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IN THE SUPREME COURT OF THE STATE OF NEVADA

WILLIAM POREMBA)
)
Petitioner,)
)
vs.)
)
SOUTHERN NEVADA PAVING;)
S&C CLAIMS SERVICE and)
DEPARTMENT OF ADMINISTRATION,)
APPEALS OFFICER,)
)
Respondent.)
)

Electronically Filed
Mar 27 2015 08:45 a.m.
Tracie K. Lindeman
Case No.: 66888 Clerk of Supreme Court

APPENDIX

VOLUME II

MATTHEW S. DUNKLEY, ESQ.
Nevada Bar No. 6627
MARK G. LOSEE, ESQ.
Nevada Bar No. 12996
DUNKLEY LAW
2450 St. Rose Parkway, Suite 210
Henderson, Nevada 89074
Telephone: (702) 413-6565
Facsimile: (702) 570-5940

Attorneys for Appellant William Poremba

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NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim

of

WILLIAM POREMBA
168 RED ARCHES COURT
HENDERSON, NV 89012

Claimant.

Claim No.: 739255

Hearing No.: 1305062-TH

Appeal No.: 1306201-SL

Employer:
SOUTHERN NEVADA PAVING
3101 CRAIG ROAD
N. LAS VEGAS, NV 89030

INSURER'S INDEX OF DOCUMENTS

COMES NOW the Insurer, BUILDERS' INSURANCE COMPANY, by and
through its counsel, ALYSSA M. FISCHER, ESQ., and LEWIS BRISBOIS BISGAARD &
SMITH LLP, and submits the attached Index of Documents relating to the above-referenced
matter.

AFFIRMATION PURSUANT TO NRS 239B.030

The undersigned does hereby affirm that the attached exhibits do not contain the
personal information number of any person.

DATED this 15 day of April, 2013.

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: 

ALYSSA M. FISCHER, ESQ.
Nevada Bar No. 5709
400 S. Fourth Street, Ste. 500
Las Vegas, NV 89101
Phone: (702) 893-3383
Fax: (702) 366-9689
Attorneys for Insurer

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CERTIFICATE OF MAILING

Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that service of the foregoing **INSURER'S INDEX OF DOCUMENTS** was made this date by depositing a true and correct copy of the same for mailing, postage prepaid thereon, in an envelope to the following:

Matthew S. Dunkley, Esq.
2450 St. Rose Pkwy., Ste. 210
Henderson, NV 89074

Julie Wood
S&C Claims Services
9075 W. Diablo Drive, Ste. 140
Las Vegas, NV 89148

Southern Nevada Paving
3101 E. Craig Road
N. Las Vegas, NV 89030

DATED this _____ day of March, 2013.

An employee of LEWIS BRISBOIS
BISGAARD & SMITH LLP

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT
FORM C-4
PLEASE TYPE OR PRINT

EMPLOYEE'S CLAIM - PROVIDE ALL INFORMATION REQUESTED						
First Name <i>William</i>	M.I. <i>M.</i>	Last Name <i>Porensu</i>	Birthdate <i>6 30 64</i>	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Claim Number (Insurer's Use Only) <i>739255</i>	
Home Address <i>168 Red Arches Ct.</i>			Age <i>41</i>	Height <i>6.0</i>	Weight <i>200</i>	Social Security Number
City <i>HENDERSON</i>	State <i>NV.</i>	Zip <i>89012</i>	Telephone <i>702 263 2936</i>			
Physical Address		City	State	Zip	Primary Language Spoken	
INSURER		THIRD-PARTY ADMINISTRATOR		Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred <i>TRUCK DRIVER</i>		
Employer's Name/Company Name <i>SOUTH HERRA NEVADA PAVING</i>					Telephone <i>649 6250</i>	
Office Mail Address (Number and Street) <i>4040 FREHNER RD NORTH LAS VEGAS</i>						
Date of Injury (if applicable) <i>7.22.05</i>	Hours Injury (if applicable) <i>9:00 am</i>	Date Employer Notified <i>7.25.05</i>	Last Day of Work After Injury or Occupational Disease <i>7.22.05</i>	Supervisor to Whom Injury Reported <i>GALE MCCANLISS</i>		
Address or Location of Accident (if applicable) <i>APPROXIMATELY HORSE & RAINBOW 1/4 WEST OF RAINBOW ON JOB SITE</i>						
What were you doing at the time of the accident? (if applicable) <i>DRIVING</i>						
How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary) <i>WAS STRUCK BY A HEAVY EQUIPMENT (PIECE OF MACHINERY) ON MY DRIVER SIDE</i>						
If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment? <i>7.22.05 PROGRESSIVELY HAS BEEN WORSE</i>					Witnesses to the Accident (if applicable) <i>YES (NO NAMES)</i>	
Nature of Injury or Occupational Disease (LOSS OF BALANCE) Part(s) of Body Injured or Affected <i>LEFT UPPER & MIDDLE BACK NECK & HEAD SORE DIZZINESS, ETC.</i>						
<small>I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 616A TO 616D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.</small>						
Date <i>7.25.05</i>	Place <i>LAS VEGAS</i>	Employee's Signature <i>William M. Porensu</i>				
THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT						
Place <i>Integrated Health Care</i>						
Date <i>7.25.05</i>	Diagnosis and Description of Injury or Occupational Disease <i>C/S S/S T/S S/S WAD</i>		Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain)			
Hour <i>3:00 pm</i>						
Treatment: <i>referred to concetrn</i>			Have you advised the patient to remain off work five days or more? <input checked="" type="checkbox"/> Yes Indicate dates: from _____ to _____ <input type="checkbox"/> No If no, is the injured employee capable of: <input type="checkbox"/> full duty <input type="checkbox"/> modified duty			
X-Ray Findings: <i>referred to concetrn</i>			If modified duty, specify any limitations/restrictions: _____			
From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Is additional medical care by a physician indicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Explain if yes)						
Date <i>7.25.05</i>	Print Doctor's Name <i>Nicola</i>		I certify that the employer's copy of this form was mailed to the employer on: <i>8 & C CLAIMS</i>			
Address <i>4517 W. Sahara</i>			INSURER'S USE ONLY			
City <i>Las Vegas</i>	State <i>NV</i>	Zip <i>89102</i>	Provider's Tax I.D. Number	Telephone <i>702 252 7240</i>	JUL 28 2005	
Doctor's Signature <i>[Signature]</i>			Degree <i>D.C.</i>	RECEIVED		

LAKE MEAD RADIOLOGISTS

715 Mall Ring Circle, Suite 202

Henderson, Nevada 89014

Telephone: (702) 942-1138

Fax: (702) 942-1136

RADIOLOGY REPORT

Patient: POREMBA, WILLIAM

Date: 7/26/05

Physician:

DOB: 6/30/64

SSN:

Facility: CONCENTRA MEDICAL CENTER
GIBSON

X-RAY #: 05-0993

CERVICAL SPINE

FINDINGS: The alignment of the cervical spine appears within normal limits. There is no evidence of fracture or subluxation. The intervertebral disk spaces are well preserved. No significant degenerative disease is noted.

IMPRESSION: Cervical spine examination within normal limits.

THORACIC SPINE

FINDINGS: The alignment of the thoracic spine is within normal limits. There is no evidence of fracture or subluxation. The intervertebral disk spaces are well preserved. No significant degenerative disease is identified.

IMPRESSION: Thoracic spine within normal limits.



DEAN D YARBROW, M.D.

DD: July 27, 2005

cc/DT: July 27, 2005

Dictated - not edited.

