

HEALTH INSURANCE CLAIM FORM

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

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

PICA <input type="checkbox"/>		PICA <input type="checkbox"/>	
1. MEDICARE <input type="checkbox"/> (Medicare #) MEDICAID <input type="checkbox"/> (Medicaid #) TRICARE <input type="checkbox"/> (ID/DDO#) 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) Anderson, Tiffany		3. PATIENT'S BIRTH DATE MM DD YY 08 22 1970 SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) 1900 Lakeshore Dr		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>	
CITY Lodi STATE CA		7. INSURED'S ADDRESS (No., Street)	
ZIP CODE 95242 TELEPHONE (Include Area Code) (209) 3310208		CITY 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:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State)	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)	
11. INSURED'S POLICY GROUP OR FECA NUMBER VE0700184		11. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
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 01/06/16		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 Signature on file	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP): MM DD YY 06 29 2011 QUAL 431		15. OTHER DATE MM DD YY	
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY		17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		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? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. M25.56 B. C. D. E. F. G. H. I. J. K. L.		22. RESUBMISSION CODE ORIGINAL REF. NO.	
23. PRIOR AUTHORIZATION NUMBER		24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY 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. EPST Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #	
1 540 Mins were spent on this QME Med-legal report 12 15 15 12 15 15 11 ML 104 95 A 2250 00 36 NPI 1982751558		2 12 15 15 12 15 15 11 95819 A 533 34 1 NPI 1982751558	
3		4	
5		6	
25. FEDERAL TAX I.D. NUMBER 26-1114252 SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO. 120504	
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 2783 34	
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.) Michael Bronshvag MD Neurology 01/06/16 SIGNED DATE		32. SERVICE FACILITY LOCATION INFORMATION Stockton - ExamWorks 3555 Deer Park Drive, Suite 150 Stockton, CA 95219	
33. BILLING PROVIDER INFO & PH # (800) 4581261 ExamWorks, Inc. 11010 White Rock Road, Suite 120 Rancho Cordova, CA 95670		a. 1982751558 b. G15805	
a. 1982751558 b.			

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
ExamWorks, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Apply to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
11010 White Rock Road, Suite 120

6 City, state, and ZIP code
Rancho Cordova, CA 95870

7 List account number(s) here (optional)

Requestor's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
			-				-	
OR								
Employer identification number								
2	6	-	1	1	1	4	2	5

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ *Maurice Perry*

Date ▶ 01/20/2015

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1099-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
 If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.
 By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

MICHAEL M. BRONSHVAG, M.D.
Diplomate in Neurology, ABP&N
Diplomate in Internal Medicine, ABIM

December 15, 2015

David Gutierrez, Adjuster
AIMS
P.O. Box 269120
Sacramento, CA 95826-9120

Sara A. Skolnik, Esq.
Stockwell, Harris, Woolverton & Muehl
1545 River Park Drive, Suite 330
Sacramento, CA 95815

Tiffany Anderson
1900 Lakeshore Drive
Lodi, CA 95242

Disability Evaluation Unit
31 East Channel Street, Room 344
Stockton, CA 95202

QUALIFIED MEDICAL EVALUATION

Re: ANDERSON, Tiffany
Dates of Injury: 06/19/2008, 07/02/2009, 03/26/2009, 06/29/2011, CT-11/30/2011
Employer: San Joaquin County Mosquito & Vector Control
WCAB Case #s: ADJ7004221, ADJ7004227, ADJ7010682, ADJ7976768, ADJ9066508
Claim #: VE0700184

Dear All:

Tiffany Anderson was seen for a Qualified Medical Evaluation on December 15, 2015, at 3555 Deer Park Drive, Suite 150, Stockton, California 95219.

Re: Tiffany Anderson
Date: December 15, 2015
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Under penalty of perjury, this report is submitted pursuant to 8 Cal. Code Regs. Section 9795(b) &(c) as a **ML 104-95**. Comprehensive Medical Legal Evaluation Involving Extraordinary Circumstances and meets the requirement of four complexity factors. These include: (5) 6 or more hours spent in any combination of factors 1-3 (counts as 3 factors); (6) Addressing the issue of medical causation, which shall count as one complexity factor;

Time spent in direct, face to face contact was 1 hour. Time spent reviewing records required 6 hours. Time spent preparing the report was 2 hours. Total time spent on this case was 9 hours plus electroencephalogram study.

INTRODUCTION

I interviewed and evaluated Tiffany Anderson in Stockton on 15 December 2015. I am provided with a very large stack of medical records, which I review at this time. I note that the claimant had worked for San Joaquin County Mosquito and Vector Control. At least part of the problem is the claimant's description of cumulative difficulty through November 2011 to body systems. It is stated that the claimant feels she was exposed to harmful substances (including formaldehyde) on 6/9/2004, 1/26/2005, and 10/11/2005. The claimant described on claim forms that on 1/26/2005 she sustained a head-to-toe rash from standing on weeds.

On 10/11/2005 a rash to the legs and stomach relevant to a long drive in wet clothes, rash and sore throat were described.

On 6/8/2004 rash on the legs and ankles was stated that this was poison oak. Mention is described by the claimant of a June 2011 knee injury (which she told me about), and the claimant felt that the wound was infected from exposure to pesticides upon return to work.

The claimant had provided me with a five-page typed document. It is undated and unsigned. Among other documents, the claimant states that the employer did not provide some documents the claimant wanted. She comments on her job requirements.

She feels that there are two claims I am to give my expert opinion on:

1. A specific exposure in June 2011 - knee injury. The claimant described in this document the injury as she also had described it to me. She stated that she was walking around a dairy pound with a two-gallon can.
2. Cumulative - beginning at date of hire. The claimant noted that in the initial training stages she "broke out in a rash." She was told to write down "poison oak." The claimant is concerned about the pesticide - toxicological events at the fish hatchery. The claimant, in this

type-written document, describes what she told me face to face relevant to a head lesion and rashes on back and chest (breast) area. This document basically describes what the claimant told me.

The claimant states that she is retired as a pest application control person as of November of 2011. She had begun the job in 2004.

HISTORY

The claimant is 45 years old, resides in Lodi, and she presents in a variable fashion, sometimes cheerful and sometimes very distressed and angry. The claimant described a legal issue including the Grand Jury related to procedures. There are several different dates of injury or issue. The claimant had described exposure to a T-bar, which was hidden as she was walking through an area to be inspected, and there was apparently a penetration, scraping, or laceration relevant to the right knee and shin area. The claimant also notes that she has had two knee surgeries and the relationship between her knee difficulty - surgery - and the specific injury with the T-bar is mentioned. The claimant states that with that T-bar event, she was given a tetanus shot and was sent home. She reported the injury but did not recall or describe work loss initially. She then had flu-like symptoms and a right knee - shin scar with pain. There was also an episode in August 2011 when she had mouth sores and dizziness, and was off of work. She was told in 2009 that her blood pressure might be elevated. She describes exposure to formaldehyde and the claimant indicates that she questions the appropriateness of employing formaldehyde. She also feels she was exposed to other chemicals including copper sulfate. She is concerned that some of the things she has been exposed to have long latencies.

She states that her exposure to chemicals occurred without her knowledge or consent. She tells me that the insurance carrier has refused all medical care, and her employer forced her out of work.

CURRENT COMPLAINTS

The claimant complains of a scalp lesion in the right frontal parietal area, which she feels is related to her job and efforts. The claimant noted abnormal menstruations in 2006 and states that since 2007 she has not menstruated at all (amenorrhea). She feels that since 2005 she has had rash on breast and back. She complains of fatigue and psychological symptoms. She sees spots before her eyes. She was apparently evaluated for chest pain 2005. She is unaware as to whether a specific diagnosis was or was not made. She describes herself as nervous and sleeping poorly. Since being off of work (2011) she considers herself to be somewhat better but not well.

Re: Tiffany Anderson
Date: December 15, 2015
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She, thus, has noted rashes or similar problems on her breasts, bilateral face and right parietal area. She complains of episodic soreness in her mouth. Her difficulties include emotional distress, results of trauma, and symptom of anxiety.

She notes nervousness, depression, difficulty sleeping, and crying spells. She notes that her right knee especially hurts and her leg swells, especially after long walks and she notes that her feet cramp.

She attributes these difficulties and challenges to her work at San Joaquin Mosquito - Vector Control especially relevant to hostile environment, and unapproved exposure to pesticides and toxins including formaldehyde.

CURRENT TREATMENT

The claimant tells me at this time she is basically receiving no medical treatment except at Dr. Morada, orthopaedist, who has been looking after her relevant to her knees and her three knee surgeries. She tells me that she was seen at an emergency room in 2011, diagnosed with chronic fatigue, and then merely sent home. The dates of her knee surgeries are 2008, 2010, and 2011. She had been seen by Dr. Oreana. She summarizes her difficulties as her knee difficulty with three surgeries, plus exposure to chemicals at work, and stress at work. She feels that she was treated in a hostile fashion. She takes note of the Grand Jury proceedings that she had hoped to initiate.

