

PRECISION
Psychiatric Evaluations
DR. SANJAY AGARWAL, M.D., Q.M.E.

**410 TOWNSQUARE LANE,
HUNTINGTON BEACH, CA 92648
(855) 472-3894
(855) 490-3554 - FAX**

JULY 6, 2023

Brett Sherry, Esq.
Koszdin, Fields, Sherry & Katz
6151 Van Nuys Blvd.
Van Nuys, CA 91401

Nicolett Ybarra, Esq.
Law Offices of Muhar, Garbar,
Av & Duncan
P.O. Box 7218
London, KY 40742

EXAMINER:

Sanjay Agarwal, M.D.
Psychiatry

EMPLOYEE	:	Mr. Branden Moore
EXAM DATE	:	6/15/2023
DATE OF BIRTH	:	05/12/1990
EMPLOYER	:	Abercrombie Pipeline
D/INJURY	:	05/28/2020
CLAIM NUMBER	:	WC608-W60694-00
PANEL NUMBER	:	2757577
WCAB NUMBER	:	ADJ13339678

PSYCHIATRIC QUALIFIED MEDICAL RE-EVALUATION

RE-EVALUATION CONCLUSIONS

My summarized assessment about Mr. Moore's psychiatric status is as follows:

1. Synopsis: Mr. Moore experienced multiple physical injuries while working for the above-named employer.
2. Psychiatric Symptoms: reactive depression and reactive anxiety
3. Primary Axis I: Adjustment Disorder with Mixed Anxiety and Depressed Mood, Chronic (309.28)
4. GAF/WPI: 64 which translates to a WPI score of 9
5. Future Medical Treatment: Comments on future medical treatment will be deferred until Mr. Moore has reached MMI/P&S from a psychiatric perspective.
6. Recommended Treatment: At the time of this re-evaluation, Mr. Moore does not believe that additional mental health treatment is necessary for him to return to the workforce. Therefore, this writer would not recommend any additional mental health treatment at this time.
7. Causation: On a **preliminary** basis, this writer finds that Mr. Moore's current psychiatric injury is **predominantly industrial** in nature. Of note, Mr. Moore states that he recently underwent two additional internal medicine QME evaluations with Dr. Stanley Majcher in February or March 2023, a neurological QME evaluation with Dr. Dr. Mohamed Elsharif in March or April 2023, and a cardiology QME evaluation with Dr. Jeffrey Caren in March or April 2023. Unfortunately, none of these recent QME evaluation reports have been forwarded to my office for review up to the time of this re-evaluation. In addition, Mr. Moore states that he has an upcoming orthopedic QME evaluation with Dr. William Winternitz that is scheduled to take place in September or October 2023. Also, per the Applicant Attorney's letter dated 4/27/2023 that was sent to this writer, it was mentioned that Mr. Moore had an upcoming PTP appointment with Dr. Ezequiel Suarez on April 27, 2023.

Of special note, this writer noted that Mr. Moore's injury occurred on 5/28/2020, which was approximately 2 months after beginning employment with the subject-employer, Abercrombie Pipeline, in March 2020. Therefore, this writer

considered LC 3208.3(d), which addresses employment of less than 6 months (see below for details).

Also of very special note, all of my above opinions in regards to causation are subject to change until after this writer has determined Mr. Moore to be MMI/P&S, as, at that time, this writer will be able to take apportionment into account. At that time, this writer will then provide a specific percentage of causation to the industrial portion of Mr. Moore's psychiatric injury versus the potential non-industrial portion of Mr. Moore's psychiatric injury and consequent permanent psychiatric disability.

8. Apportionment: Because causation is being deferred, a formal comment on apportionment will also be deferred at this time.

Benson: Given that there is only 1 date of injury, the Benson decision does not apply as 100% of Mr. Moore's industrially-related permanent psychiatric disability would be attributed to the specific date of injury on 5/28/2020.

Of course, this is a **preliminary** opinion and subject to change if additional dates of injury are added in regards to this claim.

9. Maximal Medical Improvement (MMI)/Permanent and Stationary (P&S): Mr. Moore states that he has recently undergone multiple QME re-evaluations including in neurology with Dr. Mohamed Elsharif and cardiology with Dr. Jeffrey Caren, both of which took place approximately in March or April 2023 as well as two re-evaluations with the QME in internal medicine, Dr. Stanley Majcher, that occurred in February or March 2023; however, none of these recent QME evaluation reports have been forwarded to my office for my review up to the time of this re-evaluation. In addition, Mr. Moore states that he has an upcoming orthopedic QME re-evaluation with Dr. Winternitz, which is scheduled to occur approximately in September or October 2023. Therefore, given all of the above, this writer will **DEFER** commenting on whether Mr. Moore has reached MMI, and whether he can be declared P&S from a psychiatric perspective until after all records including but not limited to the aforementioned QME reports have been forwarded to my office for my review. This information is quite important as any changes in Mr. Moore's physical status would likely change his psychiatric status.
10. Temporary Total Disability (TTD)/Permanent Total Disability (PTD): At no time has this writer found Mr. Moore to be TTD or PTD psychiatrically in regards to this industrial injury from the earliest date of injury in relation to this claim of 5/28/2020 up to and including the date of this re-evaluation, 6/15/2023. This is a

preliminary opinion and subject to change until after this writer has declared Mr. Moore MMI/P&S from a psychiatric perspective and this writer has received all records pertaining to Mr. Moore.

11. **Permanent Psychiatric Disability:** Deferred as Mr. Moore is not declared P&S from a psychiatric perspective at this time.
12. **Factors of Permanent Psychiatric Disability:** Deferred as Mr. Moore is not declared P&S from a psychiatric perspective at this time.
13. **Section 3208.3(b)(2):** Per the examination and after a careful review of the records, this injury is not a direct result of exposure to significant violent acts. Therefore, section 3208.3(b)(2) does not apply.
14. **Section 3208.3(d):** It appears that Labor Code 3208.3(d) **may come into play** as Mr. Moore was not employed for greater than 6 months with the subject employer at the time of injury. This writer would ultimately **defer to the Trier-of-Fact** to determine whether the workplace events leading to Mr. Moore's injuries constitute "a sudden and extraordinary employment condition" as this is a legal determination, not a medical one.
15. **Section 3208.3(e):** The injury does not meet the criteria for a post-termination case. Mr. Moore remains employed by the subject-employer.
16. **Section 3208.3(h):** 3208.3(h) does not apply as Mr. Moore denied that there are substantial personnel actions involved.
17. **Requested Examinations:** At this time, Mr. Moore has been evaluated by various QMEs in the specialty is in orthopedics, neurology, internal medicine, and cardiology. Thus, this writer does not require or request any Additional AME or QME Evaluations in any other medical specialty in order to render my psychiatric opinions at this time. However, this writer request that all AME/QME reports be forwarded to this writer's office as soon as possible so that this writer can complete my opinions in regards to this claim.
18. **Work Restrictions:** Deferred as Mr. Moore is not declared P&S from a psychiatric perspective at this time.
19. **Requested Records:** During this re-evaluation, Mr. Moore mentioned multiple potential sources of information and the records received also referred to other sources of information as well. While not to be considered a comprehensive list of

all additional and missing records, during this re-evaluation, Mr. Moore again believes that he had his deposition taken in regards to this workers' compensation claim. In addition, he states that he had a recent QME evaluation in neurology with Dr. Mohamed Elsharif in March or April 2023, a recent QME evaluation in cardiology with Dr. Jeffrey Caren in March or April 2023, and two QME evaluations in internal medicine with Dr. Stanley Majcher that took place approximately in February or March 2023. In addition, Mr. Moore states that he has an upcoming QME evaluation orthopedics with Dr. William Winternitz that is scheduled to take place approximately in September or October 2023. Mr. Moore also states that approximate one and a half years ago, he and his wife attended sessions of marriage counseling. In addition, per the Applicant Attorney's Letter dated 4/27/2023 that was sent to this writer's office, it was documented that Mr. Moore had an upcoming appointment with Dr. Ezequiel Suarez on April 27, 2023. Also, this writer would ask for all records pertaining to Mr. Moore's May 2022 hospital visit for elevated blood pressure, all updated records from the VA, all records from Dr. Ezequiel Suarez, and all follow-up records from Dr. Kenneth Garrett, PhD as this writer only received the initial visit report. In addition, during this re-evaluation, Mr. Moore stated that he was involved in a motor vehicle accident on 4/27/2023, and he has been seeing a chiropractor affiliated with Pearson Chiropractic (location: 130 South St, Hemet, CA) three times per week for treatment.

Also, as stated during the initial evaluation, Mr. Moore also was seeing Dr. Paul Liderman, (psychiatry) through the Veterans Affairs (VA) health system; however, this writer only received a few records from him thus far. This writer would also continue to request that a full copy of the Progress Note dated 3/23/2016 and authored by Dr. Paul Liderman, M.D. (psychiatry) be provided as a portion of this note was missing.

Therefore, this writer would continue to request that all records from the aforementioned clinicians and facilities, transcripts of all depositions germane to Mr. Moore, all QME and AME evaluations, all records pertaining to Mr. Moore's recent motor vehicle accident, and all other additional and missing records germane to Mr. Moore **BOTH BEFORE AND AFTER** the workplace events occurred that have not been provided thus far be forwarded to my office as soon as possible for my review. A supplemental report will be issued with a summary of the records along with my opinion.

BILLING STATEMENT:

Procedure Code ML201 is applied to this Follow-up Medical-Legal Evaluation occurring more than 18 months after the Initial Comprehensive Medical-Legal Evaluation. I verify that I have spent greater than 1 hour face-to-face with the claimant. My charges are in compliance with Labor Code § 5307.6, Labor Code § 4628, and Title 8, California Code of Regulations, § 9793, 9794, and 9795 for medical-legal fees and I have so signed under penalty of perjury as required by Labor Code § 4628 and the Department of Workers' Compensation Regulations.

Procedure Code ML 201 Follow-up Initial Medical-Legal Evaluation is limited to a follow-up medical-legal evaluation by a physician which occurs more than eighteen months of the date on which the prior medical-legal evaluation was performed. This Follow-up Medical-Legal Evaluation occurring more than eighteen months of the date on which the previous medical-legal evaluation was performed (ML-201) included:

1. Record review of **220** pages.
2. Review of **0** hours of *Sub Rosa* videos.
3. Psychological Testing required **6.0** hours.
4. Interpreter Required: **No**.

Date of Report: July 6, 2023. Signed this 6th day of July 2023 in Orange County, California.

Sincerely,



Sanjay Agarwal, MD
Qualified Medical Evaluator
Diplomate of the American Board of Psychiatry and Neurology

Dear Gentlepersons:

Mr. Branden Moore was seen for a diagnostic psychiatric re-evaluation, as scheduled on 6/15/2023, and this evaluation took place via Zoom due to the Covid-19 pandemic. This writer was present at his office located at 410 Townsquare Lane, Huntington Beach, CA 92648, and Mr. Moore stated that he was present at his current place of residence located at 292 Finnhorse St., Hemet, CA 92545. Mr. Moore verified that he was alone in the room, and this writer did not notice anyone else in the room with him or anyone communicating with him during the entirety of this evaluation. The re-evaluation performed and the time spent performing such re-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.

The following report summarizes my findings and my opinion on diagnosis as well as the issues of causation, disability and apportionment, if any, in relation to the alleged injury sustained by Mr. Branden Moore while employed by the subject-employer, Abercrombie Pipeline.

This psychiatric report is confidential and privileged. Some individuals and family members may tend to misunderstand and distort the information enclosed in this report. This may result in significant psychological distress to Mr. Moore or may interfere with the treatment and eventual recovery from illness.

For individuals with self-destructive or assaultive tendencies, the consequences of ill-considered disclosure of this report may be serious. This report is meant for the use of qualified professionals only and those with the need to know by operation of law. Persons breaching the confidential nature of this report assume the risk and liability of doing so.

At the onset of examination, it was again explained to Mr. Moore that this report was not confidential and that the information obtained and findings, as well as diagnosis and report completed by the examining physician, would be shared with the insurance company and all other parties involved in this matter. Mr. Moore expressed understanding and agreed.

On 6/15/2023, I conducted an extensive re-evaluation on the above-named claimant to determine if there was a work-related psychiatric injury. In addition to my face-to-face examination with Mr. Moore, I was able to review the records provided. Other than these records, Mr. Moore is the sole provider of the information from which this report including my assessment, recommendations, and conclusions were prepared.

The interview was conducted in English without assistance from an interpreter.

IDENTIFICATION DATA

Mr. Branden Moore is a 33 year-old African-American male who is currently married, on leave and on disability, and living in Hemet, CA. Also, Mr. Moore last worked for the subject-employer, Abercrombie Pipeline, on 05/28/2020.

Of note, similar to how he presented during the initial evaluation Mr. Moore was again a very vague historian at times, often losing his concentration and not paying attention to what this writer was asking of him. He also had a great deal of difficulty remembering the chronology of events as well as many details of his past psychiatric history. As a consequence, this writer had to repeat questions numerous times and constantly clarify and rephrase questions before Mr. Moore would provide an appropriate response. However, Mr. Moore was noted to be calm, pleasant, patient, and cooperative throughout the re-evaluation day.

SUMMARY OF THE INDUSTRIAL EVENTS AS RELATED BY MR. MOORE

Employment Details

Mr. Moore worked for the subject-employer, Abercrombie Pipeline, as a groundman. His main job duties included moving 1000 pound rails, climbing up and down tractors and equipment, loading power lines, moving and stacking steel, and driving forklifts.

Mr. Moore worked full-time (80 hours per week, 6 days per week).

Prior to the date of injury, Mr. Moore denied any significant difficulties performing the normal work duties at the worksite.

Prior to the above-listed date of injury, Mr. Moore denied any previous history of disciplinary actions or conflicts with management or coworkers at the worksite.

Overall, Mr. Moore said he loved his job.

Industrial Events

Brief Summary

On the date of injury, Mr. Moore was involved in the usual and customary duties at the worksite.