S & C CLAIMS

AUG 03 2005

RECEIVED

APR019

Patient: Poremba, William M
Soc. Sec. #:
Date of Birth: 06/30/1964 Age: 41
Service Location: CMC - LVG Henderson
Service ID #: 1199453752
Claim #:
Dictator: Jefferson I Grey, PA-C
Diagnosis: 920 Contusion Of Face, Scalp, And Neck Except Eye(S)

Service Date: 07/26/2005
Injury Date: 07/22/2005
Employer: Southern Nevada Paving/Aggregate
4040 Frehner Road
NORTH LAS VEGAS, NV 89030

Notes: CHIEF COMPLAINT:
Patient is a 41 year old male employee of Southern Nevada Paving/Aggregate Ind who complains about his head which was injured on 7/22/2005 9:00:00 AM.

PATIENT STATEMENT:
Patient states : "Patient states trauma to upper body"/ng

Vital Signs: BP: 130/92. P: 66. R: 10. T: 98.7 degrees F orally.

HISTORY OF PRESENT ILLNESS:

He says that he went to his own MD first as he see him for chronic LBP and he wanted x-rays and MRI but was told he could not have follow up there as his doctor is not a provider for worker injuries. He was in a MVA hit from the side by a backhoe in his semi-truck. NLOC He says he is dizzy and feels nauseated but has not vomited. Pain on the right side of his neck and face from hitting the steering wheel and gear shifter. Pain between the scapula from being pushed to the side and holding on to the steering wheel. Pain on the medial side of the left knee from it hitting the steering column. He has been taking his Percocet and Valium for the pain.

SOCIAL HISTORY: Noncontributory based upon review of comprehensive questionnaire.

FAMILY HISTORY: Noncontributory based upon review of comprehensive questionnaire.

Past Medical History: Comprehensive thorough medical history was obtained from patient. I have reviewed the medical history. All the pertinent items were reviewed with the patient. This information is included in the chart.

Current Medications: The medication list was reviewed.

Allergies: Denies known medication allergies.

Immunizations: Not up to date.

ROS: ROS: Comprehensive ROS on file in patients chart. Reviewed and discussed with patient. Patient advised to discuss any complaints mentioned that are not associated with this visit with their PCP.

PE:

APPEARANCE: Well nourished, well developed, in no acute distress. No deformities

VITAL SIGNS: See above.

SKIN: Normal. No lesions.

NEUROLOGIC: Neurologically intact. PERRLA disc flat and clear margins All DTRs 2+/4

Muscle strength 5+/5 all groups

MUSCULOSKELETAL:

Cervical: No ecchymosis. No swelling. Decreased active Range of Motion: All directions: 10 % of ROM with pain There is no marks on his neck or face where he says he was hit. Diffuse tenderness of the right heel and jaw.

S & C CLAIMS

AUG 03 2005

RECEIVED

Dictated But Not Read

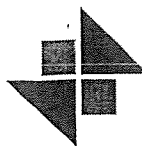
Dictated On: Jul 26 2005 3:46PM

Dictated By: Jefferson I Grey, PA-C 478

Printed Date: 07/28/2005

Page: 1

APP020



CONCENTRA MEDICAL CENTERS

149 N Gibson HENDERSON, NV 89014 (702) 558-6275

Transcription

Patient: Doremba, William M
Soc.Sec. #:
Date of Birth: 06/30/1964 **Age:** 41
Service Location: CMC - LVG Henderson
Service ID #: 1199453752
Claim #:
Dictator: Jefferson I Grey, PA-C
Diagnosis: 920 Contusion Of Face, Scalp, And Neck Except Eye(S)

Service Date: 07/26/2005
Injury Date: 07/22/2005
Employer: Southern Nevada Paving/Aggregate
4040 Frehner Road
NORTH LAS VEGAS, NV 89030

Notes:

Thoracic: No ecchymosis. Full ROM with pain. Diffuse tenderness of the trapezius muscle.

KNEE: Left no marks tender medial aspect, No laxity Neg McMurry X-RAY C-spine normal T-spine Normal

ASSESSMENT:

1. Thoracic strain. 847.1.
2. Cervical strain. 847.0.
3. Face/scalp contusion. 920.
4. Knee contusion. 924.11.

PLAN:CT-SCAN of the Head and Neck Ordered

MEDICATIONS:

Patient instructed to continue their previous medications as prescribed.
Apply ice 10 min QID

ACTIVITY STATUS:

No activity. The provider took the patient off work.

RETURN FOR EVALUATION: In 3 days

Patients questions answered to their satisfaction regarding treatment, use of any medications, prescribed or recommended along with prognosis and outcome. The patient was instructed to return to the clinic as needed. Advised not to drive or operate any vehicle or machinery while taking controlled pain or muscle relaxants or any medication that makes patient feel sleepy or tired given by me or any Concentra provider.

S & C CLAIMS

AUG 03 2005

RECEIVED

Dictated But Not Read

Dictated On: Jul 26 2005 3:46PM

Dictated By: Jefferson I Grey, PA-C 478

Printed Date: 07/28/2005

Page: 2
APP021

TO AVOID PENALTY, THIS REPORT MUST BE COMPLETED AND MAILED TO THE INSURER WITHIN 6 WORKING DAYS OF RECEIPT OF THE C-4 FORM				Please Type or Print		EMPLOYER'S REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE		
EMPLOYER	Employer's Name SOUTHERN NEVADA PAVING		Nature of Business (inc., etc.) Construction		FEIN N/A	OSHA No. SNP-24		
	Office Mailing Address 3920 W. HACIENDA AVE.		Location ... If different from mailing address Horse + Rainbow			Telephone (702) 649-6250		
	City LAS VEGAS, NV 89138		INSURER BUILDERS INSURANCE CO.		THIRD-PARTY ADMINISTRATOR S&C CLAIMS SERVICES, INC.			
EMPLOYEE	First Name William M	M.I. P	Last Name Poremba	Serial Number	Birthdate 6-30-64	Age 41	Primary Language Spoken English	
	Home Address (Number and Street) 168 Red Aches Ct.			Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
	City Henderson	State NV	Zip 89012	Was the employee paid for the day of injury? (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		How long has this person been employed by you in Nevada? 4 yr 8 mo 6 days		
	In which state was employee hired? Nevada		Employee's occupation (job title) when hired or disabled Driver			Department in which regularly employed: Construction		
	Telephone (702) 263-2136	Is the injured employee a corporate officer? ... sole proprietor? ... partner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Was employee in your employ when injured or disabled by occupational disease (O/D)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
ACCIDENT OR DISEASE	Date of Injury (if applicable) 7-22-05		Time of Injury (Hours, Minute AM/PM) (if applicable) 8:45 a.m.		Date employer notified of Injury or O/D 7-25-05		Supervisor to whom Injury or O/D reported Gale McAnlis	
	Address or location of accident (Also provide city, county, state) (if applicable) Horse + Rainbow Silverstone Golf Course						Accident on employer's premises? (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	What was this employee doing when the accident occurred (loading truck, walking down stairs, etc.)? (If applicable) Driving - making right turn into jobsite							
	How did this injury or occupational disease occur? Include time employee began work. Be specific and answer in detail. Use additional sheet if necessary. was driving truck 140163 and was struck by a case backhoe on the drivers side of the tractor.							
INJURY OR DISEASE	Specify machine, tool, substance, or object most closely connected with the accident (if applicable) Backhoe truck			Witness N/A		Was there more than one person injured in this accident? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Part of body injured or affected head/neck / Knee middle of back		If fatal, give date of death N/A		Witness N/A			
	Nature of Injury or Occupational Disease (scratch, cut, bruise, strain, etc.) Neck + thoracic sprain contusion of knee			Witness N/A				
	Did employee return to next scheduled shift after accident? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Will you have light duty work available if necessary? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	If validity of claim is doubted, state reason no, not at this time			Location of Initial Treatment Concentra				
	Treating physician/chiropractor name Dr. Grey			Emergency Room <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hospitalized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
IMPORTANT LOST TIME INFO	IMPORTANT!		How many days per week does employee work? 5		From 6:00 am <input type="checkbox"/> pm To 2 am <input checked="" type="checkbox"/> pm		Last day wages were earned N/A	
	Scheduled days off <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input checked="" type="checkbox"/> S <input type="checkbox"/> Rotating		Are you paying injured or disabled employee's wages during disability? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
	Date employee was hired 11-16-03		Last day of work after injury or disability 7-22-05		Date of return to work ?		Number of work days lost ?	
	Was the employee hired to work 40 hours per week? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If not, for how many hours a week was the employee hired?		Did the employee receive unemployment compensation any time during the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Do Not Know			
	For the purpose of calculation of the average monthly wage, indicate the employee's gross earnings by pay period for 12 weeks prior to the date of injury or disability. If the injured employee is expected to be off work 5 days or more, attach wage verification form (D-8). Gross earnings will include overtime, bonuses, and other remuneration, but will not include reimbursement for expenses. If the employee was employed by you for less than 12 weeks, provide gross earnings from the date of hire to the date of injury or disability. In addition, if the employee was absent from work during the period for which payroll information is requested for any of the reasons listed below, please provide the date(s) absent and, from the following list, indicate, by numeral, the reason(s) for the absence(s). Gross earnings must not include wages earned after the date of injury or disability. 1. Confirmed illness or disability 2. Institutionalized in hospital or other institution. 3. Enrolled as a full-time student, not employed on days when attending classes. 4. In military service other than that training duty conducted on weekends. 5. Absent because of an officially sanctioned strike. 6. Approved FMLA absence.							
	Pay period <input type="checkbox"/> SUN <input type="checkbox"/> TUE <input type="checkbox"/> THUR <input type="checkbox"/> SAT ends on: <input type="checkbox"/> MON <input type="checkbox"/> WED <input checked="" type="checkbox"/> FRI		Employee <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER Is paid: <input type="checkbox"/> B-WEEKLY <input type="checkbox"/> SEMI-MONTHLY		On the date of injury or disability the employee's wage was: union scale per <input checked="" type="checkbox"/> Hr <input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mo			
	<div style="display: flex; justify-content: space-between;"> <div> <p>★ I affirm that the information provided above regarding the accident and injury or occupational disease is correct to the best of my knowledge. I further affirm the wage information provided is true and correct as taken from the payroll records of the employee in question. I also understand that providing false information is a violation of Nevada law.</p> <p>Claim Is: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Deferred <input type="checkbox"/> 3rd Party</p> <p>Claims Examiners' Signature</p> </div> <div> <p>Employer's Signature and Title Delena Johnson, Admin Asst</p> <p>Account No. 15 02 0001</p> <p>Date JUL 28 2005</p> </div> <div> <p>Date 7/27/05</p> <p>Class Code</p> <p>Date</p> </div> </div>							