MEDICAL REVIEW OF SYSTEMS

Relevant to specific diagnoses, the claimant has been under observation for high blood pressure but is unaware of a specific diagnosis for lung or heart disease, diabetes, or circulatory problems. The claimant denies kidney or liver disease, gastrointestinal problems, weight loss, or anemia. She has skin and eye problems, but no overt ear problems. She tells me that she has no medical coverage and she needs to be screened for all cancers that are caused by formaldehyde (either current or latent). She tells me that her neck has severe arthritis in it, and her knees crack and lock. She notes cramping sensation in the both feet.

PAST MEDICAL HISTORY

The claimant is unaware of any pertinent difficulties prior to 2004 when she began to work in mosquito and vector control.

JOB DESCRIPTION

The claimant worked from April 2004 to June 2011 for the County in pesticide and vector issues.

SOCIAL HISTORY

The claimant's height is 5'4" with a weight of 125 pounds. The family history is unknown except that her mother had COPD and had passed away. This was upsetting to the claimant. The claimant is unaware of specific drug allergies, but she has been told that her immune system has been compromised since 2004 - and she easily gets sick. She does not smoke. She does not drink. She denies drug misuse. She is a lifelong Californian - divorced with high school and GED abilities. She is able to read and write well, and has skills in writing, office work, and research. She feels that she could do office work, or work at home.

She does not currently employ crutches, a cane, or a brace. She has a driver's license. She is right-handed. She can walk five blocks, climb a flight of steps, and she thinks she could lift 50 pounds. She had to curtail job, gym, family, and relationships. She is able to do household chores.

RECORDS REVIEW

There is correspondence from Division of Occupational Safety and Health - December 2013 documenting complaint and possible action. I reviewed the serial Kaiser notes. Health maintenance is documented. Anxiolytic - alprazolam are mentioned. Ketorolac, promethazine, and vitamin B₁₂ are provided. The neck films showed only slight changes. Opioid issues are mentioned. The claimant had been treated with morphine sulfate. Stress and anxiety were mentioned. ADD difficulty as a youth was mentioned. A 2010 depo of the claimant is noted. Orthopaedic rating efforts of Dr. Tavador in 2012 are noted. The Dameron records are noted. The Material Safety Data Sheets are noted and crop spray issues are noted. Further data are noted. A document "biological hazard at wastewater treatment facilities" is reviewed.

In summary, after having reviewed all of these data, and noting that I am not the last word on fisheries or similar issues, the questions are - that I will try and give some information regarding:

1. The claimant's right knee difficulties and the issue of that T-bar event.
2. The claimant's several areas of skin abnormality.
3. The claimant's medical level of difficulty and a complaint of fatigue.

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4. What appear to be substantive psychological issues - whether these are longstanding and characterological or whether these are a direct toxic effect of something, or whether they represent the claimant's response to work events remains to be clarified.

5. The claimant describes amenorrhea - to what extent this represents an idiopathic change of life or whether it represents a response to psychological or physical - medical issues remains to be clarified.

With that as a background, I approach the physical examination relevant to this claimant that alternates between being cheerful and articulate, and being very distressed and angry (not angry at me, but angry at everything).

PHYSICAL EXAMINATION

I begin with mental status evaluation. The claimant names day, date, month, year, and location, president of the United States, governor of California, capital city of California, and largest city in California (she did not identify Vice President Biden). She was able to add two-digit sums, but stated that she could not attempt to subtract two-digit sums. She states she has difficulty concentrating. She was able to remember three objects (oak tree, daisy flower, city of Denver) after a period of distraction. Her blood pressure is measured at 130/80, and the pulse is 80 and regular. I demonstrated no tachycardia or arrhythmia. The claimant did not demonstrate dyspnea, cyanosis, edema, or cough. The eyes, funduscopic exam, and cranial nerves are unremarkable. ENT exam does not demonstrate abnormalities. The thyroid is not enlarged. Trachea and veins are unremarkable. The claimant alerts me to skin changes in the right parietal scalp area and on both sides of her face. (*I could not see anything.*)

Lungs, heart, and pulses are normal. Abdominal and skin examinations are normal. The claimant (disrobed with a female attendant present) demonstrated rashes on her breasts - (*these looked normal to me*). She asked me to look at her back for rashes there, I saw none.

Thus, abdominal and skin examinations are unremarkable.

The musculoskeletal examination - symptomatically localizes to the right knee (site of three operations), but range of motion is full and swelling is not demonstrated. The balance of the musculoskeletal examination is unremarkable. No sensory or motor neurological deficits are noted. The tendon reflexes are 1+.

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ELECTROENCEPHALOGRAM STUDY

I had the benefit of help from technologist Adamson, who performed the test and showed me the results, which I reviewed.

EEG - The basic waking rhythm is 11 cycles per second alpha, well developed and best observed posteriorly. This is a normal background rhythm.

I observe no asymmetries, paroxysmal changes, or abnormal waves. Hyperventilation and photic stimulation did not document any difficulties.

Accordingly, this is a normal waking EEG. Sleep was not observed.

INITIAL COMMENT

Accordingly, this claimant presents with large number of difficulties she describes as being secondary to:

- a. Toxic exposures and dermatologic complaints.
- b. Knee issues, possibly complicated by a 2011 T-bar event.
- c. Hostile environment.

IMPRESSION As above, a complex set relevant to actual or possible

- a. Toxic exposures.
- b. Knee issues, possibly complicated by a 2011 T-bar event.
- c. Hostile environment.
- d. Dermatologic and gynecologic issues

The differential diagnosis includes inflammatory, infectious and toxic issues. I will comment further.

TEMPORARY TOTAL DISABILITY

Relevant to her job and job description, if the claimant were indeed demonstrated to have toxin-related findings, that would be of note. At the present time, I do not identify TTD relevant to a medical or neurological issue.

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The claimant clearly has some psychological issues and these need to be evaluated in detail by an M.D. psychiatrist, but I will refer and defer on that one.

PERMANENT DISABILITY

I do not identify any permanent and stationary data at this time.

SUBJECTIVE SYMPTOMS

This claimant presents with a troubling degree of psychological symptomatology, and widespread musculoskeletal issues, plus dermatologic issues.

OBJECTIVE FACTORS

I will need a dermatologist to help me, but I did not demonstrate any skin lesions at this time.

Relevant to the claimant's right knee symptoms, I will need an orthopaedist to help me, but striking derangements were not noted. Relevant to the medical examination, the basic medical examination was normal and I did not demonstrate tachycardia or tremors. Accordingly, at this time, I do not demonstrate any clear-cut worrisome findings.

AMA IMPAIRMENT RATING

The actual are orthopedic, psyche and the broad range of internal medical-neurological issues. As you will note, I will gather further data and then approach these pertinent challenges.

CAUSATION

I refer and defer entirely relevant to the psychological issues. I will find out to what extent cognitive brain problems can be demonstrated.

At this time, I refer and defer entirely relevant to the dermatological and gynecological issues. Causation of the psychological difficulties may well turn out to be secondary to interaction with her co-workers and bosses but to what extent this represented a hostile environment and to what extent it represented good faith management remains to be clarified.

Her knee difficulties are at least in part work caused. Further clarification of this work-related issue depends upon orthopaedic evaluation at this time.

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APPORTIONMENT

At the present time, I do not have any basis for apportioning her knee difficulties to anything other than her work injuries, but further data may provide other information. As you will note, at this time, I am referring and deferring relevant to gynecological and psychiatric issues. Relevant to internal medical and neurological issues, and the issue of apportionment, absent a specific diagnosis (or current evidence that there is no specific diagnosis), I will refer and defer at this time.

FUTURE MEDICAL CARE

As I understand it, this claimant is currently receiving no treatment except she is being followed by her orthopaedist - Dr. Morada.

People with this degree of psychological issues (whatever the cause) are helped by psychiatric treatment (pills or no pills - ?).

RETURN TO WORK

At the present time, she is clearly capable of full-time work. Her physical examination is basically normal. To what extent psychological factors would impede her ability to do a job remains to be seen.

I refer and defer relevant to purely 'ortho' issues.

As you will note, this claimant currently physically - neurologically can do some jobs full time. If the tests show no demonstrable abnormalities, she would be able to do even more (there is that modest right knee finding). To what extent this claimant's psychological issues (whatever their cause) is interfering with her working full time requires clarification by the appropriate specialists.

STUDIES REQUESTED - Since it would be an error of judgment to accept everything this claimant said exactly as she said it, and it would be equally erroneous to dismiss her complaints, some workup is required.

- a. Blood work - CBC, chemistry panel, sed rate, and C-reactive protein.
- b. Total body nuclide bone scan.
- c. MRI brain scan of head.
- d. Consults required - dermatology (are there skin lesions ?), gynecology (why is she described amenorrhea), psychiatric (M.D. not Ph.D.).

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- e. Repeat evaluation of the claimant by myself in a timely fashion (in about two to four months).

On written approval from the carrier, we will schedule these diagnostic tests.

Occasionally, in cases of this type collateral information (surveillance data) can either confirm exactly what the claimant is saying or raise questions.