On 5/28/2020, while working for the subject-employer, Abercrombie Pipeline, Mr. Moore suffered a heat stroke, which led to multiple physical problems including but not limited to kidney failure.

Full Summary of Events

Mr. Moore began working for the subject-employer, Abercrombie Pipeline, in March 2020 as a ground man. Overall, Mr. Moore states that he loved his job.

Mr. Moore states that things were going well until 5/28/2020. Mr. Moore began his typical workday at 4:30 AM, and on that day, he was performing a variety of duties that required heavy lifting and extremely strenuous work. Mr. Moore states that it was a very hot day, estimating by noon that it was 115-119°: "Also, I was doing everything. I was just with a lazy group of guys."

Mr. Moore states that at times, he tried to take a break; however, due to the workload, his supervisor kept pushing him to continue working. As the day went on, Mr. Moore began to notice that he was sweating profusely, and he also began to experience muscle cramps that progressively intensified as the day went on. He told his foreman about the muscle cramps, was given some Himalayan pink salt, and told to keep working. By 5 PM, Mr. Moore states that he was exhausted and collapsed on the sporks of a forklift. By then, a different crew had arrived, and they put Mr. Moore in a truck, put cold water under his arms, and also gave him electrolyte drinks. However, Mr. Moore continued to experience a variety of physical symptoms. Approximately 30 minutes later, his co-workers then drove him to a gas station and continued to try to rehydrate him: "By then, I was in excruciating pain from head to toe. I don't know why they didn't call 911 to begin with." Mr. Moore states that he was going into and out of consciousness, and they then drove him to San Gorgonio Hospital's emergency room: "I was screaming the whole way because of the pain. I never experienced anything like that even in the Marines." At the hospital, Mr. Moore states that he was given several bags of intravenous fluids and muscle relaxers; however, it was determined that he had suffered heatstroke and acute renal failure. Mr. Moore remained at San Gorgonio Hospital for 1-2 days and was then transferred to the Veterans Affairs (VA) Hospital located in Loma Linda, CA. Mr. Moore was hospitalized for an additional one and a half days and then discharged. Mr.

Moore states that he experienced a variety of physical symptoms that have continued up to the time of the initial evaluation and have prevented him from returning to work since 5/28/2020. At the time of this re-evaluation, Mr. Moore states that his physical symptoms remain unchanged, "But I am trying to cope and manage through it." Mr. Moore denies receiving any treatment since the initial evaluation took place.

Mr. Moore states that the physical symptoms affect his entire body although he has noticed that the left side of his body is worse than his right side. Mr. Moore states that he experiences pain affecting his whole body: "It feels like my whole body is on fire." Mr. Moore also experiences muscle weakness, mental fatigue, a left-sided limp, numbness and tingling affecting all of his extremities, back pain, headaches, and increased sensitivity to sunlight, which causes nausea and profuse sweating. He has also noticed decreased levels of memory and concentration, trouble with his coordination, dizziness, decreased sensation to touch, digestive changes, and sexual dysfunction. Mr. Moore also states that he has ongoing nightmares of being in the back of a truck in excruciating pain that continues to occur on a nightly basis (Please refer to the section entitled, "History of Psychiatric Symptoms after the Industrial Events," for more details about his nightmares and various other psychiatric symptoms).

Overall, during both evaluations, Mr. Moore states that his psychiatric injury is exclusively due to ongoing difficulty coping with the physical limitations and chronic pain caused by his various physical injuries that not only prevent him from returning to work but also affect him in all aspects of his personal and social life such as not being able to be active with his wife and daughter.

Of special note, at the time of the initial evaluation, Mr. Moore stated that if he was physically well, he would happily return back to the workforce, performing his normal and customary duties although he would not return back to work for the subject-employer, Abercrombie Pipeline, "Because they are negligent. I am in the union, so I have lots of other options," all of which he reaffirmed at the time of this re-evaluation although he would consider returning to work for the subject-employer if he had no other work options: "I would then actually consider going back to Abercrombie if I could, and they called me." However, again, Mr. Moore states that his psychiatric injury is exclusively due to difficulty coping with the sequelae of his various physical injuries and not due to any other source including but not limited to potential personnel actions.

Post-Injury Details

After the last day of work for the above-named employer, Mr. Moore attended multiple appointments with various clinicians and had contact with his attorney. Of note, Mr. Moore has not worked in any jobs since the last day of work with the subject-employer.

Since the industrial events occurred and at the time of the initial evaluation, Mr. Moore stated that he had been treated with pain medications, muscle stimulation, mental health treatment (see below for details), various radiographic tests such as X-rays, and information on self-exercises. In addition, he had tried breathing techniques on his own: "I have tried to do the same things that the VA did for me when I had my nightmares about my cardiac problems." Of note, on a private basis, Mr. Moore stated that he had received muscle stimulation and acquired a cane that he used daily to compensate for difficulty with the left side of his body, which he continues using up to the time of this re-evaluation: "I use it daily, but I try to use it as little as possible so I'm not dependent on it. I also have a leg brace with a leg strap, which is like a 'caneless cane.'"

Of note, at the time of the initial evaluation, Mr. Moore stated that he was receiving his pain medications, Naproxen and gabapentin, from the VA although he was not taking these medicines at the time of the initial evaluation as he did not find them to be effective. At the time of this re-evaluation, Mr. Moore states that he uses naproxen daily and gabapentin 2-3 times per week: "I only use it if the pain is intolerable."

In regards to mental health treatment, at the time of the initial evaluation, Mr. Moore stated that he received an intake session with Dr. Kenneth Garrett, PhD (psychology) on 6/4/2021 but denied receiving any sessions of dedicated psychotherapy. Otherwise, at that time, Mr. Moore denied receiving any mental health treatment in regards to this workers' compensation claim.

However, at the time of this re-evaluation, on a private basis, Mr. Moore states that he did receive 20 weekly sessions of individual psychotherapy via the Loma Linda VA who has an affiliation with therapist, Ms. Leslie Robinson, via Zoom, that took place 6 months ago with his last appointment taking place 9/28/2022. Mr. Moore found the sessions to be helpful: "Yeah, it was cool to talk to someone and to walk through my emotions. She said I was doing the right things to recover and get back to a sense of normalcy. But, I don't know if anybody good go back to normalcy with the way my body feels." Mr. Moore states that he was supposed to have more sessions, "but the VA has been lagging. I haven't even had an appointment with my primary care physician in quite some time." In addition, he has been prescribed trazadone and escitalopram by his primary care physician, Dr. John Bass, stating that he was prescribed trazadone as needed since leaving the Marines and began the escitalopram approximately 7-8 months ago. Mr. Moore denies seeing any benefits with the psychotropic medication: "No, not really."

Overall, at the time of the initial evaluation, Mr. Moore believed that he would benefit from additional mental health treatment such as sessions of individual psychotherapy to help him cope with the physical limitations following his heatstroke but did not find

additional mental health treatment to be necessary for him to return to the workforce: “I would like to learn to cope with the stress from my life changing so much. Also, I would like to get rid of the nightmares of me yelling in the truck. Honestly, though, if my physical problems got better, I probably would not even need mental health treatment,” all of which he reaffirmed at the time of this re-evaluation: “I think it could be helpful but not necessary.” In addition, at the time of the initial evaluation, he also stated that he would be open to receiving psychotropic medications, “But the best thing that helped me was the therapy. I don’t want to be pumped full of pills. I also have to remember that I can only take medicines that work with my CDL [commercial driver’s license]. I can’t be on any kind of sedative,” all of which he reaffirmed at the time of this re-evaluation.

At the time of this re-evaluation, Mr. Moore is unsure of any pending medical treatments that he is waiting to receive; however, per the Applicant Attorneys letter dated 4/27/2023 and sent to this writer, there was mention that Mr. Moore would undergo re-evaluations with all four QMEs involved in this case as well as a PTP appointment with Dr. Ezekiel Suarez on 4/27/2023.

Overall, at the time of this re-evaluation, Mr. Moore said the physical treatments led to no significant decrease in pain; however, he did find the mental health treatment that he has received since the initial evaluation took place to be very helpful.

PSYCHIATRIC SYMPTOMATOLOGY

History of Psychiatric Symptoms before the Industrial Events

Before the industrial events, Mr. Moore described himself as, “Active! I was doing anything and everything.” Prior to the above-stated industrial events, Mr. Moore admitted to an intermittent history of psychiatric symptoms (Please refer to the section below entitled, “Past Psychiatric History,” for more details). Briefly, Mr. Moore developed multiple symptoms of PTSD following a sudden cardiac event in 2012 when he required resuscitation while he was serving in the Marines. However, Mr. Moore states that his symptoms of PTSD and fear of sudden death resolved approximately in 2018 after he took a job at a funeral home to face his fear of death.

History of Psychiatric Symptoms after the Industrial Events

Overall, Mr. Moore complained of depression and anxiety. Mr. Moore states that he first started noticing his mood change on 5/28/2020: “It was just crazy. I felt in a haze. Now, my stress is because I am still experiencing all of these physical symptoms, and I don’t

know when they will go away. I just want to get better and get back to work. This whole process is costing me a lot of money [in lieu of earnings from actively working].”

Overall, at the time of the initial evaluation, Mr. Moore stated that his appetite had decreased, estimating that he had lost 20-30 pounds since the workplace events occurred on 5/28/2020, all of which he reaffirmed at the time of this re-evaluation although he has maintained his weight since the initial evaluation took place: “My wife makes me drink Ensure drinks.”

At the time of the initial evaluation, Mr. Moore endorsed a decreased level of energy: “I feel exhausted all the time,” all of which he reaffirmed at the time of this re-evaluation.

At the time of the initial evaluation, Mr. Moore endorsed a normal level of motivation: “I definitely want to go back to doing everything I was doing before 5/28/20,” all of which he reaffirmed at the time of this re-evaluation.

At the time of the initial evaluation, Mr. Moore denied feelings of hopelessness: “I think things can get better, but I need proper treatment,” all of which he reaffirmed at the time of this re-evaluation.

At the time of the initial evaluation, Mr. Moore endorsed feelings of intermittent worthlessness: “I feel that way at times. I just can’t get better. I just need proper treatment, but there are so many roadblocks with this system,” all of which he reaffirmed at the time of this re-evaluation.

At the time of the initial evaluation, Mr. Moore denied feelings of guilt: “I do wish that I didn’t take that call, but I did what I had to. It was the beginning of the pandemic so everyone was running around like chickens with their heads cut-off,” all of which he reaffirmed at the time of this re-evaluation.

At the time of the initial evaluation, Mr. Moore endorsed anhedonia as he did not enjoy spending time with his family and friends as well as engaging in his current hobbies, “because my wife and daughter are very active. I can’t do anything with them like running. My daughter can just sit next to me on the couch. That’s not fun for either of us. Even watering the grass, I can’t do that because of all my physical problems. I am extremely sensitive to the sun and heat. I just can’t do what I used to be able to do,” all of which he reaffirmed at the time of this re-evaluation.

At the time of the initial evaluation, Mr. Moore endorsed an increased level of irritability with “everybody but my kids. I’m unintentionally short with everyone else like my wife.

I'm less patient because of the pain throughout my body," all of which he reaffirmed at the time of this re-evaluation.

At the time of the initial evaluation, Mr. Moore endorsed decreased levels of concentration and memory (i.e. takes longer to focus on various tasks, has poor focus when attempting to perform multiple activities concurrently, and is frequently forgetful)," all of which he reaffirmed at the time of this re-evaluation.

In regards to his sexual habits, prior to the DOI, Mr. Moore would engage in sexual intercourse daily. However, at the time of the initial evaluation, Mr. Moore endorsed a decreased level of sexual libido, engaging in sexual intercourse 1-2 times per month: "It's hard for me to maintain an erection, because my kidneys start hurting. Sex is very uncomfortable for me now. I don't enjoy it," all of which he reaffirmed at the time of this re-evaluation: "I am still trying to find a more comfortable way to do it." Of note, for comparison, just after the cardiac ablation procedure, which occurred on 4/13/2014, "I was humping like a rabbit."

In regards to his sleep pattern, prior to the industrial events, Mr. Moore achieved 8 hours of sleep per night without any difficulty falling asleep or waking up frequently. After the industrial events and at the time of the initial evaluation, Mr. Moore achieved an average of 2-3 hours of sleep per night with difficulty falling asleep, and he would wake up frequently due to pain and physical discomfort," all of which he reaffirmed at the time of this re-evaluation.

In regards to symptoms of anxiety, at the time of the initial evaluation, Mr. Moore stated that the main focus of his anxiety was "the fact that I am still having physical ailments. I have an ongoing headache, muscle weakness, the left side of my body hurts, and I'm sensitive to sunlight and heat. It causes me to have nausea," all of which he reaffirmed at the time of this re-evaluation.

In regards to Post-Traumatic Stress Disorder, during the initial evaluation, Mr. Moore mentioned that he periodically experienced nightmares of being in the back of the pickup truck in excruciating pain: "I just would have dreams like I was in the back of the truck screaming in pain. But, that's it. I don't have any other symptoms. Really, all of my problems are because of my physical ailments after the heat stroke," all of which he reaffirmed at the time of this re-evaluation. Thus, at the time of the initial evaluation, Mr. Moore denied any other symptoms of PTSD such as avoidant behavior or increased arousal: "No, nothing like that. I can talk about any of this stuff, and I just want to go back to work as soon as I can," all of which he reaffirmed at the time of this re-evaluation. Thus, Mr. Moore does not appear to meet criteria for PTSD in regards to the events that occurred on 5/28/2020; however, he does appear to have met criteria for

PTSD in relation to events that occurred in 2012, which are described in more detail below in the section entitled, "Past Psychiatric History."

In regards to panic, Mr. Moore denied experiencing any panic attacks. Therefore, Mr. Moore does not appear to meet criteria for any form of panic disorder based on the information available to this writer at this time. Of note, Mr. Moore stated that he has experienced panic attacks in the past prior to working for the subject-employer, which is also described below in the section entitled, "Past Psychiatric History;" however, his panic attacks resolved approximately in 2018 at approximately the same time that his symptoms of PTSD resolved as well.