Nevada Imaging Centers

715 Mall Ring Circle Suite 100

Henderson, Nevada 89014

(702) 891-9729

Fax: (702) 898-0223

JEFFERSON GREY, PAC

149 N GIBSON #H

HENDERSON, NV 89014

RADIOLOGY REPORT

Patient: WILLIAM POREMBA **Date:** 07/27/05
Birthdate: 06/30/64 **Sex:** M **Xray No:** 68914.0
Physician: JEFFERSON GREY, PAC

CT SCAN OF THE CERVICAL SPINE WITHOUT CONTRAST

CLINICAL HISTORY: Status post trauma, dizziness, nausea, ataxia. Right-sided upper body pain.

TECHNIQUE: 0.5-mm slice thickness transaxial images were obtained through the cervical spine. Post-processing sagittal and coronal reconstructions were obtained.

FINDINGS: There is mild torticollis to the left, compatible with muscular spasm. Cervical vertebrae are intact. There is no evidence of infraction, focal destructive lesion or subluxation. No abnormal paravertebral soft tissue mass effect is identified.

Disk height is maintained. There are posterior disk bulges C3-C4 through C6-C7 intervertebral disks. Mild osteophytes project opposing the vertebral body endplates C5-C6. Disk osteophyte complex protrudes 2 mm left posterolateral recess C5-C6. There is a central disk protrusion C5-C6 intervertebral disk extending 2 mm central spinal canal. There is no evidence for effacement or displacement of the C6 nerve roots within the posterolateral recesses at the C5-6 level. There is no abnormal central spinal canal mass effect or hemorrhage. There is no significant central spinal canal stenosis or significant neural foraminal encroachment cervical spine. Paravertebral soft tissues are within normal limits.

INTERPRETATION:

1. Evidence of cervical strain/torticollis.
2. No evidence of acute fracture or dislocation in the cervical spine.
3. Left posterolateral disk osteophyte complex protrusion C5-C6 with additional central disk protrusion at this level.

S & C CLAIMS

12/16/05

RECEIVED

Nevada Imaging Centers

715 Mall Ring Circle Suite 100

Henderson, Nevada 89014

(702) 891-9729

Fax: (702) 898-0223

NAME: WILLIAM POREMBA Exam Date: 07/27/05 Xray no:

4. No significant central spinal canal stenosis or significant neural foraminal encroachment cervical spine.
5. No evidence for central spinal canal hemorrhage.

ELECTRONICALLY SIGNED AND APPROVED BY:

KEITH M LEWIS MD

DD:07/28/05

rh/DT:07/29/05

CODE: 72125, 76375

S & C CLAIMS

07/28/05

RECEIVED

Nevada Imaging Centers

715 Mall Ring Circle Suite 100

Henderson, Nevada 89014

(702) 891-9729

Fax: (702) 898-0223

JEFFERSON GREY, PAC

149 N GIBSON #H

HENDERSON, NV 89014

RADIOLOGY REPORT**Patient:** WILLIAM POREMBA**Date:** 07/27/05**Birthdate:** 06/30/64**Sex:** M**Xray No:** 68914.0**Physician:** JEFFERSON GREY, PAC**CT SCAN OF THE BRAIN WITHOUT INTRAVENOUS CONTRAST****CLINICAL HISTORY:** Scalp contusion status post trauma. Dizziness, nausea, ataxia.**TECHNIQUE:** 5-mm slice thickness transaxial images were obtained through the brain parenchyma. The study was performed without intravenous contrast.**FINDINGS:** The fourth ventricle is normal in size. The posterior fossa is unremarkable. There is no evidence of focal abnormal intracranial mass effect, midline shift, or extra-axial fluid collection. Bony structures of the calvarium as visualized appear intact.**INTERPRETATION:** Unremarkable CT scan of the brain, with no abnormal intracranial mass effect or acute intracranial abnormality identified.**ELECTRONICALLY SIGNED AND APPROVED BY:**

KEITH M LEWIS MD

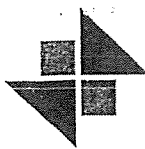
DD:07/28/05

rh/DT:07/29/05

CODE: 70450

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AUG 02 2005
S & C CLAIMS

APP028



CONCENTRA MEDICAL CENTERS

149 N Gibson HENDERSON, NV 89014 (702) 558-6275

Transcription

Patient:	Poremba, William M	Service Date:	07/29/2005
Soc.Sec. #:		Injury Date:	07/22/2005
Date of Birth:	06/30/1964	Age:	41
Service Location:	CMC - LVG Henderson	Employer:	Southern Nevada Paving/Aggregate 4040 Frehner Road NORTH LAS VEGAS, NV 89030
Service ID #:	1199456113		
Claim #:			
Dictator:	Jefferson I Grey, PA-C		
Diagnosis:	920 Contusion Of Face, Scalp, And Neck Except Eye(S)		

Notes: CHIEF COMPLAINT: Patient is a 41 year old male employee of Southern Nevada Paving/Aggregate Ind who complains about his head which was injured on 7/22/2005 9:00:00 AM.

PATIENT STATEMENT:
Patient states : "Patient states trauma to upper body"/ng

Vital Signs: BP: 130/98. P: 70. R: 10.

Patient returns for a recheck for the injury stated above.

HISTORY OF PRESENT ILLNESS:

He feels the pattern of symptoms is worsening. Patient has not been working because the provider took the patient off work. He says that he is having dizzy, nausea, and that off and on "my entire right side of my body goes numb" when laying down. He is requesting to see a specialist, he prefers to see his Dr Yeh. Denies loss of consciousness.

