests for refills might not be honored.

\* Encourage the patient to continue activities as tolerated and to utilize non-pharmacological treatment modalities such as ice/hot packs as needed for the flare-up of symptoms.

\* The patient must follow up with primary care for preventative and maintenance healthcare.

\* Follow-up in one month for continued pain management.

Bardakjian, Steevio Male 05-23-1970

Due to COVID-19, patients were screened upon arrival including taking temperatures, asking if patient are experiencing COVID-19 symptoms, providing distancing instructions while in the office. Increased sanitation measures to prevent COVID-19 have been implemented which include calling patient, consent for treatment, taking temperature, hand sanitizer, and disinfecting wipes.

The patient has interval subjective and objective functional improvement with the medications as documented from BASELINE. The patient has been WEANED to the lowest possible dose. Any further weaning will result in the patient being bedbound and or going to the ER. An opioid contract is on file. Therefore the patient meets all the guidelines criteria of ODG, CMS and CAMTUS guidelines that are utilized in the state of California to continue opioid medications.

We are a multidisciplinary pain clinic as noted on page 78 of the CAMTUS guidelines. This is to be considered anytime the patient's symptoms do not improve on opioids in 3 months. We utilize a combination of Medication Management, Biofeedback, Physical Therapy, Chiropractic, Acupuncture, Psychological Intervention and appropriate Interventional Techniques. We assess the patient on a routine basis.

We monitor the 4 A's for ongoing monitoring: Analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. For monitoring patients for long-term use of opioids we also utilize recommendations as noted on page 88 of the CAMTUS. These are patients who are on opioids greater than 6 months. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. We make every effort to assess the pain at every visit, and functioning is measured at 6-month intervals as recommended by the guidelines. For maintenance of the patient's medications we do not lower if the current medication is working as noted on page 89 of the CAMTUS guidelines. All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening.

Included with this report is a handwritten attestation by the patient documenting pain relief and improvement in functional activity before and after taking their prescribed medications. Any utilization review of these medications that does not specifically comment on the handwritten attestation, when provided, is invalid and non-compliant.

**Medications prescribed:**

Percocet 7.5 mg-325 mg tablet 0.5-1 Tablet Three times a Day PRN for 30 Days , Prescribe 90 Tablet

**Work Status:** As per PTP

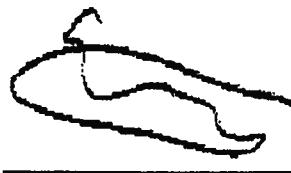
**Work Restriction:**

Due to the complexities involved with management and close monitoring of this patient's current medications and treatment, it is my opinion that the patient follow up with our office on a regimen of at least every 30 to 45 days to properly assess and treat the patient's condition. The patient's questions were answered in detail. An extended period of time was spent with the patient explaining test results, diagnostic impressions, physical findings, and further plans and alternatives. Should there be any additional questions; the patient is encouraged to contact our office.

000174

Bardakjian, Steevio Male 05-23-1970

Sincerely,



Seyeon Kang, N.P.



Kevin Kohan, D.O.

**DISCLOSURE:**

The patient was interviewed by the above-signed Nurse Practitioner/Physician Assistant/Physician under the direction and guidance of the signing Physician. The physical examination was performed by the Nurse Practitioner/Physician under the direction and supervision of the Physician. The dictation was prepared by the Nurse Practitioner/Physician, including any and all impressions and conclusions described in the discussion, and were discussed and reviewed with the Physician. In compliance with the recent Workers Compensation legislation (Labor Code Section 4628 (b): "I declare that the above evaluation was performed by the above signed Nurse Practitioner/Physician under the direction and guidance of the signing physician and was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (j) of Section 139.2." In compliance with recent Workers Compensation legislation (Labor Code 4628(j)): "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 I have indicated I have received from others. As to that information, the signing Nurse Practitioner/Physician and Physician 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." In compliance with the recent Workers Compensation legislation (Labor Code Section 5703 under AB 1300): "Neither the signing Physician or Nurse Practitioner/Physician have violated Labor Code section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury.

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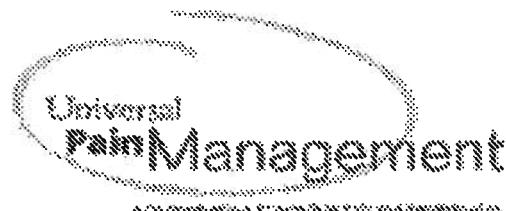
Signed in Los Angeles County, California  
By



Kevin Kohan, D.O.

This has been electronically signed by Kevin Kohan, D.O. on 12-23-2022.

Bardakjian, Steevio Male 05-23-1970



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**MARC REZNIKOFF, L.Ac.**  
**OMID MAHGEREFTEH, D.C.**

**Name :** Steevio Bardakjian**MR#** UPM31805**Date of Operation:** 12-23-2022**DOB:** 05-23-1970

#### Opioid Dose Calculator

Category	Test	Result	Remarks
<b>Opioid Dose Calculator</b>			
1	Oxycodone (mg per day)	22.50	
2	Oxycodone: Morphine Equivalent	33.75	
3	Oxycodone - Total no. of pills prescribed	90	
4	Oxycodone - No. of days pills prescribed for	30	
5	Oxycodone - mg/pill	7.5	
6	Oxycodone - Med deviation	22.50	
7	Total Daily Morphine Equivalent Dose	33.75	

Combined risk category using Opioid risk tool and Opioid dose is

\* Based on information published by University of California, San Francisco and University of Rochester, Dept. of Palliative Care.

A handwritten signature in black ink, appearing to read "Seyeon Kang, N.P.", is written over a horizontal line.

Seyeon Kang, N.P.

This has been electronically signed by Seyeon Kang, N.P. on 12-23-2022.

000176

# PHILIP H. CONWISAR, M.D.

A Professional Corporation

**Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery**

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

December 29, 2022

Sedgwick  
P.O. Box 11028  
Orange, CA 92856

PATIENT REQUEST FOR  
AUTHORIZATION FOR TREATMENT

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**  
D/I: July 3, 2018  
OCC: RN IT Project Manager  
EMP: Olive View Medical Center  
Los Angeles County  
Health Care Department  
D/E: December 29, 2022  
CLAIM #: 219-00110-B  
WCAB #: ADJ11540526

## **PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT**

The patient is evaluated by telemedicine. Consent was given for telemedicine examination. He continues to have persistent pain in his low back that is severe at times. He has mild pain in his right knee; however, he has had significant improvement with physical therapy. He has completed his physical therapy and continues on a self directed home exercise program. He feels as though his knee is getting stronger, but it is not at the same strength as the left knee. He has had a significant decrease in pain and swelling of his right knee following the right knee arthroscopy performed on May 4, 2022. He has completed his physical therapy for his low back and continues his exercises and stretches at home. He continues to treat with Dr. Kohan, the pain management specialist. He was authorized for a second opinion spine surgical consultation with Dr. Patrick Johnson at Cedars Sinai. Unfortunately, Dr. Johnson no longer accepts workers' compensation cases. He continues to have radiating pain down his right lower extremity.

### **OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:**

Physical examination was performed by telemedicine.

000177

4835 Van Nuys Blvd., Ste. 210  
Sherman Oaks, CA 91403

• 819 Auto Center Drive  
Palmdale, CA 93551

• 28212 Kelly Johnson Pkwy, Ste. 155  
Valencia, CA 91355

**LUMBAR SPINE EXAMINATION:**

There is a healed incision, lumbar spine.

There is restricted range of motion. There is pain with range of motion.

Neurologic exam does not appear to be intact. There appears to be decreased sensation in the L5 dermatome. Neurologic examination is limited in a telemedicine examination.

**RIGHT KNEE EXAMINATION:**

There are healed incisions.

There is slight restriction in extension. There is slight restriction in flexion. There is pain with range of motion.

**X-RAY EXAMINATION:**

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

**DIAGNOSTIC STUDIES:**

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is

**BARDAKJIAN, STEEVIO**

December 29, 2022

Page 3 of 4

a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

**DIAGNOSES:**

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. POST-OP RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.

**DISCUSSION/TREATMENT PLAN:**

The patient continues to improve eight months postop right knee arthroscopic surgery. He has completed his authorized physical therapy and continues to do his home exercises and stretches to tolerance.

He has completed his authorized physical therapy for his low back and continues on a self directed home exercise program.

The patient was authorized for a second opinion spine surgical consultation with Dr. Patrick Johnson at Cedars Sinai. Unfortunately, Dr. Johnson no longer sees workers' compensation cases. I request that the authorization for a second opinion spine surgical consultation be amended to be with Dr. Jae Chon at Cedars Sinai. Please provide the amendment so the patient can see Dr. Chon promptly.

The patient will remain under the care of Dr. Kohan, the treating pain management specialist.

The patient will return for reevaluation in four weeks.

**WORK/DISABILITY STATUS:**

The patient remains temporarily, totally disabled until January 8, 2023. He will return to work modified duty on January 9, 2023, with the following restrictions. He is restricted from repetitive bending, stooping, pushing, pulling, lifting over 10 pounds, squatting, kneeling, climbing or other similar activities. I recommend weightbearing activities no more than 30 minutes per hour.

Should you have any questions, please do not hesitate to contact this office.

*The above evaluation was performed on December 29, 2022 by telemedicine. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.*

000179

**BARDAKJIAN, STEEVIO**

December 29, 2022

Page 4 of 4

*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 I have indicated I have 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 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.*



---

Ann Bonner, PA-C



---

Philip H. Conwisar, M.D., F.A.A.O.S.  
Diplomate, American Board of Orthopaedic Surgery

Date: December 29, 2022, Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz  
Robert Katz, Attorney at Law  
6151 Van Nuys Boulevard  
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith  
633 West 5<sup>th</sup> St. Suite 4000  
Los Angeles, CA 90071

000180



**SHAHIN A. SADIK, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
ASSOCIATE PROFESSOR OF USC

**FRANCIS X. RIEGLER, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
ASSISTANT CLINICAL PROFESSOR OF USC

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**ROHIT CHOUDHARY M.D.**  
PAIN MANAGEMENT  
DIPLOOMATE, AMERICAN BOARD OF ANESTHESIOLOGY

**ANNA KRZYSIAK, P.T.**  
**DEBBIE CASTILLO, P.T.A.**  
**MARC REZNICKOFF, L.Ac.**  
**OMID MAHGEREFTEH, D.C.**

**IN REFERENCE :**

DATE OF BIRTH : 05-23-1970  
SSN : XXX-XX-2130  
EMPLOYER : OLIVE VIEW MEDICAL CENTER  
INJURY DATE : 07-03-2018  
COMPENSATION CARRIER : Sedgwick  
ADDRESS : PO BOX 11028, Orange CA 92856  
ADJUSTOR : ELAINE BARBAGALLO  
CLAIM NUMBER : 219-00110-B  
WCAB NUMBER :  
CURRENT EVALUATION : 01-20-2023

**Bardakjian, Steevio**

**SUPPLEMENTAL REPORT ON PAIN MANAGEMENT PROGRESS (PR-2)**

- |  |  |  |
|--|--|--|
| (XX) Periodic Report                                   | ( <input type="checkbox"/> Change in Treatment Plan            | ( <input type="checkbox"/> Release from Care                   |
| ( <input type="checkbox"/> Change in Work Status       | ( <input type="checkbox"/> Need for Referral or Consultation   | ( <input type="checkbox"/> Response to Release for Information |
| ( <input type="checkbox"/> Change in Patient Condition | ( <input type="checkbox"/> Need for Surgery or Hospitalization | ( <input type="checkbox"/> Request for Authorization           |
| ( <input type="checkbox"/> Other                       |  |  |

This is a consultation report in accordance with the State of California Workers' Compensation Official Medical Fee Schedule effective April 1, 1999, Reports Section, C, Consultation Report.

The following is a report on pain management progress performed at 28212 Kelly Johnson Parkway, SUITE 155, Valencia CA 91355 - 5084.

**Current Complaints**

Low back and knee pain

**History of Injury :**

Today's visit was completed via Telemedicine with the permission of the patient due to the COVID-19 national emergency. Telemedicine visits utilize audio and/or video communication.

The patient returns for medical management and treatment of ongoing pain to low back and right knee due to a work-related injury. He completed physical therapy for low back and right knee pain status post right knee surgery 5/4/2022 with outside provider. He continues home exercise programs at gym twice a week. The patient is able to ambulate without a cane. He was able to wean down Percocet to 7.5/325 mg TID PRN. The patient reports meaningful benefit from the current pain medication regimen. The medications allow the patient to function and perform activities of daily living. The patient has an improved quality of life with medications and reports no distressing side effects. There is pending spine surgeon consultation with Dr. Patrick Johnson. He continues to defer a SCS trial.

Lumbar spine: The pain varies in intensity but is always present. It radiates down to mainly right leg, numbness and tingling in bilateral feet. There is an underlying dull, aching pain with components that are sharp and shooting depending on the activities being performed. Pain is aggravated by activities, such as ambulating longer distances, prolonged standing and sitting. Pain is decreased with medications. The patient denies changes in bowel or bladder function. Denies signs or symptoms of saddle anesthesia.

He has a history of lumbar spinal surgery which is not successful. A consultation with Dr. Patrick Johnson, a spine surgeon, for lumbar spine surgery is still pending at this time.

Knees: The pain is constant. It is a sharp, shooting pain with movement. At rest, there is an underlying dull, aching pain. Pain increases with ambulating longer distances. It decreases with the use of medications. Status post right knee surgery 5/4/2022 improved pain.

The patient denies recent hospitalizations, surgeries, or ER visits. There's been no increase in shootings or neurological deficits.

Current Medications for Pain: Percocet for nociceptive pain. He is taking Metamucil for constipation.

Analgesia: The patient reports greater than 30% pain relief with the medications.

ADLs: The patient is able to perform activities such as bathing, grooming, dressing, and preparing meals with the aid of the medications.

Adverse side effects: No cognitive side effects noted. There is no respiratory depression. No somnolence was noted.

Abuse: No suspicious or drug-seeking behavior.

Associations: No associated depression or anxiety in connection with the pain.

With medications, the pain is a 5/10.

Without medications, it is a 9/10.

On average the pain level is a 6/10.

When taking the meds they take effect within 20 minutes.

Past medical treatment for the pain: Physical therapy for low back and right knee pain status post right knee surgery 5/4/2022. Physical therapy provides 30% of pain relief and functional gain for knee pain. He has a history of lumbar spinal surgery which is not successful.

Past surgical history for the pain: status post right knee surgery 5/4/2022.

WCF

Pain relief with medications 30%

Walking without medications 10 yards and with medications, 50 yards.

Sleep without medications unable to do and with medications for 3-4 hours.

Standing without medications 10 minutes and with medications more than 1 hour at a time.

Range of motion is less than 30% without medications and more than 70% with medications.

There is 30 % of improvement with opioid medications.

**\*Interval F/U**

**Scales:** Pain at present is 6 on the pain scale.

**Pain Descriptors:** Location of pain is at Low back and knee pain. Patient describes his pain as constant.

**Recent Diagnostic Studies:**

CAT Scan: No.

Discogram: No

EMG: No.

MRI: No.

Myelogram: No.

**Allergy**

No Known Drug Allergies.

**Past Medical History**

Diabetes ()

High Blood Pressure ()

**Surgical History**

Open heart surgery: 06-29-2021 at HENRY MAYO

L3-L5 Disectomy: 08/2018

**Review of Systems**

**Skin (Integumentary):** Denies Itching.

**Gastro-Intestinal:** Denies nausea, constipation or GI upset. There is no loss of bowel control.

**Neurological:** There is no focal neurologic changes.

**Constitutional:** Denies sweats, dizziness or unusual loss or gain of weight. Sweats. There is no over sedation or dysphoria.

**Genito-urinary:** Denies loss of bladder control.

**Physical Examination**

No vitals telemed visit

**General:** A&Ox3. The patient is alert and oriented. The patient is in no acute distress.

**Psychiatric:** Mood is euthymic. Affect is normal.

**Physical exam deferred due to telemedicine visit secondary to COVID-19 Pandemic.**

## PAIN MANAGEMENT

- Opioid Dose Calculator
- UDS

### Review of Medical Records:

The UDT on 1/4/23 is pending. The UDT from 6/6/22 is consistent with Oxycodone and metabolites. It is positive for THC which we do not prescribe but is legal in CA.

Reviewed authorization for Percocet, requests for medications, and follow up report.

A CURES (Controlled Substance Utilization Review and Evaluation System) report from the Department of Justice - Bureau of Narcotic Enforcement was obtained. This is a prescription drug monitoring program (PDMP). There are no signs of doctor shopping noted.

We are prescribing controlled substances. The most recent urine drug screen was done on 01-06-2023.

Review of medical records and/or consultation between treating physicians and/or discussion of Utilization Review and/or planning and/or creation of RFAs, and/or preparation of this report totaled 60 minutes of non-face-to-face patient care time, justifying CPT code 99358. I am billing appropriately.

### Legal Status:

Primary Treating Physician: Philip Convisar MD

Attorney: KOSZDIN, FIELDS, SHERRY & KATZ

P & S Status:

### Impression:

This patient is a 52-year-old male status post L3-L5 laminectomy with significant radiculopathy on the right side and postlaminectomy syndrome with lumbar radiculopathy due to work related injury.

Tear of meniscus of right knee status post recent right knee surgery May 4, 2022 which improved pain.

Pending consultation with a spine surgeon for lumbar spine surgery.

**ICD Codes:** Hip pain (M25.559), Tear of meniscus of right knee (S83.206A), Lumbar radiculopathy, chronic (M54.16), Lumbar postlaminectomy syndrome (M96.1), Long term (current) use of opiate analgesic (Z79.891)

We are prescribing controlled substances. The most recent urine drug screen was done on 01-06-2023.

### Treatment Plan:

\* Pending consultation with a spine surgeon for lumbar spine surgery. He has a history of lumbar spinal surgery which is not successful. A consultation with Dr. Patrick Johnson, a spine surgeon, for lumbar spine surgery is still pending at this time.

\* Consider a spinal cord stimulator trial if the patient is not a surgical candidate. He continues to defer a SCS

trial at this time.

\* Follow up with Dr. Conwissar, an orthopedic surgeon status post right knee surgery as protocol.

\* Continue Percocet for nociceptive pain. He is taking Metamucil for constipation. He was able to wean down Percocet to 7.5/325 mg TID PRN.

\* The UDT on 1/4/23 is pending. UDS from 6/6/22 is consistent with Oxycodone and metabolites. It is positive for THC which we do not prescribe but is legal in CA. Results were reviewed with the patient. No illicit drugs were noted. Therefore, based on the results of this urine drug test and in conjunction with other forms of monitoring I will continue to prescribe medications as noted below.

\* A pain agreement is on file. The patients' sign and agree to a treatment contract that documents their understanding and willingness to abide by the expectations of opioid use. The contract outlines our patients' responsibilities with regard to their use of opioids and instructs them in the ways they are to interact with this position in their pharmacy when obtaining their medications. By signing the contract, they indicate that they understand its content and agree to abide by it.

\* I have reviewed the pain medications and found no evidence of abuse, hoarding, or diversion. A complete list of medications prescribed is contained within the electronic medical records (EMR).

\* Adverse effects of the medications were discussed with the patient. These include but are not limited to the risks include, but are not limited to drowsiness, sedation, dependence, tolerance, addiction, nausea, tingling in the extremities, decreased appetite, problems with cognition, and potential problems with vision including glaucoma.

\* Risks and side effects include but are not limited to, respiratory depression, sedation, constipation, pruritus, cognitive side effects, increased fall risk and accident risks, dependence, tolerance, addiction, and hypogonadism.

\* The patient is instructed not to drive or operate heavy machinery if impaired by the medications in any way. The patient is also reminded to use the medications exactly as prescribed; to never double up on doses; to never take opioids with alcohol, benzodiazepines, or other drugs that may interact with the opioids. The patient understands this. We reviewed how the medication is to be taken and this was confirmed by the patient.

\* A CURES (Controlled Substance Utilization Review and Evaluation System) report from the Department of Justice - Bureau of Narcotic Enforcement was obtained. This is a prescription drug monitoring program (PDMP). There are no signs of doctor shopping noted.

\* The patient is receiving greater than 30 percent relief while on the medication. The medications are being taken as prescribed. The patient is functional and participates in daily activities and attempts at light activities within their limits. The quality of life improved since initiating opioid therapy. In addition, the patient has a pain agreement on file. The long-term goals are to keep the patient on his current level of medications.

\* Encourage the patient to continue activities as tolerated and to utilize non-pharmacological treatment modalities such as ice/hot packs as needed for the flare-up of symptoms.

\* The patient must follow up with primary care for preventative and maintenance healthcare.

\* Follow-up in one month for continued pain management.

Due to COVID-19, patients were screened upon arrival including taking temperatures, asking if patient are experiencing COVID-19 symptoms, providing distancing instructions while in the office. Increased sanitation measures to prevent COVID-19 have been implemented which include calling patient, consent for treatment, taking temperature, hand sanitizer, and disinfecting wipes.

The patient has interval subjective and objective functional improvement with the medications as documented from BASELINE. The patient has been WEANED to the lowest possible dose. Any further weaning will result in the patient being bedbound and or going to the ER. An opioid contract is on file. Therefore the patient meets all the guidelines criteria of ODG, CMS and CAMTUS guidelines that are utilized in the state of California to continue opioid medications.

We are a multidisciplinary pain clinic as noted on page 78 of the CAMTUS guidelines. This is to be considered anytime the patient's symptoms do not improve on opioids in 3 months. We utilize a combination of Medication Management, Biofeedback, Physical Therapy, Chiropractic, Acupuncture, Psychological intervention and appropriate Interventional Techniques. We assess the patient on a routine basis.

We monitor the 4 A's for ongoing monitoring: Analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. For monitoring patients for long-term use of opioids we also utilize recommendations as noted on page 88 of the CAMTUS. These are patients who are on opioids greater than 6 months. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. We make every effort to assess the pain at every visit, and functioning is measured at 6- month intervals as recommended by the guidelines. For maintenance of the patient's medications we do not lower if the current medication is working as noted on page 89 of the CAMTUS guidelines. All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening.

Included with this report is a handwritten attestation by the patient documenting pain relief and improvement in functional activity before and after taking their prescribed medications. Any utilization review of these medications that does not specifically comment on the handwritten attestation, when provided, is invalid and non-compliant.

**Medications prescribed:**

Percocet 7.5 mg-325 mg tablet 0.5-1 Tablet Three times a Day PRN for 30 Days , Prescribe 90 Tablet

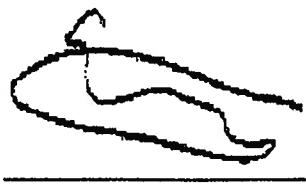
**Work Status:** As per PTP

**Work Restriction:**

Due to the complexities involved with management and close monitoring of this patient's current medications and treatment, it is my opinion that the patient follow up with our office on a regimen of at least every 30 to 45 days to properly assess and treat the patient's condition. The patient's questions were answered in detail. An extended period of time was spent with the patient explaining test results, diagnostic impressions, physical findings, and further plans and alternatives. Should there be any additional questions; the patient is encouraged to contact our office.

Sincerely,

000186



Seyeon Kang, N.P.



Kevin Kohan, D.O.

**DISCLOSURE:**

The patient was interviewed by the above-signed Nurse Practitioner/Physician Assistant/Physician under the direction and guidance of the signing Physician. The physical examination was performed by the Nurse Practitioner/Physician under the direction and supervision of the Physician. The dictation was prepared by the Nurse Practitioner/Physician, including any and all impressions and conclusions described in the discussion, and were discussed and reviewed with the Physician. In compliance with the recent Workers Compensation legislation (Labor Code Section 4628 (b)): "I declare that the above evaluation was performed by the above signed Nurse Practitioner/Physician under the direction and guidance of the signing physician and was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (j) of Section 139.2." In compliance with recent Workers Compensation legislation (Labor Code 4628(j)): "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 I have indicated I have received from others. As to that information, the signing Nurse Practitioner/Physician and Physician 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." In compliance with the recent Workers Compensation legislation (Labor Code Section 5703 under AB 1300): "Neither the signing Physician or Nurse Practitioner/Physician have violated Labor Code section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury.

"Dragon medical software may have been used to dictate this note. On occasion errors can occur in the content, grammar, and punctuation. We retain the right to modify this information without notice in the event of errors."

Signed in Los Angeles County, California

By



Kevin Kohan, D.O.

This has been electronically signed by Kevin Kohan, D.O. on 01-20-2023.



**SHAHIN A. SADIK, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
ASSOCIATE PROFESSOR OF USC

**FRANCIS X. RIEGLER, M.D., Q.M.E.**  
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DIPLOMATE, AMERICAN BOARD OF ANESTHESIOLOGY

**ROHIT CHOUDHARY M.D.**  
PAIN MANAGEMENT  
DIPLOMATE, AMERICAN BOARD OF ANESTHESIOLOGY

**ANNA KRZYSIAK, P.T.  
DEBBIE CASTILLO, P.T.A.  
MARC REZNIKOFF, L.AC.  
OMID MAHGEREFTEH, D.C.**

**Name :** Steevio Bardakjian

**MR#** UPM31805

**Date of Operation:** 01-20-2023

**DOB:** 05-23-1970

**Opioid Dose Calculator**

Category	Test	Result	Remarks
Opioid Dose Calculator			
1	Oxycodone (mg per day)	22.50	
2	Oxycodone: Morphine Equivalent	33.75	
3	Oxycodone - Total no. of pills prescribed	90	
4	Oxycodone - No. of days pills prescribed for	30	
5	Oxycodone - mg/pill	7.5	
6	Oxycodone - Med deviation	22.50	
7	Total Daily Morphine Equivalent Dose	33.75	

Combined risk category using Opioid risk tool and Opioid dose is

\* Based on information published by University of California, San Francisco and University of Rochester, Dept. of Palliative Care.

A handwritten signature in black ink, appearing to read "Seyeon Kang, N.P.", is written over a horizontal line.

Seyeon Kang, N.P.

This has been electronically signed by Seyeon Kang, N.P. on 01-20-2023.

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6-Apr-2023 22:10 SpanDSP Fax Header

Thu 06 Apr 2023 03:06:08 PM PDT

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Bardakjian, Steevio Male 05-23-1970



SHAHIN A. SADIK, M.D., Q.M.E.  
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ASSOCIATE CLINICAL PROFESSOR OF USC

FRANCIS X. RIEGLER, M.D., Q.M.E.  
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ASSOCIATE CLINICAL PROFESSOR OF USC

DANIEL ALVES, M.D.  
BOARD CERTIFIED PAIN MANAGEMENT AND PHYSICIAN

KEVIN KOHAN, D.O.  
BOARD CERTIFIED PAIN MANAGEMENT AND PHYSICIAN

ARVINDER GILL, D.O.  
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MARC REZNIKOFF, L.Ac.  
OMID MAHGEREFTEH, D.C.

---

IN REFERENCE :	Bardakjian, Steevio
DATE OF BIRTH :	05-23-1970
SSN :	XXX-XX-2130
EMPLOYER :	OLIVE VIEW MEDICAL CENTER
INJURY DATE :	07-03-2018
COMPENSATION CARRIER :	Sedgwick
ADDRESS :	PO BOX 11028, Orange CA 92856
ADJUSTOR :	ELAINE BARBAGALLO
CLAIM NUMBER :	219-00110-B
WCAB NUMBER :	
CURRENT EVALUATION :	02-20-2023

#### SUPPLEMENTAL REPORT ON PAIN MANAGEMENT PROGRESS (PR-2)

(XX) Periodic Report	( ) Change In Treatment Plan	( ) Release from Care
( ) Change In Work Status	( ) Need for Referral or Consultation	( ) Response to Release for Information
( ) Change In Patient Condition	( ) Need for Surgery or Hospitalization	(X) Request for Authorization
( ) Other		

This is a consultation report in accordance with the State of California Workers' Compensation Official Medical Fee Schedule effective April 1, 1999, Reports Section, C, Consultation Report.

The following is a report on pain management progress performed at 28212 Kelly Johnson Parkway, SUITE 155, Valencia CA 91355 - 5084.

000189

Bardakjian, Steevio Male 05-23-1970

**Current Complaints: Low back and knee pain**

**History of Present Illness**

Today's visit was completed via Telemedicine with the permission of the patient due to the COVID-19 national emergency. Telemedicine visits utilize audio and/or video communication.

The patient returns for medical management and treatment of ongoing pain to low back and right knee due to a work-related injury. Patient endorses going back to work full-time. The patient reports continuing to await for spine surgeon authorization which can be aggravating. The patient reports not being able to do some of the activities of daily living but is trying to do it with medication management the patient has been able to wean down on the Percocet to the Percocet to 7.5/325 mg TID PRN. The patient reports meaningful benefit from the current pain medication regimen.

Continues to wait to see the surgeon the patient will be in touch with orthopedic surgeon is referring the patient to Dr. Patrick Johnson.

Lumbar spine: The pain varies in intensity but is always present. It radiates down to mainly right leg, numbness and tingling in bilateral feet. There is an underlying dull, aching pain with components that are sharp and shooting depending on the activities being performed. Pain is aggravated by activities, such as ambulating longer distances, prolonged standing and sitting. Pain is decreased with medications. The patient denies changes in bowel or bladder function. Denies signs or symptoms of saddle anesthesia.

He has a history of lumbar spinal surgery which is not successful. A consultation with Dr. Patrick Johnson, a spine surgeon, for lumbar spine surgery is still pending at this time.

Knees: The pain is constant. It is a sharp, shooting pain with movement. At rest, there is an underlying dull, aching pain. Pain increases with ambulating longer distances. It decreases with the use of medications. Status post right knee surgery 5/4/2022 improved pain.

The patient denies recent hospitalizations, surgeries, or ER visits. There's been no increase in shootings or neurological deficits.

Current Medications for Pain: Percocet for nociceptive pain. He is taking Metamucil for constipation.

Analgesia: The patient reports greater than 30% pain relief with the medications.

ADLs: The patient is able to perform activities such as bathing, grooming, dressing, and preparing meals with the aid of the medications.

Adverse side effects: No cognitive side effects noted. There is no respiratory depression. No somnolence was noted.

Abuse: No suspicious or drug-seeking behavior.

Associations: No associated depression or anxiety in connection with the pain.

With medications, the pain is a 5/10.

Without medications, it is a 9/10.

On average the pain level is a 6/10.

When taking the meds they take effect within 20 minutes.

Past medical treatment for the pain: Physical therapy for low back and right knee pain status post right knee surgery 5/4/2022. Physical therapy provides 30% of pain relief and functional gain for knee pain. He has a history of lumbar spinal surgery which is not successful.

Past surgical history for the pain: status post right knee surgery 5/4/2022.

WCF

Pain relief with medications 30%

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Bardakjian, Steevio Male 05-23-1970

Walking without medications 10 yards and with medications, 50 yards.

Sleep without medications unable to do and with medications for 3-4 hours.

Standing without medications 10 minutes and with medications more than 1 hour at a time.

Range of motion is less than 30% without medications and more than 70% with medications.

There is 30 % of improvement with opioid medications.

**\*Interval F/U Scales:** Pain at present is 7 on the pain scale. **Pain Descriptors:** Location of pain is at Low back and knee pain. Patient describes his pain as constant. **Recent Diagnostic Studies:**

CAT Scan: No.

Discogram: No

EMG: No.

MRI: No.

Myelogram: No.

#### Allergy

No Known Drug Allergies.

#### Past Medical History

Diabetes ()

High Blood Pressure ()

#### Surgical History

Open heart surgery: 06-29-2021 at HENRY MAYO

L3-L5 Disectomy: 08/2018

#### Review of Systems

**Skin (Integumentary):** Denies itching.

**Gastro-Intestinal:** Denies nausea, constipation or GI upset. There is no loss of bowel control.

**Neurological:** There is no focal neurologic changes.

**Constitutional:** Denies sweats, dizziness or unusual loss or gain of weight. Sweats. There is no over sedation or dysphoria.

**Genito-urinary:** Denies loss of bladder control.

#### Physical Examination

Height (inches): 71.00 Weight (lbs): 205.00

**General:** The patient is well developed and well-nourished. Patient is alert and oriented. His mood and affect are normal. Patient is in no acute distress. Patient has good hygiene. There is no apparent loss of coordination.

#### PAIN MANAGEMENT

- Opioid Risk Tool
- UDS

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6-Apr-2023 22:11 SpanDSP Fax Header

Thu 06 Apr 2023 03:06:08 PM PDT

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Bardakjian, Steevio Male 05-23-1970

**Review of Medical Records:**

A CURES (Controlled Substance Utilization Review and Evaluation System) report from the Department of Justice - Bureau of Narcotic Enforcement was obtained. There are no signs of doctor shopping noted.

1/23 UDS + oxycodone and metabolite

We are prescribing controlled substances. There are no recent drug screens to review. The most recent urine drug screen was done on 01-06-2023. The CURES database was reviewed. It shows no evidence of doctor shopping.

Review of medical records and/or consultation between treating physicians and/or discussion of Utilization Review and/or planning and/or creation of RFAs, and/or preparation of this report totaled 60 minutes of non-face-to-face patient care time, justifying CPT code 99358. I am billing appropriately.

**Legal Status:**

Primary Treating Physician: Philip Convisar MD  
Attorney: KOSZDIN, FIELDS, SHERRY & KATZ  
P & S Status:

**Impression:**

This patient is a 52-year-old male status post L3-L5 laminectomy with significant radiculopathy on the right side and postlaminectomy syndrome with lumbar radiculopathy due to work related injury.

Tear of meniscus of right knee status post recent right knee surgery May 4, 2022 which improved pain.

Pending consultation with a spine surgeon for lumbar spine surgery.

**ICD Codes:** Hip pain (M25.559), Tear of meniscus of right knee (S83.206A), Lumbar radiculopathy, chronic (M54.16), Lumbar postlaminectomy syndrome (M96.1), Long term (current) use of opiate analgesic (Z79.891)

We are prescribing controlled substances. There are no recent drug screens to review. The most recent urine drug screen was done on 01-06-2023. The CURES database was reviewed. It shows no evidence of doctor shopping.

**Treatment Plan:**

\* I will continue the patient on the current medication regimen of Percocet as it provides the patient's significant meaningful functional benefit for the knee and the low back pain. The patient is able to work full-time from home on the medication management.

\* Pending consultation with a spine surgeon for lumbar spine surgery. He has a history of lumbar spinal surgery which is not successful. A consultation with Dr. Patrick Johnson, a spine surgeon, for lumbar spine surgery is still pending at this time.

\* Consider a spinal cord stimulator trial if the patient is not a surgical candidate. He continues to defer a SCS trial at this time.

000192

Bardakjian, Steevio Male 05-23-1970

\* Follow up with Dr. Conwisar, an orthopedic surgeon status post right knee surgery as protocol.

\* Continue Percocet for nociceptive pain. He is taking Metamucil for constipation. He was able to wean down Percocet to 7.5/325 mg TID PRN. We will try 5 mg next visit as he is motivated to wean down

\* The UDT on 1/4/23 is pending. UDS from 6/6/22 is consistent with Oxycodone and metabolites. It is positive for THC which we do not prescribe but is legal in CA. Results were reviewed with the patient. No illicit drugs were noted. Therefore, based on the results of this urine drug test and in conjunction with other forms of monitoring I will continue to prescribe medications as noted below.

\* A pain agreement is on file. The patients' sign and agree to a treatment contract that documents their understanding and willingness to abide by the expectations of opioid use. The contract outlines our patients' responsibilities with regard to their use of opioids and instructs them in the ways they are to interact with this position in their pharmacy when obtaining their medications. By signing the contract, they indicate that they understand its content and agree to abide by it.

\* I have reviewed the pain medications and found no evidence of abuse, hoarding, or diversion. A complete list of medications prescribed is contained within the electronic medical records (EMR).

\* Adverse effects of the medications were discussed with the patient. These include but are not limited to the risks include, but are not limited to drowsiness, sedation, dependence, tolerance, addiction, nausea, tingling in the extremities, decreased appetite, problems with cognition, and potential problems with vision including glaucoma.

\* Risks and side effects include but are not limited to, respiratory depression, sedation, constipation, pruritus, cognitive side effects, increased fall risk and accident risks, dependence, tolerance, addiction, and hypogonadism.

\* The patient is instructed not to drive or operate heavy machinery if impaired by the medications in any way. The patient is also reminded to use the medications exactly as prescribed; to never double up on doses; to never take opioids with alcohol, benzodiazepines, or other drugs that may interact with the opioids. The patient understands this. We reviewed how the medication is to be taken and this was confirmed by the patient.

\* A CURES (Controlled Substance Utilization Review and Evaluation System) report from the Department of Justice - Bureau of Narcotic Enforcement was obtained. This is a prescription drug monitoring program (PDMP). There are no signs of doctor shopping noted.

\* The patient is receiving greater than 30 percent relief while on the medication. The medications are being taken as prescribed. The patient is functional and participates in daily activities and attempts at light activities within their limits. The quality of life improved since initiating opioid therapy. In addition, the patient has a pain agreement on file. The long-term goals are to keep the patient on his current level of medications.

\* Encourage the patient to continue activities as tolerated and to utilize non-pharmacological treatment modalities such as ice/hot packs as needed for the flare-up of symptoms.

\* The patient must follow up with primary care for preventative and maintenance healthcare.

\* Follow-up in one month for continued pain management.

Due to COVID-19, patients were screened upon arrival including taking temperatures, asking if patient are experiencing COVID-19 symptoms, providing distancing instructions while in the office. Increased sanitation measures to prevent COVID-19 have been implemented which include calling patient, consent for treatment, taking temperature, hand sanitizer, and disinfecting wipes.

RX Date/Time 04/06/2023 15:11  
6-Apr-2023 22:12 SpanDSP Fax Header

Thu 08 Apr 2023 03:06:08 PM PDT

P.0007  
SpanDSP Fax Ident p.7  
Page 7 of 9

Bardakjian, Steevio Male 05-23-1970

The patient has interval subjective and objective functional improvement with the medications as documented from BASELINE. The patient has been WEANED to the lowest possible dose. Any further weaning will result in the patient being bedbound and or going to the ER. An opioid contract is on file. Therefore the patient meets all the guidelines criteria of ODG, CMS and CAMTUS guidelines that are utilized in the state of California to continue opioid medications.

We are a multidisciplinary pain clinic as noted on page 78 of the CAMTUS guidelines. This is to be considered anytime the patient's symptoms do not improve on opioids in 3 months. We utilize a combination of Medication Management, Biofeedback, Physical Therapy, Chiropractic, Acupuncture, Psychological Intervention and appropriate Interventional Techniques. We assess the patient on a routine basis.

We monitor the 4 A's for ongoing monitoring: Analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. For monitoring patients for long-term use of opioids we also utilize recommendations as noted on page 88 of the CAMTUS. These are patients who are on opioids greater than 6 months. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. We make every effort to assess the pain at every visit, and functioning is measured at 6- month intervals as recommended by the guidelines. For maintenance of the patient's medications we do not lower if the current medication is working as noted on page 89 of the CAMTUS guidelines. All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening.

Included with this report is a handwritten attestation by the patient documenting pain relief and improvement in functional activity before and after taking their prescribed medications. Any utilization review of these medications that does not specifically comment on the handwritten attestation, when provided, is invalid and non-compliant.

**Medications prescribed:**

Percocet 7.5 mg-325 mg tablet 0.5-1 Tablet Three times a Day PRN for 30 Days , Prescribe 90 Tablet

**Work Status:** As per PTP

**Work Restriction:**

Due to the complexities involved with management and close monitoring of this patient's current medications and treatment, it is my opinion that the patient follow up with our office on a regimen of at least every 30 to 45 days to properly assess and treat the patient's condition. The patient's questions were answered in detail. An extended period of time was spent with the patient explaining test results, diagnostic impressions, physical findings, and further plans and alternatives. Should there be any additional questions; the patient is encouraged to contact our office.

Sincerely,



Kevin Kohan, D.O.