RESEARCH STUDIES PERFORMED –

Please refer to the refereed open source articles I have read, selected and provided relevant to toxic, inflammatory, dermatologic and gyne issues as well as psyche issues.

FURTHER COMMENT

This examination was made more challenging because:

- a. The claimant was pressured, unhappy, and had a number of complaints.
- b. I did not find anything other than slight right knee findings on physical examination, so I had to recheck everything to make sure I was not “missing something.”

I will gather the further data and report further and more fully as quickly as possible. As you will note, I am providing the parties with the type-written note provided by the claimant (it was undated, unsigned, and basically matched up with what she told me).

If questions remain or arise that I can answer at this time, kindly write me back and I will respond immediately. In any event, I would like to thank you for this challenging referral.

I certify that I took the complete history from the claimant, conducted the 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 client in this evaluation. If necessary, 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

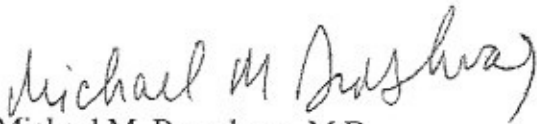
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percentage of disability caused by the industrial injury and the percentage of disability caused by other factors, as defined in Labor Code Sections 4663 and 4664.

I further declare under penalty of perjury that the name and qualifications of each person who performed any services in connection with the report, including diagnostic studies, other than clerical preparation, are as follows:

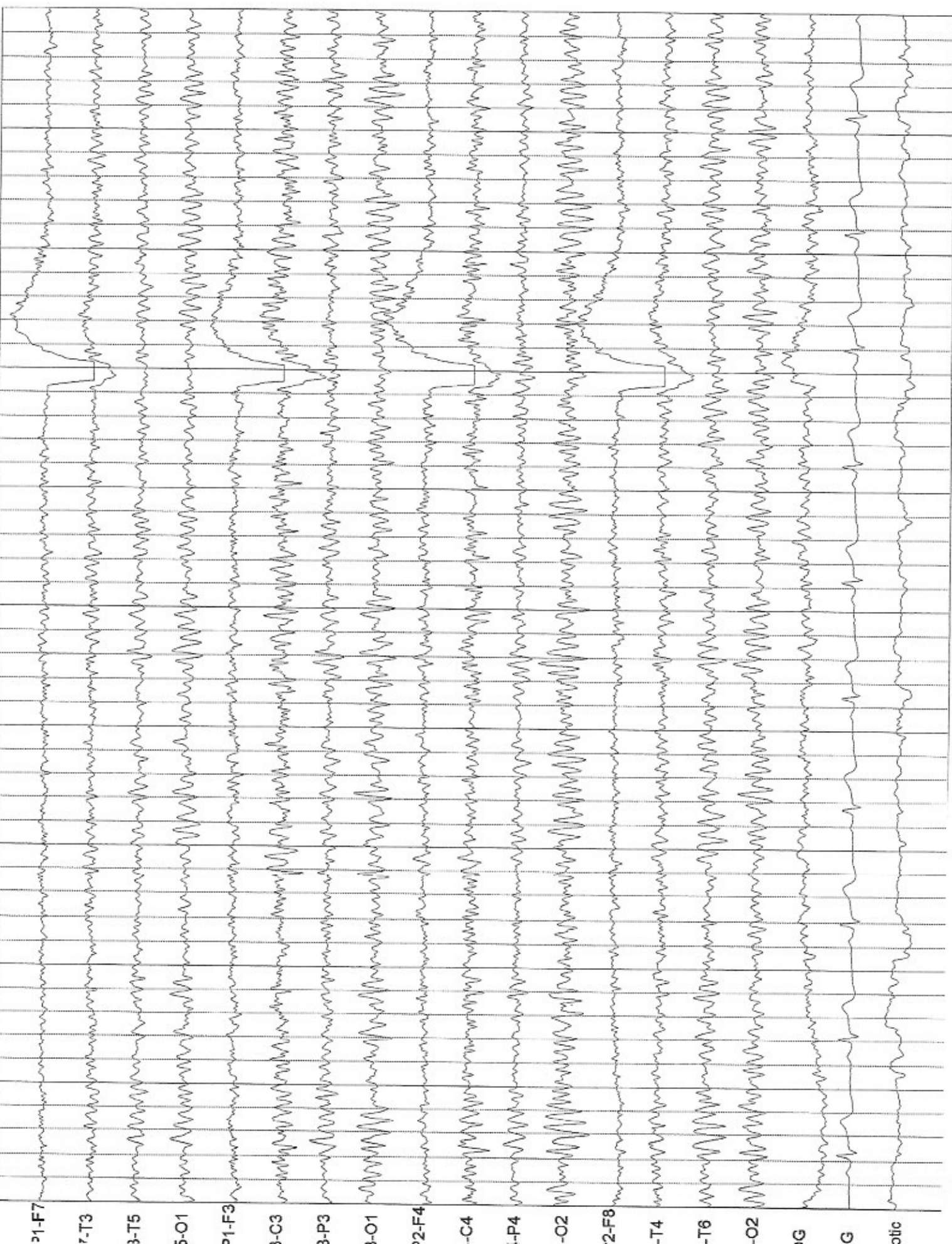
<u>Name</u>	<u>Qualifications</u>
Wayne Adamson	R.NCS.T (Registered Nerve Conduction Studies Technologist)

Respectfully,

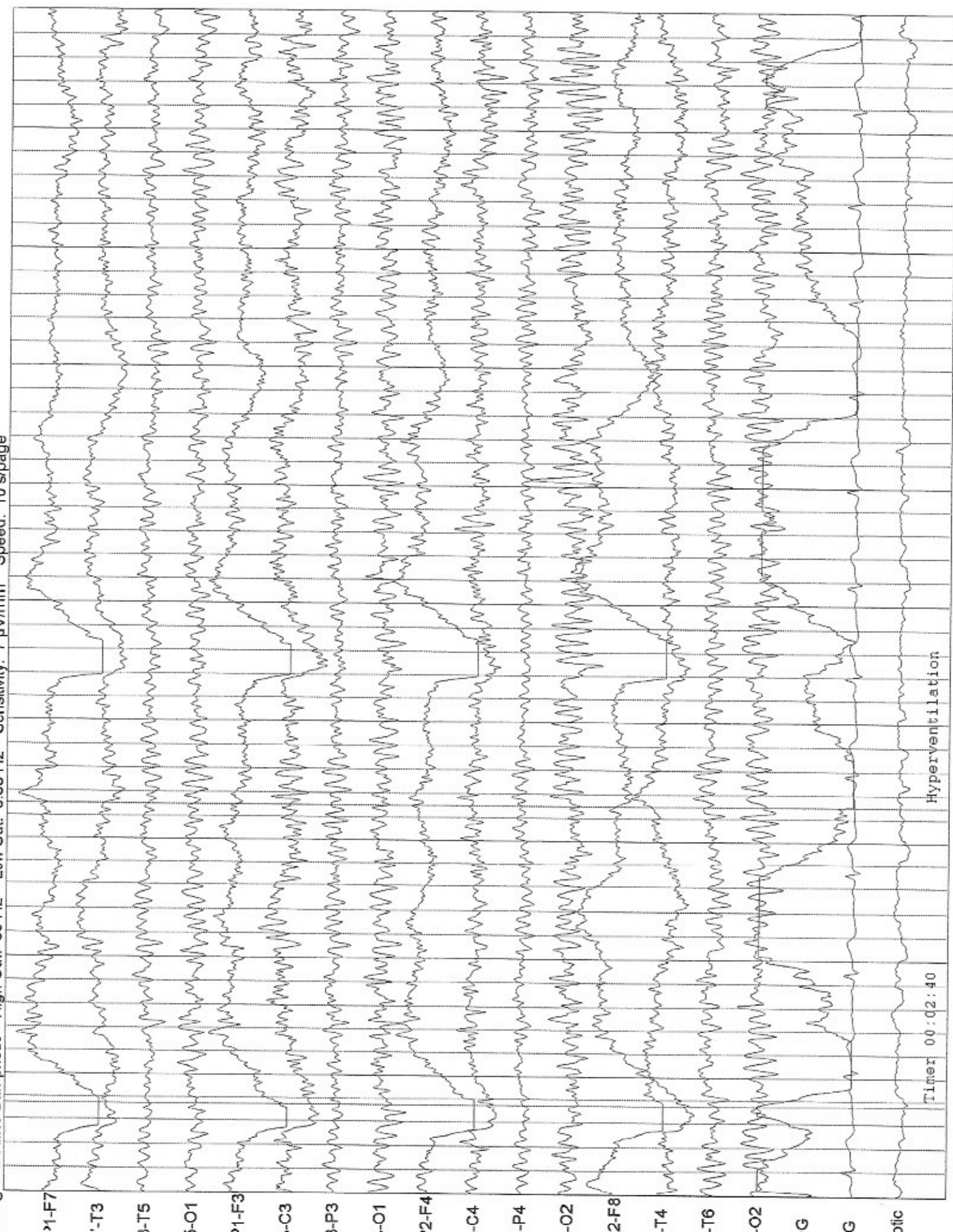


Michael M. Bronshvag, M.D.
Diplomate in Neurology, ABP&N
Diplomate in Internal Medicine, ABIM
Date of Report: December 15, 2015
Signed this 30 day of Dec., 2015, in Sacramento County, California
anderstz.d22-cc-sb

