

AARON COPPELSON, M.D.
Board Certified Pain Management
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May 23, 2013

York Claims
PO Box 619079
Roseville CA 95661-9079

Attention Claims Adjuster

RE: SANTILLAN, ROSARIO
Claim #: TWCS-1588

Inc. #: 156-238753
Date of Injury: 02/22/13
Employer: Premier Personnel Resources

INITIAL CONSULTATION

Dear Claims Adjuster:

This is the initial consultation of Rosario Santillan. This patient is being evaluated at the request of the treating physician, Marc Arnush, M.D., and this has been authorized by the claims adjuster for York Claims.

The patient is being evaluated with respect to an alleged work-related injury sustained while working for Premier Personnel Resources on 02/22/13.

A Spanish interpreter, Yliana Chavez, was used throughout the whole examination.

The following is a report of my examination, findings, diagnosis, prognosis, and treatment recommendations with respect to this injury.

The medical records were reviewed.

This report is a separate and compensable item in addition to the Evaluation and Management Code.

RE: SANTILLAN, ROSARIO

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HISTORY OF PRESENT INJURY

He says he attempted to lift a box when he felt a sudden pain in the low back.

CHIEF COMPLAINT

As reported in History of Present Injury.

CURRENT COMPLAINTS/SYMPTOMS

Burning sensation in the low back, constant in nature. Squat, kneel, lift, push, and pull exacerbate the pain, 4 to 8 out of 10. Rest helps partially relieve the pain.

OCCUPATIONAL HISTORY

The patient is employed by Premier Personnel Resources.

MEDICAL TREATMENT TO DATE

The patient has had visits to primary care physicians, medications and therapy.

ACTIVITIES OF DAILY LIVING

Activities of daily living that are limited secondary to this injury are he can do mopping, playing sports, playing with children, but he does with difficulty.

HISTORY OF PREVIOUS INJURIES

The patient denies history of injury or disability to the low back on an industrial or nonindustrial basis.

PAST MEDICAL HISTORY

Medical History

Positive for diabetes. The patient denies HTN, high cholesterol, other cardiovascular, endocrine, or neurological disease.

Surgical History

The patient has no previous history of surgical procedures.

Medications

Acetaminophen and omeprazole.

RE: SANTILLAN, ROSARIO

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SOCIAL HISTORY

Habits

Alcohol

The patient denies alcohol consumption.

Tobacco

The patient denies smoking tobacco.

Recreational Drugs

The patient denies use of recreational drugs.

FAMILY HISTORY

The patient's family history is noncontributory.

REVIEW OF SYSTEMS

Constitutional

The patient denies fever, weakness, fatigue or appetite loss. There has been no significant weight loss or gain.

Skin

The patient has no skin disease or problems. There are no pigmentation changes or discoloration. There are no tumors/cancer or cysts.

Head

The patient denies frequent or severe headaches.

Eyes/Vision

The patient denies eye injury, infection or pain. The patient denies blurred, double or decreased vision, eye itching, burning or tearing and light sensitivity.

Ears, Nose, Throat, Mouth

The patient denies ear pain, infection, discharge or decreased or loss of hearing. The patient denies sinus problems, recurrent throat problems, voice change or dental disease.

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Cardiovascular

The patient denies chest pain, heart palpitations, high blood pressure, shortness of breath, swelling of the feet or ankles or varicose veins.

Respiratory

The patient denies chronic cough, asthma, emphysema or chronic bronchitis, pneumonia, tuberculosis or coughing of blood.

Gastrointestinal

The patient denies frequent indigestion or reflux, nausea or vomiting, vomiting of blood, or abdominal pain. The patient denies liver disease, change in bowel habits, frequent constipation or diarrhea, blood in stools or hemorrhoids/rectal disease.

Genitourinary

The patient denies painful or difficulty urination, blood in the urine, kidney infection/stones or venereal disease.

Musculoskeletal

The patient denies musculoskeletal problems with the exception of those associated with this injury.

Neurologic

The patient denies epilepsy or convulsions. The patient denies other neurologic problems with the exception of those associated with this injury.

Psychiatric

The patient denies depression, nervousness, mood swings or sleep disturbances. The patient denies alcoholism or drug abuse treatment.

Endocrine

Positive for diabetes. The patient denies increased thirst, appetite or urination. The patient denies hair loss.

Hematologic

The patient denies bleeding gums, easy bruising or spontaneous nose bleeding. The patient denies easy bleeding or bleeding that is hard to stop.

RE: SANTILLAN, ROSARIO
May 23, 2013
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PHYSICAL EXAMINATION

General Appearance

The patient is a well-developed, well-nourished, male appearing his stated age and in no acute distress.

Vital Signs

Blood Pressure: 90/64
Pulse: 60
Respirations: 15
Temperature: 98

Examination of the Lumbosacral Spine

Visual Inspection

Upon visual inspection of the lumbosacral spine, thoracolumbar posture is noted to be well-preserved with no splinting.

Skin

No surgical or traumatic scars or burns are visible. The overlying skin is intact with no lacerations, abrasions, puncture wounds or skin breakdown. There is no ecchymosis or erythema.

Gait

The patient's gait pattern is normal. Heel and toe ambulation cause no increase in back pain.

Palpation

Tenderness to palpation in the lumbar spine.

Range of Motion

Range of motion of the lumbar spine is unrestricted.

		<u>Normal</u>
Forward flexion	60 degrees	60 degrees
Extension	25 degrees	25 degrees

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	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Lateral flexion	25 degrees	25 degrees	25 degrees
Lateral rotation	45 degrees	45 degrees	45 degrees

Lumbar spine motions are accomplished without the patient expressing any complaints of pain during the maneuvers. There is no evidence of radiating pain to the lower extremities on lumbar motion.

Straight Leg Raising

Straight leg raise is positive in the right lower extremity.

Examination of the Right Hip

Gait

The patient's gait pattern is unremarkable with no limping.

Visual Inspection

The hip is well muscled with no deformity. There are no obvious masses or muscle atrophy.

Skin

No surgical or traumatic scars or burns are visible. The overlying skin is intact with no lacerations, abrasions, puncture wounds or skin breakdown. There is no ecchymosis or erythema.

Palpation

Palpation reveals no tender points. The greater trochanter, anterior hip joint and deep gluteal region are nontender. There is no palpable crepitus or clicking.

Range of Motion

Hip joint motion is full and equal to the opposite normal side. Passive motion ranges are equal to active motion ranges.

	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Flexion	100 degrees	100 degrees	100 degrees
Extension	30 degrees	30 degrees	30 degrees
Abduction	40 degrees	40 degrees	40 degrees
Adduction	20 degrees	20 degrees	20 degrees
Internal rotation	40 degrees	40 degrees	40 degrees

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External rotation 50 degrees 50 degrees 50 degrees

Special Tests

Gaenslen's, FABERE, and Patrick tests are positive in the right hip.

Neurological Examination of the Lower Extremities

Sensory Examination

Diminished right L5 sensation.

Motor Strength Examination

	<u>Right</u>	<u>Left</u>
Hip flexors	5/5	5/5
Hip extensors	5/5	5/5
Hip abductors	5/5	5/5
Hip adductors	5/5	5/5
Knee flexors	5/5	5/5
Knee extensors	5/5	5/5
Ankle dorsiflexors	5/5	5/5
Ankle plantar flexors	5/5	5/5
Extensor hallucis	5/5	5/5

Deep Tendon Reflex Examination

	<u>Right</u>	<u>Left</u>
Knee jerks	2+	2+
Ankle jerks	2+	2+

Vascular Examination

The dorsalis pedis and posterior tibial pulses are 2+ bilaterally. The capillary refill is less than two seconds. The toes are warm and pink with good perfusion distally.

Special Tests

Babinski sign	Negative
Hoffmann sign	Negative
Clonus	Negative

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DIAGNOSTIC IMPRESSION

A consultation was held with the patient in which the diagnoses were explained in layman's terms. It is my opinion that the patient suffers from:

SI joint inflammation versus radiculitis into the lower extremities.

CAUSATION

In reviewing the patient's history and medical records and examination today, it appears that this injury to the low back is secondary to a specific trauma at work suffered while the patient was performing usual and customary work duties on 02/22/13.

DISCUSSION

Treatment recommendations were discussed and/or communicated with the patient's treating physician. On the basis of today's evaluation and in reviewing the patient's job responsibilities, my recommendations are as follows:

The patient presents to me today for specialty evaluation. I would like the care transferred to me.

The patient may very well have a radiculitis. There are some subjective symptoms and consistent with some objective correlation of radiculopathy. Medrol Dosepak will be given. Risks, benefits, and alternatives were described.

SI joint injection as well as the lumbar trigger points will be done today as the diagnostic and therapeutic tool. A 1 cc Kenalog, 1 cc of lidocaine, and 2% norepinephrine injected along the right SI. Four trigger points were also injected with 2 cc of lidocaine and 2% norepinephrine. The patient tolerated the procedure well.

Acupuncture will be submitted three times a week for three weeks to help mitigate any residual symptoms the patient has.

As the patient has failed therapy, work modifications, medications, stretching exercises, the trigger points, and the SI were done according to the ACOEM Guidelines.

