

**ATTACHMENT C**

**RESPONDENT(S) ARGUMENT(S)**

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Nr. Of pages including cover page :5



Received  
DEC - 4 2019**Respondent's Argument. Dr. Milena Combariza (Respondent)**

1. My application for Industrial Disability retirement was denied by Judge Adam Berg based on the medical evidence presented by Dr. P. Kaloostian.(see attached rebuttal to Dr. Kaloostian's IME Evaluation). In his IME evaluation, Dr. Kaloostian made serious professional mistakes such as stating ... "Her atypical facial pain seems to involve more than just the trigeminal nerve distribution as it involves sensation to the tongue". This IME statement is incorrect; in fact tongue pain is a symptom of Trigeminal Neuralgia (TN) as clearly pointed out in the medical literature. Furthermore, he also failed to cite evidence from my treating neurologist and neurosurgeon that predicate a causal relation between stress and TN exacerbation.
2. My treating specialists prescribed reasonable accommodations to mitigate the debilitating impacts of TN. These requests were denied in a clear violation of ADA legislations. The denial of these reasonable accommodations scuttled my efforts to continue working as a staff psychologist, forcing me to retire earlier than expected.
3. Work overload, frequent working days averaging up to 12 hours, and the extremely stressful environment at R.J Donovan Correctional Facility exacerbated my Trigeminal Neuralgia. Among other debilitating impacts, this intermittent and devastating pain seriously impacted my ability to speak. One of the most essential functions of a Psychologist is the ability to SPEAK.
4. The court hearing was grossly lopsided. We, my witness, my husband and I, were given scant time to present our arguments, whereas Dr. Kaloostian was interviewed at leisure for at least 30 minutes by Mr. John Shipley, CALPERS attorney, When my husband wanted to interview the defendant's lawyer, Mr. Berg denied the petition stating "you are not a lawyer".



Milena Combariza Ph.D

Date 12/03/2019

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**REBUTTAL OF DR. KALOOSTIAN'S IME EVALUATION**

**Pages 5-6 Medical Records indicate facial and tongue pain.**

**On page 10 IME indicates: "Her atypical facial pain seems to involve more than just the trigeminal nerve distribution as it involves sensation to the tongue"**

**This IME statement implies that sensation to the tongue cannot be related to the trigeminal nerve. This is incorrect, in fact tongue pain is a symptom of Trigeminal Neuralgia (TN) as indicated in the medical literature, see [1] Weigel G. and Casey, K.F. (2000), Striking Back-The Trigeminal Neuralgia Handbook" and [2] Medifocus.com (2018), Trigeminal Neuralgia. According to these sources, the trigeminal nerve has 3 branches**

**1- The Ophthalmic runs through the eye ,forehead and nose**

**2- The Maxillary. runs through the upper teeth, gums, lips ,cheek, lower eyelid and side of the nose.**

**3- The Mandibular runs through lower teeth, gums, lower lip, side and front of the tongue, lower gums and part of the ear. It also controls jaw movement for mastication or chewing.**

**On page 10 IME indicates that the onset of my TN is "quite unpredictable" This is not true as Dr Huott prescribed reasonable accommodations on several occasions. 2012 2013, 2014,2015,2016 to minimize stress from the overly stressful conditions at RJD. Stress triggers and exacerbates TN.**

**On page 10 IME indicates that "Her episodic pain may occur at work, but may also occur outside work". The utter stress that occurred at work continued through the evening outside work, at night, when I woke up. In other words stress at RJ Donovan Correctional Facility (Donovan) was so intense, it certainly persisted when I was at home.**

**On page 10 IME indicates "her pain has stabilized and is controlled with medication". At the time I was taking the highest amount of medication Gabapentin, Neurontin, 600 mg tablet, 6 times per day**

**On page 7 Dr. Huott's note of 8/16/15 indicates that high stress levels, weather changes and other factors aggravate her pain and the pain makes it difficult for her to speak and interact with others when present. He requested a modified work schedule with accommodations such as leave early, have someone present her cases, be excused from running groups. Similar accommodations were requested by her treating neurosurgeon Dr. John Alskne in 9/22/2015. These reasonable accommodations were flatly denied in both cases.**

**Comment: These accommodations were immediately denied by Dr. Heather Greenwald (Donovan's Chief Psychologist) without any mandatory review or discussion. She stated that "i would not be able to work at Donovan if I needed these accommodations". These denial significantly increased work-stress and strong evidence for this occurred on 8/24/15, the injury date claimed to CALPERS.**

**On page 7 it is wrongly indicated that my visit to the ER was on 8/28/15. My injury date was 8/24/15 (ER document).**

**On page 8 on 10/1/15 Dr. Adamson indicates that I was doing a lot better regarding the pain because I was not at work. This strongly implies that work-stress caused exacerbation of TN-Pain.**

On page 8 on 9/22/15 Dr. Alksne noted : "The patient suffers left-sided severe trigeminal neuralgia and it can be triggered by stress. And provided accommodations, Leave early when in severe pain, have someone present her cases when she cannot speak, and be excused from running groups when in severe pain. These accommodations were denied. (Support document).

