ATTACHMENT A

RESPONDENT'S PETITION FOR RECONSIDERATION

ATTACHMENT A

Petition for Reconsideration

Ref No. 2013-1160

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CalPERS Board Unit

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12-01-2015

Subject: In the matter pf the Application for Disability Retirement of SIMIN SHIRAZI, Respondent & CALIFORNIA DEPARTMENT OF TRANSPORTATION, Respondent.

I am dissatisfied with the decision of the Board of Administrators. The request & the information I had submitted to Calpers was not submitted to the Board of Administrators until a few minutes before the Board of Administrators meeting in November. Many of the facts were not considered in the Proposed Decision dated 10-01-2015 as my response had outlined & explained in details. My response was not shared in a timely manner with the Board of Administrators as we all witnessed in the Board of Administrators meeting on 11-18-2015 to make an informed decision of the Administrative Law Judge Proposed Decision.

Therefore, I am petitioning for reconsideration on the above matter.

12/1/15

RESPONDENT'S ARGUMENT

To: Board of Administration:

October 27, 2015

I filed for disability Retirement on October 1, 2012 after I had to go on service retirement due to my illnesses. My application for retirement included many illnesses which CalPERS intentionally ignored most of them. Instead, CalPERS selected the only Illness that CalPERS would deny my disability application based on the report from an IME Who has been consistently reporting in favor of CalPERS for at least 5 years. **Even this selective doctor testified that his report is only valid as a rheumatologist and he cannot evaluate the other illnesses as an expert.** Therefore the denial of my entire application based on a report on one part of the application cannot be justified as fair & reasonable. My application for disability needs to be evaluated based on the **entire application** in order to achieve a comprehensive decision **rather than a partial biased decision**.

In my original application for disability retirement dated October 1, 2012, I had listed several complications and medical conditions that prevented me from performing my duties as Office engineer. The attachment A of the application which explained the causes of the complications and medical conditions was intentionally removed from the Jurisdictional documents exhibit 3 presented to the administrative judge by CalPERS Attorney. **Why did CalPERS attorney remove the attachment? Did she remove the attachment to hide the entire request & focus on only one aspect?**

In regards to the causes and complications, I wrote several causes for my request which included several health conditions that made it impossible for me to perform my duties as an office engineer effectively & efficiently. I was in constant pain, fatigue and discomfort which made it very hard to concentrate and remain mobile.
These health conditions included: **severe Fibromyalgia, Chronic Fatigue & Adrenal fatigue, IBS (Irritable Bowel Syndrome), and stomach pain due to Chronic Gastritis, Depression, Sciatic and back, shoulder and neck pain due to disk bulge** which forced me to retire early on November 2012 from a profession that I love dearly.

As reported on DOT Position Duty Statement as an office engineer and as assistant Resident Engineer, I had to be very accurate and concentrate on my job so the communication between contractor and Resident Engineer goes smoothly at a very fast pace when Time is of essence.

access to that form and he said he does not have it and cannot be found in internet. As you can see, he is not an expert and he is not even updated in the area of his specialty.

In response to the appeal request, In regards to the 21 pages examination report based on objective performance, subjective reports and clinical observations from Functional Capacity Evaluation by Saint Joseph Hospital, Dr. Haselwood in his supplemental report dated Sept 17, 2013 on page 2 in the second paragraph line 10 wrote "*I do not have special expertise in procedural mechanism for comprehensively conducting and interpreting the findings of the formal residual functional capacity test.*" Even though he admits that he does not have special expertise in procedural mechanism for comprehensively conducting and interpreting the formal residual functional capacity test, he is still going on and denying the report without understanding it and or deferring to experts.

As noted in paragraph 26 of the administrative judge factual findings, Dr. Hazelwood admits that **he does not have special expertise other than a rheumatologist and he would certainly defer to someone with expertise in other areas.** Then he goes on to paragraph 27, and testifies that he reviewed reports from other specialists including psychologist report from Stanford University and concluded that they do not cause him to change any of his findings. Isn't it odd that the semi-retired rheumatologist is commenting on the psychologist report from Stanford University while admitting that he lacks expertise in other areas other than rheumatology? Why isn't his repeated testimony in front of the administrative judge in regards to his area of expertise or rather lack of expertise not recorded in factual findings? How factual are the findings when they do not include all the facts?

