



September 22, 2015

Nostrud Exercitation, Claims
ALLSTATE INSURANCE
PO Box 289001
San Diego CA 92198

Attorneys at Law
Nemo A. Laboris
Omnis Voluptas

RE: Our Client: Labore Et Dolore
Your Insured: Lorus Ipsum
Your Claim Number: 01123581321
Date of Loss: January 1, 2015

Of Counsel
G. Soluta Nobis

Dear Ms. Exercitation:

With the aim of reaching an expeditious settlement, I am enclosing herein the following special damages incurred by my client in this vehicular collision:

PROVIDER	CHARGES
Eiusmod Urgent Care	\$185.00
Aliqua Family Chiropractic	\$2,830.00
Ullamco Imaging Center	\$2,100.00
Minim Physical Therapy	\$1,255.00
Rem Aperiam, MD	\$1,150.00
Loss of Earnings	\$1,000.00
TOTAL Subject to Change	\$8,520.00

CLICK
Blue
Text
For
Link

Since 1902

Main Office
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Nostrum 90030
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info@laboris.com
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LIABILITY

As confirmed by the traffic collision report attached as **Exhibit 1**, this auto v. auto incident occurred on January 13, 2015 at approximately 8:00 pm. At that time, my client, Mr. Lorus Ipsum (33) was driving westbound on Broadway in Temple City. Just west of Rosemead Boulevard, a Chevrolet Equinox, later identified as driven by your insured, suddenly exited a parking lot directly in front of Mr. Ipsum. Your insured's reckless maneuver was so unexpected, Mr. Ipsum was unable to take evasive action and struck your insured's vehicle front driver's side.

Police responded to the scene and took the following statement from your insured:

"P-1 stated she was exiting the driveway at 5533 Rosemead Blvd. to go eastbound onto Broadway. She said she did not see P-2 who was driving westbound on Broadway."



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Police found your insured caused this collision by driving in violation of California *Vehicle Code* Section [21804\(a\) \(Failure to Yield\)](#).

Liability is clear.

DAMAGES

As a result of the negligent crash, Mr. Ipsum's vehicle was declared a **total loss**. Due to the fact that Mr. Ipsum's vehicle was travelling at near full speed (35 MPH) when your insured pulled in front of him, the crash caused his body to be thrown forwards and backwards. Other than being rattled, Mr. Ipsum felt himself fortunate he did not appear to sustain a serious injury. However, over the next two days, Mr. Ipsum's condition worsened. His **back** began to hurt and his **abdomen** was sore.

Concerned over his worsening injuries, Mr. Ipsum presented to Eiusmod Urgent Care on January 15, 2015 with pain in his [upper rib cage and low back](#). Upon examination, doctors confirmed right rib cage [pain and tenderness to the 5th rib](#) as well as lumbar spine [tenderness and muscle spasms](#). Mr. Ipsum was diagnosed with 1) [Lumbar sprain](#); 2) [Sprain of ribs](#); and 3) [Spasms of muscle](#) before he was prescribed [ibuprofen and flexeril](#) for his pain. Mr. Ipsum was also [advised to rest](#) and [follow-up](#) with his doctor if his pain got worse.

Mr. Ipsum, who works in the entertainment industry as a freelance cameraman and video editor, found himself unable to function normally. He was distressed that his injuries were affecting his ability to work. On January 17, 2015, he presented to Aliqua Family Chiropractic with complaints of [tension, trouble sleeping due to pain, nervousness, neck, right rib pain, mid back and low back pain, accompanied by headaches](#). Dr. Sed Aliqua examined Mr. Ipsum's cervical spine and noted [tenderness, myospasms and trigger points from C2-C6](#) as well as [reduction in the cervical ROM](#). Mr. Ipsum's thoracic spine showed [tenderness, myospasms and trigger points from T3-T7 and T9-T12](#) as well as rib pain from [5-9/10](#). Finally, Mr. Ipsum's lumbar indicated [tenderness, myospasms and trigger points from L2-S2](#) as well as [reduction in the lumbar ROM](#). After his examination, Dr. Aliqua diagnosed Mr. Ipsum with the following:

- | | |
|-----------------------------------|----------------------------------|
| 1. Spinal Enthesopathy | 8. Thoracic Myalgia |
| 2. Lumbar Disc Herniation | 9. Thoracic Spine Sprain/Strain |
| 3. Cervical Myalgia | 10. Lumbar Muscle Spasm |
| 4. Cervical Segmental Dysfunction | 11. Lumbar Myalgia |
| 5. Cervical Muscle Spasm | 12. Lumbar Segmental Dysfunction |
| 6. Cervical Spine Sprain/Strain | 13. Rib Cage Sprain/Strain |
| 7. Thoracic Segmental Dysfunction | |



14. Chronic Pain Due to Trauma
15. Sleep Disturbance

16. Acute Post-Traumatic
Headache

In order to fully evaluate Mr. Ipsum's injury, an MRI of the lumbar spine was taken on February 24, 2015. This exam confirmed 1) **3mm broad-based disc bulge of L3-L4 and L4-L5**; and 2) **Lateral recess narrowing**.

Mr. Ipsum treated with Dr. Aliqua approximately 17 times before returning for his final visit on March 3, 2015. During this final visit, Dr. Aliqua noted Mr. Ipsum continued to suffer from neck, upper back and lower back pain. Unfortunately, Mr. Ipsum was forced to discontinue treatments with Dr. Aliqua as he moved out of the area and he would have had to commute over 90 minutes to receive therapy from Dr. Aliqua. However, due to the disc bulges in his lower back revealed by the MRI, Dr. Aliqua referred Mr. Ipsum to an orthopedic surgeon in lieu of continued therapy.

On March 11, 2015, Mr. Ipsum presented to orthopedic surgeon Rem Aperiam, MD with neck pain and reduced cervical and lumbar ROM. After his examination, Dr. Aperiam diagnosed Mr. Ipsum with 1) **Lumbar Radiculopathy**; and 2) **Thoracic pain**, prescribed him **Norco** and **Mobic** before recommending **lumbar epidural steroid injections**. Dr. Aperiam said he could attempt a round of traditional physical therapy before proceeding with the injections.

On May 18, 2015, began physical therapy at Minim Physical Therapy. At that time he had continuing pain in his **mid and low back** as well as pain in his **shoulder blade region**. Porro Quisquam, PT noted Mr. Ipsum was required to hold a camera for extended periods of time which caused him pain. An examination of Mr. Ipsum's cervical spine and right shoulder revealed **pain, tightness and reduced ROM**. Mr. Ipsum's was also noted to have **tenderness** down his entire spine and **headaches**. Mr. Ipsum's previous **cervical and lumbar** sprain diagnoses were confirmed. Mr. Ipsum treated at Minim PT for approximately six weeks before he returned for his final visit on July 1, 2015. During this final examination, Mr. Ipsum admitted that while he was feeling a little better, he still was not able to function normally, **such as working out on his own**.

As mentioned above, Mr. Ipsum is self-employed as a cameraman and video editor. When using a camera, Mr. Ipsum must hold the camera up for hours at a time. His neck and shoulder injuries made it impossible for him to accomplish this task without causing him pain. Additionally, when Mr. Ipsum is editing, he must sit at his desk for extended hours. His bulging disks in his lumbar spine also made it impossible for Mr. Ipsum to work normally. Unfortunately, as Mr. Ipsum works freelance, if "he doesn't work, he doesn't eat." Mr. Ipsum has spent years developing his professional reputation and knew that no matter what, he had to show up for work. When his injuries began to affect his ability to perform his work responsibilities, Mr. Ipsum grew anxious, depressed and stressed that he might lose his job.



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LOSS OF EARNINGS

As is detailed in the LOE letter attached as **Exhibit 6**, a few weeks before the crash, Mr. Ipsum accepted a job to edit a rough cut for a feature film. Mr. Ipsum agreed on a \$2,000 payment, half due at the beginning of the project and half due at the end of the project. Mr. Ipsum received \$1,000 to begin the project and was able to work a few weeks. However, when the incident occurred, Mr. Ipsum was unable to work normally and the project was passed to an other editor. Due to his inability to finish the project, Mr. Ipsum lost out on \$1,000 in wages.

SETTLEMENT EVALUATION

As discussed above, your insured is clearly at-fault for the car crash of January 1, 2015. Considering all the facts of this case, I believe it has a reasonable early settlement value of at least \$50,000.00, which is our demand. However, if your insured's policy limit is less than that amount, we will accept that policy limit amount if tendered within the next 30 days.

If not tendered within 30 days, we will treat your insured's Allstate policy as having been opened. Thank you for your courtesy and cooperation in this matter. I look forward to speaking with you.

Very truly yours,
LABORIS LAW, PC

Nemo A. Laboris, Esq.
Enclosures

EXHIBIT 1

DATE OF COLLISION

TIME (2400)

NCIC NUMBER

OFFICER I.D.

