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AME SAMPLE REPORT Richard G. Baker, M.D. Orthopaedics

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RE: BASEBALL TEAMS
EMP: COMPANY Z
CLAIM NO: 01-00000
WCAB NO: STK 000000
DOI: 7/14/06

Dear Attorney X and Attorney Y:

Mr. BASEBALL TEAMS was examined in my Oakland office on 8/21/08 with respect to injury said to have occurred in the employ of COMPANY Z on the above-specified date. The examination and report concern the examinee's back condition. Mr. BASEBALL TEAMS presented as a 44-year-old right-handed person. He was accompanied to the evaluation by an interpreter.

In accordance with correspondence received, I am reporting as Agreed Medical Evaluator. Billing reflects an ML104-94 designation according to 8 Cal. Code Regs. Section 9795 (b) and (c). The following four or more complexity factors are cited: (4) 4 or more hours spent on a combination of 2 complexity factors (1:Face-to-Face and 2: Record Review); (6) addressing the issue of causation; and (7) addressing the issue of apportionment. The total time expenditure was 7 hours and 55 minutes, including 70 minutes of face-to-face time with the examinee; 3 hours and 30 minutes for record review; and 3 hours and 15 minutes for report dictation/review.

HISTORY:

Mr. BASEBALL TEAMS worked seasonally for COMPANY Z from 1985 through 2006. The examinee typically worked from December through March, and from May through August. Mr. BASEBALL TEAMS worked as a laborer. His job included pruning vines, nailing stakes, harvesting grapes, killing gophers/moles, etc.

Deposition mentions that Mr. BASEBALL TEAMS worked some off-seasons for COMPANY Y, pruning, during the years that he also worked for COMPANY Z.

From 1984 to 2000, the examinee worked seasonally for COMPANY X. Mr. BASEBALL TEAMS supervised a crew, cleaning machinery.

From 2002 to 2005, the examinee worked seasonally for COMPANY W, packing and stacking product. Seasons typically ran from August through November. Generally, Mr. BASEBALL TEAMS lifted five-pound bags of nuts and placed them into boxes. The examinee periodically lifted as much as 50 pounds.

According to deposition, Mr. BASEBALL TEAMS worked the August through November 2005 season for COMPANY W. The examinee did not work the COMPANY Z season from December 2005 through March 2006. Mr. BASEBALL TEAMS resumed work with COMPANY Z in April or May 2006, then working on a full and overtime basis until injury on 7/14/06.

Mr. BASEBALL TEAMS relates that he experienced backaches in the past, but he says that prior to 2006, he did not have a significant or serious back condition. The examinee acknowledges that he saw chiropractors in the past, but the examinee explains that he typically saw the chiropractors during work off-seasons in order to be placed on disability. Mr. BASEBALL TEAMS says that the chiropractors would certify disability and then would provide treatment, including adjustments. Mr. BASEBALL TEAMS asserts that although he was seeing the chiropractors in the past, he did not have significant problems with his spine or back. In deposition, Mr. BASEBALL TEAMS testified that he received disability benefits from January through March 2006, as certified by ABC Chiropractic. The examinee was, according to deposition, receiving treatment for the low back during this time frame.

The examinee recalls that in early July 2006, he developed low back pain associated with shoveling, setting traps, and killing moles. The examinee saw OAKLAND AS, M.D. on 7/5/06 with low back pain. The record refers to lifting and bending at work. Exercise was advised.

Mr. BASEBALL TEAMS states that on 7/14/06, while working for COMPANY Z, he bent at the waist in an effort to lift one or more metal fence posts, weighing 50 pounds apiece. The fence posts were situated on the ground. The examinee felt as if something moved in his back and he says that he had very strong pain. He did not actually lift the posts. The injury was immediately reported to the foreman, Mr. BASEBALL TEAMS's brother.

The examinee states that he did not work after the injury on 7/14/06, until June 2008.

After the incident on or about 7/14/06, treatment was initiated in the office of OAKLAND As, M.D. Care included medication and a referral for physical therapy. Physical therapy records document recurrent pain associated with playing soccer on multiple occasions.