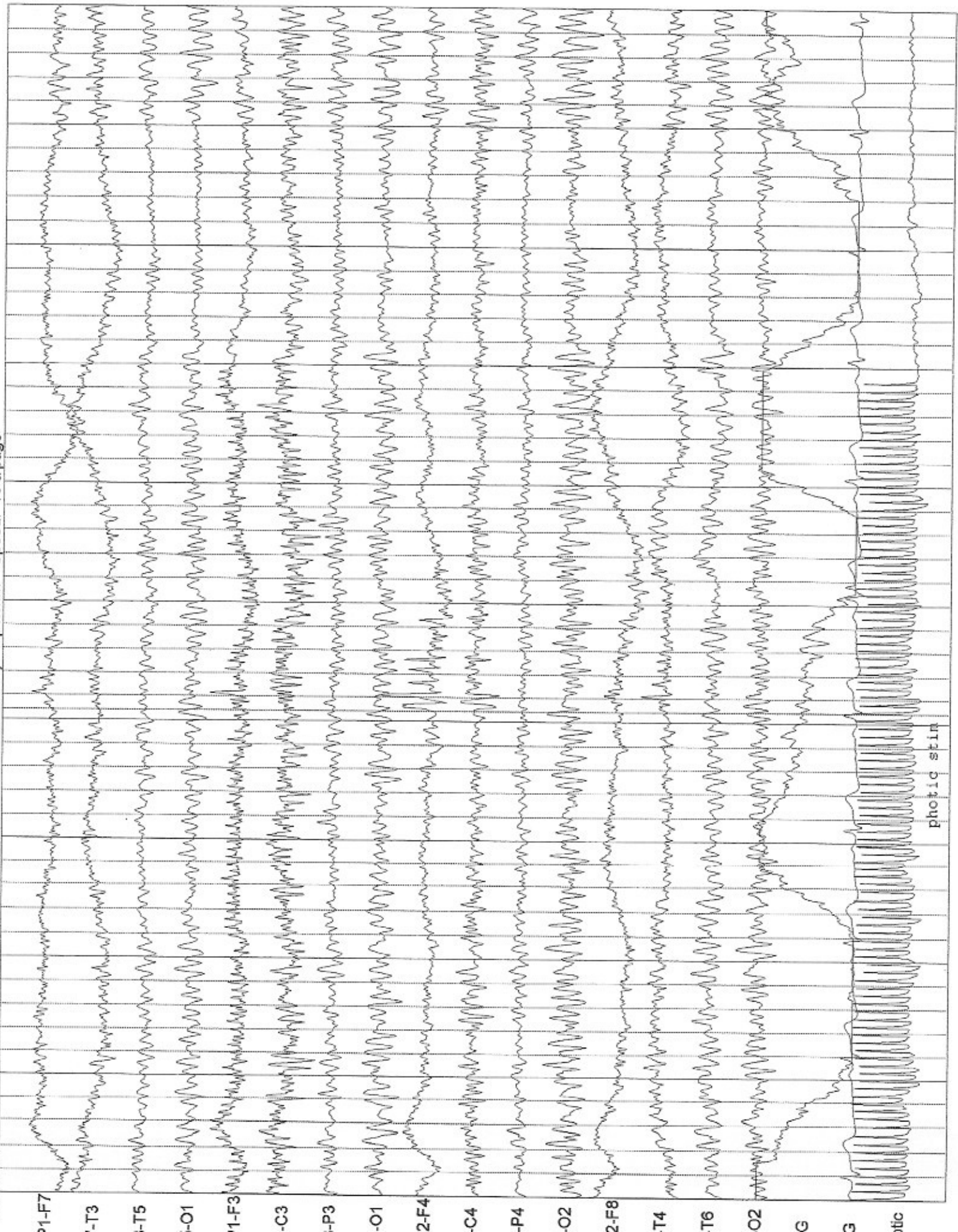
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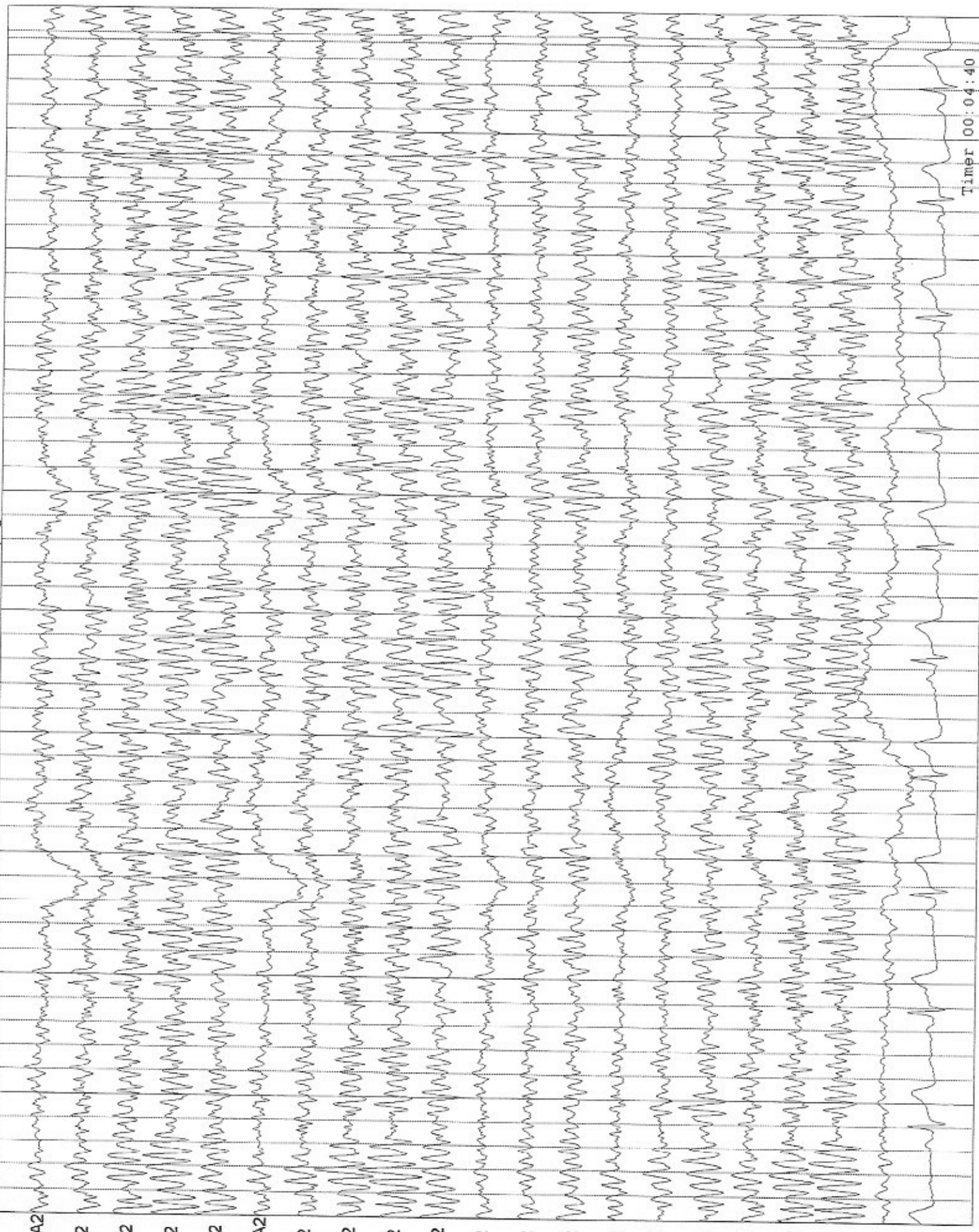


