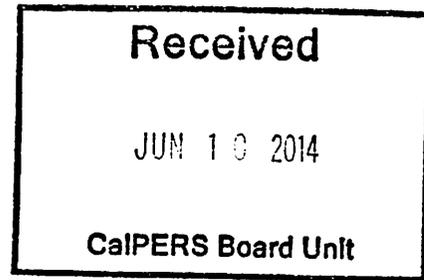


ATTACHMENT C

**RESPONDENT'S ARGUMENT REGARDING THE
PETITION FOR RECONSIDERATION**

June 2, 2014

Cheree Swedensky, Assistant to the Board
 Executive Office
 California Public Employee's Retirement System
 Post Office Box 942701
 Sacramento, CA 94229-2701



Dear Ms. Swedensky,

I am writing to request that I be granted disability through CalPERS. After a fall on July 11, 2007, I sustained an injury to my back. After continuing my work with Oakland Unified School District until 2010, my injuries become so painful that I was unable to perform the usual duties of my position as PE Locker Attendant.

The duties I performed as a PE Locker attendant included standing for 6-8 hours through an 8 hour workday, frequently lifting sports equipment that was 30-40 pounds, bending over to assist students with their lockers, and mopping or sweeping the locker room.

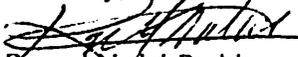
Given the current limitations outlined in my medical records, as well as my own experience of my limitations, I am only able to stand for 10 minutes at a time before needing rest, only able to lift 5 pounds, and experience significant difficulty bending down. I am not able to sit for even 30 minutes at a time before the pain in my back becomes severe and I need to lie down, reposition, or ice my back. I am unable to perform sedentary work in which I am sitting all day due to the pain I experience from my back injury. My work would be interrupted regularly in an 8 hour work day due to my symptoms of pain. Additionally, in February of 2014 I was approved for Disability through Social Security.

Included in this letter is a pain questionnaire filled out by my ^{Provider} ~~doctor~~ at the Highland Pain Clinic, Dr. Amy Smith, I have been working with ~~Dr.~~ Smith monthly since 2012 to help manage my pain.

PA-C

Thank you for your time and consideration. If you have any additional questions, feel free to call me at

Sincerely,



Raquel Nadal-Rodriguez

ADDITIONAL DOCUMENTS SENT UNDER
 SEPARATE COVER BY MY MEDICAL PROVIDER.
 THIS INCLUDES "MEDICAL OPINION OF PHYSICAL ABILITIES

ALAMEDA COUNTY
MEDICAL CENTER



*Highland Campus • Fairmont Campus
John George Psychiatric Pavilion
Ambulatory Healthcare Services*

July 24, 2013

Re: Raquel Nadal Rodriguez
DOB:

To whom it may concern,

Ms. Nadal Rodriguez has asked that I write a letter to confirm her disability. She suffers from degenerative disc disease of the lumbar spine and chronic pain of the lower back. She is currently unable to work and is disabled by this injury. She is working with the Pain Management and Functional Restoration Clinic in the hopes of increasing her functionality and returning to work, but is unable to at this time.

Please accept this letter and feel free to contact me with any further questions.

Thank you,

A handwritten signature in black ink, appearing to read 'Amy Smith, PA-C'. The signature is fluid and cursive.

Amy Smith, PA-C
Pain Management and Functional Restoration Clinic
Highland Hospital
1411 E. 31st St.
Oakland, CA 94602
(510) 437-8377 phone
(510) 437-5170 fax

Highland Campus

1411 East 31st Street • Oakland, California 94602 • (510) 437-4800



HUMAN RESOURCES SERVICES & SUPPORT

August 23, 2012

RE: Employment Inquiry

To Whom It May Concern:

Raquel Nadal was hired with the Oakland Unified School District on March 3, 1998. She was terminated effective March 8, 2010 due to sick leave exhaustion. If you have any questions, please give me a call at (510) 273-3294.