**DISCLOSURE:**

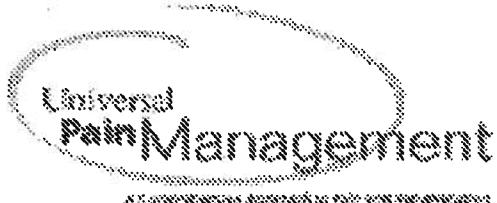
Bardakjian, Steevio Male 05-23-1970

The patient was interviewed regarding the undersigned regarding the history. The physical examination was performed entirely by the undersigned physician. The dictation was prepared by myself, including any and all impressions and conclusions described in the discussion. In compliance with the recent Workers Compensation legislation (Labor Code Section 4628 (b)): "I declare that the above evaluation was performed by the undersigned and was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (j) of Section 139.2." In compliance with recent Worker's Compensation legislation (Labor Code 4628(j)): "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 I have indicated I have 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." In compliance with the recent Workers Compensation legislation (Labor Code Section 5703 under AB 1300): 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. This statement is made under penalty of perjury.

"Dragon medical software may have been used to dictate this note. On occasion errors can occur in the content, grammar, and punctuation. We retain the right to modify this information without notice in the event of errors."

Signed in Los Angeles County, California  
By

Kevin Kohan, D.O.



**SHAHIN A. SADIQ, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
ASSOCIATE PROFESSOR OF USC

**FRANCIS X. RIEGLER, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
ASSISTANT CLINICAL PROFESSOR OF USC

**RAY H. D'AMOURS, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
ASSISTANT CLINICAL PROFESSOR OF USC

**DANIEL ALVES, M.D.**  
BOARD CERTIFIED PAIN MANAGEMENT AND PAKER

**KEVIN KOHAN, D.O.**  
BOARD CERTIFIED PAIN MANAGEMENT AND PAKER

**ARVINDER GILL, D.O.**  
BOARD CERTIFIED PAIN MANAGEMENT  
DIPLOMATE, AMERICAN BOARD OF ANESTHESIOLOGY

**ROHIT CHOUDHARY M.D.**  
PAIN MANAGEMENT  
DIPLOMATE, AMERICAN BOARD OF ANESTHESIOLOGY

**ANNA KRZYSIAK, P.T.  
DEBBIE CASTILLO, P.T.A.  
MARC REZNIKOFF, L.Ac.  
OMID MAHGEREFTEH, D.C.**

Name: Bardakjian, Steevio

000195

Bardakjian, Steevio Male 05-23-1970

DOB: 05-23-1970  
MR# UPM31805  
Date of Service: 02-20-2023

**Opioid Risk Tool**

<b>1. Family History of Substance Abuse</b>	Alcohol	0
	Illegal Drugs	0
	Prescription Drugs	0
<b>2. Personal History of Substance Abuse</b>	Alcohol	0
	Illegal Drugs	0
	Prescription Drugs	0
<b>3. Age (if 16-45)</b>		0
<b>4. History of Preadolescent Sexual Abuse</b>		
<b>5. Psychological Disease</b>	Attention Deficit Disorder	0
	Obsessive Compulsive Disorder	
	Bipolar	
	Schizophrenia	
	Depression	0
	<b>TOTAL</b>	0

**Total Score Risk Category**

Low Risk 0-3

Moderate Risk 4-7

High Risk > or equal to 8



Kevin Kohan D.O.

*This has been electronically signed by Kevin Kohan D.O. on 02-20-2023.*

Bardakjian, Steevio Male 05-23-1970



**SHAHIN A. SADIK, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
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**ANNA KRZYSIAK, P.T.  
DEBBIE CASTILLO, P.T.A.  
MARC REZNIKOFF, L.Ac.  
OMID MAHGEREFTEH, D.C.**

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IN REFERENCE	:	Bardakjian, Steevio
DATE OF BIRTH	:	05-23-1970
SSN	:	XXX-XX-2130
EMPLOYER	:	OLIVE VIEW MEDICAL CENTER
INJURY DATE	:	07-03-2018
COMPENSATION CARRIER	:	Sedgwick
ADDRESS	:	PO BOX 11028, Orange CA 92856
ADJUSTOR	:	ELAINE BARBAGALLO
CLAIM NUMBER	:	219-00110-B
WCAB NUMBER	:	
CURRENT EVALUATION	:	03-24-2023

**SUPPLEMENTAL REPORT ON PAIN MANAGEMENT PROGRESS (PR-2)**

(XX) Periodic Report	( ) Change in Treatment Plan	( ) Release from Care
( ) Change in Work Status	( ) Need for Referral or Consultation	( ) Response to Release for Information
( ) Change in Patient Condition	( ) Need for Surgery or Hospitalization	(X) Request for Authorization
( ) Other		

This is a consultation report in accordance with the State of California Workers' Compensation Official Medical Fee Schedule effective April 1, 1999, Reports Section, C, Consultation Report.

The following is a report on pain management progress performed at 28212 Kelly Johnson Parkway, SUITE 155, Valencia CA 91355 - 5084.

RX Date/Time 03/27/2023 15:06  
27-Mar-2023 22:06 SpanDSP Fax Header

Mon 27 Mar 2023 03:01:30 PM PDT

P.0003  
SpanDSP Fax Ident p.3  
Page 3 of 8

Bardakjian, Steevio Male 05-23-1970

**Current Complaints: Low back and knee pain**

**History of Present Illness**

Today's visit was completed via Telemedicine with the permission of the patient due to the COVID-19 national emergency. The patient is a 52-year-old male who presents for low back pain right knee pain secondary to work-related injury the patient is trying to work full-time from home. The patient is awaiting authorization to see spine surgeon meanwhile the patient is experiencing significant amount of low back pain that interferes with activities of daily living after discussion the patient recalls responding well to chiropractic therapies.

CHIRO therapy - The patient has failed physical therapy for the lumbar spine the patient has increasing low back pain and exacerbation the patient now has failed a home exercise program the patient is interested in clinical trial of 6 sessions. The patient tells me having previous 6 sessions with a meaningful functional improvement subjectively and objectively. Patient has had 30% improvement with ability to be able to have increased range of motion. The patient will be utilized chiropractic therapy as adjuvant therapy for graded conditioning and strength training program. The patient requires 6 sessions for this acute exacerbation of pain

The patient reports not being able to do some of the activities of daily living but is trying to do it with medication management the patient has been able to wean down on the Percocet to the Percocet to 7.5/325 mg TID PRN. The patient reports meaningful benefit from the current pain medication regimen.

Continues to wait to see the surgeon the patient will be in touch with orthopedic surgeon is referring the patient to Dr. Patrick Johnson.

Lumbar spine: The pain varies in intensity but is always present. It radiates down to mainly right leg, numbness and tingling in bilateral feet. There is an underlying dull, aching pain with components that are sharp and shooting depending on the activities being performed. Pain is aggravated by activities, such as ambulating longer distances, prolonged standing and sitting. Pain is decreased with medications. The patient denies changes in bowel or bladder function. Denies signs or symptoms of saddle anesthesia.

He has a history of lumbar spinal surgery which is not successful. A consultation with Dr. Patrick Johnson, a spine surgeon, for lumbar spine surgery is still pending at this time.

Knees: The pain is constant. It is a sharp, shooting pain with movement. At rest, there is an underlying dull, aching pain. Pain increases with ambulating longer distances. It decreases with the use of medications. Status post right knee surgery 5/4/2022 improved pain.

The patient denies recent hospitalizations, surgeries, or ER visits. There's been no increase in shootings or neurological deficits.

Current Medications for Pain: Percocet for nociceptive pain. He is taking Metamucil for constipation.

Analgesia: The patient reports greater than 30% pain relief with the medications.

ADLs: The patient is able to perform activities such as bathing, grooming, dressing, and preparing meals with the aid of the medications.

Adverse side effects: No cognitive side effects noted. There is no respiratory depression. No somnolence was noted.

Abuse: No suspicious or drug-seeking behavior.

Associations: No associated depression or anxiety in connection with the pain.

With medications, the pain is a 5/10.

Without medications, it is a 9/10.

On average the pain level is a 6/10.

When taking the meds they take effect within 20 minutes.

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Bardakjian, Steevio Male 05-23-1970

Past medical treatment for the pain: Physical therapy for low back and right knee pain status post right knee surgery 5/4/2022. Physical therapy provides 30% of pain relief and functional gain for knee pain. He has a history of lumbar spinal surgery which is not successful.

Past surgical history for the pain: status post right knee surgery 5/4/2022.

WCF

Pain relief with medications 30%

Walking without medications 10 yards and with medications, 50 yards.

Sleep without medications unable to do and with medications for 3-4 hours.

Standing without medications 10 minutes and with medications more than 1 hour at a time.

Range of motion is less than 30% without medications and more than 70% with medications.

It is the practice of Universal Pain Management to periodically review the 5 domains (The 5 As) which are relevant for ongoing monitoring of chronic pain patient on opioids.

Analgesia: The patient reports greater than 30 % pain relief while taking medications, including opioids.

ADLs/ subjective functional improvement from baseline:30 %.

Functional Objective Improvement: Patient is able to perform activities such as bathing,grooming,dressing,transfers,ambulation and preparing of meals with the aid of the medications AS EVIDENCED IN THE PERSONAL MEDICATION STATEMENTS PROVIDED UNDER SEPARATE COVER.

Adverse side effects : no side effects noted.

Abuse: the patient is compliant with the pain management agreement.

Affect: the patient's behavior and mood are appropriate. The patient has failed prior medications which include; none.

The duration that the opioid medication lasts is 6 hours.

The onset of symptom relief for their medication is 20 minutes.

Weaning has been tried but was not successful.

Conservative treatment has been tried for more than 3 months but it failed.

An updated pain agreement is present on file.

VAS (Without Meds): 7

VAS (With Meds): 4

There is 30 % of improvement with opioid medications.

**\*Interval F/U Scales:** Pain at present is 7 on the pain scale. **Pain Descriptors:** Location of pain is at Low back and knee pain. Patient describes his pain as constant. **Recent Diagnostic Studies:**

CAT Scan: No.

Discogram: No

EMG: No.

MRI: No.

Myelogram: No.

#### Allergy

No Known Drug Allergies.

#### Past Medical History

Diabetes ()

High Blood Pressure ()

RX Date/Time 03/27/2023 15:06  
27-Mar-2023 22:07 SpanDSP Fax Header

Mon 27 Mar 2023 03:01:30 PM PDT

P.0005  
SpanDSP Fax Ident p.5  
Page 5 of 8

Bardakjian, Steevio Male 05-23-1970

### **Surgical History**

Open heart surgery: 06-29-2021 at HENRY MAYO  
L3-L5 Disectomy: 08/2018

### **Review of Systems**

**Skin (Integumentary):** Denies Itching.

**Gastro-Intestinal:** Denies nausea, constipation or GI upset. There is no loss of bowel control.

**Neurological:** There is no focal neurologic changes.

**Constitutional:** Denies sweats, dizziness or unusual loss or gain of weight. Sweats. There is no over sedation or dysphoria.

**Genito-urinary:** Denies loss of bladder control.

### **Physical Examination**

**General:** The patient is well developed and well-nourished. Patient is alert and oriented. His mood and affect are normal. Patient is in no acute distress. Patient has good hygiene. There is no apparent loss of coordination.

### **Review of Medical Records:**

Authorization for medication was reviewed with the patient

A CURES (Controlled Substance Utilization Review and Evaluation System) report from the Department of Justice - Bureau of Narcotic Enforcement was obtained. There are no signs of doctor shopping noted.

Review of medical records and/or consultation between treating physicians and/or discussion of Utilization Review and/or planning and/or creation of RFAs, and/or preparation of this report totaled 60 minutes of non-face-to-face patient care time, justifying CPT code 99358. I am billing appropriately.

### **Legal Status:**

Primary Treating Physician: Philip Conwiser MD

Attorney: KOSZDIN, FIELDS, SHERRY & KATZ

P & S Status:

### **Impression:**

This patient is a 52-year-old male status post L3-L5 laminectomy with significant radiculopathy on the right side and postlaminectomy syndrome with lumbar radiculopathy due to work related injury.

Tear of meniscus of right knee status post recent right knee surgery May 4, 2022 which improved pain.

Pending consultation with a spine surgeon for lumbar spine surgery.

**ICD Codes:** Hip pain (M25.559), Tear of meniscus of right knee (S83.206A), Lumbar radiculopathy, chronic (M54.16), Lumbar postlaminectomy syndrome (M96.1), Long term (current) use of opiate analgesic (Z79.891)

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Bardakjian, Steevio Male 05-23-1970

**Treatment Plan:**

\* CHIRO therapy - The patient has failed physical therapy for the lumbar spine the patient has increasing low back pain and exacerbation the patient now has failed a home exercise program the patient is interested in clinical trial of 6 sessions. The patient tells me having previous 6 sessions with a meaningful functional improvement subjectively and objectively. Patient has had 30% improvement with ability to be able to have increased range of motion. The patient will be utilized chiropractic therapy as adjuvant therapy for graded conditioning and strength training program. The patient requires 6 sessions for this acute exacerbation of pain

\* I will continue the patient on the current medication regimen of Percocet as it provides the patient's significant meaningful functional benefit for the knee and the low back pain. The patient is able to work full-time from home on the medication management.

\* Pending consultation with a spine surgeon for lumbar spine surgery. He has a history of lumbar spinal surgery which is not successful. A consultation with Dr. Patrick Johnson, a spine surgeon, for lumbar spine surgery is still pending at this time.

\* Consider a spinal cord stimulator trial if the patient is not a surgical candidate. He continues to defer a SCS trial at this time.

\* Follow up with Dr. Conwisar, an orthopedic surgeon status post right knee surgery as protocol.

\* Continue Percocet for nociceptive pain. He is taking Metamucil for constipation. He was able to wean down Percocet to 7.5/325 mg TID PRN. We will try 5 mg next visit as he is motivated to wean down

\* The UDT on 1/4/23 is pending. UDS from 6/6/22 is consistent with Oxycodone and metabolites. It is positive for THC which we do not prescribe but is legal in CA. Results were reviewed with the patient. No illicit drugs were noted. Therefore, based on the results of this urine drug test and in conjunction with other forms of monitoring I will continue to prescribe medications as noted below.

\* A pain agreement is on file. The patients' sign and agree to a treatment contract that documents their understanding and willingness to abide by the expectations of opioid use. The contract outlines our patients' responsibilities with regard to their use of opioids and instructs them in the ways they are to interact with this position in their pharmacy when obtaining their medications. By signing the contract, they indicate that they understand its content and agree to abide by it.

\* I have reviewed the pain medications and found no evidence of abuse, hoarding, or diversion. A complete list of medications prescribed is contained within the electronic medical records (EMR).

\* Adverse effects of the medications were discussed with the patient. These include but are not limited to the risks include, but are not limited to drowsiness, sedation, dependence, tolerance, addiction, nausea, tingling in the extremities, decreased appetite, problems with cognition, and potential problems with vision including glaucoma.

\* Risks and side effects include but are not limited to, respiratory depression, sedation, constipation, pruritus, cognitive side effects, increased fall risk and accident risks, dependence, tolerance, addiction, and hypogonadism.

\* The patient is instructed not to drive or operate heavy machinery if impaired by the medications in any way. The patient is also reminded to use the medications exactly as prescribed; to never double up on doses; to never take opioids with alcohol, benzodiazepines, or other drugs that may interact with the opioids. The patient understands this. We reviewed how the medication is to be taken and this was confirmed by the patient.

\* A CURES (Controlled Substance Utilization Review and Evaluation System) report from the Department of Justice

Bardakjian, Steevio Male 05-23-1970

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\* Encourage the patient to continue activities as tolerated and to utilize non-pharmacological treatment modalities such as ice/hot packs as needed for the flare-up of symptoms.

\* The patient must follow up with primary care for preventative and maintenance healthcare.

\* Follow-up in one month for continued pain management.

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We monitor the 4 A's for ongoing monitoring: Analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. For monitoring patients for long-term use of opioids we also utilize recommendations as noted on page 88 of the CAMTUS. These are patients who are on opioids greater than 6 months. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. We make every effort to assess the pain at every visit, and functioning is measured at 6- month intervals as recommended by the guidelines. For maintenance of the patient's medications we do not lower if the current medication is working as noted on page 89 of the CAMTUS guidelines. All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening.

Included with this report is a handwritten attestation by the patient documenting pain relief and improvement in functional activity before and after taking their prescribed medications. Any utilization review of these medications that does not specifically comment on the handwritten attestation, when provided, is invalid and non-compliant

**Medications prescribed:**

Percocet 7.5 mg-325 mg tablet 0.5-1 Tablet Three times a Day PRN for 30 Days , Prescribe 90 Tablet

Bardakjian, Steevio Male 05-23-1970

**Work Status:** As per PTP

**Work Restriction:**

Due to the complexities involved with management and close monitoring of this patient's current medications and treatment, it is my opinion that the patient follow up with our office on a regimen of at least every 30 to 45 days to properly assess and treat the patient's condition. The patient's questions were answered in detail. An extended period of time was spent with the patient explaining test results, diagnostic impressions, physical findings, and further plans and alternatives. Should there be any additional questions; the patient is encouraged to contact our office.

Sincerely,



Kevin Kohan, D.O.

**DISCLOSURE:**

The patient was interviewed regarding the undersigned regarding the history. The physical examination was performed entirely by the undersigned physician. The dictation was prepared by myself, including any and all impressions and conclusions described in the discussion. In compliance with the recent Workers Compensation legislation (Labor Code Section 4628 (b)): "I declare that the above evaluation was performed by the undersigned and was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (j) of Section 139.2." In compliance with recent Worker's Compensation legislation (Labor Code 4628(j)): "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 I have indicated I have 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." In compliance with the recent Workers Compensation legislation (Labor Code Section 5703 under AB 1300): 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. This statement is made under penalty of perjury.

"Dragon medical software may have been used to dictate this note. On occasion errors can occur in the content, grammar, and punctuation. We retain the right to modify this information without notice in the event of errors."

Signed in Los Angeles County, California

By



Kevin Kohan, D.O.

# PHILIP H. CONWISAR, M.D.

A Professional Corporation

Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

April 7, 2023

Sedgwick  
P.O. Box 11028  
Orange, CA 92856

RFA REQUEST SENT  
SEPARATELY VIA FAX

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**  
D/I: July 3, 2018  
OCC: RN IT Project Manager  
EMP: Olive View Medical Center  
Los Angeles County  
Health Care Department  
D/E: April 7, 2023  
CLAIM #: 219-00110-B  
WCAB #: ADJ11540526

## **PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT**

The patient is reevaluated in the office today. He continues to have persistent pain in his low back that is severe at times. He has mild pain in his right knee; however, he has had significant improvement with physical therapy. He has completed his physical therapy and continues on a self directed home exercise program. He is eleven months postop right knee arthroscopy. He continues to treat with Dr. Kohan, the pain management specialist for his low back. He was authorized for a second opinion spine surgical consultation with Dr. Patrick Johnson at Cedars Sinai. Unfortunately, Dr. Johnson no longer accepts workers' compensation cases. He continues to have severe pain that radiates down his right lower extremity. He saw Dr. Lee, the QME doctor approximately four months ago. We are still pending a copy of this report.

### **OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:**

#### **LUMBAR SPINE EXAMINATION:**

There is a healed incision, lumbar spine.

The patient ambulates with an antalgic gait. There is a slight limp present on the right.

000204  
4835 Van Nuys Blvd., Ste. 210  
Sherman Oaks, CA 91403

• 819 Auto Center Drive  
Palmdale, CA 93551

• 28212 Kelly Johnson Pkwy, Ste. 155  
Valencia, CA 91355

The patient stands with a flattened lumbar lordosis. The crests of the ilium are parallel to the floor. There is no list to either the right or left. There is no scoliosis. The gluteus maximus on the right and left show no evidence of atrophy, bilaterally.

There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles.

With direct palpation, there is no generalized tenderness in the lumbar spine.

There is no tenderness in the right and left sacroiliac joints, bilaterally.

There is no tenderness in the right and left sciatic notches, bilaterally.

**RANGE OF MOTION:**

Flexion is to 40 degrees, with increased low back pain.

Extension is to 5 degrees, with increased low back pain.

Right lateral bending is to 10 degrees, with increased low back pain.

Left lateral bending is to 5 degrees, with increased low back pain.

**SUPINE POSITION:**

Straight leg raising is to 30 degrees, on the right, with pain in the lower back region.

Straight leg raising is to 60 degrees, on the left, without pain in the lower back region.

TESTS:	RIGHT	LEFT
Lasègue Test:	Negative	Negative
Contralateral SLR:	Negative	Negative
Patrick's Test:	Negative	Negative
Gaenslen's Test:	Negative	Negative
Babinski:	Negative	Negative
Ankle Clonus:	Negative	Negative

**BILATERAL HIP EXAMINATION:**

	RIGHT	LEFT
Trendelenburg:	Negative	Negative
Tenderness Great Trochanter:	Negative	Negative

There is slight restriction to range of motion of the right hip. There is slight pain with range of

motion of the right hip. There is full range of motion of the left hip. There is no pain with range of motion of the left hip.

### **BILATERAL KNEE EXAMINATION:**

There is mild swelling, right knee. There are healed incisions, right knee. There is no evidence of heat, swelling or effusion, left knee. Popliteal space is normal, bilaterally.

<b>RANGE OF MOTION, KNEES:</b>	<b>RIGHT</b>	<b>LEFT</b>	<b>NORMAL</b>
Flexion:	135 degrees	140 degrees	140 degrees
Extension:	-3 degrees	0 degrees	0 degrees
<b>TESTS:</b>	<b>RIGHT</b>	<b>LEFT</b>	
Medial Joint Line Tenderness:	Neg	Neg	
Lateral Joint Line Tenderness:	Neg	Neg	
Medial Collateral Ligament Tenderness:	Neg	Neg	
Lateral Collateral Ligament Tenderness:	Neg	Neg	
Anterior Drawer:	Neg	Neg	
Posterior Drawer:	Neg	Neg	
Lachman's Test:	Neg	Neg	
Pivot Shift Test:	Neg	Neg	
McMurray's:	Neg	Neg	
Slocum's:	Neg	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	Neg	Neg	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

### **VASCULAR EXAM:**

Posterior tibial pulses are present.

Dorsalis pedis pulses are present.

### **NEUROLOGIC EXAM:**

#### **MOTOR TESTING:**

	<b>RIGHT</b>	<b>LEFT</b>	<b>RIGHT</b>	<b>LEFT</b>
Hip Flexion:	5/5	5/5	Hip Extension:	5/5
Knee Extension:	5/5	5/5	Knee Flexion	5/5
Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	4+/5	5/5	Great Toe Flexion:	5/5

**SENSATION:**

There is decreased sensation:

Right      Left

L1  
L2  
L3  
L4    X  
L5    X  
S1

<b>DEEP TENDON REFLEXES:</b>	<b>RIGHT</b>	<b>LEFT</b>
Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

**X-RAY EXAMINATION:**

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

**DIAGNOSTIC STUDIES:**

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

**DIAGNOSES:**

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. POST-OP RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.

**DISCUSSION/TREATMENT PLAN:**

The patient continues to improve eleven months postop right knee arthroscopic surgery. He is to continue on a self directed home exercise program.

The patient completed his authorized physical therapy for his low back and continues on a self directed home exercise program.

The patient is to continue treating with Dr. Kohan, the treating pain management specialist. He states that he is scheduled to start chiropractic therapy ordered by Dr. Kohan next week.

He had a QME with Dr. Lee approximately four months ago. I request a copy of this report be provided to our office for review.

The patient was authorized for a second opinion spine surgical consultation with Dr. Patrick Johnson at Cedars Sinai. Unfortunately, Dr. Johnson no longer sees workers' compensation cases. I re-request that the authorization for a second opinion spine surgical consultation be amended to be with Dr. Jae Chon at Cedars Sinai. Please provide the amendment so the patient can see Dr. Chon promptly.

The patient is indicated for an updated MRI of the lumbar spine. He continues to have severe pain that is worsening. His last MRI is over two years old. He continues to do poorly at this time. I request authorization for an updated MRI of the lumbar spine with IV gadolinium to evaluate for disc herniation and nerve root impingement. Please authorize. IV gadolinium is indicated as the patient has had previous lumbar spine surgery.

The patient will return for reevaluation in four weeks.

**BARDAKJIAN, STEEVIO**

April 7, 2023

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**WORK/DISABILITY STATUS:**

The patient can continue to work modified duty with the following restrictions. He is restricted from repetitive bending, stooping, pushing, pulling, lifting over 10 pounds, squatting, kneeling, climbing or other similar activities. I recommend weightbearing activities no more than 30 minutes per hour.

Should you have any questions, please do not hesitate to contact this office.

*The above evaluation was performed on April 7, 2023 by the undersigned at my office located at 4835 Van Nuys Blvd., Ste. 210, Sherman Oaks, CA 91403. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.*

*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 I have 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 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.*



Ann Bönner, PA-C



Philip H. Conwisar, M.D., F.A.A.O.S.  
Diplomate, American Board of Orthopaedic Surgery

Date: April 7, 2023 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz  
Robert Katz, Attorney at Law  
6151 Van Nuys Boulevard  
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith  
633 West 5<sup>th</sup> St. Suite 4000  
Los Angeles, CA 90071

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Bardakjian, Steevio Male 05-23-1970



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**DANIEL ALVES, M.D.**  
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**KEVIN KOHAN, D.O.**  
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**ARVINDER GILL, D.O.**  
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**ROHIT CHOUDHARY M.D.**  
PAIN MANAGEMENT  
DIPLOOMATE, AMERICAN BOARD OF ANESTHESIOLOGY

**ANNA KRZYSIAK, P.T.**  
**DEBBIE CASTILLO, P.T.A.**  
**MARC REZNIKOFF, L.Ac.**  
**OMID MAHGEREFTEH, D.C.**

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IN REFERENCE	:	Bardakjian, Steevio
DATE OF BIRTH	:	05-23-1970
SSN	:	XXX-XX-2130
EMPLOYER	:	OLIVE VIEW MEDICAL CENTER
INJURY DATE	:	07-03-2018
COMPENSATION CARRIER	:	Sedgwick
ADDRESS	:	PO BOX 11028, Orange CA 92856
ADJUSTOR	:	ELAINE BARBAGALLO
CLAIM NUMBER	:	219-00110-B
WCAB NUMBER	:	
CURRENT EVALUATION	:	04-24-2023

**SUPPLEMENTAL REPORT ON PAIN MANAGEMENT PROGRESS (PR-2)**

- |  |  |   |
|--|--|---|
| (XX) Periodic Report                                   | ( <input type="checkbox"/> Change in Treatment Plan            | ( <input type="checkbox"/> Release from Care                    |
| ( <input type="checkbox"/> Change in Work Status       | ( <input type="checkbox"/> Need for Referral or Consultation   | ( <input type="checkbox"/> Response to Release for Information  |
| ( <input type="checkbox"/> Change in Patient Condition | ( <input type="checkbox"/> Need for Surgery or Hospitalization | ( <input checked="" type="checkbox"/> Request for Authorization |
| ( <input type="checkbox"/> Other                       |  |   |

This is a consultation report in accordance with the State of California Workers' Compensation Official Medical Fee Schedule effective April 1, 1999, Reports Section, C, Consultation Report.

The following is a report on pain management progress performed at 4835 Van Nuys Blvd, 210, Sherman Oaks CA 91403 - 4599.

000210

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**Current Complaints: Low back and knee pain**

**History of Present Illness**

Today's visit was completed via Telemedicine with the permission of the patient for low back and knee pains. The patient is a 52-year-old male who presents for low back pain right knee pain secondary to work-related injury the patient is trying to work full-time from home. He tells me he has started CHIRO therapy with some improvement of the pain. It can be still difficult with moving and turning and twisting symptoms. The patient Telodrin will continue with treatment as indicated.

The patient is awaiting for MRI of the L spine authorization to see spine surgeon meanwhile the patient is experiencing significant amount of low back pain that interferes with activities of daily living after discussion the patient recalls responding well to chiropractic therapies.

The patient reports not being able to do some of the activities of daily living but is trying to do it with medication management the patient has been able to wean down on the Percocet to the Percocet to 7.5/325 mg TID PRN. The patient reports meaningful benefit from the current pain medication regimen.

Continues to wait to see the surgeon the patient will be in touch with orthopedic surgeon is referring the patient to Dr. Patrick Johnson.

Lumbar spine: The pain varies in intensity but is always present. It radiates down to mainly right leg, numbness and tingling in bilateral feet. There is an underlying dull, aching pain with components that are sharp and shooting depending on the activities being performed. Pain is aggravated by activities, such as ambulating longer distances, prolonged standing and sitting. Pain is decreased with medications. The patient denies changes in bowel or bladder function. Denies signs or symptoms of saddle anesthesia.

He has a history of lumbar spinal surgery which is not successful. A consultation with Dr. Patrick Johnson, a spine surgeon, for lumbar spine surgery is still pending at this time.

Knees: The pain is constant. It is a sharp, shooting pain with movement. At rest, there is an underlying dull, aching pain. Pain increases with ambulating longer distances. It decreases with the use of medications. Status post right knee surgery 5/4/2022 improved pain.

The patient denies recent hospitalizations, surgeries, or ER visits. There's been no increase in shootings or neurological deficits.

Current Medications for Pain: Percocet for nociceptive pain. He is taking Metamucil for constipation.

Analgesia: The patient reports greater than 30% pain relief with the medications.

ADLs: The patient is able to perform activities such as bathing, grooming, dressing, and preparing meals with the aid of the medications.

Adverse side effects: No cognitive side effects noted. There is no respiratory depression. No somnolence was noted.

Abuse: No suspicious or drug-seeking behavior.

Associations: No associated depression or anxiety in connection with the pain.

With medications, the pain is a 5/10.

Without medications, it is a 9/10.

On average the pain level is a 6/10.

When taking the meds they take effect within 20 minutes.

Past medical treatment for the pain: Physical therapy for low back and right knee pain status post right knee surgery 5/4/2022. Physical therapy provides 30% of pain relief and functional gain for knee pain. He has a history of lumbar spinal surgery which is not successful.

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Past surgical history for the pain: status post right knee surgery 5/4/2022.

WCF

Pain relief with medications 30%

Walking without medications 10 yards and with medications, 50 yards.

Sleep without medications unable to do and with medications for 3-4 hours.

Standing without medications 10 minutes and with medications more than 1 hour at a time.

Range of motion is less than 30% without medications and more than 70% with medications.

It is the practice of Universal Pain Management to periodically review the 5 domains (The 5 As) which are relevant for ongoing monitoring of chronic pain patient on opioids.

Analgesia: The patient reports greater than 30 % pain relief while taking medications, including opioids.

ADLs/ subjective functional improvement from baseline:30 %.

Functional Objective Improvement: Patient is able to perform activities such as

bathing,grooming,dressing,transfers,ambulation and preparing of meals with the aid of the medications AS EVIDENCED IN THE PERSONAL MEDICATION STATEMENTS PROVIDED UNDER SEPARATE COVER.

Adverse side effects : no side effects noted.

Abuse: the patient is compliant with the pain management agreement.

Affect: the patient's behavior and mood are appropriate. The patient has failed prior medications which include; none.

The duration that the opioid medication lasts is 6 hours.

The onset of symptom relief for their medication is 20 minutes.

Weaning has been tried but was not successful.

Conservative treatment has been tried for more than 3 months but it failed.

An updated pain agreement is present on file.

VAS (Without Meds): 7

VAS (With Meds): 4

There is 30 % of improvement with opioid medications.

\***Interval F/U Scales:** Pain at present is 8 on the pain scale. **Pain Descriptors:** Location of pain is at Low back and knee pain. Patient describes his pain as constant. **Recent Diagnostic Studies:**

CAT Scan: No.

Discogram: No

EMG: No.

MRI: No.

Myelogram: No.

### Allergy

No Known Drug Allergies.

### Past Medical History

Diabetes ()

High Blood Pressure ()

### Surgical History

Open heart surgery: 06-29-2021 at HENRY MAYO

L3-L5 Disectomy: 08/2018

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### **Review of Systems**

**Skin (Integumentary):** Denies itching.

**Gastro-Intestinal:** Denies nausea, constipation or GI upset. There is no loss of bowel control.

**Neurological:** There is no focal neurologic changes.

**Constitutional:** Denies sweats, dizziness or unusual loss or gain of weight. Sweats. There is no over sedation or dysphoria.

**Genito-urinary:** Denies loss of bladder control.

### **Physical Examination**

Height (inches): 71.00 Weight (lbs): 205.00

**General:** The patient is well developed and well-nourished. Patient is alert and oriented. His mood and affect are normal. Patient is in no acute distress. Patient has good hygiene. There is no apparent loss of coordination.

### **PAIN MANAGEMENT**

- UDS

### **Review of Medical Records:**

A CURES (Controlled Substance Utilization Review and Evaluation System) report from the Department of Justice - Bureau of Narcotic Enforcement was obtained. There are no signs of doctor shopping noted.

AUTH for chiro noted.

CHIRO notes PROM AROM modalities and manipulation

We are prescribing controlled substances. The most recent urine drug screen was done on 01-06-2023. The CURES database was reviewed. It shows no evidence of doctor shopping.

Review of medical records and/or consultation between treating physicians and/or discussion of Utilization Review and/or planning and/or creation of RFAs, and/or preparation of this report totaled 60 minutes of non-face-to-face patient care time, justifying CPT code 99358. I am billing appropriately.

### **Legal Status:**

Primary Treating Physician: Philip Conwissar MD

Attorney: KOSZDIN, FIELDS, SHERRY & KATZ

P & S Status:

### **Impression:**

This patient is a 52-year-old male status post L3-L5 laminectomy with significant radiculopathy on the right side and postlaminectomy syndrome with lumbar radiculopathy due to work related injury.

Tear of meniscus of right knee status post recent right knee surgery May 4, 2022 which improved pain.

Pending consultation with a spine surgeon for lumbar spine surgery.

**ICD Codes:** Hip pain (M25.559), Tear of meniscus of right knee (S83.206A), Lumbar radiculopathy, chronic (M54.16), Lumbar postlaminectomy syndrome (M96.1), Long term (current) use of opiate analgesic (Z79.891)

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We are prescribing controlled substances. The most recent urine drug screen was done on 01-06-2023. The CURES database was reviewed. It shows no evidence of doctor shopping.

**Treatment Plan:**

\* CHIRO AUTH and encouraged to do 6 sessions

\* I will continue the patient on the current medication regimen of Percocet as it provides the patient's significant meaningful functional benefit for the knee and the low back pain. The patient is able to work full-time from home on the medication management.

\* Pending consultation with a spine surgeon for lumbar spine surgery. He has a history of lumbar spinal surgery which is not successful. A consultation with Dr. Patrick Johnson, a spine surgeon, for lumbar spine surgery is still pending at this time.

\* Consider a spinal cord stimulator trial if the patient is not a surgical candidate. He continues to defer a SCS trial at this time.

\* Follow up with Dr. Conwisar, an orthopedic surgeon status post right knee surgery as protocol.

\* Continue Percocet for nociceptive pain. He is taking Metamucil for constipation. He was able to wean down Percocet to 7.5/325 mg TID PRN. We will try 5 mg next visit as he is motivated to wean down

\* The UDT on 1/4/23 is pending. UDS from 6/6/22 is consistent with Oxycodone and metabolites. It is positive for THC which we do not prescribe but is legal in CA. Results were reviewed with the patient. No illicit drugs were noted. Therefore, based on the results of this urine drug test and in conjunction with other forms of monitoring I will continue to prescribe medications as noted below.

\* A pain agreement is on file. The patients' sign and agree to a treatment contract that documents their understanding and willingness to abide by the expectations of opioid use. The contract outlines our patients' responsibilities with regard to their use of opioids and instructs them in the ways they are to interact with this position in their pharmacy when obtaining their medications. By signing the contract, they indicate that they understand its content and agree to abide by it.

\* I have reviewed the pain medications and found no evidence of abuse, hoarding, or diversion. A complete list of medications prescribed is contained within the electronic medical records (EMR).

\* Adverse effects of the medications were discussed with the patient. These include but are not limited to the risks include, but are not limited to drowsiness, sedation, dependence, tolerance, addiction, nausea, tingling in the extremities, decreased appetite, problems with cognition, and potential problems with vision including glaucoma.

\* Risks and side effects include but are not limited to, respiratory depression, sedation, constipation, pruritus, cognitive side effects, increased fall risk and accident risks, dependence, tolerance, addiction, and hypogonadism.

\* The patient is instructed not to drive or operate heavy machinery if impaired by the medications in any way. The patient is also reminded to use the medications exactly as prescribed; to never double up on doses; to never take opioids with alcohol, benzodiazepines, or other drugs that may interact with the opioids. The patient understands this. We reviewed how the medication is to be taken and this was confirmed by the patient.

\* A CURES (Controlled Substance Utilization Review and Evaluation System) report from the Department of Justice - Bureau of Narcotic Enforcement was obtained. This is a prescription drug monitoring program (PDMP). There

Bardakjian, Steevio Male 05-23-1970

are no signs of doctor shopping noted.

- \* The patient is receiving greater than 30 percent relief while on the medication. The medications are being taken as prescribed. The patient is functional and participates in daily activities and attempts at light activities within their limits. The quality of life improved since initiating opioid therapy. In addition, the patient has a pain agreement on file. The long-term goals are to keep the patient on his current level of medications.
- \* Encourage the patient to continue activities as tolerated and to utilize non-pharmacological treatment modalities such as ice/hot packs as needed for the flare-up of symptoms.
- \* The patient must follow up with primary care for preventative and maintenance healthcare.
- \* Follow-up in one month for continued pain management.

The patient has interval subjective and objective functional improvement with the medications as documented from BASELINE. The patient has been WEANED to the lowest possible dose. Any further weaning will result in the patient being bedbound and or going to the ER. An opioid contract is on file. Therefore the patient meets all the guidelines criteria of ODG, CMS and CAMTUS guidelines that are utilized in the state of California to continue opioid medications.

We are a multidisciplinary pain clinic as noted on page 78 of the CAMTUS guidelines. This is to be considered anytime the patient's symptoms do not improve on opioids in 3 months. We utilize a combination of Medication Management, Biofeedback, Physical Therapy, Chiropractic, Acupuncture, Psychological intervention and appropriate Interventional Techniques. We assess the patient on a routine basis.

We monitor the 4 A's for ongoing monitoring: Analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. For monitoring patients for long-term use of opioids we also utilize recommendations as noted on page 88 of the CAMTUS. These are patients who are on opioids greater than 6 months. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. We make every effort to assess the pain at every visit, and functioning is measured at 6- month intervals as recommended by the guidelines. For maintenance of the patient's medications we do not lower if the current medication is working as noted on page 89 of the CAMTUS guidelines. All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening.

Included with this report is a handwritten attestation by the patient documenting pain relief and improvement in functional activity before and after taking their prescribed medications. Any utilization review of these medications that does not specifically comment on the handwritten attestation, when provided, is invalid and non-compliant

**Medications prescribed:**

Percocet 10 mg-325 mg tablet 0.5-1 Tablet Twice a Day PRN for 30 Days , Prescribe 60 Tablet

**Work Status:** As per PTP

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**Work Restriction:**

Due to the complexities involved with management and close monitoring of this patient's current medications and treatment, it is my opinion that the patient follow up with our office on a regimen of at least every 30 to 45 days to properly assess and treat the patient's condition. The patient's questions were answered in detail. An extended period of time was spent with the patient explaining test results, diagnostic impressions, physical findings, and further plans and alternatives. Should there be any additional questions; the patient is encouraged to contact our office.

Sincerely,



Kevin Kohan, D.O.

**DISCLOSURE:**

The patient was interviewed regarding the undersigned regarding the history. The physical examination was performed entirely by the undersigned physician. The dictation was prepared by myself, including any and all impressions and conclusions described in the discussion. In compliance with the recent Workers Compensation legislation (Labor Code Section 4628 (b)): "I declare that the above evaluation was performed by the undersigned and was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (j) of Section 139.2." In compliance with recent Worker's Compensation legislation (Labor Code 4628(j)): "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 I have indicated I have 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." In compliance with the recent Workers Compensation legislation (Labor Code Section 5703 under AB 1300): 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. This statement is made under penalty of perjury.

"Dragon medical software may have been used to dictate this note. On occasion errors can occur in the content, grammar, and punctuation. We retain the right to modify this information without notice in the event of errors."

Signed in Los Angeles County, California

By



Kevin Kohan, D.O.

