

**MEDICAL DOCUMENTATION : DO NOT DETACH  
Followup Patient Narrative**



U.S. HealthWorks  
2499 S. Wilmington Ave.  
Compton CA 90220  
Ph: 310 638-1113

**Date of Service:** 03-06-2013  
**Patient Name:** Santillan, Rosario  
**Patient Account Number:** 156238753  
**Date Of Injury:** 02-22-2013 12:00  
**Date Of Birth:** 03-26-1967  
**Employer Name:** PREMIER PERSONNEL RESOURCES  
**Claim #:** twcs-1588  
**Chart #:** EMR/ Yb

**PR2 Reason:** follow-up. There is a request for authorization.

**Patient Status:**

Since the last exam, this patient's condition has: Not improved significantly

**History Of Present Illness:**

Patient is here for follow up visit for injury sustained on 02-22-2013 12:00.

The patient reports that their condition is the same - Patient reports they followed the treatment plan as directed. The patient states that treatment was tolerated. Patient is currently on modified duty .

Comments: Low back pain is not significantly improved. Denies radiation of pain, numbness, or paresthesias. Chiro authorization is pending. Tolerating modified work. No new problems/complaints.

**Back Complaints / Symptoms**

**Complaint:** Patient's complaint at this time is as follows: pain - back. Patient describes the symptom(s) as dull. She says it is moderately severe. She reports having symptoms for 12 days. The frequency is intermittent. The symptoms are exacerbated by bending. The symptoms are lessened by rest.

**Associated Symptoms:** The patient denies dysuria . The patient denies polyuria . The patients states there is no hematuria . The patient denies fever, chills, and sweats . The patient denies parasthesias . The patient states the back pain does not radiate . The patient complains of limited back motion - . The patient denies any leg weakness . The patient states there is no numbness or tingling of the lower extremities . The patient denies any changes in bowel habits . The patient denies any bladder or bowel dysfunction .

**Occupational history:** Length of employment is reported as 6 months to 2 yrs. She works 40 hours per week. Main job characteristics include prolonged standing or walking, kneeling or squatting, bending, stooping and overhead work, lifting, pushing, or pulling up to 50lbs.

She denies any lost work-time as a result of this injury. She denies any other source of employment.

**Surgeries:** No Known Surgical History

**Medical History:** Patient denies history of ulcers or gastritis. No history of Diabetes. Patient states no known major/recurrent illnesses/injuries.

**Tetanus History:**

Last tetanus - unk.

**Family History:** Diabetes in relatives.

**Social History: Alcohol or Tobacco use:** She does not use tobacco. Denies alcohol use.

**Review Of Systems:**

A review of the patient's Family History, Social History, Medical History, Allergy, Current Medication and Surgery and a complete review of systems obtained from the health history completed on 02-25-2013 was done and any interval changes are noted.

**Constitutional Symptoms:** Recent weight change - .

**Women Only:** Menstrual irregularities, .

**Current Medications at the start of Encounter:**

Nabumetone 750 mg Tabs #20 . 1 tablet twice a day with food for inflammation/un tableta dos veces al dia con comida para inflamacion, Dispense 1 Bottle

Omeprazole D.R. 20mg #30 . 1 capsule daily, prevent upset stomach from medications, , Dispense 1 Container

Orphenadrine Citrate ER 100mg Tabs #30 . 1 at bedtime/ 1 al acostarse, Dispense 1

Tramadol/Acet HCL 37.5/325 mg #20 . 1 Tablet every eight hours as needed for pain , Dispense 1 Container

Polar Frost 150ml 5oz Gel Tube 1 Twice A Day PRN , Dispense 1 Container

**Allergies:**

No Known Drug Allergies.

**Physical Examination:**

Pulse: 76/min. BP: 114/68 mmHg. Temperature: 97.8 deg F Respiration: 16 per min.

On a severity scale the pain is 8 out of 10.

**Constitutional:** The patient is a well-developed, well-nourished female.

**Psychiatric:** Mood and affect appear appropriate . Waddell signs for symptom magnification are negative .

**Respiratory:** There are no apparent signs of respiratory distress .

**Gastrointestinal:** Abdominal palpation is normal .

**Genitourinary:** Costovertebral angle tenderness for renal involvement is not noted .

**Skin:** Examination of the thoracolumbar region reveals no evidence of the following conditions: Erythema, ecchymosis, scars, swelling, masses and open wound - .

**Musculoskeletal:** The patient ambulates with a normal gait, full weightbearing on both lower extremities . The patient has normal posture . There is no weakness of the lower extremities . The spine is not kyphotic . The patient does not have scoliosis . The patient has no loss of lumbosacral lordosis . The pelvis is symmetrical . There are spasms of the paravertebral musculature . There is tenderness of the paravertebral musculature - . Patrick-Fabere test for pathology of the sacroiliac joint is negative . Extensor hallucis longus test is negative . Range of motion of the back is restricted. Flexion with the fingertips approximating the knee . Extension 10/30 deg, lateral flexion L 20/45 deg R 20/45 deg, lateral rotation L 10/30 deg R 10/30 deg.

**Cardiovascular:** The popliteal, anterior tibial and posterior tibial pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally.

**Neurologic:** Heel/toe ambulation is performed without difficulty . Bilateral patellar and achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The straight leg raising test (SLR) is negative. The back muscles display no weakness .

**Diagnostic Tests:** Prior diagnostic studies were reviewed.

**Diagnoses**

Sprain/Strain Lumbar (847.2)

Muscle Spasm Back (724.8)

Pain - Back (724.2)

**Treatment Plan**

Last Saved By: Admin Admin 03-06-2013 15:04:48

**Medications to be Continued until Next Visit:**

Nabumetone 750 mg Tabs #20 1 Tablet by mouth, twice daily, after meals

Omeprazole D.R. 20mg #30 . 1 Capsule qd pc 30 Days TO PREVENT GASTRIC IRRITATION, Hx nausea/vomiting x1

Orphenadrine Citrate ER 100mg Tabs #30 . 1 At Bedtime

Tramadol/Acet HCL 37.5/325 mg #20 . 1 Tablet At Bedtime

Polar Frost 150ml 5oz Gel Tube 1 twice daily

**Treatment Plan Comments:** Not significantly improved. Patient to begin chiropractic treatment as soon as authorized

**WORK STATUS:**

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Return to work with restrictions as of 03-06-2013.

**Work Restrictions:**

Limited stooping and bending

Limited Lift, Limited Push and Limited Pull

up to 10 lbs.

Patient must wear back support.

**Patient Education:**

Patient voiced understanding of aftercare instructions, including medication use, side effects, and proper use of dispensed supplies (when applicable), work restrictions and expected progress of the injury. Patient expressed an understanding of work restrictions and injury prognosis.

**Additional Treatment:** The patient has not started Chiropractic Therapy.

The interpreter used was Patti Banuelos.



Marc . Arnush, M.D.