NUMBER

PAGE

2

1. STATEMENTS:

2. PARTY #1

3. P/1 STATED SHE WAS EXITING THE DRIVEWAY

4. AT 5533 ROSEMEAD BLVD TO GO EASTBOUND ONTO

5. BROADWAY. P/1 SAID SHE DID NOT SEE P/1, WHO

6. WAS DRIVING WESTBOUND ON BROADWAY. P/1 SAID

7. SHE THEN COLLIDED WITH P/2.

8.

RETURN

9. PARTY #2

10. P/2 SAID HE WAS DRIVING WESTBOUND ON

11. BROADWAY. HE SAID HE SAW P/1 PULLING OUT

12. OF A DRIVEWAY AND ONTO BROADWAY. P/2 SAID

13. HE WAS UNABLE TO AVOID COLLIDING WITH P/1

14.

15. WITNESSES: NONE

16. PASSENGERS:

17. BRIAN SAID HE WAS LOOKING LOOKING DOWN AT HIS

18. PHONE AT THE TIME OF THE COLLISION. BRIAN WAS

19. IN THE FRONT PASSENGER SEAT WITH P/2.

20.

21. INTOXICATION: NEITHER PARTIES WERE INTOXICATED AT

22. THE TIME OF THE INCIDENT.

23.

RETURN

24. SUMMARY: P/1 EXITED THE DRIVEWAY WITH

25. ONCOMING TRAFFIC [VIOLATION OF 21804(A) V.C.], CAUSING

26. A COLLISION WITH P/2. BASED ON BOTH PARTIES

27. STATEMENTS I FORMED THE OPINION P/1 IS AT

28. FAULT.

PREPARER'S NAME

I.D. NUMBER

MO.

DAY

YEAR

REVIEWER'S NAME

MO.

DAY

YEAR

EXHIBIT 2

Encounter Date

RETURN

Encounter Type: Office Visit**SUBJECTIVE:**

Chief Complaint: Pt was involved in car accident on . Patient now c/o lower back pain

History Of Present Illness: Pt c/o posterior upper rib cage pain R side and low back pain post being in a MVA on 15. Pt states he was hit on the passenger's side while driving on a surface street. Pt denies head trauma. Denies LOC, states he was able to walk on scene. Denies black outs or memory loss.

Allergies: No known allergies

Review Of System: Constitutional: Patient DENIES Feeling tired
 Cardiovascular: Patient DENIES Chest pain or pressure, Feeling light headed, Fainting, Fluttering in chest, Swelling of legs or feet
 Respiratory: Patient DENIES Shortness of breath
 Musculoskeletal: Patient ***COMPLAINS*** of R posterior rib cage and low back pain .
 Integumentary(Skin and/or Breast): denies rashes or lesions
 Neurological: Patient DENIES Feeling numb, Tingling to lower extremities

OBJECTIVE:**Vital Signs:**

BMI: 28.19
 Blood Pressure: 130/84 mmHg
 B/P Side: Left
 B/P Position: Sitting
 Temperature: 98.60 F
 Pulse: 79 beats/min

Physical Examination: Constitutional: alert, oriented x3 in NAD. Affect appropriate. Gait normal. non toxic
 Neck: supple
 Lung: ctah, no wheezes, no rhonchi, no crackles, no intercostal retractions
 Cardiovascular: RRR, N1 S1 and S2, No cardiac murmurs, rubs or gallops.
 Chest/Breasts: Posterior R rib cage + tenderness to 5th rib. No ecchymosis or step off
 Gastrointestinal (Abdomen): soft, nt, nd, bs(+). No palpable masses.
 Musculoskeletal: shoulders good ROM bil. non-tender
 Lumbar spine: + tenderness paravertebral L>R. + muscle spasm
 no step off
 Skin: Normal color and texture. No lesions seen.

RETURN

ASSESSMENT:

Diagnosis: ICD-9 Codes:
 1)E8129; OTH MOTOR VEHICLE COLLISION W/ MOTOR VEHICLE INJUR
 2)8472; LUMBAR SPRAIN
 3)8483; SPRAIN OF RIBS
 4)72885; SPASM OF MUSCLE
 5)E8120; OTH MOTOR VEHICLE COLLISION W/ MOTOR VEHICLE INJ M

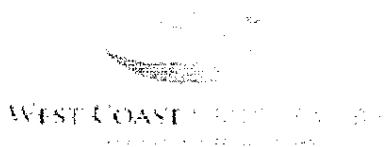
PLAN:

Procedures: 1) 99204; OFFICE VISIT COMPLEX
 2) 71101; RIBS UNIT / PA XRAY
 3) 72110; LUMBAR SPINE 5 VIEW NXRAY

Encounter Date:**Encounter Type:** Office VisitRETURN**Procedures Notes:** Lumbar and rib x-ray: unremarkable**Care Plans:** Ibuprofen 600mg I tab PO q6hrs prn #30 with food
flexeril 10mg I tab PO qhs # 20 no refill.
Pt is advised to rest. may apply warm compresses over affected areas of pain**Patient Instructions:** Follow up with Primary Care Doctor in 3-5 days. Return to Urgent Care if symptoms worsen

[Electronically Signed] - Date: 7:28:03 PM

[Provider]:



FINAL X-RAY REPORT

DOB:

DOS:

Care

N/A

EXAM REASON: MVA-TRAUMA

EXAM TYPE: PORTABLE 2V L/S

FINDINGS: No previous studies are available for comparison.

The lumbar lordosis is preserved, and no acute fractures or subluxations are identified. No focal lytic or blastic lesions are identified. There is no evidence for loss of disc height or facet joint hypertrophy and the paraspinal soft tissues appear normal.

IMPRESSION: UNREMARKABLE STUDY

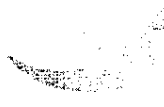
A handwritten signature in black ink, appearing to be "A. H. H.", written over a horizontal line.

Electronically signed by

D: 12:46:21 PST

The documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled.

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WEST COAST
RADIOLOGY

FINAL X-RAY REPORT

DOB:

DOS:

Urgent Care

N/A

EXAM REASON: MVA-TRAUMA

EXAM TYPE: PORTABLE 3V RIGHT RIBS

FINDINGS: No previous studies are available for comparison.

The bony mineralization is normal, and no acute fractures or subluxations are identified. No focal lytic or blastic lesions are appreciated and the soft tissues are normal.

IMPRESSION: UNREMARKABLE STUDY



Electronically signed by

D. 5 12:45:29 PST

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Billing Statement

626-791-8004

14

Statement No:

Statement Date

Bill To:

Patient Name: Andrew Kim		Patient Address: 4037 Barnett Rd., Los Angeles, CA 90032				Patient ID: 47398404	
Date of Service	Procedure	Charge	Insurance Payment	Patient Payment	Adjustment	Reference	Balance
	99204	\$85.00	\$0.00	\$0.00	\$0.00		\$85.00
	71101	\$75.00	\$0.00	\$0.00	\$0.00		\$75.00
	72110	\$25.00	\$0.00	\$0.00	\$0.00		\$25.00

Balance Due: \$185.00

RETURN

Comments: Payments due 15 days from the statement date. We take credit cards for payment. Please contact the office if there is any change in insurance coverage or to make payment arrangements to avoid any further financial actions.

For proper credit, enclose this portion with your payment payable to 'West Coast Urgent Care'

If you would like to pay by Credit Card, please enter the card number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ Visa ☐ Master ☐ Other: _____Exp:

--	--	--	--

 /

--	--	--	--

Card Holder Sig.: _____

CCV: _____

Balance Due: \$185.00

Pay This Amount: \$185.00

Amount Enclosed: _____

Due Date: On Receipt
Thank you

EXHIBIT 3



PATIENT:
DATE OF LOSS:

DOB:

PHYSICIAN:
LICENSE #:
TAX ID #:

DATE OF SERVICE:

FROM : 01-17-2015

TO : 03-03-2015

ICD-9

DIAGNOSIS

720.1	Spinal Enthesopathy
722.10	Lumbar Disc Herniation
729.1	Cervical Myalgia
739.1	Cervical Segmental Dysfunction
728.85	Cervical Muscle Spasm
847.0	Cervical Spine Sprain/Strain
739.2	Thoracic Segmental Dysfunction
729.1	Thoracic Myalgia
847.1	Thoracic Spine Sprain/Strain
728.85	Lumbar Muscle Spasm
729.1	Lumbar Myalgia
739.3	Lumbar Segmental Dysfunction
848.3	Rib Cage Sprain/Strain
338.21	Chronic pain due to trauma
780.8	Sleep Disturbance
339.21	Acute post-traumatic headache

