

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

April 8, 2024

Lewis Brisboid Bisgaard & Smith LLP
633 West 5th 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 Julianne 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 Serviced/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

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112 W. 9th Street, Suite 1126 • Los Angeles, CA 90015
5170 Sepulveda Boulevard, Suite 300 • Sherman Oaks, CA 91403

BERDAKJIAN, STEVIO

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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.

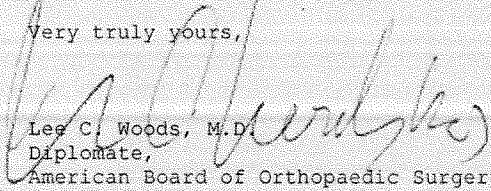
DATE OF REPORT April 1, 2024

Signed this 22nd 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 Maceda, 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.

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

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 Maceda Crystal Maceda
(signature of declarant) (print name)