000216

Bardakjian, Steevio Male 05-23-1970



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BOARD CERTIFIED PAIN MANAGEMENT AND PHYSICIAN

**ARVINDER GILL, D.O.**  
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PAIN MANAGEMENT  
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**ANNA KRZYSIAK, P.T.  
DEBBIE CASTILLO, P.T.A.  
MARC REZNICKOFF, L.Ac.  
OMID MAHGEREFTEH, D.C.**

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IN REFERENCE	:	Bardakjian, Steevio
DATE OF BIRTH	:	05-23-1970
SSN	:	XXX-XX-2130
EMPLOYER	:	OLIVE VIEW MEDICAL CENTER
INJURY DATE	:	07-03-2018
COMPENSATION CARRIER	:	Sedgwick
ADDRESS	:	PO BOX 11028, Orange CA 92856
ADJUSTOR	:	ELAINE BARBAGALLO
CLAIM NUMBER	:	219-00110-B
WCAB NUMBER	:	
CURRENT EVALUATION	:	05-22-2023

**SUPPLEMENTAL REPORT ON PAIN MANAGEMENT PROGRESS (PR-2)**

(XX) Periodic Report	( ) Change in Treatment Plan	( ) Release from Care
( ) Change in Work Status	( ) Need for Referral or Consultation	( ) Response to Release for Information
( ) Change in Patient Condition	( ) Need for Surgery or Hospitalization	(X) Request for Authorization
( ) Other		

This is a consultation report in accordance with the State of California Workers' Compensation Official Medical Fee Schedule effective April 1, 1999, Reports Section, C, Consultation Report.

The following is a report on pain management progress performed at 28212 Kelly Johnson Parkway, SUITE 155, Valencia CA 91355 - 5084.

Bardakjian, Steevio Male 05-23-1970

**Current Complaints: Low back and knee pain**

**History of Present Illness**

Today's visit was completed via Telemedicine with the permission of the patient for low back and knee pains. The patient is a 52-year-old male who presents for low back pain right knee pain secondary to work-related injury the patient is trying to work- He commutes and also trying to do alternative work. He tells me he has started CHIRO therapy with some improvement of the pain. It can be still Difficult with moving and turning and twisting symptoms. The Patient is still waiting to see the spine surgeon and will determine next step based on MRI findings .

The patient reports not being able to do some of the activities of daily living but is trying to do it with medication management the patient has been able to wean down on the Percocet to the Percocet to 7.5/325 mg TID PRN. The patient reports meaningful benefit from the current pain medication regimen.

Continues to wait to see the surgeon the patient will be in touch with orthopedic surgeon is referring the patient to Dr. Patrick Johnson.

Lumbar spine: The pain varies in intensity but is always present. It radiates down to mainly right leg, numbness and tingling in bilateral feet. There is an underlying dull, aching pain with components that are sharp and shooting depending on the activities being performed. Pain is aggravated by activities, such as ambulating longer distances, prolonged standing and sitting. Pain is decreased with medications. The patient denies changes in bowel or bladder function. Denies signs or symptoms of saddle anesthesia.

He has a history of lumbar spinal surgery which is not successful. A consultation with Dr. Patrick Johnson, a spine surgeon, for lumbar spine surgery is still pending at this time.

Knees: The pain is constant. It is a sharp, shooting pain with movement. At rest, there is an underlying dull, aching pain. Pain increases with ambulating longer distances. It decreases with the use of medications. Status post right knee surgery 5/4/2022 Improved pain.

The patient denies recent hospitalizations, surgeries, or ER visits. There's been no increase in shootings or neurological deficits.

Current Medications for Pain: Percocet for nociceptive pain. He is taking Metamucil for constipation.

Analgesia: The patient reports greater than 30% pain relief with the medications.

ADLs: The patient is able to perform activities such as bathing, grooming, dressing, and preparing meals with the aid of the medications.

Adverse side effects: No cognitive side effects noted. There is no respiratory depression. No somnolence was noted.

Abuse: No suspicious or drug-seeking behavior.

Associations: No associated depression or anxiety in connection with the pain.

With medications, the pain is a 5/10.

Without medications, it is a 9/10.

On average the pain level is a 6/10.

When taking the meds they take effect within 20 minutes.

Past medical treatment for the pain: Physical therapy for low back and right knee pain status post right knee surgery 5/4/2022. Physical therapy provides 30% of pain relief and functional gain for knee pain. He has a history of lumbar spinal surgery which is not successful.

Past surgical history for the pain: status post right knee surgery 5/4/2022.

Bardakjian, Steevio Male 05-23-1970

**WCF**

Pain relief with medications 30%

Walking without medications 10 yards and with medications, 50 yards.

Sleep without medications unable to do and with medications for 3-4 hours.

Standing without medications 10 minutes and with medications more than 1 hour at a time.

Range of motion is less than 30% without medications and more than 70% with medications.

It is the practice of Universal Pain Management to periodically review the 5 domains (The 5 As) which are relevant for ongoing monitoring of chronic pain patient on opioids.

**Analgesia:** The patient reports greater than 30 % pain relief while taking medications, including opioids.

**ADLs/ subjective functional improvement from baseline:** 30 %.

**Functional Objective Improvement:** Patient is able to perform activities such as

bathing, grooming, dressing, transfers, ambulation and preparing of meals with the aid of the medications AS EVIDENCED IN THE PERSONAL MEDICATION STATEMENTS PROVIDED UNDER SEPARATE COVER.

**Adverse side effects :** no side effects noted.

**Abuse:** the patient is compliant with the pain management agreement.

**Affect:** the patient's behavior and mood are appropriate. The patient has failed prior medications which include; none.

The duration that the opioid medication lasts is 6 hours.

The onset of symptom relief for their medication is 20 minutes.

Weaning has been tried but was not successful.

Conservative treatment has been tried for more than 3 months but it failed.

An updated pain agreement is present on file.

**VAS (Without Meds):** 7

**VAS (With Meds):** 4

There is 30 % of improvement with opioid medications.

**\*Interval F/U Scales:** Pain at present is 7 on the pain scale. **Pain Descriptors:** Location of pain is at Low back and knee pain. Patient describes his pain as constant. **Recent Diagnostic Studies:**

CAT Scan: No.

Discogram: No

EMG: No.

MRI: No.

Myelogram: No.

**Allergy**

No Known Drug Allergies.

**Past Medical History**

Diabetes ()

High Blood Pressure ()

**Surgical History**

Open heart surgery: 06-29-2021 at HENRY MAYO

L3-L5 Disectomy: 08/2018

**Review of Systems**

Bardakjian, Steevio Male 05-23-1970

**Skin (Integumentary):** Denies itching.

**Gastro-Intestinal:** Denies nausea, constipation or GI upset. There is no loss of bowel control.

**Neurological:** There is no focal neurologic changes.

**Constitutional:** Denies sweats, dizziness or unusual loss or gain of weight. Sweats. There is no over sedation or dysphoria.

**Genito-urinary:** Denies loss of bladder control.

#### **Physical Examination**

Height (Inches): 71.00 Weight (lbs): 205.00

**General:** The patient is well developed and well-nourished. Patient is alert and oriented. His mood and affect are normal. Patient is in no acute distress. Patient has good hygiene. There is no apparent loss of coordination.

#### **Review of Medical Records:**

Chiro Note was reviewed and noted for manipulation modalities PROM AROM

Urine drug screening is consistent with prescribed medications.

Case was reviewed and noted to be consistent as well.

A CURES (Controlled Substance Utilization Review and Evaluation System) report from the Department of Justice - Bureau of Narcotic Enforcement was obtained. There are no signs of doctor shopping noted.

Review of medical records and/or consultation between treating physicians and/or discussion of Utilization Review and/or planning and/or creation of RFAs, and/or preparation of this report totaled 60 minutes of non-face-to-face patient care time, justifying CPT code 99358. I am billing appropriately.

#### **Legal Status:**

Primary Treating Physician: Philip Conwiser MD

Attorney: KOSZDIN, FIELDS, SHERRY & KATZ

P & S Status:

#### **Impression:**

This patient is a 52-year-old male status post L3-L5 laminectomy with significant radiculopathy on the right side and postlaminectomy syndrome with lumbar radiculopathy due to work related injury.

Tear of meniscus of right knee status post recent right knee surgery May 4, 2022 which improved pain.

Pending consultation with a spine surgeon for lumbar spine surgery.

**ICD Codes:** Hip pain (M25.559), Tear of meniscus of right knee (S83.206A), Lumbar radiculopathy, chronic (M54.16), Lumbar postlaminectomy syndrome (M96.1), Long term (current) use of opiate analgesic (Z79.891)

#### **Treatment Plan:**

Bardakjian, Steevio Male 05-23-1970

\* CHIRO As help significantly the patient is trying to find more time to do it with her as a work schedule it is becoming tough. The patient admits to one session giving him some initial benefit.

**Long Term Goals:**

This Comprehensive Chronic Care management (CCM) (Workers Compensation)

Treatment plan is being established to coordinate the patient's physical, mental, cognitive, psychosocial and environmental function and inventory the resources available to improve these functions. Patient has been identified as having chronic conditions that place the patient at risk for functional decline. The patient will be evaluated for treatments designed to limit this functional decline and improve clinical outcomes. A range of biopsychosocial factors will be considered in the ongoing care plan, including evaluations of sleep, diet, exercise habits, function, depression, mood, anxiety and fear avoidance. The care plan will be amended ongoing at monthly intervals, as needed, to assess adherence and outcome.

**CCM (99490) Billing Requirements:**

More than 20 minutes of clinical staff time, under the direction of the patient's doctor, was spent establishing, implementing, revising or monitoring this care plan over the prior calendar month.

**Long Term Goals:**

This Comprehensive Chronic Care management (CCM) (Workers Compensation)

Treatment plan is being established to coordinate the patient's physical, mental, cognitive, psychosocial and environmental function and inventory the resources available to improve these functions. Patient has been identified as having chronic conditions that place the patient at risk for functional decline. The patient will be evaluated for treatments designed to limit this functional decline and improve clinical outcomes. A range of biopsychosocial factors will be considered in the ongoing care plan, including evaluations of sleep, diet, exercise habits, function, depression, mood, anxiety and fear avoidance. The care plan will be amended ongoing at monthly intervals, as needed, to assess adherence and outcome.

**CCM (99490) Billing Requirements:**

More than 20 minutes of clinical staff time, under the direction of the patient's doctor, was spent establishing, implementing, revising or monitoring this care plan over the prior calendar month.

\* I will continue the patient on the current medication regimen of Percocet as it provides the patient's significant meaningful functional benefit for the knee and the low back pain. The patient is able to work full-time from home on the medication management.

\* Pending consultation with a spine surgeon for lumbar spine surgery. He has a history of lumbar spinal surgery which is not successful. A consultation with Dr. Patrick Johnson, a spine surgeon, for lumbar spine surgery is still pending at this time.

\* Consider a spinal cord stimulator trial if the patient is not a surgical candidate. He continues to defer a SCS trial at this time.

\* Follow up with Dr. Conwissar, an orthopedic surgeon status post right knee surgery as protocol.

\* Continue Percocet for nociceptive pain. He is taking Metamucil for constipation. He was able to wean down Percocet to 7.5/325 mg TID PRN. We will try 5 mg next visit as he is motivated to wean down

\* The UDT on 1/4/23 is pending. UDS from 6/6/22 is consistent with Oxycodone and metabolites. It is positive for THC which we do not prescribe but is legal in CA. Results were reviewed with the patient. No illicit drugs were noted. Therefore, based on the results of this urine drug test and in conjunction with other forms of monitoring I will continue to prescribe medications as noted below.

Bardakjian, Steevio Male 05-23-1970

\* A pain agreement is on file. The patients' sign and agree to a treatment contract that documents their understanding and willingness to abide by the expectations of opioid use. The contract outlines our patients' responsibilities with regard to their use of opioids and instructs them in the ways they are to interact with this position in their pharmacy when obtaining their medications. By signing the contract, they indicate that they understand its content and agree to abide by it.

\* I have reviewed the pain medications and found no evidence of abuse, hoarding, or diversion. A complete list of medications prescribed is contained within the electronic medical records (EMR).

\* Adverse effects of the medications were discussed with the patient. These include but are not limited to the risks include, but are not limited to drowsiness, sedation, dependence, tolerance, addiction, nausea, tingling in the extremities, decreased appetite, problems with cognition, and potential problems with vision including glaucoma.

\* Risks and side effects include but are not limited to, respiratory depression, sedation, constipation, pruritus, cognitive side effects, increased fall risk and accident risks, dependence, tolerance, addiction, and hypogonadism.

\* The patient is instructed not to drive or operate heavy machinery if impaired by the medications in any way. The patient is also reminded to use the medications exactly as prescribed; to never double up on doses; to never take opioids with alcohol, benzodiazepines, or other drugs that may interact with the opioids. The patient understands this. We reviewed how the medication is to be taken and this was confirmed by the patient.

\* A CURES (Controlled Substance Utilization Review and Evaluation System) report from the Department of Justice - Bureau of Narcotic Enforcement was obtained. This is a prescription drug monitoring program (PDMP). There are no signs of doctor shopping noted.

\* The patient is receiving greater than 30 percent relief while on the medication. The medications are being taken as prescribed. The patient is functional and participates in daily activities and attempts at light activities within their limits. The quality of life improved since initiating opioid therapy. In addition, the patient has a pain agreement on file. The long-term goals are to keep the patient on his current level of medications.

\* Encourage the patient to continue activities as tolerated and to utilize non-pharmacological treatment modalities such as ice/hot packs as needed for the flare-up of symptoms.

\* The patient must follow up with primary care for preventative and maintenance healthcare.

\* Follow-up in one month for continued pain management.

The patient has interval subjective and objective functional improvement with the medications as documented from BASELINE. The patient has been WEANED to the lowest possible dose. Any further weaning will result in the patient being bedbound and/or going to the ER. An opioid contract is on file. Therefore the patient meets all the guidelines criteria of ODG, CMS and CAMTUS guidelines that are utilized in the state of California to continue opioid medications.

We are a multidisciplinary pain clinic as noted on page 78 of the CAMTUS guidelines. This is to be considered anytime the patient's symptoms do not improve on opioids in 3 months. We utilize a combination of Medication Management, Biofeedback, Physical Therapy, Chiropractic, Acupuncture, Psychological intervention and appropriate Interventional Techniques. We assess the patient on a routine basis.

Bardakjian, Steevio Male 05-23-1970

We monitor the 4 A's for ongoing monitoring: Analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. For monitoring patients for long-term use of opioids we also utilize recommendations as noted on page 88 of the CAMTUS. These are patients who are on opioids greater than 6 months. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. We make every effort to assess the pain at every visit, and functioning is measured at 6- month intervals as recommended by the guidelines. For maintenance of the patient's medications we do not lower if the current medication is working as noted on page 89 of the CAMTUS guidelines. All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening.

Included with this report is a handwritten attestation by the patient documenting pain relief and improvement in functional activity before and after taking their prescribed medications. Any utilization review of these medications that does not specifically comment on the handwritten attestation, when provided, is invalid and non-compliant.

**Medications prescribed:**

Percocet 10 mg-325 mg tablet 0.5-1 Tablet Twice a Day PRN for 30 Days , Prescribe 60 Tablet

**Work Status:** As per PTP

**Work Restriction:**

Due to the complexities involved with management and close monitoring of this patient's current medications and treatment, it is my opinion that the patient follow up with our office on a regimen of at least every 30 to 45 days to properly assess and treat the patient's condition. The patient's questions were answered in detail. An extended period of time was spent with the patient explaining test results, diagnostic impressions, physical findings, and further plans and alternatives. Should there be any additional questions; the patient is encouraged to contact our office.

Sincerely,



Kevin Kohan, D.O.

**DISCLOSURE:**

The patient was interviewed regarding the undersigned regarding the history. The physical examination was performed entirely by the undersigned physician. The dictation was prepared by myself, including any and all impressions and conclusions described in the discussion. In compliance with the recent Workers Compensation legislation (Labor Code Section 4628 (b)): "I declare that the above evaluation was performed by the undersigned and was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (j) of Section 139.2." In compliance with recent Worker's Compensation legislation (Labor Code 4628(j)): "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 I have indicated I have 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." In compliance with the recent Workers Compensation legislation (Labor Code Section 5703 under AB 1300): 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. This statement is

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Bardakjian, Steevio Male 05-23-1970

*Made under penalty of perjury.*

*"Dragon medical software may have been used to dictate this note. On occasion errors can occur in the content, grammar, and punctuation. We retain the right to modify this information without notice in the event of errors."*

*Signed in Los Angeles County, California*  
*By*



**Kevin Kohan, D.O.**

**000224**

# PHILIP H. CONWISAR, M.D.

A Professional Corporation

Orthopaedic Surgery

• Sports Medicine

• Arthroscopic Surgery

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

May 22, 2023

Sedgwick  
P.O. Box 11028  
Orange, CA 92856

Attn: Regina Diaz

RE: BARDAKJIAN, STEEVIO  
D/I: July 3, 2018  
OCC: RN IT Project Manager  
EMP: Olive View Medical Center  
Los Angeles County  
Health Care Department  
D/E: May 22, 2023  
CLAIM #: 219-00110-B  
WCAB #: ADJ11540526

## PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient is evaluated by telemedicine. Consent was given for telemedicine examination. He continues to have persistent pain in his low back that is severe at times. He has mild pain in his right knee; however, he has had significant improvement with physical therapy. He completed his physical therapy and continues on a self directed home exercise program. He is over one year postop right knee arthroscopy. He continues to treat with Dr. Kohan, the pain management specialist for his low back. He was authorized for a second opinion spine surgical consultation with Dr. Chon at Cedars Sinai. This is pending scheduling. He is presently attending chiropractic therapy ordered by the pain management specialist. He finds mild temporary benefit. He saw Dr. Lee, the QME doctor approximately five months ago. We are still pending a copy of this report. He is scheduled for an updated MRI of the lumbar spine on June 2, 2023.

### OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

000225

4835 Van Nuys Blvd., Ste. 210  
Sherman Oaks, CA 91403

• 819 Auto Center Drive  
Palmdale, CA 93551

• 28212 Kelly Johnson Pkwy, Ste. 155  
Valencia, CA 91355

**LUMBAR SPINE EXAMINATION:**

There is a healed incision, lumbar spine.

There is restricted range of motion. There is pain with range of motion.

Neurologic exam does not appear to be intact. There appears to be decreased sensation in the L5 dermatome. Neurologic examination is limited in a telemedicine examination.

**RIGHT KNEE EXAMINATION:**

There are healed incisions.

There is slight restriction in extension. There is slight restriction in flexion. There is pain with range of motion.

**X-RAY EXAMINATION:**

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

**DIAGNOSTIC STUDIES:**

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

**BARDAKJIAN, STEEVIO**

May 22, 2023

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**DIAGNOSES:**

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. POST-OP RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.

**DISCUSSION/TREATMENT PLAN:**

The patient continues to improve over one year postop right knee arthroscopic surgery. He is to continue on a self directed home exercise program.

The patient is to continue treating with Dr. Kohan, the treating pain management specialist. He is presently attending chiropractic therapy ordered by Dr. Kohan.

He had a QME with Dr. Lee approximately five months ago. I re-request a copy of this report be provided to our office for review.

The patient was authorized for a second opinion spine surgical consultation with Dr. Jae Chon at Cedars Sinai. This is pending scheduling and will be scheduled in the near future.

He has been authorized for an updated MRI of the lumbar spine with IV gadolinium. He is scheduled to have this done on June 2, 2023. I request a copy of the report be provided to our office for review when it is complete.

The patient will return for reevaluation in four weeks.

**WORK/DISABILITY STATUS:**

The patient can continue to work modified duty with the following restrictions. He is restricted from repetitive bending, stooping, pushing, pulling, lifting over 10 pounds, squatting, kneeling, climbing or other similar activities. I recommend weightbearing activities no more than 30 minutes per hour.

Should you have any questions, please do not hesitate to contact this office.

*The above evaluation was performed on May 22, 2023 by telemedicine. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.*

*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 I have indicated I have 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.*

000227

**BARDAKJIAN, STEEVIO**

May 22, 2023

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*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.*



Ann Bonner, PA-C



Philip H. Conwissar, M.D., F.A.A.O.S.  
Diplomate, American Board of Orthopaedic Surgery

Date: May 22, 2023 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz  
Robert Katz, Attorney at Law  
6151 Van Nuys Boulevard  
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith  
633 West 5<sup>th</sup> St. Suite 4000  
Los Angeles, CA 90071

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Bardakjian, Steevio Male 05-23-1970



**SHAHIN A. SADIK, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
ASSOCIATE PROFESSOR OF USC

**FRANCIS X. RIEGLER, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
ASSOCIATE CLINICAL PROFESSOR OF USC

**RAY H d'AMOURS, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
ASSOCIATE CLINICAL PROFESSOR OF USC

**DANIEL ALVES, M.D.**  
BOARD CERTIFIED PAIN MANAGEMENT AND PHYS

**KEVIN KOHAN, D.O.**  
BOARD CERTIFIED PAIN MANAGEMENT AND PHYS

**ARVINDER GILL, D.O.**  
BOARD CERTIFIED PAIN MANAGEMENT  
DIPLOOMATE, AMERICAN BOARD OF ANESTHESIOLOGY

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DEBBIE CASTILLO, P.T.A.  
MARC REZNICKOFF, L.Ac.  
OMID MAHGEREFTEH, D.C.**

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IN REFERENCE	:	Bardakjian, Steevio
DATE OF BIRTH	:	05-23-1970
SSN	:	XXX-XX-2130
EMPLOYER	:	OLIVE VIEW MEDICAL CENTER
INJURY DATE	:	07-03-2018
COMPENSATION CARRIER	:	Sedgwick
ADDRESS	:	PO BOX 11028, Orange CA 92856
ADJUSTOR	:	ELAINE BARBAGALLO
CLAIM NUMBER	:	219-00110-B
WCAB NUMBER	:	
CURRENT EVALUATION	:	06-21-2023

**SUPPLEMENTAL REPORT ON PAIN MANAGEMENT PROGRESS (PR-2)**

<input checked="" type="checkbox"/> Periodic Report	<input type="checkbox"/> Change in Treatment Plan	<input type="checkbox"/> Release from Care
<input type="checkbox"/> Change in Work Status	<input type="checkbox"/> Need for Referral or Consultation	<input type="checkbox"/> Response to Release for Information
<input type="checkbox"/> Change in Patient Condition	<input type="checkbox"/> Need for Surgery or Hospitalization	<input checked="" type="checkbox"/> Request for Authorization
<input type="checkbox"/> Other		

This is a consultation report in accordance with the State of California Workers' Compensation Official Medical Fee Schedule effective April 1, 1999, Reports Section, C, Consultation Report.

The following is a report on pain management progress performed at 28212 Kelly Johnson Parkway, SUITE 155, Valencia CA 91355 - 5084.

000229

Bardakjian, Steevio Male 05-23-1970

**Current Complaints: Low back and knee pain**

**History of Present Illness**

Today's visit was completed via Telemedicine with the permission of the patient for low back and knee pains. The patient is a 52-year-old male who presents for low back pain right knee pain secondary to work-related injury -The patient admits having a MRI of the lumbar spine about 3 weeks ago and is wanting to review the results however we do not have the results to review with the patient. The patient reports that the spine surgeon will need additional MRI in order to decipher etiology of the pain and to offer the patient's further procedures and surgeries the patient is rethinking about potential surgery. The patient denies any new onset of numbness weakness bowel or bladder changes.

The patient reports not being able to do some of the activities of daily living but is trying to do it with medication management the patient has been able to wean down on the Percocet to the Percocet to 7.5/325 mg TID PRN. The patient reports meaningful benefit from the current pain medication regimen.

Continues to wait to see the surgeon the patient will be in touch with orthopedic surgeon is referring the patient to Dr. Patrick Johnson.

**Lumbar spine:** The pain varies in intensity but is always present. It radiates down to mainly right leg, numbness and tingling in bilateral feet. There is an underlying dull, aching pain with components that are sharp and shooting depending on the activities being performed. Pain is aggravated by activities, such as ambulating longer distances, prolonged standing and sitting. Pain is decreased with medications. The patient denies changes in bowel or bladder function. Denies signs or symptoms of saddle anesthesia.

He has a history of lumbar spinal surgery which is not successful. A consultation with Dr. Patrick Johnson, a spine surgeon, for lumbar spine surgery is still pending at this time.

**Knees:** The pain is constant. It is a sharp, shooting pain with movement. At rest, there is an underlying dull, aching pain. Pain increases with ambulating longer distances. It decreases with the use of medications. Status post right knee surgery 5/4/2022 improved pain.

The patient denies recent hospitalizations, surgeries, or ER visits. There's been no increase in shootings or neurological deficits.

**Current Medications for Pain:** Percocet for nociceptive pain. He is taking Metamucil for constipation.

**Analgesia:** The patient reports greater than 30% pain relief with the medications.

**ADLs:** The patient is able to perform activities such as bathing, grooming, dressing, and preparing meals with the aid of the medications.

**Adverse side effects:** No cognitive side effects noted. There is no respiratory depression. No somnolence was noted.

**Abuse:** No suspicious or drug-seeking behavior.

**Associations:** No associated depression or anxiety in connection with the pain.

With medications, the pain is a 5/10.

Without medications, it is a 9/10.

On average the pain level is a 6/10.

When taking the meds they take effect within 20 minutes.

**Past medical treatment for the pain:** Physical therapy for low back and right knee pain status post right knee surgery 5/4/2022. Physical therapy provides 30% of pain relief and functional gain for knee pain. He has a history of lumbar spinal surgery which is not successful.

**Past surgical history for the pain:** status post right knee surgery 5/4/2022.

Bardakjian, Steevio Male 05-23-1970

#### WCF

Pain relief with medications 30%

Walking without medications 10 yards and with medications, 50 yards.

Sleep without medications unable to do and with medications for 3-4 hours.

Standing without medications 10 minutes and with medications more than 1 hour at a time.

Range of motion is less than 30% without medications and more than 70% with medications.

It is the practice of Universal Pain Management to periodically review the 5 domains (The 5 As) which are relevant for ongoing monitoring of chronic pain patient on opioids.

**Analgesia:** The patient reports greater than 30 % pain relief while taking medications, including opioids.

**ADLs/ subjective functional improvement from baseline:** 30 %.

**Functional Objective Improvement:** Patient is able to perform activities such as

bathing,grooming,dressing,transfers,ambulation and preparing of meals with the aid of the medications AS

EVIDENCED IN THE PERSONAL MEDICATION STATEMENTS PROVIDED UNDER SEPARATE COVER.

**Adverse side effects :** no side effects noted.

**Abuse:** the patient is compliant with the pain management agreement.

**Affect:** the patient's behavior and mood are appropriate. The patient has failed prior medications which include; none.

The duration that the opioid medication lasts is 6 hours.

The onset of symptom relief for their medication is 20 minutes.

Weaning has been tried but was not successful.

Conservative treatment has been tried for more than 3 months but it failed.

An updated pain agreement is present on file.

**VAS (Without Meds):** 7

**VAS (With Meds):** 4

There is 30 % of improvement with opioid medications.

With the medications patient able to ambulate 500 feet with the medications, an improvement from baseline.

**\*Interval F/U Scales:** Pain at present is 8 on the pain scale. **Pain Descriptors:** Location of pain is at Low back and knee pain. Patient describes his pain as constant. **Recent Diagnostic Studies:**

CAT Scan: No.

Discogram: No

EMG: No.

MRI: Yes. Date: 2-3 weeks ago. Location: Lumbar Spine (Advanced Imagine Center).

Myelogram: No.

Other: No.

#### Allergy

No Known Drug Allergies.

#### Past Medical History

Diabetes ()

High Blood Pressure ()

#### Surgical History

Open heart surgery: 06-29-2021 at HENRY MAYO

L3-L5 Disectomy: 08/2018

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**Review of Systems**

**Skin (Integumentary):** Denies itching.

**Gastro-Intestinal:** Denies nausea, constipation or GI upset. There is no loss of bowel control.

**Neurological:** There is no focal neurologic changes.

**Constitutional:** Denies sweats, dizziness or unusual loss or gain of weight. Sweats. There is no over sedation or dysphoria.

**Genito-urinary:** Denies loss of bladder control.

**Physical Examination**

No vitals, telemedicine

**General:** The patient is well developed and well-nourished. Patient is alert and oriented. His mood and affect are normal. Patient is in no acute distress. Patient has good hygiene. There is no apparent loss of coordination.

**Review of Medical Records:**

Authorization for medications reviewed with the patient.

Cures reviewed and is consistent with prescribed medications.

MRI of the lumbar spine was reviewed which demonstrated worsening of central canal stenosis at L4-5 with a formal read disc bulge and abutment of the nerves at L4-5 there is also mild to moderate central canal stenosis at L3-4 with abutment of L3-4 nerves as well.

Review of medical records and/or consultation between treating physicians and/or discussion of Utilization Review and/or planning and/or creation of RFAs, and/or preparation of this report totaled 60 minutes of non-face-to-face patient care time, justifying CPT code 99358. I am billing appropriately.

**Legal Status:**

Primary Treating Physician: Philip Conwissar MD

Attorney: KOSZDIN, FIELDS, SHERRY & KATZ

P & S Status:

**Impression:**

This patient is a 52-year-old male status post L3-L5 laminectomy with significant radiculopathy on the right side and postlaminectomy syndrome with lumbar radiculopathy due to work related injury.

Tear of meniscus of right knee status post recent right knee surgery May 4, 2022 which improved pain.

Pending consultation with a spine surgeon for lumbar spine surgery.

**ICD Codes:** Hip pain (M25.559), Tear of meniscus of right knee (S83.206A), Lumbar radiculopathy, chronic (M54.16), Lumbar postlaminectomy syndrome (M96.1), Long term (current) use of opiate analgesic (Z79.891)

**Treatment Plan:**

Bardakjian, Steevio Male 05-23-1970

\* Urine drug screening next month

\*MRI was achieved after the patient finished telemedicine and was noted to be worsening the levels of L4-5 and L3-4 with impingement of nerves.

\* CHIRO As help significantly the patient is trying to find more time to do it with her as a work schedule it is becoming tough. The patient admits to one session giving him some initial benefit.

\* I will continue the patient on the current medication regimen of Percocet as it provides the patient's significant meaningful functional benefit for the knee and the low back pain. The patient is able to work full-time from home on the medication management.

\* Pending consultation with a spine surgeon for lumbar spine surgery. He has a history of lumbar spinal surgery which is not successful. A consultation with Dr. Patrick Johnson, a spine surgeon, for lumbar spine surgery is still pending at this time.

\* Consider a spinal cord stimulator trial if the patient is not a surgical candidate. He continues to defer a SCS trial at this time.

\* Follow up with Dr. Conwisar, an orthopedic surgeon status post right knee surgery as protocol.

\* Continue Percocet for nociceptive pain. He is taking Metamucil for constipation. He was able to wean down Percocet to 7.5/325 mg TID PRN. We will try 5 mg next visit as he is motivated to wean down

\* The UDT on 1/4/23 is pending. UDS from 6/6/22 is consistent with Oxycodone and metabolites. It is positive for THC which we do not prescribe but is legal in CA. Results were reviewed with the patient. No illicit drugs were noted. Therefore, based on the results of this urine drug test and in conjunction with other forms of monitoring I will continue to prescribe medications as noted below.

\* A pain agreement is on file. The patients' sign and agree to a treatment contract that documents their understanding and willingness to abide by the expectations of opioid use. The contract outlines our patients' responsibilities with regard to their use of opioids and instructs them in the ways they are to interact with this position in their pharmacy when obtaining their medications. By signing the contract, they indicate that they understand its content and agree to abide by it.

\* I have reviewed the pain medications and found no evidence of abuse, hoarding, or diversion. A complete list of medications prescribed is contained within the electronic medical records (EMR).

\* Adverse effects of the medications were discussed with the patient. These include but are not limited to the risks include, but are not limited to drowsiness, sedation, dependence, tolerance, addiction, nausea, tingling in the extremities, decreased appetite, problems with cognition, and potential problems with vision including glaucoma.

\* Risks and side effects include but are not limited to, respiratory depression, sedation, constipation, pruritus, cognitive side effects, increased fall risk and accident risks, dependence, tolerance, addiction, and hypogonadism.

\* The patient is instructed not to drive or operate heavy machinery if impaired by the medications in any way. The patient is also reminded to use the medications exactly as prescribed; to never double up on doses; to never take opioids with alcohol, benzodiazepines, or other drugs that may interact with the opioids. The patient understands this. We reviewed how the medication is to be taken and this was confirmed by the patient.

\* A CURES (Controlled Substance Utilization Review and Evaluation System) report from the Department of Justice - Bureau of Narcotic Enforcement was obtained. This is a prescription drug monitoring program (PDMP). There

Bardakjian, Steevio Male 05-23-1970

are no signs of doctor shopping noted.

\* The patient is receiving greater than 30 percent relief while on the medication. The medications are being taken as prescribed. The patient is functional and participates in daily activities and attempts at light activities within their limits. The quality of life improved since initiating opioid therapy. In addition, the patient has a pain agreement on file. The long-term goals are to keep the patient on his current level of medications.

\* Encourage the patient to continue activities as tolerated and to utilize non-pharmacological treatment modalities such as ice/hot packs as needed for the flare-up of symptoms.

\* The patient must follow up with primary care for preventative and maintenance healthcare.

\* Follow-up in one month for continued pain management.

The patient has interval subjective and objective functional improvement with the medications as documented from BASELINE. The patient has been WEANED to the lowest possible dose. Any further weaning will result in the patient being bedbound and or going to the ER. An opioid contract is on file. Therefore the patient meets all the guidelines criteria of ODG, CMS and CAMTUS guidelines that are utilized in the state of California to continue opioid medications.

We are a multidisciplinary pain clinic as noted on page 78 of the CAMTUS guidelines. This is to be considered anytime the patient's symptoms do not improve on opioids in 3 months. We utilize a combination of Medication Management, Biofeedback, Physical Therapy, Chiropractic, Acupuncture, Psychological intervention and appropriate Interventional Techniques. We assess the patient on a routine basis.

We monitor the 4 A's for ongoing monitoring: Analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. For monitoring patients for long-term use of opioids we also utilize recommendations as noted on page 88 of the CAMTUS. These are patients who are on opioids greater than 6 months. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. We make every effort to assess the pain at every visit, and functioning is measured at 6- month intervals as recommended by the guidelines. For maintenance of the patient's medications we do not lower if the current medication is working as noted on page 89 of the CAMTUS guidelines. All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening.

Included with this report is a handwritten attestation by the patient documenting pain relief and improvement in functional activity before and after taking their prescribed medications. Any utilization review of these medications that does not specifically comment on the handwritten attestation, when provided, is invalid and non-compliant.

**Medications prescribed:**

Percocet 10 mg-325 mg tablet 0.5-1 Tablet Twice a Day PRN for 30 Days , Prescribe 60 Tablet

**Work Status:** As per PTP

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**Work Restriction:**

Due to the complexities involved with management and close monitoring of this patient's current medications and treatment, it is my opinion that the patient follow up with our office on a regimen of at least every 30 to 45 days to properly assess and treat the patient's condition. The patient's questions were answered in detail. An extended period of time was spent with the patient explaining test results, diagnostic impressions, physical findings, and further plans and alternatives. Should there be any additional questions; the patient is encouraged to contact our office.

Sincerely,



Kevin Kohan, D.O.

**DISCLOSURE:**

The patient was interviewed regarding the undersigned regarding the history. The physical examination was performed entirely by the undersigned physician. The dictation was prepared by myself, including any and all impressions and conclusions described in the discussion. In compliance with the recent Workers Compensation legislation (Labor Code Section 4628 (b)): "I declare that the above evaluation was performed by the undersigned and was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (j) of Section 139.2." In compliance with recent Worker's Compensation legislation (Labor Code 4628(j)): "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 I have indicated I have 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." In compliance with the recent Workers Compensation legislation (Labor Code Section 5703 under AB 1300): 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. This statement is made under penalty of perjury.

"Dragon medical software may have been used to dictate this note. On occasion errors can occur in the content, grammar, and punctuation. We retain the right to modify this information without notice in the event of errors."

Signed in Los Angeles County, California

By



Kevin Kohan, D.O.

000235

000236

Cal. Lic. #G060756  
DEA #BW114824

**LEE C. WOODS, M.D.**  
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 5170 SEPULVEDA BOULEVARD, SUITE 300 • SHERMAN OAKS, CALIFORNIA 91403

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5170 SEPULVEDA BOULEVARD, SUITE 300 • SHERMAN OAKS, CALIFORNIA 91403

NAME Dr. Lee Woods DATE 10-25-11  
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*C. Woods M.D.*

AUTHORIZATION FOR REFILLS DURING REGULAR OFFICE HOURS ONLY

M.D.

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DEA #BW114824

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NAME S. Carson Jones DATE 12-5-2011  
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AUTHORIZATION FOR REFILLS DURING REGULAR OFFICE HOURS ONLY

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Cal Lic. #G060756  
DEA #BW1114824

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 5170 SEPULVEDA BOULEVARD, SUITE 300 • SHERMAN OAKS, CALIFORNIA 91403

NAME D. Burkholder DATE 10-5-2e  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

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*Mr. D. Burkholder*

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AUTHORIZATION FOR REFILLS DURING REGULAR OFFICE HOURS ONLY

*Lee C. Burkholder*

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ROR-A  
RE-AME 10/05/2020  
EMPL: Olive View Hospital  
DOI: 07/03/18, back  
LCW

**STEEVIO BARDAKJIAN vs. Olive View Hospital**

ROR-A

RE-AME 10/05/2020

3.0

Received by LCW's office on 09/17/2020 is an undated AME Re-Evaluation letter signed by Will McHenry, Esq. from Lewis, Brisbois, Bisgaard & Smith, LLP, and Robert Katz, Esq. from Koszdin, Fields, Sherry & Katz along with records. The proof of service date was executed on 09/15/2020 signed by Denise Anderson.

**REVIEW OF RECORDS**

Submitted for review is  $\frac{1}{2}$ -inch of the following records:

- Edwin Haronian, M.D.;
- Kevin Kohan, M.D.;
- Philip Conwisar, M.D.;
- Total Imaging MRI.

Pertinent reports are reviewed as follows:

08/21/19: PR-2 Report, Philip H. Conwisar, M.D. DOI: 02/14/19. Mr. Steevio Bardakjian is employed by Olive View Medical Center as a RN IT Project Manager. Patient was under the care of Dr. Kevin Kohan for pain management. Patient had persistent severe low back pain despite surgery 10 months ago by his prior treating spine surgeon. LUMBAR SPINE EXAM: There was a healed incision over the lumbar spine. Patient's gait was antalgic with

a limp on the right. He was using a cane. Patient stands with a flattened lumbar lordosis. There was slight tenderness in the lumbar paravertebral muscles. Range of motion of the lumbar spine demonstrated flexion to 40 degrees, extension zero degrees, right lateral bending 10 degrees and left lateral bending 05 degrees, all with increased low back pain. SLR was to 30 degrees on the right with pain in the lower back region, and 60 degrees on the left without low back pain. Motor testing was 4+/5 with right knee extension, right ankle dorsiflexion and right great toe extension. Sensation was decreased at L4 and L5 on the right. Reviewed was electrodiagnostic studies of the lower extremities dated 06/21/19, the MRI's of the lumbar spine dated 07/10/18 and 11/08/18. PLAN: L/ESI at L4-5 on the right by Dr. Kohan; f/u in six weeks. DIAGNOSES: 1) S/P lumbar spine surgery, apparently hemilaminotomy/microdiscectomy L3-4, L4-5. 2) Recurrent disc herniation, L4-5. 3) Lumbar radiculopathy. WORK STATUS: Modified duty with restriction from repetitive bending, stooping, pushing, pulling lifting over 10 pounds; no weight bearing more than 30 minutes per hour; telecommute 25% of the time.

08/21/19: PR-2 Report, Dr. Conwisar. Mr. Steevio Bardakjian had a L/ESI two weeks ago that helped for a few days he was one year postop lumbar spine surgery performed by the prior treating spine physician. CURRENT COMPLAINTS: persistent severe low back pain. Patient was doing poorly. Exam of the lumbar spine was unchanged. PLAN: spine surgical consultation with Dr. Edwin Haronian; additional lumbar spine surgery; updated MRI of the lumbar spine with IV gadolinium; f/u in six weeks. WORK STATUS: continue working with the same work restrictions.