Medically Necessary:

I. Trigger point injections (TPI) with a local anesthetic with or without steroid are considered medically necessary when all of the following general and specific criteria are met:

General Criteria

- There is a regional pain complaint; and
- A neurological/orthopedic/musculoskeletal system evaluation which includes the member's description of pain as it relates to location, quality, severity, duration/timing, context, and modifying factors, followed by a physical examination of associated signs and symptoms; and

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- Conservative therapy (e.g., physical/chiropractic therapy, oral analgesia/steroids/relaxants, activity modification) fails or is not feasible; and
- When necessary to facilitate mobilization and return to activities of daily living, an aggressive regimen of physical therapy or other therapeutic modalities; and
- The response to therapy must be documented for medical review prior to additional therapy authorizations.

Specific Criteria

- Pain complaint or altered sensation in the expected distribution of referred pain from a trigger point; and
- Taut band palpable in an accessible muscle when the trigger point is myofascial; and
- Exquisite spot tenderness at one point along the length of the taut band when the pain is myofascial; and
- Some degree of restricted range of motion of the involved muscle or joint, when measurable; and
- The above specific criteria are associated with at least ONE of the following MINOR CRITERIA:
 - Reproduction of clinical pain complaint or altered sensation by pressure on the tender spot; OR
 - Local response (twitch) elicited by snapping palpation at the tender spot or by needle insertion into the tender spot; or
 - Pain alleviation by elongating (stretching) the muscle or by injecting the tender spot III. The following schedule for trigger point injections is considered medically necessary when the previous criteria are met:
- In the diagnostic or stabilization phase, individuals may receive injections at intervals of no sooner than one week and preferably two weeks. The number of trigger point injections should be limited to no more than four (4) times per year for the diagnostic or stabilization phase.
- In the treatment or therapeutic phase, trigger point injections should continue only if the previous diagnostic injections provided pain relief and the frequency should be two (2) months or longer between each injection. The previous injections should have provided at least greater than 50% relief of pain for a period of at least six (6) weeks. The injections should be repeated only as necessary based on the medical necessity criteria (see above) and these should be limited to a maximum of six (6) times for local anesthetic and steroid injections.
- Under unusual circumstances such as a recurrent injury or cervicogenic headache, trigger point injections may be repeated at intervals of six (6) weeks after stabilization in the treatment phase.

Not Medically Necessary:

Trigger point injections are considered not medically necessary in the presence of:

- Systemic infections;
- Bleeding tendencies (including individuals undergoing anticoagulation therapy);
- Other concomitant unstable medical conditions.

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No specific code for dry needling

References

Peer Reviewed Publications:

1. Alvarez DJ, Rockwell PG. Trigger points: diagnosis and management. *Am Fam Physician*. 2002; 15;65(4):653-660.
2. Cummings TM, White AR. Needling therapies in the management of myofascial trigger point pain: a systematic review. *Arch Phys Med Rehabil*. 2001; 82(7):986-992.
3. Huguenin L. Myofascial trigger points: the current evidence. *Physical Therapy in Sport* 5. 2004; 2-12.
4. Irrnich D, Behrens N, Gleditsch JM, et al. Immediate effects of dry needling and acupuncture at distant points in chronic neck pain: results of a randomized, double-blind, sham-controlled crossover trial. *Pain*. 2002; 99 (1-2):83-89.
5. Kamanli A, Kaya A, Ardıçoglu O, et al. Comparison of lidocaine injection, botulinum toxin injection, and dry needling to trigger points in myofascial pain syndrome. *Rheumatol Int*. 2005; 25(8):604-611.
6. Karakurum B, Karaalin O, Coskun O, et al. The 'dry-needle technique': intramuscular stimulation in tension-type headache. 2001; 21(8):813-817.
7. Tough EA, White AR, Cummings TM, et al. Acupuncture and dry needling in the management of myofascial trigger point pain: a systematic review and meta-analysis of randomised controlled trials. *Eur J Pain*. 2009; 13(1):3-10.

Government Agency, Medical Society, and Other Authoritative Publications:

1. American Society of Anesthesiologists (ASA), American Society of Regional Anesthesia (ASRA). Practice guidelines for chronic pain management: an updated report *Anesthesiology* 2010; 112(4):810-833.
2. American College of Occupational and Environmental Medicine (ACOEM). Chronic pain. In: *Occupational medicine practice guidelines: evaluation and management of common health problems and functional recovery in workers*. 2008; 73-502.
3. Furlan AD, van Tulder MW, Cherkin DC, et al. Acupuncture and dry-needling for low back pain. *Cochrane Database Syst Rev*. 2000; (2):CD001351.
4. Resnick D, Choudhri T, Dailey A, et al. American Association of Neurological Surgeons. Guidelines for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 13: injection therapies, low-back pain, and lumbar fusion. *J Neurosurg: Spine* 2005; 2(6):707-715.
5. Scott A, Guo B. Trigger Point Injections for Chronic Non-Malignant Musculoskeletal Pain Health Technology Assessment (HTA) number 35. Alberta Heritage Foundation for Medical Research. 2005.
6. Staal JB, de Bie RA, de Vet HC, et al. Injection therapy for subacute and chronic low back pain: an updated Cochrane review. *Spine*. 2009; 34(1):49-59.
7. Wolfe F, Smythe HA, Yunus MB, et al. The American College of Rheumatology. 1990 criteria for the classification of fibromyalgia: Report of the multicenter criteria committee. *Arthritis Rheum*. 1990; 33(2):160-172.

Toradol shot will also be given to lower some of the inflammation that sometimes occurs after an SI joint injection.

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I will see the patient in two weeks for reevaluation and I could better estimate maximum medical improvement at that point.

Flector patch will be submitted for the patient to help mitigate some of the spasm and inflammations he is having in the low back, most likely from the SI joint.

Thank you for allowing me to participate in the care of this patient and provide you with my opinion and recommendations for continued treatment. I have outlined my treatment plan above and would ask that you review.

APPORTIONMENT

As there is no history of previous injury or disability to the low back, apportionment is not indicated. In my opinion, 100 percent of the patient's present disability has been caused by the industrial injury of 02/22/13, and 0 percent has been caused by other factors. My opinion regarding apportionment is made in consideration of Labor Code Sections 4663, 4664 and the Escobedo decision.

DISABILITY STATUS

Temporarily partially disabled.

WORK STATUS

Per primary care until care is transferred.

REVIEW OF RECORDS

After examination of the patient and prior to dictating this report, I spent at least 15 minutes to review the primary care and therapy notes. The patient was advised that this is an industrial musculoskeletal exam for the accepted body parts, and general history and physical or positive review of systems should be addressed by primary care nonindustrial physicians.

DISCLOSURE

The conclusions and opinions expressed in this report were dictated by me and are mine, based on my personal evaluation of the patient and any records available to me.

In compliance with Labor Code §4628(b), §4628(j), §5703(a)(2) and Regulations 9795, I declare under penalty of perjury that the information in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I 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, I believe it to be true.

RE: SANTILLAN, ROSARIO

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I further declare under penalty of perjury that I personally performed the evaluation on the date and at the location stated on the face sheet of this report and that, except as stated herein, the evaluation was performed under, and the time spent performing the evaluation was in compliance with, the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to §5307.6 of the California Labor Code.

I further declare under penalty of perjury that I have not violated the provisions of California Labor Code §139.3 with regard to the evaluation of this patient or the preparation of this report.

Executed at Los Angeles County, California, on _____

Physician Signature _____ CA Lic. #: A76120

Aaron Coppelson, M.D.

CUSHW:AC:TDY:fxj.FVI

D: 05/29/13

T: 05/30/13

SantillanR0523CoppelsonDS248545

cc: Marc Arnush, M.D.

NEW PATIENT INITIAL CONSULT

Name Rosario Date 5/23/13 Date of Injury

How did this injury occur? (Also please give medical treatment to date: Such as Physical therapy, Chiropractic, Accupuncture, Injections)

Attempting to ~~standing~~ lift a box

What are your current symptoms?

Burning sensation and sharp pain on lower back

What is your average pain level from 1-10, (10 being the worst pain imaginable) 8

What makes your pain better?

Nothing specific

What makes your pain worse?

Sitting or standing for too long

What activities are you limited from doing at home and in your daily life because of the injury? (example Mopping, dishes, sports, playing with children, grocery shopping)

can do everything but with difficulty

List any previous injuries you have had

What surgeries have you had

What is your past medical history

What is your past family history Diabetes - Father

Do you have a history of drug or alcohol abuse

List your current medications Aspirin, Naproxen, Omeprazole

List your allergies X

Do you have any metal or hardware placed in your body?