This has been electronically signed on 03-06-2013

Next Appointment with Phuong Narin on 03-14-2013 03:15 pm.



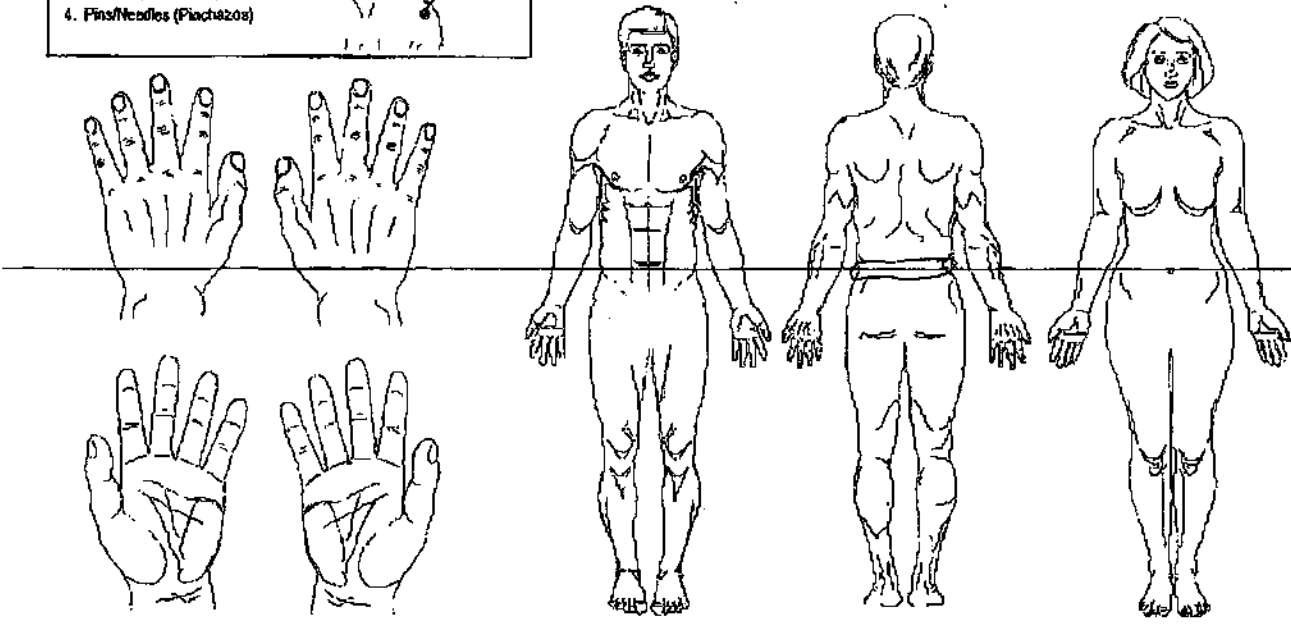
Name (Nombre): Rosario Santillan SS# (Seguro Social): 620-20-3894 Date (Fecha): 3/6/13<sup>WC</sup>  
 Telephone (Teléfono): Home (Casa): \_\_\_\_\_ Cell (Celular): (323) 5 17 77-22  
 Date of Injury (Fecha de Lesión): 2/22/13 Employer (Nombre de la Compañía): Jopson Down

1. Since your last visit, are you:  improved?  worse?  unchanged?  
 ¿Desde su última visita, se ha usted mejorado? empeorado? mantenido sin cambios?
2. Since your last visit, have you developed any new complaints?  Yes (Si)  No  
 ¿Desde su última visita, ha usted presentado nuevos síntomas o dolencias?

If you have not improved since your last visit, or if you have developed new problems, please explain in the space below.  
 (Si no ha mejorado desde su última visita, o si ha presentado nuevos síntomas o dolencias, por favor explique en el espacio a continuación.)

**PLEASE COMPLETE THE FOLLOWING DIAGRAM (Por favor complete el diagrama a continuación.)**  
 If you feel any of the symptoms below, mark the areas of the body where you feel them on the figures below and indicate the type of symptom.  
 Si siente alguno de los síntomas listados a continuación, indique el tipo de síntoma y marque en las figuras la zona del cuerpo en donde los siente.

<b>SYMPTOMS (SÍNTOMAS)</b> 1. Pain (Dolor) 2. Numbness (Adormecimiento) 3. Burning (Queimazón) 4. Pins/Needles (Picajezcos)	<b>Example (Ejemplo)</b> 	Rate the intensity of your pain: Indique la intensidad de su dolor:	NO PAIN SIN DOLOR	MOST PAIN DOLOR INTENSO
		0 1 2 3 4 5 6 7 <b>8</b> 9 10		



Patient Signature (Firma del Paciente) \_\_\_\_\_ Date (Fecha) 3/6/13



U.S. HealthWorks  
 2499 S. Wilmington Ave., Compton  
 CA 90220  
 Ph: 310 638-1113

STATE OF CALIFORNIA  
 Division of Workers' Compensation  
 PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Patient Name: Last: Santillan First: Rosario MI: DOB: 03-28-1987 Date of Service: 03-06-2013 Case #: 156238753

Occupation: Packing SS#: 620-20-3894 Date of Injury: 02-22-2013 12:00 Claim #: twos-1588

Employer: PREMIER PERSONNEL Contact: MARINA PADILLA Tel. (310)515-2632 Fax. (310)515-5317  
 RESOURCES

Claims Administrator: YORK CLAIMS Tel. (877)751-0133 Fax. (888)548-2637

- REASON FOR SUBMITTING REPORT** (Check all that apply. If any box aside from "OTHER" applies, this report qualifies as mandatory)
- Change in patient's condition
  - Change in work status
  - Change in treatment plan
  - Need for referral or consultation
  - Need for surgery or hospitalization
  - Periodic Report (45 days after last report)
  - Information requested by:
  - Released from care
  - Request for authorization
  - Other:

- PATIENT STATUS** Since the last exam, this patient's condition has:
- improved as expected
  - improved, but slower than expected
  - not improved significantly
  - worsened
  - reached plateau and no further improvement is expected
  - been determined to be non-work related

**SUBJECTIVE COMPLAINTS**

**History Of Present Illness:**

Patient is here for follow up visit for injury sustained on 02-22-2013 12:00.  
 The patient reports that their condition is the same - Patient reports they followed the treatment plan as directed. The patient states that treatment was tolerated. Patient is currently on modified duty.  
 Comments: Low back pain is not significantly improved. Denies radiation of pain, numbness, or paresthesias. Chiro authorization is pending. Tolerating modified work. No new problems/complaints.

**Back Complaints / Symptoms**

Complaint: Patient's complaint at this time is as follows: pain - back. Patient describes the symptom(s) as dull. She says it is moderately severe. She reports having symptoms for 12 days. The frequency is intermittent. The symptoms are exacerbated by bending. The symptoms are lessened by rest.  
 Associated Symptoms: The patient denies dysuria. The patient denies polyuria. The patient states there is no hematuria. The patient denies fever, chills, and sweats. The patient denies paresthesias. The patient states the back pain does not radiate. The patient complains of limited back motion. The patient denies any leg weakness. The patient states there is no numbness or tingling of the lower extremities. The patient denies any changes in bowel habits. The patient denies any bladder or bowel dysfunction.