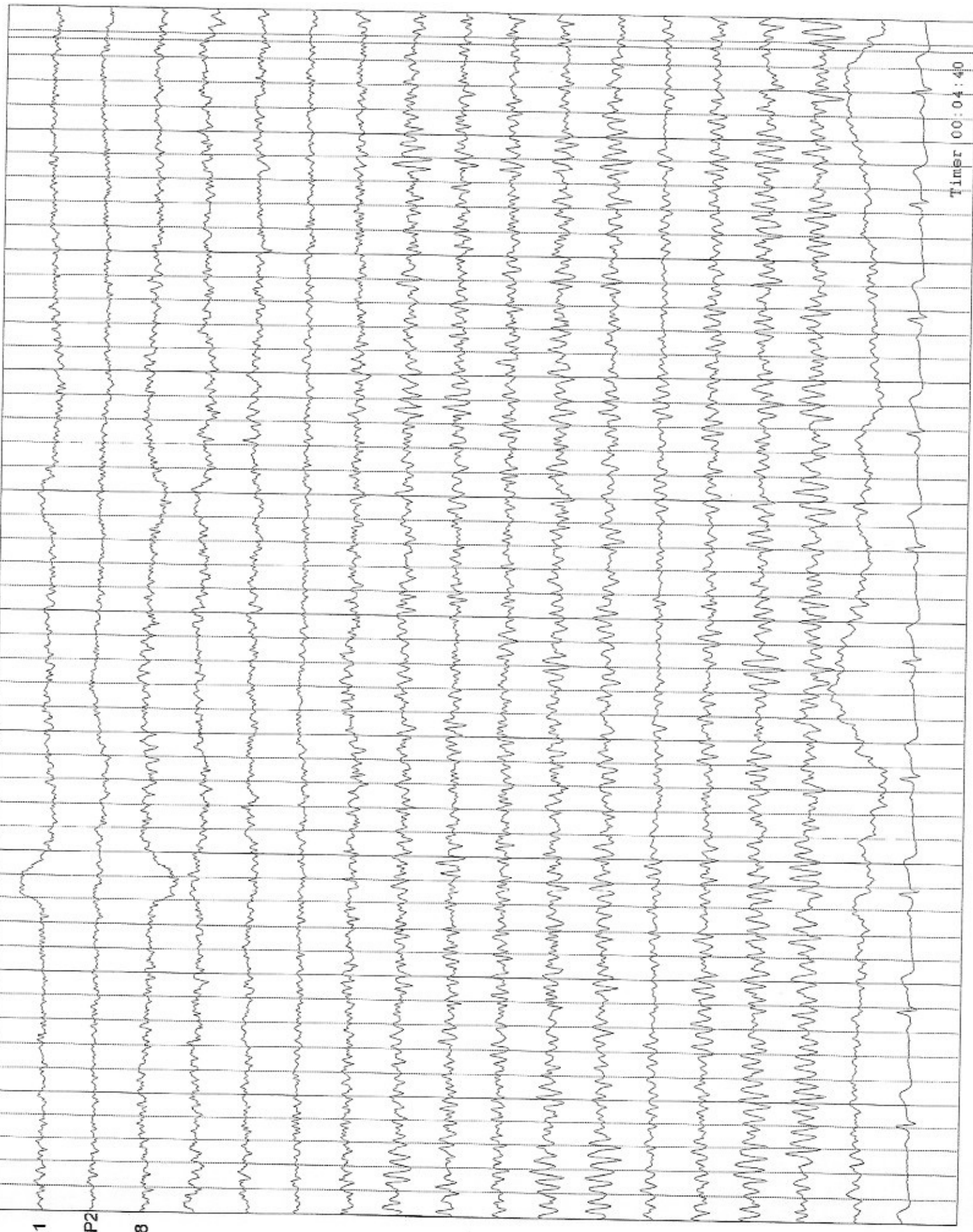
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Timer 00:02:40 Hyperventilation







Post-Traumatic Stress Disorder

What is Post-traumatic Stress Disorder (PTSD)?

When in danger, it's natural to feel afraid. This fear triggers many split-second changes in the body to prepare to defend against the danger or to avoid it. This "fight-or-flight" response is a healthy reaction meant to protect a person from harm. But in post-traumatic stress disorder (PTSD), this reaction is changed or damaged. People who have PTSD may feel stressed or frightened even when they're no longer in danger.

PTSD develops after a terrifying ordeal that involved physical harm or the threat of physical harm. The person who develops PTSD may have been the one who was harmed, the harm may have happened to a loved one, or the person may have witnessed a harmful event that happened to loved ones or strangers.

PTSD was first brought to public attention in relation to war veterans, but it can result from a variety of traumatic incidents, such as mugging, rape, torture, being kidnapped or held captive, child abuse, car accidents, train wrecks, plane crashes, bombings, or natural disasters such as floods or earthquakes.

Causes

Genes. Currently, many scientists are focusing on genes that play a role in creating fear memories. Understanding how fear memories are created may help to refine or find new interventions for reducing the symptoms of PTSD. For example, PTSD researchers have pinpointed genes that make:

Stathmin, a protein needed to form fear memories. In one study, mice that did not make stathmin were less likely than normal mice to "freeze," a natural, protective response to danger, after being exposed to a fearful experience. They also showed less innate fear by exploring open spaces more willingly than normal mice.

GRP (gastrin-releasing peptide), a signaling chemical in the brain released during emotional events. In mice, GRP seems to help control the fear response, and lack of GRP may lead to the creation of greater and more lasting memories of fear.

Researchers have also found a version of the 5-HTTLPR gene, which controls levels of serotonin — a brain chemical related to mood—that appears to fuel the fear response. Like other mental disorders, it is likely that many genes with small effects are at work in PTSD.

Brain Areas. Studying parts of the brain involved in dealing with fear and stress also helps researchers to better understand possible causes of PTSD. One such brain structure is the amygdala, known for its role in emotion, learning, and memory. The amygdala appears to be active in fear acquisition, or learning to fear an event (such as touching a hot stove), as well as in the early stages of fear extinction, or learning not to fear.

Storing extinction memories and dampening the original fear response appears to involve the prefrontal cortex (PFC) area of the brain, involved in tasks such as decision-making, problem-solving, and judgment. Certain areas of the PFC play slightly different roles. For example, when it deems a source of stress controllable, the medial PFC suppresses the amygdala an alarm center deep in the brainstem and controls the stress response.⁵The ventromedial PFC helps sustain long-term extinction of fearful memories, and the size of this brain area may affect its ability to do so.

Individual differences in these genes or brain areas may only set the stage for PTSD without actually causing symptoms. Environmental factors, such as childhood trauma, head injury, or a history of mental illness, may further increase a person's risk by affecting the early growth of the brain. Also, personality and cognitive factors, such as optimism and the tendency to view challenges in a positive or negative way, as well as social factors, such as the availability and use of social support, appear to influence how people adjust to trauma. More research may show what combinations of these or perhaps other factors could be used someday to predict who will develop PTSD following a traumatic event.

Diseases and Conditions

Amenorrhea

- Amenorrhea Overview
- Amenorrhea Causes
- Amenorrhea Symptoms
- When to Seek Medical Care
- Amenorrhea Diagnosis
- Amenorrhea Treatment
- Amenorrhea Medical Treatment
- Amenorrhea Surgery
- Amenorrhea Follow-up
- Amenorrhea Prevention
- Amenorrhea Prognosis

Amenorrhea Overview

Amenorrhea is the absence of menstrual bleeding and may be primary or secondary.

- **Primary amenorrhea** is the absence of menstrual bleeding and secondary sexual characteristics (for example, breast development and pubic hair) in a girl by age 14 years or the absence of menstrual bleeding with normal development of secondary sexual characteristics in a girl by age 16 years.
- **Secondary amenorrhea** is the absence of menstrual bleeding in a woman who had been menstruating but later stops menstruating for three or more months in the absence of pregnancy, lactation (the ability to breastfeed), cycle suppression with systemic hormonal contraceptive (birth control) pills, or menopause.

For a woman to have regular menstrual cycles, her hypothalamus, pituitary gland, ovaries, and uterus should all be functioning normally. The hypothalamus stimulates the pituitary gland to release follicle-stimulating hormone (FSH) and luteinizing hormone (LH). FSH and LH cause the ovaries to produce the hormones estrogen and progesterone. Estrogen and progesterone are responsible for the cyclical changes in the endometrium (uterine lining), including menstruation. In addition, a woman's genital tract should be free of any abnormalities to allow the passage of menstrual blood.

Amenorrhea Causes

Amenorrhea can result because of an abnormality in the hypothalamic-pituitary-ovarian axis, anatomical abnormalities of the genital tract, or functional causes.

Hypothalamic causes

- Craniopharyngioma (a brain tumor near the pituitary gland)
- Teratoma (a tumor made up of a mixture of tissues)
- Sarcoidosis (a chronic disease of unknown cause characterized by the formation of nodules in different parts of the body)
- Kallmann syndrome (deficiency of gonadotropins, which are hormones capable of promoting growth and function of reproductive organs)
- Nutritional deficiency
- Low body weight or growth delay

Pituitary causes

- Prolactinemia (high blood levels of prolactin, a hormone that stimulates secretion of milk from the breasts during breastfeeding) - possibly caused by prolactinoma (a tumor of the pituitary gland secreting the hormone prolactin)
- Other pituitary tumors (for example, Cushing syndrome, acromegaly, or thyroid-stimulating hormone)
- Postpartum pituitary necrosis (death of pituitary cells after a woman delivers a baby)
- Autoimmune hypophysitis (cells of the pituitary gland destroyed by the body's own defense system)
- Pituitary radiation
- Sarcoidosis

Ovarian causes

- Anovulation (lack of the release of an egg)
- Hyperandrogenemia (high blood levels of male hormones)
- Polycystic ovary syndrome (hormonal disorder affecting women of reproductive age)
- Premature ovarian failure

- Turner syndrome (a genetic disorder characterized by underdeveloped ovaries, absence of menstrual onset, and short stature)
- Pure gonadal dysgenesis (defective development of the ovary)
- Autoimmune oophoritis (cells of the ovaries destroyed by the body's own defense system)
- Fragile X premutation
- Radiation or chemotherapy
- galactose (an inherited disorder in which galactose, a type of sugar, accumulates in the blood)
- Anatomical abnormalities of the genital tract
- Intrauterine adhesions (the opposing surfaces of the uterine cavity stick together)
- Imperforate hymen (a hymen in which there is no opening, the membrane completely closes off the vagina)
- Transverse vaginal septum (a dividing wall or membrane in the vagina)
- Aplasia (absence of an organ or tissue) of the vagina, the cervix, or the uterus

Functional causes

- Anorexia/bulimia
- Chronic diseases (for example, tuberculosis)
- Excessive weight gain or weight loss
- Malnutrition
- Depression or other psychiatric disorders
- Recreational drug abuse
- Psychotropic drug use (drugs prescribed to stabilize or improve mood, mental status, or behavior)
- Excessive stress
- Excessive exercise
- Cycle suppression with systemic hormonal contraceptive (birth control) pills

Amenorrhea

By Mayo Clinic Staff

Amenorrhea (uh-men-o-REE-uh) is the absence of menstruation — one or more missed menstrual periods. Women who have missed at least three menstrual periods in a row have amenorrhea, as do girls who haven't begun menstruation by age 15.

