

ATTACHMENT C

RESPONDENT'S ARGUMENT



Respondent's Argument

Case # 2019-0023

Fax (916) 795-3972

I just got the evaluation

By mail from: Dr. Melinda Brown

Total of Pages

(15)

Patti D. Lee FRP NP-C

Provider Signature: **Patti D. Lee NPC**
Patti Lee, NP-C

Primary Treating Physician:

Sincerely,



Melinda A. Brown, M.D.

Diplomate, American Board of Physical Medicine & Rehabilitation

Qualified Medical Evaluator

Melinda Brown MD
Date: 09/08/2019

Claims Administrator/Utilization Review Organization (URO) Response			
<input type="checkbox"/>	Approved	<input type="checkbox"/>	Denied/Modified (See separate decision letter)
<input type="checkbox"/>	Delay (See separate notification of delay)	<input type="checkbox"/>	Requested treatment has been previously denied
<input type="checkbox"/>	Liability for treatment is disputed (See separate letter)	<input type="checkbox"/>	

Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax:	E-mail Address:
<p>Comments:</p> <p>THERAPY:</p> <p>Multidisciplinary Evaluation (MDE) for FRP: Ms. Sepulveda is a 54 year female, The previous methods of treating her chronic pain have been unsuccessful in restoring her to preinjury levels of functioning.</p> <p>Absent consideration of a Functional Restoration Program, at the present time or in the foreseeable future, there are no other options likely to result in significant clinical improvement.</p> <p>Based on the above, Ms. Sepulveda meets basic criteria for an MDE to determine if participation in a Functional Restoration Program (FRP) is appropriate for her. The ultimate goal is to help her learn effective self-management strategies for pain in order to reduce dependence on medications and providers and increase her level of functioning to return work in a safe and sustainable manner, if at all possible.</p> <p>Evaluation Description: RehabOne's multidisciplinary clinical team is integrated by qualified and experienced Pain Physicians, Clinical Health Psychologists and Therapeutic Exercise Specialists. An MDE at RehabOne includes three major components: medical, psychosocial and physical functioning</p>		

assessment. After performing the separate evaluations, the team conferences to share findings and impressions, formulate a treatment plan and provide recommendations, which are then discussed in detail with the patient.

If participation in RehabOne's FRP is identified as appropriate, the above findings, as well as the treatment plan and recommendations are outlined in an integrative report to request authorization from the patient's insurance carrier. RehabOne's team only recommends participation in the FRP if the patient meets the most updated MTUS/CPMTG criteria and there is evidence that the patient is motivated and committed to making substantial progress toward achieving the agreed-upon treatment goals.

Medical Component: The medical evaluation includes a brief review of the available medical records by the physician; completion of a health questionnaire by the patient and a semi-structured interview for a review of the history of present illness, prior treatments, diagnostic studies done, current symptoms, pain beliefs, impact of pain, social history, vocational history, disability status, past medical/surgical history, prior and current medications, allergies, a physical examination, and a final medical assessment summary and treatment recommendations from the medical perspective. The medical component serves to confirm that all other curative treatments for the specific condition(s) that the patient is experiencing have been exhausted and the only remaining option is the rehabilitative approach. Finally, the medical component also screens for any aberrant behaviors around the use of medications or any other substance use.

Psychosocial Component: The psychosocial evaluation consists of a brief review of the available medical records by the psychological evaluator; completion of a health questionnaire and psychological tests (e.g., BDI-II, BAI, SOPA-35, PCS and BBHI2) by the patient; and a structured interview for a review of current behavioral complaints, psychiatric history, psychosocial history, spiritual beliefs, health habits, educational history, vocational history, vocational/disability status, mental status examination, psychological tests results, DSM-5 diagnoses (if any), and psychosocial assessment summary and treatment recommendations from the psychosocial perspective.