Occupational history: Length of employment is reported as 6 months to 2 yrs. She works 40 hours per week. Main job characteristics include prolonged standing or walking, kneeling or squatting, bending, stooping and overhead work, lifting, pushing, or pulling up to 50lbs. She denies any lost work-time as a result of this injury. She denies any other source of employment.

**OBJECTIVE FINDINGS**

**Physical Examination:**

Pulse: 76/min. BP: 114/68 mmHg. Temperature: 97.8 deg F Respiration: 16 per min.  
 Severity: The severity of the pain was 8/10.

**Constitutional:** The patient is a well-developed, well-nourished female.

**Psychiatric:** Mood and affect appear appropriate. Waddell signs for symptom magnification are negative.

**Respiratory:** There are no apparent signs of respiratory distress.

**Gastrointestinal:** Abdominal palpation is normal.

**Genitourinary:** Costovertebral angle tenderness for renal involvement is not noted.

**Skin:** Examination of the thoracolumbar region reveals no evidence of the following conditions: Erythema, ecchymosis, scars, swelling, masses and open wound.

**Musculoskeletal:** The patient ambulates with a normal gait, full weightbearing on both lower extremities. The patient has normal posture. There is no weakness of the lower extremities. The spine is not kyphotic. The patient does not have scoliosis. The patient has no loss of lumbosacral lordosis. The pelvis is symmetrical. There are spasms of the paravertebral musculature. There is tenderness of the paravertebral musculature. Patrick-Fabere test for pathology of the sacroiliac joint is negative. Extensor hallucis longus test is negative. Range of motion of the back is restricted. Flexion with the fingertips approximating the knee. Extension 10/30 deg, lateral flexion L 20/45 deg R 20/45 deg, lateral rotation L 10/30 deg R 10/30 deg.

**Cardiovascular:** The popliteal, anterior tibial and posterior tibial pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally.

**Neurologic:** Heel/toe ambulation is performed without difficulty. Bilateral patellar and achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The straight leg raising test (SLR) is negative. The back muscles display no weakness.

**Diagnostic Tests:** Prior diagnostic studies were reviewed. Comments: Low back pain is not significantly improved. Denies radiation of pain, numbness, or paresthesias. Chiro authorization is pending. Tolerating modified work. No new problems/complaints.

**DIAGNOSES:** (Include ICD-9 code, if possible)

Sprain/Strain Lumbar (847.2)

Muscle Spasm Back (724.8)

Pain - Back (724.2)

**TREATMENT PLAN**

Office Visit / Injury Treatment:

Physical Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Chiropractic Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input checked="" type="checkbox"/> Pending
Occupational Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Acupuncture	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> # of visits		<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Ergonomic Evaluation	<input type="checkbox"/> Start		Other: <input type="checkbox"/>	

**Treatment Plan Comments:** Not significantly improved. Patient to begin chiropractic treatment as soon as authorized

**Patient Education:**

Patient voiced understanding of aftercare instructions, including medication use, side effects, and proper use of dispensed supplies (when applicable), work restrictions and expected progress of the injury. Patient expressed an understanding of work restrictions and injury prognosis.

**Additional Treatment:** The patient has not started Chiropractic Therapy.

**WORK STATUS:**

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Return to work with restrictions as of 03-06-2013.

**Work Restrictions:**

Limited stooping and bending

Limited Lift, Limited Push and Limited Pull up to 10 lbs.

Patient must wear back support.

**DISCHARGE STATUS:**

- ( ) Released from care. Return to full duty on ( ) with no limitations or restrictions.
- ( ) Patient discharged as permanent and stationary with either impolment, work restrictions, and/or need for future medical care. A PR-4 to follow.
- ( ) NON-INDUSTRIAL. Patient instructed to see private physician at own expense.

**PRIMARY TREATING PHYSICIAN**

I declare under penalty of perjury that this report is true and correct, to the best of my knowledge, and that I have not violated Labor Code 138.3.

Signature (Original)



Name: Marc Amush, M.D.

Cal. Lic. #: A90486

Specialty: Occupational Medicine

Date of Exam: 03-06-2013

**NEXT APPOINTMENT**

Next Appointment with Phuong Narin on 03-14-2013 03:15 pm.

Executed at: US HealthWorks 2499 S. Wilmington Ave., Compton CA 90220 Ph:310 638-1113

Check In Time: 03-06-2013 14:41pm

RECEIVED  
JUL 10 2013 6  
OSC West

**MEDICAL DOCUMENTATION : DO NOT DETACH**  
**Followup Patient Narrative**



U.S. HealthWorks  
2499 S. Wilmington Ave.  
Compton CA 90220  
Ph: 310 638-1113

**Date of Service:** 03-06-2013  
**Patient Name:** Santillan, Rosario  
**Patient Account Number:** 156238753  
**Date Of Injury:** 02-22-2013 12:00  
**Date Of Birth:** 03-26-1967  
**Employer Name:** PREMIER PERSONNEL RESOURCES  
**Claim #:** twcs-1588  
**Chart #:** EMR/ Yb

**PR2 Reason:** follow-up. There is a request for authorization.

**Patient Status:**  
Since the last exam, this patient's condition has: Not improved significantly

**History Of Present Illness:**

Patient is here for follow up visit for injury sustained on 02-22-2013 12:00.  
The patient reports that their condition is the same - Patient reports they followed the treatment plan as directed. The patient states that treatment was tolerated. Patient is currently on modified duty .  
Comments: Low back pain is not significantly improved. Denies radiation of pain, numbness, or paresthesias. Chiro authorization is pending. Tolerating modified work. No new problems/complaints.

**Back Complaints / Symptoms**

**Complaint:** Patient's complaint at this time is as follows: pain - back. Patient describes the symptom(s) as dull. She says it is moderately severe. She reports having symptoms for 12 days. The frequency is intermittent. The symptoms are exacerbated by bending. The symptoms are lessened by rest.

**Associated Symptoms:** The patient denies dysuria . The patient denies polyuria . The patients states there is no hematuria . The patient denies fever, chills, and sweats . The patient denies parasthesias . The patient states the back pain does not radiate . The patient complains of limited back motion - . The patient denies any leg weakness . The patient states there is no numbness or tingling of the lower extremities . The patient denies any changes in bowel habits . The patient denies any bladder or bowel dysfunction .

**Occupational history:** Length of employment is reported as 6 months to 2 yrs. She works 40 hours per week. Main job characteristics include prolonged standing or walking, kneeling or squatting, bending, stooping and overhead work, lifting, pushing, or pulling up to 50lbs.

She denies any lost work-time as a result of this injury. She denies any other source of employment.