<u>DATE</u>	<u>CPT CODE</u>	<u>DESCRIPTION</u>	<u>CHARGES</u>
01-17-2015	99203-25	COMPREHENSIVE PHYSICAL EXAM	\$ 200.00
	97010	HOT/COLD PACK	\$ 20.00
	97014	ELECTRICAL MUSCLE STIMULATION	\$ 30.00
	97535	BED REST	\$ -
			<u>\$ 250.00</u>
01-20-2015	98940	CHIROPRACTIC MANIPULATION	\$ 60.00
	97014	ELECTRICAL MUSCLE STIMULATION	\$ 30.00
	97012	MECHANICAL TRACTION	\$ 30.00
	97035	ULTRASOUND	\$ 30.00
			<u>\$ 150.00</u>
01-22-2015	98940	CHIROPRACTIC MANIPULATION	\$ 60.00
	97014	ELECTRICAL MUSCLE STIMULATION	\$ 30.00
	97012	MECHANICAL TRACTION	\$ 30.00
	97124-59	THERAPEUTIC MASSAGE	\$ 30.00
			<u>\$ 150.00</u>
01-24-2015	97014	ELECTRICAL MUSCLE STIMULATION	\$ 30.00
	97012	MECHANICAL TRACTION	\$ 30.00
	97124-59	THERAPEUTIC MASSAGE	\$ 30.00
	97035	ULTRASOUND	\$ 30.00
			<u>\$ 120.00</u>
01-27-2015	98940	CHIROPRACTIC MANIPULATION	\$ 60.00
	97014	ELECTRICAL MUSCLE STIMULATION	\$ 30.00
	97012	MECHANICAL TRACTION	\$ 30.00
	97124-59	THERAPEUTIC MASSAGE	\$ 30.00
			<u>\$ 150.00</u>
01-29-2015	98940	CHIROPRACTIC MANIPULATION	\$ 60.00
	97014	ELECTRICAL MUSCLE STIMULATION	\$ 30.00
	97012	MECHANICAL TRACTION	\$ 30.00
	97124-59	THERAPEUTIC MASSAGE	\$ 30.00
			<u>\$ 150.00</u>
01-31-2015	98940	CHIROPRACTIC MANIPULATION	\$ 60.00
	97014	ELECTRICAL MUSCLE STIMULATION	\$ 30.00
	97012	MECHANICAL TRACTION	\$ 30.00
	97035	ULTRASOUND	\$ 30.00
			<u>\$ 150.00</u>
02-05-2015	98940	CHIROPRACTIC MANIPULATION	\$ 60.00
	97014	ELECTRICAL MUSCLE STIMULATION	\$ 30.00
	97035	ULTRASOUND	\$ 30.00
	97124-59	THERAPEUTIC MASSAGE	\$ 30.00
			<u>\$ 150.00</u>

02-07-2015	98940	CHIROPRACTIC MANIPULATION	\$	60.00
	97014	ELECTRICAL MUSCLE STIMULATION	\$	30.00
	97012	MECHANICAL TRACTION	\$	30.00
	97124-59	THERAPEUTIC MASSAGE	\$	30.00
			\$	<u>150.00</u>
02-10-2015	98940	CHIROPRACTIC MANIPULATION	\$	60.00
	97014	ELECTRICAL MUSCLE STIMULATION	\$	30.00
	97140-59	TRIGGER POINT THERAPY	\$	50.00
	97035	ULTRASOUND	\$	30.00
			\$	<u>170.00</u>
02-17-2015	98940	CHIROPRACTIC MANIPULATION	\$	60.00
	97014	ELECTRICAL MUSCLE STIMULATION	\$	30.00
	97012	MECHANICAL TRACTION	\$	30.00
	97124-59	THERAPEUTIC MASSAGE	\$	30.00
			\$	<u>150.00</u>
02-19-2015	99213-25	DETAILED RE-EXAM	\$	90.00
	98940	CHIROPRACTIC MANIPULATION	\$	60.00
	97014	ELECTRICAL MUSCLE STIMULATION	\$	30.00
	97110	THERAPEUTIC EXERCISES, 15 MIN.	\$	50.00
			\$	<u>230.00</u>
02-21-2015	98940	CHIROPRACTIC MANIPULATION	\$	60.00
	97014	ELECTRICAL MUSCLE STIMULATION	\$	30.00
	97110	THERAPEUTIC EXERCISES, 15 MIN.	\$	50.00
	97140-59	MANUAL TRACTION	\$	50.00
			\$	<u>190.00</u>
02-24-2015	98940	CHIROPRACTIC MANIPULATION	\$	60.00
	97014	ELECTRICAL MUSCLE STIMULATION	\$	30.00
	97110	THERAPEUTIC EXERCISES, 15 MIN.	\$	50.00
	97140-59	MANUAL TRACTION	\$	50.00
			\$	<u>190.00</u>
02-26-2015	98940	CHIROPRACTIC MANIPULATION	\$	60.00
	97012	MECHANICAL TRACTION	\$	30.00
	97014	ELECTRICAL MUSCLE STIMULATION	\$	30.00
	97110	THERAPEUTIC EXERCISES, 15 MIN.	\$	40.00
			\$	<u>160.00</u>
02-28-2015	98941	CHIROPRACTIC MANIPULATION	\$	60.00
	97012	MECHANICAL TRACTION	\$	30.00
	97014	ELECTRICAL MUSCLE STIMULATION	\$	30.00
	97110	THERAPEUTIC EXERCISES, 15 MIN.	\$	40.00
			\$	<u>160.00</u>
03-03-2015	98941	CHIROPRACTIC MANIPULATION	\$	60.00
	97012	MECHANICAL TRACTION	\$	30.00
	97014	ELECTRICAL MUSCLE STIMULATION	\$	30.00
	97110	THERAPEUTIC EXERCISES, 15 MIN.	\$	40.00
			\$	<u>160.00</u>
TOTAL CHARGES			\$	<u>2,830.00</u>
AMOUNT PAID			\$	<u>-</u>
BALANCE DUE			\$	<u>2,830.00</u>

RETURN



04/02/2015

Date of Loss:
Our patient:

This is a final report following the S.O.A.P. note format. This report is based upon scientific peer-reviewed literature and gold standard functional/structural outcome assessments. The examination procedures and report are in compliance with The Guidelines for Evaluation and Management Services published by the Health Care Financing Administration (HCFA) of the United States Federal Government (May 1997).

Introduction:

Andrew ale, presented to this office on 01/17/2015 for evaluation and treatment of injuries he sustained in a motor vehicle crash on 01/ /2015. This is a case summary of the history of the accident, examination findings, clinical course, and status of the injuries sustained by Mr.

History of the Crash:

Mr. stated that he was the belted driver of a vehicle that was involved in a car crash on January 17th, 2015. Mr. stated that he was hit on the right passenger side of the vehicle while driving on surface street. Mr. that he braced, was looking right and forcefully held onto the steering wheel upon impact. Mr. noted that he felt his neck whip forcefully side to side and his spine twist as a result of the crash. Mr. stated that immediately after the crash he was shaky, confused and shocked. He stated that about 24 hours after the accident and the following days he began to experience more tension, trouble sleeping due to pain, nervousness, neck, right rib pain, mid back and low back pain accompanied by headaches. He noted on 01/ /2015 he went to Urgent Care for evaluation and treatment of injuries sustained on 01/ /2015. When his symptoms persisted and worsened, he presented our office for evaluation and treatment. Mr. stated that he did not have any of the presenting physical complaints prior to this motor vehicle crash.

Date of Birth:
Gender: Male
Height:
Weight:
Our patient is Right-Handed
First Treatment: 01/17/2015
Medical Specials: \$2,830.00

RETURN

INJURIES

1. Spinal Enthesopathy
2. Lumbar Disc Herniation
3. Cervical Myalgia
4. Cervical Segmental Dysfunction
5. Cervical Muscle Spasm
6. Cervical Spine Sprain/Strain
7. Thoracic Segmental Dysfunction
8. Thoracic Myalgia
9. Thoracic Spine Sprain/Strain
10. Lumbar Muscle Spasm
11. Lumbar Myalgia
12. Lumbar Segmental Dysfunction
13. Rib Cage Sprain/Strain
14. Chronic Pain Due to Trauma
15. Sleep Disturbance
16. Acute Post-Traumatic Headache

RETURN

Pre-existing Medical History:

Patient denied any other traumatic injuries including work-related, or sports-related injuries that would have a bearing on his current condition. Patient denied any history of major illnesses including HTN, Diabetes, cancer, or ulcers.

Medication: Ibuprofen 600mg, Flexeril 10mg

Physical Exam Findings:

Patient presented as a well-developed, well-nourished, He exhibited normal speech and behavior. There was no manifest physical discomfort except the subjective complaints listed above.

Postural Analysis & Gait:

Standing postural analysis revealed left superior shoulder and left antalgic lean in the lumbar region.

HEENT:

Upon examination, the head was normocephalic without visible areas of ecchymosis, abrasions, or lacerations. Vision, hearing, and sense of smell were reported as normal at the time of the exam.

Neurologic:

Patient was alert, cooperative, and well oriented in time, place, and person. Deep tendon reflexes were within normal limits and bilaterally symmetrical for upper and lower extremities. Muscle testing and pinwheel examination revealed no impairment of motor power or sensation.