Physical Functioning Component: The physical component consists of a functional capacity assessment and discussion of client-stated goals. During this portion the exercise specialist assesses the client's current ability to manage pain effectively on a consistent and independent basis, determines patient's current physical abilities as well as the patient's knowledge and application of proper biomechanics for sitting, standing, walking, driving, lifting, carrying and computer use. The MTAP and the EPIC lift assessments are administered to each patient to determine their current physical demand category (PDC) and therefore reveal any discrepancy between the patient's current physical abilities and the physical requirements of their usual and customary job demands.

***RehabOne Medical Group OFFICE USE ONLY**

Patient Name: Irma Sepulveda

DOB: [REDACTED]

Procedure(s) Requested:

THERAPY:

Multidisciplinary Evaluation (MDE) for FRP: RehabOne - Salinas [REDACTED]

CC:

Liz Michaels 408-436-9306

Mark Filippi 408-286-1935

Ian McFarren 831-728-5789

**Melinda Brown MD
Physical Medicine and Rehabilitation**

Sep 06, 2019



**REQUEST FOR AUTHORIZATION
PLEASE SEE DWC FORM RFA ATTACHED.**

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Primary Treating Physician:Melinda Brown MD
Performing Provider: Patti Lee NP-C

REASON FOR VISIT: New Patient Evaluation: Industrial.

Patient Name: Irma Sepulveda

Date of Exam: Sep 06, 2019

Claim #: [REDACTED]

Insurance: Keenan

Date of Injury: 04/26/2017

Description of case: 1.PTP- Back

BILLING ATTESTATION:

More than 50% of the time was spent counseling and/or coordinating care.

Face to face time: 40 minutes.

HISTORY:

Interpreter services were used in today's visit. They were provided by . Juan Correa with OC.

Reason For Visit:

Ms. Sepulveda is being seen for chronic pain in her lumbar spine.

HPI: Ms. Sepulveda is a 54 year old female bus driver for Santa Cruz City Schools with injury on 4/26/17 when she was doing morning prep and laying down to look under the bus and she had back pains.

She started care the next day son 4/27 at Doctors On Duty in Watsonville. She was placed on light duty. She had lumbar strain. She was given NSAIDs and flexeril.

She did Pt x 6 which helped a little and then more were requested in June as well as starting Lidocaine patches. These also helped.

Dr. Victor Li saw her for Pain Management eval on 8/30/17. She had lumbar flex and ext limitations. He recommended injections for facets with RFA>bilateral L4-5 and L5-S1.

Dr. Ramon Jimenez in QME 9/14/17 opined that she was MMI for lumbar as of that evaluation. 8% WPI with industrial causation. Work status for lon bending, stopping or lifting more than 30 pounds. Future medical for gym membership and 4 supervised sessions for gym education.

She states that after this she was not allowed for more care. She was told that her case was closed and she then sought services of her attorney to re open her case.

She did go back to Doctors on duty on her own after this and continued meds. She also had MRI done. which she brings in the CD. She looks to have mild diffuse disc bulges, a protrusion or contained herniation at L4-5. I don't see significant disc space narrowing or any stenosis.

The patient is now presenting today for PMR eval and TOC.

Current symptoms: Ms. Sepulveda reports the following symptoms: Pt was a special eduction school bus driver and has to pick up children to put Chiro made her worse. PT only 1 visit for HEP refresher. She states she is doing exercises at home and sometimes she can't do it because it hurts more on her back. She has fear of injury.

She has no meds and states her back hurts when she sleeps. She wakes up in pain when turning over. She has been using OTC cream and heat patch but only helps brings pain to 4/10, sometimes takes Ibu 200 mg daily which brings pain to a 4/10.

back pains that is low midline constant throbbing which can refer to her legs with aching that can be unprovoked frequently. She feels her back pains can be severe rarely. She has pains in back of her legs with stretching. She states her legs are swelling R>L. She is on a diuretic per PCP for LE edema and HTN. She states that she cannot sit for more than 30 min.