Overall, at the time of the initial evaluation, Mr. Moore said that his psychiatric symptoms were not significant enough to prevent him from working, and he wanted to return to work: "If I was better physically, I would go back to work tomorrow and you'd never hear from me again," all of which he reaffirmed at the time of this re-evaluation.

Of special note, at the time of this re-evaluation Mr. Moore denies any active or passive suicidal or homicidal thoughts, and he contracts for his own safety as well as the safety of others outside of the evaluation today. In addition, Mr. Moore denies any symptoms of psychosis including but not limited to delusions, paranoia, or hallucinations, or any symptoms consistent with a diagnosis of bipolar disorder.

Of special note, per the records received at the time of the initial evaluation, there was mention that Mr. Moore would see "hell" at times. During the initial evaluation, when asked to describe this statement, Mr. Moore stated, "I just meant that I had an out of body experience in 2011 when I passed out and had to be defibrillated. I felt like my consciousness went to hell. If I lied or cheated, I saw the consequences of my actions. It's happened twice. The first was due to the episode in 2011, and the second time was when I passed out in my kitchen around 2014, I think, which is why I decided to have my cardiac ablation. Anyway, I see it as a good thing, because it [seeing "hell"] taught me to be much more careful with how I treated others going forward," all of which he reaffirmed at the time of this re-evaluation.

NON-INDUSTRIAL FACTORS

After a careful psychiatric interview and review of records, this writer was able to uncover, address, and re-address multiple non-industrial factors as described below.

Mr. Moore states that his biological father verbally abused him and his stepmother physically and verbally abused him (Please refer to the section entitled, "Family History,"

for more details about Mr. Moore's family members, his history of abuse, and his relationship history). However, during both evaluations, Mr. Moore denied that this history of abuse contributes to his emotional stress level at this time as they have both since apologized to him, and he was able to forge a close relationship with them that has been ongoing up to the present time.

Mr. Moore's first marriage ended in divorce; however, during both evaluations, he denied that his history of divorce contributes to his emotional stress level as he has 50/50 legal custody of his son who was a product of this marriage, and he remains quite happy with his current marriage.

While serving in the Marines, Mr. Moore witnessed the death of one of his superior officers and found out that 2 of his co-soldiers also died, all of which is described above in the section entitled, "Full Summary of Events." However, during both evaluations, Mr. Moore denied that these deaths contribute to his emotional stress level at this time as he has accepted these losses and bereaved them appropriately.

Also, while serving in the Marines, Mr. Moore was diagnosed with a cardiac condition known as Wolff-Parkinson-White Syndrome, which caused Mr. Moore to suffer an arrhythmia and required resuscitation. As a result, Mr. Moore had ongoing fear of sudden death for several years. However, during both evaluations, Mr. Moore denied that his cardiac condition, any of his other medical issues, or his fear of sudden death contributes to his emotional stress at this time as he states that following a cardiac ablation in 2014, his cardiac condition has been stable for several years without issue. In addition, Mr. Moore states that by 2018, his fear of sudden death resolved after he "faced my fear of death" after he accepted a job at a funeral parlor.

Also, while serving in the Marines, Mr. Moore developed orthopedic injuries to multiple areas of his body (Please refer to the section entitled, "Occupational History - Previous Work-Related Injuries," for more details). However, during both evaluations Mr. Moore denied that any of his previous orthopedic injuries contribute to his emotional stress level at this time as they have improved and do not limit him in any substantial way.

As a child and adolescent, Mr. Moore states that he witnessed some episodes of violence including being shot at (Please refer to the section entitled, "Social History," for more details about these episodes). However, during both evaluations, Mr. Moore denied that his upbringing in a relatively violent area contributes to his emotional stress level as he did not develop any psychiatric symptoms including but not limited to signs or symptoms of PTSD and also states that the violence further motivated him to join the Marines to improve his situation.

Of note, at the time of the initial evaluation, Mr. Moore denied being involved in any motor vehicle accidents or filing for any bankruptcies.

At the time of this re-evaluation, Mr. Moore states that on 4/27/2023, he was involved in a motor vehicle accident when another driver ran a red light, struck Mr. Moore's car, and Mr. Moore sustained injuries to his neck and lower back: "I was told I had bulged discs there." Mr. Moore states that his pain is improving, and he continues to receive sessions three times per week with a chiropractor (name unknown), who is affiliated with Pearson Chiropractic (130 South St, Hemet, CA). Mr. Moore states that the legal proceedings are continuing: "I got an attorney." At the time of this re-evaluation, Mr. Moore denies that this car accident contributes to his emotional stress level at this time: "I don't think so, because I am getting better. But, I don't know. It could if it contributes to me not being able to get back to work."

CURRENT MEDICATIONS

At the time of this re-evaluation, Mr. Moore states that his non-psychotropic medication regimen consists of gabapentin 100mg as needed twice per day for pain (which he uses a few times per week) and naproxen 500 mg daily for pain.

At the time of this re-evaluation, he states that his psychotropic medication regimen consists of Lexapro (escitalopram) 10mg once in the morning and trazadone 50mg nightly, all of which are being prescribed by his primary care physician, Dr. John Bas, of the Loma Linda VA. Of note, he is receiving these medicines on a private basis.

Of note, during the initial evaluation, while he was being prescribed gabapentin 100mg and naproxen 5mg for pain by Dr. Bas of the VA, Mr. Moore stated that he had stopped taking both of these medicines due to not experiencing any benefit. Also, during the initial evaluation, while he has taken psychotropic medications in the past, Mr. Moore denied that he was taking any psychotropic medications at the time of this interview.

ALLERGIES

Mr. Moore denied any known drug allergies.

PAST MEDICAL HISTORY

In regards to his chronic medical illnesses, Mr. Moore denies any current medical diagnoses although he has been diagnosed with Wolff-Parkinson-White Syndrome approximately in 2012, which Mr. Moore states has now resolved following his cardiac ablation as described below. Of note, per the PQME Report in Neurology dated 7/1/2022, Dr. Mohamed Elsharif, M.D. (neurology) documented that Mr. Moore was hospitalized on 5/19/2022 due to elevated blood pressure and heart rate and required the anxiolytic, Ativan, to treat his symptoms. Mr. Moore states that the cause of the symptoms is unknown, were short-lived, and he has not experienced any significant further difficulties with the symptoms since then.

Of note, Mr. Moore has a history of testicular pain and a testicular mass; however, during both evaluations, Mr. Moore stated it was a varicocele affecting his left testicle and has since resolved. In addition, Mr. Moore states that he was diagnosed with a sexually-transmitted disease, Chlamydia, which was successfully treated. He believes he contracted it while serving in the Marines or soon afterward. However he denies contracting any additional STDs to the best of his knowledge. There was also mention that Mr. Moore was discharged from the Marines due to various orthopedic injuries per the records received; however, during both evaluations, Mr. Moore stated that while he did suffer some physical injuries while serving, he was honorably discharged due to his cardiac condition and need for treatment.

His main locations of physical pain include his left hip, headaches, “and my whole body feeling like it’s on fire. Also, my hands feel like they’re being pricked by pins and needles at times.”

In regards to his surgical history, Mr. Moore states that he underwent a cardiac ablation due to Wolff-Parkinson-White (WPW) Syndrome on 4/13/2014, which was successful.

PAST PSYCHIATRIC HISTORY

Mr. Moore denied any history of past suicide attempts or psychiatric hospitalizations; however, he did receive mental health treatment prior to the above-stated date of injury, which is described below. Of special note, per the medical records received at the time of the initial evaluation, there was mention that Mr. Moore attempted to end his own life as a child. During the initial evaluation, when asked about this documentation, Mr. Moore stated that he was a child when this incident occurred, “Yes, I was very little. My father was going to start working nights at the warehouse. I didn’t want to spend time alone with my stepmother because she was mean, so I said I would hold my breath until I died.

That didn't work. Honestly, I don't know why they documented that to be a suicide attempt," all of which he reaffirmed at the time of this re-evaluation.

He received sessions of individual psychotherapy, a few sessions of group psychotherapy, sessions with a psychiatrist, and he was prescribed psychotropic medications, all of which he received via the VA to treat his various psychiatric symptoms especially PTSD and Panic Disorder, which are described below. Of note, Mr. Moore had difficulty remembering the names of his clinicians, details of his psychiatric disorders, and the psychotropic medications that were prescribed: "It has just been too long. Also, my memory is not very good right now."

Mr. Moore states that prior to 2011, he did not require any form of mental health treatment. However, in 2011, while serving as a Marine, Mr. Moore experienced a cardiac episode due to Wolff-Parkinson-White (WPW) Syndrome, which caused him to lose consciousness and require resuscitation by defibrillation. Since then, Mr. Moore developed multiple symptoms of Post-Traumatic Stress Disorder due to fear of suddenly dying. Of note, prior to the cardiac episode, in 2010, Mr. Moore witnessed his sergeant die during a training exercise when he drowned in a vehicle. In addition, in 2011, Mr. Moore learned that one of his fellow soldiers committed suicide by hanging although he did not witness any aspect of this death including but not limited to being present at the site where his friend died. While Mr. Moore states that these events did trouble him, he states that his symptoms of PTSD began after his cardiac episode requiring defibrillation and subsequent fear of sudden death.

Over the years, Mr. Moore continued to have ongoing concern about sudden death due to his cardiac condition, which led him to developing panic attacks as well. Mr. Moore states that he received sessions of individual psychotherapy, a few sessions of group therapy, and various psychotropic medications, all of which were received through the VA. Mr. Moore was also court-ordered to attend anger management classes as part of the divorce from his first wife, which is described in more detail in the section entitled, "Family History." Of note, Mr. Moore was given a variety of diagnoses per the medical records received at the time of the initial evaluation including PTSD, panic disorder with agoraphobia, Generalized Anxiety Disorder, Major Depressive Disorder, and Bipolar Disorder. Of special note, the diagnosis of Bipolar Disorder was only mentioned in one note that was received by this writer, and Mr. Moore states that it was only documented because his wife at that time told the doctor that Mr. Moore suffered from bipolar disorder, which is why it was included in the note: "That was bull crap. My ex-wife mentioned that the doctor just wrote that down. I never needed treatment for that. The diagnosis did not make sense. I did have to go to anger management treatment, but that was because my ex-wife told the court that I had to do that in order to see my son." Otherwise, Mr. Moore denied any history of symptoms consistent with mania, which is

the phase assessed to determine whether somebody suffers from bipolar disorder. In addition, Mr. Moore states that he did not experience a great deal of relief from any of the psychotropic medications (including but not limited to clonidine, Ambien, lorazepam, duloxetine, and trazodone per the records) that he was prescribed by the VA: "Some of them would help for a little bit, but if you use them too much, they stop working." Also, when asked about specific psychiatric symptoms in the past, Mr. Moore was unable to recall them. However, Mr. Moore states that his main complaints centered on intense fear of sudden death, which resulted in nightmares and difficulty falling asleep: "Those were really my main complaints. I didn't actually feel depressed. I don't know why they gave me that diagnosis. I think it turned out that I did not have depression or anxiety or anger. I was told it was more the PTSD that caused me to feel that way."

However, by 2018, Mr. Moore states that his psychiatric symptoms substantially improved and resolved after he took a job as a funeral director in 2016. Mr. Moore states that the impetus to take this job was to "face my fear of death." Mr. Moore states that being around death began to desensitize him to dying, and in 2018, he attended a funeral, which substantially changed his outlook. Mr. Moore states that the funeral was for a man who had motivated many others. During the funeral, they all recounted how the deceased man had motivated them and made them do more with their lives: "It was an epiphany. That's when I realized I couldn't keep bitching about my heart. I knew my fear was just in my head. When I faced death, I got over my fear of death, and I realized that I needed to get things done with my life. Also, this whole time, they did not catch anything significant about my WPW on the testing." Mr. Moore states that he left the job as a funeral director soon after, and he did not struggle with his psychiatric symptoms as he did before although he was still being prescribed psychotropic medication by the VA but was not taking them: "I felt better, and that's why I stopped going to mental health treatment around 2018. But, I asked that they [his psychotropic medications] still be prescribed just in case my symptoms came back. A friend of mine named 'Jay' had some similar symptoms, felt better, but his symptoms came back. It took him a year to get back into the VA. I didn't want that to happen to me so I wanted to have the pills as a back-up. Luckily, I didn't need them. Besides, I would not be able to take those medicines in order to get my CDL [commercial driver's license] for driving heavy trucks. I got that in August 2020." Thus, Mr. Moore states that he was mentally healthy just prior to beginning his job with the subject-employer, Abercrombie Pipeline.

Of note, Mr. Moore appeared to take some strenuous jobs such as hauling junk as well as taking the job with the subject-employer. When asked why, Mr. Moore stated, "Because I realized that I was healthy and fine. I had my cardiac ablation in 2014 after I had passed out in the kitchen, and I did not have any significant problems since then. In fact, hauling junk was just a trial to make sure I was okay. After that, I took jobs as a groundman, because I was confident I was healthy and would be fine. My fear of sudden

death went away.” In addition, Mr. Moore states that his panic attacks had resolved around 2018 as well, “But I can’t remember exactly when.”

Of note, Mr. Moore also states that he has a history of being physically and verbally abused by his stepmother, verbally abused by his father, he grew up in a rough neighborhood where he saw others being hurt and shot and was even shot at once himself; however, he denies developing any psychiatric symptoms due to these events, and they are all described in more detail in the sections entitled, “Family History,” and, “Social History.”

Since the industrial events occurred, at the time of the initial evaluation, Mr. Moore denied receiving any mental health treatment in regards to this workers’ compensation claim aside from an intake session with Dr. Kenneth Garrett, PhD (psychology) that occurred on 6/4/2021, but Mr. Moore denied receiving any sessions of dedicated psychotherapy. Otherwise, at that time, Mr. Moore denied receiving any other mental health treatment in regards to this workers’ compensation claim.