Please circle any of the symptoms you may have currently

BP: 90/64 Pulse: 60 Resp: 15
Temp: 98.4

- Headache Visual Disturbance Difficulty Speaking Difficulty Swallowing Weakness Numbness
- Bowel Incontinence Bladder incontinence
- Stomach Pain Heart Burn Bleeding Ulcer Hemorrhoids Inflammatory Bowel Disease Irritable Bowel Disease Nausea Vomiting
- Chest Pain at rest Chest Pain While Breathing Coughing up Blood Coughing
- Burning Urination Frequency of Urination Urgency of Urination
- Fevers Chills Night Sweats Recent Weight Gain Recent Weight Loss

Please discuss the above symptoms with your primary care non-industrial physician

Signature X

Date 5/23/13

INTERPRETER:
Yliana Chavez

Patient Last Santillan First Rosario DOB 3/26/67 Date of Exam: 5/23/13 Case #: 155238753
Occupation Packing SS# 620-20-3894 Date of Injury 2/22/13 Claim # TWCS-1588
Employer: PREMIER PERSONNEL RESOURC Contact: MARINA PADILLA Tel: (310) 515-2632 Fax: 310 515-5317
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 Need for referral or consultation Info requested by:
 Change in work status Need for surgery or hospitalization Released from Care Request for Authorization
 Change in treatment plan Periodic Report (45 days after last report) 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 (Document and describe significant complaints)

OBJECTIVE FINDINGS (Document significant exam findings, lab, imaging, and other diagnostic/testing)

DIAGNOSES (Include ICD-9 code, if possible)

TREATMENT
 Office Visit / Injury Treatment Start / Continue Therapy: times / week for weeks. Ergonomic Eval
 Meds / Supplies Dispensed Start / Continue Chiro: times / week for weeks. Other
 Consultation / Referral Requested / Pending. Specialty: Work status to be determined by specialist.
Estimated length of treatment is now weeks

WORK STATUS First Aid Case
 Return / Continue... to work without restrictions.
 Off work until (Date) Estimated period of total temporary disability days.
 Off the balance of this shift only. Then RTW on (Date) to Full / Modified duty. Re-evaluate work status before next shift.
 Return to work as of (Date) with the restrictions indicated below. Estimated duration of modified duty is days.
() No work near moving machinery () Sit down job
() No / () Limited use of R / L hand to hrs/day () Must wear Splint Immobilizer Back support Cage
() No / () Limited standing or walking to hrs/day () Other
() No / () Limited overhead work to hrs/day () Must keep elevated
() No / () Limited stooping and bending to hrs/day () Keep wound/bandage clean and dry
() No / () Limited kneeling or squatting to hrs/day () Must take a minute stretch/break every minutes from
() No / () Limited Lift Pull Push () Keyboard / ()
Up to: 10 lbs 25 lbs 50 lbs lbs
() No climbing

Medical status was discussed with employer representative
DISCHARGE STATUS
 Return to full duty on (Date) with no limitations or restrictions. Released from care without ratable disability or need for future medical care.
 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 S 139.3.
Name _____ Cal. Lic # _____ Date of Exam 5/23/13
Specialty: _____ Signature _____

Executed at: USHW of California - Compton, 2499 S. Wilmington Avenue, Compton, CA 90220 Tel: (310) 638-1113
YOUR NEXT APPOINTMENT WITH THE DOCTOR IS ON:
 MON TUE WED THUR FRI SAT
DATE: _____ TIME: _____ Before / After Shift
YOUR NEXT APPOINTMENT FOR PHYSICAL THERAPY IS ON:
 MON TUE WED THUR FRI SAT
DATE: _____ TIME: _____ Before / After Shift

TIME RECEIVED

May 31, 2013 8:19:54 PM EDT

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DURATION

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STATUS

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May. 31. 2013 5:15PM USHW COMPTON

No. 7670 . P. 3

AARON COPPELSON, M.D.
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BIL

May 23, 2013

York Claims
PO Box 619079
Roseville CA 95661-9079

Attention Claims Adjuster

RE: SANTILLAN, ROSARIO
Claim #: TWCS-1588
Inc. #: 156-238753
Date of Injury: 02/22/13
Employer: Premier Personnel Resources

INITIAL CONSULTATION

Dear Claims Adjuster:

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The patient is being evaluated with respect to an alleged work-related injury sustained while working for Premier Personnel Resources on 02/22/13.

A Spanish interpreter, Yliana Chavez, was used throughout the whole examination.

~~The following is a report of my examination, findings, diagnosis, prognosis, and treatment recommendations with respect to this injury.~~

The medical records were reviewed.

This report is a separate and compensable item in addition to the Evaluation and Management Code.

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P. 4

RE: SANTILLAN, ROSARIO

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HISTORY OF PRESENT INJURY

He says he attempted to lift a box when he felt a sudden pain in the low back.

CHIEF COMPLAINT

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CURRENT COMPLAINTS/SYMPTOMS

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OCCUPATIONAL HISTORY

The patient is employed by Premier Personnel Resources.

MEDICAL TREATMENT TO DATE

The patient has had visits to primary care physicians, medications and therapy.

ACTIVITIES OF DAILY LIVING

Activities of daily living that are limited secondary to this injury are he can do mopping, playing sports, playing with children, but he does with difficulty.

HISTORY OF PREVIOUS INJURIES

The patient denies history of injury or disability to the low back on an industrial or nonindustrial basis.

PAST MEDICAL HISTORY

Medical History

Positive for diabetes. The patient denies HTN, high cholesterol, other cardiovascular, endocrine, or neurological disease.

Surgical History

The patient has no previous history of surgical procedures.

Medications

Acetaminophen and omeprazole.

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SOCIAL HISTORY

Habits

Alcohol

The patient denies alcohol consumption.

Tobacco

The patient denies smoking tobacco.

Recreational Drugs

The patient denies use of recreational drugs.

FAMILY HISTORY

The patient's family history is noncontributory.

REVIEW OF SYSTEMS

Constitutional

The patient denies fever, weakness, fatigue or appetite loss. There has been no significant weight loss or gain.

Skin

The patient has no skin disease or problems. There are no pigmentation changes or discoloration. There are no tumors/cancer or cysts.

Head

The patient denies frequent or severe headaches.

Eyes/Vision

The patient denies eye injury, infection or pain. The patient denies blurred, double or decreased vision, eye itching, burning or tearing and light sensitivity.

Ears, Nose, Throat, Mouth

The patient denies ear pain, infection, discharge or decreased or loss of hearing. The patient denies sinus problems, recurrent throat problems, voice change or dental disease.

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Page 4

Cardiovascular

The patient denies chest pain, heart palpitations, high blood pressure, shortness of breath, swelling of the feet or ankles or varicose veins.

Respiratory

The patient denies chronic cough, asthma, emphysema or chronic bronchitis, pneumonia, tuberculosis or coughing of blood.

Gastrointestinal

The patient denies frequent indigestion or reflux, nausea or vomiting, vomiting of blood, or abdominal pain. The patient denies liver disease, change in bowel habits, frequent constipation or diarrhea, blood in stools or hemorrhoids/rectal disease.

Genitourinary

The patient denies painful or difficulty urination, blood in the urine, kidney infection/stones or venereal disease.

Musculoskeletal

The patient denies musculoskeletal problems with the exception of those associated with this injury.

Neurologic

The patient denies epilepsy or convulsions. The patient denies other neurologic problems with the exception of those associated with this injury.

Psychiatric

The patient denies depression, nervousness, mood swings or sleep disturbances. The patient denies alcoholism or drug abuse treatment.

Endocrine

Positive for diabetes. The patient denies increased thirst, appetite or urination. The patient denies hair loss.

Hematologic

The patient denies bleeding gums, easy bruising or spontaneous nose bleeding. The patient denies easy bleeding or bleeding that is hard to stop.

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RE: SANTILLAN, ROSARIO

~~May 03, 2013~~

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PHYSICAL EXAMINATION

General Appearance

The patient is a well-developed, well-nourished, male appearing his stated age and in no acute distress.

Vital Signs

Blood Pressure: 90/64
Pulse: 60
Respirations: 15
Temperature: 98

Examination of the Lumbosacral Spine..

Visual Inspection

Upon visual inspection of the lumbosacral spine, thoracolumbar posture is noted to be well-preserved with no splinting.

Skin

No surgical or traumatic scars or burns are visible. The overlying skin is intact with no lacerations, abrasions, puncture wounds or skin breakdown. There is no ecchymosis or erythema.

Gait

The patient's gait pattern is normal. Heel and toe ambulation cause no increase in back pain.

Palpation

Tenderness to palpation in the lumbar spine.

Range of Motion

Range of motion of the lumbar spine is unrestricted.

Normal

Forward flexion	60 degrees	60 degrees
Extension	25 degrees	25 degrees

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	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Lateral flexion	25 degrees	25 degrees	25 degrees
Lateral rotation	45 degrees	45 degrees	45 degrees

Lumbar spine motions are accomplished without the patient expressing any complaints of pain during the maneuvers. There is no evidence of radiating pain to the lower extremities on lumbar motion.

Straight Leg Raising

Straight leg raise is positive in the right lower extremity.

Examination of the Right Hip

Gait

The patient's gait pattern is unremarkable with no limping.

Visual Inspection

The hip is well muscled with no deformity. There are no obvious masses or muscle atrophy.

Skin

No surgical or traumatic scars or burns are visible. The overlying skin is intact with no lacerations, abrasions, puncture wounds or skin breakdown. There is no ecchymosis or erythema.

Palpation

Palpation reveals no tender points. The greater trochanter, anterior hip joint and deep gluteal region are nontender. There is no palpable crepitus or clicking.

Range of Motion

Hip joint motion is full and equal to the opposite normal side. Passive motion ranges are equal to active motion ranges.

	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Flexion	100 degrees	100 degrees	100 degrees
Extension	30 degrees	30 degrees	30 degrees
Abduction	40 degrees	40 degrees	40 degrees
Adduction	20 degrees	20 degrees	20 degrees
Internal rotation	40 degrees	40 degrees	40 degrees

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External rotation 50 degrees 50 degrees 50 degrees

Special Tests

Gaenslen's, FABERE, and Patrick tests are positive in the right hip.

Neurological Examination of the Lower Extremities

Sensory Examination

Diminished right L5 sensation.