PE:

APPEARANCE: Normocephalic. Atraumatic. In no acute distress.

VITAL SIGNS: See above.

SKIN: Normal. No lesions.

NECK: Full range of motion. No palpable bony or muscular tenderness. Negative spurling & axial load.

NEUROLOGIC: Neurologically intact.

HEAD: Normocephalic. Atraumatic. No facial tenderness. No sinus tenderness. No soft tissue swelling. No tenderness. No active bleeding. TMs intact

X-RAY / LAB REPORT: He had CT SCAN in the ER and the reports are pending

ASSESSMENT:

1. Face/scalp contusion. 920.Unchanged
2. Cervical strain. 847.0.Unchanged
3. Thoracic strain. 847.1.Unchanged
4. Knee contusion. 924.11.

PLAN:

With his long history of chronic pain neck and lower back and this new injury it would be best for this patient and the employer to have him transferred sooner to Physiatry or pain management to get control of his pain and symptoms.

S & C CLAIMS

ACTIVITY STATUS:

No activity. The provider took the patient off work.

AUG 08 2005

PATIENT REFERRED TO: A Physiatrist at the earliest convenient time.

Transfer care Advised not to drive or operate any vehicle or machinery while taking controlled pain or muscle relaxants or any medication that makes patient feel sleepy

Dictated But Not Read

Dictated On: Jul 29 2005 11:47AM

Dictated By: Jefferson I Grey, PA-C 478

Printed Date: 07/31/2005

Page: 1

APP026



CONCENTRA
MEDICAL CENTERS

149 N Gibson HENDERSON, NV 89014 (702) 558-6275

Transcription

Patient:	Porembo, William M	Service Date:	07/29/2005
Soc.Sec. #:		Injury Date:	07/22/2005
Date of Birth:	06/30/1964	Age:	41
Service Location:	CMC - LVG Henderson	Employer:	Southern Nevada Paving/Aggregate 4040 Frehner Road NORTH LAS VEGAS, NV 89030
Service ID #:	1199456113		
Claim #:			
Dictator:	Jefferson I Grey, PA-C		
Diagnosis:	920 Contusion Of Face, Scalp, And Neck Except Eye(S)		

Notes: or tired given by me or any Concentra provider. The patient was instructed to return to the clinic as needed.

S & C CLAIMS

AUG 08 2005

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Dictated On: Jul 29 2005 11:47AM

Dictated By: Jefferson I Grey, PA-C 478

Printed Date: 07/31/2005

Page: 2

APP019

INTEGRATED HEALTHCARE OF NEVADA

The Total Neck and Back Pain Center

INITIAL EVALUATION

PATIENT: William Poremba

AGE: 41 years

DATE: August 2, 2005

The patient is a 41 year old white male who was involved in a motor vehicle accident on 7-25-05. The patient states that he was driving in a semi-truck when he was T-boned by a piece of heavy equipment that ran a stop sign and hit him on his driver's side door. The patient is complaining about neck pain and stiffness, mid back and low back pain and stiffness, the right greater than the left, he has left leg cramps, headaches and dizziness. The patient was not transferred by ambulance anywhere. However, he did seek immediate medical care through Workers' Compensation at Concentra. He did have x-rays taken. However, he does not know the results of these.

Past medical history reveals surgery for left inguinal hernia and he has a history of gastritis and esophagitis. Serious diseases include chronic low back pain at L5-S1. Family diseases are negative. He is not allergic to any medication. He has no previous accidents or injuries.

The patient does not smoke. He quit in December 2004. He used to smoke 5 or 6 cigarettes a day for 20 years off and on. The patient does drink alcohol occasionally.

Medications include Percocet 10/325 and Valium 10 mgms. He also takes Nexium. He sees pain management for the above medications.

Physical Examination: Ht: 6' 0", Wt: 205 lbs. Blood pressure is 110/80. Pulse is 100. He is in no acute distress. However, he is uncomfortable. HEENT: Pupils are equal and reactive to light. Extra ocular movements are intact. Sclera is clear. Ear canals are patent. T.M.'s are normal bilaterally. Pharynx is normal. Neck is supple. Heart is regular rate and rhythm without murmurs. Chest is clear to auscultation. Abdomen is flat with normal bowel sounds and no tenderness to palpation. His gait is normal. His posture is normal. He has no antalgias. Body movements are normal. He has no contusions and no abrasions. Lumbosacral joints are non-tender to palpation. Sacroiliac joints are non-tender to palpation. Cervical paravertebrals reveal pain, tenderness and tightness to palpation. He has increased pain with range of motion and his flexion and extension are decreased with a flexion of 75 degrees, extension of 15 degrees, right lateral rotation of 30 degrees, left lateral rotation of 30 degrees, right rotation of 15 degrees and left rotation of 15 degrees. His paravertebrals thoracic muscles reveal pain, tenderness and tightness to palpation. He does have increased pain with range of motion in this area. Lumbar paravertebrals reveal pain, tenderness and tightness with increased pain with range of motion. His flexion and extension are decreased with flexion of 75 degrees, extension of 30 degrees. He was unable to do the lateral rotations or the

rotations secondary to instability. He felt that he was going to fall over. Straight leg raise is negative and deep tendon reflexes reveal 2+ on the right knee jerk and 3+ on the left knee jerk. He has no radiculopathies. Extremities are within normal limits. Neurologic exam is grossly intact.

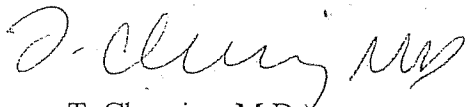
DIAGNOSES:

Cervicothoracolumbar strain, accident related.

Cephalgia, accident related.

Dizziness, accident related.

The plan is to add Arthrotec 75/200 one b.i.d. to his regimen as he has a history of gastritis and esophagitis. He is to continue with physical therapy three times a week and he is to follow up with me in two weeks.



Teresa T. Charniga, M.D.

TTC:aac

S&C CLAIMS
FEB 16 2000
RECEIVED

APP029



SCHREINER & COMPANY
3380 West Sahara Avenue
Suite 100
Las Vegas, NV 89102
(702) 873-5115
(800) 362-5198
FAX (702) 876-5584

SUPERIOR & COMPREHENSIVE CLAIMS ADMINISTRATION

August 3, 2005

William Poremba
168 Red Arches Court
Henderson, NV 89012

Re: Employer : Southern Nevada Paving
DOI : 07/22/05
Claim No. : 739255

Dear Mr. Poremba:

S & C Claims Services, Inc. is the Workers' Compensation Third Party Administrator for your above-referenced employer who is insured by Builder's Insurance Company.

Please note that we have received your claim and we have been advised that you have been treating at Integrated Health Care and that you have received disability status from the physician there. In that regard, please be advised that you can only have one treating physician at one time unless prior approval is received from the insurer. Further, you cannot treat with a non-PPO provider and we do not have to acknowledge his treatment plan, recommendations or disability recommends. Therefore, we have come to the determination to deny further treatment at Integrated Health Care and your employer has been instructed not to acknowledge disability certification obtained from your physician there.

Our determination is based on the following:

NAC 616C.129 subsection 1 that reads in part, "There may be only one treating physician or chiropractor in any one case at any one time, unless prior authorization is obtained from the insurer. Physicians in emergency rooms are not considered treating physicians within the meaning of NAC 616C.126 to NAC 616C.144"; and,

NRS 616C.090 Selection of physician or chiropractor: Powers and duties of Administrator; selection and alternate selection from established panel or pursuant to contract; responsibility for charges.

1. The Administrator shall establish a panel of physicians and chiropractors who have demonstrated special competence and interest in industrial health to treat injured employees under chapters 616A to 616D, inclusive, or chapter 617 of NRS. Every employer whose insurer has not entered into a contract with an organization for managed care or with providers of health care services pursuant to NRS 616B.527 shall maintain a list of those physicians and chiropractors on the panel who are reasonably accessible to his employees.

