

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

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May 15, 2017

**NO CHARGE**

Nancy Urton, Adjuster  
AIMS  
P.O. Box 269120  
Sacramento, CA 95826-9120

Sara A. Skolnik, Esq.  
Stockwell, Harris, Woolverton & Helphrey  
1007B West College Avenue, Suite 301  
Santa Rosa, CA 95401

Tiffany Anderson  
1900 Lakeshore Drive  
Lodi, CA 95242

**SUPPLEMENTAL REPORT (AME)**

**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:

As you will note, when I saw the claimant, Tiffany Anderson, (most recently about a year ago - April 2016), I took note of her set of symptoms.

I noted:

1. Right knee issues.
2. More widespread musculoskeletal issues.
3. Actual or possible psychological - psychiatric issues.

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11010 White Rock Road, Suite 120, Rancho Cordova, CA 95670  
Phone: (800) 458-1261 Fax: (916) 920-2515

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4. The "possible" issue of a "toxin."
5. Overall medical situation.

At this time, I am provided - thank you - with a set of chemistries performed in April 2017 (about a year after I ordered it. The set of chemistries is normal except for low estrogen and progesterone levels. The commonest cause of these "numbers" is ovarian failure. An alternate cause is a pituitary problem - of whatever cause.

As you will note - see my prior effort - efforts, I neither accepted nor rejected the possibility of "some sort" of an identifiable medical or toxic illness.

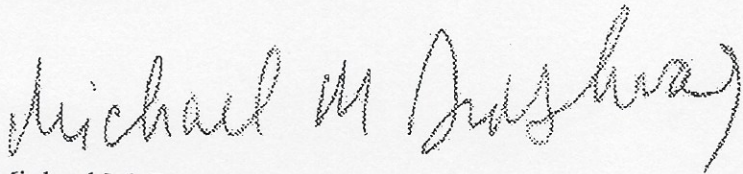
At this time, I am requesting:

1. Blood study - repeat estrogen and progesterone levels.
2. Blood study "trophic hormones" (pituitary) (ACTH, TSH, FSH, LH, and also prolactin levels).
3. I request the privilege of seeing the claimant back again so I can see if there is an ovarian or pituitary problem or anything else that has not yet been fully identified before reporting further and finally.

As you will note, I did not specifically diagnose "anything" but I did not specifically "exclude everything." Since this late-arriving study was performed at my request, **there is no charge for it.**

*I certify that I 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.*

Respectfully,



Michael M. Bronshvag, M.D.  
Diplomate in Neurology, ABP&N  
Diplomate in Internal Medicine, ABIM  
Date of Report: May 15, 2017

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*Signed this 27 day of May 2017, in Sacramento County*  
*MMB/lz-cc-sb*

State of California

DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

AME or OME Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(i))

Case Name: Tiffany Anderson (employee name)

Claims Adjuster: Ms. Nancy Urton (claims administrator name, or if none employer)

Claim Number: VE0700184

EAMS or WCAB Case No. (if any):

I, Jake Hecox, declare: (Print Name)

- 1. I am over the age of 18 and not a party to this action.
2. My business address is: 11010 White Rock Road, Suite 120 Rancho Cordova, CA 95670.

On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

- A depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.
B placing the sealed envelope for collection and mailing following our ordinary business practices.
C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
D placing the sealed envelope for pick up by a professional messenger service for service.
E personally delivering the sealed envelope to the person or firm named below at the address shown below.

Table with 3 columns: Means of Service, Date Served, Addressee and Address Shown on Envelope. Includes entries for Nancy Urton and Tiffany Anderson.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: May 30, 2017

Handwritten signature of Jake Hecox

(signature of declarant)

Jake Hecox

(print name)