Motor Strength Examination

	<u>Right</u>	<u>Left</u>
Hip flexors	5/5	5/5
Hip extensors	5/5	5/5
Hip abductors	5/5	5/5
Hip adductors	5/5	5/5
Knee flexors	5/5	5/5
Knee extensors	5/5	5/5
Ankle dorsiflexors	5/5	5/5
Ankle plantar flexors	5/5	5/5
Extensor hallucis	5/5	5/5

Deep Tendon Reflex Examination

	<u>Right</u>	<u>Left</u>
Knee jerks	2+	2+
Ankle jerks	2+	2+

Vascular Examination

The dorsalis pedis and posterior tibial pulses are 2+ bilaterally. The capillary refill is less than two seconds. The toes are warm and pink with good perfusion distally.

Special Tests

Babinski sign	Negative
Hoffmann sign	Negative
Clonus	Negative

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DIAGNOSTIC IMPRESSION

A consultation was held with the patient in which the diagnoses were explained in layman's terms. It is my opinion that the patient suffers from:

SI joint inflammation versus radiculitis into the lower extremities.

CAUSATION

In reviewing the patient's history and medical records and examination today, it appears that this injury to the low back is secondary to a specific trauma at work suffered while the patient was performing usual and customary work duties on 02/22/13.

DISCUSSION

Treatment recommendations were discussed and/or communicated with the patient's treating physician. On the basis of today's evaluation and in reviewing the patient's job responsibilities, my recommendations are as follows:

The patient presents to me today for specialty evaluation. I would like the care transferred to me.

The patient may very well have a radiculitis. There are some subjective symptoms and consistent with some objective correlation of radiculopathy. Medrol Dosepak will be given. Risks, benefits, and alternatives were described.

SI joint injection as well as the lumbar trigger points will be done today as the diagnostic and therapeutic tool. A 1 cc Kenalog, 1 cc of lidocaine, and 2% norepinephrine injected along the right SI. Four trigger points were also injected with 2 cc of lidocaine and 2% norepinephrine. The patient tolerated the procedure well.

Acupuncture will be submitted three times a week for three weeks to help mitigate any residual symptoms the patient has.

As the patient has failed therapy, work modifications, medications, stretching exercises, the trigger points, and the SI were done according to the ACOEM Guidelines.

Medically Necessary:

I. Trigger point injections (TPI) with a local anesthetic with or without steroid are considered medically necessary when all of the following general and specific criteria are met:

General Criteria

- There is a regional pain complaint; and
- A neurological/orthopedic/musculoskeletal system evaluation which includes the member's description of pain as it relates to location, quality, severity, duration/timing, context, and modifying factors, followed by a physical examination of associated signs and symptoms; and

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- Conservative therapy (e.g., physical/chiropractic therapy, oral analgesia/steroids/relaxants, activity modification) fails or is not feasible; and
- When necessary to facilitate mobilization and return to activities of daily living, an aggressive regimen of physical therapy or other therapeutic modalities; and
- The response to therapy must be documented for medical review prior to additional therapy authorizations.

Specific Criteria

- Pain complaint or altered sensation in the expected distribution of referred pain from a trigger point; and
- Taut band palpable in an accessible muscle when the trigger point is myofascial; and
- Exquisite spot tenderness at one point along the length of the taut band when the pain is myofascial; and
- Some degree of restricted range of motion of the involved muscle or joint, when measurable; and
- The above specific criteria are associated with at least ONE of the following MINOR CRITERIA:

- Reproduction of clinical pain complaint or altered sensation by pressure on the tender spot; OR
- Local response (twitch) elicited by snapping palpation at the tender spot or by needle insertion into the tender spot; or
- Pain alleviation by elongating (stretching) the muscle or by injecting the tender spot III. The following schedule for trigger point injections is considered medically necessary when the previous criteria are met:

- In the diagnostic or stabilization phase, individuals may receive injections at intervals of no sooner than one week and preferably two weeks. The number of trigger point injections should be limited to no more than four (4) times per year for the diagnostic or stabilization phase.
- In the treatment or therapeutic phase, trigger point injections should continue only if the previous diagnostic injections provided pain relief and the frequency should be two (2) months or longer between each injection. The previous injections should have provided at least greater than 50% relief of pain for a period of at least six (6) weeks. The injections should be repeated only as necessary based on the medical necessity criteria (see above) and these should be limited to a maximum of six (6) times for local anesthetic and steroid injections.
- Under unusual circumstances such as a recurrent injury or cervicogenic headache, trigger point injections may be repeated at intervals of six (6) weeks after stabilization in the treatment phase.

Not Medically Necessary:

Trigger point injections are considered not medically necessary in the presence of:

- Systemic infections;
- Bleeding tendencies (including individuals undergoing anticoagulation therapy);
- Other concomitant unstable medical conditions.

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No specific code for dry needling

References

Peer Reviewed Publications:

1. Alvarez DJ, Rockwell PG. Trigger points: diagnosis and management. *Am Fam Physician.* 2002; 15;65(4):653-660.
2. Cummings TM, White AR. Needling therapies in the management of myofascial trigger point pain: a systematic review. *Arch Phys Med Rehabil.* 2001; 82(7):986-992.
3. Huguenin L. Myofascial trigger points: the current evidence. *Physical Therapy in Sport.* 2004; 2-12.
4. Irmich D, Behrens N, Gleditsch JM, et al. Immediate effects of dry needling and acupuncture at distant points in chronic neck pain: results of a randomized, double-blind, sham-controlled crossover trial. *Pain.* 2002; 99 (1-2):83-89.
5. Kamanli A, Kaya A, Ardicoglu O, et al. Comparison of lidocaine injection, botulinum toxin injection, and dry needling to trigger points in myofascial pain syndrome. *Rheumatol Int.* 2005; 25(8):604-611.
6. Karakurum B, Karaalin O, Coskun O, et al. The 'dry-needle technique': intramuscular stimulation in tension-type headache. 2001; 21(8):813-817.
7. Tough EA, White AR, Cummings TM, et al. Acupuncture and dry needling in the management of myofascial trigger point pain: a systematic review and meta-analysis of randomised controlled trials. *Eur J Pain.* 2009; 13(1):3-10.

Government Agency, Medical Society, and Other Authoritative Publications:

1. American Society of Anesthesiologists (ASA), American Society of Regional Anesthesia (ASRA). Practice guidelines for chronic pain management: an updated report *Anesthesiology* 2010; 112(4):810-833.
2. American College of Occupational and Environmental Medicine (ACOEM). Chronic pain. In: *Occupational medicine practice guidelines: evaluation and management of common health problems and functional recovery in workers.* 2008; 73-502.
3. Furlan AD, van Tulder MW, Cherkin DC, et al. Acupuncture and dry-needling for low back pain. *Cochrane Database Syst Rev.* 2000; (2):CD001351.
4. Resnick D, Choudhri T, Dailey A, et al. American Association of Neurological Surgeons. Guidelines for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 13: injection therapies, low-back pain, and lumbar fusion. *J Neurosurg: Spine* 2005; 2(6):707-715.
5. Scott A, Guo B. Trigger Point Injections for Chronic Non-Malignant Musculoskeletal Pain Health Technology Assessment (HTA) number 35. Alberta Heritage Foundation for Medical Research. 2005.
6. Staal JB, de Bie RA, de Vet HC, et al. Injection therapy for subacute and chronic low back pain: an updated Cochrane review. *Spine.* 2009; 34(1):49-59.
7. Wolfe F, Smythe HA, Yunus MB, et al. The American College of Rheumatology. 1990 criteria for the classification of fibromyalgia: Report of the multicenter criteria committee. *Arthritis Rheum.* 1990; 33(2):160-172.

Toradol shot will also be given to lower some of the inflammation that sometimes occurs after an SI joint injection.

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I will see the patient in two weeks for reevaluation and I could better estimate maximum medical improvement at that point.

Flector patch will be submitted for the patient to help mitigate some of the spasm and inflammations he is having in the low back, most likely from the SI joint.

Thank you for allowing me to participate in the care of this patient and provide you with my opinion and recommendations for continued treatment. I have outlined my treatment plan above and would ask that you review.

APPORTIONMENT

As there is no history of previous injury or disability to the low back, apportionment is not indicated. In my opinion, 100 percent of the patient's present disability has been caused by the industrial injury of 02/22/13, and 0 percent has been caused by other factors. My opinion regarding apportionment is made in consideration of Labor Code Sections 4663, 4664 and the Escobedo decision.

DISABILITY STATUS

Temporarily partially disabled.

WORK STATUS

Per primary care until care is transferred.

REVIEW OF RECORDS

After examination of the patient and prior to dictating this report, I spent at least 15 minutes to review the primary care and therapy notes. The patient was advised that this is an industrial musculoskeletal exam for the accepted body parts, and general history and physical or positive review of systems should be addressed by primary care nonindustrial physicians.

DISCLOSURE

The conclusions and opinions expressed in this report were dictated by me and are mine, based on my personal evaluation of the patient and any records available to me.

In compliance with Labor Code §4628(b), §4628(j), §5703(a)(2) and Regulations 9795, I declare under penalty of perjury that the information in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I 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, I believe it to be true.

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I further declare under penalty of perjury that I personally performed the evaluation on the date and at the location stated on the face sheet of this report and that, except as stated herein, the evaluation was performed under, and the time spent performing the evaluation was in compliance with, the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to §5307.6 of the California Labor Code.

I further declare under penalty of perjury that I have not violated the provisions of California Labor Code §139.3 with regard to the evaluation of this patient or the preparation of this report.

Executed at Los Angeles County, California, on _____

Physician Signature _____ CA Lic. #: A76120

Aaron Coppelson, M.D.