The following documents were not included in Dr. K.'s IME evaluation.

02/02/2012 Dr. Adamson notes 'she works in a prison and she is exposed to a lot'

09/10/2015 Dr. Adamson notes : "She works as a psychologist in a jail a very stressful and difficult to work with the disabling pain she has".

On 12/18/2015 Dr. Adamson notes: "Pain and anxiety much improved since off from work"

On 1.20/2016. Dr. Adamson notes: Had surgery on 12/ 10/2015. Everything went very well and she is happy to wake without pain".

On 10/6/2017 Dr. Adamson notes: "Experiencing more headaches which she thinks are related to very long work hours".

On 4/17/2012 Dr. Huott notes: " She had previously requested a note so that she does not have to engage in group sessions when she is having bad trigeminal neuralgia pain, Note was written after her last visit. She is now requesting FMLA paperwork.

On 11/04/2013 Dr. Huott notes: " She reports that her trigeminal symptoms come and go, much of that related to work stress".

On 7/11/13 Dr. Huott notes: " Affected by neuralgia pain. She feels that when in pain she makes mistakes. She does counseling. I is hard for her to run groups when she is in pain."

On 7/17/2014 Dr Huott notes: " She needs FMLA paperwork form filled out. Hard to do groups .Attempts even when in pain" .She spent 4 weeks in Paris and was doing very well. Stress from wok seems to worsen her condition

On 02/29/2016 Dr Huott notes: " Not taking any medication doing very well after her surgery on 12/10/2015

On 02/29/16 Dr, Huott notes: " She travelled To Rome, Eastern and Southern Europe. Stress at work causes flare ups. Less intense pain after the surgery but it has returned somewhat. She needs FMLA paperwork filled out".

On 7/18/16, Dr. Huott notes: "She improved following the surgery by UCSD Neurosurgeon. However symptoms have returned.

On 01/6/17 Dr. Huott notes: " She is doing oK at times but still gets flares of pain. She needs FMLA paperwork filled out today. Flares up from stress mainly from work

On November 24/2015 I went to see Dr. Sarah L. Ray, Psy.D for and evaluation.

Causation: " Dr. Ray notes : "It seems that Dr. Combariza has experienced stress and psychological injury as a result of the work stress at Donovan Sate prison and it is in my opinion that he overall current

symptoms are at least 51% a result of her work situation. Additionally her work stress appears to have exacerbated her pre-existing condition previously not reported as debilitating".

11.2.415-10.24.16 Saw Psychologist Dr. Sarah L. Ray

4.24.16-11.6.17 Saw Psychologist Dr. Sarah L. Ray

01.11.16: "Client reported anxiety a about returning to work"

01.18.16' Client reported anxiety about returning to work and fearing that her stress and pain will come back".

02.01.16:" Client reports feeling anxious and worried about returning to work

03.07.16" "Anxious about returning to work. Heightened anxiety. Psychiatrist at work committed suicide".

03.14.16 "Anxiety. Process emotions around her co-worker's suicide. Will resume work next week".

03.28.16:" Anxiety through the roof. Explored stress management skills I boundaries and limits to know if the environment is not working for had even more pressure to perform more. Pain flare-up, worried that it may increase"

05.09.16." Client reported that the environment is becoming worse with even more pressures to perform. Client reported having flare ups and is worried that the pain main increase"

06/20.16." Client shared that she feels the pain mostly at work and believes stress is a big factor" ..

08.15.16:" Client reports that her stress level at work has increased but she is trying to live day by day"

9.26.16:" Client reported that everything at work is still the same and has not changed much. She said that she is still taking her days one at a time, but feels when she gets home she is still thinking about work and everything she needs to do the next day"

10.24.16 Client reports that things have changed at work and she was put into a "floating position" which makes it hard for her to know what she's doing each day which causes her an increase amount of stress".

01.02.17." Client reports that the new building at her workplace opened, so everyone has been switched around and trying to settle into their new position. She stated that she is still in a floating position".

01.09.17." client reported that she now has a new case load, with 28 inmates she does not know".

04.27.17." Discussed termination issues.

11.06.17." Client was approved for additional sessions after her last session in April of this year. Client reported that she requested additional sessions due to having her medical issues triggered. She reports her anxiety and stress have increased and when she goes home she cannot turn it off. She feels constantly overwhelmed at work.

11.27.17." Client worried about going to be "stuck in the work rut even after she retires".

12.18.17" Discussed termination".