Lumbar radiographs performed 7/20/06 were reported to demonstrate L5-S1 disc space narrowing, endplate sclerosis, and marginal spurring.

A lumbar MRI performed 9/26/06 was interpreted by the radiologist to show straightening of the normal lumbar lordosis; endplate degenerative changes at L5-S1; L4-5 disc desiccation with a disc protrusion slightly displacing the right L5 root; and L5-S1 disc desiccation, bulging, and osteophytes.

Beginning in October 2006, a course of conservative care was provided at Memorial Occupational Health Medical Clinic.

Beginning in the latter part of 2006, care was provided by TEXAS RANGERS, M.D. On initial examination, Dr. TEXAS RANGERS found weakness and sensory deficit in the right L5 distribution. He diagnosed a right L4-5 disc lesion with radiculopathy. The examinee was thereafter treated conservatively with medication, epidural injections, and physical therapy. The epidural injections helped temporarily. Surgery was discussed, but deferred by the examinee. Records describe multiple exacerbations and/or flareups of the back.

Dr. TEXAS RANGERS issued a permanent and stationary report on 10/10/07. He found 5% WPI. He opined that Mr. BASEBALL TEAMS could not return to his customary occupation. He recommended various activity restrictions.

Since the permanent and stationary designation in October 2007, Mr. BASEBALL TEAMS has continued to see Dr. TEXAS RANGERS as needed for flareups or to obtain medications.

Dr. TEXAS RANGERS performed lumbar x-rays, including flexion and extension views, in February 2008. Dr. TEXAS RANGERS described advanced disc space collapse and vacuum at L5-S1, and relative disc collapse at L4-5, but no evidence of instability.

A lumbar MRI was repeated on 4/4/08 and interpreted by the radiologist to show moderate L5-S1 disc space narrowing and mild disc bulging; and disc desiccation with mild disc space narrowing and posterior disc bulging at L4-5. The radiologist also observed mild facet arthropathy at L4-5, and mild to moderate facet arthropathy at L5-S1. There was mention of a right renal cyst.

While acknowledging periodic flareups of the back condition, Mr. BASEBALL TEAMS states that he has not had a significant injury subsequent to 7/14/06. Currently, the examinee is taking Ultram, hydrocodone, and carisoprodol.

CURRENT COMPLAINTS:

Mr. BASEBALL TEAMS reports that he has continuous low back pain. In the absence of significant activity, the pain level is said to be 5-6/10. Within the last few months, pain has been as much as 7/10. The examinee says that he has some really bad days, and walks "crooked" at times. Sometimes it hurts a great deal to turn from side to side in bed. Pain radiates from the back to the right hip region and down the right leg on and off to the ankle. Leg pain can be up to 8/10 at times. The examinee will experience cramps in the right leg at night. When Mr. BASEBALL TEAMS sits too long, his entire right leg will become numb, extending to the big toe. The right leg feels weak. The examinee reports increased urinary frequency, but Mr. BASEBALL TEAMS retains bowel and bladder control. The examinee is capable of having sexual intercourse, but has pain afterwards.

Symptoms are increased by walking, sitting, bending, standing, and lifting. Pain is reduced with medication and stretching. The examinee says that he does not have significant medication side effects.

Mr. BASEBALL TEAMS reports that the back condition causes 3/5 interference with self-care and sleep; and 5/5 interference with physical activity and sexual function. As noted above, and as discussed in deposition, Mr. BASEBALL TEAMS is able to have sexual relations, although not in the manner that he did in the past.

The examinee reports that he can lift 25 pounds, walk 1/2 mile on a flat surface, stand 15 minutes, sit 10-15 minutes (he sat considerably longer while I took his history), drive 30-60 minutes, grocery shop 30 minutes, do housework 30 minutes, play soccer 20 minutes, ride a bicycle 20 minutes, play basketball 20 minutes, fish 1 hour, swim 5 minutes, and garden 1 hour.

Concerning sleep: The examinee says that before injury, he slept 6.5 hours per night and had no difficulty with daytime sleepiness. He does not sleep well currently because of the back condition. The examinee says that at times he will awaken every hour with pain. He says he sleeps a total of 3-4 hours per night, and he is sleepy during the day and will nap at times. I had Mr. BASEBALL TEAMS complete the Epworth Sleepiness Scale, and he scored 5/24, which is a relatively low score.