Sincerely,

Kamika Hudson
Site Team Generalist
Human Resources Services & Support



OAKLAND UNIFIED SCHOOL DISTRICT
1025 SECOND AVENUE, OAKLAND, CALIFORNIA 94606

March 9, 2010

RAQUEL NADAL

RE: EXHAUSTION OF 100 DAYS OF EXTENDED ILLNESS
PLACEMENT OF 39-MONTH RE-EMPLOYMENT LIST

Dear **Raquel Nadal**

This is to inform you that you have exhausted all of your available sick leave, vacation and extended illness leave effective **March 8, 2010**.

Accordingly, in accordance with California Education Code Section 44978 (Classified Employees), you are hereby placed on the District's 39-month re-employment list on the same effective date.

This action also stops any benefits, health, dental, vision, long-term disability, or group life insurance that you may have been eligible for. Please contact the District's Benefits Office (510) 879-8240, 879-8179 or 879-2920 regarding COBRA benefits as soon as possible.

Sincerely,



Charito Bulatao
Service Team Assistant I

cc: Human Resources Tech
Site Administrator
Benefits Office
Annuity Office
Work Comp/LTD Office
Payroll Clerk
Payroll File

June 2, 2014

Cheree Swedensky, Assistant to the Board
Executive Office
California Public Employee's Retirement System
Post Office Box 942701
Sacramento, CA 94229-2701

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Thank you for your time and consideration. If you have any additional questions, feel free to call me at

Sincerely,

Raquel Nadal-Rodriguez



Tiburcio Vasquez Health Center, Inc.
33255 Ninth Street, Union City, California 94587
Administration: (510) 471-5907 Appointments: (510) 471-5880 Fax: (510) 471-9051

July 26, 2013

Re: Raquel Nadal Rodriguez

DOB:

To whom it may concern,

Ms. Nadal Rodriguez has been my patient since March 8, 2012 and has been diagnosed with uncontrolled diabetes, severe vision problems, and back pain. Ms Nadal Rodriguez has been followed by Pain Management and Ophthalmology. She is currently unable to work and will continue to follow up care here at the clinic.

If you have any questions, please feel free to call me at (510) 471-5880, ext 3305.

Thank you,

- 7/26/13 .

Deepika Jannapureddy, MD

ALAMEDA COUNTY
MEDICAL CENTER



*Highland Campus • Fairmont Campus
John George Psychiatric Pavilion
Ambulatory Healthcare Services*

July 24, 2013

Re: Raquel Nadal Rodriguez
DOB:

To whom it may concern,

Ms. Nadal Rodriguez has asked that I write a letter to confirm her disability. She suffers from degenerative disc disease of the lumbar spine and chronic pain of the lower back. She is currently unable to work and is disabled by this injury. She is working with the Pain Management and Functional Restoration Clinic in the hopes of increasing her functionality and returning to work, but is unable to at this time.

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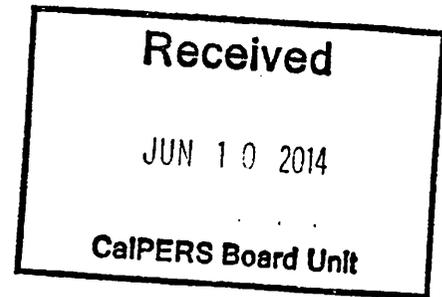
Amy Smith, PA-C
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June 2, 2014

Cheree Swedensky, Assistant to the Board
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PA-C

Thank you for your time and consideration. If you have any additional questions, feel free to call me at

Sincerely,

Raquel Nadal-Rodriguez

MEDICAL OPINION OF PHYSICAL ABILITIES

NAME: Raquel Nadal Rodriguez DOB:

To determine your patient's ability to do *work-related activities on a day-to-day basis in a regular work setting*, please give us your opinion -- **based on your examination** -- of how your patient's physical capabilities are affected *by the impairment(s)*. Do not consider your patient's age, sex or work experience. Consider the medical history, the chronicity of findings (or lack thereof), symptoms (*including differing individual tolerances for pain, etc.*), and the expected duration of any work-related limitations.