**Surgeries:** No Known Surgical History

**Medical History:** Patient denies history of ulcers or gastritis. No history of Diabetes. Patient states no known major/recurrent illnesses/injuries.

**Tetanus History:**  
Last tetanus - unk.

**Family History:** Diabetes in relatives.

**Social History: Alcohol or Tobacco use:** She does not use tobacco. Denies alcohol use.



**Review Of Systems:**

A review of the patient's Family History, Social History, Medical History, Allergy, Current Medication and Surgery and a complete review of systems obtained from the health history completed on 02-25-2013 was done and any interval changes are noted.

**Constitutional Symptoms:** Recent weight change - .

**Women Only:** Menstrual Irregularities. .

**Current Medications at the start of Encounter:**

Nabumetone 750 mg Tabs #20 . 1 tablet twice a day with food for inflammation/un tableta dos veces al dia con comida para inflamacion, Dispense 1 Bottle

Omeprazole D.R. 20mg #30 . 1 capsule dally. prevent upset stomach from medications, , Dispense 1 Container

Orphenadrine Citrate ER 100mg Tabs #30 . 1 at bedtime/ 1 al acostarse, Dispense 1

Tramadol/Acet HCL 37.5/325 mg #20 . 1 Tablet every eight hours as needed for pain , Dispense 1 Container

Polar Frost 150ml 5oz Gel Tube 1 Twice A Day PRN , Dispense 1 Container

**Allergies:**

No Known Drug Allergies.

**Physical Examination:**

Pulse: 76/min. BP: 114/68 mmHg. Temperature: 97.8 deg F Respiration: 16 per min.

On a severity scale the pain is 8 out of 10.

**Constitutional:** The patient is a well-developed, well-nourished female.

**Psychiatric:** Mood and affect appear appropriate . Waddell signs for symptom magnification are negative .

**Respiratory:** There are no apparent signs of respiratory distress .

**Gastrointestinal:** Abdominal palpation is normal .

**Genitourinary:** Costovertebral angle tenderness for renal involvement is not noted .

**Skin:** Examination of the thoracolumbar region reveals no evidence of the following conditions: Erythema, ecchymosis, scars, swelling, masses and open wound - .

**Musculoskeletal:** The patient ambulates with a normal gait, full weightbearing on both lower extremities . The patient has normal posture . There is no weakness of the lower extremities . The spine is not kyphotic . The patient does not have scoliosis . The patient has no loss of lumbosacral lordosis . The pelvis is symmetrical . There are spasms of the paravertebral musculature . There is tenderness of the paravertebral musculature - . Patrick-Fabere test for pathology of the sacroiliac joint is negative . Extensor hallucis longus test is negative . Range of motion of the back is restricted. Flexion with the fingertips approximating the knee . Extension 10/30 deg, lateral flexion L 20/45 deg R 20/45 deg, lateral rotation L 10/30 deg R 10/30 deg.

**Cardiovascular:** The popliteal, anterior tibial and posterior tibial pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally.

**Neurologic:** Heel/toe ambulation is performed without difficulty . Bilateral patellar and achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The straight leg raising test (SLR) is negative. The back muscles display no weakness .

**Diagnostic Tests:** Prior diagnostic studies were reviewed.

**Diagnoses**

Sprain/Strain Lumbar (847.2)

Muscle Spasm Back (724.8)

Pain - Back (724.2)

**Treatment Plan**

Last Saved By: Admin Admin 03-06-2013 15:04:48

**Medications to be Continued until Next Visit:**

Nabumetone 750 mg Tabs #20 1 Tablet by mouth, twice daily, after meals  
Omeprazole D.R. 20mg #30 . 1 Capsule qd pc 30 Days TO PREVENT GASTRIC IRRITATION, Hx nausea/vomiting x1  
Orphenadrine Citrate ER 100mg Tabs #30 . 1 At Bedtime  
Tramadol/Acet HCL 37.5/325 mg #20 . 1 Tablet At Bedtime  
Polar Frost 150ml 5oz Gel Tube 1 twice daily

**Treatment Plan Comments:** Not significantly improved. Patient to begin chiropractic treatment as soon as authorized

**WORK STATUS:**

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Return to work with restrictions as of 03-06-2013.

**Work Restrictions:**

Limited stooping and bending  
Limited Lift, Limited Push and Limited Pull  
up to 10 lbs.  
Patient must wear back support.

**Patient Education:**

Patient voiced understanding of aftercare instructions, including medication use, side effects, and proper use of dispensed supplies (when applicable), work restrictions and expected progress of the injury. Patient expressed an understanding of work restrictions and injury prognosis.

**Additional Treatment:** The patient has not started Chiropractic Therapy.

The Interpreter used was Patti Banuelos.



Marc . Arnush, M.D.

This has been electronically signed on 03-06-2013

Next Appointment with Phuong Narin on 03-14-2013 03:15 pm.



Name (Nombre): Rosario Santillan SS# (Seguro Social): 620-20-3894 Date (Fecha): 3/6/13  
 Telephone (Teléfono): Home (Casa): \_\_\_\_\_ Cell (Celular): (323) 517-7722  
 Date of Injury (Fecha de Lesión): 2/22/13 Employer (Nombre de la Compañía): Topson Down

1. Since your last visit, are you:  improved?  worse?  unchanged?  
 ¿Desde su última visita, se ha usted mejorado? empeorado? mantenido sin cambios?
2. Since your last visit, have you developed any new complaints?  Yes (Sí)  No  
 ¿Desde su última visita, ha usted presentado nuevos síntomas o dolencias?

