



Notice of Med-Legal Evaluation
August 29, 2021

GILSON DAUB SAN JUAN CAPISTRANO Diana Tsudik 3005 S El Camino Real San Clemente, CA 92672	
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RE: Mehdi Esfahanian v. Amazon Flex
WCAB: ADJ11813907 ADJ11985442
Claim: 30191749677-0001, 30191765799-0001, 30192236438-0001

Dear Sir or Madam:

Please be advised that a med-legal evaluation has been schedule for this client:

Dr. Christian Foglar MD
650 University Ave. Ste 100
Sacramento, CA 95825
September 23, 2021
08:30 AM

Please prepare a joint letter and send to our office for signature. Please issue a check for mileage and parking for the Applicant. Please forward all medicals to:

1801 Van Ness Ave Ste 200
San Francisco, CA 94109

Thank you for your cooperation and professional courtesy in this matter.

Very truly yours,

Dustin Saïdi, Esq.



MEDICAL INDEX

RE: Mehdi Esfahanian v. Amazon Flex

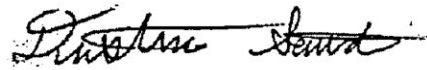
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Claim:

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1. SDT - Mercy San Juan Medical Center
2. SDT - Integrated Pain Care
3. Dr. Bains - Medical Records - 03 27 2019
4. DR. Samimi - MRI results - 04 09 2019
5. DR. Martinovsky - MRI results - 02 11 2019
6. SDT - SEDGWICK CLAIMS MANAGEMENT INC.
7. Dr. Bains - Doctor's First Report of Occupational Injury or Illness - 04 29 2019
8. Dr. Fred Samimi - Initial Evaluation Report - 12 14 2018
9. Dr. Fred Samimi - Doctor Note - 03 01 2019
10. Dr. Kadish - Transfer of Care Summary - 10 18 2018
11. Dr. Martinovsky - MRI Left Knee Without Contrast - 02 13 2019
12. SDT Diagnostic Radiological Imaging
13. Dr. Bains - PR2 - 05 15 2019
14. Dr. Bains - Doctor's First Report of Occupational Injury - 04 29 2019
15. Various Medicals - 05 21 2019
16. SDT NMCI Medical Center
17. Various Medicals - 06 04 2019
18. Dr. Kim Acupuncture Visit 06 06 2019
19. Dr. Al-Saedi PR2 06 07 2019
20. Dr. Bains - RFA & PR2 - 06 07 2019
21. Dr. Kulik - Medical report - 07 17 2019
22. Dr. Bains - Medical Report - 07 17 2019
23. Dr. Bains - RFA & PR2 - 08 05 2019
24. Dr. Bains - Medical Report - 08 06 2019
25. Dr. Bains - Physical Therapy Recheck Visit - 08 05 2019
26. SDT Integrated Pain Care
27. Dr. Bains - PR2 - 08 14 2019
28. Dr. Mich - Physical Therapy Recheck Visit - 09 30 2019
29. SDT NMCI Medical Center

Very truly yours,

A handwritten signature in black ink, appearing to read "Dustin Saiidi". The signature is fluid and cursive, with a horizontal line extending from the end.

Dustin Saiidi, Esq.

REP. CONTACT : Law At Your Side
8605 SANTA MONICA BLVD STE 92394
WEST HOLLYWOOD CA 90069

RCVD 09/02/2021

SERVICE LIST
CCP 1013a(3)

This Service List is part of the attached Proof Of Service Affidavit dated 08/30/2021 signed by David Birdsall and describes the documents served for Mailing ID 85BF1065FCE6E1CF.

Total Number of Images: 8

The TITLE of the document(s) being served is:

Notice of Medlegal Eval, Advocacy Letter and Medical Index

The following persons/entities were served by placing a true copy thereof into a sealed envelope with postage paid in the manner described in the attached affidavit:

GILSON DAUB SAN JUAN CAPISTRANO
DIANA TSUDIK
3005 S EL CAMINO REAL
SAN CLEMENTE CA 92672

END OF SERVICE LIST FOR THE ABOVE TITLED DOCUMENTS

VENDOR SUBMITTAL ID: 85BF1065FCE6E1CF

PROOF OF SERVICE AFFIDAVIT
CCP 1013(a), CCP 1013(b), and CCP 1013a(3)

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

My name is David Birdsall.

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

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

My business address is: 960 S Village Oaks Dr, Covina, CA 91724, which is where I placed the correspondence described herein for deposit in the United States Postal Service.

I am readily familiar with the business' practice for collection and processing of correspondence for mailing with the United States Postal Service.

The following correspondence will be deposited with the United States Postal Service this same day in the ordinary course of business.

Each envelope was sealed and placed for collection and mailing on 08/30/2021, following ordinary business practices.