The most common cause of amenorrhea is pregnancy. Other causes of amenorrhea include problems with the reproductive organs or with the glands that help regulate hormone levels. Treatment of the underlying condition often resolves amenorrhea.

The main sign of amenorrhea is the absence of menstrual periods. Depending on the cause of amenorrhea, you might experience other signs or symptoms along with the absence of periods, such as:

- Milky nipple discharge

- Hair loss
- Headache
- Vision changes
- Excess facial hair
- Pelvic pain
- Acne

When to see a doctor

Consult your doctor if you've missed at least three menstrual periods in a row, or if you've never had a menstrual period and you're age 15 or older.

Amenorrhea can occur for a variety of reasons. Some are normal during the course of a woman's life, while others may be a side effect of medication or a sign of a medical problem.

Natural amenorrhea

During the normal course of your life, you may experience amenorrhea for natural reasons, such as:

- Pregnancy
- Breast-feeding
- Menopause

Contraceptives

Some women who take birth control pills may not have periods. Even after stopping oral contraceptives, it may take some time before regular ovulation and menstruation return. Contraceptives that are injected or implanted also may cause amenorrhea, as can some types of intrauterine devices.

Medications

Certain medications can cause menstrual periods to stop, including some types of:

- Antipsychotics
- Cancer chemotherapy
- Antidepressants
- Blood pressure drugs

- Allergy medications

Lifestyle factors

Sometimes lifestyle factors contribute to amenorrhea, for instance:

- **Low body weight.** Excessively low body weight — about 10 percent under normal weight — interrupts many hormonal functions in your body, potentially halting ovulation. Women who have an eating disorder, such as anorexia or bulimia, often stop having periods because of these abnormal hormonal changes.
- **Excessive exercise.** Women who participate in activities that require rigorous training, such as ballet, may find their menstrual cycles interrupted. Several factors combine to contribute to the loss of periods in athletes, including low body fat, stress and high energy expenditure.
- **Stress.** Mental stress can temporarily alter the functioning of your hypothalamus — an area of your brain that controls the hormones that regulate your menstrual cycle. Ovulation and menstruation may stop as a result. Regular menstrual periods usually resume after your stress decreases.

Hormonal imbalance

Many types of medical problems can cause hormonal imbalance, including:

- **Polycystic ovary syndrome (PCOS).** PCOS causes relatively high and sustained levels of hormones, rather than the fluctuating levels seen in the normal menstrual cycle.
- **Thyroid malfunction.** An overactive thyroid gland (hyperthyroidism) or underactive thyroid gland (hypothyroidism) can cause menstrual irregularities, including amenorrhea.
- **Pituitary tumor.** A noncancerous (benign) tumor in your pituitary gland can interfere with the hormonal regulation of menstruation.
- **Premature menopause.** Menopause usually begins around age 50. But, for some women, the ovarian supply of eggs diminishes before age 40, and menstruation stops.

Structural problems

Problems with the sexual organs themselves also can cause amenorrhea. Examples include:

- **Uterine scarring.** Asherman's syndrome, a condition in which scar tissue builds up in the lining of the uterus, can sometimes occur after a dilation and curettage (D&C), cesarean section or treatment for uterine fibroids. Uterine scarring prevents the normal buildup and shedding of the uterine lining.

- **Lack of reproductive organs.** Sometimes problems arise during fetal development that lead to a girl being born without some major part of her reproductive system, such as her uterus, cervix or vagina. Because her reproductive system didn't develop normally, she can't have menstrual cycles.
- **Structural abnormality of the vagina.** An obstruction of the vagina may prevent visible menstrual bleeding. A membrane or wall may be present in the vagina that blocks the outflow of blood from the uterus and cervix.

Factors that may increase your risk of amenorrhea may include:

- **Family history.** If other women in your family have experienced amenorrhea, you may have inherited a predisposition for the problem.
- **Eating disorders.** If you have an eating disorder, such as anorexia or bulimia, you are at higher risk of developing amenorrhea.
- **Athletic training.** Rigorous athletic training can increase your risk of amenorrhea.

Complications of amenorrhea may include:

- **Infertility.** If you don't ovulate and have menstrual periods, you can't become pregnant.
- **Osteoporosis.** If your amenorrhea is caused by low estrogen levels, you may also be at risk of osteoporosis — a weakening of your bones.

Your first appointment will likely be with your primary care physician or gynecologist.

Here's some information to help you prepare for your appointment and know what to expect from your doctor.

Diseases and Conditions

Cancer and Toxic Chemicals

[Home](#) > [Environment & Health](#) > [Confronting Toxics](#)

Cancer is the second leading cause of death in the United States; it accounts for 1 in 4 deaths in the US and claims more than 1,500 lives a day. There are over 100 different types of cancer and there are many different factors that affect the susceptibility to cancer such as family history, occupation, living conditions, and socioeconomic status.

Cancer is a broad term that refers to a range of complex diseases affecting various organs in the human body. Some of the most frequently diagnosed cancers include lung, breast, prostate, and brain cancer.

- Lung cancer leads to the most number of deaths in both men and women, accounting for about 30% of all cancer deaths.
- Breast cancer is the second leading cause of cancer death in women, after lung cancer; it is also the second most frequently diagnosed cancer in women, after skin cancers. In the US, breast cancer results in the highest mortality rates of any cancer in women between the ages of 20 and 59.
- Prostate cancer is the most frequently diagnosed cancer in men, killing 40,000 each year.
- Brain cancer is the leading cause of cancer death in children under the age of 20 and the third leading cause of death in young adults ages 20-39.

In addition to the pain and suffering caused by the disease, cancer places an enormous economic burden on our society. In 2010, cancer was estimated by the National Institutes of Health to cost \$102.8 billion in medical costs, \$20.9 billion in loss of productivity due to illness, and \$140.1 billion in loss of productivity due to premature death, for a grand total of \$263.8 billion.

Yet much of these costs could be avoided, because many cancers are preventable. In May of 2010, the President's Cancer Panel reported to President Obama that "the true burden of environmentally induced cancers has been grossly underestimated." Exposure to environmental carcinogens (chemicals or substances that can lead to the development of cancer) can occur in the workplace and in the home, as well as through consumer products, medical treatments, and lifestyle choices. It has long been known that exposure to high levels of certain chemicals, such as those in some occupational settings, can cause cancer. There is now growing scientific evidence that exposure to lower levels of chemicals in the general environment is contributing to society's cancer burden.

Environmental factors including tobacco smoke, nutrition, physical activity, and exposure to environmental carcinogens are estimated to be responsible for 75-80% of cancer diagnosis and death in the US. About 6% of cancer deaths per year -- 34,000 deaths annually -- are directly linked to occupational and environmental exposures to known, specific carcinogens. The potential of environmental carcinogens to interact with genetic and lifestyle factors, as well as each other, in the development of cancer, is not well-understood. Nor are chemicals in the environment exhaustively tested as to their carcinogenicity. Therefore the cancer burden caused by exposures to environmental carcinogens may be even larger.

Human biomonitoring studies show that many environmental contaminants, including known and potential carcinogens, are finding their way into people's bodies. The sources of these contaminants are wide-ranging:

- Pesticides: conventional pesticides used in agriculture, industry, home, and garden, as well as chlorine and other disinfectants, and wood preservatives.
- Industrial chemicals, wastes, and waste byproducts from mining facilities, smelting operations, chemical manufacturing and processing plants, petrochemical plants, and medical and municipal waste facilities. Such facilities release billions of pounds of chemicals into the environment every year.
- Chemicals in consumer products, including building materials, furniture, and food packaging materials, and cosmetics.
- Pollution from coal-fired power plants, automobile exhaust, and other sources.

The following are examples of common environmental chemicals linked to cancer. Some are listed as known carcinogens by the International Agency for Research on Cancer (IARC), part of the World Health Organization, or by the Environmental Protection Agency. Others are probable or possible carcinogens. Because something has been classified as a carcinogen does not mean that every instance of exposure to that substance will result in the development of cancer. By the same token, a listing of "probable" or "possible" carcinogenicity does not mean we have exhausted study on that substance. It means the substance is not yet sufficiently studied. Such substances may, with further study, turn out to be definitively carcinogenic.