She does not have numbness or weakness.

Activities of Daily Living:

Ms. Sepulveda reports being able to perform the following activities with pain: dress her self, comb her hair, bathe/shower her self, get on and off the toilet, brush her teeth, eating, cooking, seeing, hearing, speaking, sitting, standing, walk on uneven ground, climb stairs, light housework, heavy housework, feeling, smelling, tasting, writing, typing, open doors, open jars, turning faucets on and off, folding laundry, getting in and out of a car, driving, flying in an airplane.

Ms. Sepulveda reports being able to tolerate walking for 15 min.

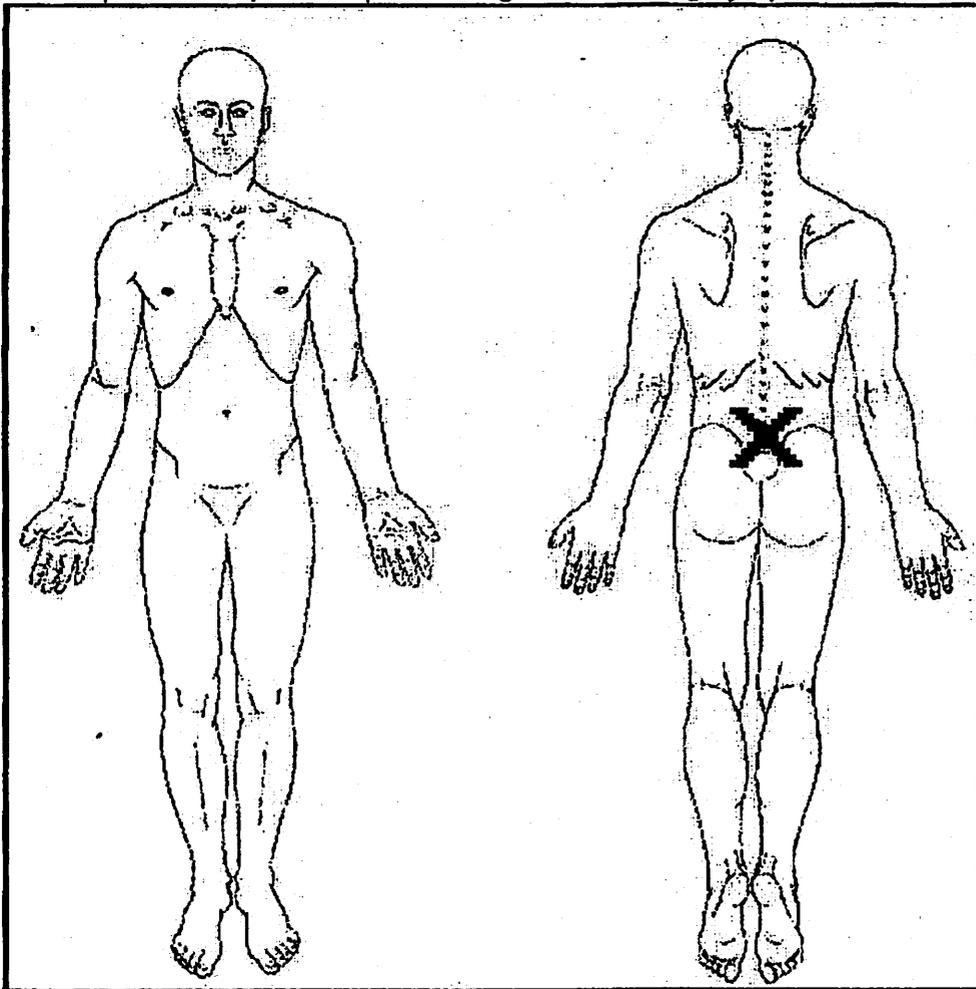
Ms. Sepulveda reports being able to tolerate sitting for 30 minutes.

Ms. Sepulveda reports being able to tolerate standing for 30 minutes.