CUSHW:AC:TDY:fxj.FVI

D: 05/29/13

T: 05/30/13

SantillanR0523CoppelsonDS248545

cc: Marc Arnush, M.D.

AARON COPPELSON, M.D.
Board Certified Pain Management
Board Certified Electrodiagnostic Medicine
Board Certified Physical Medicine and Rehabilitation
An Independent Contractor of
U.S. HealthWorks Medical Group
2499 South Wilmington Avenue • Compton CA 90220
Phone (310) 638-1113 • Fax (310) 638-8042



May 23, 2013

York Claims
PO Box 619079
Roseville CA 95661-9079

Attention Claims Adjuster

RE:	SANTELLAN, ROSARIO
Claim #:	TWCS-1588
Inc. #:	156-238753
Date of Injury:	02/22/13
Employer:	Premier Personnel Resources

INITIAL CONSULTATION

Dear Claims Adjuster:

This is the initial consultation of Rosario Santillan. This patient is being evaluated at the request of the treating physician, Marc Arnush, M.D., and this has been authorized by the claims adjuster for York Claims.

The patient is being evaluated with respect to an alleged work-related injury sustained while working for Premier Personnel Resources on 02/22/13.

A Spanish interpreter, Yliana Chavez, was used throughout the whole examination.

The following is a report of my examination, findings, diagnosis, prognosis, and treatment recommendations with respect to this injury.

The medical records were reviewed.

This report is a separate and compensable item in addition to the Evaluation and Management Code.

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HISTORY OF PRESENT INJURY

He says he attempted to lift a box when he felt a sudden pain in the low back.

CHIEF COMPLAINT

As reported in History of Present Injury.

CURRENT COMPLAINTS/SYMPTOMS

Burning sensation in the low back, constant in nature. Squat, kneel, lift, push, and pull exacerbate the pain, 4 to 8 out of 10. Rest helps partially relieve the pain.

OCCUPATIONAL HISTORY

The patient is employed by Premier Personnel Resources.

MEDICAL TREATMENT TO DATE

The patient has had visits to primary care physicians, medications and therapy.

ACTIVITIES OF DAILY LIVING

Activities of daily living that are limited secondary to this injury are he can do mopping, playing sports, playing with children, but he does with difficulty.

HISTORY OF PREVIOUS INJURIES

The patient denies history of injury or disability to the low back on an industrial or nonindustrial basis.

PAST MEDICAL HISTORY

Medical History

Positive for diabetes. The patient denies HTN, high cholesterol, other cardiovascular, endocrine, or neurological disease.

Surgical History

The patient has no previous history of surgical procedures.

Medications

Acetaminophen and omeprazole.

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SOCIAL HISTORY

Habits

Alcohol

The patient denies alcohol consumption.

Tobacco

The patient denies smoking tobacco.

Recreational Drugs

The patient denies use of recreational drugs.

FAMILY HISTORY

The patient's family history is noncontributory.

REVIEW OF SYSTEMS

Constitutional

The patient denies fever, weakness, fatigue or appetite loss. There has been no significant weight loss or gain.

Skin

The patient has no skin disease or problems. There are no pigmentation changes or discoloration. There are no tumors/cancer or cysts.

Head

The patient denies frequent or severe headaches.

Eyes/Vision

The patient denies eye injury, infection or pain. The patient denies blurred, double or decreased vision, eye itching, burning or tearing and light sensitivity.

Ears, Nose, Throat, Mouth

The patient denies ear pain, infection, discharge or decreased or loss of hearing. The patient denies sinus problems, recurrent throat problems, voice change or dental disease.

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Cardiovascular

The patient denies chest pain, heart palpitations, high blood pressure, shortness of breath, swelling of the feet or ankles or varicose veins.

Respiratory

The patient denies chronic cough, asthma, emphysema or chronic bronchitis, pneumonia, tuberculosis or coughing of blood.

Gastrointestinal

The patient denies frequent indigestion or reflux, nausea or vomiting, vomiting of blood, or abdominal pain. The patient denies liver disease, change in bowel habits, frequent constipation or diarrhea, blood in stools or hemorrhoids/rectal disease.

Genitourinary

The patient denies painful or difficulty urination, blood in the urine, kidney infection/stones or venereal disease.

Musculoskeletal

The patient denies musculoskeletal problems with the exception of those associated with this injury.

Neurologic

The patient denies epilepsy or convulsions. The patient denies other neurologic problems with the exception of those associated with this injury.

Psychiatric

The patient denies depression, nervousness, mood swings or sleep disturbances. The patient denies alcoholism or drug abuse treatment.

Endocrine

Positive for diabetes. The patient denies increased thirst, appetite or urination. The patient denies hair loss.

Hematologic

The patient denies bleeding gums, easy bruising or spontaneous nose bleeding. The patient denies easy bleeding or bleeding that is hard to stop.

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PHYSICAL EXAMINATION

General Appearance

The patient is a well-developed, well-nourished, male appearing his stated age and in no acute distress.

Vital Signs

Blood Pressure: 90/64
Pulse: 60
Respirations: 15
Temperature: 98

Examination of the Lumbosacral Spine

Visual Inspection

Upon visual inspection of the lumbosacral spine, thoracolumbar posture is noted to be well-preserved with no splinting.

Skin

No surgical or traumatic scars or burns are visible. The overlying skin is intact with no lacerations, abrasions, puncture wounds or skin breakdown. There is no ecchymosis or erythema.

Gait

The patient's gait pattern is normal. Heel and toe ambulation cause no increase in back pain.

Palpation

Tenderness to palpation in the lumbar spine.

Range of Motion

Range of motion of the lumbar spine is unrestricted.

Normal

Forward flexion	60 degrees	60 degrees
Extension	25 degrees	25 degrees

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	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Lateral flexion	25 degrees	25 degrees	25 degrees
Lateral rotation	45 degrees	45 degrees	45 degrees

Lumbar spine motions are accomplished without the patient expressing any complaints of pain during the maneuvers. There is no evidence of radiating pain to the lower extremities on lumbar motion.

Straight Leg Raising

Straight leg raise is positive in the right lower extremity.

Examination of the Right Hip

Gait

The patient's gait pattern is unremarkable with no limping.

Visual Inspection

The hip is well muscled with no deformity. There are no obvious masses or muscle atrophy.

Skin

No surgical or traumatic scars or burns are visible. The overlying skin is intact with no lacerations, abrasions, puncture wounds or skin breakdown. There is no ecchymosis or erythema.

Palpation

Palpation reveals no tender points. The greater trochanter, anterior hip joint and deep gluteal region are nontender. There is no palpable crepitus or clicking.

Range of Motion

Hip joint motion is full and equal to the opposite normal side. Passive motion ranges are equal to active motion ranges.

	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Flexion	100 degrees	100 degrees	100 degrees
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Abduction	40 degrees	40 degrees	40 degrees
Adduction	20 degrees	20 degrees	20 degrees
Internal rotation	40 degrees	40 degrees	40 degrees

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External rotation 50 degrees 50 degrees 50 degrees

Special Tests

Gaenslen's, FABERE, and Patrick tests are positive in the right hip.

Neurological Examination of the Lower Extremities

Sensory Examination

Diminished right L5 sensation.

Motor Strength Examination

	<u>Right</u>	<u>Left</u>
Hip flexors	5/5	5/5
Hip extensors	5/5	5/5
Hip abductors	5/5	5/5
Hip adductors	5/5	5/5
Knee flexors	5/5	5/5
Knee extensors	5/5	5/5
Ankle dorsiflexors	5/5	5/5
Ankle plantar flexors	5/5	5/5
Extensor hallucis	5/5	5/5

Deep Tendon Reflex Examination

	<u>Right</u>	<u>Left</u>
Knee jerks	2+	2+
Ankle jerks	2+	2+

Vascular Examination

The dorsalis pedis and posterior tibial pulses are 2+ bilaterally. The capillary refill is less than two seconds. The toes are warm and pink with good perfusion distally.

Special Tests

Babinski sign	Negative
Hoffmann sign	Negative
Clonus	Negative

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DIAGNOSTIC IMPRESSION

A consultation was held with the patient in which the diagnoses were explained in layman's terms. It is my opinion that the patient suffers from:

SI joint inflammation versus radiculitis into the lower extremities.

CAUSATION

In reviewing the patient's history and medical records and examination today, it appears that this injury to the low back is secondary to a specific trauma at work suffered while the patient was performing usual and customary work duties on 02/22/13.

DISCUSSION

Treatment recommendations were discussed and/or communicated with the patient's treating physician. On the basis of today's evaluation and in reviewing the patient's job responsibilities, my recommendations are as follows:

The patient presents to me today for specialty evaluation. I would like the care transferred to me.

The patient may very well have a radiculitis. There are some subjective symptoms and consistent with some objective correlation of radiculopathy. Medrol Dosepak will be given. Risks, benefits, and alternatives were described.

SI joint injection as well as the lumbar trigger points will be done today as the diagnostic and therapeutic tool. A 1 cc Kenalog, 1 cc of lidocaine, and 2% norepinephrine injected along the right SI. Four trigger points were also injected with 2 cc of lidocaine and 2% norepinephrine. The patient tolerated the procedure well.

Acupuncture will be submitted three times a week for three weeks to help mitigate any residual symptoms the patient has.

As the patient has failed therapy, work modifications, medications, stretching exercises, the trigger points, and the SI were done according to the ACOEM Guidelines.