2. An injured employee whose employer's insurer has not entered into a contract with an organization for managed care or with providers of health care services pursuant to NRS 616B.527 may choose his treating physician or chiropractor from the panel of physicians and chiropractors. If the injured employee is not satisfied with the first physician or chiropractor he so chooses, he may make an alternative choice of physician or chiropractor from the panel if the choice is made within 90 days after his injury. The insurer shall notify the first physician or chiropractor in writing. The notice must be postmarked within 3 working days after the insurer receives knowledge of the change. The first physician or chiropractor must be reimbursed only for the services he rendered to the injured employee up to and including the date of notification. Except as otherwise provided in this subsection, any further change is subject to the approval of the insurer, which must be granted or denied within 10 days after a written request for such a change is received from the injured employee. If no action is taken on the request within 10 days, the request shall be deemed granted. Any request for a change of physician or chiropractor must include the name of the new physician or chiropractor chosen by the injured employee. If the treating physician or chiropractor refers the injured employee to a

APP030

Page 2.
William Poremba
August 3, 2005

specialist for treatment, the treating physician or chiropractor shall provide to the injured employee a list that includes the name of each physician or chiropractor with that specialization who is on the panel. After receiving the list, the injured employee shall, at the time the referral is made, select a physician or chiropractor from the list.

3. An injured employee whose employer's insurer has entered into a contract with an organization for managed care or with providers of health care services pursuant to NRS 616B.527 must choose his treating physician or chiropractor pursuant to the terms of that contract. If the injured employee is not satisfied with the first physician or chiropractor he so chooses, he may make an alternative choice of physician or chiropractor pursuant to the terms of the contract if the choice is made within 90 days after his injury. If the injured employee, after choosing his treating physician or chiropractor, moves to a county which is not served by the organization for managed care or providers of health care services named in the contract and the insurer determines that it is impractical for the injured employee to continue treatment with the physician or chiropractor, the injured employee must choose a treating physician or chiropractor who has agreed to the terms of that contract unless the insurer authorizes the injured employee to choose another physician or chiropractor. If the treating physician or chiropractor refers the injured employee to a specialist for treatment, the treating physician or chiropractor shall provide to the injured employee a list that includes the name of each physician or chiropractor with that specialization who is available pursuant to the terms of the contract with the organization for managed care or with providers of health care services pursuant to NRS 616B.527, as appropriate. After receiving the list, the injured employee shall, at the time the referral is made, select a physician or chiropractor from the list. If the employee fails to select a physician or chiropractor, the insurer may select a physician or chiropractor with that specialization. If a physician or chiropractor with that specialization is not available pursuant to the terms of the contract, the organization for managed care or the provider of health care services may select a physician or chiropractor with that specialization.

4. Except when emergency medical care is required and except as otherwise provided in NRS 616C.055, the insurer is not responsible for any charges for medical treatment or other accident benefits furnished or ordered by any physician, chiropractor or other person selected by the injured employee in disregard of the provisions of this section or for any compensation for any aggravation of the injured employee's injury attributable to improper treatments by such physician, chiropractor or other person.

5. The Administrator may order necessary changes in a panel of physicians and chiropractors and shall suspend or remove any physician or chiropractor from a panel for good cause shown.

6. An injured employee may receive treatment by more than one physician or chiropractor if the insurer provides written authorization for such treatment.

7. The Administrator shall design a form that notifies injured employees of their right pursuant to subsections 2 and 3 to select an alternative treating physician or chiropractor and make the form available to insurers for distribution pursuant to subsection 2 of NRS 616C.050.

By way of a copy of this letter, we are notifying Integrated Health Care that we are denying payment for their services.

We have enclosed a copy of our PPO list should you wish to change treating physicians to a provider on our panel. Please note however that based on an urgent request from Concentra Medical Centers we are authorizing a transfer of care to a psychiatrist either Dr. Thomas or Siegler who work with Concentra.

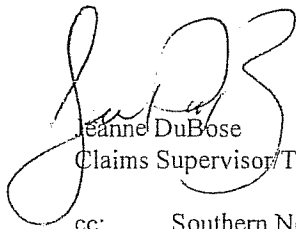
Please feel free to contact me with any questions or your assigned claims examiner, Ms. Linda Jackson at extension 22.

APP031

Page 3.
William Poremba
August 3, 2005

If you disagree with this determination, you may request a Hearing before a Hearing Officer. If that is your intent, fill out the enclosed Request for Hearing form and attach a copy of this letter to the form. Mail the form and attachment to the address at the top of the form within seventy (70) days from the date of this letter

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeanne DuBose', is written over the typed name and title.

Jeanne DuBose
Claims Supervisor/Team Leader

cc: Southern Nevada Paving/attn: Delina via facsimile: 649-8860
Integrated Health Care

APP032



SCHREINER & COMPANY

3380 West Sahara Avenue
Suite 100
Las Vegas, NV 89102
(702) 873-5115
(800) 362-5198
FAX (702) 876-5584

SUPERIOR & COMPREHENSIVE CLAIMS ADMINISTRATION

August 4, 2005

William Poremba
168 Red Arches Court
Henderson, NV 89012

Re: Claim No. : 739255
Employer : Southern Nevada Paving
Date of Injury : 7/22/2005
Body Part : Head Contusion/Cervical Strain/Thoracic Strain/Left Knee Contusion

Dear Mr. Poremba:

You have been scheduled for an initial evaluation and transfer of care with Dr. Angela Thomas, M.D. Your appointment has been scheduled for Friday, August 5, 2005 at 1:30 p.m. at Concentra Medical Center. Concentra Medical Center is located at 149 North Gibson Avenue, Suite #13, Henderson, NV 89074. The telephone number is (702) 558-6275. Please call the office at least 24 hours in advance to confirm you will be attending this appointment.

By way of a copy of this letter, I am notifying Integrated Health Care that as of the date of your appointment with Dr. Thomas, your care is transferred to her and I am notifying Dr. Thomas that she is authorized to treat you.

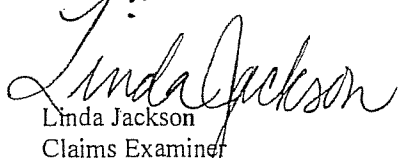
Please bring all x-rays, MRI films etc. with you to this appointment. In addition, please bring picture identification and an interpreter, if needed. You may not be seen without your x-rays or identification. Failure to attend or obstruction of this evaluation may result in a suspension of your workers' compensation benefits.

Any further changes of treating physicians are subject to prior approval from this office.

If you disagree with this determination, you have the right appeal. If that is your intent, fill out the enclosed Request for Hearing form and attach a copy of this letter to the form. Mail the form and attachment to the address at the top of the form within seventy (70) days from the date of this letter. Failure to attend this appointment may jeopardize your benefits.

If you have any questions regarding this matter, please feel free to contact me.

Sincerely,


Linda Jackson
Claims Examiner
LJ/vm

cc: Dr. Angela Thomas / medical records via facsimile / (702) 876-5226 Attn: Luis
Integrated Health Care / via facsimile (702) 251-9650
Southern Nevada Paving / via facsimile (702) 649-9275 Attn: Delina Johnson

~~File~~

APP033

Transcription

149 N Gibson HENDERSON, NV 89014 (702) 558-6275

Patient: Poremba, William M
Soc.Sec. #:
Date of Birth: 06/30/1964 Age: 41
Service Location: CMC - LVG Henderson
Service ID #: 1199461453
Claim #:
Dictator: Thomas, MD*, Mary A
Diagnosis: 920 Contusion Of Face, Scalp, And Neck Except Eye(S)

Service Date: 08/05/2005
Injury Date: 07/22/2005
Employer: Southern Nevada Paving/Aggregate
4040 Frehner Road
NORTH LAS VEGAS, NV 89030

August 5, 2005

Notes:

Jefferson Grey, PA-C
149 N. Gibson
Suite H
Henderson, NV 89074

RE: Physiatriac Consultation

Dear Mr. Grey,

Thank you for the opportunity to assist in the care of your patient.