However, at the time of this re-evaluation, on a private basis, Mr. Moore states that he did receive 20 weekly sessions of individual psychotherapy via the Loma Linda VA who has an affiliation with therapist, Ms. Leslie Robinson, via Zoom, that took place 6 months ago with his last appointment taking place 9/28/2022. Mr. Moore found the sessions to be helpful: “Yeah, it was cool to talk to someone and to walk through my emotions. She said I was doing the right things to recover and get back to a sense of normalcy. But, I don’t know if anybody good go back to normalcy with the way my body feels.” Mr. Moore states that he was supposed to have more sessions, “but the VA has been lagging. I haven’t even had an appointment with my primary care physician in quite some time.” In addition, he has been prescribed trazadone and escitalopram by his primary care physician, Dr. John Bass, stating that he was prescribed trazadone as needed since leaving the Marines and began the escitalopram approximately 7-8 months ago. Mr. Moore denies experiencing any benefits with the psychotropic medication: “No, not really.”

Overall, at the time of the initial evaluation, Mr. Moore believed that he would benefit from additional mental health treatment such as sessions of individual psychotherapy to help him cope with the physical limitations following his heatstroke but did not find additional mental health treatment to be necessary for him to return to the workforce: “I would like to learn to cope with the stress from my life changing so much. Also, I would like to get rid of the nightmares of me yelling in the truck. Honestly, though, if my physical problems got better, I probably would not even need mental health treatment,” all of which he reaffirmed at the time of this re-evaluation: “I think it could be helpful but not necessary.” In addition, at the time of the initial evaluation, he also stated that he

would be open to receiving psychotropic medications, “But the best thing that helped me was the therapy. I don’t want to be pumped full of pills. I also have to remember that I can only take medicines that work with my CDL [commercial driver’s license]. I can’t be on any kind of sedative,” all of which he reaffirmed at the time of this re-evaluation.

At the time of this re-evaluation, Mr. Moore states that he is not seeing any mental health clinicians although he continues to take psychotropic medications. Overall, Mr. Moore found the sessions of individual psychotherapy to be helpful but did not experience any substantial improvements with the psychotropic medications.

Overall, at the time of the initial evaluation, Mr. Moore did not believe additional mental health treatment was necessary at that time for him to return to work: “I think that it would be helpful to help me learn how to cope with what my life has become. But, shoot, if I felt better physically, I would go back to work tomorrow, and I would not need any mental health treatment. If I was fine physically, I would walk out the door, go back to my life, and you would never hear from me again,” all of which he reaffirmed at the time of this re-evaluation.

FAMILY HISTORY

Mr. Moore denied any known family history of suicide, substance abuse, or psychiatric disorders. Of note, there was mention in the medical records received at the time of the initial evaluation that his biological mother suffered from excessive alcohol and drug use; however, Mr. Moore stated, “That is just what my dad said. Her family said that she never did any of that stuff. I was told that she did have an unhealthy diet though,” all of which he reaffirmed at the time of this re-evaluation.

Mr. Moore’s biological parents were married; however, in 1992, at the age of 40 years old, Mr. Moore’s mother passed away due to cancer. Mr. Moore was approximately 22 months old at the time of his mother’s death.

Mr. Moore’s father then remarried within one year; however, Mr. Moore states that his stepmother was very condescending, making negative remarks towards Mr. Moore on a daily basis: “She would say things like I would never be anything, and she hated me.” In addition, Mr. Moore states that she would spank him for discipline, “But she did that a lot. It was multiple times per week.” Mr. Moore states that his father was working nights at a warehouse so he did not see all of the abuse occurring in the household. However, Mr. Moore states that his father was also verbally abusive, often making condescending remarks towards Mr. Moore: “He was just a negative person. He would say things like I would not be anything.” However, at the time of the initial evaluation, Mr. Moore denied

that the aforementioned abuse contributed to his emotional stress level or psychiatric injury at that time: "It was hurtful at the time, but I learned from it. I know how to treat my kids and also how not to. Also, about 4-5 months ago, I was thinking about it, so I called them and talked to them. I told them about all the stuff that they had done when I was growing up, and they were both surprised that I could remember everything that had happened even when I was a little child. They both apologized, and I forgave them. We're good now. They are still living in Michigan. I think the reason I called was because I was tired of being walked on. Right now, I feel the same way, because I'm not getting the treatment I need to get better and get back to work. They are both injustices," all of which he reaffirmed at the time of this re-evaluation: "Yes, that's all true. We're still on good terms although I love them from a distance and that's alright." In addition, at the time of the initial evaluation, Mr. Moore stated that he maintained a relatively close relationship with his father and stepmother, speaking to them on an average of once per month: "I have always tried to keep a relationship. I know I just have my dad left. The Bible tells us to love each other unconditionally," all of which he reaffirmed at the time of this re-evaluation. Of note, per the records received at the time of the initial evaluation, there was mention that Mr. Moore's stepmother was an alcoholic; however, during the initial evaluation, Mr. Moore denied this documentation stating, "No, my step mom was not an alcoholic. She would just have a drink or two with my dad, but it was never excessive," all of which he reaffirmed at the time of this re-evaluation.

Mr. Moore has a total of 4 siblings, a half-sister, 2 half brothers, and one stepbrother with an age range between 38-56 years old. Mr. Moore states that no siblings have passed away, they are all in good health, and he is on good terms with all of them.

Mr. Moore has been married twice, is currently married, divorced once, and has 3 biological children, one son from his first marriage and two children from his second marriage (see below for details).

In 2014, Mr. Moore married, "Kacee;" however, in 2016, they decided to divorce: "She actually filed the divorce, but it was because I found out she was having an affair." Mr. Moore states that the divorce proceedings were quite contentious, and he alleges that she made false accusations against him such as physically abusing their son. However, Mr. Moore states that those allegations were found to be false: "I had spanked my son 3 times for hitting a girl at daycare. I didn't want him to learn that hitting girls was okay. The defense attorney looked into it and said that I didn't abuse my son. He found it was 'within due bounds.'" However, Mr. Moore was still court-ordered to attend anger management, and after 3 weeks, he successfully completed the program: "The lady running it told me that I don't have any problems and to give the certificate to the court." At the time of the initial evaluation, Mr. Moore stated that he continued to pay child support to her up to that time. However, at the time of this re-evaluation, he no longer is

actively paying child support, "Because I can't pay without money. It's okay though, because I will get it paid." Overall, Mr. Moore denies that this divorce contributes to his emotional stress level as he is quite happy with his current marriage, which is described below.

As a product of his first marriage, Mr. Moore has a 9-year-old son, and Mr. Moore has 50/50 legal custody of him although his ex-wife has physical custody of him. At the time of the initial evaluation, Mr. Moore stated that he spoke to his son 1-3 times per week. However, at the time of this re-evaluation, Mr. Moore states that her son's mother blocked his number, and he has not spoken to his son in approximately one year. Overall, at the time of this re-evaluation, Mr. Moore denies that the lack of communication with his son contributes to his emotional stress level at this time: "No, my son knows that I love him, and I will get the child support issue figured out. Also, I don't let things I can't control stress me out."

Approximately in June 2020, Mr. Moore married, "Monica," and he describes his marriage as, "Very good. I love my wife." At the time of the initial evaluation, Mr. Moore denied that they had required any couple's counseling or marital therapy: "No, we're good. Our marriage has been strained because of what happened with Abercrombie though." Of note, at the time of this re-evaluation, Mr. Moore states that they attended marriage counseling approximately 1 ½ years ago: "We did about 4 sessions. It was through Face-Time with my wife's insurance." Mr. Moore states that the sessions were helpful: "It made us stronger as a couple. It really helped improve our communication."

They have 2 children together, a 2 year-old son and a 3 year-old daughter who are both described to be in good health and live with Mr. Moore and his wife.

SUBSTANCE USE HISTORY

Mr. Moore denied any current or past use of alcohol or illicit drugs (including marijuana, amphetamines, cocaine, heroin, IV drug use, or prescription drug abuse); however, he does endorse rare tobacco use as well as use of marijuana-derived products as described below.

Mr. Moore denies current or past alcohol use: "I don't like alcohol. It makes me dizzy." However, Mr. Moore endorses rare tobacco use, stating that he occasionally smokes a cigarette or cigar: "Really, I have smoked a cigarette or a cigar 30 times in my life altogether. Most of those times were in the Marines, because that was the only time we could get a break. I did smoke afterwards when I was stressed, but that was not very

often.”

In regards to drug use, at the time of the initial evaluation, Mr. Moore stated that he began using CBD drops or other THC products in 2018 or 2019 mainly to help treat his residual psychiatric symptoms such as insomnia: “I was just tired of taking the pills from the VA.” At the time of this re-evaluation, Mr. Moore states that he no longer uses CBD or other THC products for at least the last 5-6 months: “I’m just trying to not be on anything. That’s my end goal.”

Of note, per the records received at the time of the initial evaluation, there was mention that Mr. Moore used marijuana; however, during both evaluations, Mr. Moore denied smoking marijuana. In addition, at the time of the initial evaluation, he stated that he had not used any marijuana products since August 2020 when he obtained his Commercial Driving License (CDL) to operate trucks although at the time of this re-evaluation, he stated that he may have used some CBD drops or other THC products 5-6 months ago.

Mr. Moore denied any history of substance abuse treatment.

Also, Mr. Moore denied any history of medical (i.e. history of alcohol poisoning, blackouts due to excessive alcohol intake, seizures or tremulousness within days of stopping alcohol use) or legal complications (i.e. DUIs, incarceration) from excessive alcohol or illicit drug abuse.

SOCIAL HISTORY

Mr. Moore was born and primarily raised by his father and stepmother in Detroit, MI. When asked to describe his childhood, Mr. Moore replied, “Alright I guess. It wasn’t good, but I have seen others go through way worse.” As a child and adolescent, Mr. Moore states that he lived in a dangerous area, and he witnessed episodes of violence as described below.

When Mr. Moore was a child, he witnessed an attack: “There was this guy at a carwash, and these 2 guys attacked him. I was really young; I was in a car seat. They shot him.”

As a young adult, Mr. Moore states that he was shot at: “My cousin, Leon, and I were pulling up to a party hall, and these kids were fighting outside. They thought we were going to jump in so they started shooting at us. We just turned around and left. No one was injured, but that’s when I definitely decided to join the Marines. I was already getting ready to join, but that confirmed it. I wanted to get out of that place. If I’m going to die, I want it to be for something worthwhile.” Of note, Mr. Moore denied developing

any psychiatric symptoms including but not limited to signs or symptoms of PTSD in relation to either of these events.

In regards to religious affiliation, Mr. Moore states that he is a Freemason of the Masonic Lodge. Mr. Moore is of the Christian faith. His highest level of education is a high school degree with some college. At the present time, Mr. Moore's main source of income is from the Veterans Affairs (VA). He receives \$2668 per month (versus \$1795 per month at the time of the initial evaluation). In contrast, Mr. Moore earned \$8000 per month while actively working for the subject-employer, Abercrombie Pipeline.

Currently, Mr. Moore lives in a house in Hemet, CA with his wife and 2 children. In addition, Mr. Moore is heterosexual, endorsed military experience (see below for details), endorsed a history of physical and verbal abuse throughout his childhood but denied any sexual abuse (see below for details), and denied any history of learning disorders or special education. Mr. Moore denied any legal history as he denied any history of arrests, jail time, probation, prison time, parole, bankruptcies, or DUIs. Of note, Mr. Moore states that his ex-wife tried to put a restraining order on him, but it was denied. Otherwise, he did attend an anger management course for 3 weeks successfully in order to gain 50/50 custody of his son: "She [the mediator of the course] said I did not have any problems."

In regards to his military history, Mr. Moore served in the Marines from 2010 until October 2012 when he was honorably discharged for medical reasons due to his cardiac condition. Per the medical records received at the time of the initial evaluation, he suffered orthopedic injuries including his left elbow, left knee, and left shoulder; however, he does not believe these injuries had any bearing in regards to being discharged in the Marines or affected him functionally after his discharge: "They still hurt at times, but they don't stop me from doing anything." Mr. Moore denies being involved or witnessing any combat; however, he did witness one of his superior officers drown in a vehicle in 2010, heard that one of his fellow soldiers committed suicide by hanging in 2011, and another friend died after falling off a building while they were deployed in Japan in 2012 after Mr. Moore's cardiac event had already occurred. Of note, Mr. Moore developed symptoms of PTSD and panic after suffering a cardiac episode in 2011 in which he required resuscitation, and he then harbored fear of sudden death for several years. However, his fear of sudden death, symptoms of PTSD, and panic attacks resolved approximately in 2018 after he no longer feared death following a job working at a funeral parlor.

OCCUPATIONAL HISTORY

(Job History)

From 03/2020-05/28/2020, Mr. Moore worked as a groundman for Abercrombie Pipeline and stopped working, because he was injured.

From 2019-2020, Mr. Moore worked as a groundman for EPC and stopped working, because he quit to pursue another job.

From 2018-2019, Mr. Moore worked as a junk removal specialist for J-dog Junk Removal and stopped working because he quit to pursue school.

From 2016-2018, Mr. Moore worked as a funeral director for Preferred Cremation Burial and stopped working because he quit to pursue another job.

From 2010-2012, Mr. Moore worked as an 1833 assault crewman for Marine Corps and stopped working, because he was honorably discharged for medical reasons.

From 2005-2007, Mr. Moore worked as a busboy for International House of Pancakes (IHOP) and stopped working, because he quit to pursue another job.

At the present time, Mr. Moore is unable to work because of the physical limitations and chronic pain associated with his heat stroke that occurred on 5/28/2020.

(Previous Work-Related Injuries)

Prior to this current claim, Mr. Moore denied any previous workers' compensation claims; however, while serving in the Marines, he did suffer work-related injuries and developed psychiatric symptoms as described below.

While serving in the Marines, Mr. Moore states that he did suffer multiple orthopedic injuries affecting his left elbow, left knee, and left shoulder due to repetitive motion and the rigor of the training; however, he denied any substantial functional limitations from these orthopedic injuries especially after he was discharged.