09/03/19: Pain Management PR-2 Report, Kevin Kohan, M.D. Universal Pain Management. DOI: 07/03/18, Olive View Medical Center. F/U low back pain and right leg pain. Mr. Bardakjian stated that the epidural injection gave him approximately five days of pain relief. He was taking Percocet up to three times a

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EMPL: Olive View Hospital  
DOI: 07/03/18, back  
LCW

day which allowed him to work and got 30% improvement of function ability to do his ADLs and work full time. ROS: numbness; sweats; weakness. EXAM: There was a scar on the lumbar spine. SLR was positive on the right. There was pain on palpation of the lumbar facet on both sides of the L3-S1 region. There was palpable twitch positive trigger points in the lumbar paraspinous musculature. Anterior lumbar flexion caused pain. There was pain with lumbar extension. Motor strength noted weakness at the right L3-4 and L4-5 regions. Sensation was decreased on the right side at L3-4 and L4-5. DTRs was 1+ of the right knee. There was pain with right hip motion. There was tenderness of the lumbar spine. CURES report was obtained and showed no evidence of doctor shopping. PLAN: F/u with neurosurgeon; continue Percocet. WORK STATUS: Per PTP.

10/08/19: Pain Management PR-2 Report, Kevin Kohan, M.D. CURRENT COMPLAINTS: constant low back and right leg pain. PLAN: Urine drug test; continue Percocet. WORK STATUS: Per PTP.

10/10/19: PR-2 Report, Dr. Conwisar. The recommended second opinion surgical consultation was authorized. CURRENT COMPLAINTS: severe low back pain radiating the lower extremities. Exam of the lumbar spine was unchanged. PLAN: Spine surgery consult. WORK STATUS: No changes.

11/04/19: Pain Management PR-2 Report, Kevin Kohan, M.D. Patient continued to experience constant low back and right leg pain. PLAN: F/U with neurosurgeon/spine surgeon; continue Percocet. WORK STATUS: Per PTP.

**11/07/19: Secondary Treating Physician's Initial Orthopedic Evaluation, Edwin Haronian, M.D. and Nicholas Cascone, PA-C.**  
DOI: 07/03/18. Mr. Bardakjian began employment with Olive View Medical Center as an RN IT Project Manager in 1999. He worked 1 hours a day, four days a week. At the time of his injuries, he performed general office and administrative duties, driving to

meetings, operating a computer, creating reports, typing, entering data and managing projects. He was currently working with restrictions.

**HISTORY OF INJURY:** On 07/04/18, Mr. Bardakjian was working under a desk. As he came back to a standing position, he felt a snapping sensation in his lower back that was followed by sharp pain. He reported the injury to his supervisor. On 07/08/18, he was seen at Henry Mayo Hospital ER where he was provided and prescribed pain medications. He had MRI studies done. Thereafter, he was seen at Facey Medical Group per his employer. After that, he was seen by Dr. Barcohana, orthopedic surgeon. Dr. Barcohana indicated patient needed emergency surgery that was performed on 08/04/18 which consisted of a discectomy. He had postop physical therapy and aquatic therapy. Since 2019, he has been under the care of Dr. Conwisar. MRI studies were obtained. Pain medications, acupuncture, physical therapy and chiropractic treatment was prescribed. He had a L/ESI in September 2019 with two to three days of pain relief. He was working with restrictions since April 2019. He was seen by the undersigned for a "QME" a week prior to 11/07/19.

**CURRENT COMPLAINTS:** constant low back pain that varied in degree, with pain, numbness and tingling radiating to the right leg, aggravated by coughing and sneezing, with pain increasing with prolonged standing, walking and sitting; difficulty sleeping due to pain and discomfort. Pain meds and rest temporarily relieved his pain.

**MEDICAL HX:** Type II diabetes.

**PSH:** Lumbar laminectomy.

**MEDS:** Glucophage; Percocet.

**EXAM:** Height 5'11". Weight 215 lbs. Patient had a slow, antalgic gait. He was using a cane. There was tenderness and spasm in the paravertebral musculature of the lumbar spine. Heel and toe walking caused pain. Squatting also caused pain. Electric inclinometer report used for ROM was not provided in the submitted records. SLR was to 40 degrees on the right with right L5 pain. DTR's was reduced at the right knee. Sensation was decreased at L5 lateral leg and mid foot with pain. Range of motion of the hips was WNL with pain on the right.

**X-rays of the lumbar spine** was obtained showing no fracture, dislocation

or other abnormality. There was bridging lateral osteophytes noted especially at L2-3. The lateral views showed calcification, duplication in the anterior longitudinal ligament throughout the lower thoracic and lumbar spine from T11 through S1, with bridging osteophytes. **X-rays of the right hip was obtained which revealed evidence of avascular necrosis with alteration of the cortical bone at the femoral head. There was mild osteoarthritic changes.** Reviewed was the MRI's of the L/S dated 07/10/18 and 11/08/18, as well as neurodiagnostics of the lower extremities dated 06/20/19. **DIAGNOSIS:** lumbosacral radiculopathy S/P hemilaminectomy. **PLAN:** Obtain all prior records and diagnostic studies; fusion of some type was warranted mostly to the L4-5 level; medications were deferred to pain management; MRI of the right hip. **WORK STATUS:** Per PTP.

11/22/19: PR-2 Report, Dr. Conwisar. **CURRENT COMPLAINTS:** low back pain radiating to the right lower extremity. Patient was evaluated by Dr. Haronian. Exam of the lumbar spine was essentially unchanged. Exam of the bilateral hips revealed restricted ROM of the right hip with slight pain on ROM. **DISCUSSION:** Dr. Haronian obtained an XR of the right hip which showed findings consistent with avascular necrosis. **PLAN:** X-rays of the right hip to R/O the right hip as a source of his persistent pain; f/u in six weeks. **Work Status:** No changes.

12/02/19: Pain Management PR-2 Report, Kevin Kohan, M.D. Patient continued with low back and right leg pain. **PLAN:** Right hip joint injection intraarticular as XRs were consistent with degenerative changes of the hip; Percocet. **WORK STATUS:** TTD.

12/05/19: Secondary Treating Physician's Report, Dr. Haronian and Michael Nadzhafov, PAC, MPH. **CURRENT COMPLAINTS:** Low back pain radiating to the RLE. Right hip XRs noted AVN. According to the patient, his PTP, Dr. Conwisar expressed doubts in regard to this finding. Dr. Haronian reviewed the MRI of the low back that was on a CD and was brought in by the patient.

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ROR-A  
RE-AME 10/05/2020  
EMPL: Olive View Hospital  
DOI: 07/03/18, back  
LCW

RECOMMENDATION: Posterior lumbar arthrodesis of L4-5; possible consideration of a spinal cord stimulator by pain management physician as the patient's dominant complaint was pain in the RLE; MRI of the right hip. Patient did not need a follow up appointment with Dr. Haronian.

**\*\*\*2020 RECORDS\*\*\***

01/07/2020: Pain Management PR-2 Report, Kevin Kohan, M.D. patient continued with low back and right leg pain. PLAN: **Patient's knee was apparently part of his case and the patient was interested in further imaging** Patient wanted to discuss findings of the lumbar spine with orthopedic surgeon. The hip joint injection was approved but patient wanted to hold off on any intervention He was to continue taking Percocet. WORK STATUS: Per PTP.

02/04/2020: Pain Management PR-2 Report, Kevin Kohan, M.D. Patient was awaiting for an MRI and potential surgical intervention by orthopedic surgeon. Treatment plan was unchanged. WORK STATUS: Per PTP.

02/26/2020: PR-2 Report, Dr. Conwisar. CURRENT COMPLAINTS: persistent low back pain radiating to the right lower extremity with paresthesias; **persistent right knee pain. He injured his right knee a few days after the lumbar spine surgery when he fell down due to low back pain. He twisted his right knee and had no treatment.** Exam of the lumbar spine and hips was unchanged. Exam of the bilateral knees revealed small effusion of the right knee. ROM of the right knee was 0 to 130 degrees and left knee was 0 to 140 degrees. There was medial joint line tenderness of the right knee. McMurray's test was positive on the right. X-rays of the right hip and pelvis taken on 11/25/19 showed very mild degenerative joint disease of the right hip. The joint space was preserved and measured 4 mm. Reviewed was the Orthopedic Evaluation dated 11/07/19 by Edwin Haronian,

M.D., and the AME report dated 10/25/19 by the undersigned. DIAGNOSES: 1) S/P lumbar spine surgery, apparently hemilaminotomy/microdiscectomy L3-4, L4-5. 2) Recurrent disc herniation, L4-5. 3) L4-5 lumbar radiculopathy. 4) Internal derangement, right knee. DISCUSSION: Patient was seen by Dr. Haronian who recommended a fusion. Patient wanted a second opinion. Patient also had right knee pain since a fall that occurred soon after the lumbar spine surgery. Dr. Conwisar opined that the right knee was a compensable consequence injury of the lumbar spine injury. Patient had findings of internal/mechanical derangement and medial meniscus tear. Dr. Conwisar indicated that the AME by the undersigned agreed that patient was not Permanent and Stationary or at MMI. The undersigned recommended spine surgical consultation and an MRI of the right knee. PLAN: Second opinion spine surgical consultation with Dr. Patrick Johnson at Cedars Sinai; updated MRI scan of the lumbar spine with IV gadolinium; MRI scan of the right knee; f/u in six weeks. WORK STATUS: No changes.

03/31/2020: Pain Management PR-2 Report, Kevin Kohan, M.D. Patient was seen via telemedicine audio and visual for approximately 15 minutes. CURRENT COMPLAINTS: low back pain controlled with Percocet. The elective surgery was on hold. PLAN: No changes. Percocet and Vistaril was prescribed. WORK STATUS: Per PTP.

04/13/2020: PR-2 Report, Dr. Conwisar. Patient was evaluated via telemedicine due to COVID-19 outbreak. CURRENT COMPLAINTS: Persistent low back pain radiating to the RLE with paresthesias; right knee pain. Treatment plan was unchanged. WORK STATUS: No changes.

05/04/2020: Pain Management PR-2 Report, Kevin Kohan, M.D. Patient was seen via telemedicine audio and visual. Patient continued to experience low back pain. No changes in treatment plan.

**05/28/2020: MRI scan of the right knee without contrast, Norma Pennington, M.D. Total Imaging & Open MRI.** Referral by Dr. Philip Conwisor. Hx: Injured at work. FINDINGS: There was an oblique tear of the posterior horn of the medial meniscus. There was small knee joint effusion. A Baker's cyst was observed.

06/01/2020: Pain Management PR-2 Report, Kevin Kohan, M.D. Patient was seen via telemedicine audio and visual. Patient had an MRI of his right knee done a few days ago. CURRENT COMPLAINTS: low back and right lower extremity pain, unchanged. PLAN: Obtain MRI images of the knee that was done; MRI of the lumbar spine; Percocet; Vistaril. WORK STATUS: Per PTP.

06/11/2020: PR-2 Report, Dr. Conwisor. Evaluation done via telemedicine. CURRENT COMPLAINTS: persistent severe low back pain radiating to the RLE; right knee pain, swelling, catching, giving way and occasional locking. Reviewed was the MRI scan of the lumbar spine dated 06/04/2020 showing a 3 mm disc protrusion at L3-4 and a 3.8 mm disc protrusion at L4-5. There was a 1.3 mm disc protrusion at L5-S1 and L2-3. The MRI scan of the right knee dated 05/28/2020 was reviewed showing an oblique tear of the posterior horn in the medial meniscus. PLAN: Second opinion spine surgical consultation with Dr. Patrick Johnson; right knee arthroscopy with partial medial meniscectomy; preop clearance; postop physical therapy; cold therapy device postop; crutches postop. WORK STATUS: No changes.

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

RECEIVED

SEP 17 2020

000248

Attn: Lee Woods, M.D.  
13113 Hadley St.  
Whittier, CA 90601

Re: Steevio Bardakjian v. Olive View Hospital

WCAB Case: (MDR) ADJ11540526

Claim No: 219-00110-B

DOI: 07/03/2018

AME RE-EVALUATION

Dear Dr. Woods:

Thank you for continuing to serve as the Agreed Medical Examiner (AME) in orthopedics for the above referenced case. You are scheduled to re-evaluate Mr. Steevio Bardakjian on October 5, 2020 at 1:00 p.m. Should the applicant fail to keep this appointment, please notify the parties immediately.

Recall that you initially evaluated the applicant on October 25, 2019 and in connection therewith issued your initial report of the same date. The parties now return to the applicant to you for a re-evaluation to confirm whether the applicant is now permanent and stationary.

Enclosed are all medical reports the parties have received since your last evaluation.

Below for your reference are the original joint interrogatories provided by the parties.

Interrogatories

In order to fully evaluate this claim, we have enclosed for your review, copies of all medical reports obtained by applicant and defendants as of the date of this correspondence.

We would appreciate your usual, thorough and complete evaluation of this individual and your response to the following questions:

1. Are the orthopedic medical findings consistent with the original incidents or injuries claimed by the applicant?
2. Was there any period for which the applicant, due to the industrial injury, was or is temporarily disabled from work? If so, for what

period of time would you estimate the applicant to have been or will be temporarily disabled?

- a. If the applicant was temporary disabled, please provide an opinion on which employment was the cause of such temporary disability.
  - b. Was the applicant able to work in a modified capacity in accordance with the medical reports to date?
  - c. Please take a detailed history of the applicant's employment history and job duties including when his last actual day of work was as well as where he is currently working, if at all.
3. If a disability exists as the result of an industrial injury, is it permanent and stationary for rating purposes? When, in your estimation, did the condition become permanent and stationary? If the condition is permanent and stationary, please describe:
- a. Permanent disability factors resulting from the injury, including subjective and objective factors to which the injury was an aggravating or contributing cause;
    - i. Pursuant to Labor Code § 4660(a), "In determining percentages of permanent disability, account shall be taken of the nature of physical injury or disfigurement, the occupation of the injured employee, at the time of the injury, consideration being given to an employee's diminished future earning capacity."
    - ii. Pursuant to Labor Code § 4663(b), "Any physician who prepares a report addressing the issue of permanent disability due to a claimed industrial injury shall in that report address the issue of causation of the permanent disability."
  - b. Factors, if any, which you believe preexisted and are not related to and not aggravated by the injuries in the instant claims;
    - i. Please specifically address whether the applicant's activities of daily living and normal use of the orthopedic body parts at issue were a cause of his current claimed injury and/or a cause of any residual permanent disability.
  - c. Please outline your opinion as to any residual subjective complaints. Are the applicant's subjective complaints consistent with the medical findings and clinical examination?
  - d. Does a disability exist such as to incapacitate or restrict the applicant from certain work activities? If so, please describe such work

limitations with reference to the guidelines for work capacity published by the Workers' Compensation Appeals Board.

- e. Pursuant to AMA Guides to the Evaluation of Permanent Disability (5<sup>th</sup> Ed.), please state in percentages the applicant's individual body part impairments as well as whole person impairment in addition to any work restrictions. Please also document the sections and page numbers of the AMA Guidelines you utilized in arriving at the applicant's impairment level, with specificity. **This injury will be rated under the NEW SCHEDULE; however, determination of any work restrictions remains necessary. Please discuss/apply Almaraz vs. Guzman II, if applicable.**
  - f. Please also obtain a detailed history as to the applicant's physical abilities in his actives of daily living.
4. Please describe any and all factors of apportionment. In doing so, please comment on the following:
- a. Were there any factors of disability, subjective or objective, which existed prior to the industrial injury, which in your opinion represented some handicap in the open labor market, even though the disability may have been congenial with applicant's job at the time of the injury? If so, please describe to the best of your estimation the disability and your reasons for that conclusion. Does a pre-existing disability continue to exist?
  - b. Are there factors of disability which pre-existed the industrial injury that were aggravated and/or exacerbated? If so, to what extent was the industrial injury an aggravating factor? What is your opinion as to the natural progression of such pre-existing medical condition?
  - c. Do you believe there have been any other underlying processes before the injury, which, irrespective of the industrial injury, would have manifested itself in disability by this time? As a medical probability, to what extent would you estimate the applicant would have been disabled now and upon what information do you base your conclusion?
  - d. Have there been any subsequent injuries or events that have aggravated or accelerated the underlying degenerative condition, if there is such?
  - e. If you do find apportionment, please state in percentages that portion of disability that is attributable to each claimed injury and pre-existing injuries and non-industrial factors, if any.
    - i. Pursuant to Labor Code § 4663(a), "Apportionment of permanent disability shall be based on causation."

- ii. Pursuant to Labor Code § 4663(c), "In order for a physician's report to be considered complete on the issue of permanent disability, it must include an apportionment determination. A physician shall make an apportionment determination by finding what approximate percentage of the permanent disability was caused by the direct result of injury arising out of and occurring in the course of employment and what approximate percentage of the permanent disability was caused by other factors both before and subsequent to the industrial injury, including prior industrial injuries." Please take these codes into consideration during your apportionment discussion.
  - iii. Please ensure your discussion on apportionment is in compliance with Escobedo, Benson and other relevant apportionment case law addressing substantial evidence.
5. In connection with medical treatment provided to the applicant to date, has it been reasonable and appropriate in light of the incidents of injury claimed by the applicant?
6. Is any future medical treatment reasonably necessary to cure and/or relieve the effects of the industrial injury? If so, please outline the nature, type and duration of the future medical treatment you feel is appropriate, if any. Does the medical treatment as recommended in the ACOEM Guidelines apply to the current case. If so, what is the future treatment recommended as dictated by the Guidelines? If not, please address the scientific evidence relied upon to determine applicant's need for future medical care.
7. Is the applicant capable of returning to his usual and customary occupation as it was at the time of the claimed injury, or in the alternative, whether the applicant is medically eligible for vocational rehabilitation?
8. If his employment was not the sole cause of the claimed injuries, what activities and/or events were contributing causes of the injuries, prior to and/or subsequent to the injury, if any, including but not limited to personal activities of daily living?
  - a. Please specifically comment on any discrepancies between the history the applicant provided to you and the records you review.

Please be advised that you are authorized to perform any testing that you deem reasonably necessary in reaching your diagnosis and an evaluation of the applicant. If you feel that hospitalization is necessary, you must first obtain authority from both of the undersigned.

If additional diagnostic testing is necessary, please contact the adjuster listed below for their vendor contact information to schedule. Any diagnostic testing scheduled outside of defendant's preferred vendor will not be reimbursed.

Either party may serve you additional medical records and reports and/or additional evidence so long as the other party is copied with the correspondence to you and served copies of the records and/or reports without the need for a joint interrogatory pursuant to Labor Code Section 4062.3(e).

**Please send one copy to each of the signatories below as well as one copy and original bill to: SEDGWICK, P.O. Box 7052, PASADENA, CA 91109 Attn: Ms. Viridiana Maldonado**

Thank you again for your participation as the orthopedic AME in this matter. Should you have any questions or comments, please do not hesitate to contact the parties jointly.

LEWIS BRISBOIS BISGAARD & SMITH LLP

  
Will McHenry, Esq.

KOSZDIN, FIELDS SHERRY & KATZ

  
Robert Katz, Esq.

**Re:** Steevio Bardakjian v. Olive View Hospital

WCAB Case: (MDR) ADJ11540526

Claim No: 219-00110-B

DOI: 07/03/2018

## MEDICAL INDEX

1 EAMS Name: LEWIS BRISBOIS LOS ANGELES  
2 EAMS Administrator: Ana Sosa  
3 EAMS Administrator Phone No.: (213) 599-7744  
4 EAMS Administrator Email: ana.sosa@lewisbrisbois.com

5 **CALIFORNIA STATE COURT PROOF OF SERVICE**

6 STEEVIO BARDAKJIAN v. OLIVE VIEW MEDICAL CENTER

7 Case No. ADJ11540526

8 STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

9 At the time of service, I was over 18 years of age and not a party to the action. My  
10 business address is 633 West 5th Street, Suite 4000, Los Angeles, CA 90071.

11 On September 15, 2020, I served the following document(s):

12 ➤ **LETTER TO DR. LEE WOODS AND SCHEDULE OF RECORDS**

13 I served the documents on the following persons at the following addresses (including fax  
14 numbers and e-mail addresses, if applicable):

15 The documents were served by the following means:

16  (BY U.S. MAIL) I enclosed the documents in a sealed envelope or package  
17 addressed to the persons at the addresses listed above and:

18  Placed the envelope or package for collection and mailing, following our ordinary  
19 business practices. I am readily familiar with the firm's practice for collection and processing  
20 correspondence for mailing. Under that practice, on the same day that correspondence is placed  
21 for collection and mailing, it is deposited in the ordinary course of business with the U.S. Postal  
22 Service, in a sealed envelope or package with the postage fully prepaid.

23 I declare under penalty of perjury under the laws of the State of California that the  
24 foregoing is true and correct.

25 Executed on September 15, 2020, at Los Angeles, California.

26  
27  
28



Denise Anderson

**SERVICE LIST**

1           **Steevio Bardakjian v. Olive View Medical Center**

2           EAMS No.: ADJ11540526 (VNO)

3           Claim No.: 19-00110-B

4           DOI: 07/03/2018

5           LBBS FILE NO. 35008-534

6           Dr. Lee Woods  
7           13113 Hadley St.  
8           Whitter, CA 90601

9           Ms. Viridiana Maldonado  
10          Sedgwick  
11          P.O. Box 11028  
12          Orange, CA 92856

13          Robert Katz, Esq.  
14          Koszdin, Fields, Sherry & Katz  
15          6151 Van Nuys Blvd.  
16          Van Nuys, CA 91401

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000256

# PHILIP H. CONWISAR, M.D.

*A Professional Corporation*

**Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery**

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

July 10, 2019

Tristar Risk Management  
P.O. Box 11967  
Santa Ana, CA 92711

Attn: Regina Diaz

RE:	<b>BARDAKJIAN, STEEVIO</b>
D/I:	July 3, 2018
OCC:	RN IT Project Manager
EMP:	Olive View Medical Center
	Los Angeles County
	Health Care Department
D/E:	July 10, 2019
CLAIM #:	219-00110-B
WCAB #:	ADJ11540526

## **PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2** **REQUEST FOR AUTHORIZATION FOR TREATMENT**

The patient returns to the office today. He has persistent severe low back pain with radiating pain to the lower extremities. He is under the care of Dr. Kevin Kohan, the pain management specialist at Universal Pain Management. He is ten months post-op lumbar spine surgery performed by a prior treating spine surgeon. Unfortunately, he has persistent severe pain despite surgery.

### **OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:**

#### **LUMBAR SPINE EXAMINATION:**

There is a healed incision, lumbar spine.

The patient ambulates with an antalgic gait. There is a limp present on the right. He uses a cane for assistance with ambulation.

#### **LUMBAR SPINE EXAMINATION:**

The patient stands with a flattened lumbar lordosis. The crests of the ilium are parallel to the floor. There is no list to either the right or left. There is no scoliosis. The gluteus maximus on

**BARDAKJIAN, STEEVIO**

July 10, 2019

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the right and left show no evidence of atrophy, bilaterally.

There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles.

With direct palpation, there is no generalized tenderness in the lumbar spine.

There is no tenderness in the right and left sacroiliac joints, bilaterally.

There is no tenderness in the right and left sciatic notches, bilaterally.

**RANGE OF MOTION:**

Flexion is to 40 degrees, with increased low back pain.

Extension is to 0 degrees, with increased low back pain.

Right lateral bending is to 10 degrees, with increased low back pain.

Left lateral bending is to 5 degrees, with increased low back pain.

**SUPINE POSITION:**

Straight leg raising is to 30 degrees, on the right, with pain in the lower back region.

Straight leg raising is to 60 degrees, on the left, without pain in the lower back region.

**TESTS:**

	RIGHT	LEFT
Lasègue Test:	Negative	Negative
Contralateral SLR:	Negative	Negative
Patrick's Test:	Negative	Negative
Gaenslen's Test:	Negative	Negative
Babinski:	Negative	Negative
Ankle Clonus:	Negative	Negative

**VASCULAR EXAM:**

Posterior tibial pulses are present.

Dorsalis pedis pulses are present.

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BARDAKJIAN, STEEVIO

July 10, 2019

Page 3 of 5

**NEUROLOGIC EXAM:****MOTOR TESTING:**

	RIGHT	LEFT		RIGHT	LEFT
Hip Flexion:	5/5	5/5	Hip Extension:	5/5	5/5
Knee Extension:	4+/5	5/5	Knee Flexion	5/5	5/5
Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5	5/5
Great Toe Extension:	4+/5	5/5	Great Toe Flexion:	5/5	5/5

**SENSATION:**

Sensation (Wartenberg wheel) in the lower extremities is not impaired.

There is decreased sensation:

	Right	Left
L1		
L2		
L3		
L4	X	
L5	X	
S1		

**DEEP TENDON REFLEXES:**

	RIGHT	LEFT
Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

**DIAGNOSTIC STUDIES:**

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

000259

**BARDAKJIAN, STEEVIO**

July 10, 2019

Page 4 of 5

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

**DIAGNOSES:**

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.

**DISCUSSION/TREATMENT PLAN:**

The patient has persistent severe low back pain with radiating pain to the right lower extremity. He will remain under the care of the pain management specialist, Dr. Kohan. I request authorization for a lumbar epidural injection at L4-5 on the right under fluoroscopic guidance, IV sedation and monitored anesthesia care with Dr. Kevin Kohan at Universal Pain Management. The patient has persistent lumbar radicular pain. He has objective findings of lumbar radiculopathy and diagnostic studies which show nerve root impingement and radiculopathy on electrodiagnostic studies. Please provide authorization so that treatment can be provided promptly.

The patient will return for reevaluation in six weeks.

**WORK/DISABILITY STATUS:**

The patient will return to work modified duty. He is restricted from repetitive bending, stooping, pushing, pulling, lifting over 10 pounds. He should weight bear no more than 30 minutes per hour. He should telecommute 25% of the time.

Should you have any questions, please do not hesitate to contact this office.

*The above evaluation was performed on July 10, 2019 by the undersigned at my office located at 28212 Kelly Johnson Pkwy, Ste. 155, Valencia, CA 91355. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (3) of subdivision (j) of section 139.2.*

*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 I have indicated I have 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.*

**BARDAKJIAN, STEEVIO**

July 10, 2019

Page 5 of 5

**000260***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.*

Philip H. Conwisar, M.D., F.A.A.O.S.  
Diplomate, American Board of Orthopaedic Surgery

Date: July 10, 2019 Los Angeles County, California

PHC/jt

cc: Koszdin, Fields Sherry & Katz  
Robert Katz, Attorney at Law  
6151 Van Nuys Boulevard  
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith  
633 West 5<sup>th</sup> St. Suite 4000  
Los Angeles, CA 90071

# PHILIP H. CONWISAR, M.D.

A Professional Corporation

*Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery*

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

August 21, 2019

Tristar Risk Management  
P.O. Box 11967  
Santa Ana, CA 92711

Attn: Regina Diaz

**RFA REQUEST SENT  
SEPARATELY VIA FAX**

RE:	<b>BARDAKJIAN, STEEVIO</b>
D/I:	July 3, 2018
OCC:	RN IT Project Manager
EMP:	Olive View Medical Center Los Angeles County Health Care Department
D/E:	August 21, 2019
CLAIM #:	219-00110-B
WCAB #:	ADJ11540526

## **PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT**

The patient returns to the office today. He is having persistent severe low back pain that radiates to the lower extremities. He had a lumbar epidural injection two weeks ago which helped for only a few days. The patient is one year post-op lumbar spine surgery performed by the prior treating spine surgeon. Unfortunately, he has persistent severe pain and is doing poorly.

### **OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:**

#### **LUMBAR SPINE EXAMINATION:**

There is a healed incision, lumbar spine.

The patient ambulates with an antalgic gait. There is a limp present on the right. He uses a cane for assistance with ambulation.

#### **LUMBAR SPINE EXAMINATION:**

The patient stands with a flattened lumbar lordosis. The crests of the ilium are parallel to the floor. There is no list to either the right or left. There is no scoliosis. The gluteus maximus on the right and left show no evidence of atrophy, bilaterally.

There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles.

With direct palpation, there is no generalized tenderness in the lumbar spine.

There is no tenderness in the right and left sacroiliac joints, bilaterally.

There is no tenderness in the right and left sciatic notches, bilaterally.

#### RANGE OF MOTION:

Flexion is to 40 degrees, with increased low back pain.

Extension is to 0 degrees, with increased low back pain.

Right lateral bending is to 10 degrees, with increased low back pain.

Left lateral bending is to 5 degrees, with increased low back pain.

#### SUPINE POSITION:

Straight leg raising is to 30 degrees, on the right, with pain in the lower back region.

Straight leg raising is to 60 degrees, on the left, without pain in the lower back region.

TESTS:	RIGHT	LEFT
Lasègue Test:	Negative	Negative
Contralateral SLR:	Negative	Negative
Patrick's Test:	Negative	Negative
Gaenslen's Test:	Negative	Negative
Babinski:	Negative	Negative
Ankle Clonus:	Negative	Negative

#### VASCULAR EXAM:

Posterior tibial pulses are present.

Dorsalis pedis pulses are present.

#### NEUROLOGIC EXAM:

#### MOTOR TESTING:

	RIGHT	LEFT	RIGHT	LEFT
Hip Flexion:	5/5	5/5	Hip Extension:	5/5
Knee Extension:	4+/5	5/5	Knee Flexion	5/5

**BARDAKJIAN, STEEVIO**

August 21, 2019

Page 3 of 5

Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5	5/5
Great Toe Extension:	4+/5	5/5	Great Toe Flexion:	5/5	5/5

**SENSATION:**

Sensation in the lower extremities is not impaired.

There is decreased sensation:

Right      Left

L1	
L2	
L3	
L4	X
L5	X
S1	

**DEEP TENDON REFLEXES:**      **RIGHT**      **LEFT**

Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

**DIAGNOSTIC STUDIES:**

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

BARDAKJIAN, STEEVIO

August 21, 2019

Page 4 of 5

**DIAGNOSES:**

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.

**DISCUSSION/TREATMENT PLAN:**

The patient is having persistent severe low back pain with radiating pain to the lower extremities. He is doing poorly one year post-op lumbar spine surgery. Unfortunately, he did not benefit from a lumbar epidural injection. I request authorization for spine surgical consultation with Dr. Edwin Haronian in Sherman Oaks. The patient is a candidate for additional lumbar spine surgery. He has a recurrent disc herniation. He has objective findings of lumbar radiculopathy. He is doing poorly. Please provide authorization for spine surgical consultation with Dr. Edwin Haronian. The patient is also indicated for an updated MRI of the lumbar spine with intravenous gadolinium. The patient is a surgical candidate. His previous MRI is nine months old. An updated MRI is necessary prior to undergoing additional surgery. I request authorization for an MRI of the lumbar spine with intravenous gadolinium. Please provide authorization so treatment can be provided promptly.

The patient will return for reevaluation in six weeks.

**WORK/DISABILITY STATUS:**

The patient can continue working with the same work restrictions.

Should you have any questions, please do not hesitate to contact this office.

*The above evaluation was performed on August 21, 2019 by the undersigned at my office located at 28212 Kelly Johnson Pkwy, Ste. 155, Valencia, CA 91355. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.*

*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 I have indicated I have 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 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.*



Philip H. Conwisar, M.D., F.A.A.O.S.  
Diplomate, American Board of Orthopaedic Surgery

Date: August 21, 2019 Los Angeles County, California

August 21, 2019

Page 5 of 5

**000265**

PHC/jt

cc: Koszdin, Fields Sherry & Katz  
Robert Katz, Attorney at Law  
6151 Van Nuys Boulevard  
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith  
633 West 5<sup>th</sup> St. Suite 4000  
Los Angeles, CA 90071

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA- COUNTY OF Los Angeles  
I, the undersigned, am employed in the county of Los Angeles  
and the state of California. I am over eighteen years of age  
and not a party to the within action. My business address is:  
4835 VAN NUYS BLVD., 210  
SHERMAN OAKS, CA 91403

000266

On Mon Oct 07 I served a Medical/Legal Lien and report on  
BARDAKJIAN, STEEVI , Account 74183 , by placing a true copy thereof  
enclosed in a sealed envelope with postage thereon fully prepaid,  
in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : TRISTAR RISK MGMT  
PO BOX 11967  
SANTA ANA , CA 92711
- 2) Employer : OLIVE VIEW MEDICAL CENTER  
14445 OLIVE VIEW DRIVE  
SYLMAR , CA 91342
- 3) Applicant Attorney: KATZ ESQ., ROBERT  
6151 VAN NUYS BLVD.  
SHERMAN OAKS, CA 91401
- 4) Defense Attorney :

"I have not violated Labor Code section 139.3  
and the contents of the report and bill are  
true and correct to the best of my knowledge.  
This statement is made under penalty of perjury."

DATE OF REPORT:

Dated this 7th day of OCT. 20 19  
at SHERMAN OAKS , California

SIGNED



## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

TRISTAR RISK MGMT  
PO BOX 11967  
SANTA ANA CA 92711

WC

PICA

000267

PICA														
1. MEDICARE <input type="checkbox"/> Medicare#	MEDICAID <input type="checkbox"/> Medicaid#	TRICARE <input type="checkbox"/> ID#/DOD#	CHAMPVA <input type="checkbox"/> Member ID#	GROUP <input type="checkbox"/> ID#	HEALTH PLAN <input type="checkbox"/> BLK LUNG <input type="checkbox"/> ID#	FECA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> ID#	1a. INSURED'S I.D. NUMBER FOR PROGRAM IN ITEM 1 554812130							
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) BARDAKJIAN, STEEVIO			3. PATIENT'S BIRTHDATE MM DD YY 05231970 M <input checked="" type="checkbox"/> F <input type="checkbox"/>			4. INSURED'S NAME (Last Name, First Name, Middle Initial) OLIVE VIEW MEDICAL CENTER								
5. PATIENT'S ADDRESS (No., Street) 25367 SPLENDIDO CT			6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>			7. INSURED'S ADDRESS (No, Street) 14445 OLIVE VIEW DRIVE								
CITY STEVENSON RNH		STATE CA	8. RESERVED FOR NUCC USE			CITY SYLMAR								
ZIP CODE 91381-2005	TELEPHONE (Include Area Code) (818) 4062639	STATE CA				ZIP CODE 91342	TELEPHONE (Include Area Code) ( )							
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO:			11. INSURED'S POLICY GROUP OR FECA NUMBER								
a. OTHER INSURED'S POLICY OR GROUP NUMBER			a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>								
b. RESERVED FOR NUCC USE			b. AUTO ACCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)			b. OTHER CLAIM ID (Designated by NUCC) 219-00110-B								
c. RESERVED FOR NUCC USE			c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			c. INSURANCE PLAN NAME OR PROGRAM NAME								
d. INSURANCE PLAN NAME OR PROGRAM NAME			10d. CLAIM CODES (Designated by NUCC)			d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.								
<b>READ BACK OF FORM BEFORE COMPLETING &amp; SIGNING THIS FORM</b>														
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.														
SIGNED SIGNATURE ON FILE DATE 09012019														
14. DATE OF CURRENT: ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 07032018 QUAL. 431			15. OTHER DATE MM DD YY QUAL.			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY								
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN PHILIP CONWISAR			17a. <input type="checkbox"/> 17b. NPI 1699883926			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY								
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)														
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)			ICD ind. O			22. RESUBMISSION CODE			ORIGINAL REF. NO.					
A. <u>M5126</u>	B. <u>M5416</u>	C. <u> </u>	D. <u> </u>	E. <u> </u>	F. <u> </u>	G. <u> </u>	H. <u> </u>	I. <u> </u>	J. <u> </u>	K. <u> </u>	L. <u> </u>			
24. A. DATE(S) OF SERVICE MM FROM DD YY MM TO DD YY			PLACE OF SERV EMG	C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPSC	MODIFIER	E. DIAGNOSIS POINTERT	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #			
1 08212019	08212019	11		99214		AB	175.00	1		NPI	193200000X 1699883926			
2 08212019	08212019	11		WC002		AB	40.00	1		NPI	193200000X 1699883926			
3 . . .	. . .									NPI				
4 . . .	. . .									NPI				
5 . . .	. . .									NPI				
6 . . .	. . .									NPI				
25. FEDERAL TAX I.D. NUMBER SSN EIN 954814467 <input checked="" type="checkbox"/>			26. PATIENT'S ACCOUNT NO. 74183			27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			28. TOTAL CHARGE \$ 215.00	29. AMOUNT PAID \$ 0.00	30. Rsvd for NUCC Use 215.00			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) PHILIP CONWISAR MD 09012019			32. SERVICE FACILITY LOCATION INFORMATION PHILIP CONWISAR MD INC 28212 KELLY JOHNSON PKWY VALENCIA CA 91355 1699883926						33. BILLING PROVIDER INFO & PH # ( 818 7841354 PHILIP CONWISAR M D INC 4835 VAN NUYS BLVD 210 SHERMAN OAKS CA 91403 2109 1184907123					
SIGNED DATE NUCC Instruction Manual available at: www.nucc.org														
PLEASE PRINT OR TYPE														
APPROVED OMB-938-1197 form 1500 (02-12)														

Bardakjian, Steevio Male 05-23-1970



**Universal  
Pain Management**

A Comprehensive Approach to Pain and Rehabilitation

**SHAIJIN A. SADIK, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
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**FRANCIS X. RIEGLER, M.D., Q.M.E.**  
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**DEBBIE CASTILLO, P.T.A.**  
**MARC REZNICKOFF, L.A.C., Q.M.E.**  
**OMID MANGEREFTI, D.C.**

000268

IN REFERENCE :	Bardakjian, Steevio
DATE OF BIRTH :	05-23-1970
SSN :	554-81-2130
EMPLOYER :	OLIVE VIEW MEDICAL CENTER
INJURY DATE :	07-03-2018
COMPENSATION CARRIER :	TRISTRAR RISK MANAGEMENT
ADDRESS :	PO BOX 11967, SANTA ANA CA 92711 - 1967
ADJUSTOR :	Regina Diaz
CLAIM NUMBER :	219-00110-B
WCAB NUMBER :	
CURRENT EVALUATION :	09-03-2019

**SUPPLEMENTAL REPORT ON PAIN MANAGEMENT PROGRESS (PR-2)**

(XX) Periodic Report	( ) Change in Treatment Plan	( ) Release from Care
( ) Change in Work Status	( ) Need for Referral or Consultation	( ) Response to Release for Information
( ) Change in Patient Condition	( ) Need for Surgery or Hospitalization	(X) Request for Authorization
( ) Other		

This is a consultation report in accordance with the State of California Workers' Compensation Official Medical Fee Schedule effective April 1, 1999, Reports Section, C, Consultation Report.

The following is a report on pain management progress performed at 28212 Kelly Johnson Parkway, Suite 155, Valencia CA 91355 - 5084.

**Current Complaints:**

low back and right leg pain

**History of Present Illness**

The patient returns to clinic for general followup visit of low back pain and right leg pain the patient endorses that the epidural injection gave approximately 5 days of pain relief 400% this was the patient's first epidural injection and the diagnostic phase was consistent however the patient would like to hold off on still doing the therapeutic phase where the patient would get another epidural injection the patient reports that she would like

Bardakjian, Steevio Male 05-23-1970

to wait neurosurgeon's recommendations

Meanwhile the patient is taking Percocet up to 3 times a day which allows him to work he gets 30% improvement of function ability to do his activities of daily living and work full-time.

It is the practice of Universal Pain Management to periodically review the 5 domains (The 5 As) which are relevant for ongoing monitoring of chronic pain patient on opioids.

**Analgesia:** The patient reports greater than 30 % pain relief while taking medications, including opioids.

**ADLs/ subjective functional improvement from baseline:** 30 %.

**Functional Objective Improvement:** Patient is able to perform activities such as bathing, grooming, dressing, transfers, ambulation and preparing of meals with the aid of the medications AS EVIDENCED IN THE PERSONAL MEDICATION STATEMENTS PROVIDED UNDER SEPARATE COVER.

**Adverse side effects :** no side effects noted.

**Abuse:** the patient is compliant with the pain management agreement.

**Affect:** the patient's behavior and mood are appropriate. The patient has failed prior medications which include; none.

The duration that the opioid medication lasts is 6 hours.

The onset of symptom relief for their medication is 20 minutes.

Weaning has been tried but was not successful.

Conservative treatment has been tried for more than 3 months but it failed.