There are hundreds of other substances definitively linked to cancer in people.

Arsenic

Asbestos

Benzene

Bisphenol A (BPA)

Chromium Hexavalent compounds

Dioxins

Formaldehyde

Polybrominated diphenylethers (PBDEs)

Polycyclicaromatic hydrocarbons (PAHs)

Skin cancer

By Mayo Clinic Staff

Skin cancer — the abnormal growth of skin cells — most often develops on skin exposed to the sun. But this common form of cancer can also occur on areas of your skin not ordinarily exposed to sunlight.

There are three major types of skin cancer — basal cell carcinoma, squamous cell carcinoma and melanoma.

You can reduce your risk of skin cancer by limiting or avoiding exposure to ultraviolet (UV) radiation. Checking your skin for suspicious changes can help detect skin cancer at its earliest stages. Early detection of skin cancer gives you the greatest chance for successful skin cancer treatment.

Where skin cancer develops

Skin cancer develops primarily on areas of sun-exposed skin, including the scalp, face, lips, ears, neck, chest, arms and hands, and on the legs in women. But it can also form on areas that rarely see the light of day — your palms, beneath your fingernails or toenails, and your genital area.

Skin cancer affects people of all skin tones, including those with darker complexions. When melanoma occurs in people with dark skin tones, it's more likely to occur in areas not normally exposed to the sun, such as the palms of the hands and soles of the feet.

Basal cell carcinoma signs and symptoms

Basal cell carcinoma usually occurs in sun-exposed areas of your body, such as your neck or face.

Basal cell carcinoma may appear as:

- A pearly or waxy bump

- A flat, flesh-colored or brown scar-like lesion

Squamous cell carcinoma signs and symptoms

Most often, squamous cell carcinoma occurs on sun-exposed areas of your body, such as your face, ears and hands. People with darker skin are more likely to develop squamous cell carcinoma on areas that aren't often exposed to the sun.

Squamous cell carcinoma may appear as:

- A firm, red nodule
- A flat lesion with a scaly, crusted surface

Melanoma signs and symptoms

Melanoma can develop anywhere on your body, in otherwise normal skin or in an existing mole that becomes cancerous. Melanoma most often appears on the face or the trunk of affected men. In women, this type of cancer most often develops on the lower legs. In both men and women, melanoma can occur on skin that hasn't been exposed to the sun.

Melanoma can affect people of any skin tone. In people with darker skin tones, melanoma tends to occur on the palms or soles, or under the fingernails or toenails.

Melanoma signs include:

- A large brownish spot with darker speckles
- A mole that changes in color, size or feel or that bleeds
- A small lesion with an irregular border and portions that appear red, white, blue or blue-black
- Dark lesions on your palms, soles, fingertips or toes, or on mucous membranes lining your mouth, nose, vagina or anus

Signs and symptoms of less common skin cancers

Other, less common types of skin cancer include:

- **Kaposi sarcoma.** This rare form of skin cancer develops in the skin's blood vessels and causes red or purple patches on the skin or mucous membranes.

Kaposi sarcoma mainly occurs in people with weakened immune systems, such as people with AIDS, and in people taking medications that suppress their natural immunity, such as people who've undergone organ transplants.

Other people with an increased risk of Kaposi sarcoma include young men living in Africa or older men of Italian or Eastern European Jewish heritage.

- **Merkel cell carcinoma.** Merkel cell carcinoma causes firm, shiny nodules that occur on or just beneath the skin and in hair follicles. Merkel cell carcinoma is most often found on the head, neck and trunk.
- **Sebaceous gland carcinoma.** This uncommon and aggressive cancer originates in the oil glands in the skin. Sebaceous gland carcinomas — which usually appear as hard, painless nodules — can develop anywhere, but most occur on the eyelid, where they're frequently mistaken for other eyelid problems.

- Medical Topics
- Calculators
- Infographics
- Quizzes
- Tables
- Videos

APPLY

• **MEDICAL TOPIC**

Candidiasis (Mucocutaneous)

Candidiasis (moniliasis) is skin infection with *Candida* sp, most commonly *Candida albicans*. Infections can occur anywhere and are most common in skinfolds, digital web spaces, genitals, cuticles, and oral mucosa. Symptoms and signs vary by site. Diagnosis is by clinical appearance and potassium...

[Etiology](#) - [Symptoms and Signs](#) - [Diagnosis](#) - [Treatment](#) - [Key Points](#)

• **MEDICAL TOPIC**

Penicillins

Penicillins (see Table: Penicillins) are β -lactam antibiotics that are bactericidal by unknown mechanisms but perhaps by activating autolytic enzymes that destroy the cell wall in some bacteria. Penicillins Drug Route Penicillin G–like drugs Penicillin G Oral...

Resistance - Pharmacology - Indications - Contraindications - Use During Pregnancy and Breastfeeding - Adverse Effects - Dosing Considerations

• MEDICAL TOPIC

Systemic Lupus Erythematosus (SLE)

Systemic lupus erythematosus (SLE) is a chronic, multisystem, inflammatory disorder of autoimmune etiology, occurring predominantly in young women. Common manifestations may include arthralgias and arthritis, malar and other rashes, pleuritis or pericarditis, renal or CNS involvement, and...

Symptoms and Signs - Diagnosis - Prognosis - Treatment - Key Points - Variant Forms of Lupus

• MEDICAL TOPIC

Drug Hypersensitivity

Drug hypersensitivity is an immune-mediated reaction to a drug. Symptoms range from mild to severe and include rash, anaphylaxis, and serum sickness. Diagnosis is clinical; skin testing is occasionally useful. Treatment is drug discontinuation, supportive treatment (eg, with antihistamines), and...

Pathophysiology - Symptoms and Signs - Diagnosis - Prognosis - Treatment - Key Points

• MEDICAL TOPIC

Syphilis

(See Congenital Syphilis .) Syphilis is caused by the spirochete *Treponema pallidum* and is characterized by 3 sequential clinical, symptomatic stages separated by periods of asymptomatic latent infection. Common manifestations include genital ulcers, skin lesions, meningitis, aortic...

[Symptoms and Signs](#) - [Diagnosis](#) - [Treatment](#) - [Key Points](#)

• **MEDICAL TOPIC**

General Principles of Poisoning

Poisoning is contact with a substance that results in toxicity. Symptoms vary, but certain common syndromes may suggest particular classes of poisons. Diagnosis is primarily clinical, but for some poisonings, blood and urine tests can help. Treatment is supportive for most poisonings; specific...

[Symptoms and Signs](#) - [Diagnosis](#) - [Treatment](#) - [Prevention](#) - [Key Points](#)

Life-Threatening Skin Rashes **Dangerous Skin Rashes**



1. [Adult Skin Problems Slideshow Pictures](#)
2. [Quiz: Can You Identify These Skin Conditions?](#)
3. [Gallery of Skin Problems and Images Collection](#)

- [Life-Threatening Skin Rashes Overview](#)
- [Life-Threatening Skin Rashes Causes](#)
- [Life-Threatening Skin Rashes Symptoms and Signs](#)
- [Other Life-Threatening Skin Rashes Symptoms and Signs](#)
- [When to Seek Medical Care](#)
- [Diagnosis of Life-Threatening Skin Rashes](#)
- [Skin Rash Home Remedies](#)
- [Skin Rash Treatment](#)
- [Skin Rash Follow-up](#)
- [Prevention of Life-Threatening Skin Rashes](#)

- [Prognosis of Life-Threatening Skin Rashes](#)

FACEBOOK TWITTER EMAIL PRINT ARTICLE

Life-Threatening Skin Rashes Overview

Rashes are very common conditions and can have many causes. Most rashes are not dangerous but rather are merely nuisances. Life-threatening skin rashes are rare, but when they do occur, you must identify them and go to a doctor quickly.

Five potentially life-threatening disorders that have skin rash as the primary symptom are pemphigus vulgaris (PV), Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), shock (TSS), and scalded skin syndrome (SSSS). Signs of these life-threatening rashes include rash that affects the entire body and blisters. Accordingly, all of these diseases have one or more of the following features:

- The rash affects the entire body, or most of it. Rash affects both the skin and the mucous membranes. Mucous membranes are the moist linings of the following:
 - Mouth and nose
 - Eyes
 - Anus/rectum
 - Vagina or urethra, the opening for urine, in women
 - Urethra, opening at the tip of the penis, in men



STATE OF CALIFORNIA
 Division of Workers' Compensation
 Disability Evaluation Unit



EMPLOYEE'S DISABILITY QUESTIONNAIRE

DEU Use Only

This form will aid the doctor in determining your permanent impairment or disability. Please complete this form and give it to the physician who will be performing the evaluation. The doctor will include this form with his or her report and submit it to the Disability Evaluation Unit, with a copy to you and your claims administrator.