However, in 2011, Mr. Moore suffered a cardiac episode related to Wolff-Parkinson-White (WPW) Syndrome, which required that Mr. Moore be resuscitated via cardiac defibrillation. Following this episode, Mr. Moore developed various psychiatric symptoms of PTSD and panic, which are described above in the section entitled, "Past Psychiatric History." In addition, Mr. Moore witnessed the death of one of his superior

officers by drowning, heard about one of his fellow soldiers committing suicide by hanging in 2011, and heard about one of his fellow soldiers who died in 2012 after falling off of a building. At the time of the initial evaluation, Mr. Moore stated that at that time, he was considered 80% disabled via the VA but was unsure how much of that disability was due to his past psychiatric symptoms and how much was due to his cardiac condition. He did not believe that his orthopedic injuries led to any of his disability rating. At the time of this re-evaluation, Mr. Moore believes that approximately 70% of his disability is related to his heart and 10% is related to his orthopedic injuries, “but I’m not completely sure. I know the vast majority was for my heart though.”

ACTIVITIES OF DAILY LIVING

Mr. Moore is able to cook, bathe and groom himself, go places alone, manage money, and gets along with others, including family, friends as well as coworkers.

REVIEW OF RECORDS

Records delivered were reviewed. Relevant records for determination of psychiatric impairment are summarized below (Please refer to the section entitled, “Review of Medical Records,” found towards the end of this report for a complete summary of all the records received at the time of this interview and synthesis of this report).

There were no additional mental health records provided at this time; however, the records reviewed did document some of Mr. Moore’s various physical complaints as well as his psychiatric symptoms both before and after the workplace events occurred.

AME/QME Evaluations

On 1/19/2022, per a QME Report in Cardiology, Dr. Jeffrey Caren, M.D. (cardiology) and no evidence of palpitations or elevated CPK due to any cardiologic condition; however, he requests to review additional records for completeness of opinion.

On 2/24/2022, per a PQME Report in Orthopedics, Dr. William Winternitz, M.D. (orthopedic surgery) determined that Mr. Moore was not P&S and also recommended psychological treatment.

On 7/1/2022, per a PQME Report in Neurology, Dr. Mohamed Elsharif, M.D. (neurology) determined Mr. Moore to be TPD on a neurological basis with additional causation and stated that apportionment would be addressed when Mr. Moore is MMI.

MENTAL STATUS EXAMINATION

Appearance

Mr. Moore appeared his stated age, had good grooming, and had a self-reported height of 6'0" as well as a self-reported weight of 156 pounds (versus 150 pounds at the time of the initial evaluation). He had brown eyes and black hair. Mr. Moore wore casual clothing. During the interview, Mr. Moore endorsed wearing his left leg brace.

Behavior

Mr. Moore was cooperative, able to communicate effectively, and did not display any psychomotor agitation or retardation. Physical discomfort was evident. He rated the pain as 7-8 out of 10 and admitted to taking his pain medicines, gabapentin and naproxen, before the re-evaluation taking place.

Speech

Mr. Moore's speech had a normal rate, volume, and clarity.

Mood

When asked to describe current mood, Mr. Moore replied, "Blah, I guess." During the interview, Mr. Moore's mood was depressed and anxious.

Affect

Mr. Moore had a restricted, and often worried, range of affect.

Thought Process

Mr. Moore's thought processes were linear, logical, and goal-directed. Thought integration and reality orientation were normal.

Perceptual Disturbances

Mr. Moore denied any auditory or visual hallucinations during the interview.

Thought Content

There were no known delusions, paranoia, suicidal ideation (intent or plan), or homicidal ideation (intent or plan).

Insight

Good (understands the nature of physical and psychological symptoms)

Judgment

Good (will pursue the necessary treatment).

Cognitive Exam

Orientation- Alert and oriented to time, person, place, and situation.

Registration- Able to remember three words immediately.

Concentration- Mr. Moore was asked to do the serial 7s (subtract 7 continuously from 100), Mr. Moore was able to do this activity and was able to correctly spell the word, "WORLD," backwards as "D-L-R-O-W" suggesting some improvement in his level of concentration as compared to the initial evaluation when he was unable to perform the serial 7s but was able to spell "WORLD" backwards correctly.

Recent Memory- Mr. Moore was able to recall two out of three words after about five minutes, and his performance on this exercise remains unchanged as compared to his performance on this exercise at the time of the initial evaluation.

Of note, the mental status exam (MSE) is meant to record signs exhibited during the actual interview. There may be differences between the subjective report stated elsewhere in this report and the observations made during the MSE. These differences may be due to, but not limited to, the intermittent nature of certain symptoms, some symptoms are more prominent in one's natural environment (as opposed to an office setting), and certain individuals may mask symptoms in order to appear well in front of the interviewer.

PSYCHIATRIC DIAGNOSTIC TESTING

All tests were conducted on the above exam date and exam location. There were no observed difficulties during the administration of the exams.

MINNESOTA MULTIPHASIC PERSONALITY INVENTORY -2 (MMPI-2)

The Minnesota Multiphasic Personality Inventory -2 (MMPI-2) is the most widely used and researched test of adult psychopathology. An MMPI-2 was done by Mr. Moore and evaluated by Pearson. Mr. Moore denied any significant difficulty understanding the test items. There were some atypical responses. In regards to validity, Mr. Moore's profile stated:

"The client responded to the MMPI-2 items in an unusual manner. He claimed an unrealistic amount of virtue while also endorsing a great number of psychological difficulties. This infrequent response pattern reflects some unconventional and possibly bizarre beliefs.

Careful evaluation of the individual's response attitudes should be undertaken to explain this unusual validity scale pattern. The following hypotheses might be explored. He may have consciously distorted the test responses to create a particular impression, or he may be generally unsophisticated. The resulting MMPI-2 clinical pattern should be interpreted with caution."

With this in mind, the profile was determined to be of borderline validity. Malingering was not suspected. In regards to Diagnostic Considerations, his profile results suggest that some individuals may be considered for a diagnosis of Somatoform Disorder; however, actual organic problems such as ulcers or hypertension might be part of the clinical picture. His profile results also stated that some individuals with this profile have problems with abuse of pain medication or other prescription drugs.

EPWORTH SLEEPINESS SCALE: score: 7 – No Significant Daytime Sleepiness

The Epworth Sleepiness Scale (ESS) is a self-report questionnaire designed to measure daytime sleepiness. The higher the score, the higher the self-rating by the subject as a measure of daytime sleepiness. The correlation between the score range and the intensity/severity of Mr. Moore's subjective severity of daytime sleepiness is depicted below:

0 – 9	No significant daytime sleepiness
10	Borderline daytime sleepiness
11+	Significant daytime sleepiness.

At the time of this re-evaluation, Mr. Moore scored 7 out of 24, which suggests no significant daytime sleepiness.

For comparison, at the time of the initial evaluation, Mr. Moore scored 17 out of 24, which suggested excessive daytime sleepiness.

BECK DEPRESSION INVENTORY-II (BDI-2): score: 38 - Severe Depression

The Beck Depression Inventory II (BDI-2) is a 21-question multiple choice self-report inventory, which asks Mr. Moore to choose from a hierarchy of levels of depressive symptomatology for each question. This test is a self-rating device to delineate the nature, intensity and frequency of depressive symptomatology.

It is one of the most widely used instruments for measuring the severity of depression.

Each question is scored from zero to three, with a maximum score of 63 for the test. The higher the score, the higher self-rating by Mr. Moore as a measure of depressive symptoms.

0 - 13	Minimal depression
14 – 19	Mild depression
20 – 28	Moderate depression
29+	Severe depression

At the time of this re-evaluation, Mr. Moore scored 38 out of 63, which suggests severe depression.

For comparison, at the time of the initial evaluation, Mr. Moore scored 40 out of 63, which suggested severe depression.

BECK ANXIETY INVENTORY: score: 46 – Severe Anxiety

The Beck Anxiety Inventory is a 21-question multiple-choice self-report inventory, which asks Mr. Moore to choose from a hierarchy of levels of anxiety-related symptomatology for each question. This test is a self-rating device to delineate the nature, intensity and frequency of anxiety-related symptomatology. Each question is scored from zero to three, with a maximum score of 63 for the test. The higher the score, the higher the self-rating by Mr. Moore as a measure of anxiety-related symptoms.

The following is a description of apportionment correlation of range of scores on the Beck Anxiety Inventory to levels of subjective anxiety:

0 – 21	Mild Anxiety
22 – 35	Moderate Anxiety
36+	Severe Anxiety

At the time of this re-evaluation, Mr. Moore scored 46 out of 63, which suggests severe anxiety.

For comparison, at the time of the initial evaluation, Mr. Moore scored 55 out of 63, which suggested severe anxiety.

INSOMNIA SEVERITY INDEX: score: 27 – Severe Insomnia

The Insomnia Severity Index (ISI) is a 7-item self-report instrument to briefly measure insomnia.

The following is a description of apportionment correlation in regards to the range of scores the Insomnia Severity Index to levels of subjective insomnia:

0 – 7	No Significant Insomnia
8 – 14	Mild Insomnia
15 - 21	Moderate Insomnia
22 – 28	Severe Insomnia

At the time of this re-evaluation, Mr. Moore scored 27 out of 28, which suggests severe insomnia.

For comparison, at the time of the initial evaluation, Mr. Moore scored 26 out of 28, which suggested severe insomnia.

KATZ ADL SCALE: Mr. Moore was found to be fully independent in his ADL's

The Katz Basic Activities of Daily Living Scale (ADL) scale is a common self-report instrument to assess the functional status as a measurement of one's ability to perform the activities of daily living independently. Mr. Moore marked "independent" when asked about bathing, dressing, toileting, transferring, continence, and feeding.

REVIEW OF SYSTEMS (ROS):

A general review of symptoms was done. Mr. Moore listed the following items: sweats, fatigue, trouble sleeping, blurred or double vision, eye pain, sensitivity to light, ringing in ears, chronic shortness of breath, persistent nausea or vomiting, diarrhea, constipation, change in appearance in stool, chronic abdominal pain, increased frequency of urination, urinating more than twice a night, difficulty getting or maintaining an erection, and decreased desire for sexual intercourse.

DISCUSSION

Subjective Summary

Mr. Branden Moore is a 33 year-old African-American male, with a significant but intermittent psychiatric history prior to the above-stated date of injury, who participated in a diagnostic psychiatric re-evaluation with this writer on 6/15/2023 to discuss his psychiatric reaction to a workplace injury.

On 5/28/2020, while working for the subject-employer, Abercrombie Pipeline, Mr. Moore suffered a heat stroke, which led to multiple physical problems including but not limited to kidney failure and chronic physical discomfort.

Since the above-stated date of injury, Mr. Moore has experienced the symptoms of reactive depression and reactive anxiety with the associated symptoms (Please refer to the section entitled, "History of Psychiatric Symptoms after the Industrial Events," for more details).

Overall, during both evaluations, Mr. Moore said that his psychiatric symptoms are not significant enough to prevent him from working, and he wants to return to work: "If I was better physically, I would go back to work tomorrow and you'd never hear from me again."

Objective Analysis

In addition to the subjective information provided above, there were multiple objective sources of information (Please refer to the section entitled, "Psychiatric Diagnostic Testing," for more details).

The mental status exam showed that Mr. Moore had good grooming, observable physical discomfort, a depressed and anxious mood, a restricted, and often worried, range of affect, and mild memory difficulties.

Mr. Moore's self-tests suggest no excessive daytime sleepiness, severe insomnia, severe anxiety, severe depression, and complete independence in performing his Activities of Daily Living (ADL's).

For comparison, at the time of the initial evaluation Mr. Moore's self-test results suggested excessive daytime sleepiness, severe insomnia, severe anxiety, severe

depression, and complete independence in performing his Activities of Daily Living (ADL's).

While of borderline validity, Mr. Moore's MMPI-2 profile results suggest that he may be suffering from Somatoform Disorder, actual organic problems, and may be prone to abusing pain medication or other prescription drugs. Somatoform Disorder is considered a diagnosis of exclusion when an individual's physical symptoms cannot be explained after a thorough medical work-up. In Mr. Moore's case, per the various records received, he appears to have suffered bona fide physical injuries that would explain his various physical complaints. In regards to addiction, Mr. Moore denied any history of substantial issues with abuse or dependence of any extrinsic substances including but not limited to pain medication or other prescription drugs and there is no evidence in the records received thus far providing contradictory information. Therefore, based on the information available to this writer at this time, addiction does not appear to apply in Mr. Moore's overall psychiatric formulation.

While the self-tests and MMPI-2 suggest moderate to severe psychiatric symptoms, the functional impairment from these symptoms is still considered mild since Mr. Moore stated that his psychiatric symptoms are not significant enough to prevent him from working, he would immediately return back to the workforce if he was physically able to perform his job duties, and he did not present clinically with moderate or severe psychiatric symptoms.

Diagnostic Assessment

In regards to ***Diagnoses***, Mr. Moore continues to state that his psychiatric injury is specifically due to ongoing difficulty coping with the physical limitations and chronic pain caused by his various physical injuries that he developed after suffering a heat stroke and acute kidney failure. Given that Mr. Moore's psychiatric symptoms appear to be linked to a specific stressor, he continues to meet criteria for Adjustment Disorder with Mixed Anxiety and Depressed Mood, Chronic. Of note, the modifier, "Chronic," is added to indicate that Mr. Moore's symptoms of reactive anxiety and reactive depression have lasted longer than 6 months.

Of note, Mr. Moore has a history of Panic Disorder without Agoraphobia, Post-Traumatic Stress Disorder, Major Depressive Disorder, and Generalized Anxiety Disorder; however, during both evaluations, Mr. Moore states that the symptoms improved and resolved prior to the workplace events occurring. Therefore, they are only being mentioned for the sake of completion at this time although his past psychiatric history will be taken into account when this writer determines apportionment.