ROS:

Patient denied any complaints regarding heart, lungs and abdomen. Review of systems of the gastrointestinal system and the genitourinary tracts were reported normal at the time of exam.

Examination of the Cervical Spine:

Examination of the cervical spine was remarkable for tenderness, myospasms, and trigger points in the posterior upper and lower cervical paravertebral muscles bilaterally and moderate myospasms of the bilateral upper trapezius. Spinous processes of C2-C6 were tender to palpation. Soto Hall was also positive for cervical pain. Cervical Distraction relieved the symptoms of pain in the neck. Shoulder depression test positive. Pain was rated as moderate to severe (7 on a scale of 1-10).

RETURN

Cervical ranges of motion were as follows:

Flexion: 40/45 degrees with pain and stiffness
Extension: 45/60 degrees with pain and stiffness
R. Rotation: 50/80 degrees with pain and stiffness
L. Rotation: 50/80 degrees with pain and stiffness
R. Lat. Flexion: 25/45 degrees with pain and stiffness
L. Lat. Flexion: 30/45 degrees with pain and stiffness

RETURN

Examination of the Thoracic Spine:

Examination of the thoracic spine was remarkable for palpatory tenderness, myospasms, and trigger points in the lower right thoracic paravertebral and bilateral upper Trapezius. Spinous processes of T3-T7 and T9-T12 were tender to palpation. Right posterior rib 5-9 were tender to palpation. Pain was rated as moderate (7 on a scale of 1-10).

Examination of the Lumbar Spine:

Examination of the lumbar spine was remarkable for tenderness, hypertonicity, and trigger points of the lumbar paravertebral muscles and Quadratus Lumborum muscles bilaterally. Spinous processes of L2-S2 were tender to palpation. Patient exhibited extreme pain at the lumbosacral junction. The following orthopedic tests were positive: Kemp's bilaterally, Sacroiliac compression bilaterally was indicated for low back pain. Pain was rated as severe (8 on a scale from 1-10).

Lumbar ranges of motion were as follows:

Flexion: 40/90 degrees with pain and stiffness
Extension: 15/30 degrees with pain and stiffness
R. Rotation: 20/30 degrees with pain and stiffness
L. Rotation: 20/30 degrees with pain and stiffness
R. Lat. Flexion: 15/30 degrees with pain and stiffness
L. Lat. Flexion: 15/30 degrees with pain and stiffness

RETURN

Extremities:

Upper Extremities:

Patient denied any complaints regarding the upper extremities. Inspection of the upper extremities revealed no visible areas of ecchymosis or abrasions. No soft tissue swelling or abnormal masses were observed. There was no evidence of tenderness or deformities. Ranges of motion were neither restricted nor painful

Lower Extremities:

Patient denied any complaints regarding the lower extremities. Inspection of the lower extremities revealed no visible areas of ecchymosis or abrasions. No soft tissue swelling or abnormal masses were observed. There was no evidence of tenderness or deformities. Ranges of motion were neither restricted nor painful

The following is a summary of the ICD9 Injury Codes:

720.1, 722.10, 729.1, 739.1, 728.85, 847.0, 739.2, 729.1, 847.1, 728.85, 729.1, 739.3, 848.3, 338.21, 780.8, 339.21

The following is a summary of the CPT Treatment Codes:

99203, 97535, 97010, 97140, 97140-59, 97014, 97035, 97110, 98940, 97124-59, 99213-25.

NECK AND BACK INJURIES

Treatments: 17
 Prognosis: Complaints/treatment recommended
 Provider:
 Last Chart Date: 03/03/2015

History of Complaints

Last Date Noted

Range of Motion	03/03/2015
Headaches	03/03/2015
Spasms	03/03/2015
Anxiety/Depression	03/03/2015
Sleep Disturbance	03/03/2015

Treatments

Last Date Noted

Bed Rest	03/03/2015
Chiropractic Manipulation	03/03/2015
Electrical Stimulation	03/03/2015
Hot or Cold packs	01/17/2015
Manual Traction	02/24/2015
Mechanical Traction	03/03/2015
Myofascial Release	02/10/2015
Ultrasound	02/10/2015
Therapeutic Exercises	03/03/2015

Therapies

Last Date Noted

Duration

Physical Therapy	03/03/2015	Prolonged Intensive
Self-Exercise	03/03/2015	Prolonged Intensive
Exercise Rehabilitation	03/03/2015	Short-Term Intensive
Bed Rest	03/03/2015	Prolonged Intensive

Testings

Last Date Noted

Test Result

X-Ray	01/15/2015	Negative
MRI	02/24/2015	Positive

According to the Croft Guidelines, my patient's initial findings placed him in the Grade 4 - Moderate Category, characterized by Limitation of motion; Ligamentous injury; Neurological findings present; fracture or disc derangement. Treatment guidelines for Grade 4 trauma are as noted below. As noted above, my patient was treated on 17 office visits. Guidelines for Frequency and Duration of Care in Cervical Acceleration/Deceleration Trauma.

	Daily	3x/wk	2x/wk	1x/wk	1x/mo	TD	TN
Grade I	1 wk	1-2 wk	2-3 wk	<4 wk	*	<11 wk	<21
Grade II	1 wk	<4 wk	<4 wk	<4 wk	<4 mo	<29 wk	<33
Grade III	1-2 wk	<10 wk	<10 wk	<10 wk	<6 mo	<56 wk	<76
Grade IV	2-3 wk	<16 wk	<12 wk	<20 wk	**	**	**
Grade V	Surgical stabilization necessary - chiropractic care is post-surgical.						

TD = treatment duration; TN = treatment number

* = Possible follow-up at 1 month

** = May require permanent monthly or p.r.n. treatment

On 01/15/2015 Mr. [redacted] was seen at [redacted] Urgent Care where he had X-rays of his right rib and lumbar spine. The images were read by Dr. [redacted] M.D. and impressions are as follows:

Lumbar Spine:

1. Unremarkable Study

Right Ribs:

1. Unremarkable Study

On 02/24/2015, due to persistent pain in his low back, Mr. [redacted] was sent to [redacted] Imaging for an MRI of his lumbar spine. The images were read by Dr. [redacted] M.D. and his impressions are as follows:

Lumbar Spine:

1. 3 mm broad-based disc bulges of L3-4 and L4-5 with borderline bilateral recess narrowing. Borderline bilateral L4 and L5 radiculopathy may be considered. Clinical correlation will be of further help

ANXIETY/DEPRESSION

Frequency, timing, and course of depressive symptomatology after whiplash.

Carroll LJ, Cassidy JD, Cote P. Department of Public Health Sciences, University of Alberta, Edmonton, Alberta, Canada. lcarroll@ualberta.ca

STUDY DESIGN: Population-based incidence cohort.

OBJECTIVE: To report the incidence, timing, and course of depressive symptoms after whiplash.

SUMMARY OF BACKGROUND DATA: Evidence is conflicting about the frequency, time of onset, and course of depressive symptoms after whiplash.

METHODS: Adults making an insurance claim or seeking health care for traffic-related whiplash were followed by telephone interview at 6 weeks, and 3, 6, 9, and 12 months post-injury. Depressive symptoms were assessed at baseline and at each follow-up.

RESULTS: Of the 5,211 subjects reporting no pre-injury mental health problems, 42.3% (95% confidence interval, 40.9-43.6) developed depressive symptoms within 6 weeks of the injury, with subsequent onset in 17.8% (95% confidence interval, 16.5-19.2). Depressive symptoms were recurrent or persistent in 37.6% of those with early post-injury onset. Pre-injury mental health problems increased the risk of later onset depressive symptoms and of a recurrent or persistent course of early onset depressive symptoms.

CONCLUSIONS:

Depressive symptomatology after whiplash is common, occurs early after the injury, and is often persistent or recurrent. This suggests that, like neck pain and headache, depressed symptomatology is part of the cluster of acute whiplash symptoms. Clinicians should be aware of both physical and psychological injuries after traffic collisions.

PMID: 16845342 [PubMed - indexed for MEDLINE]

Physician:

Duration: 2 to 3 months

Last Date Noted: 03/03/2015

Treatment(s): Counseling, Exercise, Meditation, Avoid Certain Activities

Significant Complications:

IMPAIRMENT

My patient has expressed the following duties which were performed under duress: Work, Hobbies, Domestic Duties, Household Duties. My patient has expressed the following areas of loss of enjoyment: Domestic Duties, Household Duties, Hobbies, Sports (Social), Work/Study.