CHIEF COMPLAINT: Neck, back and knee pain; headaches.

HISTORY OF PRESENT ILLNESS: Patient is a 41-year-old gentleman who indicates he was injured at work while driving a semi-tractor-trailer. He states he was t-boned by a backhoe at a high rate of speed and that he was thrown sideways in the cab, striking his right side and head on the steering wheel and gearshift, and also striking his left knee on the steering column. He states that after the accident, he actually felt pretty well and was walking around drinking water. Later that day, he had worsening pain, and, over the course of the next few days, had some nausea. He sought treatment through Concentra Medical Center and was referred for a CT scan of his head. He also states he sought treatment from his private physician, who has him on medications for chronic low back pain. He followed up with Mr. Grey at Concentra and indicated a desire to be seen by a specialist, and was referred to me.

PAST MEDICAL HISTORY: As above. Patient gives history of previous problems with his lower back. He states he has had trouble for about two years with his back and, beginning in January, is being treated for a "tear" at the L5-S1 disc. He feels that it is healing itself. He is on chronic pain management with Percocet and Valium. He states he had previously been on MS Contin, but he stopped it because it made him sick. He is trying to avoid surgery for his lower back. He also has a history of acid reflux. He denies other chronic medical conditions.

CURRENT PAIN COMPLAINTS: Headache, neck and upper back pain. He does have some lower back pain, but actually minimizes this compared to his other complaints. He is also complaining of left knee pain, in particular along the medial aspect. He is also complaining of feeling tired and of loss of balance. He is reporting decreased abilities in his functional level, stating he has to sit down to get dressed now rather than stand up because of his loss of balance.

CURRENT MEDICATIONS: He reports are Percocet 10/325 2 times 4 daily, Valium 10 mg 2 times daily, Nexium 40 mg 1 time daily.

SOCIAL HISTORY: He is married. He has two children ages 7 and 15. He denies tobacco, alcohol or street drug use.

Dictated But Not Read

Dictated On: Aug 11 2005 6:51AM

Dictated By: Thomas, MD*, Mary A

Printed Date: 08/12/2005

Page: 1

APP037

Transcription

149 N Gibson HENDERSON, NV 89014 (702) 558-6275

Patient:	Poremba, William M	Service Date:	08/05/2005
Soc.Sec. #:		Injury Date:	07/22/2005
Date of Birth:	06/30/1964	Age:	41
Service Location:	CMC - LVG Henderson	Employer:	Southern Nevada Paving/Aggregate 4040 Frehner Road NORTH LAS VEGAS, NV 89030
Service ID #:	1199461453		
Claim #:			
Dictator:	Thomas, MD*, Mary A		
Diagnosis:	920 Contusion Of Face, Scalp, And Neck Except Eye(S)		

Notes:

WORK HISTORY: He works as a truck driver hauling dirt and gravel and states he has been off work since the time of the accident.

FAMILY HISTORY: Negative.

REVIEW OF SYSTEMS: As above; otherwise, he describes a general sense of weakness with his arms and legs; pain around his eyes; and some recent anxiety and depression; otherwise, negative.

PHYSICAL EXAMINATION: Well-developed, well-nourished man lying supine on the exam table. He rises to a seated position upon my entering the room. BP 124/72, pulse 72, respirations 16. He appears to have a very flat affect and is groggy/sedated. He interacts appropriately. There is no noted slurred speech or word-finding difficulties.

Head: Normocephalic, atraumatic.

Cervical: Neck reveals mild paraspinal muscle tightness in the mid and lower regions. Range of motion is within normal limits in flexion. He lacks end range in extension, reporting increasing pain. Normal rotation.

Thoracic: He has mild paraspinal muscle tightness across the upper trapezius and down to the mid paraspinal musculature. No discrete area of triggering are noted. Normal rotation.

Lumbar: No palpable paraspinal muscle spasm. Lumbar range of motion is actually very well-preserved. He has some mild tenderness overlying the right SI joint. No tenderness over the left trochanteric bursa. He does have mild tenderness over the right trochanteric bursa.

Upper extremities: He has symmetric-appearing limbs with no evidence of trauma. No effusions. Full range of motion at the shoulders, elbows and wrists.

Lower extremities: He has a negative straight leg raise bilaterally. With range of motion of the hips, he reports some discomfort in his back. Also on the right, he has some pain over the lateral aspect of the hip, consistent with trochanteric bursitis.

Neurologic: He has intact strength to manual muscle testing in the upper and the lower limbs. His sensation is reported diminished to light touch over the hands and upper arms in a patchy distribution. Normal sensation reported in the lower extremities. His reflexes appear symmetric throughout bilateral upper and lower limbs; 2+ in upper extremities; lower extremities 2+ and brisk at patellae and Achilles.

Romberg's testing reveals no loss of balance. He has no pronator drift.

IMAGING STUDIES: I have report of CT of the brain, 07-27-05, reveals unremarkable CT of the brain with no abnormal intracranial mass effect or other acute intracranial abnormality identified.

IMPRESSION:

Dictated But Not Read

Dictated On: Aug 11 2005 6:51AM

Dictated By: Thomas, MD*, Mary A

Printed Date: 08/12/2005

Page: 2

AP0038

Transcription

149 N Gibson HENDERSON, NV 89014 (702) 558-6275

Patient: Poremba, William M
Soc.Sec. #:
Date of Birth: 06/30/1964 Age: 41
Service Location: CMC - LVG Henderson
Service ID #: 1199461453
Claim #:
Dictator: Thomas, MD*, Mary A
Diagnosis: 920 Contusion Of Face, Scalp, And Neck Except Eye(S)

Service Date: 08/05/2005
Injury Date: 07/22/2005
Employer: Southern Nevada Paving/Aggregate
4040 Frehner Road
NORTH LAS VEGAS, NV 89030

Notes:

Industrial Diagnoses:

1. Cervical sprain/strain.
2. Lumbar strain/sprain.
3. Left knee sprain.
4. Right trochanteric bursitis; this all secondary to a motor vehicle accident.

Non-Industrial Diagnoses:

1. History of chronic lumbar pain, being treated by a local pain management physician.
2. History of acid reflux.
3. Sedation/lethargy noted during today's clinic visit, which patient is attributing to being up early this morning.
4. Subjective complaint of dizziness.

DISCUSSION: Patient presents with the above-noted complaints and findings involving primarily his neck and left knee, despite history of problems with his lower back. He has no evidence of loss of balance in the clinic today on observation or provocative testing. His neurologic examination revealed some reported sensory loss, but otherwise was normal. It is my recommendation he be placed on some light duty restrictions of no lifting greater than 15 pounds, no commercial driving and no climbing. I would also like to keep him on a restriction with walking less than or equal to 30 minutes per hour, given concerns over the left knee.

Recommend imaging studies of the left knee and the cervical spine to rule out any occult pathology. It is my opinion that we are most likely dealing with soft tissue injuries.

Will order physical therapy and get that started as soon as possible and try to get him reactivated.

Additionally, I have recommended we get his old records, and he has consented and has signed a release so that we can obtain those with regards to his previous and ongoing back treatments.

PLAN:

1. MRI of the cervical and left knee.
2. Physical therapy regarding the cervical, lumbar and left knee.
3. Medrol Dosepak. Patient was instructed in the use of this medication and of the potential side effects.
4. Work Restrictions: No lifting greater than 15 pounds. No climbing. No walking greater than 15 minutes per hour. No commercial driving.
5. Follow up in one to two weeks, or as soon as the imaging studies are complete.

Mary Angela Thomas, M.D.