Ms. Sepulveda reports being able to carry up to 10 lb.

Ms. Sepulveda reports being able to lift up to 10 lb.

Ms. Sepulveda reports experiencing the following symptoms:



On a scale of 0 (no pain) to 10 (worst pain), Ms. Sepulveda gave her pain the following ratings: 5 at its best, 8 at its worst and 6 today.

CURRENT MEDICATIONS:

Diclofenac Sod Dr 75 Mg Tab SIG: 1 tab twice a day

Other MD:

Ibuprofen 200 Mg Tablet SIG: 1 a day

Lidocaine 5% Patch SIG: 1 patch a day

Omeprazole Dr 20 Mg Capsule SIG: 1 tab twice a day

Chlorthalidone 25 Mg Tablet SIG: Take 1 tab po qd

Levofloxacin 250 Mg Tablet SIG: take 1 tab po qd

Medication note:

It has been reiterated that the patient should not drive or operate heavy machinery under the influence of opiate or sedative medications. If side effects develop, the patient has been instructed to discontinue the medication, call my office immediately, and go to the emergency room. The patient has also been advised that using these medications in conjunction with alcohol or other illicit drugs is strictly prohibited. It was also reiterated to the patient that while I am prescribing pain medications to the patient, obtaining pain medications or controlled substances from

other physicians without my approval is strictly prohibited. Lastly, self escalation of pain medications is not allowed and can result in serious harm including, but not limited to, death. Patient agrees.

MEDICAL HISTORY:

Medical conditions include Insomnia, Renal Disease, Recurrent Fevers and Sleep Apnea.

PERSONAL HISTORY:

Patient writes using her right hand.

SOCIAL HISTORY:

Family Members: Ms. Sepulveda is divorced. She has children. 4 Members of the household include her children.

Health Habits: She rarely exercises.

Education: Ms. Sepulveda graduated from high school.

Alcohol Use: Ms. Sepulveda doesn't consume alcohol.

Smoking: Patient does not smoke.

Medicinal Marijuana: Ms. Sepulveda doesn't use medicinal marijuana.

Substance Abuse: There is no history of substance abuse.

VOCATIONAL HISTORY: Ms. Sepulveda worked as a bus driver for Santa Cruz City Schools at the time of injury. Employee was working Full time.

Ms. Sepulveda is currently unemployed. She was laid off. The last day of employment was 12/2017.

DISABILITY STATUS: Ms. Sepulveda is not receiving disability benefits.

FAMILY HISTORY:

Family medical conditions include Arthritis, Cancer unspecified,, Head Injury, Heart Attack, Hypertension and Hypercholesterolemia.

ALLERGIES:

No Known Drug Allergy

PHYSICAL EXAM:

General and Psyche: The patient is well-developed, well-nourished, and in no distress. She is alert and oriented x 3. Her affect is appropriate.

Gait: Ms. Sepulveda ambulates without a device. Her gait is normal.

Posture: Ms. Sepulveda's sitting and standing posture are normal. There are normal transitions from sit to stand.

Spine:

LUMBAR SPINE: No scoliosis, asymmetry or abnormal curvature noted on inspection of the lumbar spine. Range of motion of lumbar spine is restricted with flexion limited to 20 degrees due to pain and is restricted with extension limited to 10 degrees due to pain but normal right lateral bending, left lateral bending, lateral rotation to the left and lateral rotation to the right. On palpation, paravertebral muscles show: spasm (-) and tenderness (+) is noted on both the sides. Spinous process tenderness is noted on L5

(+). Heel and toe walk are normal. Lumbar facet loading is negative on both the sides. Internal rotation of the femur resulted in deep buttocks pain. Straight leg raising test is negative.

Neurologic:

MUSCLE STRENGTH: Muscle strength examination of the patient reveals normal tone, power and nutrition of the muscles.