In regards to whole body impairment, after review of the medical history and the most recent patient visit to include any and all diagnostic testing, according to the adherence to the Guides to the Evaluation of Permanent Impairment, Fifth Edition, significant signs of radiculopathy, such as dermatomal pain and/or in a dermatomal distribution, sensory loss, loss of relevant reflex(es), loss of muscle strength, or measured unilateral atrophy above or below the knee compared to measurements on the contralateral side at the same location. Impairment may be verified by electrodiagnostic findings, or, history of a herniated disc at the level and on the side that would be expected from objective clinical findings, associated with radiculopathy, or individuals who had surgery for radiculopathy but are now asymptomatic, ratable as a DRE Category 4 permanent impairment of whole person as 8%. Clearly, Mr. [redacted] s enjoyment of life and lifestyle has been severely impaired by this accident.

Body Part

Lower Back

Body % Physician

8 %

Last Date Noted

03/03/2015

Duties Under Duress

Work	03/03/2015
Hobbies	03/03/2015
Domestic Duties	03/03/2015
Household Duties	03/03/2015

Last Date Noted**Loss of Enjoyment**

Domestic Duties	03/03/2015
Household Duties	03/03/2015
Hobbies	03/03/2015
Work\Study	03/03/2015
Sports (Social)	03/03/2015

Last Date Noted**DISABILITY**

Mr. is unable to sit for long periods of time without having back pain. Appropriate work restrictions for my patient would limit lifting greater than approximately 10 pounds or on a repeated basis greater than approximately 10 pounds, or from activities requiring repeated lower back bending, or overhead lifting of greater than approximately 10 pounds. Mr. is responsible for the maintenance and upkeep of their personal residence. He is unable to perform specific duties such as washing the car, taking out the trash and laundry. See loss of enjoyment and duties under duress which are functionally related to work restrictions which are appropriate to the injury and consistent with the whole person impairment assigned based on the AMA Guides - 5th Edition. Mr. is unable to perform household duties because of his injuries.

Physician**Last Date Noted**

03/03/2015

LOSS OF EARNING

Mr. was recommended to take 1-2 weeks off of work to speed up recovery, but due to financial burden was unable to take days off.

CURRENT MEDICAL EXPENSES

<u>Name</u>	<u>Amount</u>	<u>Type</u>
DC	\$2,830.00	Physician
Total Physician Expenses	\$2,830.00	

Medical Costs:

If there is a claim any of the medical treatment was unnecessary or any of the bills were unreasonable, please identify in writing, which bills are in dispute and the medical basis for the dispute. If the dispute is based upon a qualified expert opinion from a doctor willing to testify, then, please provide a copy of that report. If this is not the case, then, please confirm in writing that the medical bills are being disputed as an insurance adjuster and not a qualified medical professional. If you do not respond in writing to this request, I will assume you do not dispute the amount of medical bills.

FUTURE MEDICAL EXPENSES:

<u>Future Treatment</u>	<u>Future Cost</u>	<u>Physician</u>	<u>Chart Date</u>
Chiropractic	\$3,600.00		03/03/2015
Lumbar Epidural	\$15,000.00	Dr.	M.D. 03/11/2015
Total Future Medical Costs	\$18,600.00		

EXPENSE SUMMARY:

Physician Expenses	\$2,830.00
Future Medical	\$18,600.00
Total Expenses	<u>\$21,430.00</u>

Causation:

Based on the history of the injury, patient's subjective complaints, past medical history, and the subsequent clinical investigation, it is my opinion that the patient's injuries listed above were a direct result of the motor vehicle crash on January ^b, 2015.

Discussions:

On 02/19/2015 Mr. _____ was given a re-exam in which he had palpatory tenderness, hypertonicity, and trigger points of the cervical, thoracic, and lumbar spine paravertebral, trapezius bilaterally. He also displayed hypertonicity in the quadratus lumborum muscle bilaterally as well as the psoas muscle bilaterally. He has decreased and painful range of motion in the cervical and lumbar spine. He still has trouble sleeping due to low back pain. Mr. _____ stats his headaches still comes and goes but not as often as before. Patient is advised to continue treatment 3 times per week and perform daily home exercises as well as heat and ice therapy at home.

On 03/11/2014 Mr. _____ was seen in the office of Dr. _____ M.D. for an orthopedic consultation regarding the injuries sustained in the car crash on _____. Dr. _____ M.D. made the following recommendations:

1. I recommend continuation of physical therapy/chiropractic.
2. For daily pain issues, I will prescribe **Mobic 15 mg** one tablet p.o. daily. A prescription for #30 tablets was given today.
3. For episodes of severe pain, I will prescribe **Norco 5/325 mg** one tablet p.o. q.6 h. p.r.n. pain. A prescription for #60 tablets was given today. Opioid consent was obtained after discussing risks, benefits and alternatives to opioid therapy. Medication agreement was signed by both doctor and patient today and all questions were answered regarding this safeguard.
4. Return to clinic next week for trigger point injection of the bilateral paraspinal muscles of the upper and lower back.
5. For ongoing pain management, I would recommend the following procedure: **Lumbar epidural steroid injection**. This would be performed using fluoroscopy and intravenous sedation for patient comfort and safety. The risks, benefits, and alternatives to this procedure were discussed with the patient today in the office.
6. I will follow up with him in next week.

RETURN

On 03/03/2015 Mr. _____ continues to complain **of neck, upper back and lower back pain** especially upon prolong activity, sitting and standing. He has been discharged from passive treatment due to housing issue and is unable to continue treatments at our facility and has been instructed to continue ongoing active treatment at home or at another facility. I have counseled the patient that he becomes more physically active with regard to exercising the upper and lower body in general. Excellent exercises include swimming and walking. I believe that he will need additional follow-up chiropractic and pain management care for up to two years (24 visits over the next 24 months at \$150 per visit).

Resolution of whiplash injuries may be prolonged or even prevented by the presence of documented risk factors. Research presents several risk factors in my patient's case which explain her continued problems and need for continued care.

Immediate/early onset of symptoms (i.e., within 12 hours) and/or severe initial symptoms- my patient felt immediate shock and pain from his injuries. According to research, this indicates greater risk of long-term chronic whiplash injury. (Radanov, BP, Di Stefano GD, Schnidrig A, Ballinari P: Role of psychological stress in recovery from common whiplash. Lancet 338:712-715, 1991.) (Parmar HV, Raymakers R: Neck injuries from rear impact road traffic accidents: prognosis in persons seeking compensation. Injury 24(2):75-78, 1993.) (Radanov BP, Di Stefano GD, and Schnidrig A, et al.: Cognitive functioning after common whiplash: a controlled follow-up study. Arch Neurol 50:87-91, 1993)

Initial back pain - my patient's immediate neck pain puts him at further risk for long term chronic whiplash. (Radanov BP, DiStefano GD, Schnidrig A, Sturzenegger M: Psychosocial stress, cognitive performance and disability after common whiplash. J Psychosom Res 37(1):1-10, 1993.)

Use of seat belt/shoulder harness - my patient's use of his seat belt and shoulder harness places him at greater risk of long-term whiplash injury. (Deans GT, Magalliard JN, Kerr M, Rutherford WH: Neck sprain - a major cause of disability following car accidents. Injury 18:10-12.) (Borchgrevink GE, Lereim I, Royneland L, and Bjornadal A, Haraldseth O: National health insurance consumption and chronic symptoms following mild neck sprain injuries in car accidents. Scand J Soc Med 24(4):264-271, 1996.)

Initial physical findings of limited range of motion - my patient's loss of spinal range of motion place him at greater risk of long-term whiplash injury. (Norris SH, Watt I, The prognosis of neck injuries resulting from rear-end vehicle collisions. J bone Joint Surg 65B(5):608-611, 1983.)

Neck pain on palpation, and muscle pain - My patient's pain on palpation and pain in his muscles place him at greater risk of long-term whiplash injury. (Suisse S, Harder S, Veilleux M. The relation between initial symptoms and signs and the prognosis of whiplash. European Spine Journal 2001; 10:44-49.)

Headache - my patient's extreme headaches place him at greater risk of long term whiplash injury. (Suisse S, Harder S, Veilleux M. The relation between initial symptoms and signs and the prognosis of whiplash. European Spine Journal 2001; 10:44-49.)

Front seat position - my patient's position in the driver's seat places him at increased risk of long term whiplash injury. (Parmar HV, Raymakers R: Neck injuries from rear impact road traffic accidents: prognosis in persons seeking compensation. Injury 24(2):75-78.)

A summary of research studies on outcomes of whiplash injury shows that 40% of whiplash victims develop chronic pain and 10% become disabled due to their injuries. (Croft, AR, Whiplash and Brain Injury Traumatology, Module 1, Spine Research Institute of San Diego, 2002) These poor outcomes are most likely associated with post-traumatic changes in damaged soft tissue. When soft tissue has been injured, scar tissue forms as the damaged tissue repairs itself. This repaired tissue is weaker than undamaged tissue, it is less elastic, and it is more sensitive to pain. Patients with scar tissue residuals are subject to pain flare-ups and/or spasm at times of increased use or stress. Based on my treatment and observation of my patient and my experience with similar cases, it is clear that she has some degree of residual scar tissue and may be subject to its associated problems for an indefinite period of time.