MAT/rg

dictated but not read

cc: Jefferson Grey, PA-C

S & C CLAIMS
AUG 19 2005
RECEIVED

Dictated But Not Read

Dictated On: Aug 11 2005 6:51AM

Dictated By: Thomas, MD*, Mary A

Printed Date: 08/12/2005

Page: 3

APP030



S & C Claims Services, Inc.
3380 West Sahara Ave.
Suite 100
Las Vegas, NV 89102
(702) 873-5115
(800) 362-5198
FAX (702) 876-5584

SUPERIOR & COMPREHENSIVE CLAIMS ADMINISTRATION

August 12, 2005

William Poremba
168 Red Arches Ct
Henderson NV 89012

Re: Claim Number: 739255
Employer: Southern Nevada Paving
Date of Accident: 07/22/2005
Body Part: Cervical Strain, Lumbar Strain, Left Knee Sprain

NOTICE OF CLAIM ACCEPTANCE

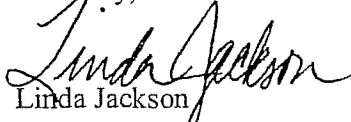
Dear Mr. Poremba:

A claim was filed and accepted by S & C Claims Services, Inc. in behalf of Southern Nevada Paving. Please check the information contained on this notice. If you find any of the information to be incorrect, please notify S & C Claims Services.

A brief description of your rights and benefits is enclosed.

If you disagree with this determination, you may request a Hearing before a Hearing Officer. If that is your intent, fill out the enclosed Request for Hearing form and attach a copy of this letter to the form. Mail the form and attachment to the address at the top of the form within seventy (70) days from the date of this letter. Or, you can complete the bottom of this letter and submit it to the Hearing Office.

Sincerely,


Linda Jackson
Claim Representative

cc: Southern Nevada Paving
Matthew Dunkley Esq.

Request for Hearing: _____

Transcription

149 N Gibson HENDERSON, NV 89014 (702) 558-6275

Patient: Poremba, William M Service Date: 08/12/2005
Soc. Sec. #: Injury Date: 07/22/2005
Date of Birth: 06/30/1964 Age: 41 Employer: Southern Nevada Paving/Aggregate
Service Location: CMC - LVG Henderson 4040 Frehner Road
Service ID #: 1199465947 NORTH LAS VEGAS, NV 89030
Claim #:
Dictator: Thomas, MD*, Mary A
Diagnosis: 920 Contusion Of Face, Scalp, And Neck Except Eye(S)

Notes:

Patient: William Poremba Service Date: 08/12/05
Soc. Sec.: 347-66-9782 Dictated By: Mary Angela Thomas
Date of Initial Injury: 07/22/05 Employer:
Referring Provider: Jefferson Grey, PA-C

August 12, 2005

RE: Follow-up Office Visit

CHIEF COMPLAINT: Neck pain, back pain, knee pain and spasm.

HISTORY OF PRESENT ILLNESS: Patient returns reporting he is worse. He states he decided not to take the Dosepak after speaking with Dr. Yeh, who told him that he has a sensitive stomach and needed to be careful with the medication. Patient states that he has also had some medication adjustments from Dr. Yeh, stating that he stopped his Valium yesterday. He had been taking 20 mg daily. Patient states that he was using it primarily to help him sleep and that he does not think he will renew it. He also indicates that he "just got yesterday" OxyContin from Dr. Yeh. He states he is on 40 mg twice daily. He states he has never taken this medication before. He continues to use Percocet 1 to 2 pills 4 times daily and it is the 10/325.

Patient is questioning his MRI and whether he can attend therapy. These were both requested for him at his last visit and he has yet to hear of any appointments regarding these.

PHYSICAL EXAMINATION: Office visit was accompanied by M.A., Manny, who was present throughout the history and physical exam.

Cervical: Reveals mild paraspinal muscle tightness with decreased range of motion in extension with the patient reporting increased pain. Negative Spurling's.

Thoracic: Reveals diffuse tenderness to palpation. He has some muscle guarding throughout the mid thoracic down through the dorsal region.

Lumbar: Reveals minimal paraspinal muscle tightness. He forward flexes approximately 50 degrees, reporting some increased pain. Mild tenderness in the right lower back to palpation.

Neurologic: He is able to stand on his toes. He has giveway weakness at hip flexors, reporting spasming in his calves with this maneuver. Straight leg raise produces a complaint of spasming in the calf as well. His knee extension strength is normal. With ankle dorsiflexion and plantar flexion, he complains of pain in the area of the calf bilaterally. Palpation of the calves during these maneuvers revealed no apparent spasm.

In the upper extremities, he is noted to have some decreased strength in the right upper extremity, which appears somewhat cogwheeling in nature. He reports decreased sensation to light touch in a patchy distribution over his upper extremities. Interestingly, he reports decreased sensation in the dorsal aspect of the hand in a C6 distribution, however, normal sensation in a C6 distribution on the palmar surface. It is very

Dictated But Not Read

Dictated On: Aug 19 2005 7:45AM

Dictated By: Thomas, MD*, Mary A

Printed Date: 08/20/2005

Page: 1

APP03B

Transcription

149 N Gibson HENDERSON, NV 89014 (702) 558-6275

Patient:	Poremba, William M	Service Date:	08/12/2005
Soc.Sec. #:		Injury Date:	07/22/2005
Date of Birth:	06/30/1964	Age:	41
Service Location:	CMC - LVG Henderson	Employer:	Southern Nevada Paving/Aggregate
Service ID #:	1199465947		4040 Frehner Road
Claim #:			NORTH LAS VEGAS, NV 89030
Dictator:	Thomas, MD*, Mary A		
Diagnosis:	920		Contusion Of Face, Scalp, And Neck Except Eye(S)

Notes:

non-physiologic. His reflexes are 2+ and symmetric in the upper extremities and 2+ and symmetric in the lower extremities.

Lower extremities: Straight leg raise in a seated position is negative; patient does report pain in his calf.

In a supine position, straight leg raise is negative bilaterally. With range of motion of the hips, he has some mild back discomfort. He is mostly complaining of pain in the left calf and the knee. He reports tenderness to palpation along the medial greater than the lateral joint line as well as anteriorly. Negative anterior and posterior drawer. He has full range of motion; reports increased pain. With McMurray's, he has a popping sensation and reports pain.

IMPRESSION:

Industrial Diagnoses:

1. Cervical sprain/strain.
2. Lumbar sprain/strain.
3. Left knee sprain.
4. History of trochanteric bursitis.

Non-Industrial Diagnoses:

1. History of chronic lumbar pain, being treated by Dr. Yeh.
2. History of acid reflux.
3. No lethargy or sedation noted today.
4. No complaints of dizziness today.
5. Abnormal illness behavior with inconsistencies on his physical exam, diffuse tenderness to palpation throughout the back, and global complaints of pain involving the neck, upper back, right arm, left knee and lower leg.

DISCUSSION: Patient returns today and actually appears somewhat better to me with less sedation and improved fluidity of movement in the exam room, although his complaints of pain are worse. Patient's abnormal illness behaviors complicate this case, as well as the fact that he is treating with a chronic pain physician who is adjusting his medications. He indicates he was just started on the OxyContin at 40 mg twice daily, and I think that is a pretty high dose to just start somebody out on. His chronic pain medications may have been contributing towards his level of sedation that was noted previously.

Because of the complexity with his current medication prescriptions through his chronic pain management physician, I am uncomfortable prescribing medications which could interact with those. I, therefore, have offered him a Depo-Medrol IM injection to try to get some anti-inflammatory on board. No other medications were prescribed today.

I continue to recommend physical therapy, MRI of the left knee and MRI of the cervical spine. I have my office staff checking on this today.

Additionally, would recommended that we get his old records, and he had signed a consent and I am awaiting those for further review.