In regards to **Causation**, it appears that Mr. Moore's current psychiatric injury is due to difficulty coping with the physical limitations and chronic pain caused by his various physical injuries. Based on the records received, it appears that Mr. Moore did sustain a variety of physical injuries affecting various organ systems that are consistent with some of his complaints. Therefore, on a **preliminary** basis, this writer finds that Mr. Moore's current psychiatric injury is **predominantly industrial** in nature. Of note, Mr. Moore states that he recently underwent two additional internal medicine QME evaluations with Dr. Stanley Majcher in February or March 2023, a neurological QME evaluation with Dr. Dr. Mohamed Elsharif in March or April 2023, and a cardiology QME evaluation with Dr. Jeffrey Caren in March or April 2023. Unfortunately, none of these recent QME evaluation reports have been forwarded to my office for review up to the time of this re-evaluation. In addition, Mr. Moore states that he has an upcoming orthopedic QME evaluation with Dr. William Winternitz that is scheduled to take place in September or October 2023. Also, per the Applicant Attorney's letter dated 4/27/2023 that was sent to this writer, it was mentioned that Mr. Moore had an upcoming PTP appointment with Dr. Ezequiel Suarez on April 27, 2023.

Of special note, just as stated during the initial evaluation, this writer is aware of Mr. Moore's substantial psychiatric history in the past following a cardiac episode in 2011 that appears to have led Mr. Moore to developing a variety of psychiatric symptoms including but not limited to PTSD, panic disorder, anxiety, and depression, primarily due to ongoing fear of sudden death due to his cardiac condition. His symptoms required a variety of different modalities of treatment that he received through the VA. However, Mr. Moore states that by 2018, he no longer feared sudden death due to his cardiac issues and his psychiatric symptoms substantially improved and resolved. Mr. Moore's mental health remained stable, and he eventually took a job with the subject-employer. This writer also notes that if Mr. Moore had ongoing cardiac concerns, he likely would not have taken a job that was so physically intensive. It was not until the workplace events leading to this workers' compensation claim occurred that appears to have caused Mr. Moore to develop various symptoms of depression and anxiety mainly due to both difficulty coping with the physical limitations and chronic pain caused by his physical injuries and concern when his physical symptoms will improve. Otherwise, Mr. Moore denied experiencing any panic attacks in the last few years and the only symptom of PTSD linked to the workplace events are nightmares of being in the back of a truck while in extreme pain. Upon review of the records received at the time of the initial evaluation, from 2012-2018, his intense fear of dying, falling asleep, and having nightmares appeared to constitute the majority of his psychiatric issues during that time period. Thus, his past psychiatric symptoms especially in regards to panic and PTSD due to concern of sudden death appears to be quite different from his current psychiatric symptoms of depression and anxiety due to difficulty coping with the sequelae of his various physical injuries. Therefore, the aforementioned psychiatric formulation is the

rationale behind this writer finding that Mr. Moore's current psychiatric injury and impairment is predominantly industrially-related based on the information available to this writer at this time although this writer will certainly take Mr. Moore's past psychiatric history into account when eventually determining apportionment.

Also of special note, this writer noted that Mr. Moore's injury occurred on 5/28/2020, which was approximately 2 months after beginning employment with the subject-employer, Abercrombie Pipeline, in March 2020. Therefore, this writer considered LC 3208.3 (d), which addresses employment of less than 6 months (see below for details).

As mentioned above, it appears that Labor Code 3208.3(d) does come into play. In abbreviated form, it states, "Notwithstanding any other provision of this division, no compensation shall be paid pursuant to this division for a psychiatric injury related to a claim against an employer unless the employee has been employed by that employer for at least six months. The six months of employment need not be continuous. This subdivision shall not apply if the psychiatric injury is caused by a sudden and extraordinary employment condition."

Ultimately, this writer would **defer to the Trier-of-Fact** to determine whether the workplace events leading to Mr. Moore's injuries constitute "a sudden and extraordinary employment condition" as this is a legal determination, not a medical one.

Of course, it is important to note that all of my above opinions in regards to causation are subject to change until after this writer has determined Mr. Moore to be MMI/P&S, as, at that time, this writer will be able to take apportionment into account. At that time, this writer will then provide a specific percentage of causation to the industrial portion of Mr. Moore's psychiatric injury versus the potential non-industrial portion of Mr. Moore's psychiatric injury and consequent permanent psychiatric disability.

Per the Applicant Attorney's letter to this writer dated 4/27/2023, it was requested that this writer comment on whether to add impairments pursuant to the *KITE decision*, rather than combining impairments per the combined values chart.

This writer believes that Mr. Moore's psychiatric impairment should be "added" to Mr. Moore's various other physical impairments as Mr. Moore's various physical symptoms have caused Mr. Moore's various psychiatric symptoms to become more intense. Conversely, his psychiatric symptoms likely cause more difficulty in Mr. Moore optimizing appropriate treatments to alleviate his physical complaints due to a lower level of energy, less concentration, suboptimal attention, and some impairment in his memory. Thus, in this writer's opinion, Mr. Moore's various physical and psychiatric injuries

appear to act “synergistically,” as they cause more disability together than they would by themselves.

In addition, it is important to note that Mr. Moore’s physical injuries resulted from organic causes per the various QMEs involved in this claim, and Mr. Moore’s psychiatric injuries appears to be an emotional reaction to the sequelae of his various physical complaints. Thus, there is no overlap in the disability caused by his physical injuries and the disability caused by the emotional reaction to the impairment caused by his physical injuries.

Also, this writer notes that Mr. Moore’s physical injuries versus his psychiatric injuries involve completely different organ systems.

Thus, from a purely psychiatric perspective, it is this writer’s opinion that Mr. Moore’s physical and psychiatric injuries should be added rather than combined. Of course, this writer will defer to the various QMEs to comment on whether they concur with this writer’s opinion that Mr. Moore’s physical impairment related to their respective specialty should be added to his psychiatric impairment.

If this writer’s opinion is found to be controversial in any way, this writer will defer to the Trier-of-Fact to determine the most accurate rating methodology in regards to determining Mr. Moore’s overall permanent disability.

Mr. Moore states that he has recently undergone multiple QME re-evaluations including in neurology with Dr. Mohamed Elsharif and cardiology with Dr. Jeffrey Caren, both of which took place approximately in March or April 2023 as well as two re-evaluations with the QME in internal medicine, Dr. Stanley Majcher, that occurred in February or March 2023; however, none of these recent QME evaluation reports have been forwarded to my office for my review up to the time of this re-evaluation. In addition, Mr. Moore states that he has an upcoming orthopedic QME re-evaluation with Dr. Winternitz, which is scheduled to occur approximately in September or October 2023. Therefore, given all of the above, this writer will **DEFER** commenting on whether Mr. Moore has reached ***Maximal Medical Improvement (MMI)***, and whether he can be declared ***Permanent and Stationary (P&S)*** from a psychiatric perspective until after all records including but not limited to the aforementioned QME reports have been forwarded to my office for my review. This information is quite important as any changes in Mr. Moore’s physical status would likely change his psychiatric status.

In regards to ***Recommended Treatment***, at the time of this re-evaluation, Mr. Moore does not believe that additional mental health treatment is necessary for him to return to the

workforce. Therefore, this writer would not recommend any additional mental health treatment at this time.

In regards to **Disability**, during both evaluations, Mr. Moore stated that at no point has his mood or psychiatric symptoms been significant enough to prevent him from working. Therefore, on a **preliminary** basis, this writer does not find Mr. Moore to have had any periods of TTD from the DOI of 5/28/2020 up to and including the date of this re-evaluation, 6/15/2023. Again, this is a **preliminary** opinion and subject to change until after Mr. Moore has been declared MMI/P&S from a psychiatric perspective.

At this time, Mr. Moore has been evaluated by various QMEs in the specialties of orthopedics, neurology, internal medicine, and cardiology. Thus, this writer does not require or request any **Additional AME or QME Evaluations** in any other medical specialty in order to render my psychiatric opinions at this time. However, this writer would request that all AME/QME reports be forwarded to this writer's office as soon as possible so that this writer can complete my opinions in regards to this claim.

In regards to **Requested Records**, during this re-evaluation, Mr. Moore mentioned multiple potential sources of information and the records received also referred to other sources of information as well. While not to be considered a comprehensive list of all additional and missing records, during this re-evaluation, Mr. Moore again believes that that he had his deposition taken in regards to this workers' compensation claim. In addition, he states that he had a recent OME evaluation in neurology with Dr. Mohamed Elsharif in March or April 2023, a recent OME evaluation in cardiology with Dr. Jeffrey Caren in March or April 2023, and two OME evaluations in internal medicine with Dr. Stanley Majcher that took place approximately in February or March 2023. In addition, Mr. Moore states that he has an upcoming OME evaluation orthopedics with Dr. William Winternitz that is scheduled to take place approximately in September or October 2023. Mr. Moore also states that approximate one and a half years ago, he and his wife attended sessions of marriage counseling. In addition, per the Applicant Attorney's Letter dated 4/27/2023 that was sent to this writer's office, it was documented that Mr. Moore had an upcoming appointment with Dr. Ezequiel Suarez on April 27, 2023. Also, this writer would ask for all records pertaining to Mr. Moore's May 2022 hospital visit for elevated blood pressure, all updated records from the VA, all records from Dr. Ezequiel Suarez, and all follow-up records from Dr. Kenneth Garrett, PhD as this writer only received the initial visit report. In addition, during this re-evaluation, Mr. Moore stated that he was involved in a motor vehicle accident on 4/27/2023, and he has been seeing a chiropractor affiliated with Pearson Chiropractic (location: 130 South St, Hemet, CA) three times per week for treatment.

Also, as stated during the initial evaluation, Mr. Moore also was seeing Dr. Paul Liderman, (psychiatry) through the Veterans Affairs (VA) health system; however, this writer only received a few records from him thus far. This writer would also continue to request that a full copy of the Progress Note dated 3/23/2016 and authored by Dr. Paul Liderman, M.D. (psychiatry) be provided as a portion of this note was missing.

Therefore, this writer would continue to request that all records from the aforementioned clinicians and facilities, transcripts of all depositions germane to Mr. Moore, all QME and AME evaluations, all records pertaining to Mr. Moore's recent motor vehicle accident, and all other additional and missing records germane to Mr. Moore **BOTH BEFORE AND AFTER** the workplace events occurred that have not been provided thus far be forwarded to my office as soon as possible for my review. A supplemental report will be issued with a summary of the records along with my opinion.

Because Mr. Moore is not declared psychiatrically Permanent and Stationary (P&S), this writer will defer commenting on Work Restrictions, Psychiatric Permanent Disability, Factors of Psychiatric Permanent Disability, Future Medical Treatment, and Apportionment at this time. I will complete my opinions on these topics after I have declared Mr. Moore to have reached MMI, and he is declared P&S.

GAF/WPI determination:

According to the DSM-IV TR, Axis V (the Global Assessment Functioning scale or GAF) reports the clinician's judgment of an individual's current overall level of functioning.

The current global assessment of function of Mr. Moore is given as a result of my objective observations and Mr. Moore's subjective reports.

At this time, given the longevity, Mr. Moore's psychiatric symptoms would certainly not be considered transient, and thus, the GAF score would fall below 71 (Please refer to "Explanation of GAF Ratings" below for further information about the GAF ranges).

Mr. Moore's psychiatric symptoms would not be considered moderate in intensity as he does not present with a flat affect and is able to communicate appropriately. He is also linear, logical, and goal-oriented during this interview. Finally, given that Mr. Moore states his psychiatric symptoms do not prevent him from working, he would happily return to the workforce immediately if he was able to perform his job duties, and he is maintaining multiple, meaningful, interpersonal relationships, the impact of Mr. Moore's psychiatric symptoms in relation to the occupational impairment (the primary focus of a

workers' compensation psychiatric assessment) is deemed mild, which would place him on the GAF range from 61-70, described as:

"Some mild symptoms (e.g. depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functions (e.g. occasional truancy, or theft within the household) but generally functioning pretty well, has some meaningful interpersonal relationships."

At the time of the initial evaluation, this writer determined Mr. Moore to have a GAF of 63.

At the time of this re-evaluation, Mr. Moore stated that he is continuing to learn to adjust to his various physical complaints. In addition, he did present with some improvements including having a less restricted and anxious affect as compared to the initial evaluation, performing better on the concentration exercises as part of the mental status exam as compared to the initial evaluation, and indicating less daytime sleepiness per the self-tests as compared to the initial evaluation as well. Also, Mr. Moore states that he is motivated to return to the workforce in another capacity such as starting a video blog about his life or working in other capacities that may not rely as much on his physical status. Finally, Mr. Moore stated that he would be willing to return back to work for the subject-employer if he was physically able to do so and they offered him his old job back. Thus, it appears that Mr. Moore's overall psychiatric functionality and intensity of psychiatric symptoms appears have improved since the initial evaluation took place.

However, aside from what was mentioned above, during this re-evaluation, Mr. Moore endorsed essentially similar or identical psychiatric symptoms as he did during the initial evaluation, the majority of his self-tests were the same as they were during the initial evaluation, and, while improved, Mr. Moore continued to appear both depressed and anxious during the entirety of this re-evaluation. In addition, during this re-evaluation, Mr. Moore also displayed issues with his memory as demonstrated by providing inconsistent information such as when he would see clinicians or the names of the clinicians. Also, this writer noted that Mr. Moore has since been started on psychotropic medication and has received sessions of individual psychotherapy since the initial evaluation took place as well. Therefore, the improvement in Mr. Moore's overall psychiatric functionality and intensity of psychiatric symptoms would be considered quite modest overall.

Based on two evaluations, the psychiatric diagnostic testing utilized during both evaluations, the medical records received thus far, Mr. Moore's clinical presentation, and Mr. Moore's anamnesis, I believe Mr. Moore currently expresses

a Global Assessment Functioning scale (or “GAF”) of 64, which according to the AMA Guides 5th edition, translates to a WPI of 9.

Of course, given that Mr. Moore has not been declared Permanent and Stationary, the aforementioned GAF and WPI are considered **preliminary** and are subject to change after Mr. Moore has reached Maximal Medical Improvement (MMI), and he is declared Permanent and Stationary (P&S) from a psychiatric perspective.

I believe this is a very adequate description of Mr. Moore’s current symptomatic and functional state. Symptomatic and functional status as the basis for the global assessment of function, according to page 46 step two, is as stated:

“keep moving down the scale until the range that best matches the individual’s symptoms severity or the level of functioning is reached, whichever is worse.”