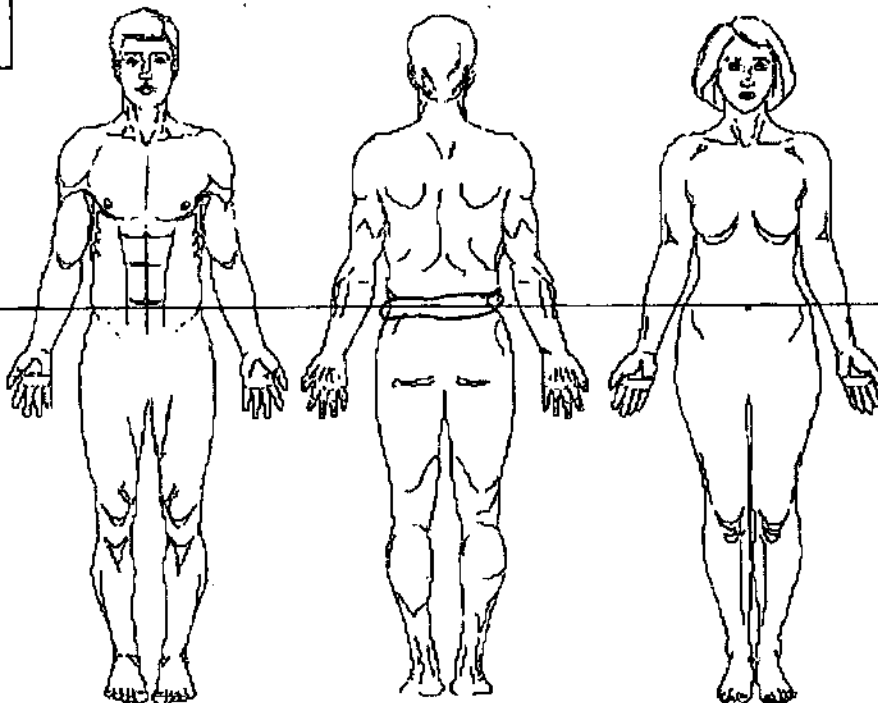
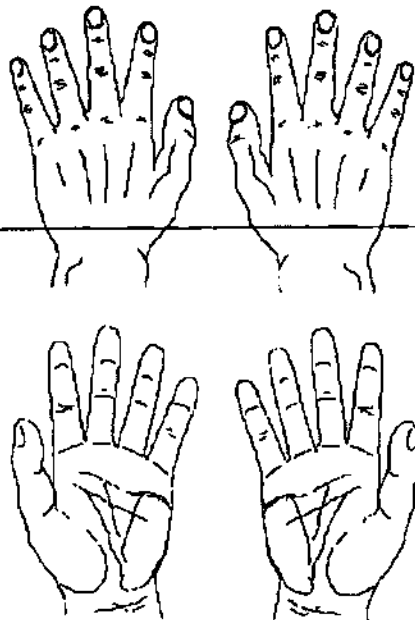
If you have not improved since your last visit, or if you have developed new problems, please explain in the space below.  
 (Si no ha mejorado desde su última visita, o si ha presentado nuevos síntomas o dolencias, por favor explique en el espacio a continuación.)

**PLEASE COMPLETE THE FOLLOWING DIAGRAM (Por favor complete el diagrama a continuación.)**

If you feel any of the symptoms below, mark the areas of the body where you feel them on the figures below and indicate the type of symptom.  
 Si siente alguno de los síntomas listados a continuación, indique el tipo de síntoma y marque en las figuras la zona del cuerpo en donde los siente.

SYMPTOMS (SÍNTOMAS)	Example (Ejemplo)
1. Pain (Dolor)	
2. Numbness (Adormecimiento)	
3. Burning (Quemazón)	
4. Pins/Needles (Pinchazos)	

Rate the intensity of your pain: Indique la intensidad de su dolor:	NO PAIN SIN DOLOR	MOST PAIN DOLOR INTENSO
	0 1 2 3 4 5 6 7 8 9 10	



Patient Signature (Firma del Paciente) \_\_\_\_\_

Date (Fecha) 3/6/13



U.S. HealthWorks  
 2499 S. Wilmington Ave., Compton  
 CA 90220  
 Ph: 310 638-1113

STATE OF CALIFORNIA  
 Division of Workers' Compensation  
 PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Patient Name: Last: Santillan First: Rosario MI: DOB: 03-26-1967 Date of Service: 03-06-2013 Case #: 156238753

Occupation: Packing SS#: 620-20-3894 Date of Injury: 02-22-2013 12:00 Claim #: twcs-1588

Employer: PREMIER PERSONNEL Contact: MARINA PADILLA Tel. (310)515-2632 Fax. (310)515-5317  
**RESOURCES**

Claims Administrator: YORK CLAIMS Tel. (877)751-0133 Fax. (866)548-2637

**REASON FOR SUBMITTING REPORT** (Check all that apply. If any box aside from "OTHER" applies, this report qualifies as mandatory)

- Change in patient's condition
- Change in work status
- Change in treatment plan
- Need for referral or consultation
- Need for surgery or hospitalization
- Periodic Report (45 days after last report)
- Information requested by:
- Released from care
- Other:
- Request for authorization

**PATIENT STATUS** Since the last exam, this patient's condition has:

- improved as expected
- improved, but slower than expected
- worsened
- reached plateau and no further improvement is expected
- not improved significantly
- been determined to be non-work related

**SUBJECTIVE COMPLAINTS**

**History Of Present Illness:**

Patient is here for follow up visit for injury sustained on 02-22-2013 12:00.

The patient reports that their condition is the same - Patient reports they followed the treatment plan as directed. The patient states that treatment was tolerated. Patient is currently on modified duty .

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**Back Complaints / Symptoms**

**Complaint:** Patient's complaint at this time is as follows: pain - back. Patient describes the symptom(s) as dull. She says it is moderately severe. She reports having symptoms for 12 days. The frequency is intermittent. The symptoms are exacerbated by bending. The symptoms are lessened by rest.

**Associated Symptoms:** The patient denies dysuria . The patient denies polyuria . The patients states there is no hematuria . The patient denies fever, chills, and sweats . The patient denies paresthesias . The patient states the back pain does not radiate . The patient complains of limited back motion - . The patient denies any leg weakness . The patient states there is no numbness or tingling of the lower extremities . The patient denies any changes in bowel habits . The patient denies any bladder or bowel dysfunction .

**Occupational history:** Length of employment is reported as 6 months to 2 yrs. She works 40 hours per week. Main job characteristics include prolonged standing or walking, kneeling or squatting, bending, stooping and overhead work, lifting, pushing, or pulling up to 50lbs. She denies any lost work-time as a result of this injury. She denies any other source of employment.

**OBJECTIVE FINDINGS**

**Physical Examination:**

Pulse: 76/min. BP: 114/68 mmHg. Temperature: 97.8 deg F Respiration: 16 per min.

Severity: The severity of the pain was 8/10.

**Constitutional:** The patient is a well-developed, well-nourished female.

**Psychiatric:** Mood and affect appear appropriate. Waddell signs for symptom magnification are negative.

**Respiratory:** There are no apparent signs of respiratory distress.

**Gastrointestinal:** Abdominal palpation is normal.

**Genitourinary:** Costovertebral angle tenderness for renal involvement is not noted.

**Skin:** Examination of the thoracolumbar region reveals no evidence of the following conditions: Erythema, ecchymosis, scars, swelling, masses and open wound.

**Musculoskeletal:** The patient ambulates with a normal gait, full weightbearing on both lower extremities. The patient has normal posture. There is no weakness of the lower extremities. The spine is not kyphotic. The patient does not have scoliosis. The patient has no loss of lumbosacral lordosis. The pelvis is symmetrical. There are spasms of the paravertebral musculature. There is tenderness of the paravertebral musculature. Patrick-Fabre test for pathology of the sacroiliac joint is negative. Extensor hallucis longus test is negative. Range of motion of the back is restricted. Flexion with the fingertips approximating the knee. Extension 10/30 deg, lateral flexion L 20/45 deg R 20/45 deg, lateral rotation L 10/30 deg R 10/30 deg.

**Cardiovascular:** The popliteal, anterior tibial and posterior tibial pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally.