The examinee mentions that he is feeling depressed about his injury.

Mr. BASEBALL TEAMS states that he has an umbilical hernia, present 6-7 months, which he says began because he was walking crooked due to the back condition.

PAST MEDICAL HISTORY:

As mentioned earlier, the examinee acknowledges backaches in the past, but Mr. BASEBALL TEAMS says that he did not have a significant back condition before July 2006. The examinee acknowledges multiple motor vehicle accidents in the past, but he says that none of the vehicle accidents caused any sort of lasting problem or injury. The examinee says that he never received a settlement for the accidents.

As discussed earlier in this report, Mr. BASEBALL TEAMS says that he saw chiropractors in the past in order to obtain disability benefits during work off-seasons. The examinee says that he received treatment and adjustments, but the examinee says that he did not have significant musculoskeletal problems even though he was receiving treatment.

The examinee states that he saw Dr. OAKLAND As in the past for treatment of blood pressure and gout, but Mr. BASEBALL TEAMS says that prior to July 2006, Dr. OAKLAND As did not treat for the back.

Mr. BASEBALL TEAMS recalls that in 1990, he sustained a nonindustrial fracture of the right ankle. Surgery was performed in Stockton. The examinee has retained hardware. The right ankle hurts at times, but the examinee says that this does not limit any activities. Medical records confirm a bimalleolar fracture, and it appears that treatment was provided by G. HOUSTON ASTROS, M.D.

In July 1991, Mr. BASEBALL TEAMS was seen at U.C. Medical Center following a motor vehicle accident. The examinee had a seemingly minor head injury and a small piece of glass was found in the right arm.

The examinee reports that during the 1990s, while working for COMPANY X, he sustained an injury to the left thumb. The examinee fully recovered, and he says that there was no settlement or award.

In July 1992, Mr. BASEBALL TEAMS was seen in the Emergency Department of Memorial Hospital following a rear-end motor vehicle accident. The examinee presented with neck and low back pain, diagnosed as strains.

In August 1993, the examinee was seen at Memorial Hospital for a left index finger sprain.

On 7/3/94, Mr. BASEBALL TEAMS was seen at Memorial Hospital for a work injury to the left forearm. The examinee was struck on the left forearm by a 500-pound barrel of juice. X-rays were negative.

On 12/25/97, the examinee was seen at Memorial for a right ankle sprain.

On 7/22/98, the examinee was seen at Memorial for a right groin strain after gardening.

On 1/24/00, the examinee was seen by Dr. OAKLAND As after a fall at home. The examinee presented with pain in the back/right hip, and pain in the right upper extremity. Lumbar radiographs performed on 1/24/00 were said to show disc space narrowing, vacuum disc, and marginal spurring at L5-S1; and mild narrowing at L4-5. The examinee was again seen in Dr. OAKLAND A's office on 2/1/00 with back and right arm pain.

Beginning in August 2001, Mr. BASEBALL TEAMS received treatment for back pain at AB Chiropractic Center. The onset was said to be 8/13/01, and was described as an exacerbation of a chronic condition. A consultation record dated 8/22/01 says that Mr. BASEBALL TEAMS woke up with pain and fell backwards. State disability benefits were certified commencing 8/22/01 and continuing to January 2002, when Mr. BASEBALL TEAMS resumed work. A record dated 3/1/02 says that Mr. BASEBALL TEAMS was "prone to exacerbation..."

On 1/2/03, the examinee was seen in the Emergency Department at Memorial after falling from a tree. Mr. BASEBALL TEAMS sustained injury to the left foot, which was subsequently diagnosed as a first metatarsal fracture. The injury was treated conservatively.

Records from ABC Chiropractic specify that the examinee was seen in January 2004, having fallen from a ladder 4-5 days earlier, landing on the back. Mr. BASEBALL TEAMS was treated for neck and shoulder pain at the time, and was certified for State disability benefits, seemingly at least until 3/22/04.