An updated pain agreement is present on file.

**VAS (Without Meds):** 8

**VAS (With Meds):** 5

There is 30 % of improvement with opioid medications.

Without medications, the patient is able to ambulate 50 feet as baseline.

With the medications patient able to ambulate 1 block with the medications, an improvement from baseline.

**\*Interval F/U**

**Pain Descriptors:** Location of pain is at low back and right leg pain. Current Pain Changes : fluctuates in intensity. Patient describes his pain as constant.

**Recent Diagnostic Studies:**

CAT Scan: No.

Discogram: No

EMG: No.

MRI: No.

Myelogram: No.

### Review of Systems

**Neurological:** Reports **numbness**.

**Constitutional:** Reports **sweats**.

**Musculoskeletal:** Reports **weakness**.

### Physical Examination

**General:** The patient is well developed and well-nourished. Patient is alert and oriented. His mood and affect are normal. Patient is in no acute distress. Patient has good hygiene. There is no apparent loss of coordination.

**HEENT:** Normocephalic: Normal. Atraumatic: Normal. Extraocular muscles: Normal.

**Respiratory:** Breath sounds are equal bilaterally. There is no wheezing.

**Cardio:** Rate and rhythm is regular.

**Abdomen:** The abdomen is soft, with no masses palpated, no rebound, rigidity or tenderness.

**Lumbar Spine:** *Inspection of the lumbar spine reveals a scar. Straight leg raise on the right:: positive. P alpation of the lumbar facet reveals pain on both the sides at L3-S1 region. Palpable twitch positive trigger points are noted in the lumbar paraspinous muscles. Anterior lumbar flexion causes pain. There is pain noted with lumbar extension.*

000269

Bardakjian, Steevio Male 05-23-1970

000270

**Neurology - Motor Strength:** *Motor strength is grossly normal except Weakness of the right L3-4 and L4-5*

**Neurology - Sensation:** *LE Sensation intact except for Decreased L3-4 and L4-5 right side.*

**Neurology - Deep Tendon Reflexes:** *Deep Tendon Reflexes are intact throughout except Decrease right knee reflex 1+ Pain with right hip motion*

Tenderness of the lumbar spine

## PAIN MANAGEMENT

- Opioid Dose Calculator

### Review of Medical Records:

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping.  
Epidural procedure report was reviewed

35 minutes

### Legal Status:

Primary Treating Physician: Philip Conwisor MD

Attorney: KOSZDIN, FIELDS, SHERRY & KATZ

P & S Status:

### Impression:

This patient is a 49-year-old male with a history of diabetes and hypertension status post L3-L5 laminectomy with significant radiculopathy on the right side and postlaminectomy syndrome with lumbar radiculopathy. He has been recommended to have a fusion surgery by a spine surgeon however the patient does not want to have any further surgeries -patient is doing well with conservative therapies of acupuncture chiropractic therapies as well as medication management with Percocet

**ICD Codes:** Hip pain (M25.559), Lumbar radiculopathy, chronic (M54.16), Lumbar postlaminectomy syndrome (M96.1), Long term (current) use of opiate analgesic (Z79.891)

### Treatment Plan:

Patient Receive significant pain relief from the epidural injection and the diagnostic phase was consistent however the patient would like to hold off on therapeutic phase of the epidurals fail he has his followup by neurosurgeon

Urine screening at the next office visit

Continue Percocet up to 3 times a day

Bardakjian, Steevio Male 05-23-1970

000271  
L200

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping. Urine screening from April 2019 report demonstrates oxycodone consistent with prescribed medication of Percocet

we'll consider the patient for epidural injection if the above felt epidural injection but likely involve

The patient has interval subjective and objective functional improvement with the medications as documented from BASELINE. The patient has been WEANED to the lowest possible dose. Any further weaning will result in the patient being bedbound and or going to the ER. An opioid contract is on file. Therefore the patient meets all the guidelines criteria of ODG, CMS and CAMTUS guidelines that are utilized in the state of California to continue opioid medications.

We are a multidisciplinary pain clinic as noted on page 78 of the CAMTUS guidelines. This is to be considered anytime the patient's symptoms do not improve on opioids in 3 months. We utilize a combination of Medication Management, Biofeedback, Physical Therapy, Chiropractic, Acupuncture, Psychological intervention and appropriate Interventional Techniques. We assess the patient on a routine basis.

We monitor the 4 A's for ongoing monitoring: Analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. For monitoring patients for long-term use of opioids we also utilize recommendations as noted on page 88 of the CAMTUS. These are patients who are on opioids greater than 6 months. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. We make every effort to assess the pain at every visit, and functioning is measured at 6- month intervals as recommended by the guidelines. For maintenance of the patient's medications we do not lower if the current medication is working as noted on page 89 of the CAMTUS guidelines. All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening.

Included with this report is a handwritten attestation by the patient documenting pain relief and improvement in functional activity before and after taking their prescribed medications. Any utilization review of these medications that does not specifically comment on the handwritten attestation, when provided, is invalid and non-compliant

**Medications prescribed:**

Percocet 10 mg-325 mg tablet 0.5-1 Tablet Three times a Day for 30 Days , Prescribe 90 Tablet

**Work Status:** As per PTP

**Work Restriction:**

Due to the complexities involved with management and close monitoring of this patient's current medications and treatment, it is my opinion that the patient follow up with our office on a regimen of at least every 30 to 45 days to properly assess and treat the patient's condition. The patient's questions were answered in detail. An extended period of time was spent with the patient explaining test results, diagnostic impressions, physical findings, and further plans and alternatives. Should there be any additional questions; the patient is encouraged to contact our office.

Sincerely,

Bardakjian, Steevio Male 05-23-1970

Kevin Kohan, D.O.

**DISCLOSURE:**

The patient was interviewed regarding the undersigned regarding the history. The physical examination was performed entirely by the undersigned physician. The dictation was prepared by myself, including any and all impressions and conclusions described in the discussion. In compliance with the recent Workers Compensation legislation (Labor Code Section 4628 (b): "I declare that the above evaluation was performed by the undersigned and was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (j) of Section 139.2." In compliance with recent Worker's Compensation legislation (Labor Code 4628(j): "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 I have indicated I have 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." In compliance with the recent Workers Compensation legislation (Labor Code Section 5703 under AB 1300): 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. This statement is made under penalty of perjury.

"Dragon medical software may have been used to dictate this note. On occasion errors can occur in the content, grammar, and punctuation. We retain the right to modify this information without notice in the event of errors."

Signed in Los Angeles County, California  
By

Kevin Kohan, D.O.

Kevin Kohan, D.O.

This has been electronically signed by Kevin Kohan, D.O. on 09-03-2019.



**SHAHIN A. SADIK, M.D., Q.M.B.**  
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ASSISTANT CLINICAL PROFESSOR OF USC

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**ANNA KRZYSIAK, P.T.**  
**DEBBIE CASTILLO, P.T.A.**  
**MARC REZNICKOFF, L.A.C., Q.M.B.**  
**OMID MANGERESEHII, D.C.**

000272

Bardakjian, Steevio Male 05-23-1970

000273

Name : Steevio Bardakjian

MR# UPM31805

Date of Operation: 09-03-2019

DOB: 05-23-1970

Opioid Dose Calculator

Category	Test	Result	Remarks
<b>Opioid Dose Calculator</b>			
1	Oxycodone (mg per day)	30	
2	Oxycodone: Morphine Equivalent	45	
3	Oxycodone - Total no. of pills prescribed	90	
4	Oxycodone - No. of days pills prescribed for	30	
5	Oxycodone - mg/pill	10	
6	Oxycodone - Med deviation	30	
7	Total Daily Morphine Equivalent Dose	45	

Combined risk category using Opioid risk tool and Opioid dose is Low

*\* Based on information published by University of California, San Francisco and University of Rochester, Dept. of Palliative Care.*

Kevin Kohan, D.O.

This has been electronically signed by Kevin Kohan, D.O. on 09-03-2019.

Bardakjian, Steevio Male 05-23-1970

000274



# Universal Pain Management

A Comprehensive Approach to Pain and Rehabilitation

**SHAHIN A. SADIK, M.D., Q.M.E.**  
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 ASSISTANT CLINICAL PROFESSOR OF THE

**FRANCIS X. RIEGLER, M.D., Q.M.E.**  
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**RAY H. D'AMOURS, M.D., Q.M.E.**  
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 ASSISTANT CLINICAL PROFESSOR OF THE

**DANIEL ALVES, M.D.**  
 BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY

**ANNA KRZYSIAK, P.T.**  
**DEBBIE CASTILLO, P.T.A.**  
**MARC REZNICKOFF, L.A.C., Q.M.E.**  
**OMID MANGEREFTEH, D.C.**

**IN REFERENCE**

DATE OF BIRTH

SSN

EMPLOYER

INJURY DATE

COMPENSATION CARRIER

ADDRESS

ADJUSTOR

CLAIM NUMBER

WCAB NUMBER

CURRENT EVALUATION

Bardakjian, Steevio

05-23-1970

554-81-2130

OLIVE VIEW MEDICAL CENTER

07-03-2018

TRISTRAR RISK MANAGEMENT

PO BOX 11967, SANTA ANA CA  
92711 - 1967

Regina Diaz

219-00110-B

10-08-2019

**SUPPLEMENTAL REPORT ON PAIN MANAGEMENT PROGRESS (PR-2)**

<input checked="" type="checkbox"/> Periodic Report	<input type="checkbox"/> Change in Treatment Plan	<input type="checkbox"/> Release from Care
<input type="checkbox"/> Change in Work Status	<input type="checkbox"/> Need for Referral or Consultation	<input type="checkbox"/> Response to Release for Information
<input type="checkbox"/> Change in Patient Condition	<input type="checkbox"/> Need for Surgery or Hospitalization	<input checked="" type="checkbox"/> Request for Authorization
<input type="checkbox"/> Other		

This is a consultation report in accordance with the State of California Workers' Compensation Official Medical Fee Schedule effective April 1, 1999, Reports Section, C, Consultation Report.

The following is a report on pain management progress performed at 4835 Van Nuys Blvd, 210, Sherman Oaks CA 91403 - 2109.

**Current Complaints:**

low back and right leg pain

**History of Present Illness**

The patient returns to clinic for general followup visit of low back pain and right leg pain the patient endorses that new imaging is pending and the patient will likely require new follow up visit with surgeon.

Meanwhile the patient is taking Percocet up to 3 times a day which allows him to work he gets 30% improvement of function ability to do his activities of daily living and work full-time. He denies any side effects

Bardakjian, Steevio Male 05-23-1970

000275

and reports that there is functional improvement .

It is the practice of Universal Pain Management to periodically review the 5 domains (The 5 As) which are relevant for ongoing monitoring of chronic pain patient on opioids.

**Analgesia:** The patient reports greater than 30 % pain relief while taking medications, including opioids.

**ADLs/ subjective functional improvement from baseline:** 30 %.

**Functional Objective Improvement:** Patient is able to perform activities such as bathing,grooming,dressing,transfers,ambulation and preparing of meals with the aid of the medications AS EVIDENCED IN THE PERSONAL MEDICATION STATEMENTS PROVIDED UNDER SEPARATE COVER.

**Adverse side effects :** no side effects noted.

**Abuse:** the patient is compliant with the pain management agreement.

**Affect:** the patient's behavior and mood are appropriate. The patient has failed prior medications which include; none.

The duration that the opioid medication lasts is 6 hours.

The onset of symptom relief for their medication is 20 minutes.

Weaning has been tried but was not successful.

Conservative treatment has been tried for more than 3 months but it failed.

An updated pain agreement is present on file.

**VAS (Without Meds):** 7

**VAS (With Meds):** 4

There is 30 % of improvement with opioid medications.

Without medications, the patient is able to ambulate 50 feet as baseline.

With the medications patient able to ambulate 1 block with the medications, an improvement from baseline.

**\*Interval F/U Pain Descriptors:** Location of pain is at low back and right leg pain. Current Pain Changes : same. Patient describes his pain as constant. Recent Diagnostic Studies:

CAT Scan: No.

Discogram: No

EMG: No.

MRI: No.

Myelogram: No.

## Review of Systems

**Neurological:** Reports numbness.

**Constitutional:** Reports sweats.

**Musculoskeletal:** Reports weakness.

## Physical Examination

On a scale of 1 to 10 the pain level is 4. Height (inches): 71.00 Weight (lbs): 215.00 BP: 190/98 mm Hg. Pulse: 97 per min. SpO2: 106. BMI: 30.

**General:** The patient is well developed and well-nourished. Patient is alert and oriented. His mood and affect are normal. Patient is in no acute distress. Patient has good hygiene. There is no apparent loss of coordination.

**HEENT:** Normocephalic: Normal. Atraumatic: Normal. Extraocular muscles: Normal.

**Respiratory:** Breath sounds are equal bilaterally. There is no wheezing.

**Cardio:** Rate and rhythm is regular.

**Abdomen:** The abdomen is soft, with no masses palpated, no rebound, rigidity or tenderness.

**Lumbar Spine:** Inspection of the lumbar spine reveals a scar. Straight leg raise on the right:: positive. Palpation of the lumbar facet reveals pain on both the sides at L3-S1 region. Palpable twitch positive trigger points are noted in the lumbar paraspinous muscles. Anterior lumbar flexion causes pain. There is pain noted with lumbar extension.

**Neurology - Motor Strength:** Motor strength is grossly normal except Weakness of the right L3-4 and L4-5

**Neurology - Sensation:** LE Sensation intact except for Decreased L3-4 and L4-5 right side.

**Neurology - Deep Tendon Reflexes:** Deep Tendon Reflexes are intact throughout except Decrease right knee reflex 1+ Pain with right hip motion

Bardakjian, Stevio Male 05-23-1970

Tenderness of the lumbar spine

000276

**Review of Medical Records:**

CURES reviewed and is consistent with prescribed medications.

35 minutes

**Legal Status:**

Primary Treating Physician: Philip Conwiser MD

Attorney: KOSZDIN, FIELDS, SHERRY & KATZ

P & S Status:

**Impression:**

This patient is a 49-year-old male with a history of diabetes and hypertension status post L3-L5 laminectomy with significant radiculopathy on the right side and postlaminectomy syndrome with lumbar radiculopathy. He has been recommended to have a fusion surgery by a spine surgeon however the patient does not want to have any further surgeries -patient is doing well with conservative therapies of acupuncture chiropractic therapies as well as medication management with Percocet

**ICD Codes:** Hip pain (M25.559), Lumbar radiculopathy, chronic (M54.16), Lumbar postlaminectomy syndrome (M96.1), Long term (current) use of opiate analgesic (Z79.891)

**Treatment Plan:**

\* Today I am ordering a urine drug test. Urine drug testing (UDT) is used to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances—v58.69), to diagnose substance misuse (abuse), addiction and/or other aberrant drug-related behavior, to guide treatment. The frequency of random testing is determined by an individualized opioid risk score which is based upon the patient's individual medical history, and the type and quantity of drugs prescribed.

If the results of the definitive drug test are inconsistent, it could result in the patient being denied medication refills, counseled for aberrant behavior, recommended for detoxification or terminated from this practice. Patient Receive significant pain relief from the epidural injection and the diagnostic phase was consistent however the patient would like to hold off on therapeutic phase of the epidurals fail he has his followup by neurosurgeon

Continue Percocet up to 3 times a day

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping.

Bardakjian, Steevio Male 05-23-1970

000277

Urine screening from April 2019 report demonstrates oxycodone consistent with prescribed medication of Percocet

The patient has interval subjective and objective functional improvement with the medications as documented from BASELINE. The patient has been WEANED to the lowest possible dose. Any further weaning will result in the patient being bedbound and or going to the ER. An opioid contract is on file. Therefore the patient meets all the guidelines criteria of ODG, CMS and CAMTUS guidelines that are utilized in the state of California to continue opioid medications.

We are a multidisciplinary pain clinic as noted on page 78 of the CAMTUS guidelines. This is to be considered anytime the patient's symptoms do not improve on opioids in 3 months. We utilize a combination of Medication Management, Biofeedback, Physical Therapy, Chiropractic, Acupuncture, Psychological intervention and appropriate Interventional Techniques. We assess the patient on a routine basis.

We monitor the 4 A's for ongoing monitoring: Analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. For monitoring patients for long-term use of opioids we also utilize recommendations as noted on page 88 of the CAMTUS. These are patients who are on opioids greater than 6 months. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. We make every effort to assess the pain at every visit, and functioning is measured at 6- month intervals as recommended by the guidelines. For maintenance of the patient's medications we do not lower if the current medication is working as noted on page 89 of the CAMTUS guidelines. All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening.

Included with this report is a handwritten attestation by the patient documenting pain relief and improvement in functional activity before and after taking their prescribed medications. Any utilization review of these medications that does not specifically comment on the handwritten attestation, when provided, is invalid and non-compliant

**Medications prescribed:**

Percocet 10 mg-325 mg tablet 0.5-1 Tablet Three times a Day for 30 Days , Prescribe 90 Tablet

**Work Status:** As per PTP

**Work Restriction:**

Due to the complexities involved with management and close monitoring of this patient's current medications and treatment, it is my opinion that the patient follow up with our office on a regimen of at least every 30 to 45 days to properly assess and treat the patient's condition. The patient's questions were answered in detail. An extended period of time was spent with the patient explaining test results, diagnostic impressions, physical findings, and further plans and alternatives. Should there be any additional questions; the patient is encouraged to contact our office.

Sincerely,



Kevin Kohan, D.O.

Bárdakján, Steevio Male 05-23-1970

**DISCLOSURE:**

The patient was interviewed regarding the undersigned regarding the history. The physical examination was performed entirely by the undersigned physician. The dictation was prepared by myself, including any and all impressions and conclusions described in the discussion. In compliance with the recent Workers Compensation legislation (Labor Code Section 4628 (b): "I declare that the above evaluation was performed by the undersigned and was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (j) of Section 139.2." In compliance with recent Worker's Compensation legislation (Labor Code 4628(j): "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 I have indicated I have 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." In compliance with the recent Workers Compensation legislation (Labor Code Section 5703 under AB 1300): 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. This statement is made under penalty of perjury.

"Dragon medical software may have been used to dictate this note. On occasion errors can occur in the content, grammar, and punctuation. We retain the right to modify this information without notice in the event of errors."

Signed in Los Angeles County, California

By



Kevin Kohan, D.O.

# PHILIP H. CONWISAR, M.D.

A Professional Corporation

*Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery*

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

October 10, 2019

Tristar Risk Management  
P.O. Box 11967  
Santa Ana, CA 92711

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**  
D/I: July 3, 2018  
OCC: RN IT Project Manager  
EMP: Olive View Medical Center  
Los Angeles County  
Health Care Department  
D/E: October 10, 2019  
CLAIM #: 219-00110-B  
WCAB #: ADJ11540526

## **PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2**

The patient returns to the office today. He has persistent severe low back pain that radiates to the lower extremities. We have obtained authorization for second opinion spine surgical consultation which is pending scheduling.

### **OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:**

#### **LUMBAR SPINE EXAMINATION:**

There is a healed incision, lumbar spine.

The patient ambulates with an antalgic gait. There is a limp present on the right. He uses a cane for assistance with ambulation.

#### **LUMBAR SPINE EXAMINATION:**

The patient stands with a flattened lumbar lordosis. The crests of the ilium are parallel to the floor. There is no list to either the right or left. There is no scoliosis. The gluteus maximus on the right and left show no evidence of atrophy, bilaterally.

There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles.

With direct palpation, there is no generalized tenderness in the lumbar spine.

There is no tenderness in the right and left sacroiliac joints, bilaterally.

There is no tenderness in the right and left sciatic notches, bilaterally.

#### RANGE OF MOTION:

Flexion is to 40 degrees, with increased low back pain.

Extension is to 0 degrees, with increased low back pain.

Right lateral bending is to 10 degrees, with increased low back pain.

Left lateral bending is to 5 degrees, with increased low back pain.

#### SUPINE POSITION:

Straight leg raising is to 30 degrees, on the right, with pain in the lower back region.

Straight leg raising is to 60 degrees, on the left, without pain in the lower back region.

TESTS:	RIGHT	LEFT
Lasègue Test:	Negative	Negative
Contralateral SLR:	Negative	Negative
Patrick's Test:	Negative	Negative
Gaenslen's Test:	Negative	Negative
Babinski:	Negative	Negative
Ankle Clonus:	Negative	Negative

#### VASCULAR EXAM:

Posterior tibial pulses are present.

Dorsalis pedis pulses are present.

#### NEUROLOGIC EXAM:

#### MOTOR TESTING:

	RIGHT	LEFT	RIGHT	LEFT
Hip Flexion:	5/5	5/5	Hip Extension:	5/5
Knee Extension:	4+/5	5/5	Knee Flexion	5/5

Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5	5/5
Great Toe Extension:	4+/5	5/5	Great Toe Flexion:	5/5	5/5

**SENSATION:**

Sensation in the lower extremities is not impaired.

There is decreased sensation:

Right      Left

L1	
L2	
L3	
L4	X
L5	X
S1	

**DEEP TENDON REFLEXES:**                  **RIGHT**                  **LEFT**

Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

**DIAGNOSTIC STUDIES:**

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

**DIAGNOSES:**

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.

**DISCUSSION/TREATMENT PLAN:**

The patient is having persistent severe low back pain with radiating pain to the lower extremities. We have received authorization for spine surgical consultation. This is pending scheduling.

The patient will return for reevaluation in six weeks.

**WORK/DISABILITY STATUS:**

The patient can continue working. He is restricted from repetitive bending, stooping and lifting over 10 pounds. He is restricted to no more than 30 minutes of walking and standing per hour of work.

Should you have any questions, please do not hesitate to contact this office.

*The above evaluation was performed on October 10, 2019 by the undersigned at my office located at 4835 Van Nuys Blvd., Ste. 210, Sherman Oaks, CA 91403. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.*

*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 I have indicated I have 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 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.*



Philip H. Conwisar, M.D., F.A.A.O.S.  
Diplomate, American Board of Orthopaedic Surgery

Date: October 10, 2019 Los Angeles County, California

PHC/jt

cc: Koszdin, Fields Sherry & Katz  
Robert Katz, Attorney at Law  
6151 Van Nuys Boulevard  
Van Nuys, CA 91401

October 10, 2019

Page 5 of 5

**000283**

cc: Lewis, Brisbois, Bisgaard & Smith  
633 West 5<sup>th</sup> St. Suite 4000  
Los Angeles, CA 90071

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA- COUNTY OF Los Angeles  
I, the undersigned, am employed in the county of Los Angeles  
and the state of California. I am over eighteen years of age  
and not a party to the within action. My business address is:  
4835 VAN NUYS BLVD., 210  
SHERMAN OAKS, CA 91403

000284

On Tue Nov 26 I served a Medical/Legal Lien and report on  
BARDAKJIAN, STEEVI , Account 74183 , by placing a true copy thereof  
enclosed in a sealed envelope with postage thereon fully prepaid,  
in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : TRISTAR RISK MGMT  
PO BOX 11967  
SANTA ANA , CA 92711
- 2) Employer : OLIVE VIEW MEDICAL CENTER  
14445 OLIVE VIEW DRIVE  
SYLMAR , CA 91342
- 3) Applicant Attorney: KATZ ESQ., ROBERT  
6151 VAN NUYS BLVD.  
SHERMAN OAKS, CA 91401
- 4) Defense Attorney :

"I have not violated Labor Code section 139.3  
and the contents of the report and bill are  
true and correct to the best of my knowledge.  
This statement is made under penalty of perjury."

DATE OF REPORT:

Dated this 26<sup>th</sup> day of NOV. 20 19  
at SHERMAN OAKS , California

SIGNED

## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

 PICA

TRISTAR RISK MGMT

PO BOX 11967

SANTA ANA CA 92711

WC

PICA

000285

1. MEDICARE <input type="checkbox"/> (Medicare#)	MEDICAID <input type="checkbox"/> (Medicaid#)	TRICARE <input type="checkbox"/> (ID#/DoD#)	CHAMPVA <input type="checkbox"/> (Member ID#)	GROUP HEALTH PLAN <input type="checkbox"/> (ID#)	FECA BLK LUNG (ID#)	OTHER <input checked="" type="checkbox"/> (ID#)	1a. INSURED'S I.D. NUMBER 554812130	(FOR PROGRAM IN ITEM 1)			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>BARDAKJIAN, STEEVIO</b>			3. PATIENT'S BIRTHDATE MM DD YY 05231970 M <input checked="" type="checkbox"/> F <input type="checkbox"/>			4. INSURED'S NAME (Last Name, First Name, Middle Initial) <b>OLIVE VIEW MEDICAL CENTER</b>					
5. PATIENT'S ADDRESS (No., Street) <b>25367 SPLENDIDO CT</b>			6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>			7. INSURED'S ADDRESS (No, Street) <b>14445 OLIVE VIEW DRIVE</b>					
CITY <b>STEVENSON RNH</b>	STATE <b>CA</b>	8. RESERVED FOR NUCC USE			CITY <b>SYLMAR</b>			STATE <b>CA</b>			
ZIP CODE <b>91381-2005</b>	TELEPHONE (Include Area Code) <b>(818) 4062639</b>				ZIP CODE <b>91342</b>	TELEPHONE (Include Area Code) <b>( )</b>					
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO:			11. INSURED'S POLICY GROUP OR FECA NUMBER					
a. OTHER INSURED'S POLICY OR GROUP NUMBER			a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>					
b. RESERVED FOR NUCC USE			b. AUTO ACCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)			b. OTHER CLAIM ID (Designated by NUCC) <b>219-00110-B</b>					
c. RESERVED FOR NUCC USE			c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			c. INSURANCE PLAN NAME OR PROGRAM NAME					
d. INSURANCE PLAN NAME OR PROGRAM NAME			10d. CLAIM CODES (Designated by NUCC)			d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.					
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.											
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.											
SIGNED SIGNATURE ON FILE DATE 11012019											
14. DATE OF CURRENT: ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY <b>07032018</b> QUAL. <b>431</b>			15. OTHER DATE QUAL. MM DD YY <b>17</b>			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE <b>DN PHILIP CONWISAR</b>			17a. <input type="checkbox"/>	17b. NPI <b>1699883926</b>	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY						
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)											
20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NO PURCH. SVC.											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. <b>O</b>											
A. <input type="checkbox"/> <b>M5126</b>	B. <input type="checkbox"/> <b>M5416</b>	C. <input type="checkbox"/> <b>I</b>	D. <input type="checkbox"/> <b>J</b>	E. <input type="checkbox"/> <b>L</b>	F. <input type="checkbox"/> <b>G</b>	G. <input type="checkbox"/> <b>H</b>	H. <input type="checkbox"/> <b>K</b>	I. <input type="checkbox"/> <b>L</b>			
22. RESUBMISSION CODE ORIGINAL REF. NO.											
23. PRIOR AUTHORIZATION NUMBER											
24. A. DATE(S) OF SERVICE FROM MM DD YY <b>10102019</b>	B. PLACE OF SERV. EMG <b>11</b>	C. CPT/HCPCS <b>99214</b>	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) MODIFIER			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
10102019	11	99214				AB	175.00	1		NPI	<b>193200000X</b>
10102019	11	WC002				AB	40.00	1		NPI	<b>1699883926</b>
										NPI	
										NPI	
										NPI	
										NPI	
25. FEDERAL TAX I.D. NUMBER <b>954814467</b>			SSN EIN <input checked="" type="checkbox"/>	26. PATIENT'S ACCOUNT NO. <b>74183</b>		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	28. TOTAL CHARGE \$ 215.00	29. AMOUNT PAID \$ 0.00	30. Rsvd for NUCC Use 215.00		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and am making a copy thereof.) <b>PHILIP CONWISAR MD</b> 11012019			32. SERVICE FACILITY LOCATION INFORMATION <b>PHILIP CONWISAR MD INC 4835 VAN NUYS BLVD 210 SHERMAN OAKS CA 91403 2109</b>			33. BILLING PROVIDER INFO & PH # ( 818 7841354 <b>PHILIP CONWISAR M D INC 4835 VAN NUYS BLVD 210 SHERMAN OAKS CA 91403 2109</b>					
SIGNED <i>[Signature]</i>	DATE <b>11012019</b>	a. 1184907123			b. 1184907123	b. 1184907123					

PLEASE PRINT OR TYPE

Bardakjian, Steevio Male 05-23-1970

000286



# Universal Pain Management

A Comprehensive Approach to Pain and Rehabilitation

**SHAIJIN A. SADIK, M.D., Q.M.E.**  
 BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
 ASSISTANT CLINICAL INSTRUCTOR OF THE

**FRANCIS X. RIEGLER, M.D., Q.M.E.**  
 BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
 ASSISTANT CLINICAL INSTRUCTOR OF THE

**RAY H. J'AMOURS, M.D., Q.M.E.**  
 BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
 ASSISTANT CLINICAL INSTRUCTOR OF THE

**DANIEL ALVES, M.D.**  
 BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY

**ANNA KRZYSIAK, P.T.**  
**DEBBIE CASTILLO, P.T.A.**  
**MARC REZNICKOFF, L.A.C., Q.M.E.**  
**OMID MAHGERFTEH, D.C.**

IN REFERENCE	:	Bardakjian, Steevio
DATE OF BIRTH	:	05-23-1970
SSN	:	554-81-2130
EMPLOYER	:	OLIVE VIEW MEDICAL CENTER
INJURY DATE	:	07-03-2018
COMPENSATION CARRIER	:	TRISTRAR RISK MANAGEMENT
ADDRESS	:	PO BOX 11967, SANTA ANA CA 92711 - 1967
ADJUSTOR	:	Regina Diaz
CLAIM NUMBER	:	219-00110-B
WCAB NUMBER	:	
CURRENT EVALUATION	:	11-04-2019

#### SUPPLEMENTAL REPORT ON PAIN MANAGEMENT PROGRESS (PR-2)

(XX) Periodic Report	<input type="checkbox"/> Change in Treatment Plan	<input type="checkbox"/> Release from Care
<input type="checkbox"/> Change in Work Status	<input type="checkbox"/> Need for Referral or Consultation	<input type="checkbox"/> Response to Release for Information
<input type="checkbox"/> Change in Patient Condition	<input type="checkbox"/> Need for Surgery or Hospitalization	<input checked="" type="checkbox"/> Request for Authorization
<input type="checkbox"/> Other		

This is a consultation report in accordance with the State of California Workers' Compensation Official Medical Fee Schedule effective April 1, 1999, Reports Section, C, Consultation Report.

The following is a report on pain management progress performed at 28212 Kelly Johnson Parkway, Suite 155, Valencia CA 91355 - 5084.

#### Current Complaints:

Low back and right leg pain

#### History of Present Illness

Returns to clinic for internal followup visit of low back pain versus accommodation medications are working well denies any side effects the patient reports that the medications allows functional improvement and ability to work

It is the practice of Universal Pain Management to periodically review the 5 domains (The 5 As) which are

Bardakjian, Steevio Male 05-23-1970

000287

relevant for ongoing monitoring of chronic pain patient on opioids.

**Analgesia:** The patient reports greater than 30 % pain relief while taking medications, including opioids.

**ADLs/ subjective functional improvement from baseline:** 30 %.

**Functional Objective Improvement:** Patient is able to perform activities such as

bathing,grooming,dressing,transfers,ambulation and preparing of meals with the aid of the medications AS EVIDENCED IN THE PERSONAL MEDICATION STATEMENTS PROVIDED UNDER SEPARATE COVER.

**Adverse side effects :** no side effects noted.

**Abuse:** the patient is compliant with the pain management agreement.

**Affect:** the patient's behavior and mood are appropriate. The patient has failed prior medications which include; none.

The duration that the opioid medication lasts is 6 hours.

The onset of symptom relief for their medication is 20 minutes.

Weaning has been tried but was not successful.

Conservative treatment has been tried for more than 3 months but it failed.

An updated pain agreement is present on file.

**VAS (Without Meds):** 7

**VAS (With Meds):** 4

There is 30 % of improvement with opioid medications.

Without medications, the patient is able to ambulate 50 feet as baseline.

With the medications patient able to ambulate,1,block with the medications, an improvement from baseline.

**\*Interval F/U Pain Descriptors:** Location of pain is at Low back and right leg pain. Current Pain Changes :

fluctuates in intensity. Patient describes his pain as constant. Recent Diagnostic Studies:

CAT Scan: No.

Discogram: No

EMG: No.

MRI: No.

Myelogram: No.

### Review of Systems

**Neurological:** Reports numbness.

**Constitutional:** Reports sweats.

**Musculoskeletal:** Reports weakness.

### Physical Examination

On a scale of 1 to 10 the pain level is 7. Height (inches): 71.00 Weight (lbs): 215.00 BP: 158/93 mm Hg. Pulse: 104 per min. SpO2: 96. BMI: 30.

**General:** The patient is well developed and well-nourished. Patient is alert and oriented. His mood and affect are normal. Patient is in no acute distress. Patient has good hygiene. There is no apparent loss of coordination.

**HEENT:** Normocephalic: Normal. Atraumatic: Normal. Extraocular muscles: Normal.

**Respiratory:** Breath sounds are equal bilaterally. There is no wheezing.

**Cardio:** Rate and rhythm is regular.

**Abdomen:** The abdomen is soft, with no masses palpated, no rebound, rigidity or tenderness.

**Lumbar Spine:** Inspection of the lumbar spine reveals a scar. Straight leg raise on the right:: positive. Palpation of the lumbar facet reveals pain on both the sides at L3-S1 region. Palpable twitch positive trigger points are noted in the lumbar paraspinous muscles. Anterior lumbar flexion causes pain. There is pain noted with lumbar extension.

**Neurology - Motor Strength:** Motor strength is grossly normal except Weakness of the right L3-4 and L4-5

**Neurology - Sensation:** LE Sensation intact except for Decreased L3-4 and L4-5 right side.

**Neurology - Deep Tendon Reflexes:** Deep Tendon Reflexes are intact throughout except Decrease right knee reflex 1+ Pain with right hip motion

Tenderness of the lumbar spine

Bardakjian, Steevio Male 05-23-1970

000288

## PAIN MANAGEMENT

- UDS

### Review of Medical Records:

Oxycodone on 10/2019 UDS results noted.

We are prescribing controlled substances. The most recent urine drug screen was done on 10-08-2019.  
35 minutes

### Legal Status:

Primary Treating Physician: Philip Conwisar MD

Attorney: KOSZDIN, FIELDS, SHERRY & KATZ

P & S Status:

### Impression:

This patient is a 49-year-old male with a history of diabetes and hypertension status post L3-L5 laminectomy with significant radiculopathy on the right side and postlaminectomy syndrome with lumbar radiculopathy. He has been recommended to have a fusion surgery by a spine surgeon however the patient does not want to have any further surgeries -patient is doing well with conservative therapies of acupuncture chiropractic therapies as well as medication management with Percocet

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping. Urine screening from 10/ 2019 report demonstrates oxycodone consistent with prescribed medication of Percocet

**ICD Codes:** Hip pain (M25.559), Lumbar radiculopathy, chronic (M54.16), Lumbar postlaminectomy syndrome (M96.1), Long term (current) use of opiate analgesic (Z79.891)

We are prescribing controlled substances. The most recent urine drug screen was done on 10-08-2019.

### Treatment Plan:

Recommended the patient to follow up with neurosx/spine surgeon.

Patient Receive significant pain relief from the epidural injection and the diagnostic phase was consistent however the patient would like to hold off on therapeutic phase of the epidurals fail he has his followup by neurosurgeon

Continue Percocet up to 3 times a day

Bardakjian, Steevio Male 05-23-1970

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping. Urine screening from 10/ 2019 report demonstrates oxycodone consistent with prescribed medication of Percocet

The patient has interval subjective and objective functional improvement with the medications as documented from BASELINE. The patient has been WEANED to the lowest possible dose. Any further weaning will result in the patient being bedbound and or going to the ER. An opioid contract is on file. Therefore the patient meets all the guidelines criteria of ODG, CMS and CAMTUS guidelines that are utilized in the state of California to continue opioid medications.

We are a multidisciplinary pain clinic as noted on page 78 of the CAMTUS guidelines. This is to be considered anytime the patient's symptoms do not improve on opioids in 3 months. We utilize a combination of Medication Management, Biofeedback, Physical Therapy, Chiropractic, Acupuncture, Psychological intervention and appropriate Interventional Techniques. We assess the patient on a routine basis.

We monitor the 4 A's for ongoing monitoring: Analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. For monitoring patients for long-term use of opioids we also utilize recommendations as noted on page 88 of the CAMTUS. These are patients who are on opioids greater than 6 months. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. We make every effort to assess the pain at every visit, and functioning is measured at 6- month intervals as recommended by the guidelines. For maintenance of the patient's medications we do not lower if the current medication is working as noted on page 89 of the CAMTUS guidelines. All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening.

Included with this report is a handwritten attestation by the patient documenting pain relief and improvement in functional activity before and after taking their prescribed medications. Any utilization review of these medications that does not specifically comment on the handwritten attestation, when provided, is invalid and non-compliant.

**Medications prescribed:**

Percocet 10 mg-325 mg tablet 0.5-1 Tablet Three times a Day for 30 Days , Prescribe 90 Tablet

**Work Status:** As per PTP

**Work Restriction:**

Due to the complexities involved with management and close monitoring of this patient's current medications and treatment, it is my opinion that the patient follow up with our office on a regimen of at least every 30 to 45 days to properly assess and treat the patient's condition. The patient's questions were answered in detail. An extended period of time was spent with the patient explaining test results, diagnostic impressions, physical findings, and further plans and alternatives. Should there be any additional questions; the patient is encouraged to contact our office.

Sincerely,



Kevin Kohan, D.O.

000289

Bardakjian, Steevio Male 05-23-1970

000290

**DISCLOSURE:**

The patient was interviewed regarding the undersigned regarding the history. The physical examination was performed entirely by the undersigned physician. The dictation was prepared by myself, including any and all impressions and conclusions described in the discussion. In compliance with the recent Workers Compensation legislation (Labor Code Section 4628 (b)): "I declare that the above evaluation was performed by the undersigned and was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (j) of Section 139.2." In compliance with recent Worker's Compensation legislation (Labor Code 4628(j)): "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 I have indicated I have 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." In compliance with the recent Workers Compensation legislation (Labor Code Section 5703 under AB 1300): 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. This statement is made under penalty of perjury.

"Dragon medical software may have been used to dictate this note. On occasion errors can occur in the content, grammar, and punctuation. We retain the right to modify this information without notice in the event of errors."

Signed in Los Angeles County, California  
By

Kevin Kohan, D.O.

Kevin Kohan, D.O.

This has been electronically signed by Kevin Kohan, D.O. on 11-04-2019.

# EDWIN HARONIAN, M.D.

DISORDERS & SURGERY OF THE SPINE



000291

- Minimally Invasive Spine Surgery
- Complex & Revision Spine Surgery
- Comprehensive Spine Care



- Certified, American Board of Orthopedic Surgery
- Fellow, American Academy of Orthopedic Surgeons



- Member, North American Spine Society

- American College of Spine Surgery



- Alumni, Kerlan-Jobe Orthopedic Clinic

5651 SEPULVEDA BLVD., STE 201  
SHERMAN OAKS, CA 91411  
PH: (818)788-2400  
FAX: (818) 788-2453

724 CORPORATE CENTER DRIVE  
SECOND FLOOR  
POMONA, CA 91768  
PH. (909) 622-6222  
FX. (909) 622-6220

Philip Conwisar, M.D.  
4835 Van Nuys Blvd #210  
Sherman Oaks, CA 91403

Patient Name : Steevio Bardakjian  
Date of Service : November 7, 2019  
Claim # : 219-00110-B  
Employer : Olive View Medical Center  
Date of Birth : May 23, 1970  
Date of Injury : 07/03/2018  
File # : 20059509

## INITIAL ORTHOPEDIC EVALUATION OF A SECONDARY PHYSICIAN

The above captioned patient, a 49-year-old right-hand dominant male, presented in my Sherman Oaks office, located at 5651 Sepulveda Boulevard, Suite 201, Sherman Oaks, CA 91411, on November 7, 2019 for an orthopedic examination.

The following is a presentation of my initial evaluation and over all recommendations. The history was obtained by my medical historian, Mr. Antonio Salazar. I then reviewed the history in detail with patient.