**Neurologic:** Heel/Toe ambulation is performed without difficulty. Bilateral patellar and achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The straight leg raising test (SLR) is negative. The back muscles display no weakness.

**Diagnostic Tests:** Prior diagnostic studies were reviewed. Comments: Low back pain is not significantly improved. Denies radiation of pain, numbness, or paresthesias. Chiro authorization is pending. Tolerating modified work. No new problems/complaints.

**DIAGNOSES:** (include ICD-9 code, if possible)

Sprain/Strain Lumbar (847.2)

Muscle Spasm Back (724.8)

Pain - Back (724.2)

**TREATMENT PLAN**

Office Visit / Injury Treatment:

Physical Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Chiropractic Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input checked="" type="checkbox"/> Pending
Occupational Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Acupuncture	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> # of visits		<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Ergonomic Evaluation	<input type="checkbox"/> Start		Other: <input type="checkbox"/>	

**Treatment Plan Comments:** Not significantly improved. Patient to begin chiropractic treatment as soon as authorized

**Patient Education:**

Patient voiced understanding of aftercare instructions, including medication use, side effects, and proper use of dispensed supplies (when applicable), work restrictions and expected progress of the injury. Patient expressed an understanding of work restrictions and injury prognosis.

**Additional Treatment:** The patient has not started Chiropractic Therapy.

**WORK STATUS:**

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Return to work with restrictions as of 03-06-2013.

**Work Restrictions:**

Limited stooping and bending

Limited Lift, Limited Push and Limited Pull up to 10 lbs.

Patient must wear back support.

**DISCHARGE STATUS:**

( ) Released from care. Return to full duty on ( ) with no limitations or restrictions.

( ) Patient discharged as permanent and stationary with either impairment, work restrictions, and/or need for future medical care. A PR-4 to follow.

( ) NON-INDUSTRIAL. Patient instructed to see private physician at own expense.

**PRIMARY TREATING PHYSICIAN**

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

Signature (Original)



Name: Marc Arnush, M.D.

Cal. Lic. #: A90486

Specialty: Occupational Medicine

Date of Exam: 03-06-2013

**NEXT APPOINTMENT**

Next Appointment with Phuong Narin on 03-14-2013 03:15 pm.

Executed at: US HealthWorks 2499 S. Wilmington Ave., Compton CA 90220 Ph:310 638-1113

Check In Time: 03-06-2013 14:41pm

MEDICAL DOCUMENTATION : DO NOT DETACH  
Followup Patient Narrative



U.S. HealthWorks  
2499 S. Wilmington Ave.  
Compton CA 90220  
Ph: 310 638-1113

**Date of Service:** 03-06-2013  
**Patient Name:** Santillan, Rosario  
**Patient Account Number:** 156238753  
**Date Of Injury:** 02-22-2013 12:00  
**Date Of Birth:** 03-26-1967  
**Employer Name:** PREMIER PERSONNEL RESOURCES  
**Claim #:** twcs-1588  
**Chart #:** EMR/Yb

**PR2 Reason:** follow-up. There is a request for authorization.

**Patient Status:**

Since the last exam, this patient's condition has: Not improved significantly

**History Of Present Illness:**

Patient is here for follow up visit for injury sustained on 02-22-2013 12:00.

The patient reports that their condition is the same - Patient reports they followed the treatment plan as directed. The patient states that treatment was tolerated. Patient is currently on modified duty .

Comments: Low back pain is not significantly improved. Denies radiation of pain, numbness, or paresthesias. Chiro authorization is pending. Tolerating modified work. No new problems/complaints.

**Back Complaints / Symptoms**

**Complaint:** Patient's complaint at this time is as follows: pain - back. Patient describes the symptom(s) as dull. She says it is moderately severe. She reports having symptoms for 12 days. The frequency is intermittent. The symptoms are exacerbated by bending. The symptoms are lessened by rest.

**Associated Symptoms:** The patient denies dysuria . The patient denies polyuria . The patients states there is no hematuria . The patient denies fever, chills, and sweats . The patient denies parasthesias . The patient states the back pain does not radiate . The patient complains of limited back motion - . The patient denies any leg weakness . The patient states there is no numbness or tingling of the lower extremities . The patient denies any changes in bowel habits . The patient denies any bladder or bowel dysfunction .

**Occupational history:** Length of employment is reported as 6 months to 2 yrs. She works 40 hours per week. Main job characteristics include prolonged standing or walking, kneeling or squatting, bending, stooping and overhead work, lifting, pushing, or pulling up to 50lbs.

She denies any lost work-time as a result of this injury. She denies any other source of employment.

**Surgeries:** No Known Surgical History

**Medical History:** Patient denies history of ulcers or gastritis. No history of Diabetes. Patient states no known major/recurrent illnesses/injuries.

**Tetanus History:**

Last tetanus - unk.

**Family History:** Diabetes in relatives.

**Social History: Alcohol or Tobacco use:** She does not use tobacco. Denies alcohol use.

**Review Of Systems:**

A review of the patient's Family History, Social History, Medical History, Allergy, Current Medication and Surgery and a complete review of systems obtained from the health history completed on 02-25-2013 was done and any interval changes are noted.

**Constitutional Symptoms:** Recent weight change - .

**Women Only:** Menstrual irregularities. .

**Current Medications at the start of Encounter:**

Nabumetone 750 mg Tabs #20 . 1 tablet twice a day with food for inflammation/un tableta dos veces al dia con comida para inflamacion, Dispense 1 Bottle

Omeprazole D.R. 20mg #30 . 1 capsule daily. prevent upset stomach from medications, , Dispense 1 Container

Orphenadrine Citrate ER 100mg Tabs #30 . 1 at bedtime/ 1 al acostarse, Dispense 1

Tramadol/Acet HCL 37.5/325 mg #20 . 1 Tablet every eight hours as needed for pain , Dispense 1 Container

Polar Frost 150ml 5oz Gel Tube 1 Twice A Day PRN , Dispense 1 Container

**Allergies:**

No Known Drug Allergies.

**Physical Examination:**

Pulse: 76/min. BP: 114/68 mmHg. Temperature: 97.8 deg F Respiration: 16 per min.

On a severity scale the pain is 8 out of 10.

**Constitutional:** The patient is a well-developed, well-nourished female.

**Psychiatric:** Mood and affect appear appropriate . Waddell signs for symptom magnification are negative .

**Respiratory:** There are no apparent signs of respiratory distress .

**Gastrointestinal:** Abdominal palpation is normal .

**Genitourinary:** Costovertebral angle tenderness for renal involvement is not noted .

**Skin:** Examination of the thoracolumbar region reveals no evidence of the following conditions: Erythema, ecchymosis, scars, swelling, masses and open wound - .