Employee

Tiffany
 First Name

K
 MI

Anderson
 Last Name

549-23-5133
 SSN (Numbers Only)

1900 Lakeshore Drive
 Street Address 1/PO Box (Please leave blank spaces between numbers, names or words)

Street Address 2/PO Box (Please leave blank spaces between numbers, names or words)

International Address (Please leave blank spaces between numbers, names or words)

Locks
 City

CA 95242
 State Zip Code

8-22-70
 Date of Birth
 MM/DD/YYYY

4-19-04
 Date of Injury
 MM/DD/YYYY

San Joaquin County Mosquito Vector Co.
 Employer

Public Education for vectors, testing & reporting for
 Nature of Employers Business

West Nile Virus & Lyme disease, pesticides
used to control vectors.
 Claim Number 1 VE0700184

Claim Number 2 _____

Claim Number 3 _____

Claim Number 4 See Supplemental

Claim Number 5 _____

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY:
How was your evaluating doctor selected? (check one)

From a list of doctors provided by the State of California, Division of Workers' Compensation.

Other (explain) By the opposing counsel

What is the name of the doctor who will be doing the evaluation? Bionstava

When is your examination scheduled? 12-15-15

What were your job duties at the time of your injury?
pesticide applicator

What is the disability resulting from your injury?
Suppressed immune system
lesions and rashes

How does this injury affect you in your work?
this evaluation affects lost wages from 04 to
end of life. Medical treatment neglected and
my ability for the right to have health insurance

Have you ever had a disability as a result of another injury or illness? yes

If so, when? all of my injuries total

Please describe the disability?
all stem from my employment with this
employer.

Date 12-15-12
MM/DD/YYYY

Signature [Signature]

MICHAEL BRONSHVAG, M.D.

ADDITIONAL COMMENTS TO QUESTIONNAIRE
from Tiffany Kay Anderson

Copy for
Chart
Send orig to
Carrier

Let me preface this attachment with the position that you have not been provided all of the medical records as no one has a complete set of medical records. Records are missing and despite repeated requests and attempts to obtain these, from those who had a duty to maintain such, they have still not been produced.

NAME OF EMPLOYER: San Joaquin County Mosquito & Vector Control District

OTHER ALIASES: Mosquito Vector Control Association of California, Vector Control Powers Joint Agency, Bickmore Risk Management Authority,

Please have the employer provide all other names they operate their business under along with their locations

LOCATIONS: Managers Office 7759 S Airport Way Stockton, California 95242,
White Slough Fish Hatchery 12751 Thornton Road, Lodi, CA 95242

What was the date you began working with this Company: 04/19/2004

When did you last work: 11/23/2011

Previous Occupation: Pesticide Applicator

Dates of Injury(s):

DWC-1	06/07/2004	Exposure 1
DWC-1	01/21/2005	Exposure 2
DWC-1	10/17/2005	Exposure 3
DWC-1	06/19/2008	Knee Injury 1
DWC-1	03/26/2009	Knee Injury 2
DWC-1	07/02/2009	Knee Injury 3
DWC-1	06/29/2011	Knee Injury 4
DWC-1	06/29/2011	Exposure 4
DWC-1	04/19/04	Cumulative Exposure

Number of Hours per Day: Employer is required by Labor Law to produce Monthly Employee Distribution sheets and refuses to provide a complete record of these. I was required to work 15 hour days, 7 days a week when required. See attached _____.

General Job Description/Occupation at the time of Injury:

Please see Vector Control Technician Certification Program sheet _____.

Refer to NPDES Pesticides Application Plan (2011) for additional details, _____.

To save financial cost to me I direct you to the website <http://www.mvcac.org/training-certification/certification/> where my job requirements for a Pesticide Applicator is explained.

There are two claims that you are to give your expert opinion on:

1. A specific exposure happening around my June 29, 2011 knee injury described below.

In your own words, please describe -

The Injury: I walked into a metal stake that was hidden in the grass while spraying chemical by hand into a dairy lagoon. The point of injury for the metal stake entered my two times post surgical scar. It cut open from my knee to my ankle.

What were you doing: Walking around a dairy pond carrying a 2 gallon hand can filled with BVA 2 Mosquito Larvicide Oil spraying it around the edges of the lagoon. (Photos enclosed of pond) Employer neglected to enforce Best Management Practices

Did you report the Injury: Yes **If so, to whom:** Immediate Supervisor, Brian Heine

AIMS

WCAB I and A Officer

Manager, John Stroh

Michelle Morgan

Union Rep, Bob Phibbs

Describe your Medical Treatment:

(Where, when, by whom, what type. Where were you seen first? What Treatment did you receive? Were you referred elsewhere?)

Neglectful, Traumatizing, costly, and fraudulent.

US Healthworks Dr Jon Eck. The treatment I received was fraudulent. Dr. Jon Eck violated HIPA laws and discussed my medical status with employer representative John Stroh. Dr. Eck ignored my job description requirements and previous medical conditions. He documented my previous injuries of 2008 and 2009 and displayed a total contradiction of care of treatment compared to my June 19, 2008 injury by Dameron Occupational Health. No X-rays were done. Dr. Eck neglected to fully examine the injury and refused to write my complaints. This injury was documented as a first aid, paid with cash by employer, not reported to OSHA, the insurance company or Department of Labor Standards. I was scheduled a return appointment which I felt was

moot because his standard was no care. I was returned to work with no provisions for my injury. Attached are 17 pages from Dr. Eck / US Healthworks.

2. A cumulative beginning at my date of hire described below.

In your own words, please describe -

I was in the initial stages of training for my position when I broke out in a rash. My training supervisor Keith Nienhuis instructed me to write poison oak down on my DWC-1 and I was sent to Dameron the provider of all employment treatments until 2011.

The second exposure requiring me to file a DWC-1 was easier to trace. The vector control has a fish hatchery operation. During the winter months mosquitoes hibernate and employees with seniority take all of their time off. Employees who are new with no time to take are given jobs created to justify a pay check. I spent the majority of my 2005 fall and winter at the White Slough Waste Water Treatment Facility where the vector control operates a fish hatchery. This fish hatchery runs under any radar of accountability. I was never trained on the operations of the facility. I was required to work with and around the operations the course of my employment without being informed I was working in and with formaldehyde. I ask that you produce all training records and evidence to prove otherwise with your findings.

3.

Chemicals Involved:

Pages 5-7 of the NPDES application listing dozens of products in addition to the formaldehyde products listed above.

Memos from 4/21/1998 and 6/3/1998 raising wastewater concerns and pledging to implement testing and programs. These pledges went unfulfilled. The concerned Employee representative that raised many of these safety issues, Duane Bridgewater died at age 59 (in the year 2009), not long after he retired from the Mosquito District.

Please see the February 2011 Guide to Using Drugs, Biologics, and Other Chemicals in Aquaculture (American Fisheries Society, Fish Culture Section); cover is attached here and isn't reproduced in its entirety due to the prohibitive cost of making a complete copy.

Date of Service coversheets for the dates of:

04/02/2004 (Pre-Employment)
06/07/2004 Date of Injury
01/21/2005 Date of Injury
06/29/2011 Date of Injury

DWC form related to the approximate four year wait in being scheduled for an exposure QME.

Five pages of summarized vitals dating from 6/9/04 to 9/12/2011

Summary of Kaiser Permanente records dated from 1/5/2005 to 6/26/2013, fifty pages.

Color copies of a head lesion as well as rashes on the back and chest areas, five pages.

October 2011 timesheet with office notation referencing (interpreting) the fever not being Workers Comp. related.

Three pages of incident reports for Lodi Fire and personal losses from 2009 to 2015 exemplifying the dire financial position and stress that my employer put me into and under.

Two pictures of the dairy farm where I was injured on 6/29/2011 and by which I was left open to an exposure shortly after.

I realize that all of this is a tremendous amount of reading and probably seems too far afield to be pertinent here, but I assure you that it all has value in the complete picture. I'd also refer you to my blog where I'm in the process of making all of this public knowledge and as clear as possible,

<http://culexpien.com>.

Re: Tiffany Anderson
Date: December 15, 2015
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Fax: (916) 920-2515

www.examworks.com

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1013 A, 2015.5 C.C.P.

I declare under penalty of perjury that: I am a citizen of the United States and am employed in the County of Sacramento; I am over eighteen years and not a party to the within action; my business address is 11010 White Rock Road, Ste 120, Rancho Cordova, CA 95670.

On 1/5/16, I served a copy of the attached Medical Legal report and invoice, by placing a true copy thereof enclosed in a sealed envelope with postage fully prepaid, in the United States mail at Rancho Cordova, California, addressed as follows:

David Gutierrez, Adjuster
AIMS
P.O. Box 269120
Sacramento, CA 95826-9120

Sara A. Skolnik, Esq.
Stockwell, Harris, Woolverton & Muehl
1545 River Park Drive, Suite 330
Sacramento, CA 95815

Tiffany Anderson
1900 Lakeshore Drive
Lodi, CA 95242

Disability Evaluation Unit
31 East Channel Street, Room 344
Stockton, CA 95202

Executed on 1/5/16 at Rancho Cordova, California.

Signed

A handwritten signature in cursive script, appearing to read "Patricia Yarbrough", written over a horizontal line.