### HISTORY OF INJURY:

Mr. Bardakjian stated that on July 3, 2018, he was working under a desk and as he came back into a standing position, he felt a snapping sensation in his lower back which was followed by sharp pain.

He reported the injury to his supervisor and on July 8, 2018, he went to the emergency room of Henry Mayo Hospital where he was administered and prescribed pain medications. He underwent MRI studies.

After that he was referred to Facey Medical Group by his employer where he was evaluated on one occasions.

After that he was referred to Dr. Barkohana, an orthopedic surgeon who advised him that he needed emergency surgery which was performed on August 4, 2018. He underwent a discectomy. For postoperative care, he received a course of physical therapy and aquatic therapy.

Since February of 2019, he has been treating with Dr. Conwiser who obtained MRI studies and prescribed pain medications, acupuncture, physical and chiropractic treatment. He received a lumbar epidural injection three months ago providing only two to three days of pain relief. He has not received other treatment and has been working with restrictions since April of 2019.

He stated that a week ago, he was evaluated by Dr. Lee Woods, an orthopedic surgeon who served in the capacity of a QME.

He presents to my office today for a comprehensive orthopedic evaluation.

**JOB DESCRIPTION:**

The patient began employment with Olive View Medical Center as a RN It Project Manager since 1999.

He worked ten hours per day, four days per week. His job duties at the time of injury included: doing general office and administrative duties, driving to meetings, operating a computer, creating reports, typing, entering data and managing projects.

The precise activities required entailed prolonged sitting, standing and walking, as well as continuous fine maneuvering of his hands and fingers, and repetitive bending, stooping, squatting, kneeling, twisting, turning, forceful pulling and pushing, forceful gripping and grasping.

**CURRENT WORK STATUS:**

The patient is currently working with restrictions.

**PRESENT COMPLAINTS:**

Lower Back:

The patient has complaints of constant lower back pain with pain, numbness and tingling radiating into his right leg. He states coughing and sneezing aggravate his lower back. His pain increases with prolonged standing, walking and sitting activities. He is unable to sit for more than 30 minutes, before his pain symptoms increase. He has difficulty bending forward, backwards, sideways, and driving for a prolonged period of time. He also has difficulty sleeping and awakens with pain and discomfort. His pain level varies throughout

the day depending on activities. Pain medications and rest provide temporary pain relief.

**MEDICAL HISTORY:**

The patient has a history of type II diabetes.

The patient has no known history of heart disease, high blood pressure, kidney disease, tuberculosis, cancer, ulcers, pneumonia, lung disease, eye problems, skin problems, asthma, hepatitis, liver disease, thyroid disease, gout, rheumatoid arthritis, Lupus, or arthritis.

**SURGERIES:**

The patient underwent a lumbar laminectomy.

**INJURIES:**

The patient denies any previous accidents or injuries.

**MEDICATIONS:**

The patient is currently taking Glucophage and Percocet.

**ALLERGIES:**

The patient has no known allergies to any medications.

**SOCIAL HISTORY:**

The patient is single and has a stepson. He does not drink and does not smoke.

**FAMILY HISTORY:**

Noncontributory.

**HOBBIES:**

The patient stated that he does not have any hobbies.

**ACTIVITIES OF DAILY LIVING:**

The patient states prior to the above noted injury he had no disabling conditions and could perform all activities of daily living without any difficulties.

The patient states since the injury noted above he has difficulty taking out the trash, cleaning, driving for prolonged distances, bending forward to pick up items from the floor and lace his shoes, climbing stairs, kneeling, getting in and out of his car.

**PHYSICAL EXAMINATION:**

HEIGHT: 5' 11"

WEIGHT: 215lbs

**Lumbar Examination:**

**Patient has a slow, antalgic gait and is ambulating with a cane.** On visual inspection, there is no deformity, defect, or swelling about the dorsolumbar spine. No scar or incision was noted. There is no evidence of deformity such as scoliosis or kyphosis.

**There is tenderness and spasm in the paravertebral muscle, but not the spinous processes and the flank. The sciatic notch area was not tender. The patient toe and heel walks with pain. The patient squats with pain.**

Lumbar Range of Motion	ROM	Normal	Spasm	Pain
Forward Flex	---	60° finger to ankle	Present	Present
Extension	---	25°	Present	Present
Lateral Flex (rt.)	---	25°	Present	Present
Lateral Flex (lt.)	---	25°	Present	Present
Rotation (rt.)	---	25°	Present	Present
Rotation (lt.)	---	25°	Present	Present

**Electronic inclinometers were used for the formal ranges of motion studies. Please see attached which was used for this evaluation.**

**Supine straight leg raising: Right 40, Left 90 with right L5 pain.**  
Sitting straight leg rising was similar. Lasegue test was negative bilaterally.

Motor Function	Right	Left	Normal
Ankle Dorsiflex L4	5	5	5
Great Toe Ext L5	5	5	5
Ankle Planar Flex S1	5	5	5
Knee Ext L4, L5	5	5	5
Knee Flexion	5	5	5
Hip Abductors	5	5	5
Hip Adductors	5	5	5

**Deep tendon reflexes are reduced at the right knee not the ankle joints. Palpation over the sacroiliac joint did not elicit tenderness. The FABER (Patrick's) test was negative bilaterally.**

Sensory Function	Right	Left	Normal
L3 Anterior Thigh	Intact	Intact	Intact
L4 Medial Leg, Inner Foot	Intact	Intact	Intact
L5 Lateral Leg, Mid Foot	Decreased with pain	Intact	Intact
S1 Post. Leg, Outer Foot	Intact	Intact	Intact

**Hip Examination:**

Hip Range of Motion	Right	Left	Normal
Flexion	100°	100°	100°
Extension	0°	0°	0°
Abduction	25°	25°	25°
Adduction	15°	15°	15°
Ext Rotation	35°	35°	35°
Internal Rotation	20°	20°	20°

Range of motion was accomplished with no pain or mechanical block. Strength of hips were normal. There was pain with flexion, adduction, internal rotation and external rotation on the right. No tenderness was noted at the ASIS, rectus femoris, or greater trochanter. Trendeleberg sign and Ober test were negative. There was no iliopsoas or iliotibial band clicking.

**REVIEW OF RADIOGRAPHIC STUDIES:**

Four views of the lumbar spine were obtained. AP view showed no fracture, dislocation or other abnormality. Bridging lateral osteophytes are noted especially at L2-L3. The lateral view shows calcification, duplication in the anterior longitudinal ligament throughout the lower thoracic and lumbar spine from T11 through S1, with bridging osteophytes noted. There was no loss of disc height noted. There is no evidence of spondylolysis, spondylolisthesis, fracture, dislocation or other abnormality. Flexion and extension views were obtained, which revealed no additional pathologies.

Two views of the patient's right hip were obtained. Evidence of avascular necrosis was noted with alteration of the cortical bone at the femoral head. There was mild osteoarthritic changes noted as well.

**REVIEW OF MEDICAL RECORDS:**

Range of motion studies were performed in the office today using double electronic inclinometry and have been reviewed. Letter of referral from the primary is present and has been reviewed as well as the patient's demographic data, and authorization for the orthopedic consult.

MRI study of the lumbar spine was conducted on November 8, 2018. This revealed 4 mm protrusion at the L4-L5 level. Granulation tissue was noted in the right hemilaminectomy site at that level. There was moderate-to-severe narrowing of the left neural foramen at that level impinging the left L4 nerve root. At L3-L4, a 3 mm bulge was noted with right hemilaminectomy and the granulation tissue at the site. A 1 mm disc bulge was seen at L5-S1.

An earlier MRI study of the lumbar spine was conducted on July 10, 2018. Central canal

was noted to be congenitally small. Same disc bulges were seen as on the later study.

Neurodiagnostics of the lower extremities was conducted on June 20, 2019. This showed peripheral polyneuropathy, and chronic neuropathic changes bilaterally in L4 and L5.

**DIAGNOSIS:**

Lumbosacral radiculopathy status post hemilaminectomy.

**DISCUSSION:**

The patient is a 49-year-old male who sustained industrial injury on July 3, 2018, working as an RN and Project Manager at Olive View Medical Center. He states that on the date of injury, he stood up from working under a desk and felt a snapping sensation in the back followed by pain. He was brought to the emergency department received medications, and underwent MRI studies. He was then seen by Dr. Barcohana, who conducted surgical intervention on August 4, 2018. He continued under the care of the current primary treating physician since February 2019, for MRI, medical treatment, acupuncture, physical therapy, chiropractic, and epidural steroid injection months ago. He has been seen by the QME, and is presenting today for orthopedic evaluation.

The patient presenting complaining of back pain which radiates into the right lower extremity with pain, paresthesia, and numbness.

Physical examination shows healed incision at the site of the previous surgical intervention. Spasm, tenderness, and guarding noted in the paravertebral musculature of the lumbar spine. Decreased sensation noted in the right L5 dermatome with positive straight leg raise at 40 degrees and diminished patellar reflex noted on that side. The patient has a slow antalgic gait and uses a one-point cane to assist in ambulation.

All conditions, risks, benefits, and alternatives were discussed with the patient, and the patient verbalized understanding. We request that all prior medical records and diagnostic studies be forwarded to our attention, so that we may avoid duplication in testing and treatment. In particular, MRI images are needed in order to make the surgical recommendations which have been requested.

However, given the continued pain and radicular symptomatology, it seems evident that a fusion of some type is warranted mostly to the L4-L5 level. More specific recommendations will be provided once the MRI images are reviewed.

Medications will be deferred to pain management, and the patient's work restrictions will be deferred to the primary.

The patient will return to my attention in four weeks although he is welcome to return prior to that date, if he is in possession of the MRI images.

During the evaluation the patient indicated he had significant right hip pain. This was evaluated and the patient showed inguinal tenderness with crepitus and limited range of motion in all planes due to pain. As we indicated, the patient had antalgic gait.

We recommend to the primary treating physician that MRI study of the right hip be obtained. The patient is presenting with evidence of degeneration of the right hip joint with possible easy end of the femoral head.

The patient will return to my attention at which time, it is our hope to be in possession of the MRI study in order to make additional treatment recommendations for the right hip as well as the back.

I hope the above information has been helpful to you and thank you for referring this patient to my office for orthopedic examination.

*We request to be added to the Address List for Services of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Worker's Compensation Appeals Board. We are advising the Worker's Compensation appeals Board that we may not appear at the hearings or Mandatory Settlement Conferences for the case in chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manual index No. 60610, effective February 1, 1995, we request that defendants, with full authority to resolve our lien, telephone our office and ask to speak with our "workers' compensation lien negotiator".*

*Authorizations for transportation, medication, physiotherapy, rehabilitation, a conditioning program and the above stated recommendations are requested based upon medically reasonable treatment requirements. This is per labor code 4600 and Title 8, Section 9792.6, C.C.R. and Rule 9785(b). Furthermore, we are requesting that all the medical records be forwarded to our office to avoid repetition in testing and treatment. Please provide us with information regarding the status of the case as soon as possible.*

*To complete this examination I have been assisted, as needed, for taking histories, taking x-rays, assisting with the patient, transcription of reports by some or all of the following personnel Alma Azucar, Maria Valles, Marlen Sanchez, Laura Casillas and Emily Shemwell. Sherry Leoni, DC, or Randy Cockrell, DC, may also have assisted in compiling and editing of this report. If required an interpreter was provided. All of the above individuals are qualified to perform the described activities by reason of individual training or under my direct supervision. I certify that this examiner reviewed the history and the past medical records directly with the patient. The examination of the patient, and interpretation of tests and x-rays, was all performed by this examiner. The dictation and the review of the final report were performed entirely by me. The opinions and conclusions contained in this report are entirely my own. I declare, under penalty of perjury, that the information contained in this report, and any attachments, is true and correct, and that there has not been a violation in this report of Section 139.3 L.C. to the best of my knowledge and belief, except as to information that I have indicated was received from others. As to that information I declare under penalty of perjury, that I have accurately detailed the information provided me and, unless otherwise noted, I believe it to be true.*

*In order to prepare this report and complete the evaluation, time was spent without face to face with the*

patient. The billings reflect such time spent by the physician with the code 99358. Edwin Haronian, M.D. Inc. does not accept the Official Medical fee schedule as prime facie evidence to support the reasonableness of charges. Edwin Haronian, M.D. is a fellow of the American Academy of Orthopedic Surgeons and is board certified, specializing in disorder and surgery of the spine. Under penalty of perjury under the laws of the State of California, services are billed in accordance with our usual and customary fees. Additionally, this medical practice providing treatment to injured worker's experiences extraordinary expenses in the form of mandated paperwork and collection expenses, including the necessity to retain highly-trained personnel to appear before the Workers' compensation appeals board. Based on the level of services provided and overhead expenses for services contained within our geographical area, we bill in accordance with the provisions set-forth in Labor Code Section 5307.1. Please be advised that Dr. Haronian has a financial interest in Osteon Surgery Center, Kinetix Surgery Center and Pomona Orthopedics.



Nicholas Cascone, P.A.C

November 19,  
2019  
\_\_\_\_\_  
Date



Edwin Haronian, M.D.  
Certified Diplomate American  
Board of Orthopedic Surgery  
California License #A71385

County where executed: Los Angeles County

NC

\*Koszdin, Fields, Sherry & Katz  
6151 Van Nuys Blvd #105  
Van Nuys, CA 91401

York Ins  
PO Box 11028  
Orange, CA 92856

**PROOF OF SERVICE  
STATE OF CALIFORNIA**

Bardakjian, Steevio  
November 7, 2019  
Page 9 of 9

000299

I am employed in the County of Los Angeles. I am over the age of 18 and not a party to the within action; my business address is:

**5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411**

On 11/21/2019 served the foregoing document described as:

**EDWIN HARONIAN, M.D.  
EVALUATION REPORT**

**Patient Name:** Steevio Bardakjian

**File Number:** 20059509

**Claim #:** 219-00110-B

**DOS:** 11/7/2019

On all interested parties in this action by electronic transmission a true copy of this narrative report from **5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411**

Addressed as follows:

Philip Conwiser, M.D.  
4835 Van Nuys Blvd #210  
Sherman Oaks, CA 91403

Koszdin, Fields, Sherry & Katz  
6151 Van Nuys Blvd #105  
Van Nuys, CA 91401

York Ins  
PO Box 11028  
Orange, CA 92856

I declare that I am over the age of 18 years and not a party to this action. I also declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on 11/21/2019 at



Emily Shemwell

# PHILIP H. CONWISAR, M.D.

A Professional Corporation

*Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery*

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

November 22, 2019

Tristar Risk Management  
P.O. Box 11967  
Santa Ana, CA 92711

Attn: Regina Diaz

RFA REQUEST SENT  
SEPARATELY VIA FAX

RE:	BARDAKJIAN, STEEVIO
D/I:	July 3, 2018
OCC:	RN IT Project Manager
EMP:	Olive View Medical Center Los Angeles County Health Care Department
D/E:	November 22, 2019
CLAIM #:	219-00110-B
WCAB #:	ADJ11540526

## PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient returns to the office today. He has persistent low back pain from the lumbar spine radiating down the right lower extremity. The patient has been evaluated by Dr. Haronian.

### OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

#### LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

The patient ambulates with an antalgic gait. There is a limp present on the right. He uses a cane for assistance with ambulation.

#### LUMBAR SPINE EXAMINATION:

The patient stands with a flattened lumbar lordosis. The crests of the ilium are parallel to the floor. There is no list to either the right or left. There is no scoliosis. The gluteus maximus on the right and left show no evidence of atrophy, bilaterally.

**BARDAKJIAN, STEEVIO**

November 22, 2019

Page 2 of 5

There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles.

With direct palpation, there is no generalized tenderness in the lumbar spine.

There is no tenderness in the right and left sacroiliac joints, bilaterally.

There is no tenderness in the right and left sciatic notches, bilaterally.

**RANGE OF MOTION:**

Flexion is to 40 degrees, with increased low back pain.

Extension is to 0 degrees, with increased low back pain.

Right lateral bending is to 10 degrees, with increased low back pain.

Left lateral bending is to 5 degrees, with increased low back pain.

**SUPINE POSITION:**

Straight leg raising is to 30 degrees, on the right, with pain in the lower back region.

Straight leg raising is to 60 degrees, on the left, without pain in the lower back region.

<b>TESTS:</b>	<b>RIGHT</b>	<b>LEFT</b>
Lasègue Test:	Negative	Negative
Contralateral SLR:	Negative	Negative
Patrick's Test:	Negative	Negative
Gaenslen's Test:	Negative	Negative
Babinski:	Negative	Negative
Ankle Clonus:	Negative	Negative

**BILATERAL HIP EXAMINATION:**

	<b>RIGHT</b>	<b>LEFT</b>
Trendelenburg:	Negative	Negative
Tenderness Great Trochanter:	Negative	Negative

There is restricted range of motion of the right hip. There is slight pain with range of motion of the right hip. There is full range of motion of the left hip. There is no pain with range of motion of the left hip.

**VASCULAR EXAM:**

Posterior tibial pulses are present.  
Dorsalis pedis pulses are present.

**NEUROLOGIC EXAM:****MOTOR TESTING:**

	RIGHT	LEFT		RIGHT	LEFT
Hip Flexion:	5/5	5/5	Hip Extension:	5/5	5/5
Knee Extension:	4+/5	5/5	Knee Flexion	5/5	5/5
Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5	5/5
Great Toe Extension:	4+/5	5/5	Great Toe Flexion:	5/5	5/5

**SENSATION:**

Sensation in the lower extremities is not impaired.

There is decreased sensation:

Right      Left

L1  
L2  
L3  
L4    X  
L5    X  
S1

DEEP TENDON REFLEXES:	RIGHT	LEFT
Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

**DIAGNOSTIC STUDIES:**

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion

extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

#### DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.

#### DISCUSSION/TREATMENT PLAN:

The patient is having persistent severe low back pain. He has findings of persistent lumbar radiculopathy and a recurrent lumbar disc herniation. The patient has seen Dr. Haronian for spine surgical consultation. Dr. Haronian obtained an x-ray of the right hip which showed findings consistent with avascular necrosis. On examination of the right hip there is certainly some restricted range of motion; however, the pain in the right hip is only mild. I will obtain x-rays of the right hip to rule out the right hip as a source of his persistent pain.

The patient will return for reevaluation in six weeks.

#### WORK/DISABILITY STATUS:

The patient can continue working. He is restricted from repetitive bending, stooping and lifting over 10 pounds. He is restricted to no more than 30 minutes of walking and standing per hour of work.

Should you have any questions, please do not hesitate to contact this office.

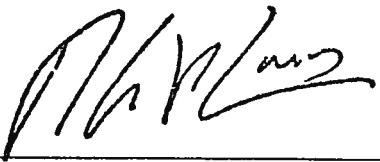
*The above evaluation was performed on November 22, 2019 by the undersigned at my office located at 28212 Kelly Johnson Pkwy, Ste. 155, Valencia, CA 91355. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.*

*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 I have indicated I have 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.*

**BARDAKJIAN, STEEVIO**

November 22, 2019

Page 5 of 5

*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.*

Philip H. Conwisar, M.D., F.A.A.O.S.  
Diplomate, American Board of Orthopaedic Surgery

Date: November 22, 2019 Los Angeles County, California

PHC/jt

cc: Koszdin, Fields Sherry & Katz  
Robert Katz, Attorney at Law  
6151 Van Nuys Boulevard  
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith  
633 West 5<sup>th</sup> St. Suite 4000  
Los Angeles, CA 90071

000305

STATE OF CALIFORNIA- COUNTY OF Los Angeles  
I, the undersigned, am employed in the county of Los Angeles  
and the state of California. I am over eighteen years of age  
and not a party to the within action. My business address is:  
4835 VAN NUYS BLVD., 210  
SHERMAN OAKS, CA 91403

On Tue Jan 21 I served a Medical/Legal Lien and report on  
BARDAKJIAN, STEEVI , Account 74183 , by placing a true copy thereof  
enclosed in a sealed envelope with postage thereon fully prepaid,  
in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : TRISTAR RISK MGMT  
PO BOX 11967  
SANTA ANA , CA 92711
- 2) Employer : OLIVE VIEW MEDICAL CENTER  
14445 OLIVE VIEW DRIVE  
SYLMAR , CA 91342
- 3) Applicant Attorney: KATZ ESQ., ROBERT  
6151 VAN NUYS BLVD.  
SHERMAN OAKS, CA 91401
- 4) Defense Attorney :

"I have not violated Labor Code section 139.3  
and the contents of the report and bill are  
true and correct to the best of my knowledge.  
This statement is made under penalty of perjury."

DATE OF REPORT:

Dated this 21st day of Jan. 20 20  
at SHERMAN OAKS , California

SIGNED

LW(RIZD)

## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

TRISTAR RISK MGMT

PO BOX 11967

SANTA ANA CA 92711

WC

PICA

000306

<input type="checkbox"/> PICA																				
1. MEDICARE <input type="checkbox"/> (Medicare#)	MEDICAID <input type="checkbox"/> (Medicaid#)	TRICARE <input type="checkbox"/> (ID#/DOD#)	CHAMPVA <input type="checkbox"/> (Member ID#)	GROUP <input type="checkbox"/> (ID#)	HEALTH PLAN <input type="checkbox"/>	FECA BLK LUNG <input type="checkbox"/> (ID#)	OTHER <input checked="" type="checkbox"/> (ID#)	Ia. INSURED'S I.D. NUMBER 554812130												
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>BARDAKJIAN, STEEVIO</b>				3. PATIENT'S BIRTHDATE MM DD YY <b>05231970</b>				SEX <b>M</b>	<input checked="" type="checkbox"/>	4. INSURED'S NAME (Last Name, First Name, Middle Initial) <b>OLIVE VIEW MEDICAL CENTER</b>										
5. PATIENT'S ADDRESS (No., Street) <b>25367 SPLENDIDO CT</b>				6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>				7. INSURED'S ADDRESS (No, Street) <b>14445 OLIVE VIEW DRIVE</b>												
CITY <b>STEVENSON RNH</b>	STATE <b>CA</b>	8. RESERVED FOR NUCC USE				CITY <b>SYLMAR</b>				STATE <b>CA</b>										
ZIP CODE <b>91381-2005</b>	TELEPHONE (Include Area Code) <b>(818) 4062639</b>					ZIP CODE <b>91342</b>				TELEPHONE (Include Area Code) <b>( )</b>										
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO:				11. INSURED'S POLICY GROUP OR FECA NUMBER												
a. OTHER INSURED'S POLICY OR GROUP NUMBER				a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				a. INSURED'S DATE OF BIRTH MM DD YY												
b. RESERVED FOR NUCC USE				b. AUTO ACCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				b. OTHER CLAIM ID (Designated by NUCC) <b>219-00110-B</b>												
c. RESERVED FOR NUCC USE				c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				c. INSURANCE PLAN NAME OR PROGRAM NAME												
d. INSURANCE PLAN NAME OR PROGRAM NAME				10d. CLAIM CODES (Designated by NUCC)				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.												
<b>READ BACK OF FORM BEFORE COMPLETING &amp; SIGNING THIS FORM</b>																				
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.																				
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																				
SIGNED SIGNATURE ON FILE																				
14. DATE OF CURRENT: ILLNESS, INJURY, or PREGNANCY (LMP) <b>07/03/2018</b>				15. OTHER DATE QUAL. <b>431</b>				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY												
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE <b>DN PHILIP CONWISAR</b>				17a. <input type="checkbox"/> 17b. NPI <b>1699883926</b>				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY												
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)																				
20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NO PURCH. SVC.																				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICO Ind. <b>O</b>																				
A. <b>M5126</b>	B. <b>M5416</b>	C. <input type="checkbox"/>	D. <input type="checkbox"/>	E. <input type="checkbox"/>	F. <input type="checkbox"/>	G. <input type="checkbox"/>	H. <input type="checkbox"/>	I. <input type="checkbox"/>	J. <input type="checkbox"/>	K. <input type="checkbox"/>	L. <input type="checkbox"/>									
24. A. DATE(S) OF SERVICE FROM MM DD YY TO MM DD YY				B. PLACE OF SERV EMG				C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS				D. MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1. <b>11/22/2019</b>	<b>11/22/2019</b>	<b>11</b>										AB	<b>175.00</b>	<b>1</b>		NPI	<b>1699883926</b>			
2. <b>11/22/2019</b>	<b>11/22/2019</b>	<b>11</b>										AB	<b>40.00</b>	<b>1</b>		NPI	<b>1699883926</b>			
3. .	.	.											.	.			NPI			
4. .	.	.											.	.			NPI			
5. .	.	.											.	.			NPI			
6. .	.	.											.	.			NPI			
25. FEDERAL TAX I.D. NUMBER <b>954814467</b>				SSN EIN <input checked="" type="checkbox"/>				26. PATIENT'S ACCOUNT NO. <b>74183</b>				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE <b>\$ 215.00</b>		29. AMOUNT PAID <b>\$ 0.00</b>		30. Rsvd for NUCC Use <b>215.00</b>
31. SIGNATURE OF PHYSICIAN OR SUPPLIER <b>PHILIP CONWISAR MD</b>				32. SERVICE FACILITY LOCATION INFORMATION <b>28212 KELLY JOHNSON PKWY VALENCIA CA 91355</b>				33. BILLING PROVIDER INFO & PH # <b>818 7841354</b>												
INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)																				
SIGNED <b>PHILIP CONWISAR</b>				DATE <b>01/12/2020</b>				1699883926												

PLEASE PRINT OR TYPE

Bardakjian, Steevio Male 05-23-1970

000307

# Universal Pain Management

A Comprehensive Approach to Pain And Rehabilitation

**SHARIJA A. SADIK, M.D., Q.M.B.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
ASSISTANT CLINICAL INSTRUCTOR OF MEDICINE

**FRANCIS X. RIGGIBR, M.D., Q.M.B.**  
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**RAY H. D'AMOURS, M.D., Q.M.B.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
ASSISTANT CLINICAL INSTRUCTOR OF MEDICINE

**DANIEL ALVES, M.D.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY

**ANNA KRZYSIAK, P.T.**  
**DEBBIE CASTILLO, P.T.A.**  
**MARC REZNICKOFF, L.A.C., Q.M.B.**  
**OMID MANGERESEH, D.C.**

IN REFERENCE :	Bardakjian, Steevio
DATE OF BIRTH :	05-23-1970
SSN :	554-81-2130
EMPLOYER :	OLIVE VIEW MEDICAL CENTER
INJURY DATE :	07-03-2018
COMPENSATION CARRIER :	TRISTRAR RISK MANAGEMENT
ADDRESS :	PO BOX 11967, SANTA ANA CA 92711 - 1967
ADJUSTOR :	VIRIDIANA MALDONADO
CLAIM NUMBER :	219-00110-B
WCAB NUMBER :	
CURRENT EVALUATION :	12-02-2019

## SUPPLEMENTAL REPORT ON PAIN MANAGEMENT PROGRESS (PR-2)

(XX) Periodic Report	( ) Change in Treatment Plan	( ) Release from Care
( ) Change in Work Status	( ) Need for Referral or Consultation	( ) Response to Release for Information
( ) Change in Patient Condition	( ) Need for Surgery or Hospitalization	(X) Request for Authorization
( ) Other		

This is a consultation report in accordance with the State of California Workers' Compensation Official Medical Fee Schedule effective April 1, 1999, Reports Section, C, Consultation Report.

The following is a report on pain management progress performed at 28212 Kelly Johnson Parkway, Suite 155, Valencia CA 91355 - 5084.

### Current Complaints:

low back and right leg pain

### History of Present Illness

Patient returns to clinic for interval followup visit of low back pain and right hip joint pain the patient endorses following up with the neurosurgeon was recommended for better evaluation of the right hip the patient's primary orthopedic surgeon has obtained x-rays of the hip the patient has had those completed and comes in today desiring to review them. The MRI and x-rays were reviewed with the patient the patient has new onset of joint

Bardakjian, Steevio Male 05-23-1970

000308

pain that interferes with activities of daily living the patient has failed conservative therapies including physical therapy and medication management the patient is a good candidate to proceed with intra-articular hip joint injections for hip joint osteoarthritis.

It is the practice of Universal Pain Management to periodically review the 5 domains (The 5 As) which are relevant for ongoing monitoring of chronic pain patient on opioids.

**Analgesia:** The patient reports greater than 30 % pain relief while taking medications, including opioids.

**ADLs/ subjective functional improvement from baseline:** 30 %.

**Functional Objective Improvement:** Patient is able to perform activities such as

bathing,grooming,dressing,transfers,ambulation and preparing of meals with the aid of the medications AS EVIDENCED IN THE PERSONAL MEDICATION STATEMENTS PROVIDED UNDER SEPARATE COVER.

**Adverse side effects :** no side effects noted.

**Abuse:** the patient is compliant with the pain management agreement.

**Affect:** the patient's behavior and mood are appropriate. The patient has failed prior medications which include; none.

The duration that the opioid medication lasts is 6 hours.

The onset of symptom relief for their medication is 20 minutes.

Weaning has been tried but was not successful.

Conservative treatment has been tried for more than 3 months but it failed.

An updated pain agreement is present on file.

**VAS (Without Meds):** 7

**VAS (With Meds):** 4

There is 30 % of improvement with opioid medications.

Without medications, the patient is able to ambulate 50 feet as baseline.

With the medications patient able to ambulate 1 block with the medications, an improvement from baseline.

**\*Interval F/U Pain Descriptors:** Location of pain is at low back and right leg pain. Current Pain Changes : fluctuates in intensity. Patient describes his pain as constant. **Recent Diagnostic Studies:**

CAT Scan: No.

Discogram: No

EMG: No.

MRI: No.

Myelogram: No.

### Review of Systems

**Neurological:** Reports numbness.

**Constitutional:** Reports sweats.

**Musculoskeletal:** Reports weakness.

### Physical Examination

**Height (inches):** 71.00 **Weight (lbs):** 215.00 **BP:** 169/91 mm Hg. **Pulse:** 105 per min. **SpO2:** 98. **BMI:** 30.

**General:** The patient is well developed and well-nourished. Patient is alert and oriented. His mood and affect are normal. Patient is in no acute distress. Patient has good hygiene. There is no apparent loss of coordination.

**HEENT:** Normocephalic: Normal. Atraumatic: Normal. Extraocular muscles: Normal.

**Respiratory:** Breath sounds are equal bilaterally. There is no wheezing.

**Cardio:** Rate and rhythm is regular.

**Abdomen:** The abdomen is soft, with no masses palpated, no rebound, rigidity or tenderness.

**Lumbar Spine:** *Inspection of the lumbar spine reveals a scar. Straight leg raise on the right:: positive. Palpation of the lumbar facet reveals pain on both the sides at L3-S1 region. Palpable twitch positive trigger points are noted in the lumbar paraspinal muscles. Anterior lumbar flexion causes pain. There is pain noted with lumbar extension.*

**Neurology - Motor Strength:** *Motor strength is grossly normal except Weakness of the right L3-4 and L4-5*

**Neurology - Sensation:** *LE Sensation intact except for Decreased L3-4 and L4-5 right side.*

**Neurology - Deep Tendon Reflexes:** *Deep Tendon Reflexes are intact throughout except Decrease right knee*

Bardakjian, Steevio Male 05-23-1970

reflex 1+ Pain with right hip motion-Is pain noted with internal rotation and external rotation of the hip  
Tenderness of the lumbar spine

000309

**Review of Medical Records:**

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping.  
The patient's x-rays of the pelvis and the head was reviewed and noted to be consistent with degenerative changes

MRI of the lumbar spine was also reviewed which showed significant changes at a 45 where there is severe canal stenosis did 2 epidural lipomatosis facet arthropathy and disc herniation.

35 minutes

**Legal Status:**

Primary Treating Physician: Philip Conwissar MD  
Attorney: KOSZDIN, FIELDS, SHERRY & KATZ  
P & S Status:

**Impression:**

This patient is a 49-year-old male with a history of diabetes and hypertension status post L3-L5 laminectomy with significant radiculopathy on the right side and postlaminectomy syndrome with lumbar radiculopathy. He has been recommended to have a fusion surgery by a spine surgeon however the patient does not want to have any further surgeries -patient is doing well with conservative therapies of acupuncture chiropractic therapies as well as medication management with Percocet

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping. Urine screening from 10/ 2019 report demonstrates oxycodone consistent with prescribed medication of Percocet

**ICD Codes:** Hip pain (M25.559), Lumbar radiculopathy, chronic (M54.16), Lumbar postlaminectomy syndrome (M96.1), Long term (current) use of opiate analgesic (Z79.891)

**Treatment Plan:**

The patient is a candidate for right hip joint injection intra-articular as there are x-rays noted to be consistent with degenerative changes of the hip

Patient requires fluoroscopy for this injection

Patient Receive significant pain relief from the epidural injection and the diagnostic phase was consistent however the patient would like to hold off on therapeutic phase of the epidurals fail he has his followup by neurosurgeon

Bardakjian, Steevio Male 05-23-1970

000310

Continue Percocet up to 3 times a day

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping. Urine screening from 10/ 2019 report demonstrates oxycodone consistent with prescribed medication of Percocet

The patient has interval subjective and objective functional improvement with the medications as documented from BASELINE. The patient has been WEANED to the lowest possible dose. Any further weaning will result in the patient being bedbound and or going to the ER. An opioid contract is on file. Therefore the patient meets all the guidelines criteria of ODG, CMS and CAMTUS guidelines that are utilized in the state of California to continue opioid medications.

We are a multidisciplinary pain clinic as noted on page 78 of the CAMTUS guidelines. This is to be considered anytime the patient's symptoms do not improve on opioids in 3 months. We utilize a combination of Medication Management, Biofeedback, Physical Therapy, Chiropractic, Acupuncture, Psychological intervention and appropriate Interventional Techniques. We assess the patient on a routine basis.

We monitor the 4 A's for ongoing monitoring: Analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. For monitoring patients for long-term use of opioids we also utilize recommendations as noted on page 88 of the CAMTUS. These are patients who are on opioids greater than 6 months. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. We make every effort to assess the pain at every visit, and functioning is measured at 6- month intervals as recommended by the guidelines. For maintenance of the patient's medications we do not lower if the current medication is working as noted on page 89 of the CAMTUS guidelines. All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening.

Included with this report is a handwritten attestation by the patient documenting pain relief and improvement in functional activity before and after taking their prescribed medications. Any utilization review of these medications that does not specifically comment on the handwritten attestation, when provided, is invalid and non-compliant

**Medications prescribed:**

Percocet 10 mg-325 mg tablet 0.5-1 Tablet Three times a Day for 30 Days , Prescribe 90 Tablet

**Work Status:** As per PTP

**Work Restriction:**

Due to the complexities involved with management and close monitoring of this patient's current medications and treatment, it is my opinion that the patient follow up with our office on a regimen of at least every 30 to 45 days to properly assess and treat the patient's condition. The patient's questions were answered in detail. An extended period of time was spent with the patient explaining test results, diagnostic impressions, physical findings, and further plans and alternatives. Should there be any additional questions; the patient is encouraged to contact our office.

Sincerely,

Bardakjian, Steevio Male 05-23-1970

Kevin Kohan, D.O.

**DISCLOSURE:**

The patient was interviewed regarding the undersigned regarding the history. The physical examination was performed entirely by the undersigned physician. The dictation was prepared by myself, including any and all impressions and conclusions described in the discussion. In compliance with the recent Workers Compensation legislation (Labor Code Section 4628 (b)): "I declare that the above evaluation was performed by the undersigned and was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (j) of Section 139.2." In compliance with recent Worker's Compensation legislation (Labor Code 4628(j)): "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 I have indicated I have 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." In compliance with the recent Workers Compensation legislation (Labor Code Section 5703 under AB 1300): 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. This statement is made under penalty of perjury.

"Dragon medical software may have been used to dictate this note. On occasion errors can occur in the content, grammar, and punctuation. We retain the right to modify this information without notice in the event of errors."

Signed in Los Angeles County, California  
By

Kevin Kohan, D.O.

Kevin Kohan, D.O.

This has been electronically signed by Kevin Kohan, D.O. on 12-02-2019.

000311

# EDWIN HARONIAN, M.D.

DISORDERS & SURGERY OF THE SPINE



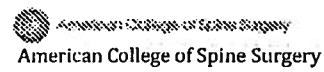
- Minimally Invasive Spine Surgery
- Complex & Revision Spine Surgery
- Comprehensive Spine Care



- Certified, American Board of Orthopedic Surgery
- Fellow, American Academy of Orthopedic Surgeons



- Member, North American Spine Society



- American College of Spine Surgery



- Alumni, Kerlan-Jobe Orthopedic Clinic

5651 SEPULVEDA BLVD., STE 201  
SHERMAN OAKS, CA 91411  
PH: (818) 788-2400  
FAX: (818) 788-2453

724 CORPORATE CENTER DRIVE  
SECOND FLOOR  
POMONA, CA 91768  
PH. (909) 622-6222  
FX. (909) 622-6220

Philip Conwisar, M.D.  
4835 Van Nuys Blvd #210  
Sherman Oaks, CA 91403

Patient Name : Steevio Bardakjian  
Date of Service : December 5, 2019  
Claim # : 19-00110-B  
Employer : Olive View Medical Center  
Date of Birth : May 23, 1970  
Date of Injury : 07/03/2018  
File # : 20059509

## FOLLOW-UP REPORT AND REVIEW OF DIAGNOSTIC STUDIES OF A SECONDARY PHYSICIAN

Mr. Bardakjian is an extremely very pleasant 49-year-old gentleman who presents today with complaint of a chronic postoperative pain in the low back with radiation of pain to right lower extremity. Pain is of such severity that it dominates virtually every conscious moment producing physical and psychological debilitations. He did have right L3-L4 decompression with decompression of L3 and L4 nerve roots for stenosis together with right L4-L5 decompression and discectomy according to op-report, dated August 06, 2019, by certain Dr. Barcohana. The patient does have some improvement; however, it is quite insignificant and he cannot return to his usual and customary work duties in such condition not mentioning other aspect of his daily living.

He failed to improve with postoperative treatment. He is presently under care of pain management who is seeing him in the capacity of a secondary physician.

We did discuss findings of right hip x-ray which indicated AVN. According to the patient, his primary treating physician Dr. Conwisar expressed doubts in regard to findings. It is not clear whether or not he is in the process of requesting MRI of the hip in accordance with our

recommendation. All of that is the patient's account.

The patient brought today CD of MRI of the low back for us to determine whether or not he is a candidate for the revision surgery.

Date of the MRI is November 08, 2018.

On physical examination, the patient is clearly uncomfortable and is using cane for assistance during ambulation. Spasm and tenderness is noted in the paravertebral muscles of the low back. He has dysesthesia at L4, L5, and S1 right dermatomal distributions. Examination is difficult due to the patient's condition.

Today, we reviewed the images of MRI. Sagittal T2 images demonstrated some loss of disc hydration at levels L3-L4, L5-S1, and more significantly at level L4-L5. However, overall disc height is not significantly decreased. Axial T2 images; however, demonstrate very significant neural foraminal narrowing both at right and left. This is more significant on the right side though. It does correlate with the patient's complaints. Level L3-L4 demonstrate some neural foraminal narrowing bilaterally more on the right side. Similar findings are at level L5-S1; however, clearly level L4-L5 exhibits the most pathological findings. Of note, level L4-L5 on the Sagittal T2 images does demonstrate significant posterior protrusion. We had a prolonged discussion with the patient. He is complaining of the pain in the right lower extremity. It is his dominant complaint even though he does have some pain in the axial low back region. In order to perform further decompression, we would have to approach it from the left side; however, in light of the fact that the patient already had decompression at right L3-L4 and L4-L5, it would inevitably lead to instability with most suboptimal outcome. Therefore, there is no other alternative but posterior lumbar arthrodesis of L4-L5. It will decompress level L4-L5 leading to some relief of the patient's pain in the right lower extremity. All of that was well discussed with the patient. We also mentioned that it is conceivable that pain management physician will give consideration to spinal cord stimulator trial as the patient's dominant complaint is pain in the right lower extremity. Psychological clearance will be necessary before; however, overall the patient is quite stable psychologically, he is eager to have resolution or at the very least improvement of his industrially related pain. Clearly, final decision will be deferred to pain management doctor. The patient does not need a follow-up appointment. However, we recommend again to discuss with his primary treating physician possibility of MRI of the right hip. All conditions, risks, benefits, and alternatives were discussed with the patient who did verbalize understanding. Medications will be deferred.