On 5/16/05, Mr. BASEBALL TEAMS was seen by R. OAKLAND As, M.D. for an acute lumbar strain. An injury is not depicted in the record, but it is noted that the examinee was seen in the Emergency Department (hospital name not specified).

In deposition, Mr. BASEBALL TEAMS mentioned that he had a right foot injury at COMPANY W. Records from Dr. OAKLAND As's volume depict a work injury to the right ankle in early October 2005, diagnosed as a right ankle sprain.

Aside from the above, available records describe treatment for gout and cellulitis. Medical records have multiple references to ethanol usage.

Apart from the above, I am not aware of past history relevant to current orthopaedic concerns, or pertinent to Labor Code §§4663 and 4664.

OCCUPATIONAL HISTORY:

Mr. BASEBALL TEAMS worked seasonally, full-time during seasons, for COMPANY Z from 1985 through 2006. The examinee worked as a laborer. Over the years, seasons typically ran from December through March, and from May through August. Job duties included pruning, nailing stakes, killing moles, harvesting grapes, etc. According to Mr. BASEBALL TEAMS, the following could be required up to one-third of the day: Reaching, overhead lifting, twisting, pushing/pulling, kneeling, and lifting various weights up to 60 pounds. Climbing could be required up to two-thirds of the day. The following could be required greater than two-thirds of the day: Driving, standing, walking, walking on uneven ground, forceful gripping, stooping, bending, squatting, crawling, and lifting in the 10-25 pound range.

Deposition mentions off-season work with COMPANY Y, pruning, during the time frame that Mr. BASEBALL TEAMS worked for COMPANY Z.

From 1984 through 2000, the examinee worked seasonally for COMPANY X as a crew leader. Mr. BASEBALL TEAMS supervised a crew to clean machinery.

From 2002 to 2005, the examinee worked seasonally for COMPANY W as a packer and stacker. Seasons generally ran from August through November. The examinee typically lifted five-pound bags of nuts into boxes. Lifting as much as 50 pounds could be required at times.

Mr. BASEBALL TEAMS states that he did not work from July 2006 until June 2008. In June 2008, the examinee worked five days picking cherries. Mr. BASEBALL TEAMS says that he cannot recall the name of the employer.

In July 2008, the examinee worked seven days, eight hours per day, for COMPANY R. Mr. BASEBALL TEAMS thinned vines. The examinee tells me that he stopped work because continuing additional work would have become more physical, and Mr. BASEBALL TEAMS felt that he could not do the more physical work because of his back condition.

The examinee is not working at this time.

RECORD REVIEW:

The following records were reviewed, totaling 2.5":

1. Correspondence, 7/8/08, 8/4/08, 9/3/08.
2. Workers' Compensation Claim Form, 7/25/06, 12/7/06.
3. Application for Adjudication of Claim, 1/16/07.
4. G. TEXAS RANGERS, M.D., 11/16/06 (consult), 11/30/06, 1/22/07 (procedure report), 3/1/07, 4/23/07 (procedure report), 5/8/07, 7/26/07, 10/10/07 (PR-4), 12/13/07, 12/27/07, 2/26/08 (PR-2, lumbar x-ray summary).
5. R. OAKLAND As, M.D., 7/5/06, 7/14/06, 7/20/06, 8/15/06, 9/5/06.
6. Memorial Occupational Health, 10/27/06 (Doctor's First Report of Injury), 11/3/06, 11/13/06.
7. Report of lumbar MRI, Advanced Imaging Center at Lodi Memorial, 9/26/06.
8. Report of lumbar radiographs, Lodi Memorial Hospital, 7/20/06.
9. Memorial Outpatient Rehabilitation Services, 7/28/06, 8/7/06, 9/12/06.
10. Physical Therapy, 8/2/07, 8/9/07, 8/16/07, 8/19/07, 8/21/07, 8/28/07, 9/6/07, 9/11/07, 1/15/08, 1/17/08, 1/21/08.
11. Ambulatory Surgery Center of Stockton, 4/23/07.
12. Volume, Memorial Hospital, 104 pages.
13. Volume, R. OAKLAND As, M.D., 148 pages.