Medically Necessary:

1. Trigger point injections (TPI) with a local anesthetic with or without steroid are considered **medically necessary** when all of the following general and specific criteria are met:

General Criteria

- There is a regional pain complaint; and
- A neurological/orthopedic/musculoskeletal system evaluation which includes the member's description of pain as it relates to location, quality, severity, duration/timing, context, and modifying factors, followed by a physical examination of associated signs and symptoms; and

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- Conservative therapy (e.g., physical/chiropractic therapy, oral analgesia/steroids/relaxants, activity modification) fails or is not feasible; **and**
- When necessary to facilitate mobilization and return to activities of daily living, an aggressive regimen of physical therapy or other therapeutic modalities; **and**
- The response to therapy must be documented for medical review prior to additional therapy authorizations.

Specific Criteria

- Pain complaint or altered sensation in the expected distribution of referred pain from a trigger point; **and**
- Taut band palpable in an accessible muscle when the trigger point is myofascial; **and**
- Exquisite spot tenderness at one point along the length of the taut band when the pain is myofascial; **and**
- Some degree of restricted range of motion of the involved muscle or joint, when measurable; **and**
- The above specific criteria are associated with at least ONE of the following MINOR CRITERIA:

- Reproduction of clinical pain complaint or altered sensation by pressure on the tender spot; OR
- Local response (twitch) elicited by snapping palpation at the tender spot or by needle insertion into the tender spot; or
- Pain alleviation by elongating (stretching) the muscle or by injecting the tender spot III. The following schedule for trigger point injections is considered **medically necessary** when the previous criteria are met:

- In the diagnostic or stabilization phase, individuals may receive injections at intervals of no sooner than one week and preferably two weeks. The number of trigger point injections should be limited to no more than four (4) times per year for the diagnostic or stabilization phase.
- In the treatment or therapeutic phase, trigger point injections should continue only if the previous diagnostic injections provided pain relief and the frequency should be two (2) months or longer between each injection. The previous injections should have provided at least greater than 50% relief of pain for a period of at least six (6) weeks. The injections should be repeated only as necessary based on the medical necessity criteria (see above) and these should be limited to a maximum of six (6) times for local anesthetic and steroid injections.
- Under unusual circumstances such as a recurrent injury or cervicogenic headache, trigger point injections may be repeated at intervals of six (6) weeks after stabilization in the treatment phase.

Not Medically Necessary:

Trigger point injections are considered **not medically necessary** in the presence of:

- Systemic infections;
- Bleeding tendencies (including individuals undergoing anticoagulation therapy);
- Other concomitant unstable medical conditions.

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No specific code for dry needling

References

Peer Reviewed Publications:

1. Alvarez DJ, Rockwell PG. Trigger points: diagnosis and management. *Am Fam Physician.* 2002; 15;65(4):653-660.
2. Cummings TM, White AR. Needling therapies in the management of myofascial trigger point pain: a systematic review. *Arch Phys Med Rehabil.* 2001; 82(7):986-992.
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3. Furlan AD, van Tulder MW, Cherkin DC, et al. Acupuncture and dry-needling for low back pain. *Cochrane Database Syst Rev.* 2000; (2):CD001351.
4. Resnick D, Choudhri T, Dailey A, et al. American Association of Neurological Surgeons. Guidelines for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 13: injection therapies, low-back pain, and lumbar fusion. *J Neurosurg: Spine* 2005; 2(6):707-715.
5. Scott A, Guo B. Trigger Point Injections for Chronic Non-Malignant Musculoskeletal Pain Health Technology Assessment (HTA) number 35. Alberta Heritage Foundation for Medical Research. 2005.
6. Staal JB, de Bie RA, de Vet HC, et al. Injection therapy for subacute and chronic low back pain: an updated Cochrane review. *Spine.* 2009; 34(1):49-59.
7. Wolfe F, Smythe HA, Yunus MB, et al. The American College of Rheumatology. 1990 criteria for the classification of fibromyalgia: Report of the multicenter criteria committee. *Arthritis Rheum.* 1990; 33(2):160-172.

Toradol shot will also be given to lower some of the inflammation that sometimes occurs after an SI joint injection.

RE: SANTILLAN, ROSARIO

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I will see the patient in two weeks for reevaluation and I could better estimate maximum medical improvement at that point.

Plector patch will be submitted for the patient to help mitigate some of the spasm and inflammations he is having in the low back, most likely from the SI joint.

Thank you for allowing me to participate in the care of this patient and provide you with my opinion and recommendations for continued treatment. I have outlined my treatment plan above and would ask that you review.

APPORTIONMENT

As there is no history of previous injury or disability to the low back, apportionment is not indicated. In my opinion, 100 percent of the patient's present disability has been caused by the industrial injury of 02/22/13, and 0 percent has been caused by other factors. My opinion regarding apportionment is made in consideration of Labor Code Sections 4663, 4664 and the Escobedo decision.

DISABILITY STATUS

Temporarily partially disabled.

WORK STATUS

Per primary care until care is transferred.

REVIEW OF RECORDS

After examination of the patient and prior to dictating this report, I spent at least 15 minutes to review the primary care and therapy notes. The patient was advised that this is an industrial musculoskeletal exam for the accepted body parts, and general history and physical or positive review of systems should be addressed by primary care nonindustrial physicians.

DISCLOSURE

The conclusions and opinions expressed in this report were dictated by me and are mine, based on my personal evaluation of the patient and any records available to me.

In compliance with Labor Code §4628(b), §4628(j), §5703(a)(2) and Regulations 9795, I declare under penalty of perjury that the information in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I 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, I believe it to be true.

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I further declare under penalty of perjury that I personally performed the evaluation on the date and at the location stated on the face sheet of this report and that, except as stated herein, the evaluation was performed under, and the time spent performing the evaluation was in compliance with, the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to §5307.6 of the California Labor Code.

I further declare under penalty of perjury that I have not violated the provisions of California Labor Code §139.3 with regard to the evaluation of this patient or the preparation of this report.

Executed at Los Angeles County, California, on _____.

Physician Signature _____ CA Lic. #: A76120

Aaron Coppelson, M.D.

CUSHW:AC:TDY:fxj.FVI

D: 05/29/13

T: 05/30/13

SantillanR0523CoppelsonDS248545

cc: Marc Amush, M.D.

AARON COPPELSON, M.D.
Board Certified Pain Management
Board Certified Electrodiagnostic Medicine
Board Certified Physical Medicine and Rehabilitation
An Independent Contractor of
U.S. HealthWorks Medical Group
2499 South Wilmington Avenue • Compton CA 90220
Phone (310) 638-1113 • Fax (310) 638-8042



BIL

May 23, 2013

York Claims
PO Box 619079
Roseville CA 95661-9079

Attention Claims Adjuster

RE:	SANTILLAN, ROSARIO
Claim #:	TWCS-1588
Inc. #:	156-238753
Date of Injury:	02/22/13
Employer:	Premier Personnel Resources

INITIAL CONSULTATION

Dear Claims Adjuster:

This is the initial consultation of Rosario Santillan. This patient is being evaluated at the request of the treating physician, Marc Arnush, M.D., and this has been authorized by the claims adjuster for York Claims.

The patient is being evaluated with respect to an alleged work-related injury sustained while working for Premier Personnel Resources on 02/22/13.

A Spanish interpreter, Yliana Chavez, was used throughout the whole examination.

The following is a report of my examination, findings, diagnosis, prognosis, and treatment recommendations with respect to this injury.

The medical records were reviewed.

This report is a separate and compensable item in addition to the Evaluation and Management Code.

RE: SANTILLAN, ROSARIO

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HISTORY OF PRESENT INJURY

He says he attempted to lift a box when he felt a sudden pain in the low back.

CHIEF COMPLAINT

As reported in History of Present Injury.

CURRENT COMPLAINTS/SYMPTOMS

Burning sensation in the low back, constant in nature. Squat, kneel, lift, push, and pull exacerbate the pain, 4 to 8 out of 10. Rest helps partially relieve the pain.

OCCUPATIONAL HISTORY

The patient is employed by Premier Personnel Resources.

MEDICAL TREATMENT TO DATE

The patient has had visits to primary care physicians, medications and therapy.

ACTIVITIES OF DAILY LIVING

Activities of daily living that are limited secondary to this injury are he can do mopping, playing sports, playing with children, but he does with difficulty.

HISTORY OF PREVIOUS INJURIES

The patient denies history of injury or disability to the low back on an industrial or nonindustrial basis.

PAST MEDICAL HISTORY

Medical History

Positive for diabetes. The patient denies HTN, high cholesterol, other cardiovascular, endocrine, or neurological disease.

Surgical History

The patient has no previous history of surgical procedures.

Medications

Acetaminophen and omeprazole.

RE: SANTILLAN, ROSARIO

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SOCIAL HISTORY

Habits

Alcohol

The patient denies alcohol consumption.

Tobacco

The patient denies smoking tobacco.

Recreational Drugs

The patient denies use of recreational drugs.

FAMILY HISTORY

The patient's family history is noncontributory.

REVIEW OF SYSTEMS

Constitutional

The patient denies fever, weakness, fatigue or appetite loss. There has been no significant weight loss or gain.

Skin

The patient has no skin disease or problems. There are no pigmentation changes or discoloration. There are no tumors/cancer or cysts.

Head

The patient denies frequent or severe headaches.

Eyes/Vision

The patient denies eye injury, infection or pain. The patient denies blurred, double or decreased vision, eye itching, burning or tearing and light sensitivity.