Sincerely,



CC:

EXHIBIT 4



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA		<input type="checkbox"/> PICA	
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
(Medicare #) (Medicaid #) (ID#/Doc#) (Member ID#) (ID#)		INSURED'S NAME (Last Name, First Name, Middle Initial)	
		SAME	
CITY		INSURED'S ADDRESS (No., Street)	
STATE		SAME	
ZIP CODE		CITY	
TELEPHONE (Include Area Code)		STATE	
()		ZIP CODE	
()		TELEPHONE (Include Area Code)	
()		()	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
L.A.		a. EMPLOYMENT? (Current or Previous)	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
c. RESERVED FOR NUCC USE		PLACE (State) CA	
d. INSURANCE PLAN NAME OR PROGRAM NAME		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		10d. CLAIM CODES (Designated by NUCC)	
		11. INSURED'S POLICY GROUP OR FECA NUMBER	
		a. INSURED'S DATE OF BIRTH MM DD YY	
		SEX M <input type="checkbox"/> F <input type="checkbox"/>	
		b. OTHER CLAIM ID (Designated by NUCC)	
		AE	
		17	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a and 9d.	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
SIGNER IMAGING DATE		SIGNED VENTURA IMAGING	
14. DATE OF ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY		15. OTHER DATE MM DD YY	
QUAL		QUAL	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	
DR. JOE		FROM MM DD YY TO MM DD YY	
18. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
		FROM MM DD YY TO MM DD YY	
		20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES	
		22. RESUBMISSION CODE ORIGINAL REF. NO.	
		23. PRIOR AUTHORIZATION NUMBER	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) ICD Ind		F. \$ CHARGES	
A. 72210 B. C. D. E. F. G. H. I. J. K. L.		G. DAYS OF UNITS	
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER		H. EPSON Family Plan	
MM DD YY MM DD YY SERVICE EMG OPT/HCP/CS MODIFIER		I. ID. QUAL.	
1 02 04 15 02 24 15 11 LUMBAR MRI		J. RENDERING PROVIDER ID. #	
2 72148 A		2100 00 1 NPI	
3		NPI	
4		NPI	
5		NPI	
6		NPI	
25. FEDERAL TAX I.D. NUMBER SSN EIN		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
31487 -02		28. TOTAL CHARGE \$ 2100 00	
32. SERVICE FACILITY LOCATION INFORMATION		29. AMOUNT PAID \$ 0 00	
33. BILLING PROVIDER INFO & PH. #		30. Resvd for NUCC use	
MAG			
SIGNED 03 15 DATE 15		a. NPI	

RETURN



IMAGING CENTER

Ed. H. Golcheh, M.D.

Patient Name: W

File Number:

Referred By: D:

Date of Birth:

Date of Examination:

Clinical Information: *Low back pain*

LUMBAR SPINE MRI (without Gadolinium):

TECHNIQUE: The examination was performed by 1.5 Tesla Signa Short Bore magnet with 4 mm T1 fat saturation proton density, T2 sagittal, T1 coronal, T1, T2 axial sections without IV contrast.

FINDINGS: The conus of the spinal cord is well preserved. There is no evidence of conus neoplasm. The vertebral bodies and the disc spaces of T12, T12-L1, L1, L1-2, L2, L2-3, and L3 are well preserved. The lateral recesses are intact.

L3-4: There is a 3 mm broad-based disc bulge. There is mild narrowing of bilateral lateral recesses exaggerated by articular facet hypertrophy. Borderline bilateral L4 nerve root compression may be considered.

L4-5: There is a 3 mm diffuse broad-based disc bulge. There is borderline lateral recess obliteration. Borderline bilateral L5 nerve root compression may be considered.

L5-S1: The lateral recesses are intact. The disc space is well preserved. The articular facets are normal.

IMPRESSION: 3 mm broad-based disc bulges of L3-4 and L4-5 with borderline bilateral lateral recess narrowing. Borderline bilateral L4 and L5 radiculopathy may be considered. Clinical correlation will be of further help.

RETURN

, M.D.

Diplomate, American Board of Radiology

Dictated: 02/25/2015 CY/cc

Electronically Signed: Wednesday, Feb 25 2015

Thank you for referring

to our office.

EXHIBIT 5



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

Personal Injury

same as Patient

same,

1. MEDICARE <input type="checkbox"/> (Medicare #)		MEDICAID <input type="checkbox"/> (Medicaid #)		TRICARE <input type="checkbox"/> (ID#/DoD#)		CHAMPVA <input type="checkbox"/> (Member ID#)		GROUP HEALTH PLAN <input type="checkbox"/> (ID#)		FECA BLK LUNG <input type="checkbox"/> (ID#)		OTHER <input checked="" type="checkbox"/> (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)						3. PATIENT'S BIRTH DATE						SEX		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	

9. RESERVED FOR NUCC USE		10. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)		11. OTHER CLAIM ID (Designated by NUCC)	
12. RESERVED FOR NUCC USE		13. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. INSURANCE PLAN NAME OR PROGRAM NAME	
15. INSURANCE PLAN NAME OR PROGRAM NAME		16. CLAIM CODES (Designated by NUCC)		17. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a and 9d.	

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED SIGNATURE ON FILE DATE 05/14/2015 SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) 01 13 15 QUAL. 431		15. Other Date MM DD YY QUAL.		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
---	--	-------------------------------------	--	---	--

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN		17a. NPI		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
--	--	----------	--	--	--

19. ADI (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		21. RESUBMISSION CODE ORIGINAL REF. NO.	
------------------------------	--	--	--	---	--

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) ICD 9d						22. PRIOR AUTHORIZATION NUMBER					
A. 17242	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.

24. A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. \$CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID #
05 19 15 05 19 15	11		97001	A	130.00	1		NPI	
05 19 15 05 19 15	11		97110	A	50.00	1		NPI	
05 19 15 05 19 15	11		97140	A	45.00	1		NPI	
05 19 15 05 19 15	11		97014	A	20.00	1		NPI	
05 19 15 05 19 15	11		97010	A	10.00	1		NPI	
05 19 15 05 19 15	11		97026	A	10.00	1		NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$265.00		29. AMOUNT PAID \$0.00		30. Rsvd for NUCC use	
---	--	---------------------------	--	--	--	---------------------------	--	------------------------	--	-----------------------	--

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)				32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH#			
--	--	--	--	---	--	--	--	---------------------------------	--	--	--

Name: _____ Diagnosis: backpain

S: since pt hadn't come in awhile
he feels like it went back to the way
it was when he started tx

↑ pain w/ certain movements / activities
3/10 to day. & it's around that level

O: Tx as listed constantly. ↑ soreness than
pain (SU) cont. - did good w/ M & R

Level on 7 pain - tender & grounded
w/ SPM on (SU) lat - rib cage - deep - dis -
- caught - soft SPM PCP; no other symptoms

A: did good w/ M & R & T - no awareness

P: ↑ ex as tolerated / same as planned /

Time In: _____

Sign/ Date: 8/6/15 Time Out: _____

S: been feeling good x 1wk did have
some soreness but b/d doing better.
no pain at the moment. was able
to sleep good. used cold last night.

(SU) w/ M & R cont. (SU) chest wall (lat) pain

O: Tx as listed

could understand on (SU) lat chest wall
did good w/ M & R & SPM
Rev. M & R - soft cont. daily M & R
& SPM - soreness M & R & SPM - better

A: Prog. ↑ M & R mobility / stability

P: ↑ ex as tolerated / same as planned /

Time In: _____

Sign/ Date: 8/6/15 Time Out: _____

S: pretty good since last tx. still hasn't
had time to workout in his own

pain wise it's been a little bit better
& is sleeping better as well.
last time he had pain was 1-1 1/2 wk ago

O: Tx as listed (SU)

did good w/ M & R & no 7 pain
w/ M & R activities - could understand -
w/ M & R on (SU) lat - rib cage - (SU)
M & R & SPM - soreness M & R & SPM - better

A: Prog. ↑ M & R mobility / stability

P: ↑ ex as tolerated / same as planned /

Time In: _____

Sign/ Date: 8/7/15 Time Out: _____

Treatment- location, intensity, duration	8/19	8/24	7/11
HP/CP 10' LIS	SU	SU	SU
E-Stim	SU		
IR Laser LIS	8	SU	SU
US			
PWB			
Traction			
Massage 7	8	8	8
Mobs- JST	8	8	8
PNF/MET			
TheraEx	8	8	8
NMR	8	8	8
TheraAct			
HEP- review / upgrade			
UBE / Bike/ Elliptical/ Treadmill			
Rowing	11/3	11/3	11/3
Scap. Prot/Ret	11/3	11/3	11/3
Shd raises LatPull ↓s	11/3	11/3	11/3
Leg Press	11/3	11/3	11/3
Hip Abd/Add	11/3	11/3	11/3
Knee F/E			
Trunk F/E	11/3	11/3	11/3
Pendular ex.			
Shd Pulleys			
BAPS ↔ (↑)	11/3	11/3	11/3
Hip Extensions	11/3	11/3	11/3
Trunk F/E isometrics			
Neck Ball: Ext ↔ ↑			
Stick Shift ↔ ↑			
Ankle ↑ ↔			

RETURN

Name: _____

Diagnosis: backpain

S: it was good after last tx did have

some soreness but not that bad started having shooting pains yesterday. 6-7/10 felt like he couldn't do anything in the moment

O: Tx as listed Feels fine today. not using cold/heat. (5)

Did good Mallets, eggs cont daily on 2 stretches. Better Massage & modalities.