Diagnosis and Physical Exam Results Please note any diagnosis, results of physical exam, medications, and patient complaints of pain or other symptoms.

Diagnosis: chronic LBP > 6 DDD in L spine & stenosis and radiculopathy as well as ankle pain

Results of Physical Exam: ↓ 2cm in lumbar spine flexion, ext. rotation and lat bending. Mildly ⊕ straight leg raise. DTR's and sensation intact. Pain & prolonged (75-10min) sitting, standing or walking.

Patient Complaints: chronic severe pain & inability to bend, crouch, reach, carry >10#, sleep comfortably

Work-Related Limitations

For each activity shown below:

- (1) Indicate your patient's ability to perform the activity; and
- (2) Identify the particular medical findings (e.g., physical examination findings, x-ray findings, laboratory test results, history, symptoms (including pain), etc.) which support your opinion regarding any limitations.

NOTE: THE USEFULNESS OF YOUR OPINION DEPENDS ON THE EXTENT TO WHICH YOU RELATE PARTICULAR MEDICAL FINDINGS TO ANY REDUCTION IN CAPACITY.

- 1. **Maximum ability to lift and carry on an occasional basis** (no more than 1/3 of an 8-hour day).
 No limitation 100# 50# 20# 10# less than 10#
- 2. **Maximum ability to lift and carry on a frequent basis** (1/3 to 2/3 of an 8-hour day).
 No limitation 50# 25# 10# less than 10#
- 3. **Maximum ability to stand and walk (with normal breaks) during an 8-hour day.**
 No limit about 6 hrs. about 4 hrs. about 3 hrs. about 2 hrs. less than 2 hrs.
- 4. **Maximum ability to sit (with normal breaks) during an 8-hour day.**
 No limit about 6 hrs. about 4 hrs. about 3 hrs. about 2 hrs. less than 2 hrs

9. Are the following **PHYSICAL FUNCTIONS** affected by the impairment?

- Reaching** (including overhead) Yes No
Handling (gross manipulation) Yes No
Fingering (fine manipulation) Yes No
Feeling Yes No
Pushing/Pulling Yes No

A. How are these physical functions affected? Pt has pain in L spine that radiates down her legs. She is unable to sit, stand, reach, bend or carry weight > 10# due to disabling pain.

B. What medical findings support this? MRI Lumbar spine 2/12/12: Mild degenerative changes predominantly L2-3, L3-4 & annular fissure @ L3-4

10. ENVIRONMENTAL RESTRICTIONS:	NO RESTRICTION	AVOID CONCENTRATED EXPOSURE	AVOID EVEN MODERATE EXPOSURE	AVOID ALL EXPOSURE
Extreme cold			<input checked="" type="checkbox"/>	
Extreme heat			<input checked="" type="checkbox"/>	
Wetness			<input checked="" type="checkbox"/>	
Humidity			<input checked="" type="checkbox"/>	
Noise	<input checked="" type="checkbox"/>			
Fumes, odors, dusts, gases, poor ventilation, etc.	<input checked="" type="checkbox"/>			
Hazards (machinery, heights, etc.)				<input checked="" type="checkbox"/>

Describe how these environmental factors impair activities and identify hazards to be avoided. Also explain what medical findings support these limitations.

Pt pain is worsened by extremes in temperature. She also has IDDM and needs to be able to eat on a regular basis and test her glucose as well as inject insulin throughout the day.

11. State any **other work-related activities** which are **affected by the impairment** such as need for assistive device for ambulation, need to elevate leg, limits on kneeling, crawling, balancing, seeing, hearing or speaking, or limitations related to a mental impairment. What medical findings support this?

Pt does not require any assistive device on a regular basis but has used a cane on occasion for exacerbations of severe sciatica. Kneeling, crawling, stepping, balancing would all cause increases in her level of pain and disability.