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

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

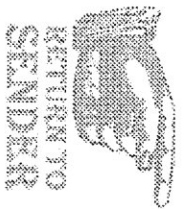
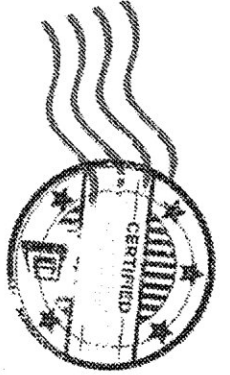
Printed name: David Birdsall

Dated: 08/30/2021

X

David Birdsall

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



FROM:
Dustin Saidi
555 W 5TH ST FL 35
LOS ANGELES, CA 90013

ENVELOPE

TO:

GILSON DAUB SAN JUAN CAPISTRANO
3005 S EL CAMINO REAL
SAN CLEMENTE, CA 92672

Page count: 9 pages

Case Number: ADJ11813907

Description: Notice of Medlegal Eval,Advocacy Letter and Medical Index

Confirmation #: 85BF1065FCCE6E1CF



Advocacy Letter
August 29, 2021

Dr. Christian Foglar MD 1801 Van Ness Ave Ste 200 San Francisco, CA 94109	
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RE: Mehdi Esfahanian v. Amazon Flex
WCAB: ADJ11813907 ADJ11985442
Claim:
30191749677-0001, 30191765799-0001, 30192236438-0001

Dear Dr. Christian Foglar MD:

Thank you for agreeing to examine the above-captioned applicant in your capacity.

NATURE OF CLAIM

After you have had an opportunity to complete your evaluation and review the enclosed materials, I would appreciate if you would issue your report of findings, while addressing the following issue:

1. Your precise diagnosis.
2. Is the applicant currently temporarily totally disabled? What time periods was the Applicant temporary totally disabled? Which injury(ies) caused the periods of temporary total disability?
3. Is Applicant's disability temporary total? Temporary partial? Or permanent and stationary for rating purposes?
4. What is Applicant's impairment in accordance with the AMA Guidelines, 5th Edition?
5. Is Applicant's disability industrially caused or aggravated by a prior injury?
6. Please comment on apportionment, if any.

7. If Applicant's condition is now permanent and stationary, please provide the ratings and describe the factors of disability (whether objective, subjective, or both), resulting from the industrial causation or aggravation. If you believe the applicant should be restricted in job duties, please set forth those restrictions with as much specificity as possible. **Please describe what the restrictions would be for each and every body part.**
8. If the AMA guides do not adequately take into account the Applicant's impairment, will the Almaraz-Guzman method be more appropriate? If so, please be specific as to how and why the Almaraz-Guzman is more indicative of Applicant's impairment.
9. Will the applicant require future medical treatment to cure or relieve the effect of the industrial injury or injuries? If treatment is necessary, please describe the scope and expected duration of treatment.
10. Please describe whether Applicant will require any home health care to deal with the affects of the injury. Home health care need not be services required by a professional nurse. It may be services reasonably required by anyone, including Applicant's family members. Services may include assistance cleaning or doing general housework.
11. Please indicate whether or not the applicant can return to his/her pre-injury employment or whether the applicant is a Qualified Injured Worker for purposes of rehabilitation.
12. Please indicate what other specialties, outside your own, the applicant may require.

Please note the DWC Required Form "Physician's Return-To-Work and Voucher Report" must be reviewed, filled out by you, signed, and returned with your report.

Please note that in accordance with the Labor Code Section 4628, as amended September 30, 1992, your report should disclose the following: The date when and location where the evaluation was performed; that the physician or physicians signing the report actually performed the evaluation performed; whether the evaluation performed and the time spent performing the evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director; and the name and qualifications of each person who performed any service in connection with the report, including diagnostic studies, other than its clerical preparation. If your report discloses that the evaluation performed or the time spent performing the evaluation was not in compliance with the guidelines established by the Industrial Medical Council, the report should explain in detail any variance and the reason or reasons for the variance(s). Further, any person billing for medical-legal evaluations, diagnostic procedures or services performed by any person other than those employed by you (or a medical corporation owned by you) should specify the amount paid or to be paid to them for the evaluations, procedures or services.

Your report should also contain the following declaration under penalty of perjury:

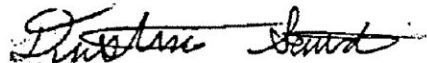
"I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information I have indicated I received from otherwise. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, except as noted herein, that I believe it to be true." (This declaration must be dated, signed by you and must indicate the county wherein it was signed.)

Lastly, there must be an additional declaration pursuant to Labor Code Section 139.3, as follows:

"I declare under penalty of perjury that there has been no violation of Labor Code Section 139.3, in that I have not offered, delivered, received or accepted any rebate, refunds, commission, preference, patronage, dividend, discount, or other consideration whether in the form of money, or otherwise as compensation or inducement for any referred examination or evaluation."

Thank you for your cooperation and professional courtesy in this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "Dustin Saiidi", with a stylized flourish at the end.

Dustin Saiidi, Esq.