SENSORY EXAMINATION: Sensory examination reveals normal touch, pain, temperature, deep pressure, vibration, tactile localization and tactile discrimination.

REFLEXES: Upper and lower extremities responded normally to reflex examination.

VITALS:

Weight: 178 lbs 3 oz, **Height:** 5' 4", **BMI:** 30.58, **BSA:** 1.91, **BP:** 153/99, **Pulse:** 77

FUNCTIONAL IMPROVEMENT MEASURES

GAD-7: The GAD-7 is a valid tool to screen for generalized anxiety disorder and assessing its severity. Assessment was completed and reviewed on 04/25/19. Patient total score is 10. This score is consistent with moderate anxiety. **PHQ-9:** A PHQ-9 depression inventory was used to screen for depression in the patient. Assessment was completed and reviewed on 04/25/19. Patient total score is 6. This score is consistent with mild depression.

DIAGNOSES:

M47.816 Spondylosis without myelopathy or radiculopathy, lumbar region
M79.18 Myalgia, other site
Z79.899 Other long term (current) drug therapy

DISCUSSION AND PLAN:

Ms Irma Sepulveda is a 53 year old female bus driver who developed low back pains when she was bending to look under her bus to inspect it on 4/25/16.

She has done 12 PT sessions to date right after her injury that was mostly passive with TENS of no help. She has HEP and does not do it every day because of pain. She is walking 30 min daily.

She is P&S per QME in 09/2017 and after that did seek care on her own. She had MRI that does not show significant abnormalities but we will get final report. There is protrusion at L4-5 and mild diffuse bulges

As she has delayed recovery and chronic back pains, she was sent to PT x 1 visit learn HEP for her lumbar that she can do to self manage her pains.

Chiropractic was done to help her back pains and work on correction of malalignment which she says made her worse.

GAD/PQH9 scores are low. The patient is not anticipated to need psychological support. She has not worked in 1.5 years after lay off. She wants to go back to work. She may be a candidate for FRP to help get her back to work and address her fear of reinjury and harm avoidance.

PLAN

MDE for FRP

Tyl 325 mg TID prn.

REQUEST(S) FOR AUTHORIZATION:
PLEASE SEE ATTACHED DWC RFA FORM
I AM FORMALLY REQUESTING THE FOLLOWING:

THERAPY:

Multidisciplinary Evaluation (MDE) for FRP: RehabOne - Salinas (99499).

CLINICAL RATIONALE:
THERAPY:

Multidisciplinary Evaluation (MDE) for FRP: Ms. Sepulveda is a 54 year female, The previous methods of treating her chronic pain have been unsuccessful in restoring her to preinjury levels of functioning.

Absent consideration of a Functional Restoration Program, at the present time or in the foreseeable future, there are no other options likely to result in significant clinical improvement.

Based on the above, Ms. Sepulveda meets basic criteria for an MDE to determine if participation in a Functional Restoration Program (FRP) is appropriate for her. The ultimate goal is to help her learn effective self-management strategies for pain in order to reduce dependence on medications and providers and increase her level of functioning to return work in a safe and sustainable manner, if at all possible.

Evaluation Description: RehabOne's multidisciplinary clinical team is integrated by qualified and experienced Pain Physicians, Clinical Health Psychologists and Therapeutic Exercise Specialists. An MDE at RehabOne includes three major components: medical, psychosocial and physical functioning assessment. After performing the separate evaluations, the team conferences to share findings and impressions, formulate a treatment plan and provide recommendations, which are then discussed in detail with the patient.

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WORK AND DISABILITY STATUS:

Work Status:

Ms. Sepulveda can work with the following PERMANENT work restrictions:

No repetitive bending/stooping.

Lifting/Carrying Lifting/Carrying not to exceed 30 lb occasionally.

Disability Status:

Remains P&S/MMI Ms. Sepulveda remains P&S/MMI as previously declared.