**Musculoskeletal:** The patient ambulates with a normal gait, full weightbearing on both lower extremities . The patient has normal posture . There is no weakness of the lower extremities . The spine is not kyphotic . The patient does not have scoliosis . The patient has no loss of lumbosacral lordosis . The pelvis is symmetrical . There are spasms of the paravertebral musculature . There is tenderness of the paravertebral musculature - . Patrick-Fabere test for pathology of the sacroiliac joint is negative . Extensor hallucis longus test is negative . Range of motion of the back is restricted. Flexion with the fingertips approximating the knee . Extension 10/30 deg, lateral flexion L 20/45 deg R 20/45 deg, lateral rotation L 10/30 deg R 10/30 deg.

**Cardiovascular:** The popliteal, anterior tibial and posterior tibial pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally.

**Neurologic:** Heel/toe ambulation is performed without difficulty . Bilateral patellar and achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The straight leg raising test (SLR) is negative. The back muscles display no weakness .

**Diagnostic Tests:** Prior diagnostic studies were reviewed.

**Diagnoses**

Sprain/Strain Lumbar (847.2)

Muscle Spasm Back (724.8)

Pain - Back (724.2)



**Treatment Plan**

Last Saved By: Admin Admin 03-06-2013 15:04:48

**Medications to be Continued until Next Visit:**

Nabumetone 750 mg Tabs #20 1 Tablet by mouth, twice daily, after meals  
Omeprazole D.R. 20mg #30 . 1 Capsule qd pc 30 Days TO PREVENT GASTRIC IRRITATION, Hx nausea/vomiting x1  
Orphenadrine Citrate ER 100mg Tabs #30 . 1 At Bedtime  
Tramadol/Acet HCL 37.5/325 mg #20 . 1 Tablet At Bedtime  
Polar Frost 150ml 5oz Gel Tube 1 twice daily

**Treatment Plan Comments:** Not significantly improved. Patient to begin chiropractic treatment as soon as authorized

**WORK STATUS:**

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Return to work with restrictions as of 03-06-2013.

**Work Restrictions:**

Limited stooping and bending  
Limited Lift, Limited Push and Limited Pull  
up to 10 lbs.  
Patient must wear back support.

**Patient Education:**

Patient voiced understanding of aftercare instructions, including medication use, side effects, and proper use of dispensed supplies (when applicable), work restrictions and expected progress of the injury. Patient expressed an understanding of work restrictions and injury prognosis.

**Additional Treatment:** The patient has not started Chiropractic Therapy.

The interpreter used was Patti Banuelos.



Marc . Arnush, M.D.

This has been electronically signed on 03-06-2013

Next Appointment with Phuong Narin on 03-14-2013 03:15 pm.



ESTABLISHED PATIENT STATEMENT  
DECLARACIÓN DEL PACIENTE

NAME (Nombre): Roxario Santillan SS# (Seguro Social): 620-20-3894 Date (Fecha): 3/6/13<sup>WC</sup>  
 Telephone (Teléfono): Home (Casa): \_\_\_\_\_ Cell (Celular): (323) 5 17 77-22  
 Date of Injury (Fecha de Lesión): 2/22/13 Employer (Nombre de la Compañía): Jopson Down

1. Since your last visit, are you:  improved?  worse?  unchanged?  
 ¿Desde su última visita, se ha usted mejorado? empeorado? mantenido sin cambios?
2. Since your last visit, have you developed any new complaints?  Yes (SI)  No  
 ¿Desde su última visita, ha usted presentado nuevos síntomas o dolencias?

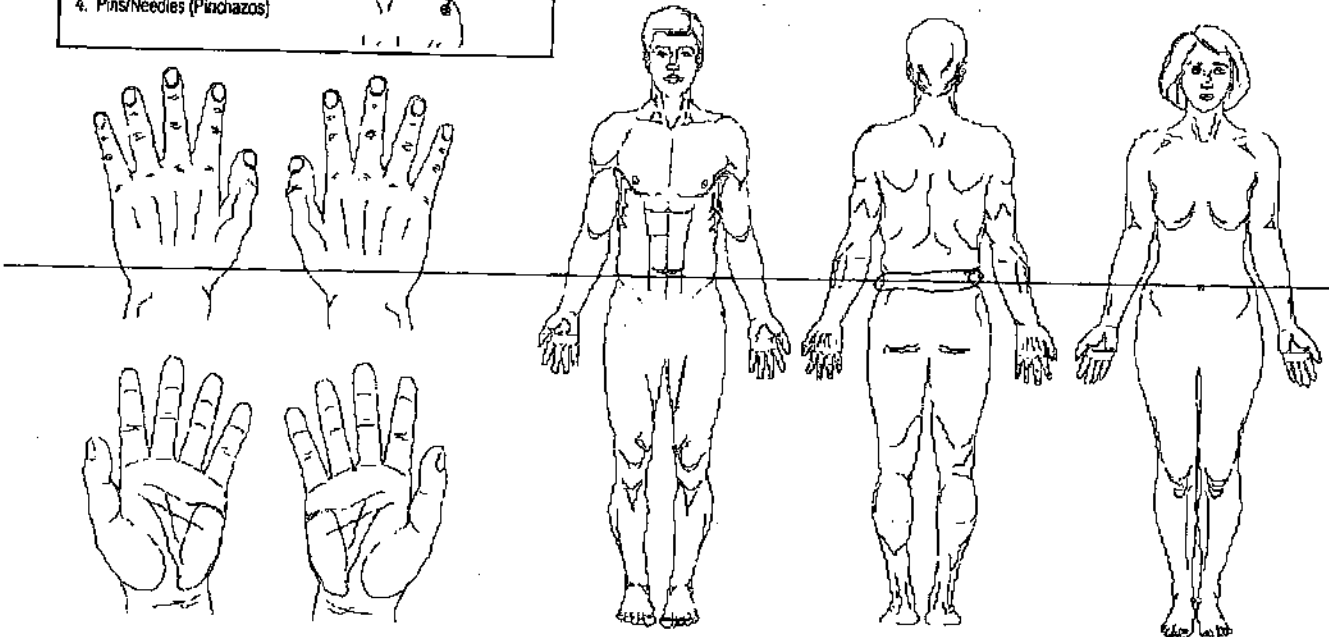
If you have not improved since your last visit, or if you have developed new problems, please explain in the space below.  
 (Si no ha mejorado desde su última visita, o si ha presentado nuevos síntomas o dolencias, por favor explique en el espacio a continuación.)

PLEASE COMPLETE THE FOLLOWING DIAGRAM (Por favor complete el diagrama a continuación.)

If you feel any of the symptoms below, mark the areas of the body where you feel them on the figures below and indicate the type of symptom.  
 Si siente alguno de los síntomas listados a continuación, indique el tipo de síntoma y marque en las figuras la zona del cuerpo en donde los siente.