A: ↓ pain & feel good w/strm.

P: ↑ ex as tolerated/ same as planned/

Sign/ Date: 8/5/27/15 Time In: _____ Time Out: _____

S: pt has felt a little better. act a little more limbering & did some light exercises & did notice an improvement.

Pain levels have improved a little since last tx. hasn't used cold/heat. (5)

O: Tx as listed

Did good Mallets on 2 head on 1 pain. Better Massage & modalities. Feel good to go & not as sore anymore. Eggs. gradual ↑ in Mallets.

A: ↓ pain & feel fine @ end of tx

P: ↑ ex as tolerated/ same as planned/

Sign/ Date: 8/11/3/15 Time In: _____ Time Out: _____

S: Sore from going to gym on Friday & Monday but feel better today. Did good Mallets. Haven't tried carrying camera around but did go for a walk w/la.

O: Tx as listed. head but not as bad.

opt on 1 (2) good blade pain on (2) but good Mallets & had no 7 pain. Better Massage & modalities.

Rev head & eggs cont daily nro sup

A: ↑ strength & stability

P: ↑ ex as tolerated/ same as planned/

Sign/ Date: _____ Time In: _____ Time Out: _____

Treatment- location, intensity, duration	5/27	6/10	6/10
HP (CP) 10' L/S	SL	SL	8
E-Stim			
IR/Laser L/S	SL	SL	8
US			
PWB			
Traction			
Massage } L/S, T/S	8	8	8
Mobs-Joint			
PNF/MET			
TheraEx	8	8	8
NMR			
TheraAct			
HEP- review / upgrade			
UBE / Bike/ Elliptical/ Treadmill			
Rowing	7/3	7/4	10/3
Scap. Prot/Ret		7/4	10/3
Shd raises LatPull ↓s	7/3	7/4	10/3
Leg Press	7/3	10/3	10/3
Hip Abd/Add	7/3	10/3	10/3
Knee F/E			
Trunk F/E	7/3	10/3	10/3
Pendular ex.			
Shd Pulleys			
BAPS ↔ (↑)	7/3	10/3	10/3
Hip Extensions			
Trunk F/E isometrics			
Neck Ball: Ext ↔ ↑			
Circle Shift ↔ ↑			
Ankle ↑ ↔			
pt 8/28	5/3	5/3	5/3
pr scap retract	5/3		
pr d/s ext	5/3		
Ball L/S str -		5/3	
" L/S ext -		5/3	

Physical Therapy

PHYSICAL THERAPY EVALUATION

Patient Name:

DOB:

Date:

Referring Physician:

Diagnosis: UBP; MBP

History of onset: MVA mid Jan & then had chiro Tx & it helped w/ LBP

RETURN

Subjective Complaints: Pt c/o pain & stiffness in mid & lower back but mainly in shoulder blade region. Working in film industry & have to carry & hold cameras for ↑ time periods & feels tired & sore doing that. Doing some stretches w/ foam roller at home. not doing HP/ CP at home. not taking pain meds since I don't like it much. Not using HP/ CP at home. off/ on pain & stiffness in neck & upper back. worst is when I try to carry something. Never had a back problem before.

Objective Findings:

Posture: Forward head, Flexed posture, slouched sitting, both shd elevated protracted
 Xfers/ Ambulation: slow/ guarded; diff. w/ turning on tx table & getting on /off tx table
 Strength: Neck & Trunk stabilizers: 4/5; pain (8-9 /10) ; pain w/ all RROM; headaches w/ C/S ext
 Valsalva: -ve Slump : +ve B. L>R SLRs: R/L: 60/60 ; SI jt compression : +ve bilat.(R>L)
 C/S ROM: F/E/RSF/LSF/RR/LR: 45/45/40/40/80/80;- pain (8-9 /10); guarded PROM in all movts
 T/S: ROM: WFL except slight limitations in rotations terminally. Guarded & ↓ scapular mobility
 L/S:F/E/RSF/LSF: 70/20/20/20; pain (8-9 /10) in all movts & guarded terminally
 Tender and tight in neck, traps, levator scap, periscapular region and suboccipitals(R>L); tender Left lateral ribcage & along whole spine; L/S paraspinals & lumbosacral Jn. Tender B. SI jts & sciatic notch
 Occipital Headaches, Head compression: painful and increased headaches; felt good w/ traction
 Sensations: WFL DTRs: guarded BLE & BUE ; Strength : grossly +4/5 in BLE & BUE
 Flexibility: ↓ quads, HF, HS, Piriformis, shd girdle & both sub occipitals; Ely's: +ve bilat
 Tx: pt edn, KCS, B. KCS, pelvic tilts, SLRs, Pr SLRs, STM + IR, ES + CP

RETURN

Rehab Potential/ Interventions: Good / as planned.

Goals: (STG 4-6wks and LTG 10-12 wks)

↓ aggravations, progressions and recurrences w/ Pt education , HEP

Able to start working out in gym in 4-6 wks w/ pain <5/10

Able to get ↑ from sitting w/o pain & sleep 4+ hrs w/o tossing/ turning/ waking ↑ at night in 4 wks

↑ C/S & L/S AROM in all movts for bending, twisting, turning, reaching etc w/ pain <3/10 in 8 wks

↑ strength to 4+/5w/ pain <2/10 to ↑ sit, stand, walk time and home chores to 45+ min in 8 wks

Able to carry work equipments for 2 hrs w/ pain <2/10 in 8 wks

Ability to perform home mgmt, job related and recreational activities in 12 weeks with minimal/ no pain.

Assessment: M/28 w/ diff. sleeping, ADLs, home chores 2 ° NP, LBP, soreness & Lt rib cage pain

Plan : PT 2-3/wk for 4-6 weeks and Re-Evaluate in 4weeks

Modalities (EStim, Hot/ Cold packs, US) to control pain, inflammation and increase exercise tolerance.

Therapeutic ex/ activities to increase Mobility, Strength, Movt. Control, Power, Endurance, Joint stability

Manual therapy - massage, joint mobs, soft tissue mobs, MFR etc to ↓ pain, spasms, guarding, ↑ mobility.

EXHIBIT 6



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

PICA

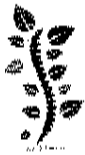
CARRIER

b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>CA</u> PLACE (State)		b. OTHER CLAIM TO (Designated by NUCC)	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10a. CLAIM CODES (Designated by NUCC) Page 1 of 1		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED <u>Signature On File</u> DATE _____				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED <u>Signature On File</u>	
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY QUAL <u>431</u>		15. OTHER DATE QUAL <u>439</u>		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17b. NPI				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES <u>0</u> <u>00</u>	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) A. <u>724.4</u> B. <u>722.52</u> C. <u>724.1</u> D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____				22. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE C. CPT/HCPCS D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS F. CHARGES G. DAYS OR UNITS H. PAYOR I. IO. CUB J. RENDERING PROVIDER ID. #			
1		11 99203 ABC 900.00 1 NPI			
2		11 99080 ABC 250.00 5 NPI			
3				NPI	
4				NPI	
5				NPI	
6				NPI	
26. PATIENT'S ACCOUNTING		27. ACCEPT ASSIGNMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		28. TOTAL CHARGE \$ <u>1150.00</u>	
				29. AMOUNT PAID \$ <u>0.00</u>	
				30. Rev'd for NUCC Use	
				31. BILLING PROVIDER IDENT. # <u>618-7884-5480</u>	
SIGNED _____		DATE <u>4/13/2018</u>		S. <u>1000000000</u>	

PATIENT AND

PHYSICIAN OR SUPPLIER INFORMATION

RETURN



Back and Pain
Specialists

Board Certified Pain Management

IN REFERENCE :
DATE OF BIRTH :
DATE OF INJURY :
PHYSICIAN :
DATE OF SERVICE :
OFFICE LOCATION :

PERSONAL INJURY INITIAL CONSULTATION

CHIEF COMPLAINT

Back pain.