Having performed this procedure, I believe that I have adequately and correctly utilized the scale to rate Mr. Moore’s Global Assessment of Function in the most accurate fashion based upon the information I currently have.

Of note, in consideration of Mr. Moore’s condition and Guzman II, I note that psychiatric conditions are rated using a GAF scale. WPI is determined from this scale. GAF scoring is already outside of the four corners of the AMA guidelines and I cannot understand how additional impairment can be added to psychiatric claims. Thus, I do not feel that an additional amount of whole person impairment is indicated for difficulty with ADL’s, sleep disorders, chronic pain, sexual dysfunction or difficulty with treatment as I have already considered these factors in my GAF scoring, and I do not feel any additional WPI is indicated.

DIAGNOSTIC IMPRESSION

Axis I (Primary Psychiatric Diagnosis)

Adjustment Disorder with Mixed Anxiety and Depressed Mood, Chronic (309.28);

Axis II (Personality or Developmental Disorders)

Deferred (799.9).

Axis III (General Medical Conditions)

See past medical history.

Axis IV (Psychosocial Stressors)

Chronic pain, occupational impairment, and financial difficulties

Axis V Global Assessment of Functioning Scale (GAF)

64 which translates to a WPI score of 9

Explanation of GAF Ratings:

- | | |
|---------|---|
| 91-100 | Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms. |
| 81 – 90 | Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members). |
| 71 – 80 | If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g. difficulty concentrating after family argument); no more than slight impairment in social, occupational or general functioning (e.g. temporarily falling behind in school work). |
| 61 – 70 | Some mild symptoms (e.g. depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functions (e.g. occasional truancy, or theft within the household) but generally functioning pretty well, has some meaningful interpersonal relationships. |

- 51 – 60 Moderate symptoms (e.g. flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g. few friends, conflicts with peers or coworkers).
- 41 – 50 Serious symptoms (e.g. suicidal (e.g. suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational or school functioning (e.g. no friends, unable to keep a job).
- 31 – 40 Some impairments in reality testing or communications (e.g., speech is at times illogical, obscure or irrelevant) OR major impairment in several areas, such as work or school, family relationship, judgment, thinking, or mood (e.g. depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant in home and is failing at school).
- 21 – 30 Behavior is considerably influenced by delusions or hallucinations OR serious impairments in communication or judgment (e.g. sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g. stays in bed all day, no job, home or friends).
- 11 – 20 Some danger of hurting self or others (e.g. suicide attempts without clear expectation of death, frequently violent; manic excitement) OR occasionally fails to main minimal personal hygiene (e.g. smears feces) OR gross impairment in communication (e.g. largely incoherent or mute).
- 1 – 10 Persistent dangerous of severely hurting self or others (e.g. recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.
- 0 Inadequate information.

Mr. Branden Moore
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PROGNOSIS

Prognosis is good. From a psychiatric standpoint, Mr. Moore can return to the usual and customary duties performed at the time of injury in his previous workplace environment.

THE ASSESSMENT OF MR. MOORE'S LEVEL OF IMPAIRMENT IS AS FOLLOWS:

Deferred until Mr. Moore has been declared MMI/P&S

CONCLUSION STATEMENT

This concludes my psychiatric re-evaluation of Mr. Branden Moore. Please do not hesitate to contact my office with any questions about this report.

SPECIAL COMMENTARY

The above responses and opinions are based on reasonable medical probabilities, as viewed from the perspective of available documentation and information submitted to this examiner, including Mr. Moore's direct anamnesis.

Thank you for the opportunity of serving as qualified medical examiner in the specialty of Psychiatry for this most interesting case and condition.

SOURCE OF ALL FACTS AND DISCLOSURE

"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." I attest that I have no financial conflict of interest in this case. Payment not received within 60 days of receipt of this report will be charged interest and penalties according to Labor Code 4603.2. I declare under penalty of perjury that I have not violated Labor Code Section 139.3, and that the information contained in this report and its attachments, including billing, 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.

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Dr. Sanjay Agarwal, MD, conducted the history, the mental status exam, reviewed the records, wrote the psychiatric report, and with the exception of the MMPI-2, which was interpreted by Pearson Assessments, Dr. Agarwal administered and interpreted the psychiatric diagnostic testing utilized during this evaluation. Assistance with the clerical preparation of this report was provided by Charlie Helton. The medical records were compiled, organized, and extracted by myself and Charlie Helton, medical historian, after which I reviewed them and produced the above conclusions.

Date of Report: July 6, 2023. Signed this 6th day of July 2023 in Orange County, California.

Sincerely,



Sanjay Agarwal, MD
Qualified Medical Evaluator
Diplomate of the American Board of Psychiatry and Neurology

cc. **Via First Class Mail**
Ashlyn Laskey
Liberty Mutual
P.O. Box 779008
Rochlin, CA 95677

REVIEW OF MEDICAL RECORDS

A record index was provided by Applicant's counsel and checked against with no discrepancies found.

PSYCHIATRIC RECORDS

None provided.

DEPOSITIONS

None provided.

MEDICAL RECORDS

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
1/19/2022	COR Medical Group, Inc. QME Report	Jeffrey Caren, M.D. (cardiology)	<p><i>QME REPORT IN CARDIOLOGY – Evaluator finds no evidence of palpitations or elevated CPK due to any cardiological condition, however, requests review additional records for completeness of opinion.</i></p> <p>Pt has a history of serving in the US Marine Corps for 2 ½ years. He was d/c with disability rating for WPW Syndrome along with subsequent military disability ratings for tinnitus, knees, and shoulders. In September 2019, he became a groundman and the union sent him to jobs. In March 2020, he started working at Abercrombie where he worked until his injury on 5/28/20. Pt denied concurrent employment. He has</p>

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			<p>Pt's prior WPW syndrome was cured with an ablation procedure. He denied subsequent arrhythmia and did not have any kidney or nerve problems.</p> <p>On 5/28/20, Pt had been working 10 hours performing rigorous activities installing above-ground powerlines. His peak temperature was 115 degrees. Pt was intentionally not hydrated. Around 5 pm, he began repetitively losing consciousness and had total body cramping. The crew recognized heat stroke and attempted cooling measures on the scene. He was then transported to the hospital where he was diagnosed with Rhabdomyolysis and kidney failure. Since then, he reports daily palpitations. Pt has not had a racing heart or passing out. Pt has lost 40 lbs since his injury. He underwent a PQME with Dr. Stanley Majcher in 2020.</p> <p>Pt has no history of asthma or heart murmur. His only medical history is congenital WPW. The ablation for the WPW is his only surgical history.</p> <p>Pt is using CBD drops for muscle spasms/nerve pains. He did not indicate taking any other medicine at this time.</p> <p>Pt has no known drug allergies.</p>

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			Pt's mom died at age 40 due to unknown causes. His father is living at age 71.
			Pt has 4 siblings all alive and well.
			Pt enjoys golf, weightlifting, dirt bike riding, and lodge meetings.
			Pt has been married for almost 2 years and lives with his wife and 2 kids.
			Pt smokes cigarettes sporadically while in the marine corps and cigars rarely but stopped in 2017.
			Pt denied past or current use of drugs or alcohol.
			Pt has no difficulties with ADLs on a cardiology basis including denied difficulties with sleep.
			ROS is positive for constant fatigue, sleep disturbed by nocturia 3-4 times , severe headache, chronic dizziness, blurred vision with headaches, bilateral tinnitus, altering diarrhea or constipation, ED, memory loss all the time and forgetfulness, and depression/anxiety and severe trouble with concentration due to fatigue.

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			<p>Evaluator states at this time, based on preponderance of evidence currently available, an explanation cannot be reasonable medically probable from a cardiology standpoint for his continuing subjective palpitations or elevated CPK. There is also no reasonable medically probable basis to conclude that he sustained a cardiac injury as a result of heat stroke. The most reasonably medically probable explanation for the elevated CPK following heat stroke is it is a consequence of skeletal muscle injury/damage resulting from heat stroke.</p> <p>For completeness, to r/o cardiomyopathy as causing or contributing to CPK elevation, Evaluator requests a cardiac MRI with gadolinium. Evaluator would also request to review medical records from Loma Linda University Hospital Medical Center or VA hospital records. Evaluator will then provide a supplemental report discussing whether the additional information has impacted any opinions.</p>
2/24/2022	PQME Report	William Winternitz, M.D. <small>(orthopedic surgery)</small>	<p><u>PQME REPORT IN ORTHOPEDICS – This evaluation stated he is not P&S.</u></p> <p>Pt has worked for Abercrombie Pipeline for 3-4 months prior to his injury. He worked as a groundman. He is currently disabled. Pt was injured on 5/28/20 and on that date was working in 115 degree weather. He suffered heatstroke and</p>

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
			<p>his entire body locked out. Pt felt as though his muscles in his body were contracting at the same time. Pt reported it to his supervisor. He was initially taken to the gas station to cool off and then his employer realized how sick he was and took him to the ER. He underwent surgical treatment. He was then referred to the veterans hospital but they didn't have any treatment there as his problem was not service connected. He continued to be seen at Loma Linda for muscle aches. Pt has not been able to return to work and his employer will not accommodate him for modified duty. Pt is not taking any medications currently.</p> <p>Currently, Pt c/o generalized pain over his entire body including kidneys, arms, neck, hands, legs, abdomen, and muscles with pain that is sharp, burning and stabbing. Pt also specifically c/o neck pain with spasms; shoulder pain radiating to the front of his chest; left arm pain with locking up and fatiguing and spasms in his hand and intermittent numbness in his hand; low back pain which is central and radiates to his groin as well as thigh; and left leg pain with burning, spasms, pins and needles and pain radiating to the lateral thigh to the calf along with cramping in his foot. Pt uses a cane and has problems riding his quad. Pt also has bilateral flank pain, greater on left than right.</p> <p>Pt is taking OTC CBD.</p>

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			<p>Pt has no surgical treatment history and no allergies.</p> <p>Pt is married with 3 children.</p> <p>Pt has a 2 year degree from University of Phoenix.</p> <p>Pt served in the military from 2010-2012 (marines) and had medical discharge secondary to cardiac arrhythmia known as WPW syndrome which was treated with an ablation.</p> <p>Pt denied smoking, alcohol, and drug use.</p> <p>Pt used to enjoy working out, being with family, traveling, and being involved in various recreational sports but is not able to do so currently.</p> <p>Pt has difficulty with ADLs including sleep.</p> <p>System review is relevant for chest pain, numbness and tingling, headaches, coordination, double vision, memory loss, joint pain, joint swelling, stiffness, anxiety, nausea, vomiting, pain, sudden weight loss, change in bowel habits, loss of appetite, unusual stress, urinary frequency, urgency, and nocturia.</p>

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			<p>DX – (1) apparent panic disorder with preexisting component as a result of heat stroke, not this Evaluator's specialty; (2) musculoskeletal problems after heat stroke including (a) neck strain; (b) left arm paresthesias; (c) low back pain; (d) left leg pain; and (e) at risk for further cardiac disease, not Evaluator's specialty</p> <p>Pt is not P&S.</p> <p>The issues are clearly related to the episode of heat stroke or exercise induced heat stroke while over exerting himself in 115 degree weather. Apportionment will be indicated.</p> <p>Pt may work modified duties.</p> <p>Recommend cognitive behavioral therapy and comprehensive evaluation and psychological treatment as related to exacerbation of prior problems with anxiety and bipolar disease; along with updated diagnostic studies and EMG/NCV; and treatment with a cardiologist. He should also undergo an FCE and work-hardening with physical therapy.</p>
6/15/2022	Los Angeles Cardiovascular Consultants Medical Group, Inc.	Richard M. Hyman, M.D. (internal medicine & cardiology)	<p><u>CONSULTATION TO ASSUME TREATMENT</u> – Pt worked form 4/20-5/28/20 and has not subsequently returned to work. He had heat stroke on 5/28/20 which is an accepted injury. The employer does powerline construction and his job</p>

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			<p>was to rig lines and he had to lift 100 lbs. Pt worked large amounts of overtime and only lost time from work when his grandmother died of covid. Pt's statements regarding stress are that he has PTSD from the military and is in psychological care. He has not lost any time from work for this. Additional disability form the military is for WPW with cardiac arrhythmias that were resolved by radiofrequency ablation. He denied concurrent employment.</p> <p>Pt was in the marine corps for $2 \frac{1}{2}$ years in Amphibious Assault.</p> <p>Pt has treated at Gorganio Hospital and with Loma Linda VA. He takes Gabapentin and Naprosyn.</p> <p>Pt reports that on 5/20, while in the heat, he experienced muscle cramps. He stopped working at 4 and that night was hospitalized for 3-4 days. Pt had rhabdomyolysis and was told he was in acute renal failure. Pt has never had another episode. He feels due to this, he has nerve pain in the lower back and leg and that his brain is on fire. No heart problem was ever mentioned. Pt denied chest pain. He states that if he exercises that his left side locks up. He sleeps on one pillow and denied waking up SOB and gets up 4-5 times to urinate. The WPW was treated at the age of 22 and he has not had any subsequent cardiac arrhythmias. There is no history of</p>

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			heart issues. There is no medical history identified.
			Pt was born in Michigan. He has 2 years of college. He has been married only once and has 3 children.
			Pt denied drinking but admitted to occasional smoking in the Marine Corps.
			Pt reports being restricted in ADLs due to his headache and left side. He has difficulty with self-care due to his leg locking up and has total loss of sensation in the entire left side of his body. He c/o left eye blurring and interfering with driving. Pt uses melatonin to sleep and it takes him 4 hours to fall asleep. Pt gets 3-4 hours of sleep at night and doesn't nap. He had a sleep study done but doesn't know the results. ESS = 12.
			DX – Heat stroke; PTSD; and Wolff-Parkinson-White Syndrome, status post radiofrequency ablation
			Evaluator has been asked to assume care but there is nothing to assume form an internal medicine standpoint. He described heat stroke with acute renal failure but his kidney function is normal. Pt has prior history of cardiac arrhythmias treated

