This packet is an example of the order in which documents should be filed. These are not examples of how to fill out forms/documents.

STATE OF CALIFORNIA
DWC DISTRICT OFFICE

DOCUMENT COVER SHEET

Is this a new case? Yes ☐ No ☑ Companion Cases Exist ☐ Walkthrough Yes ☐ No ☑

More than 15 Companion Cases ☐

09/10/2008
Date:(MM/DD/YYYY)

SSN: 000-00-0000

DEU12345
Case Number 1

☑ Specific Injury
☐ Cumulative Injury

05/15/2007
(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____ Body Part 3: _____

Body Part 2: _____ Body Part 4: _____

Other Body Parts: _____

Please check unit to be filed on (check only one box)

☐ ADJ ☑ DEU ☐ SIF ☐ UEF ☐ VOC ☐ INT ☐ RSU

Companion Cases

☐ Specific Injury

_____
Case Number 2

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____ Body Part 3: _____

Body Part 2: _____ Body Part 4: _____

Other Body Parts: _____

DOCUMENT SEPARATOR SHEET

Product Delivery Unit: DEU

Document Type: DEU FORMS

Document Title: REQUEST FOR SUMMARY RATING DETERMINATION – PTP

Document Date: 05/01/2008
MM/DD/YYYY

Author: UNIFORM ASSIGNED NAME

Office Use Only

Received Date
MM/DD/YYYY

REQUEST FOR SUMMARY RATING DETERMINATION
of Primary Treating Physician's Report

State of California
Division of Workers' Compensation
Disability Evaluation Unit

To be used for injuries which occur on or after January 1, 1994.

DEU Use Only

INSTRUCTIONS :

1. Complete this form and send it to the Disability Evaluation Unit along with a copy of the primary treating physician's report.
2. This form and any attachments including a copy of the primary treating physician's report must be served on the other party.
3. If you receive the completed form from the other party and you disagree with the description of the occupation or earnings, please attach the correct information to a copy of this form and send it to the Disability Evaluation Unit. You must also send a copy of your objection to the other party.

REQUEST IS MADE BY:
_____ **Employee**
_X_ **Claims Administrator**

PHYSICIAN: [redacted]
EXAM DATE:

CLAIMS ADMINISTRATOR CNA ClaimPlus Inc.
Company: American Casualty Company
Mailing Address: P.O. Box 880670
City, State, Zip: San Francisco, CA 94188
Claim No: E3195296 N2
Phone No.: 800-765-9870
Adjustor: Marisa Peters

EMPLOYEE
Name: [redacted]
Mailing Address:
City, State, Zip:
Date of Injury:
Date of Birth:
Social Security #:
WCAB Case No. (if any): unassigned

EMPLOYER: RADIOLOGICAL ASSOCIATES OF SACR

NATURE OF EMPLOYER'S BUSINESS: MEDICAL X-RAYS & LABS

JOB TITLE: COURIER

DESCRIBE THE GENERAL DUTIES OF THE JOB (Attach job description or job analysis, if available):

WEEKLY GROSS EARNINGS: $ 448.58 Attach a wage statement/DLSR 5020 if earnings are less than maximum. Include the value of additional advantages provided such as meals, lodging, etc. If earnings are irregular or for less than 30 hours per week, include a detailed description of all earnings of the employee from all sources, including other employers, for one year prior to the date of injury. Benefits will be calculated at MAXIMUM RATE unless a complete and detailed statement of earnings is received.

RECEIVED
MAY 02 2008
DWC/DEU Sacramento

PROOF OF SERVICE BY MAIL

On 05/01/2008 *(date)* I served a copy of this Request for Summary Rating Determination on [redacted] *(name of employee or claims administrator)* at [redacted] *(address)* by placing a true copy enclosed in a sealed envelope with postage fully prepaid, and deposited in the U.S. Mail. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature [redacted]

UNIFORM INFORMATION SERVICES, INC. WC 8676 (2-95)

DOCUMENT SEPARATOR SHEET

Product Delivery Unit: DEU

Document Type: MEDICAL REPORTS

Document Title: TREATING PHYSICIAN

Document Date: 04/08/2008
MM/DD/YYYY

Author: MICHAEL HEMBD MD

Office Use Only

Received Date: _____
MM/DD/YYYY

*MARK E HAMBLY, M.D.
STEPHEN L MANN, M.D.
D. MICHAEL HEMBD, M.D.
CHRISTOPHER O. NEUBUERGER, M.D.
SARAH L. ZICHELLA, P.A. - C
BRIAN ZERLAUT, P.A. - C

[redacted]
Sacramento, CA 95816

(916) 733-8277
(916) 733-5047 fax

April 8, 2008

CNA Insurance
Lisa Colley
P.O. Box 2420
Brea, CA 92822

RE: [redacted]
DOB: 06/04/51
CLAIM: [redacted]
DOI: 05/15/07

FOLLOWUP/PR4 REPORT

Dear Ms. Colley:

Patient was seen today.