HISTORY OF PRESENT ILLNESS

Mr. is a 3 old male, who was involved in a motor vehicle accident on . The patient states that he was the belted driver of a vehicle that was hit. Currently, the patient complains of moderate to severe pain in the two long strips of pain both parallel to his spine, one to the right of his spine and one to the left of his spine ranging from his mid thoracic level all the way down to his low back. The quality of the pain is that of mostly somatic pain. In terms of medical care, the patient has tried x-ray, muscle relaxant, which has helped significantly. Along with the aforementioned pain, the patient also complains of moderate to severe weakness. The patient ranks his pain as 5 out of 10 on the visual analog scale. Associated symptoms include weakness, muscle spasm, stiffness, and limping. The patient can only sit for 10 minutes, stand for 10 minutes, and walk for 60 minutes before the pain starts to interfere. The pain is made better by heat and cold. The pain is made worse by walking.

PAST MEDICAL HISTORY

Otherwise healthy.

MEDICATIONS

None.

ALLERGIES

No known drug allergies.

PAST SURGICAL HISTORY

Negative.

FAMILY HISTORY

Noncontributory.

SOCIAL HISTORY

He is single. He denies any use of tobacco. He drinks alcohol occasionally and uses recreational marijuana.

PHYSICAL EXAMINATION

GENERAL APPEARANCE

In general, this is a well-developed, well-nourished Caucasian man who appears to be in mild to moderate distress secondary to pain.

CARDIOVASCULAR

No pedal edema or varicosities noted. Arterial strength is 2+ at the bilateral radial, brachial, femoral, popliteal, and dorsalis pedis arteries. Carotid amplitude and duration are normal with no bruits.

LYMPHATIC

There are no palpable nodes in the neck, bilateral axilla, or bilateral groin.

RETURN

MUSCULOSKELETAL

Gait and station: the patient walks with a nonantalgic gait with no use of assistive device. Inspection of the lumbar spine, ribs, and pelvis reveals no obvious deformities. Palpation of the thoracic and lumbar facets reveals pain. Palpation of the lumbar intervertebral spaces reveals no pain. Palpation of the bilateral sacroiliac joints reveals no pain and Patrick's and Gaenslen's tests are negative.

Range of motion of the lumbar spine is 40 degrees in anterior flexion with pain, 10 degrees in extension with pain, 20 degrees in left lateral rotation with pain, and 20 degrees in right lateral rotation with pain. There is pain with posterior "loading" of the lumbar facet joints. There are palpable trigger points in the lumbar paraspinous muscles.

Range of motion of the cervical spine is 50 degrees in anterior flexion without pain, 20 degrees in extension without pain, 35 degrees in left lateral rotation without pain, and 35 degrees in right lateral rotation without pain. There is not pain with posterior "loading" of the cervical facet joints. There are no palpable trigger points in the neck, trapezius, and rhomboids muscles.

EXTREMITIES

Examination of the bilateral elbows, wrists, knees, and ankles reveals no crepitus, tenderness, or effusion. Joints are stable and range of motion is normal.

SKIN

Inspection of the head, neck, trunk, and extremities is normal.

NEUROLOGIC

Deep tendon reflexes are 2+ at the bilateral biceps, triceps, brachioradialis, patella, and Achilles tendon. Motor strength is 5/5 at the right and left upper extremities flexors and extensors, 5/5 at the right and left lower extremities flexors and extensors. Straight leg raise was positive on the right at 40 degrees and positive on the left at 50 degrees. Sensation is within normal limits to pinprick and to temperature sensation throughout his all four extremities.

MENTAL STATUS

He is awake, alert, and oriented to person, place and time. Recent and remote memory are intact. Mood and affect are normal.

DIAGNOSTIC STUDIES

MRI of the lumbar spine on 02/24/2015 showed 3 mm broad-based disk bulges at L3-L4 and L4-L5 with borderline bilateral with lateral recess narrowing, borderline bilateral L4-L5 radiculopathy may be considered.

INITIAL ASSESSMENT

1. Lumbar radiculopathy.
2. Lumbar degenerative disk disease.
3. Thoracic back pain.

TREATMENT PLAN

RETURN

1. I recommend continuation of physical therapy/chiropractic.
2. For daily pain issues, I will prescribe Mobic 15 mg one tablet p.o. daily. A prescription for #30 tablets was given today.
3. For episodes of severe pain, I will prescribe Norco 5/325 mg one tablet p.o. q. 6 h. p.r.n. pain. A prescription for #60 tablets was given today. Opioid consent was obtained after discussing risks, benefits and alternatives to opioid therapy. Medication agreement was signed by both doctor and patient today and all questions were answered regarding this safeguard.
4. Return to clinic next week for trigger point injection of the bilateral paraspinous muscles of the upper and lower back.
5. For ongoing pain management, I would recommend the following procedure: Lumbar

epidural steroid injection. This would be performed using fluoroscopy and intravenous sedation for patient comfort and safety. The risks, benefits, and alternatives to this procedure were discussed with the patient today in the office.

6. I will follow up with him in next week.

DISCUSSION

Thank you for your confidence in referring Mr. [redacted] for a Pain Management Consultation with respect to injuries sustained in the above captioned accident. I have reviewed all of my records and diagnostic studies as summarized above, in conjunction with this evaluation.

At this point, the patient should consider non-steroidal anti-inflammatory medications, and we are starting a prescription strength NSAID today. It is important that he take these anti-inflammatories in order to decrease inflammation to the irritated nerve root affected and consequently decrease the pain associated with the inflammation. Additionally, the patient may need muscle relaxants, such as Flexeril or Soma, to decrease muscle spasms caused by the irritated joints or the inflamed nerves. I will also prescribe him Norco today. If the pain is inadequately controlled, then consideration should be given for controlling the patient's symptoms with narcotic medication of greater potency, such as Percocet and Oxycontin. These medications may be required for a prolonged period of time and their cost varies from approximately \$100 to \$500 per month.

In addition, he should continue with physical therapy and chiropractic care. The vast majority of the symptoms are adequately managed and resolved with aggressive treatment directed at improving muscle strength and joint mobility. Treatment to prevent degeneration of the muscles and decrease onset of arthritis in the joints have prognostic implications for rehabilitation and functionality in injured patients. The treatments range from \$4000 per month during the aggressive phase of treatment to \$1000 per month for maintenance therapy.

I would recommend lumbar epidural steroid injection to alleviate his symptoms. This has a 70% success rate in relieving radicular symptoms. These are performed under fluoroscopic guidance in a surgery center. These procedures cost approximately \$15,000 each, which includes the cost of the surgical facility and the anesthesiologist. The risks, benefits, and alternatives to this procedure were discussed with the patient today in the office.

If these are not effective, then the patient would be a candidate for possible endoscopic laser discectomy. Endoscopic laser discectomy can be performed in a surgical facility and the cost is approximately \$75,000, which is inclusive of the surgical facility and the anesthesiologist fees.

The patient will return to my office next week for follow-up examination. At that time, I will perform trigger point injections of local anesthetic and steroid into the bilateral paraspinal muscles of the upper and lower back. These injections seek to stop the cycle of pain and spasm by decreasing the inflammation in the muscle and enable the healing process to occur. These injections are also directed into the facet joints in instances where the facet joints are suspected to

be the cause of the symptoms. This procedure has both diagnostic and therapeutic value. This procedure costs approximately \$1000. This procedure can be repeated for maximum benefit.

MEDICAL CAUSATION:

The patient's symptoms and physical findings are consistent with the patient's diagnostic findings. In my professional opinion the patient's signs and symptoms and the diagnostic findings were caused by the accident suffered by the patient.

DISCLOSURE NOTICE

The above report is for medical/legal assessment of injuries and is not to be construed as a complete physical examination for general health purposes. Only those symptoms which are believed to have been involved in the injury or that might relate to the injury have been assessed. Regarding the general health of this patient, the patient has the right to obtain a physical examination for general purposes with a personal physician.

Notice is hereby given that pursuant to the patient's authorization and California Civil Code Section 2882.1, the undersigned claims a lien for all medical services rendered to patients on any sums that may be recovered by the patient by reason of accident of occurrence.

If you have any questions please do not hesitate to contact this office at your earliest convenience.

Thank you for the privilege of allowing me to assist

for pain management.

Sincerely,

Board Certified, Pain Management
Diplomate, American Board of Anesthesiology
California Back & Pain Specialists

EXHIBIT 7

EMPLOYMENT INFORMATION

Employee/Independent Contractor: _____

Position/Title: _____ Editor for _____

Employer's name: _____

Employer's address: LAUREL CANYON BLVD STUDIO CITY

Gross rate of pay (per hour, week, month or annual): \$2,000 for cut

Average hours worked per week: _____

Last day worked prior to disability: _____

Date employee/IC returned to work: _____

RETURN

Additional Comments: Hired to rough cut a feature film for \$2000

Paid \$1000 up front, accident occurred after a few weeks and cut got passed to another editor

\$1000 missed out on due to accident, in addition to screen credit and resume

Dated: _____

By: CM.
Name

OWNER,

Title

818

Phone Number

CC

Please note: Since California law denies a negligent party credit for a plaintiff's wage continuation or disability benefits, kindly do not indicate above whether or not your employee was compensated during the disability period.