SYMPTOMS (SÍNTOMAS)	Example (Ejemplo)
1. Pain (Dolor)	
2. Numbness (Adormecimiento)	
3. Burning (Quemazón)	
4. Pins/Needles (Pinchazos)	

Rate the intensity of your pain: Indique la intensidad de su dolor:	NO PAIN SIN DOLOR	MOST PAIN DOLOR INTENSO
	0	1 2 3 4 5 6 7 8 9 10



Patient Signature (Firma del Paciente)  Date (Fecha) 3/6/13



U.S. HealthWorks  
 2499 S. Wilmington Ave., Compton  
 CA 90220  
 Ph: 310 638-1113

STATE OF CALIFORNIA  
 Division of Workers' Compensation  
 PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Patient Name: Last: Santillan First: Rosario MI: DOB: 03-26-1967 Date of Service: 03-06-2013 Case #: 156238753

Occupation: Packing SS#: 620-20-3894 Date of Injury: 02-22-2013 12:00 Claim #: twcs-1588

Employer: PREMIER PERSONNEL Contact: MARINA PADILLA Tel. (310)515-2632 Fax. (310)515-5317  
 RESOURCES

Claims Administrator: YORK CLAIMS Tel. (877)751-0133 Fax. (866)548-2637

**REASON FOR SUBMITTING REPORT** (Check all that apply. If any box aside from "OTHER" applies, this report qualifies as mandatory)

- Change in patient's condition
- Change in work status
- Change in treatment plan
- Need for referral or consultation
- Need for surgery or hospitalization
- Periodic Report (45 days after last report)
- Information requested by:
- Released from care
- Request for authorization
- Other:

**PATIENT STATUS** Since the last exam, this patient's condition has:

- improved as expected
- improved, but slower than expected
- worsened
- reached plateau and no further improvement is expected
- not improved significantly
- been determined to be non-work related

**SUBJECTIVE COMPLAINTS**

**History Of Present Illness:**  
 Patient is here for follow up visit for injury sustained on 02-22-2013 12:00.  
 The patient reports that their condition is the same - Patient reports they followed the treatment plan as directed. The patient states that treatment was tolerated. Patient is currently on modified duty.

**Comments:** Low back pain is not significantly improved. Denies radiation of pain, numbness, or paresthesias. Chiro authorization is pending. Tolerating modified work. No new problems/complaints.

**Back Complaints / Symptoms**

**Complaint:** Patient's complaint at this time is as follows: pain - back. Patient describes the symptom(s) as dull. She says it is moderately severe. She reports having symptoms for 12 days. The frequency is intermittent. The symptoms are exacerbated by bending. The symptoms are lessened by rest.

**Associated Symptoms:** The patient denies dysuria . The patient denies polyuria . The patients states there is no hematuria . The patient denies fever, chills, and sweats . The patient denies paresthesias . The patient states the back pain does not radiate . The patient complains of limited back motion - . The patient denies any leg weakness . The patient states there is no numbness or tingling of the lower extremities . The patient denies any changes in bowel habits . The patient denies any bladder or bowel dysfunction .

**Occupational history:** Length of employment is reported as 5 months to 2 yrs. She works 40 hours per week. Main job characteristics include prolonged standing or walking, kneeling or squatting, bending, stooping and overhead work, lifting, pushing, or pulling up to 50lbs. She denies any lost work-time as a result of this injury. She denies any other source of employment.

**OBJECTIVE FINDINGS**

**Physical Examination:**  
 Pulse: 76/min. BP: 114/68 mmHg. Temperature: 97.8 deg F. Respiration: 16 per min.  
 Severity: The severity of the pain was 8/10.

**Constitutional:** The patient is a well-developed, well-nourished female.

**Psychiatric:** Mood and affect appear appropriate. Waddell signs for symptom magnification are negative.

**Respiratory:** There are no apparent signs of respiratory distress.

**Gastrointestinal:** Abdominal palpation is normal.

**Genitourinary:** Costovertebral angle tenderness for renal involvement is not noted.

**Skin:** Examination of the thoracolumbar region reveals no evidence of the following conditions: Erythema, ecchymosis, scars, swelling, masses and open wound.

**Musculoskeletal:** The patient ambulates with a normal gait, full weightbearing on both lower extremities. The patient has normal posture. There is no weakness of the lower extremities. The spine is not kyphotic. The patient does not have scoliosis. The patient has no loss of lumbosacral lordosis. The pelvis is symmetrical. There are spasms of the paravertebral musculature. There is tenderness of the paravertebral musculature. Patrick-Fabere test for pathology of the sacroiliac joint is negative. Extensor hallucis longus test is negative. Range of motion of the back is restricted. Flexion with the fingertips approximating the knee. Extension 10/30 deg, lateral flexion L 20/45 deg R 20/45 deg, lateral rotation L 10/30 deg R 10/30 deg.

**Cardiovascular:** The popliteal, anterior tibial and posterior tibial pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally.

**Neurologic:** Heel/Toe ambulation is performed without difficulty. Bilateral patellar and achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The straight leg raising test (SLR) is negative. The back muscles display no weakness.

**Diagnostic Tests:** Prior diagnostic studies were reviewed. Comments: Low back pain is not significantly improved. Denies radiation of pain, numbness, or paresthesias. Chiro authorization is pending. Tolerating modified work. No new problems/complaints.

**DIAGNOSES:** (Include ICD-9 code, if possible)

Sprain/Strain Lumbar (847.2)

Muscle Spasm Back (724.8)

Pain - Back (724.2)

**TREATMENT PLAN**

Office Visit / Injury Treatment:

Physical Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Chiropractic Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input checked="" type="checkbox"/> Pending
Occupational Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Acupuncture	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> # of visits		<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Ergonomic Evaluation	<input type="checkbox"/> Start		Other: <input type="checkbox"/>	

**Treatment Plan Comments:** Not significantly improved. Patient to begin chiropractic treatment as soon as authorized

**Patient Education:**

Patient voiced understanding of aftercare instructions, including medication use, side effects, and proper use of dispensed supplies (when applicable), work restrictions and expected progress of the injury. Patient expressed an understanding of work restrictions and injury prognosis.

**Additional Treatment:** The patient has not started Chiropractic Therapy.

**WORK STATUS:**

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Return to work with restrictions as of 03-06-2013.

**Work Restrictions:**

Limited stooping and bending

Limited Lift, Limited Push and Limited Pull up to 10 lbs.

Patient must wear back support.

**DISCHARGE STATUS:**

- Released from care. Return to full duty on  with no limitations or restrictions.
- Patient discharged as permanent and stationary with either impairment, work restrictions, and/or need for future medical care. A PR-4 to follow.
- NON-INDUSTRIAL. Patient instructed to see private physician at own expense.

**PRIMARY TREATING PHYSICIAN**

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

Signature (Original)



Name: Marc Arnush, M.D.

Cal. Lic. #: A90486

Specialty: Occupational Medicine

Date of Exam: 03-06-2013

**NEXT APPOINTMENT**

Next Appointment with Phuong Nairn on 03-14-2013 03:15 pm.

Executed at: US HealthWorks 2499 S. Wilmington Ave., Compton CA 90220 Ph:310 638-1113

Check In Time: 03-06-2013 14:41pm