Ears, Nose, Throat, Mouth

The patient denies ear pain, infection, discharge or decreased or loss of hearing. The patient denies sinus problems, recurrent throat problems, voice change or dental disease.

RE: SANTILLAN, ROSARIO

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Cardiovascular

The patient denies chest pain, heart palpitations, high blood pressure, shortness of breath, swelling of the feet or ankles or varicose veins.

Respiratory

The patient denies chronic cough, asthma, emphysema or chronic bronchitis, pneumonia, tuberculosis or coughing of blood.

Gastrointestinal

The patient denies frequent indigestion or reflux, nausea or vomiting, vomiting of blood, or abdominal pain. The patient denies liver disease, change in bowel habits, frequent constipation or diarrhea, blood in stools or hemorrhoids/rectal disease.

Genitourinary

The patient denies painful or difficulty urination, blood in the urine, kidney infection/stones or venereal disease.

Musculoskeletal

The patient denies musculoskeletal problems with the exception of those associated with this injury.

Neurologic

The patient denies epilepsy or convulsions. The patient denies other neurologic problems with the exception of those associated with this injury.

Psychiatric

The patient denies depression, nervousness, mood swings or sleep disturbances. The patient denies alcoholism or drug abuse treatment.

Endocrine

Positive for diabetes. The patient denies increased thirst, appetite or urination. The patient denies hair loss.

Hematologic

The patient denies bleeding gums, easy bruising or spontaneous nose bleeding. The patient denies easy bleeding or bleeding that is hard to stop.

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PHYSICAL EXAMINATION

General Appearance

The patient is a well-developed, well-nourished, male appearing his stated age and in no acute distress.

Vital Signs

Blood Pressure: 90/64

Pulse: 60

Respirations: 15

Temperature: 98

Examination of the Lumbosacral Spine

Visual Inspection

Upon visual inspection of the lumbosacral spine, thoracolumbar posture is noted to be well-preserved with no splinting.

Skin

No surgical or traumatic scars or burns are visible. The overlying skin is intact with no lacerations, abrasions, puncture wounds or skin breakdown. There is no ecchymosis or erythema.

Gait

The patient's gait pattern is normal. Heel and toe ambulation cause no increase in back pain.

Palpation

Tenderness to palpation in the lumbar spine.

Range of Motion

Range of motion of the lumbar spine is unrestricted.

		<u>Normal</u>
Forward flexion	60 degrees	60 degrees
Extension	25 degrees	25 degrees

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	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Lateral flexion	25 degrees	25 degrees	25 degrees
Lateral rotation	45 degrees	45 degrees	45 degrees

Lumbar spine motions are accomplished without the patient expressing any complaints of pain during the maneuvers. There is no evidence of radiating pain to the lower extremities on lumbar motion.

Straight Leg Raising

Straight leg raise is positive in the right lower extremity.

Examination of the Right Hip

Gait

The patient's gait pattern is unremarkable with no limping.

Visual Inspection

The hip is well muscled with no deformity. There are no obvious masses or muscle atrophy.

Skin

No surgical or traumatic scars or burns are visible. The overlying skin is intact with no lacerations, abrasions, puncture wounds or skin breakdown. There is no ecchymosis or erythema.

Palpation

Palpation reveals no tender points. The greater trochanter, anterior hip joint and deep gluteal region are nontender. There is no palpable crepitus or clicking.

Range of Motion

Hip joint motion is full and equal to the opposite normal side. Passive motion ranges are equal to active motion ranges.

	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Flexion	100 degrees	100 degrees	100 degrees
Extension	30 degrees	30 degrees	30 degrees
Abduction	40 degrees	40 degrees	40 degrees
Adduction	20 degrees	20 degrees	20 degrees
Internal rotation	40 degrees	40 degrees	40 degrees

RE: SANTILLAN, ROSARIO

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External rotation 50 degrees 50 degrees 50 degrees

Special Tests

Gaenslen's, FABERE, and Patrick tests are positive in the right hip.

Neurological Examination of the Lower Extremities

Sensory Examination

Diminished right L5 sensation.

Motor Strength Examination

	<u>Right</u>	<u>Left</u>
Hip flexors	5/5	5/5
Hip extensors	5/5	5/5
Hip abductors	5/5	5/5
Hip adductors	5/5	5/5
Knee flexors	5/5	5/5
Knee extensors	5/5	5/5
Ankle dorsiflexors	5/5	5/5
Ankle plantar flexors	5/5	5/5
Extensor hallucis	5/5	5/5

Deep Tendon Reflex Examination

	<u>Right</u>	<u>Left</u>
Knee jerks	2+	2+
Ankle jerks	2+	2+

Vascular Examination

The dorsalis pedis and posterior tibial pulses are 2+ bilaterally. The capillary refill is less than two seconds. The toes are warm and pink with good perfusion distally.

Special Tests

Babinski sign	Negative
Hoffmann sign	Negative
Clonus	Negative

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DIAGNOSTIC IMPRESSION

A consultation was held with the patient in which the diagnoses were explained in layman's terms. It is my opinion that the patient suffers from:

SI joint inflammation versus radiculitis into the lower extremities.

CAUSATION

In reviewing the patient's history and medical records and examination today, it appears that this injury to the low back is secondary to a specific trauma at work suffered while the patient was performing usual and customary work duties on 02/22/13.

DISCUSSION

Treatment recommendations were discussed and/or communicated with the patient's treating physician. On the basis of today's evaluation and in reviewing the patient's job responsibilities, my recommendations are as follows:

The patient presents to me today for specialty evaluation. I would like the care transferred to me.

The patient may very well have a radiculitis. There are some subjective symptoms and consistent with some objective correlation of radiculopathy. Medrol Dosepak will be given. Risks, benefits, and alternatives were described.

SI joint injection as well as the lumbar trigger points will be done today as the diagnostic and therapeutic tool. A 1 cc Kenalog, 1 cc of lidocaine, and 2% norepinephrine injected along the right SI. Four trigger points were also injected with 2 cc of lidocaine and 2% norepinephrine. The patient tolerated the procedure well.

Acupuncture will be submitted three times a week for three weeks to help mitigate any residual symptoms the patient has.

As the patient has failed therapy, work modifications, medications, stretching exercises, the trigger points, and the SI were done according to the ACOEM Guidelines.

Medically Necessary:

1. Trigger point injections (TPI) with a local anesthetic with or without steroid are considered **medically necessary** when all of the following general and specific criteria are met:

General Criteria

- There is a regional pain complaint; and
- A neurological/orthopedic/musculoskeletal system evaluation which includes the member's description of pain as it relates to location, quality, severity, duration/timing, context, and modifying factors, followed by a physical examination of associated signs and symptoms; and

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- Conservative therapy (e.g., physical/chiropractic therapy, oral analgesia/steroids/relaxants, activity modification) fails or is not feasible; and
- When necessary to facilitate mobilization and return to activities of daily living, an aggressive regimen of physical therapy or other therapeutic modalities; and
- The response to therapy must be documented for medical review prior to additional therapy authorizations.

Specific Criteria

- Pain complaint or altered sensation in the expected distribution of referred pain from a trigger point; and
- Taut band palpable in an accessible muscle when the trigger point is myofascial; and
- Exquisite spot tenderness at one point along the length of the taut band when the pain is myofascial; and
- Some degree of restricted range of motion of the involved muscle or joint, when measurable; and
- The above specific criteria are associated with at least ONE of the following **MINOR CRITERIA**:
 - Reproduction of clinical pain complaint or altered sensation by pressure on the tender spot; OR
 - Local response (twitch) elicited by snapping palpation at the tender spot or by needle insertion into the tender spot; or
 - Pain alleviation by elongating (stretching) the muscle or by injecting the tender spot III. The following schedule for trigger point injections is considered **medically necessary** when the previous criteria are met:
- In the diagnostic or stabilization phase, individuals may receive injections at intervals of no sooner than one week and preferably two weeks. The number of trigger point injections should be limited to no more than four (4) times per year for the diagnostic or stabilization phase.
- In the treatment or therapeutic phase, trigger point injections should continue only if the previous diagnostic injections provided pain relief and the frequency should be two (2) months or longer between each injection. The previous injections should have provided at least greater than 50% relief of pain for a period of at least six (6) weeks. The injections should be repeated only as necessary based on the medical necessity criteria (see above) and these should be limited to a maximum of six (6) times for local anesthetic and steroid injections.
- Under unusual circumstances such as a recurrent injury or cervicogenic headache, trigger point injections may be repeated at intervals of six (6) weeks after stabilization in the treatment phase.

Not Medically Necessary:

Trigger point injections are considered **not medically necessary** in the presence of:

- Systemic infections;
- Bleeding tendencies (including individuals undergoing anticoagulation therapy);
- Other concomitant unstable medical conditions.

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No specific code for dry needling

References

Peer Reviewed Publications:

1. Alvarez DJ, Rockwell PG. Trigger points: diagnosis and management. *Am Fam Physician*. 2002; 15;65(4):653-660.
2. Cummings TM, White AR. Needling therapies in the management of myofascial trigger point pain: a systematic review. *Arch Phys Med Rehabil*. 2001; 82(7):986-992.
3. Huguenin L. Myofascial trigger points: the current evidence. *Physical Therapy in Sport* 5. 2004; 2-12.
4. Irnich D, Behrens N, Gleditsch JM, et al. Immediate effects of dry needling and acupuncture at distant points in chronic neck pain: results of a randomized, double-blind, sham-controlled crossover trial. *Pain*. 2002; 99 (1-2):83-89.
5. Kamanli A, Kaya A, Ardicoglu O, et al. Comparison of lidocaine injection, botulinum toxin injection, and dry needling to trigger points in myofascial pain syndrome. *Rheumatol Int*. 2005; 25(8):604-611.
6. Karakurum B, Karaalin O, Coskun O, et al. The 'dry-needle technique': intramuscular stimulation in tension-type headache. 2001; 21(8):813-817.
7. Tough EA, White AR, Cummings TM, et al. Acupuncture and dry needling in the management of myofascial trigger point pain: a systematic review and meta-analysis of randomised controlled trials. *Eur J Pain*. 2009; 13(1):3-10.