14. Volume, Stockton MRI, 17 pages.
15. Volume, General Hospital, 58 pages.
16. Volume, U.C. Medical Center, 15 pages.
17. Volume, ABC Chiropractic Clinic (Certification of No Records), 9 pages.
18. Volume, AB Chiropractic Center, 80 pages.
19. Deposition of BASEBALL TEAMS, 4/6/07, 81 pages; corrections, 5/25/07.
20. Report of lumbar MRI, 4/4/08.
21. Lumbar MRI (films), 9/26/06. Degenerative disc disease L4-5 and L5-S1. Mild narrowing L4-5, moderate narrowing and endplate changes L5-S1. Central/right protrusion/herniation L4-5. Central protrusion L5-S1. Facet degenerative changes L5-S1, mild L4-5.

PHYSICAL EXAMINATION:

The physical examination was performed with the interpreter in attendance. The examinee presented with a stated height of 5'7" and a stated weight of 210 pounds. Examination revealed a slightly obese 44-year-old person whose appearance was consistent with the stated age. He appeared comfortable during history taking. He arose with hesitation and with support. The examinee did not present with supportive devices or ambulatory aids.

Lumbar lordosis is decreased. Gait is normal. The examinee walks on toes and heels with difficulty. Lower extremity ranges of motion are normal with the exception of right ankle motion, which is decreased due to a prior right ankle fracture and surgery. There is visible swelling of the right ankle, but the right ankle is non-tender and the joint is stable.

There is no spasm in the lumbar region. Muscular spasm is present in the lumbar region. Tenderness is present in the lumbar region, right sacroiliac joint, and right sciatic notch. Back and abdominal strength is diminished. Waddell's test is positive in 2 of 5 categories, including tenderness to light touch, pain with light axial loading, and pain with pelvic rotation.

Pinprick sensation is diminished in the right L5 dermatome, otherwise intact in the lower extremities. Motor strength in the lower extremities is intact with the exception of right great toe extension, graded 4+/5. Reflexes are 2+ at the bilateral knees and ankles. Seated

straight leg raise causes back pain on the right, and causes back pain on the left. Supine straight leg raise causes back pain on the right at 40°. Femoral stretch causes back pain on the right, and back pain on the left. Patrick's test is negative on both sides. Babinski's test is negative on both sides. There is no clonus on either side.

Spinal ROM

	AMA/Inclinometer	
	Provided figures represent final results of data according to AMA protocols	
	Measured	Normal (Degrees)
Lumbar (Back) Flexion	40	60
Sacral Flexion Angle	40	
Lumbar (Back) Extension	15	25
Sacral Extension Angle	10	
Lumbar (Back) Right Bending	10	25
Lumbar (Back) Left Bending	15	25

Joint ROM

	AMA		
	Right	Left	Normal (Deg)
	Provided figures represent final results of data according to AMA protocols		
Ankle Dorsiflexion	10	15	20
Ankle Plantar Flexion	30	40	40
Ankle/Hindfoot Inversion	25	30	30
Ankle/Hindfoot Eversion	5	15	20

Measurements/Circumference (in cm)

	Right	Left
Thigh	48.5	48.5
Calf	36.5	38.5

Comment: The decrease in right calf circumference likely reflects, in part, a prior right ankle fracture and surgery; and likely reflects, in part, radicular involvement due to the low back condition.

DIAGNOSTIC STUDIES:

No further testing is needed at this time.

DIAGNOSIS:

L4-5 disc lesion with right L5 radiculopathy; L5-S1 degenerative disc disease.

DISCUSSION:

Mr. BASEBALL TEAMS is a 44-year-old right-handed male, formerly employed by COMPANY Z as a laborer. The examinee worked for COMPANY Z seasonally from 1985 until 2006. During off-seasons from COMPANY Z, the examinee also worked for COMPANY Y, COMPANY X, and COMPANY W. In the year through July 2006, the examinee worked for COMPANY W and COMPANY Z.

Past history relevant to the back is as follows:

In July 1992, the examinee was involved in a vehicle accident, with injury to the neck and back.