In conclusion the facts are ignored and selective findings are reported in such a manner to achieve the outcome that benefits CalPERS and leaves a disabled person in need, out in the cold. My disability was not based on only existing of pain and depression but the main issue that been ignored is that due to Chronic Gastritis I am not able to tolerate any medication and my doctors had tried many different pain and depression medications and I was not able to take them to get ease with pain and depression and insomnia. If I was able to take pain medication and anti-depression medication that was prescribed I am sure I was able to continue may be few more years but the problem was and is that I cannot take any medication. I just spent the whole month of October in Stanford clinic to go through extensive tests to see how they can help with this issue and they found out that stomach had been damaged so bad that is irreversible. I have lost 30 pound since last year due to not being able even to tolerate food. How could I tolerate medicine? Why IME only **focus on only one issue** and not reading or listening to my problems. My health issue is a package in which they are intertwined with each

So many times I made big mistakes on preparing cost estimates for contractor to be paid on time that it took hours to correct and many hours of time from others to help

me to correct them which was costing The State money.
Since my colleagues and the Resident Engineer were aware of my difficulty & health conditions, they never reported me and they helped me correct the mistakes but I could not continue any longer since this was getting worse & repeating more often.

On 4/30/2013 CalPERS sent me to see and be examined by an **Doctor Haselwood, an IME who only Specialized in Rheumatology for** my Fibromyalgia pain.
Doctor Haselwood in his report and in his testimony in front of the administrative judge said that he was concentrating on the symptom of Fibromyalgia and his exam was **only as a Rheumatologist.** Even his examination and report for this muscleoskaleton widespread pain was based on his expert opinion **only as a Rheumatologist &** not consistent with what a professional IME with extensive knowledge and background in internal medicine could have done. At the hearing Dr. Haselwood failed to show that even as a rheumatologist, he has the expertise in recognizing Fibromyalgia symptoms and pain criteria. At page 6 line 8 in his report dated April 30, 2013 he wrote that
"During the musculoskeletal/soft tissue portion of examination, her withdrawal discomfort and guarding mechanisms were often inconsistent and non physiologic. Likewise, The reported soft tissue tenderness was too inconsistent and variably localized to allow meaningful mapping of tender points ".

When the judge asked him how was it that Mrs. Shirazi was not consistent with exam? He answered "because I was examining her and she showed discomfort and tenderness in one place and then few minutes later I would go back to the same place and the pain had traveled somewhere else and she had discomfort in other area". I presented the hearing with the copy of report from **American College of Rheumatology** regarding fibromyalgia in which it described one of the main signs beside the severe pain fibromyalgia *is " The pain and tenderness tend to come and go and move about body most often."* He had no explanation for this. Just a bunch of old school talk with his colleague as he testified is the source of his knowledge. No workshop or research to be updated with the current diagnostic procedures. I provided the hearing with reports from all credible resources like American College of Rheumatology, Johns Hopkins, UCLA as how my symptoms matched to the exact point of their criteria for the symptoms of Fibromyalgia but Dr. Haselwood kept insisting in the hearing that the only criteria for diagnosing Fibromyalgia is a questioner form that patient answer and examination by doctor could diagnose the patient. The judge asked the doctor if he used that form for me at the time of evaluation and he said no then he asked if he has

other. I don't have only Fibromyalgia that only one rheumatologist examine me and report for my migraine, stomach pain, IBS, back and depression.

I request that Chronic Fatigue & Adrenal fatigue, IBS (Irritable Bowel Syndrome), and stomach pain due to Chronic Gastritis, Chronic Migraine Headache, Sciatic and back, shoulder and neck pain due to disk bulge, as well as Major Depressive Disorder that has been evaluated by Stanford University and other clinical institutions be considered.

I request that the decision by The Administrative Judge be reversed and if needed further exams and evaluations be done in order to achieve the fair and reasonable decision that I deserve.