DATE(S)	MEDICAL PROVIDER	PHYSICIANS(S)	DESCRIPTION
			<p>long before the employment with this employer. His symptoms are highly atypical and he has a history of psychological care with PTSD through the VA. Evaluator offers to review records from San Gorgonio and the VA to determine if there has been any permanent sequelae from heat stroke but states that this normally resolve unless there is permanent kidney damage which does not appear to be the case in this situation. Pt may need to be evaluated psychologically, neurologically and orthopedically. However, his symptoms are highly atypical and not consistent with heat stroke.</p>
7/1/2022	PQME Report	Mohamed Elsharif, M.D. (neurology)	<p><u>PQME REPORT IN NEUROLOGY – This evaluation stated he is TPD on a neurological basis with industrial causation. Apportionment will be addressed when he is MMI.</u></p> <p>Pt started working for Abercrombie Pipeline Services around April 2020 with a DOI of 5/28/20 which was also his last day worked. He is no longer working for the same employer. Pt worked 40 hours per week as a groundman with duties that included digging holes, heavy lifting and working in extreme weather conditions.</p> <p>On 5/28/20, he started working early in the morning pulling wire and continued working without any breaks until noon. By then he was sweating profusely and had cramps all over his body. Pt stated that later that day, he was driving stakes</p>

DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
			<p>into the ground when he suddenly collapsed. Pt was given water to rehydrate and ice packs and then taken to a gas station. He was then taken the hospital. Pt was delirious at the time. He was told he was having kidney failure and was kept overnight and then transferred to a different facility and kept there for another day and a half. Since then, he reports sensitivity to heat, excessive sweating, high blood pressure, headaches, numbness and tingling in the bilateral hands, nausea, chest and abdomen pain, nerve pain in his leg when he gets spasms. Pt was hospitalized on 5/19/22 due to elevated blood pressure and heart rate. He was given Ativan to treat his symptoms.</p>
			<p>Currently, Pt c/o headaches with dizziness, nausea, and light and sound sensitivity; numb-like and burning sensations in head; intermittent pain pressure-like pain in chest with pain radiating to the abdomen; numbness and tingling in the bilateral hand that comes and goes; and continuous pain in the left leg with pain radiating to the lower back along with episodes of swelling, numbness and tingling in the leg that comes and goes.</p>
			<p>Pt is not seeing any doctors right now but is getting chiropractic treatment.</p>
			<p>Pt is not working. He last worked on 5/28/20.</p>

DATE(S)	MEDICAL PROVIDER	PYHSICIAN(S)	DESCRIPTION
			<p>Pt has difficulties with some ADLs including obtaining restful nocturnal sleep; he is sleeping about 3 hours a night due to pain.</p> <p>Pt is married with 3 kids. He denied smoking and alcohol use. Pt is using a vape pen and smoking CBD.</p> <p>Pt's medical history includes heart disease. His surgical history includes heart ablation in 2014.</p> <p>Pt denied any prior industrial injuries.</p> <p>Current RX – Gabapentin 400mg, Naproxen 500mg, and Ativan 1 mg</p> <p>Pt has no known allergies.</p> <p>ROS is positive for nausea, headaches, and dizziness.</p> <p>DX – (1) heat stroke; (2) rhabdomyolysis; (3) migraine headaches; (4) paresthesia; and (5) insomnia</p> <p>Headaches are pressure like and would have been expected to resolve by now but it's possible they can persist causing aggravation of prior nonindustrial headaches.</p>

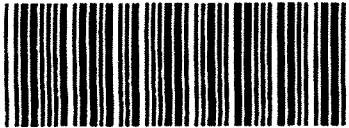
DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
			<p>Records shows a long history of insomnia going back 10 years. The insomnia seems to mostly have been caused by his psychiatric disorders including anxiety and PTSD, Input from psychiatry on this issue would be beneficial.</p>
			<p>Pt has paresthesias in his extremities and weakness. Recommend EMG/NCS. Further input from orthopedics regarding his musculoskeletal complaints would be beneficial.</p>
			<p>Cardiac complaints are deferred to cardiology. Kidney and excretory complaints are deferred to internal medicine. Psych complaints are deferred to psychiatry.</p>
			<p>Causation is industrial.</p>
			<p>Pt is TPD from a neurological perspective and he is not MMI.</p>
			<p>He would benefit from further treatment with a tricyclic antidepressant such as amitriptyline/nortriptyline at 25mg.</p>
			<p>Pt should return to re-evaluation after recommended treatment has been tried for at least 2 months and EMG/NCS of extremities is completed and after further input from</p>

Mr. Branden Moore
Date of Exam: 6/15/23
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DATE(S)	MEDICAL PROVIDER	PHYSICIAN(S)	DESCRIPTION
			orthopedics and psychiatry. Apportionment will be addressed when he is MMI.

ADMINISTRATIVE RECORDS

DATE(S)	DESCRIPTION
6/8/2022	AMENDED APPLICATION FOR ADJUDICATION OF CLAIM – DOI: 5/28/20. Amended to include neck, low back, bilateral upper extremities, bilateral lower extremities, and high blood pressure/HTN.



STATE OF CALIFORNIA
Division of Workers' Compensation
Disability Evaluation Unit



EMPLOYEE'S DISABILITY QUESTIONNAIRE

DEU Use Only

This form will aid the doctor in determining your permanent impairment or disability. Please complete this form and give it to the physician who will be performing the evaluation. The doctor will include this form with his or her report and submit it to the Disability Evaluation Unit, with a copy to you and your claims administrator.

Employee

Brenden

First Name

MI

Moore

Last Name

366-11-1170

SSN (Numbers Only)

292 Finnors St. Hemet California

Street Address 1/PO Box (Please leave blank spaces between numbers, names or words)

Street Address 2/PO Box (Please leave blank spaces between numbers, names or words)

International Address (Please leave blank spaces between numbers, names or words)

Hemet

City

State

Zip Code

Date of Birth

05/12/1990

MM/DD/YYYY

Date of Injury

05/28/2020

MM/DD/YYYY

Employer

Abercrombie Pipeline

Nature of Employers Business

Claim Number 1

F

Claim Number 2 _____

Claim Number 3 _____

Claim Number 4 _____

Claim Number 5 _____

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY:

How was your evaluating doctor selected? (check one)

From a list of doctors provided by the State of California, Division of Workers' Compensation.

Other (explain) _____

What is the name of the doctor who will be doing the evaluation?

Dr. Agarwal

When is your examination scheduled?

12/06/2021

What were your job duties at the time of your injury?

moving 1000lb rails, climbing up and down powerlines, moving steel, driving forklifts.

What is the disability resulting from your injury?

heat stroke, kidney failure

How does this injury affect you in your work?

Have you ever had a disability as a result of another injury or illness?

no

If so, when? _____

Please describe the disability?

Date 12/06/2021
MM/DD/YYYY

Signature Brenden Moore


State of California
Division of Workers' Compensation
Disability Evaluation Unit

DEU Use Only

**REQUEST FOR SUMMARY RATING DETERMINATION
of Qualified Medical Evaluator's Report**

INSTRUCTIONS TO THE CLAIMS ADMINISTRATOR:

1. Use this form if employee is unrepresented and has not filed an application for adjudication.
2. Complete this form and forward it along with a complete copy of all medical reports and medical records concerning this case to the physician scheduled to evaluate the existence and extent of permanent impairment or disability.
3. Send the EMPLOYEE'S DISABILITY QUESTIONNAIRE, DEU FORM 100 to the employee in time for the medical evaluation.
4. **This form must be served on the employee prior to the evaluation. Be sure to complete the proof of service.**

INSTRUCTIONS TO THE PHYSICIAN:

1. If the employee is unrepresented, review and comment upon the Employee's Disability Questionnaire, (DEU Form 100), in your report. (If the employee does not have a completed Form 100 at the time of the appointment, please provide the form to the employee.)
2. Submit your completed medical evaluation and, if the employee is unrepresented, the DEU Form 100, to the Disability Evaluation Unit district office listed below. **PLEASE USE THIS FORM AS A COVER SHEET FOR SUBMISSION TO THE DISABILITY EVALUATION UNIT.**
3. Serve a copy of your report and the Form 100 upon the claims administrator and the employee.

Date of first medical report indicating the existence of permanent impairment or disability: _____
MM/DD/YYYY

Last date for which temporary disability indemnity was paid: _____
MM/DD/YYYY

Submit To: Disability Evaluation Unit

Address/PO Box (Please leave blank spaces between numbers, names or words)

City

CA

Zip Code

Physician

Exam Date

MM/DD/YYYY

Claims Administrator

Company Name

Street Address1/PO Box (Please leave blank spaces between numbers, names or words)

Street Address2/PO Box (Please leave blank spaces between numbers, names or words)

City _____ State _____ Zip Code _____

Claim Number 1

Claim Number 2

Claim Number 3

Claim Number 4

Claim Number 5

Phone No. _____

Adjustor _____

Employer _____

Employee _____

First Name _____ MI _____

Last Name _____

Street Address 1/PO Box (Please leave blank spaces between numbers, names or words)

Street Address 2/PO Box (Please leave blank spaces between numbers, names or words)

International Address (Please leave blank spaces between numbers, names or words)

City _____ State _____ Zip Code _____

Date of Injury _____ Date of Birth _____
MM/DD/YYYY MM/DD/YYYY

SSN (Numbers Only) _____

Case No (if any) _____

OCCUPATION _____

(Please attach job description or job analysis, if available)

WEEKLY GROSS EARNINGS _____

(Attach a wage statement/DLSR 5020 if earnings are less than maximum. Include the value of additional advantages provided such as meals, lodging, etc. If earnings are irregular or for less than 30 hours per week, include a detailed description of all earnings of the employee from all sources, including other employers, for one year prior to the date of injury. Benefits will be calculated at MAXIMUM RATE unless a complete and detailed statement of earnings is attached.)



State of California
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

DECLARATION REGARDING PROTECTION OF MENTAL HEALTH RECORD

(Health and Safety Code § 123115(b) and § 36.5, Title 8, California Code of Regulations)

**NOTE: THE MENTAL HEALTH RECORD(S) ATTACHED TO THIS DECLARATION MUST NOT BE
SEEN BY OR COPIED BY Branden Moore FOR THE REASONS**

(Print name of injured employee)

STATED BELOW:

I, Sanjay Agarwal, M.D., declare as follows:

(Print your name)

1. I am licensed in the state of California as a Psychiatry, license number A101145
(Type of license)

2. The attached medical record pertains to:

Employee name: Branden Moore

Address: 292 Finnhorse St. Hemet, CA 92545 Phone: _____

W.C. Claim number: WC608-E60694-00

W. C. Claims administrator: Liberty Mutual Phone: 916-621-1060

3. In my professional medical judgment and pursuant to Health and Safety Code § 123115(b), the attached mental health record, or the portions of this record designated below and on the face of the record, if seen or copied by the employee named above, will or is likely to result in a substantial risk of significant adverse or detrimental medical consequences to the employee, including but not limited to, (describe medical basis for conclusion):

This psychiatric report is in indeed confidential. People often tend to misunderstand and/or distort information enclosed herein., and this may interfere with psychotherapy. For individuals who are suicidal or homicidal, the results of disclosure can be irreversible. For these reasons, this report should not be shown to the claimant.

4. On June 15, 2023, I was asked by the above named employee, or I was required by law, to serve a copy of this medical record on the employee.

5. On that same date, I advised the employee that the record only could be inspected by, copied or provided to a licensed physician, within the definition of Labor Code § 3209.3 or a health care provider as defined in Health and Safety Code § 123105, on behalf of the employee, and that the employee must use that mechanism to obtain the record.

6. The employee has designated the following physician, within the definition of Labor Code § 3209.3 or a health care provider as defined in Health and Safety Code § 123105, for alternate service of the employee's copy of this record:

Name: _____

Address: _____

Phone: _____ Fax: _____

Medical license no. (CA, if known): _____

Date of employee designation of this physician or health care provider: _____
(MM/DD/YYYY)

7. For the above reasons, in response to the employee's request of _____ (date MM/DD/YYYY) for a copy of the record, I responded in the following manner: (*Check one below, as appropriate.*)

- I declined to allow the employee to personally inspect or receive a copy of the record.
- I declined to allow the employee to personally inspect, receive a copy or to be served personally with a copy of the record. However, at the employee's request, I did provide to, or serve a copy of the record on, the physician or health care provider designated by the employee as noted below:

Name: _____

Address: _____

Phone: _____ Fax: _____

Date of Service: _____

Manner of Service: (mail, overnight mail, courier, fax) _____

8. From this time forward, I shall note in the medical file for this employee each time any licensed physician, within the definition of Labor Code 3209.3 or a health care provider as defined in Health and Safety Code § 123105, requests to inspect or copy this record on behalf of the employee.

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

Date signed: 7/6/23

(Signature) 

Sanjay Agarwal, M.D.

(Print name)

Address: 410 Townsquare Lane, Huntington Beach, CA 92648 Phone: (855) 472-3894

File record of requests for copies of the attached record made subsequent to the declaration date above:

Date	Person	License type and License number
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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: **Branden Moore** Abercrombie Pipeline
(employee name) (claims administrator name, or if none employer)

Claim No.: **WC608-E60694-00** EAMS or WCAB Case No. (if any): **ADJ13339678**

I, **Charlie Helton**, declare:
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: **410 Townsquare Lane, Huntington Beach, CA 92648**
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)

	<u>Date Served:</u>	<u>Addressee and Address Shown on Envelope:</u>
B	07/06/23	Brett Sherry, Esq. Koszdin, Fields, Sherry & Katz 6151 Van Nuys Blvd. Van Nuys, CA 91401
B	07/06/23	Nicole Ybarra, Esq. Law Offices of Mular, Garber, Av & Duncan P. O. Box 7218 London, KY 40742
B	07/06/23	Nancy Enriquez Liberty Mutual P. O. Box 779008 Rochlin, CA 95677
B	07/06/23	Branden Moore 292 Finnhorse St. Hemet, CA 92545

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: **7/6/23**

Charlie Helton

(signature of declarant)

Charlie Helton

(print name)