Government Agency, Medical Society, and Other Authoritative Publications:

1. American Society of Anesthesiologists (ASA), American Society of Regional Anesthesia (ASRA). Practice guidelines for chronic pain management: an updated report *Anesthesiology* 2010; 112(4):810-833.
2. American College of Occupational and Environmental Medicine (ACOEM). Chronic pain. In: *Occupational medicine practice guidelines: evaluation and management of common health problems and functional recovery in workers*. 2008; 73-502.
3. Furlan AD, van Tulder MW, Cherkin DC, et al. Acupuncture and dry-needling for low back pain. *Cochrane Database Syst Rev*. 2000; (2):CD001351.
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RE: SANTILLAN, ROSARIO

May 23, 2013

Page 11

I will see the patient in two weeks for reevaluation and I could better estimate maximum medical improvement at that point.

Flector patch will be submitted for the patient to help mitigate some of the spasm and inflammations he is having in the low back, most likely from the SI joint.

Thank you for allowing me to participate in the care of this patient and provide you with my opinion and recommendations for continued treatment. I have outlined my treatment plan above and would ask that you review.

APPORTIONMENT

As there is no history of previous injury or disability to the low back, apportionment is not indicated. In my opinion, 100 percent of the patient's present disability has been caused by the industrial injury of 02/22/13, and 0 percent has been caused by other factors. My opinion regarding apportionment is made in consideration of Labor Code Sections 4663, 4664 and the Escobedo decision.

DISABILITY STATUS

Temporarily partially disabled.

WORK STATUS

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REVIEW OF RECORDS

After examination of the patient and prior to dictating this report, I spent at least 15 minutes to review the primary care and therapy notes. The patient was advised that this is an industrial musculoskeletal exam for the accepted body parts, and general history and physical or positive review of systems should be addressed by primary care nonindustrial physicians.

DISCLOSURE

The conclusions and opinions expressed in this report were dictated by me and are mine, based on my personal evaluation of the patient and any records available to me.

In compliance with Labor Code §4628(b), §4628(j), §5703(a)(2) and Regulations 9795, I declare under penalty of perjury that the information in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I 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, I believe it to be true.

RE: SANTILLAN, ROSARIO

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I further declare under penalty of perjury that I personally performed the evaluation on the date and at the location stated on the face sheet of this report and that, except as stated herein, the evaluation was performed under, and the time spent performing the evaluation was in compliance with, the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to §5307.6 of the California Labor Code.

I further declare under penalty of perjury that I have not violated the provisions of California Labor Code §139.3 with regard to the evaluation of this patient or the preparation of this report.

Executed at Los Angeles County, California, on _____

Physician Signature _____ CA Lic. #: A76120

Aaron Coppelson, M.D.

CUSHW:AC:TDY:fxj.FVI

D: 05/29/13

T: 05/30/13

SantillanR0523CoppelsonDS248545

cc: Marc Arnush, M.D.

NEW PATIENT INITIAL CONSULT

Name Rosario Date 5/23/13 Date of Injury _____

How did this injury occur? (Also please give medical treatment to date: Such as Physical therapy, Chiropractic, Accupuncture, Injections)
Attempting to ~~move~~ lift a box

What are your current symptoms?

Burning sensation and sharp pain on lower back

What is your average pain level from 1-10, (10 being the worst pain imaginable) 8

What makes your pain better?

Nothing specific

What makes your pain worse?

Sitting or standing for too long

What activities are you limited from doing at home and in your daily life because of the injury? (example Mopping, dishes, sports, playing with children, grocery shopping)

can do everything but with difficulty

List any previous injuries you have had _____

What surgeries have you had _____

What is your past medical history _____

What is your past family history Diabetes - Father

Do you have a history of drug or alcohol abuse _____

List your current medications acetaminophen, omeprazole

List your allergies ps

Do you have any metal or hardware placed in your body? _____

Please circle any of the symptoms you may have currently

BP: 90/64 Pulse: 60 Resp: 15

temp: 98.4

- Headache Visual Disturbance Difficulty Speaking Difficulty Swallowing Weakness Numbness
- Bowel Incontinence Bladder Incontinence
- Stomach Pain Heart Burn Bleeding Ulcer Hemorrhoids Inflammatory Bowel Disease Irritable Bowel Disease Nausea Vomiting
- Chest Pain at rest Chest Pain While Breathing Coughing up Blood Coughing
- Burning Urination Frequency of Urination Urgency of Urination
- Fevers Chills Night Sweats Recent Weight Gain Recent Weight Loss

Please discuss the above symptoms with your primary care non-industrial physician

Signature [Signature]

Date 5/23/13

INTERPRETER:
Yliana Chavez

Additional pages attached

Patient Last Santillan First Rosario DOB 3/26/67 Date of Exam: 5/23/13 Case #: 156238753

Occupation Packing SS# 520-20-3894 Date of Injury 2/22/13 Claim # TWCS-1588

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

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.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Change in patient's condition | <input type="checkbox"/> Need for referral or consultation | <input type="checkbox"/> Info. requested by: _____ |
| <input type="checkbox"/> Change in work status | <input type="checkbox"/> Need for surgery or hospitalization | <input type="checkbox"/> Released from Care <input type="checkbox"/> Request for Authorization |
| <input checked="" type="checkbox"/> Change in treatment plan | <input type="checkbox"/> Periodic Report (45 days after last report) | <input checked="" type="checkbox"/> Other: _____ |

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Improved as expected | <input type="checkbox"/> improved, but slower than expected | <input type="checkbox"/> not improved significantly |
| <input type="checkbox"/> worsened | <input type="checkbox"/> reached plateau and no further improvement is expected | <input type="checkbox"/> been determined to be non-work related |

SUBJECTIVE COMPLAINTS (Document and describe significant complaints)

OBJECTIVE FINDINGS (Document significant exam findings, lab, imaging, and other diagnostic/testing)

UBA

TRP

DIAGNOSES (Include ICD-9 code, if possible)

*WSP @ Mus - S
Plaster Patch*

TREATMENT

- Office Visit / Injury Treatment Start / Continue Therapy: _____ times / week for _____ weeks. Ergonomic Eval _____
- Start Continue Chiro: _____ times / week for _____ weeks. Other _____
- Meds / Supplies Dispensed Acetaminophen / Tylenol / Percocet / New WSP @ 06/13
- Consultation / Referral Requested / Pending. Specialty _____ Work status to be determined by specialist.

Estimated length of treatment is now _____ weeks

WORK STATUS

- First Aid Case
- Return / Continue... to work without restrictions. *WSP*
- Off work until (Date) _____ Estimated period of total temporary disability _____ days.
- Off the balance of this shift only. Then RTW on (Date) _____ to Full / Modified duty. Re-evaluate work status before next shift.
- Return to work as of (Date) _____ with the restrictions indicated below. Estimated duration of modified duty is _____ days.

- | | |
|---|---|
| <input type="checkbox"/> No work near moving machinery | <input type="checkbox"/> Sit down job |
| <input type="checkbox"/> No / () Limited use of R / L hand to _____ hrs/day | <input type="checkbox"/> Must wear <input type="checkbox"/> Splint <input type="checkbox"/> Immobilizer <input type="checkbox"/> Back support <input type="checkbox"/> Cage |
| <input type="checkbox"/> No / () Limited standing or walking to _____ hrs/day | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> No / () Limited overhead work to _____ hrs/day | <input type="checkbox"/> Must keep _____ elevated |
| <input type="checkbox"/> No / () Limited stooping and bending to _____ hrs/day | <input type="checkbox"/> Keep wound/bandage clean and dry <i>WSP</i> |
| <input type="checkbox"/> No / () Limited kneeling or squatting to _____ hrs/day | <input type="checkbox"/> Must take a _____ minute stretch break every _____ minutes from |
| <input type="checkbox"/> No / () Limited <input type="checkbox"/> Lift <input type="checkbox"/> Pull <input type="checkbox"/> Push | <input type="checkbox"/> Keyboard / () _____ |
| Up to: <input type="checkbox"/> 10 lbs <input type="checkbox"/> 25 lbs <input type="checkbox"/> 50 lbs <input type="checkbox"/> _____ lbs | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> No climbing | |

Medical status was discussed with employer representative

DISCHARGE STATUS

- Return to full duty on (Date) _____ with no limitations or restrictions. Released from care without ratable disability or need for future medical care.
- 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 S 139.3.

Name _____ Cal. Lic # _____ Date of Exam 5/23/13

Specialty: _____ Signature _____

Executed at: USHW of California - Compton, 2499 S. Wilmington Avenue, Compton, CA 90220 Tel: (310) 638-1113

YOUR NEXT APPOINTMENT WITH THE DOCTOR IS ON:

YOUR NEXT APPOINTMENT FOR PHYSICAL THERAPY IS ON:

- MON TUE WED THUR FRI SAT MON TUE WED THUR FRI SAT