In January 2000, the examinee experienced back pain after a fall at home. The examinee was treated by Dr. OAKLAND As. Lumbar x-rays at the time demonstrated degenerative findings, L5-S1 greater than L4-5. Treatment continued at least until February 2000.

From August 2001 through March 2002, the examinee received chiropractic care for a nonwork back condition (AB Chiropractic Center). The back condition was said to relate to a fall, but was also said to be an exacerbation of a chronic condition. The examinee was certified for EDD benefits from August 2001 until January 2002. Records specify that Mr. BASEBALL TEAMS was known to have intervertebral disc degeneration.

In May 2005, the examinee was seen by Dr. OAKLAND AS for low back pain related to "bending over last weekend." There was no indication that this was considered industrial.

According to deposition, from January through March 2006, Mr. BASEBALL TEAMS was treated for low back pain by ABC Chiropractic; and the examinee was certified for EDD benefits. Dr. CHICAGO CUBS's records are not available. Perhaps EDD records would provide additional information concerning this time frame.

On 7/5/06, the examinee was seen by Dr. OAKLAND As for low back pain. The record refers to lifting and bending at work, and Mr. BASEBALL TEAMS currently associates the low back pain at that time with work activities.

The following summarizes information concerning injury on 7/14/06:

Mr. BASEBALL TEAMS describes a specific work injury on 7/14/06, affecting the low back. The examinee was thereafter treated conservatively. Surgical care was discussed, but deferred.

In my opinion, the examinee received appropriate care for the 7/14/06 injury. Temporary disability as advised by treating physicians was appropriate until a permanent and stationary status was achieved.

In my opinion, maximum medical improvement was achieved by 10/10/07, when so specified by Dr. TEXAS RANGERS. By that time, the examinee had received considerable treatment, and testing had defined underlying pathology. The examinee has since had flareups of pain requiring treatment, but it is my perception that there has been no significant change in the back condition since October 2007.

IMPAIRMENT

Mr. BASEBALL TEAMS presents with low back and right leg pain. The physical examination is consistent with right L5 radiculopathy. Diagnostic testing has confirmed disc pathology at L4-5, and primarily degenerative pathology at L5-S1.

The DRE method is preferred, as Mr. BASEBALL TEAMS does not have findings qualifying for use of the ROM method, as those criteria are delineated on page 380 of the *AMA Guides 5th Edition*.

Referring to Table 15-3, page 384: Mr. BASEBALL TEAMS does not have alteration of motion segment integrity, but he has a lumbar disc lesion with right lower extremity radiculopathy. This qualifies for DRE Lumbar Category III. Given the anticipated impact on activities of daily living, I recommend 12% WPI.

An add-on for pain is not warranted. The examinee does not have significant medication side effects. Mr. BASEBALL TEAMS's sleep disturbance is adequately accounted for in the DRE category, in my opinion. The examinee does not have an impairing sexual dysfunction.

In response to one of the questions asked by the parties: The examinee does have positive Waddell responses in 2 of 5 categories, not sufficient so as to diagnose non-physiologic overlay.

Functionally, it is recommended that Mr. BASEBALL TEAMS be precluded from lifting greater than 25-30 pounds, repetitive bending/stooping, repetitive twisting of the back, forceful pushing/pulling, and other comparable activities.

In my opinion, the examinee is not able to resume the full extent of usual and customary work for COMPANY Z. Mr. BASEBALL TEAMS is capable of modified or alternate work with the above-stated restrictions.

CAUSATION AND APPORTIONMENT

Mr. BASEBALL TEAMS had a nonwork injury to the low back in July 1992 (motor vehicle accident); a nonwork injury to the low back in January 2000 (a fall); a nonwork injury in August 2001 (a fall), leading to multiple months of chiropractic treatment and certification of State disability benefits; and an apparently nonwork injury to the back in May 2005 (bending over). Additionally, the examinee was treated for back pain on a nonwork basis by ABC Chiropractic in early 2006, at which time State disability benefits were certified.