FOLLOW UP:

4 Week(s) F/U

Follow up with Patti D. Lee, NP-C

PRIMARY TREATING PHYSICIAN ATTESTATION:

- I was available for consultation and to address any questions.

Sincerely,



Melinda A. Brown, M.D.

Diplomate, American Board of Physical Medicine & Rehabilitation

Qualified Medical Evaluator

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

Sincerely,



Patti D. Lee NP-C

Patti Lee NP-C

Date of exam: Sep 06, 2019

Clinic Address: 7880 Wren Ave. Ste. F-163, Gilroy, CA 950204943

Ph: 408-445-8400 Fx: 408-445-0875

AAll Clinics' US Mail Address: 13980 Blossom Hill Road, STE B Los Gatos, CA 95032

Providers' CA License Numbers:

Michael Post, MD – G70217

Melinda Brown, MD – A85503

Ronald Fujimoto, DO – 20A6184

Elisa Yao, MD- A105320

Allen Kaisler-Meza, MD – G74906

Amruta Samarth, MD -A140534

Sepulveda, Irma : Sep 06, 2019

Kareem Hubbard, MD - A128252 Jesse Phelps, PA-C - PA51289
Richard Keyme MD - A133422 David Padgett, DO - 20A5134
Nsisong Usanga, FNP - 95011009 Patti D. Lee, FNP - 95003436

Lindsay Anagnost, FNP - 95001870
Kumar Vijayasree, PA - PA22100

CC:

Liz Michaels 408-436-9306
Mark Filippi 408-286-1935
Ian McFarren 831-728-5789

Melinda Brown MD
Physical Medicine and Rehabilitation

Sep 06, 2019



PRESCRIPTION- Industrial

Patient Name: Irma Sepulveda Date of Exam: Sep 06, 2019
 Supervising Physician: Melinda Brown MD
 Performing Provider: Patti Lee NP-C

THERAPY:

Multidisciplinary Evaluation (MDE) for FRP: RehabOne - Salinas (██████).

Clinical Rationale:

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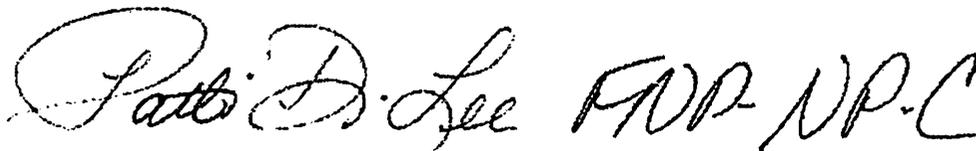
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Diagnosis: M47.816 Spondylosis without myelopathy or radiculopathy, lumbar region
M79.18 Myalgia, other site
Z79.899 Other long term (current) drug therapy



Patti D. Lee NPC

Patti Lee NP-C

Today's Date: 09/08/2019

RehabOne Medical Group, Inc.

Mailing Address: 13980 Blossom Hill Rd. Ste. B, Los Gatos, CA 95032

Phone: 408-445-8400 Fax: 408-445-0875

All Clinics' US Mail Address: 13980 Blossom Hill Road, STE B Los Gatos, CA 95032

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Richard Keyme MD - A133422	David Padgett, DO - 20A5134	Kumar Vijayasree, PA - PA22100
Nsisong Usanga, FNP - 95011009	Patti D. Lee, FNP - 95003436	

Industrial Injury Info:

DOB: [REDACTED]

Adjuster: Liz Michaels

Claim # [REDACTED] **Phone #** 408-441-0754 x 6201
DOI: 04/26/2017 **Fax #** 408-436-9306
Insurance: Keenan

Patient Info:

Address: [REDACTED] **Phone (C):** [REDACTED]
Pref. Lang.: Spanish **Phone (H):** [REDACTED]
Case Type: Work Compensation
Diagnosis: M47.816 Spondylosis without myelopathy or radiculopathy, lumbar region
M79.18 Myalgia, other site
Z79.899 Other long term (current) drug therapy