He is working.

The pain is intermittent. It is present most days of the week, requiring Darvocet t.i.d. for management. But he will tolerate the pain fine with the medication. He remains active.

He is recovering well from his hip.

Back pain is described as an aching, burning sensation across the lumbosacral junction. It radiates to the gluteal fossa, but not to the lower extremities.

HISTORY OF INJURY:
He was re-injured on May 5, 2007, causing some onset of low back pain. He was treated with a 12-session course of physical therapy. He has noticed improvement of his back pain, but persistent symptoms.

PHYSICAL EXAMINATION:
In no apparent distress.
HEENT: Normocephalic. Atraumatic. EOMI.

Lumbar lordosis is flattened. Iliac crest sites asymmetric. He is tender to palpation in the lower lumbar spine, both centrally and paracentrally. Flexion, full extension. He has 20 degrees of right lateral bend, 20 degrees of left lateral bend, 20 degrees of extension. He is also guarded. Straight-leg raise is normal. Lasègue is normal.

Right hip range of motion is full. Left hip abduction is 3/5; otherwise, 5/5 reflexes. Absent patellar and Achilles bilaterally.

DIAGNOSTIC STUDIES:
X rays of the lumbar spine obtained demonstrate L4-5 grade I isthmic spondylolisthesis; 12 mm upon flexion and 8 mm in extension.

IMPRESSION:
Unstable isthmic spondylolisthesis.

It is not associated with radiculopathy or claudication.

He has elected not to proceed with any workup for surgical intervention, managing his pain with activity modification and medications.

He has reached maximum medical improvement, and can be considered permanent and stationary as of 04/08/08.

IMPAIRMENT:
DRE lumbar category IV. 20% WPI.

He has a loss of motion segment integrity, as evident by his instability at L4-5 and the presence of grade I-II spondylolisthesis. There is no evidence of fracture or developmental fusion.

Twenty-percent WPI. See page 384, Table 15-3, *AMA Guidelines Evaluation for Permanent Impairment, Fifth Edition.*

APPORTIONMENT:
Isthmic spondylolisthesis is most likely congenital in his case. It is associated with the development of severe L4-5 spondylosis. This has resulted in an instability without neurologic impairment. It has, no doubt, pre-existed his motor vehicle accident. However, it would be an underlying factor for the persistence of pain that would otherwise be expected to have resolved in the first three to four months following his injury.

He has had a mild to moderate burden associated with increasing pain, insofar as he is utilizing medications on a regular basis and still modifies his activity to minimize the frequency and the length of time he spends in twisted or seated positions.

This, in my opinion, would be equivalent to 2% WPI as referenced to by the burden of pain included within the PR4. This 2% would be directly related to his motor vehicle accident, thus 2% of the total 20% would be directly related to his motor vehicle accident, and would be equivalent to 15% of the total WPI. The remaining 85% of the WPI would be secondary to the isthmic spondylolisthesis and degenerative L4-5 disk disease (spondylosis).

BURDEN OF PAIN:
Already incorporate within the rating system.

FUTURE MEDICAL CARE:

Antiinflammatories, analgesics, or adjunctive pain medications as necessary. Periodic physician monitoring with the use of medications, two or three times a year, depending on issues that may be associated with the use.

Trial of Ultram ER. Darvocet as needed for breakthrough pain.

Follow up here as necessary, or in six months for reassessment and laboratory testing.

FUNCTIONAL CAPACITY:

He may return to his work without restriction. He would be advised to refrain from prolonged stooping. Perform occasional bending, stooping, crouching, or twisting. Maximum lifting capacity: 30 pounds.

MEDICAL RECORD REVIEW:

Michael Hembd, M.D., PR2, [redacted]

Consultation, [redacted]

X rays, [redacted] Flexion-extension. Mercy Medical Group.

PR2, [redacted]

Doctor's first report, [redacted]

PR2 report, [redacted]

I utilized 15 minutes of medical record review.

[redacted]

I have not violated Labor Code 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury.

Sincerely,

[redacted]

D. MICHAEL HEMBD, M.D.

[redacted]