**DIAGNOSIS:**

Bardakjian, Steevio  
December 5, 2019  
Page 3 of 4

M54.17 Radiculopathy lumbosacral region  
724.4 Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified  
S70.00XD Contusion of unspecified hip.  
V58.89 Encounter for Other Specified Aftercare

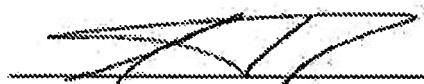
*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-10 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*

*To complete this examination I have been assisted, as needed, for taking histories, taking x-rays, assisting with the patient, transcription of reports by some or all of the following personnel Alma Azucar, Natasha Yokum, Carmen Garcia and Emily Shemwell. Sherry Leoni, DC, or Randy Cockrell, DC, may also have assisted in compiling and editing of this report. If required an interpreter was provided. All of the above individuals are qualified to perform the described activities by reason of individual training or under my direct supervision.*

*Please be advised that Dr. Haronian has a financial interest in Osteon Surgery Center, Kinetix Surgery Center and Pomona Orthopedics.*

December 9,  
2019  
\_\_\_\_\_  
Date

  
Michael Nadzhafov, P.A.C, M.P.H.

  
Edwin Haronian, M.D.  
Certified Diplomate American  
Board of Orthopedic Surgery  
California License #A71385

MN/ks

\*Koszdin, Fields, Sherry & Katz  
6151 Van Nuys Blvd #105  
Van Nuys, CA 91401

York Ins  
PO Box 11028  
Orange, CA 92856  
Attn: Viridiana Maldonado

**PROOF OF SERVICE  
STATE OF CALIFORNIA**

Bardakjian, Steevio  
December 5, 2019  
Page 4 of 4

000315

I am employed in the County of Los Angeles. I am over the age of 18 and not a party to the within action; my business address is:

**5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411**

On 12/18/2019 served the foregoing document described as:

EDWIN HARONIAN, M.D.  
EVALUATION REPORT

**Patient Name:** Steevio Bardakjian

**File Number:** 20059509

**Claim #:** 19-00110-B

**DOS:** 12/5/2019

On all interested parties in this action by electronic transmission a true copy of this narrative report from **5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411**

Addressed as follows:

Philip Conwisar, M.D.  
4835 Van Nuys Blvd #210  
Sherman Oaks, CA 91403

Koszdin, Fields, Sherry & Katz  
6151 Van Nuys Blvd #105  
Van Nuys, CA 91401

Viridiana Maldonado  
York Ins  
PO Box 11028  
Orange, CA 92856

I declare that I am over the age of 18 years and not a party to this action. I also declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on 12/18/2019 at



Emily Shemwell

Bardakjian, Steevio Male 05-23-1970



**SHAHIN A. SADIQ, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
ASSISTANT CLINICAL PROFESSOR OF UMC

**FRANCIS X. RIEGLER, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
ASSISTANT CLINICAL PROFESSOR OF UMC

**RAY H. D'AMOURS, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
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**DANIEL ALVES, M.D.**  
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**ANNA KRZYSIAK, P.T.**  
**DEBBIE CASTILLO, P.T.A.**  
**MARC REZNICKOFF, L.A.C., Q.M.E.**  
**OMID MANGIARETTI, D.C.**

000316

<b>IN REFERENCE</b>	:	<b>Bardakjian, Steevio</b>
DATE OF BIRTH	:	05-23-1970
SSN	:	554-81-2130
EMPLOYER	:	OLIVE VIEW MEDICAL CENTER
INJURY DATE	:	07-03-2018
COMPENSATION CARRIER	:	Sedgwick
ADDRESS	:	PO BOX 11028, Orange CA 92856
ADJUSTOR	:	VIRIDIANA MALDONADO
CLAIM NUMBER	:	219-00110-B
WCAB NUMBER	:	
CURRENT EVALUATION	:	01-07-2020

#### **SUPPLEMENTAL REPORT ON PAIN MANAGEMENT PROGRESS (PR-2)**

- |  |  |  |
|--|--|--|
| (XX) Periodic Report                                 | <input type="checkbox"/> Change in Treatment Plan            | <input type="checkbox"/> Release from Care                   |
| <input type="checkbox"/> Change in Work Status       | <input type="checkbox"/> Need for Referral or Consultation   | <input type="checkbox"/> Response to Release for Information |
| <input type="checkbox"/> Change in Patient Condition | <input type="checkbox"/> Need for Surgery or Hospitalization | <input type="checkbox"/> Request for Authorization           |
| <input type="checkbox"/> Other                       |  |  |

This is a consultation report in accordance with the State of California Workers' Compensation Official Medical Fee Schedule effective April 1, 1999, Reports Section, C, Consultation Report.

The following is a report on pain management progress performed at 28212 Kelly Johnson Parkway, Suite 155, Valencia CA 91355 - 5084.

#### **Current Complaints**

Low back pain

#### **History of Injury :**

Patient returns to clinic for low back pain and right leg pain the patient has followed up with the qualified medical provider who has recommended that me to be part of the case the patient continues to have right leg

Bardakjian, Steevio Male 05-23-1970

000317  
1000

pain which interferes with activities of daily living however the patient reports that the Percocet that the patient can function and work with the medication-that the medication the patient is essentially bedbound.

It is the practice of Universal Pain Management to periodically review the 5 domains (The 5 As) which are relevant for ongoing monitoring of chronic pain patient on opioids.

**Analgesia:** The patient reports greater than 30 % pain relief while taking medications, including opioids.

**ADLs/ subjective functional improvement from baseline:** 30 %.

**Functional Objective Improvement:** Patient is able to perform activities such as bathing,grooming,dressing,transfers,ambulation and preparing of meals with the aid of the medications AS EVIDENCED IN THE PERSONAL MEDICATION STATEMENTS PROVIDED UNDER SEPARATE COVER.

**Adverse side effects :** no side effects noted.

**Abuse:** the patient is compliant with the pain management agreement.

**Affect:** the patient's behavior and mood are appropriate. The patient has failed prior medications which include; none.

The duration that the opioid medication lasts is 6 hours.

The onset of symptom relief for their medication is 20 minutes.

Weaning has been tried but was not successful.

Conservative treatment has been tried for more than 3 months but it failed.

An updated pain agreement is present on file.

**VAS (Without Meds):** 7

**VAS (With Meds):** 4

There is 30 % of improvement with opioid medications.

Without medications, the patient is able to ambulate 50 feet as baseline.

With the medications patient able to ambulate 1 block with the medications, an improvement from baseline.

#### **\*Interval F/U**

**Pain Descriptors:** Location of pain is at low back and right leg pain. Current Pain Changes : same.

#### **Review of Systems**

**Neurological:** Reports numbness.

**Constitutional:** Reports sweats.

**Musculoskeletal:** Reports weakness.

#### **Physical Examination**

On a scale of 1 to 10 the pain level is 7. Height (inches): 71.00 Weight (lbs): 215.00 BP: 166/103 mm Hg. Pulse: 103 per min. SpO2: 94. BMI: 30.

**General:** The patient is well developed and well-nourished. Patient is alert and oriented. His mood and affect are normal. Patient is in no acute distress. Patient has good hygiene. There is no apparent loss of coordination.

**HEENT:** Normocephalic: Normal. Atraumatic: Normal. Extraocular muscles: Normal.

**Respiratory:** Breath sounds are equal bilaterally. There is no wheezing.

**Cardio:** Rate and rhythm is regular.

**Abdomen:** The abdomen is soft, with no masses palpated, no rebound, rigidity or tenderness.

**Lumbar Spine:** Inspection of the lumbar spine reveals a scar. Straight leg raise on the right:: positive. Palpation of the lumbar facet reveals pain on both the sides at L3-S1 region. Palpable twitch positive trigger points are noted in the lumbar paraspinous muscles. Anterior lumbar flexion causes pain. There is pain noted with lumbar extension.

**Neurology - Motor Strength:** Motor strength is grossly normal except Weakness of the right L3-4 and L4-5

**Neurology - Sensation:** LE Sensation intact except for Decreased L3-4 and L4-5 right side.

**Neurology - Deep Tendon Reflexes:** Deep Tendon Reflexes are intact throughout except Decrease right knee reflex 1+ Pain with right hip motion-Is pain noted with internal rotation and external rotation of the hip  
Tenderness of the lumbar spine

Bardakjian, Stevio Male 05-23-1970

000318

## PAIN MANAGEMENT

- Opioid Risk Tool

### Review of Medical Records:

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping.

This patient treatment conference was required for multidisciplinary chronic pain management and ongoing patient care planning. Review of medical records, consultation between treating physicians, discussion of Utilization Review, planning and creation of RFAs, and preparation of this report totaled 35 minutes of non-face-to-face patient care time, justifying CPT code 99358. I am billing appropriately.

### Legal Status:

Primary Treating Physician: Philip Conwiser MD

Attorney: KOSZDIN, FIELDS, SHERRY & KATZ

P & S Status:

### Impression:

This patient is a 49-year-old male with a history of diabetes and hypertension status post L3-L5 laminectomy with significant radiculopathy on the right side and postlaminectomy syndrome with lumbar radiculopathy. He has been recommended to have a fusion surgery by a spine surgeon however the patient does not want to have any further surgeries -patient is doing well with conservative therapies of acupuncture chiropractic therapies as well as medication management with Percocet

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping. Urine screening from 10/ 2019 report demonstrates oxycodone consistent with prescribed medication of Percocet

**ICD Codes:** Hip pain (M25.559), Lumbar radiculopathy, chronic (M54.16), Lumbar postlaminectomy syndrome (M96.1), Long term (current) use of opiate analgesic (Z79.891)

### Treatment Plan:

The patient would like to discuss findings with orthopedic surgeon the patient may need surgery of the lumbar knee is apparently part of the case and the patient is interested in further imaging

Knee with medications as they allow the patient to function and be able to work

Hip joint injection has been approved however the patient would like to hold off on any intervention

Patient receives significant pain relief from the epidural injection and the diagnostic phase was consistent however the patient would like to hold off on therapeutic phase of the epidurals until he has his followup by neurosurgeon

Continue Percocet up to 3 times a day

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping.

Bardakjian, Steevio Male 05-23-1970

Urine screening from 10/ 2019 report demonstrates oxycodone consistent with prescribed medication of Percocet

000319  
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The patient has interval subjective and objective functional improvement with the medications as documented from BASELINE. The patient has been WEANED to the lowest possible dose. Any further weaning will result in the patient being bedbound and or going to the ER. An opioid contract is on file. Therefore the patient meets all the guidelines criteria of ODG, CMS and CAMTUS guidelines that are utilized in the state of California to continue opioid medications.

We are a multidisciplinary pain clinic as noted on page 78 of the CAMTUS guidelines. This is to be considered anytime the patient's symptoms do not improve on opioids in 3 months. We utilize a combination of Medication Management, Biofeedback, Physical Therapy, Chiropractic, Acupuncture, Psychological intervention and appropriate Interventional Techniques. We assess the patient on a routine basis.

We monitor the 4 A's for ongoing monitoring: Analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. For monitoring patients for long-term use of opioids we also utilize recommendations as noted on page 88 of the CAMTUS. These are patients who are on opioids greater than 6 months. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. We make every effort to assess the pain at every visit, and functioning is measured at 6- month intervals as recommended by the guidelines. For maintenance of the patient's medications we do not lower if the current medication is working as noted on page 89 of the CAMTUS guidelines. All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening.

Included with this report is a handwritten attestation by the patient documenting pain relief and improvement in functional activity before and after taking their prescribed medications. Any utilization review of these medications that does not specifically comment on the handwritten attestation, when provided, is invalid and non-compliant.

**Medications prescribed:**

Percocet 10 mg-325 mg tablet 0.5-1 Tablet Three times a Day for 30 Days , Prescribe 90 Tablet

**Work Status:** As per PTP

**Work Restriction:**

Due to the complexities involved with management and close monitoring of this patient's current medications and treatment, it is my opinion that the patient follow up with our office on a regimen of at least every 30 to 45 days to properly assess and treat the patient's condition. The patient's questions were answered in detail. An extended period of time was spent with the patient explaining test results, diagnostic impressions, physical findings, and further plans and alternatives. Should there be any additional questions; the patient is encouraged to contact our office.

Sincerely,



Kevin Kohan, D.O.

Bardakjian, Steevio Male 05-23-1970

000320

**DISCLOSURE:**

*The patient was interviewed by the above-signed Nurse Practitioner/Physician Assistant/Physician under the direction and guidance of the signing Physician. The physical examination was performed by the Nurse Practitioner/Physician under the direction and supervision of the Physician. The dictation was prepared by the Nurse Practitioner/Physician, including any and all impressions and conclusions described in the discussion, and were discussed and reviewed with the Physician. In compliance with the recent Workers Compensation legislation (Labor Code Section 4628 (b): "I declare that the above evaluation was performed by the above signed Nurse Practitioner/Physician under the direction and guidance of the signing physician and was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (j) of Section 139.2." In compliance with recent Workers Compensation legislation (Labor Code 4628(j):"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 I have indicated I have received from others. As to that information, the signing Nurse Practitioner/Physician and Physician 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." In compliance with the recent Workers Compensation legislation (Labor Code Section 5703 under AB 1300): "Neither the signing Physician or Nurse Practitioner/Physician have violated Labor Code section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury.*

*"Dragon medical software may have been used to dictate this note. On occasion errors can occur in the content, grammar, and punctuation. We retain the right to modify this information without notice in the event of errors."*

Signed in Los Angeles County, California  
By



**SHAIKH A. SADIK, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
ASSISTANT CLINICAL PROFESSOR OF USC

**FRANCIS X. RIBOLEK, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
ASSISTANT CLINICAL PROFESSOR OF USC

**RAY H. D'AMOURS, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
ASSISTANT CLINICAL PROFESSOR OF USC

**DANIEL ALVES, M.D.**  
BOARD CERTIFIED PAIN MANAGEMENT AND PHYSICIAN

**ANNA KRZYSIAK, P.T.**  
**DEBBIE CASTILLO, P.T.A.**  
**MARC REZNICKOFF, L.A.C., Q.M.E.**  
**OMID MAHGEREFTEH, D.C.**

---

Name: Bardakjian, Steevio  
DOB: 05-23-1970  
MR#: UPM31805  
Date of Service: 01-07-2020

**Opioid Risk Tool**

Bardakjian, Steevio Male 05-23-1970

000321

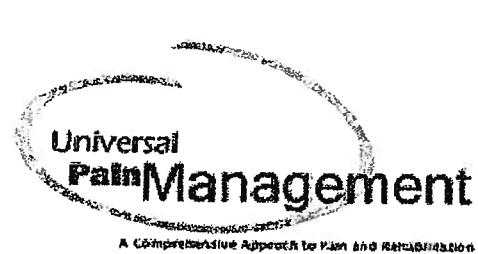
<b>1. Family History of Substance Abuse</b>	Alcohol	0
	Illegal Drugs	0
	Prescription Drugs	0
<b>2. Personal History of Substance Abuse</b>	Alcohol	0
	Illegal Drugs	0
	Prescription Drugs	0
<b>3. Age (if 16-45)</b>		0
<b>4. History of Preadolescent Sexual Abuse</b>		
<b>5. Psychological Disease</b>	Attention Deficit Disorder	0
	Obsessive Compulsive Disorder	
	Bipolar	
	Schizophrenia	
	Depression	0
	<b>TOTAL</b>	0
<b>Total Score Risk Category</b>		
Low Risk 0-3		
Moderate Risk 4-7		
High Risk > or equal to 8		



Kevin Kohan D.O.

This has been electronically signed by Kevin Kohan D.O. on 01-07-2020.

Bardakjian, Stevio Male 05-23-1970



**SHAHIN A. SADIK, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
ASSISTANT CLINICAL INSTRUCTOR OF UMC

**FRANCIS X. RIEGLER, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
ASSISTANT CLINICAL INSTRUCTOR OF UMC

**RAY H. D'AMOURS, M.D., Q.M.E.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY  
ASSISTANT CLINICAL INSTRUCTOR OF UMC

**DANIEL ALVES, M.D.**  
BOARD CERTIFIED PAIN MANAGEMENT AND ANESTHESIOLOGY

**ANNA KRZYSIAK, P.T.**  
**DEBBIE CASTILLO, P.T.A.**  
**MARC REZNICKOFF, L.A.C., Q.M.E.**  
**OMID MAHGEREFTEH, D.C.**

IN REFERENCE	:	Bardakjian, Stevio
DATE OF BIRTH	:	05-23-1970
SSN	:	554-81-2130
EMPLOYER	:	OLIVE VIEW MEDICAL CENTER
INJURY DATE	:	07-03-2018
COMPENSATION CARRIER	:	Sedgwick
ADDRESS	:	PO BOX 11028, Orange CA 92856
ADJUSTOR	:	VIRIDIANA MALDONADO
CLAIM NUMBER	:	219-00110-B
WCAB NUMBER	:	
CURRENT EVALUATION	:	02-04-2020

#### SUPPLEMENTAL REPORT ON PAIN MANAGEMENT PROGRESS (PR-2)

(XX) Periodic Report	( <input type="checkbox"/> Change in Treatment Plan	( <input type="checkbox"/> Release from Care
( <input type="checkbox"/> Change in Work Status	( <input type="checkbox"/> Need for Referral or Consultation	( <input type="checkbox"/> Response to Release for Information
( <input type="checkbox"/> Change in Patient Condition	( <input type="checkbox"/> Need for Surgery or Hospitalization	( <input checked="" type="checkbox"/> Request for Authorization
( <input type="checkbox"/> Other		

This is a consultation report in accordance with the State of California Workers' Compensation Official Medical Fee Schedule effective April 1, 1999, Reports Section, C, Consultation Report.

The following is a report on pain management progress performed at 28212 Kelly Johnson Parkway, Suite 155, Valencia CA 91355 - 5084.

#### Current Complaints:

Back pain

#### History of Present Illness

The patient returns to clinic for interval followup visit of low back pain secondary to work-related injury the patient endorses the combination of medications allow for functional improvement the patient denies any side effects the patient is awaiting for MRI and potential surgical intervention by orthopedic surgeon to be

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Bardakjian, Steevio Male 05-23-1970

recommended.

Meds allow the patient to work.

It is the practice of Universal Pain Management to periodically review the 5 domains (The 5 As) which are relevant for ongoing monitoring of chronic pain patient on opioids.

**Analgesia:** The patient reports greater than 30 % pain relief while taking medications, including opioids.  
**ADLs/ subjective functional improvement from baseline:** 30 %.

**Functional Objective Improvement:** Patient is able to perform activities such as bathing, grooming, dressing, transfers, ambulation and preparing of meals with the aid of the medications AS EVIDENCED IN THE PERSONAL MEDICATION STATEMENTS PROVIDED UNDER SEPARATE COVER.

**Adverse side effects :** no side effects noted.

**Abuse:** the patient is compliant with the pain management agreement.

**Affect:** the patient's behavior and mood are appropriate. The patient has failed prior medications which include, none.

The duration that the opioid medication lasts is 6 hours.

The onset of symptom relief for their medication is 20 minutes.

Weaning has been tried but was not successful.

Conservative treatment has been tried for more than 3 months but it failed.

An updated pain agreement is present on file.

**VAS (Without Meds):** 7

**VAS (With Meds):** 3

There is 30 % of improvement with opioid medications.

Without medications, the patient is able to ambulate 50 feet as baseline.

With the medications patient able to ambulate 1 block with the medications, an improvement from baseline.

**\*Interval F/U Pain Descriptors:** Location of pain is at Low back pain. Current Pain Changes : fluctuates in intensity. Patient describes his pain as constant. Recent Diagnostic Studies:

CAT Scan: No.

Discogram: No

EMG: No.

MRI: No.

Myelogram: No.

### Review of Systems

**Neurological:** Reports numbness.

**Constitutional:** Reports sweats.

**Musculoskeletal:** Reports weakness.

### Physical Examination

On a scale of 1 to 10 the pain level is 5. Height (inches): 71.00 Weight (lbs): 220.00 BP: 190/100 mm Hg. Pulse: 105 per min. SpO2: 99. BMI: 31.

**General:** The patient is well developed and well-nourished. Patient is alert and oriented. His mood and affect are normal. Patient is in no acute distress. Patient has good hygiene. There is no apparent loss of coordination.

**HEENT:** Normocephalic: Normal. Atraumatic: Normal. Extraocular muscles: Normal.

**Respiratory:** Breath sounds are equal bilaterally. There is no wheezing.

**Cardio:** Rate and rhythm is regular.

**Abdomen:** The abdomen is soft, with no masses palpated, no rebound, rigidity or tenderness.

**Lumbar Spine:** Inspection of the lumbar spine reveals a scar. Straight leg raise on the right:: positive. Palpation of the lumbar facet reveals pain on both the sides at L3-S1 region. Palpable twitch positive trigger points are noted in the lumbar paraspinous muscles. Anterior lumbar flexion causes pain. There is pain noted with lumbar extension.

**Neurology - Motor Strength:** Motor strength is grossly normal except Weakness of the right L3-4 and L4-5

**Neurology - Sensation:** LE Sensation intact except for Decreased L3-4 and L4-5 right side.

000323

Bardakjian, Steevio Male 05-23-1970

000324

**Neurology - Deep Tendon Reflexes:** Deep Tendon Reflexes are intact throughout except Decrease right knee reflex 1+ Pain with right hip motion-Is pain noted with internal rotation and external rotation of the hip  
Tenderness of the lumbar spine

**Review of Medical Records:**

Review of medical records and/or consultation between treating physicians and/or discussion of Utilization  
Review and/or planning and/or creation of RFAs, and/or preparation of this report totaled 35 minutes of non-face-to-face patient care time, justifying CPT code 99358. I am billing appropriately.

**Legal Status:**

Primary Treating Physician: Philip Convisar MD

Attorney: KOSZDIN, FIELDS, SHERRY & KATZ

P & S Status:

**Impression:**

This patient is a 49-year-old male with a history of diabetes and hypertension status post L3-L5 laminectomy with significant radiculopathy on the right side and postlaminectomy syndrome with lumbar radiculopathy. He has been recommended to have a fusion surgery by a spine surgeon however the patient does not want to have any further surgeries -patient is doing well with conservative therapies of acupuncture chiropractic therapies as well as medication management with Percocet

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping. Urine screening from 10/ 2019 report demonstrates oxycodone consistent with prescribed medication of Percocet

**ICD Codes:** Hip pain (M25.559), Lumbar radiculopathy, chronic (M54.16), Lumbar postlaminectomy syndrome (M96.1), Long term (current) use of opiate analgesic (Z79.891)

**Treatment Plan:**

Continue medications as of the lobe the patient to function and work full-time. The patient is awaiting for further surgery recommendations

The patient would like to discuss findings with orthopedic surgeon the patient may need surgery of the lumbar knee is apparently part of the case and the patient is interested in further imaging

Knee with medications as they allow the patient to function and be able to work

Hip joint injection has been approved however the patient would like to hold off on any intervention

Bardakjian, Steevio Male 05-23-1970

000325

Patient Receive significant pain relief from the epidural injection and the diagnostic phase was consistent however the patient would like to hold off on therapeutic phase of the epidurals fail he has his followup by neurosurgeon

Continue Percocet up to 3 times a day

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping. Urine screening from 10/ 2019 report demonstrates oxycodone consistent with prescribed medication of Percocet

The patient has interval subjective and objective functional improvement with the medications as documented from BASELINE. The patient has been WEANED to the lowest possible dose. Any further weaning will result in the patient being bedbound and or going to the ER. An opioid contract is on file. Therefore the patient meets all the guidelines criteria of ODG, CMS and CAMTUS guidelines that are utilized in the state of California to continue opioid medications.

We are a multidisciplinary pain clinic as noted on page 78 of the CAMTUS guidelines. This is to be considered anytime the patient's symptoms do not improve on opioids in 3 months. We utilize a combination of Medication Management, Biofeedback, Physical Therapy, Chiropractic, Acupuncture, Psychological intervention and appropriate Interventional Techniques. We assess the patient on a routine basis.

We monitor the 4 A's for ongoing monitoring: Analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. For monitoring patients for long-term use of opioids we also utilize recommendations as noted on page 88 of the CAMTUS. These are patients who are on opioids greater than 6 months. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. We make every effort to assess the pain at every visit, and functioning is measured at 6- month intervals as recommended by the guidelines. For maintenance of the patient's medications we do not lower if the current medication is working as noted on page 89 of the CAMTUS guidelines. All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening.

Included with this report is a handwritten attestation by the patient documenting pain relief and improvement in functional activity before and after taking their prescribed medications. Any utilization review of these medications that does not specifically comment on the handwritten attestation, when provided, is invalid and non-compliant.

**Medications prescribed:**

Percocet 10 mg-325 mg tablet 0.5-1 Tablet Three times a Day for 30 Days , Prescribe 90 Tablet

**Work Status:** As per PTP

**Work Restriction:**

Due to the complexities involved with management and close monitoring of this patient's current medications and treatment, it is my opinion that the patient follow up with our office on a regimen of at least every 30 to 45 days to properly assess and treat the patient's condition. The patient's questions were answered in detail. An extended period of time was spent with the patient explaining test results, diagnostic impressions, physical findings, and further plans and alternatives. Should there be any additional questions; the patient is encouraged to contact our office.

Sincerely,

Bardakjian, Steevio Male 05-23-1970

Kevin Kohan, D.O.

**DISCLOSURE:**

The patient was interviewed regarding the undersigned regarding the history. The physical examination was performed entirely by the undersigned physician. The dictation was prepared by myself, including any and all impressions and conclusions described in the discussion. In compliance with the recent Workers Compensation legislation (Labor Code Section 4628 (b)): "I declare that the above evaluation was performed by the undersigned and was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (j) of Section 139.2." In compliance with recent Worker's Compensation legislation (Labor Code 4628(j)): "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 I have indicated I have 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." In compliance with the recent Workers Compensation legislation (Labor Code Section 5703 under AB 1300): 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. This statement is made under penalty of perjury.

"Dragon medical software may have been used to dictate this note. On occasion errors can occur in the content, grammar, and punctuation. We retain the right to modify this information without notice in the event of errors."

Signed in Los Angeles County, California

By

Kevin Kohan, D.O.

Kevin Kohan, D.O.

This has been electronically signed by Kevin Kohan, D.O. on 02-04-2020.

000326

000327

# PHILIP H. CONWISAR, M.D.

*A Professional Corporation*

**Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery**

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

February 26, 2020

Tristar Risk Management  
P.O. Box 11967  
Santa Ana, CA 92711

Attn: Regina Diaz

RE:	BARDAKJIAN, STEEVIO
D/I:	July 3, 2018
OCC:	RN IT Project Manager
EMP:	Olive View Medical Center
	Los Angeles County
	Health Care Department
D/E:	February 26, 2020
CLAIM #:	219-00110-B
WCAB #:	ADJ11540526

## PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REVIEW OF MEDICAL RECORDS REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient returns to the office today. He has persistent low back pain that radiates to the right lower extremity with paresthesias. He has persistent right knee pain. He injured the right knee a few days after the lumbar spine surgery when he fell down due to low back pain and twisted his right knee. He has not had treatment directed towards the right knee.

### **OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:**

#### **LUMBAR SPINE EXAMINATION:**

There is a healed incision, lumbar spine.

The patient ambulates with an antalgic gait. There is a limp present on the right. He uses a cane for assistance with ambulation.

#### **LUMBAR SPINE EXAMINATION:**

The patient stands with a flattened lumbar lordosis. The crests of the ilium are parallel to the

BARDAKJIAN, STEEVIO

February 26, 2020

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floor. There is no list to either the right or left. There is no scoliosis. The gluteus maximus on the right and left show no evidence of atrophy, bilaterally.

There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles.

With direct palpation, there is no generalized tenderness in the lumbar spine.

There is no tenderness in the right and left sacroiliac joints, bilaterally.

There is no tenderness in the right and left sciatic notches, bilaterally.

#### **RANGE OF MOTION:**

Flexion is to 40 degrees, with increased low back pain.

Extension is to 0 degrees, with increased low back pain.

Right lateral bending is to 10 degrees, with increased low back pain.

Left lateral bending is to 5 degrees, with increased low back pain.

#### **SUPINE POSITION:**

Straight leg raising is to 30 degrees, on the right, with pain in the lower back region.

Straight leg raising is to 60 degrees, on the left, without pain in the lower back region.

TESTS:	RIGHT	LEFT
Lasègue Test:	Negative	Negative
Contralateral SLR:	Negative	Negative
Patrick's Test:	Negative	Negative
Gaenslen's Test:	Negative	Negative
Babinski:	Negative	Negative
Ankle Clonus:	Negative	Negative

#### **BILATERAL HIP EXAMINATION:**

	RIGHT	LEFT
Trendelenburg:	Negative	Negative
Tenderness Great Trochanter:	Negative	Negative

There is slight restriction to range of motion of the right hip. There is slight pain with range of motion of the right hip. There is full range of motion of the left hip. There is no pain with range

BARDAKJIAN, STEEVIO

February 26, 2020

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of motion of the left hip.

#### VASCULAR EXAM:

Posterior tibial pulses are present.  
Dorsalis pedis pulses are present.

#### NEUROLOGIC EXAM:

##### MOTOR TESTING:

	RIGHT	LEFT		RIGHT	LEFT
Hip Flexion:	5/5	5/5	Hip Extension:	5/5	5/5
Knee Extension:	4+/5	5/5	Knee Flexion	5/5	5/5
Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5	5/5
Great Toe Extension:	4+/5	5/5	Great Toe Flexion:	5/5	5/5

##### SENSATION:

Sensation in the lower extremities is not impaired.

There is decreased sensation:

	Right	Left
L1		
L2		
L3		
L4	X	
L5	X	
S1		

DEEP TENDON REFLEXES:	RIGHT	LEFT
Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

#### BILATERAL KNEE EXAMINATION:

There is a small effusion, right knee. There is no evidence of heat, swelling or effusion, left knee. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	130 degrees	140 degrees	140 degrees

BARDAKJIAN, STEEVIO

February 26, 2020

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Extension:	0 degrees	0 degrees	0 degrees
<b>TESTS:</b>			
Medial Joint Line Tenderness:	POS	Neg	
Lateral Joint Line Tenderness:	Neg	Neg	
Medial Collateral Ligament Tenderness:	Neg	Neg	
Lateral Collateral Ligament Tenderness:	Neg	Neg	
Anterior Drawer:	Neg	Neg	
Posterior Drawer:	Neg	Neg	
Lachman's Test:	Neg	Neg	
Pivot Shift Test:	Neg	Neg	
McMurray's:	POS	Neg	
Slocum's:	Neg	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	Neg	Neg	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

**X-RAY EXAMINATION:**

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

**DIAGNOSTIC STUDIES:**

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

BARDAKJIAN, STEEVIO

February 26, 2020

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**MEDICAL RECORD REVIEW:**

I have personally reviewed the following:

11/7/19        Edwin Haronian, M.D. – Initial Orthopedic Evaluation.

10/25/19       Lee Woods, M.D. - Agreed Medical Evaluation.

*End of Medical Record Review*

**DIAGNOSES:**

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. INTERNAL DERANGEMENT, RIGHT KNEE.

**DISCUSSION/TREATMENT PLAN:**

The patient has persistent severe low back pain with radiating pain to the right lower extremity. He has seen Dr. Haronian for spine surgical consultation. Dr. Haronian has verbally recommended a fusion. The patient would like a second opinion. I agree that a second opinion spine surgical consultation is indicated. I request authorization for second opinion spine surgical consultation with Dr. Patrick Johnson at Cedar Sinai.

The patient is also indicated for an updated MRI of the lumbar spine. The most recent MRI is over one year old. The patient will require an updated MRI of the lumbar spine prior to undergoing any additional surgery. I request authorization for an MRI of the lumbar spine with IV gadolinium. The patient has had right knee pain since a fall that occurred soon after the lumbar spine surgery. In my opinion, this was a compensable consequence injury of the lumbar spine injury. He has findings of internal / mechanical derangement and medial meniscus tear. I request authorization for an MRI of the right knee.

I have reviewed the Agreed Medical Examination of Dr. Woods. Dr. Woods agrees that the patient is not permanent and stationary or at maximum medical improvement. Dr. Woods recommends spine surgical consultation and an MRI of the right knee. The treatment I am recommending is in accordance with the recommendations of the Agreed Medical Examiner as noted in his Agreed Medical Examination Report of October 25, 2019.

The patient will return for reevaluation in six weeks.

BARDAKJIAN, STEEVIO

February 26, 2020

Page 6 of 6

000332

**WORK/DISABILITY STATUS:**

The patient can work modified duty. He is restricted from repetitive bending, stooping and lifting over 10 pounds. He is restricted to no more than 30 minutes of walking and standing per hour of work.

Should you have any questions, please do not hesitate to contact this office.

**The time spent reviewing medical records was 1 hour.**

*The above evaluation was performed on February 26, 2020 by the undersigned at my office located at 28212 Kelly Johnson Pkwy, Ste. 155, Valencia, CA 91355. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.*

*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 I have indicated I have 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 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.*



Philip H. Conwisar, M.D., F.A.A.O.S.  
Diplomate, American Board of Orthopaedic Surgery

Date: February 26, 2020 Los Angeles County, California

PHC/jt

cc: Koszdin, Fields Sherry & Katz  
Robert Katz, Attorney at Law  
6151 Van Nuys Boulevard  
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith  
633 West 5<sup>th</sup> St. Suite 4000  
Los Angeles, CA 90071

Bardakjian, Steevio Male 05-23-1970

000333

IN REFERENCE	:	Bardakjian, Steevio
DATE OF BIRTH	:	05-23-1970
SSN	:	XXX-XX-2130
EMPLOYER	:	OLIVE VIEW MEDICAL CENTER
INJURY DATE	:	07-03-2018
COMPENSATION CARRIER	:	Sedgwick
ADDRESS	:	PO BOX 11028, Orange CA 92856
ADJUSTOR	:	VIRIDIANA MALDONADO
CLAIM NUMBER	:	219-00110-B
WCAB NUMBER	:	
CURRENT EVALUATION	:	03-31-2020

#### SUPPLEMENTAL REPORT ON PAIN MANAGEMENT PROGRESS (PR-2)

(XX) Periodic Report	<input type="checkbox"/> Change in Treatment Plan	<input type="checkbox"/> Release from Care
<input type="checkbox"/> Change in Work Status	<input type="checkbox"/> Need for Referral or Consultation	<input type="checkbox"/> Response to Release for Information
<input type="checkbox"/> Change in Patient Condition	<input type="checkbox"/> Need for Surgery or Hospitalization	<input checked="" type="checkbox"/> Request for Authorization
<input type="checkbox"/> Other		

This is a consultation report in accordance with the State of California Workers' Compensation Official Medical Fee Schedule effective April 1, 1999, Reports Section, C, Consultation Report.

The following is a report on pain management progress performed at 28212 Kelly Johnson Parkway, SUITE 155, Valencia CA 91355 - 5084.

#### **Current Complaints:**

Back pain

#### **History of Present Illness**

The patient was seen via telemedicine audio and visual for approximately 15 minutes. The patient endorses that the low back pain is under control with the Percocet and the elective surgery is on hold right now.-Vision is getting 30% improvement of function with a combination of medications denies any side effects reports a dysfunctional improvement.

It is the practice of Universal Pain Management to periodically review the 5 domains (The 5 As) which are relevant for ongoing monitoring of chronic pain patient on opioids.

**Analgesia:** The patient reports greater than 30 % pain relief while taking medications, including opioids.

**ADLs/ subjective functional improvement from baseline:**30 %.

**Functional Objective Improvement:** Patient is able to perform activities such as

bathing,grooming,dressing,transfers,ambulation and preparing of meals with the aid of the medications AS EVIDENCED IN THE PERSONAL MEDICATION STATEMENTS PROVIDED UNDER SEPARATE COVER.

**Adverse side effects :** no side effects noted.

**Abuse:** the patient is compliant with the pain management agreement.

**Affect:** the patient's behavior and mood are appropriate. The patient has failed prior medications which include; none.

The duration that the opioid medication lasts is 6 hours.

Bardakjian, Steevio Male 05-23-1970

000334

The onset of symptom relief for their medication is 20 minutes.

Weaning has been tried but was not successful.

Conservative treatment has been tried for more than 3 months but it failed.

An updated pain agreement is present on file.

VAS (Without Meds): 7

VAS (With Meds): 4

There is 30 % of improvement with opioid medications.

Without medications, the patient is able to ambulate 50 feet as baseline.

With the medications patient able to ambulate 3 blocks with the medications, an improvement from baseline.

\***Interval F/U Pain Descriptors:** Location of pain is at back pain. Current Pain Changes : fluctuates in intensity.

Patient describes his pain as aching. **Recent Diagnostic Studies:**

CAT Scan: No.

Discogram: No

EMG: No.

MRI: No.

Myelogram: No.

#### **Review of Systems**

**Neurological:** Reports *numbness*.

**Constitutional:** Reports *sweats*.

**Musculoskeletal:** Reports *weakness*.

#### **Physical Examination**

**General:** The patient is well developed and well-nourished. Patient is alert and oriented. His mood and affect are normal. Patient is in no acute distress. Patient has good hygiene. There is no apparent loss of coordination. Uses a cane

#### **Review of Medical Records:**

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping.

Review of medical records and/or consultation between treating physicians and/or discussion of Utilization

Review and/or planning and/or creation of RFAs, and/or preparation of this report totaled 35 minutes of non-face-to-face patient care time, justifying CPT code 99358. I am billing appropriately.

#### **Legal Status:**

Primary Treating Physician: Philip Conwisor MD

Attorney: KOSZDIN, FIELDS, SHERRY & KATZ

P & S Status:

#### **Impression:**

This patient is a 49-year-old male with a history of diabetes and hypertension status post L3-L5 laminectomy

Bardakjian, Steevio Male 05-23-1970

000335

with significant radiculopathy on the right side and postlaminectomy syndrome with lumbar radiculopathy. He has been recommended to have a fusion surgery by a spine surgeon however the patient does not want to have any further surgeries -patient is doing well with conservative therapies of acupuncture chiropractic therapies as well as medication management with Percocet

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping. Urine screening from 10/ 2019 report demonstrates oxycodone consistent with prescribed medication of Percocet

**ICD Codes:** Hip pain (M25.559), Lumbar radiculopathy, chronic (M54.16), Lumbar postlaminectomy syndrome (M96.1), Long term (current) use of opiate analgesic (Z79.891)

**Treatment Plan:**

Urine drug screening necessary on next visit

Continue medications as the patient is Able to function and work full-time. The patient is awaiting for further surgery recommendations

The patient would like to discuss findings with orthopedic surgeon the patient may need surgery of the lumbar knee is apparently part of the case and the patient is interested in further imaging

Knee with medications as they allow the patient to function and be able to work

Hip joint injection has been approved however the patient would like to hold off on any intervention

Patient Receive significant pain relief from the epidural injection and the diagnostic phase was consistent however the patient would like to hold off on therapeutic phase of the epidurals fail he has his followup by neurosurgeon

Continue Percocet up to 3 times a day

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping. Urine screening from 10/ 2019 report demonstrates oxycodone consistent with prescribed medication of Percocet

The patient has interval subjective and objective functional improvement with the medications as documented from BASELINE. The patient has been WEANED to the lowest possible dose. Any further weaning will result in the patient being bedbound and or going to the ER. An opioid contract is on file. Therefore the patient meets all the guidelines criteria of ODG, CMS and CAMTUS guidelines that are utilized in the state of California to continue opioid medications.

We are a multidisciplinary pain clinic as noted on page 78 of the CAMTUS guidelines. This is to be considered anytime the patient's symptoms do not improve on opioids in 3 months. We utilize a combination of Medication Management, Biofeedback, Physical Therapy, Chiropractic, Acupuncture, Psychological intervention and appropriate Interventional Techniques. We assess the patient on a routine basis.

We monitor the 4 A's for ongoing monitoring: Analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. For monitoring patients for long-term use of opioids we also utilize recommendations as noted on page 88 of the CAMTUS. These are patients who are on opioids greater than 6 months. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of

Bardakjian, Steevio Male 05-23-1970

function, or improved quality of life. We make every effort to assess the pain at every visit, and functioning is measured at 6- month intervals as recommended by the guidelines. For maintenance of the patient's medications we do not lower if the current medication is working as noted on page 89 of the CAMTUS guidelines. All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening.