Pathologically, lumbar radiographs performed in January 2000 demonstrated seemingly advanced degenerative findings at L5-S1 and mild degenerative pathology at L4-5. Lumbar x-rays performed in July 2006 also demonstrated degenerative pathology at L5-S1. A lumbar MRI performed in September 2006 demonstrated degenerative findings at L4-5 and L5-S1, and disc pathology at L4-5 and L5-S1, greater at the former level.

In summary, Mr. BASEBALL TEAMS had recurrent nonwork injuries to his back before July 2006, and the records from AB Chiropractic Center describe a chronic back condition. The examinee had documented degenerative pathology in the lumbar spine well before the work injury in July 2006.

The examinee had an episode of back pain on or about 7/5/06, related to work, and prompting a physician visit.

The work injury on 7/14/06, in all medical probability, affected the low back, and caused both aggravation of a preexisting, nonindustrial, back condition, as well as a symptomatic disc lesion at L4-5 with associated right L5 radiculopathy. The examinee thereafter required treatment and disability on an industrial basis.

My opinions concerning causation of permanent disability are predicated on reasonable medical probability as follows:

Medical records document recurrent nonwork injuries to the low back before July 2006, resulting in certification of disability benefits, and resulting in at least episodic care for the low back. The records, in my opinion, are consistent with a chronic recurrent nonwork condition. Records also document the existence of degenerative pathology before the work injury on 7/14/06.

It is my opinion that the medical history is sufficient to cite prior nonwork injuries and preexisting pathology as a cause of nonindustrial permanent disability in this case. It is medically likely, in my view, that the pre-existing back disorder negatively impacts the outcome in this case by augmenting symptomatology, augmenting treatment needs, and by augmenting the level of permanent impairment/disability. In other words, the back condition, as presently assessed, is worse than would be anticipated due to work injury alone - both symptomatically and functionally - because of the combined effects of the pre-existing back problem and the work injury.

In spite of the preexisting nonwork back condition, however, Mr. BASEBALL TEAMS was capable of performing seemingly physically arduous work activity for COMPANY Z over multiple years.

It is my opinion that the work injury on 7/14/06 is the predominant cause of back permanent disability because the examinee required concerted treatment and loss of work time thereafter; and because after the injury on 7/14/06, the examinee was found to have a symptomatic lumbar disc lesion.

In my opinion and in all medical probability, approximately 85% of back permanent disability was caused by injury on 7/14/06; and approximately 15% of back permanent disability was caused by prior nonwork injuries and preexisting lumbar degenerative pathology.

FUTURE MEDICAL TREATMENT

A provision for future care of the low back condition is warranted. This treatment reflects the injury on 7/14/06.

Treatment may include periodic physician visits and the prescription of appropriate medications supported by evidence-based guidelines.

If the examinee has acute flareups of back pain, he may require short courses of physical therapy from time to time to restore function. Because the examinee has continuing radicular pain and radicular findings, the periodic administration of lumbar epidural injections would be reasonable and supportable.

It is possible, although not probable, that Mr. BASEBALL TEAMS could require L4-5 discectomy in the future; and it is somewhat less possible that the examinee could require fusion at L4-5 and L5-S1.

I appreciate the opportunity to examine and report upon Mr. BASEBALL TEAMS. Please contact me if I may be of further assistance.

I certify that I took the complete history from the examinee, conducted the physical examination, reviewed all available medical records, and composed and drafted the conclusions of this report. The conclusions and opinions within this report are solely mine. I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. In accordance with Labor Code Section 5703(a) (2), there has not been a violation of Labor Code Section 139.3, and the contents of the report are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Pursuant to 8 Cal. Code Regs. Section 49.2-49.9, I have complied with the requirement for face-to-face time with the examinee in this evaluation. I have discussed apportionment in the body of this report. If I have assigned disability caused by factors other than the industrial injury, that level of disability constitutes the apportionment. The ratio of nonindustrial disability, if any, to all described disability represents my best medical judgment of the percentage of disability caused by the industrial injury and the percentage of disability caused by other factors, as defined in Labor Code Section 4663 and 4664.

Very truly yours,

SAMPLE REPORT

Alameda

Richard G. Baker, M.D.

Date

County

RGB:pas

cc: Claims Examiner