000336

Included with this report is a handwritten attestation by the patient documenting pain relief and improvement in functional activity before and after taking their prescribed medications. Any utilization review of these medications that does not specifically comment on the handwritten attestation, when provided, is invalid and non-compliant.

**Medications prescribed:**

Percocet 10 mg-325 mg tablet 0.5-1 Tablet Three times a Day for 30 Days , Prescribe 90 Tablet  
Vistaril 25 mg capsule 1 Capsule Twice a Day PRN for 30 Days , Prescribe 60 Capsule

**Work Status:** As per PTP

**Work Restriction:**

Due to the complexities involved with management and close monitoring of this patient's current medications and treatment, it is my opinion that the patient follow up with our office on a regimen of at least every 30 to 45 days to properly assess and treat the patient's condition. The patient's questions were answered in detail. An extended period of time was spent with the patient explaining test results, diagnostic impressions, physical findings, and further plans and alternatives. Should there be any additional questions; the patient is encouraged to contact our office.

Sincerely,



Kevin Kohan, D.O.

**DISCLOSURE:**

The patient was interviewed regarding the undersigned regarding the history. The physical examination was performed entirely by the undersigned physician. The dictation was prepared by myself, including any and all impressions and conclusions described in the discussion. In compliance with the recent Workers Compensation legislation (Labor Code Section 4628 (b): "I declare that the above evaluation was performed by the undersigned and was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (j) of Section 139.2." In compliance with recent Worker's Compensation legislation (Labor Code 4628(j): "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 I have indicated I have 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." In compliance with the recent Workers Compensation legislation (Labor Code Section 5703 under AB 1300): 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. This statement is made under penalty of perjury.

"Dragon medical software may have been used to dictate this note. On occasion errors can occur in the content, grammar, and punctuation. We retain the right to modify this information without notice in the event of errors."

Bardakjian, Steevio Male 05-23-1970

*Signed in Los Angeles County, California*  
By



Kevin Kohan, D.O.



Kevin Kohan, D.O.

*This has been electronically signed by Kevin Kohan, D.O. on 03-31-2020.*

000337

# PHILIP H. CONWISAR, M.D.

*A Professional Corporation*

*Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery*

*Diplomate, American Board of Orthopaedic Surgery*

*Fellow, American Academy of Orthopaedic Surgeons*

April 13, 2020

Tristar Risk Management  
P.O. Box 11967  
Santa Ana, CA 92711

Attn: Regina Diaz

*RFA REQUEST SENT  
SEPARATELY VIA FAX*

RE: **BARDAKJIAN, STEEVIO**  
D/I: **July 3, 2018**  
OCC: **RN IT Project Manager**  
EMP: **Olive View Medical Center**  
**Los Angeles County**  
**Health Care Department**  
D/E: **April 13, 2020**  
CLAIM #: **219-00110-B**  
WCAB #: **ADJ11540526**

## **PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2** **REQUEST FOR AUTHORIZATION FOR TREATMENT**

The patient is evaluated today via telemedicine in accordance with CMS and DWC guidelines due to the COVID-19 outbreak. Consent was provided by the patient for telemedicine examination. He has persistent low back pain that radiates to the right lower extremity with paresthesias. He has right knee pain. He had lumbar spine surgery in August of 2018 by a prior treating surgeon. Unfortunately, he is doing poorly. He has persistent severe low back pain and persistent right knee pain. We are pending authorization for treatment I requested in my February 26, 2020 report.

### **OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:**

Physical examination was performed by telemedicine.

#### **LUMBAR SPINE:**

There is a healed surgical incision. There is restricted range of motion with pain on range of motion. There is decreased sensation in the L5 dermatome.

---

4835 Van Nuys Blvd., Ste. 210  
Sherman Oaks, CA 91403

• 819 Auto Center Drive  
Palmdale, CA 93551

• 28212 Kelly Johnson Pkwy, Ste. 155  
Valencia, CA 91355

BARDAKJIAN, STEEVIO  
April 13, 2020  
Page 2 of 4

**RIGHT KNEE:**

There is mild swelling. There is very slight restriction in knee flexion. There is pain with range of motion. The pain is located in the medial joint line.

**X-RAY EXAMINATION:**

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

**DIAGNOSTIC STUDIES:**

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

**DIAGNOSES:**

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. INTERNAL DERANGEMENT, RIGHT KNEE.

**DISCUSSION/TREATMENT PLAN:**

The patient has persistent severe low back pain with radiating pain to the right lower extremity. He has had spine surgical consultation with Dr. Haronian who has recommended surgery. The patient requests second opinion. I agree that a second opinion spine surgical consultation is

BARDAKJIAN, STEEVIO

April 13, 2020

Page 3 of 4

indicated. I request authorization for second opinion spine surgical consultation with Dr. Patrick Johnson at Cedar Sinai Medical Center.

The patient is indicated for an updated MRI of the lumbar spine. The most recent MRI is over one year old. He will require an updated MRI prior to undergoing any additional surgery. The patient does have significant neurologic deficits seen on previous examination. I request authorization for an MRI of the lumbar spine with IV gadolinium.

The patient has persistent right knee pain and swelling. This occurred from a fall after lumbar spine surgery. He has findings of internal derangement and medial meniscus tear. I again request authorization for an MRI of the right knee.

Please provide authorization for the treatment I am recommending.

The patient will return for reevaluation in six weeks.

**WORK/DISABILITY STATUS:**

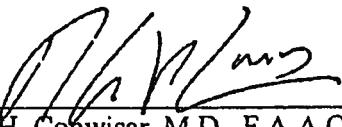
The patient can work modified duty. He is restricted from repetitive bending, stooping, pushing, pulling and lifting over 10 pounds. He is restricted to no more than 30 minutes of walking and standing per hour of work.

Should you have any questions, please do not hesitate to contact this office.

*The above evaluation was performed on April 13, 2020 by the undersigned via telemedicine in accordance with CMS guidelines due to the COVID-19 outbreak. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.*

*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 I have indicated I have 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 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.*

  
Philip H. Conwisar, M.D., F.A.A.O.S.  
Diplomate, American Board of Orthopaedic Surgery

Date: April 13, 2020 Los Angeles County, California

PHC/jt

cc: Koszdin, Fields Sherry & Katz  
Robert Katz, Attorney at Law  
6151 Van Nuys Boulevard  
Van Nuys, CA 91401

**BARDAKJIAN, STEEVIO**

April 13, 2020

Page 4 of 4

cc: Lewis, Brisbois, Bisgaard & Smith  
633 West 5<sup>th</sup> St. Suite 4000  
Los Angeles, CA 90071

Bardakjian, Steevio Male 05-23-1970

000342

IN REFERENCE	:	Bardakjian, Steevio
DATE OF BIRTH	:	05-23-1970
SSN	:	XXX-XX-2130
EMPLOYER	:	OLIVE VIEW MEDICAL CENTER
INJURY DATE	:	07-03-2018
COMPENSATION CARRIER	:	Sedgwick
ADDRESS	:	PO BOX 11028, Orange CA 92856
ADJUSTOR	:	VIRIDIANA MALDONADO
CLAIM NUMBER	:	219-00110-B
WCAB NUMBER	:	
CURRENT EVALUATION	:	05-04-2020

#### SUPPLEMENTAL REPORT ON PAIN MANAGEMENT PROGRESS (PR-2)

<input checked="" type="checkbox"/> Periodic Report	<input type="checkbox"/> Change in Treatment Plan	<input type="checkbox"/> Release from Care
<input type="checkbox"/> Change in Work Status	<input type="checkbox"/> Need for Referral or Consultation	<input type="checkbox"/> Response to Release for Information
<input type="checkbox"/> Change in Patient Condition	<input type="checkbox"/> Need for Surgery or Hospitalization	<input checked="" type="checkbox"/> Request for Authorization
<input type="checkbox"/> Other		

This is a consultation report in accordance with the State of California Workers' Compensation Official Medical Fee Schedule effective April 1, 1999, Reports Section, C, Consultation Report.

The following is a report on pain management progress performed at 28212 Kelly Johnson Parkway, SUITE 155, Valencia CA 91355 - 5084.

#### Current Complaints:

back pain

#### History of Present Illness

The patient was seen via telemedicine audio and visual -He continues to work with that medication combination. He denies any side effects and reports that the Vistaril due to patient's significant improvement in anxiety. The patient endorses that the low back pain is under control with the Percocet and the elective surgery is on hold right now.-patient is getting 30% improvement of function with a combination of medications denies any side effects reports a dysfunctional improvement.

It is the practice of Universal Pain Management to periodically review the 5 domains (The 5 As) which are relevant for ongoing monitoring of chronic pain patient on opioids.

Analgesia: The patient reports greater than 30 % pain relief while taking medications, including opioids.

ADLs/ subjective functional improvement from baseline:30 %.

Functional Objective Improvement: Patient is able to perform activities such as bathing,grooming,dressing,transfers,ambulation and preparing of meals with the aid of the medications AS EVIDENCED IN THE PERSONAL MEDICATION STATEMENTS PROVIDED UNDER SEPARATE COVER.

Adverse side effects : no side effects noted.

Abuse: the patient is compliant with the pain management agreement.

Affect: the patient's behavior and mood are appropriate. The patient has failed prior medications which include; none.

Bardakjian, Steevio Male 05-23-1970

000343

The duration that the opioid medication lasts is 6 hours.  
The onset of symptom relief for their medication is 20 minutes.  
Weaning has been tried but was not successful.  
Conservative treatment has been tried for more than 3 months but it failed.  
An updated pain agreement is present on file.

VAS (Without Meds): 7

VAS (With Meds): 4

There is 30 % of improvement with opioid medications.

Without medications, the patient is able to ambulate 50 feet as baseline.

With the medications patient able to ambulate 3 blocks with the medications, an improvement from baseline.

\***Interval F/U Pain Descriptors:** Location of pain is at back pain. Current Pain Changes : fluctuates in intensity.

Patient describes his pain as constant. **Recent Diagnostic Studies:**

CAT Scan: No.

Discogram: No

EMG: No.

MRI: No.

Myelogram: No.

#### **Review of Systems**

**Neurological:** Reports *numbness*.

**Constitutional:** Reports *sweats*.

**Musculoskeletal:** Reports *weakness*.

#### **Physical Examination**

**General:** The patient is well developed and well-nourished. Patient is alert and oriented. His mood and affect are normal. Patient is in no acute distress. Patient has good hygiene. There is no apparent loss of coordination. Uses a cane

#### **Review of Medical Records:**

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping.

Review of medical records and/or consultation between treating physicians and/or discussion of Utilization Review and/or planning and/or creation of RFAs, and/or preparation of this report totaled 35 minutes of non-face-to-face patient care time, justifying CPT code 99358. I am billing appropriately.

#### **Legal Status:**

Primary Treating Physician: Philip Conwisor MD

Attorney: KOSZDIN, FIELDS, SHERRY & KATZ

P & S Status:

#### **Impression:**

Bardakjian, Steevio Male 05-23-1970

This patient is a 49-year-old male with a history of diabetes and hypertension status post L3-L5 laminectomy with significant radiculopathy on the right side and postlaminectomy syndrome with lumbar radiculopathy. He has been recommended to have a fusion surgery by a spine surgeon however the patient does not want to have any further surgeries -patient is doing well with conservative therapies of acupuncture chiropractic therapies as well as medication management with Percocet

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping. Urine screening from 10/ 2019 report demonstrates oxycodone consistent with prescribed medication of Percocet

**ICD Codes:** Hip pain (M25.559), Lumbar radiculopathy, chronic (M54.16), Lumbar postlaminectomy syndrome (M96.1), Long term (current) use of opiate analgesic (Z79.891)

**Treatment Plan:**

Urine drug screening necessary on next visit

Continue medications as the patient is Able to function and work full-time. The patient is awaiting for further surgery recommendations

The patient would like to discuss findings with orthopedic surgeon the patient may need surgery of the lumbar knee is apparently part of the case and the patient is interested in further imaging

Knee with medications as they allow the patient to function and be able to work

Hip joint injection has been approved however the patient would like to hold off on any intervention

Patient Receive significant pain relief from the epidural injection and the diagnostic phase was consistent however the patient would like to hold off on therapeutic phase of the epidurals fail he has his followup by neurosurgeon

Continue Percocet up to 3 times a day

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping. Urine screening from 10/ 2019 report demonstrates oxycodone consistent with prescribed medication of Percocet

The patient has interval subjective and objective functional improvement with the medications as documented from BASELINE. The patient has been WEANED to the lowest possible dose. Any further weaning will result in the patient being bedbound and or going to the ER. An opioid contract is on file. Therefore the patient meets all the guidelines criteria of ODG, CMS and CAMTUS guidelines that are utilized in the state of California to continue opioid medications.

We are a multidisciplinary pain clinic as noted on page 78 of the CAMTUS guidelines. This is to be considered anytime the patient's symptoms do not improve on opioids in 3 months. We utilize a combination of Medication Management, Biofeedback, Physical Therapy, Chiropractic, Acupuncture, Psychological intervention and appropriate Interventional Techniques. We assess the patient on a routine basis.

We monitor the 4 A's for ongoing monitoring: Analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. For monitoring patients for long-term use of opioids we also utilize recommendations as noted on page 88 of the CAMTUS. These are patients who are on opioids greater than 6

000344

Bardakjian, Steevie Male 05-23-1970

000345  
000

months. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. We make every effort to assess the pain at every visit, and functioning is measured at 6-month intervals as recommended by the guidelines. For maintenance of the patient's medications we do not lower if the current medication is working as noted on page 89 of the CAMTUS guidelines. All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening.

Included with this report is a handwritten attestation by the patient documenting pain relief and improvement in functional activity before and after taking their prescribed medications. Any utilization review of these medications that does not specifically comment on the handwritten attestation, when provided, is invalid and non-compliant.

**Medications prescribed:**

Percocet 10 mg-325 mg tablet 0.5-1 Tablet Three times a Day for 30 Days , Prescribe 90 Tablet  
Vistaril 25 mg capsule 1 Capsule Twice a Day PRN for 30 Days , Prescribe 60 Capsule

**Work Status:** As per PTP

**Work Restriction:**

Due to the complexities involved with management and close monitoring of this patient's current medications and treatment, it is my opinion that the patient follow up with our office on a regimen of at least every 30 to 45 days to properly assess and treat the patient's condition. The patient's questions were answered in detail. An extended period of time was spent with the patient explaining test results, diagnostic impressions, physical findings, and further plans and alternatives. Should there be any additional questions; the patient is encouraged to contact our office.

Sincerely,



Kevin Kohan, D.O.

**DISCLOSURE:**

*The patient was interviewed regarding the undersigned regarding the history. The physical examination was performed entirely by the undersigned physician. The dictation was prepared by myself, including any and all impressions and conclusions described in the discussion. In compliance with the recent Workers Compensation legislation (Labor Code Section 4628 (b): "I declare that the above evaluation was performed by the undersigned and was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (j) of Section 139.2." In compliance with recent Worker's Compensation legislation (Labor Code 4628(j): "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 I have indicated I have 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." In compliance with the recent Workers Compensation legislation (Labor Code Section 5703 under AB 1300): 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. This statement is made under penalty of perjury.*

*"Dragon medical software may have been used to dictate this note. On occasion errors can occur in the content, grammar, and punctuation. We retain the right to modify this information without notice in the event of*

Bardakjian, Steevio Male 05-23-1970

errors."

*Signed in Los Angeles County, California*  
By



Kevin Kohan, D.O.



Kevin Kohan, D.O.

*This has been electronically signed by Kevin Kohan, D.O. on 05-04-2020.*

000346

CANON

**TOTAL IMAGING & OPEN MRI**

18560 Via Princessa Suite #120, Santa Clarita, CA 91307  
 Tel: (661) 250-4611 Fax: (661) 250-9356

**REFERRING PHYSICIAN:** DR. CONWISAR, PHILIP PHILIP

**DIAGNOSTIC IMAGING REPORT**

Patient Name: BARDAKJIAN, STEEVIO  
 Exam Date: 05/28/2020 13:26:19

Sex: M

Patient DOB: 03/23/1970

**STUDY: MRI OF THE RIGHT KNEE WITHOUT CONTRAST**

**HISTORY:** Injured at work.

**TECHNIQUE:** Multiplanar multisequence MR images of the right knee were obtained without the administration of intravenous contrast.

**FINDINGS:**

**Cruciate ligament:**

Anterior cruciate ligament and posterior cruciate ligaments are normal in size and signal intensity.

**Menisci:**

There is an oblique tear of the posterior horn of medial meniscus. Rest of the menisci are unremarkable.

**Collateral ligaments:**

The lateral collateral ligament and medial collateral ligaments are intact and show normal signal intensity.

**Joint capsule:**

Patellofemoral ligaments are normal. Medial and Lateral patellar retinaculum are normal. Surrounding soft tissue shows no abnormality. Observation is made of small knee joint effusion. Baker's cyst observed.

**Bones and articular cartilage:**

Alignment of tibia, femur as well maintained. The patella is normally positioned within the femoral groove. Femoral condyles and visible bones appear normal in signal intensity. The femoral, tibial, and patellar articular cartilage appear normal. No fracture, stress reaction, or osseous lesion is seen.

**Muscles, tendons and postero-lateral complex:**

No hyaline cartilaginous disease in patellofemoral, medial and lateral compartments. The distal quadriceps and patellar tendons are intact. The biceps femoris tendon and ilio-tibial tract are normal. The quadriceps and patellar tendons are normal. The popliteal vessels are normal. Hoffa's fat pad is normal. The muscles surrounding the knee joint are normal. No evidence of obvious loose bodies.

*Norman Pennington*

Electronically Signed By: Norman Pennington on 05/29/2020 06:22:55 AM  
 Board Certified Radiologist

000347

000348

CANON

**TOTAL IMAGING & OPEN MRI**18560 Via Princessa Suite #120, Santa Clarita, CA 91387  
Tel: (661) 250-4611 Fax: (661) 250-9356

REFERRING PHYSICIAN: DR. CONWISAR, PHILIP PHILIP

**DIAGNOSTIC IMAGING REPORT**Patient Name: BARDAKJIAN, STEEVIO  
Exam Date: 05/28/2020 19:26:19

Sex: M

Patient DOB: 05/23/1970

**IMPRESSION:**

1. Oblique tear of the posterior horn of medial meniscus.
2. Small knee joint effusion.

*Norman Pennington*Electronically Signed By: Norman Pennington on 05/29/2020 06:22:55 AM  
Board Certified Radiologist

CANON

**TOTAL IMAGING & OPEN MRI**

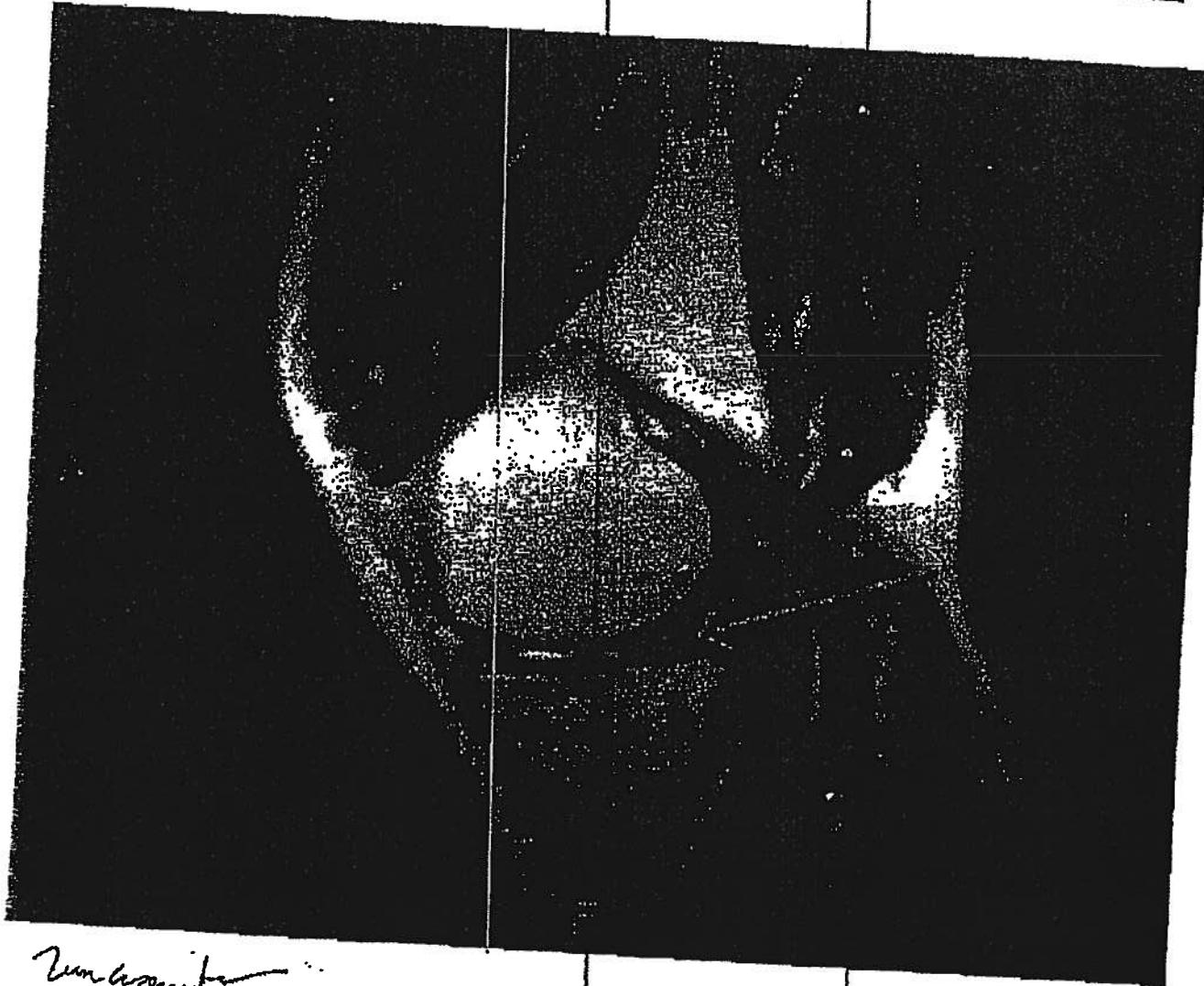
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**REFERRING PHYSICIAN: DR. CONWISAR, PHILIP PHILIP****DIAGNOSTIC IMAGING REPORT**

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*Norm Pennington*

Electronically Signed By: Norman Pennington on 05/29/2020 06:22:55 AM  
Board Certified Radiologist

000349

Bardakjian, Steevio Male 05-23-1970

000350

IN REFERENCE	:	Bardakjian, Steevio
DATE OF BIRTH	:	05-23-1970
SSN	:	XXX-XX-2130
EMPLOYER	:	OLIVE VIEW MEDICAL CENTER
INJURY DATE	:	07-03-2018
COMPENSATION CARRIER	:	Sedgwick
ADDRESS	:	PO BOX 11028, Orange CA 92856
ADJUSTOR	:	VIRIDIANA MALDONADO
CLAIM NUMBER	:	219-00110-B
WCAB NUMBER	:	
CURRENT EVALUATION	:	06-01-2020

#### SUPPLEMENTAL REPORT ON PAIN MANAGEMENT PROGRESS (PR-2)

(XX) Periodic Report	<input type="checkbox"/> Change in Treatment Plan	<input type="checkbox"/> Release from Care
<input type="checkbox"/> Change in Work Status	<input type="checkbox"/> Need for Referral or Consultation	<input type="checkbox"/> Response to Release for Information
<input type="checkbox"/> Change in Patient Condition	<input type="checkbox"/> Need for Surgery or Hospitalization	<input checked="" type="checkbox"/> Request for Authorization
<input type="checkbox"/> Other		

This is a consultation report in accordance with the State of California Workers' Compensation Official Medical Fee Schedule effective April 1, 1999, Reports Section, C, Consultation Report.

The following is a report on pain management progress performed at 28212 Kelly Johnson Parkway, SUITE 155, Valencia CA 91355 - 5084.

#### Current Complaints:

low back pain and knee

#### History of Present Illness

The patient was seen via telemedicine audio and visual -He continues to work with that medication combination. The patient send for MRI of the knee and lumbar. MRI of the knee was done few days ago- He denies any side effects and reports that the Vistaril due to patient's significant improvement in anxiety. The patient endorses that the low back pain is under control with the Percocet and the elective surgery is on hold right now.-patient is getting 30% improvement of function with a combination of medications denies any side effects reports a dysfunctional improvement.

It is the practice of Universal Pain Management to periodically review the 5 domains (The 5 As) which are relevant for ongoing monitoring of chronic pain patient on opioids.

Analgesia: The patient reports greater than 30 % pain relief while taking medications, including opioids.

ADLs/ subjective functional improvement from baseline:30 %.

Functional Objective Improvement: Patient is able to perform activities such as

bathing,grooming,dressing,transfers,ambulation and preparing of meals with the aid of the medications AS EVIDENCED IN THE PERSONAL MEDICATION STATEMENTS PROVIDED UNDER SEPARATE COVER.

Adverse side effects : no side effects noted.

Abuse: the patient is compliant with the pain management agreement.

Affect: the patient's behavior and mood are appropriate. The patient has failed prior medications which include;

Bardakjian, Steevio Male 05-23-1970

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none.

The duration that the opioid medication lasts is 6 hours.

The onset of symptom relief for their medication is 20 minutes.

Weaning has been tried but was not successful.

Conservative treatment has been tried for more than 3 months but it failed.

An updated pain agreement is present on file.

VAS (Without Meds): 7

VAS (With Meds): 4

There is 30 % of improvement with opioid medications.

Without medications, the patient is able to ambulate 50 feet as baseline.

With the medications patient able to ambulate 3 blocks with the medications, an improvement from baseline.

\***Interval F/U Pain Descriptors:** Location of pain is at Back pain, rle. Current Pain Changes : same. Patient describes his pain as constant. Recent Diagnostic Studies:

CAT Scan: No.

Discogram: No

EMG: No.

MRI: No.

Myelogram: No.

#### **Review of Systems**

**Neurological:** Reports *numbness*.

**Constitutional:** Reports *sweats*.

**Musculoskeletal:** Reports *weakness*.

#### **Physical Examination**

**General:** The patient is well developed and well-nourished. Patient is alert and oriented. His mood and affect are normal. Patient is in no acute distress. Patient has good hygiene. There is no apparent loss of coordination. Uses a cane

#### **Review of Medical Records:**

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping. The urine screening May 2020 wasn't reviewed noted to be consistent with prescribed medications of Oxycodone

Review of medical records and/or consultation between treating physicians and/or discussion of Utilization Review and/or planning and/or creation of RFAs, and/or preparation of this report totaled 35 minutes of non-face-to-face patient care time, justifying CPT code 99358. I am billing appropriately.

#### **Legal Status:**

Primary Treating Physician: Philip Convisar MD

Attorney: KOSZDIN, FIELDS, SHERRY & KATZ

P & S Status:

Bardakjian, Steevio Male 05-23-1970

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**Impression:**

This patient is a 50-year-old male with a history of diabetes and hypertension status post L3-L5 laminectomy with significant radiculopathy on the right side and postlaminectomy syndrome with lumbar radiculopathy. He has been recommended to have a fusion surgery by a spine surgeon however the patient does not want to have any further surgeries -patient is doing well with conservative therapies of acupuncture chiropractic therapies as well as medication management with Percocet

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping. Urine screening from 5/20 report demonstrates oxycodone consistent with prescribed medication of Percocet

**ICD Codes:** Hip pain (M25.559), Lumbar radiculopathy, chronic (M54.16), Lumbar postlaminectomy syndrome (M96.1), Long term (current) use of opiate analgesic (Z79.891)

**Treatment Plan:**

The patient has had MRI of that knee and will have the MRI of the lumbar spine we will try to get that images on the next office visit to review with patient the patient may be a candidate for surgical intervention

Continue medications as the patient is Able to function and work full-time. The patient is awaiting for further surgery recommendations

The patient would like to discuss findings with orthopedic surgeon the patient may need surgery of the lumbar knee is apparently part of the case and the patient is interested in further imaging

Knee with medications as they allow the patient to function and be able to work

Hip joint injection has been approved however the patient would like to hold off on any intervention

Patient Receive significant pain relief from the epidural injection and the diagnostic phase was consistent however the patient would like to hold off on therapeutic phase of the epidurals fail he has his followup by neurosurgeon

Continue Percocet up to 3 times a day

An online pharmacy report, CURES report, was obtained today and it shows no evidence of doctor shopping. Urine screening from 10/ 2019 report demonstrates oxycodone consistent with prescribed medication of Percocet

The patient has interval subjective and objective functional improvement with the medications as documented from BASELINE. The patient has been WEANED to the lowest possible dose. Any further weaning will result in the patient being bedbound and or going to the ER. An opioid contract is on file. Therefore the patient meets all the guidelines criteria of ODG, CMS and CAMTUS guidelines that are utilized in the state of California to continue opioid medications.

We are a multidisciplinary pain clinic as noted on page 78 of the CAMTUS guidelines. This is to be considered anytime the patient's symptoms do not improve on opioids in 3 months. We utilize a combination of Medication Management, Biofeedback, Physical Therapy, Chiropractic, Acupuncture, Psychological intervention and appropriate Interventional Techniques. We assess the patient on a routine basis.

We monitor the 4 A's for ongoing monitoring: Analgesia, activities of daily living, adverse side effects and

Bardakjian, Steevio Male 05-23-1970

000353

aberrant drug taking behavior. For monitoring patients for long-term use of opioids we also utilize recommendations as noted on page 88 of the CAMTUS. These are patients who are on opioids greater than 6 months. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. We make every effort to assess the pain at every visit, and functioning is measured at 6- month intervals as recommended by the guidelines. For maintenance of the patient's medications we do not lower if the current medication is working as noted on page 89 of the CAMTUS guidelines. All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening.

Included with this report is a handwritten attestation by the patient documenting pain relief and improvement in functional activity before and after taking their prescribed medications. Any utilization review of these medications that does not specifically comment on the handwritten attestation, when provided, is invalid and non-compliant.

**Medications prescribed:**

Percocet 10 mg-325 mg tablet 0.5-1 Tablet Three times a Day for 30 Days , Prescribe 90 Tablet  
Vistaril 25 mg capsule 1 Capsule Twice a Day PRN for 30 Days , Prescribe 60 Capsule

**Work Status:** As per PTP

**Work Restriction:**

Due to the complexities involved with management and close monitoring of this patient's current medications and treatment, it is my opinion that the patient follow up with our office on a regimen of at least every 30 to 45 days to properly assess and treat the patient's condition. The patient's questions were answered in detail. An extended period of time was spent with the patient explaining test results, diagnostic impressions, physical findings, and further plans and alternatives. Should there be any additional questions; the patient is encouraged to contact our office.

Sincerely,



Kevin Kohan, D.O.

**DISCLOSURE:**

The patient was interviewed regarding the undersigned regarding the history. The physical examination was performed entirely by the undersigned physician. The dictation was prepared by myself, including any and all impressions and conclusions described in the discussion. In compliance with the recent Workers Compensation legislation (Labor Code Section 4628 (b)): "I declare that the above evaluation was performed by the undersigned and was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (j) of Section 139.2." In compliance with recent Worker's Compensation legislation (Labor Code 4628(j)): "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 I have indicated I have 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." In compliance with the recent Workers Compensation legislation (Labor Code Section 5703 under AB 1300): 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. This statement is made under penalty of perjury.

Bardakjian, Steevio Male 05-23-1970

*"Dragon medical software may have been used to dictate this note. On occasion errors can occur in the content, grammar, and punctuation. We retain the right to modify this information without notice in the event of errors."*

*Signed in Los Angeles County, California*

*By*



Kevin Kohan, D.O.



Kevin Kohan, D.O.

*This has been electronically signed by Kevin Kohan, D.O. on 06-01-2020.*

000354

# PHILIP H. CONWISAR, M.D.

A Professional Corporation

*Orthopaedic Surgery*

• *Sports Medicine*

• *Arthroscopic Surgery*

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

June 11, 2020

Tristar Risk Management  
P.O. Box 11967  
Santa Ana, CA 92711

Attn: Regina Diaz

RFA REQUEST SENT  
SEPARATELY VIA FAX

RE: **BARDAKJIAN, STEEVIO**  
D/I: July 3, 2018  
OCC: RN IT Project Manager  
EMP: Olive View Medical Center  
Los Angeles County  
Health Care Department  
D/E: June 11, 2020  
CLAIM #: 219-00110-B  
WCAB #: ADJ11540526

## **PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT / SURGERY**

The patient is evaluated today via telemedicine in accordance with CMS and DWC guidelines due to the COVID-19 outbreak. Consent was provided by the patient for telemedicine examination. He has persistent severe low back pain that radiates to the right lower extremity. He has persistent right knee pain with swelling, catching, giving way and occasional locking. He had lumbar spine surgery by a prior treating spine surgeon. Unfortunately, he is doing poorly.

### **OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:**

Physical examination was performed by telemedicine.

#### **LUMBAR SPINE:**

There is a healed surgical incision. There is restricted range of motion with pain on range of motion. There is decreased sensation in the L5 dermatome.

**RIGHT KNEE:**

There is mild swelling. There is very slight restriction in knee flexion. There is pain with range of motion. The pain is located in the medial joint line.

**X-RAY EXAMINATION:**

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

**DIAGNOSTIC STUDIES:**

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

**DIAGNOSES:**

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.

4. INTERNAL DERANGEMENT / MEDIAL MENISCUS TEAR, RIGHT KNEE.

**DISCUSSION/TREATMENT PLAN:**

The patient has persistent severe low back pain with radiating pain to the right lower extremity. He has had spine surgical consultation with Dr. Haronian who has recommended surgery. The patient requests second opinion. I agree that a second opinion spine surgical consultation is indicated. I request authorization for second opinion spine surgical consultation with Dr. Patrick Johnson at Cedar Sinai Medical Center.

The patient has persistent right knee pain, swelling, catching and occasional giving way. He has been symptomatic for over one year. He has done a self-directed home exercise program. He has occasional locking. He has findings of medial meniscus tear. The patient has failed conservative treatment. He is indicated for right knee arthroscopy with partial medial meniscectomy.

I am formally requesting authorization for the following:

1. Right knee arthroscopy with partial medial meniscectomy.
2. Pre-op medical clearance.
3. Post-op physical therapy twice a week for six weeks.
4. Cold therapy device for seven days post-op.
5. Crutches for the immediate post-op period.

Please provide authorization so surgery can be scheduled promptly.

The patient will return for reevaluation in six weeks.

**WORK/DISABILITY STATUS:**

The patient can work modified duty. He is restricted from repetitive bending, stooping, lifting over 10 pounds, squatting, kneeling, climbing and other similar activities.

Should you have any questions, please do not hesitate to contact this office.

*The above evaluation was performed on June 11, 2020 by the undersigned via telemedicine in accordance with CMS guidelines due to the COVID-19 outbreak. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.*

*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 I have indicated I have 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.*

June 11, 2020

Page 4 of 4

000358

*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.*



Philip H. Conwissar, M.D., F.A.A.O.S.  
Diplomate, American Board of Orthopaedic Surgery

Date: June 11, 2020 Los Angeles County, California

PHC/jt

cc: Koszdin, Fields Sherry & Katz  
Robert Katz, Attorney at Law  
6151 Van Nuys Boulevard  
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith  
633 West 5<sup>th</sup> St. Suite 4000  
Los Angeles, CA 90071

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA- COUNTY OF Los Angeles  
I, the undersigned, am employed in the county of Los Angeles  
and the state of California. I am over eighteen years of age  
and not a party to the within action. My business address is:  
4835 VAN NUYS BLVD., 210  
SHERMAN OAKS, CA 91403

000359

On Tue Aug 04 I served a Medical/Legal Lien and report on  
BARDAKJIAN, STEEVI , Account 74183 , by placing a true copy thereof  
enclosed in a sealed envelope with postage thereon fully prepaid,  
in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : TRISTAR RISK MGMT  
PO BOX 11967  
SANTA ANA , CA 92711
- 2) Employer : OLIVE VIEW MEDICAL CENTER  
14445 OLIVE VIEW DRIVE  
SYLMAR , CA 91342
- 3) Applicant Attorney: KATZ ESQ., ROBERT  
6151 VAN NUYS BLVD.  
SHERMAN OAKS, CA 91401
- 4) Defense Attorney :

"I have not violated Labor Code section 139.3  
and the contents of the report and bill are  
true and correct to the best of my knowledge.  
This statement is made under penalty of perjury."

DATE OF REPORT:

Dated this 4<sup>th</sup> day of Aug 20 76  
at SHERMAN OAKS, California

SIGNED

Olytine



## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

TRISTAR RISK MGMT

PO BOX 11967

SANTA ANA CA 92711

WC

000360

 PICA

PICA

1. MEDICARE <input type="checkbox"/> (Medicare#)	MEDICAID <input type="checkbox"/> (Medicaid#)	TRICARE <input type="checkbox"/> (ID#/DOD#)	CHAMPVA <input type="checkbox"/> (Member ID#)	GROUP <input type="checkbox"/> (ID#)	HEALTH PLAN <input type="checkbox"/> (ID#)	FECA BLK LUNG <input type="checkbox"/> (ID#)	OTHER <input checked="" type="checkbox"/> (ID#)	1a. INSURED'S I.D. NUMBER 554812130	(FOR PROGRAM IN ITEM 1)																																								
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) BARDAKJIAN, STEEVIO				3. PATIENT'S BIRTHDATE MM : DD : YY 05231970 M <input checked="" type="checkbox"/> F <input type="checkbox"/>				4. INSURED'S NAME (Last Name, First Name, Middle Initial) OLIVE VIEW MEDICAL CENTER																																									
5. PATIENT'S ADDRESS (No., Street) 25367 SPLENDIDO CT				6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>				7. INSURED'S ADDRESS (No, Street) 14445 OLIVE VIEW DRIVE																																									
CITY STEVENSON RHN		STATE CA		8. RESERVED FOR NUCC USE				CITY SYLMAR																																									
ZIP CODE 91381-2005		TELEPHONE (Include Area Code) (818) 4062639						STATE CA																																									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO:				11. INSURED'S POLICY GROUP OR FECA NUMBER																																									
a. OTHER INSURED'S POLICY OR GROUP NUMBER				a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				a. INSURED'S DATE OF BIRTH MM : DD : YY M <input type="checkbox"/> F <input type="checkbox"/>																																									
b. RESERVED FOR NUCC USE				b. AUTO ACCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)				b. OTHER CLAIM ID (Designated by NUCC) 219-00110-B																																									
c. RESERVED FOR NUCC USE				c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				c. INSURANCE PLAN NAME OR PROGRAM NAME																																									
d. INSURANCE PLAN NAME OR PROGRAM NAME				10d. CLAIM CODES (Designated by NUCC)				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.																																									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.																																																	
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																																																	
SIGNED SIGNATURE ON FILE DATE 06012020																																																	
14. DATE OF CURRENT: ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 07032018 QUAL. 431				15. OTHER DATE MM DD YY QUAL.				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN PHILIP CONWISAR				17b. NPI 1699883926				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																																									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)																																																	
20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NO PURCH. SVC.																																																	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. O																																																	
A. <u>M5126</u>	B. <u>M5416</u>	C. <u>M2391</u>	D. <u> </u>	E. <u> </u>	F. <u> </u>	G. <u> </u>	H. <u> </u>	I. <u> </u>	J. <u> </u>	K. <u> </u>	L. <u> </u>																																						
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6 .	.	.																																															
25. FEDERAL TAX I.D. NUMBER SSN EIN 954814467 <input checked="" type="checkbox"/>				26. PATIENT'S ACCOUNT NO. 74183				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 215.00	29. AMOUNT PAID \$ 0.00	30. Rsvd for NUCC Use 215.00																																					
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part hereof.) PHILIP CONWISAR MD 06012020										32. SERVICE FACILITY LOCATION INFORMATION PHILIP CONWISAR MD INC 28212 KELLY JOHNSON PKWY VALENCIA CA 91355 1699883926																																							
33. BILLING PROVIDER INFO & PH # 818 7841354 PHILIP CONWISAR M D INC 4835 VAN NUYS BLVD 210 SHERMAN OAKS CA 91403 2109 1184907123																																																	