S & C CLAIMS

AUG 26 2005

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Dictated By: Thomas, MD*, Mary A

Dictated On: Aug 19 2005 7:45AM

Printed Date: 08/20/2005

Page: 2
APP039

Transcription

149 N Gibson HENDERSON, NV 89014 (702) 558-6275

Patient:	Poremba, William M	Service Date:	08/12/2005
Soc.Sec. #:		Injury Date:	07/22/2005
Date of Birth:	06/30/1964	Age:	41
Service Location:	CMC - LVG Henderson	Employer:	Southern Nevada Paving/Aggregate
Service ID #:	1199465947		4040 Frehner Road
Claim #:			NORTH LAS VEGAS, NV 89030
Dictator:	Thomas, MD*, Mary A		
Diagnosis:	920 Contusion Of Face, Scalp, And Neck Except Eye(S)		

Notes:

- PLAN:
1. Continue to recommend physical therapy.
 2. Continue to await MRI of the cervical and left knee.
 3. Depo-Medrol 40 mg, 2 cc IM, delivered per medical assistant.
 4. No prescriptions written by me.
 5. Work Restrictions: No lifting greater than 15 pounds and no climbing
 6. Return to clinic in two weeks, or sooner if the MRIs are completed.

Mary Angela Thomas, M.D.

MAT/rg

dictated but not read

cc: Jefferson Grey, PA-C
149 N. Gibson
Suite H
Henderson, NV 89074

Workmans' Compensation Case Manager

S & C CLAIMS
AUG 26 2005
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Dictated On: Aug 19 2005 7:45AM

Dictated By: Thomas, MD*, Mary A

Printed Date: 08/20/2005

Page: 3

APP040



SCHREINER & COMPANY

3380 West Sahara Avenue

Suite 100

Las Vegas, NV 89102

(702) 873-5115

(800) 362-5198

FAX (702) 876-5584

SUPERIOR & COMPREHENSIVE CLAIMS ADMINISTRATION

August 17, 2005

Matthew Dunkley, Esq.
4475 South Pecos Road
Las Vegas, NV 89121

Re: Our Claimant : William Poremba
Our Claim No. : 739255
Employer : Southern Nevada Paving
Date of Injury : 07/22/2005

Dear Mr. Dunkley:

This letter is to inform you, that as the Third Party Administrators of the Workers' Compensation Coverage for the above captioned employer, we are advising you of our intention to recover monies spent by the employer regarding **William Poremba and the injury that occurred on July 22, 2005.**

Effective April 30, 1997, pursuant to NRS 616C.215, the Administrator on behalf of the employer, has a right of subrogation and a statutory lien upon any proceeds recovered from a responsible third party for an industrial injury. **You are required by law to notify this Administrator, in writing, of any action or proceeding that you have or anticipate will be taken against the responsible third party.**

If you recover, pursuant to NRS 616C215 (8) (a,b), you have 15 days from the receipt of any proceeds to pay the Administrator, the amount due, together with an itemized statement showing the distribution of the total recovery. The Administrator will also assert an offset or credit against any future benefits in the amount of the recovery the claimant may receive.

The final lien amount on this claim has not been determined at this time. If we cannot work out a settlement we reserve our right to file independently.

Should you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads 'Linda Jackson'.

Linda Jackson
Claims Examiner
LJ/rg

cc: Southern Nevada Paving
William Poremba
File

APP021



SCHREINER & COMPANY
3380 West Sahara Avenue
Suite 100
Las Vegas, NV 89102
(702) 873-5115
(800) 362-5198
FAX (702) 876-5584

SUPERIOR & COMPREHENSIVE CLAIMS ADMINISTRATION

August 17, 2005

William Poremba
168 Red Arches Court
Henderson, NV 89012

REF: Claim Number : **739255**
 Employer : **Southern Nevada Paving**
 Date of Injury : **07/22/2005**

Dear Mr. Poremba:

S & C Claims Services, Inc. is the Third Party Administrators for Builders Insurance Company, which provides worker's compensation coverage for the above captioned employer. This letter advises of our intention to recover monies spent by the employer regarding your industrial injury on **July 22, 2005**.

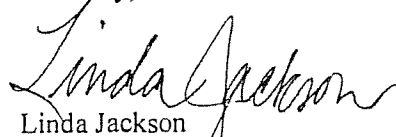
Effective June 4, 1998, pursuant to **NRS 616C.215**, the Administrator on behalf of the employer, has a right of subrogation and a statutory lien upon any proceeds recovered from a responsible third party for your industrial injury. You are required by law to notify this Administrator, in writing, of any action or proceeding that you have or anticipate will be taken against the responsible third party.

If you recover, pursuant to NRS 616C215 (8) (a,b), you have 15 days from the receipt of any proceeds to pay the Administrator, the amount due, together with an itemized statement showing the distribution of the total recovery. The Administrator will also assert an offset or credit against any future benefits in the amount of the recovery you may receive.

In the absence of a prearranged settlement, the Administrator may pursue its rights to proceed with an independent action against a responsible third party and/or their insurance carrier, or to intervene in any action you may bring to best protect the employer's lien interest. **The total cost of this claim has not yet been determined.**

If you have any questions please contact me.

Sincerely,


Linda Jackson
Claims Examiner
LJ/rg

cc: Southern Nevada Paving
 Matthew Dunkley, Esq. / via facsimile: 454-3333 and mail
 File

APP045

Nevada Imaging Centers
715 Mall Ring Circle Suite 100
Henderson, Nevada 89014
(702) 891-9729
Fax: (702) 898-0223

ANGELA THOMAS, MD
2952 MEAD AVE
LAS VEGAS, NV 89102

RADIOLOGY REPORT

Patient: WILLIAM M POREMBA Date: 08/19/05
Birthdate: 06/30/64 Sex: M Xray No: 68914.0
Physician: ANGELA THOMAS, MD

MRI OF THE LEFT KNEE WITHOUT CONTRAST

HISTORY: Left knee and calf pain and swelling.

TECHNIQUE: Proton density, fat suppression axial, coronal and sagittal images were obtained through the knee. Additional standard proton density turbo-spin echo images were obtained sagittally through the knee as well.

FINDINGS: There is mild generalized knee joint effusion. The patella is normal in position and is intact. There is mild grade I chondromalacia patella lateral patellar facet. The quadriceps tendon and patellar tendons are intact.

Marrow signal in the distal femur and proximal tibia and fibula is intact with no evidence for infraction, contusion, osteonecrosis or focal destructive lesion. There is mild increased signal within the proximal posterior cruciate ligament adjacent to its attachment on the distal femur and in the central inferior anterior cruciate ligament consistent with mild grade I strain. The medial and lateral collateral ligaments are intact.

The menisci maintain their triangular configuration on cross-sectional imaging with no evidence for focal tear. Superficial musculofascial planes seen in the knee are not effaced.

IMPRESSION:

1. Mild left knee joint effusion.
2. Grade I anterior cruciate ligament and posterior cruciate ligament strain.
3. Bony structures, tendon structures and menisci of the knee are intact.

ELECTRONICALLY SIGNED AND APPROVED BY:
KEITH M LEWIS MD

DD:08/19/05
jd/DT:08/22/05
CODE:73721

S & C CLAIMS
SEP 02 2005
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APP026

Nevada Imaging Centers
715 Mall Ring Circle Suite 100
Henderson, Nevada 89014
(702) 891-9729
Fax: (702) 898-0223

ANGELA THOMAS, MD
2952 MEAD AVE
LAS VEGAS, NV 89102

RADIOLOGY REPORT

Patient: WILLIAM M POREMBA Date: 08/19/05
Birthdate: 06/30/64 Sex: M Xray No: 68914.0
Physician: ANGELA THOMAS, MD

MRI OF THE CERVICAL SPINE WITHOUT INTRAVENOUS CONTRAST

HISTORY: Neck pain/strain.

TECHNIQUE: Sagittal T1 and T2 weighted images were obtained through the cervical spine. Additional para-axial images were obtained from C2-3 through C7-T1 using turbo-spine T2 weighted technique.

FINDINGS: There is torticollis to the left compatible with muscle spasm. Cervical vertebrae are intact. There is no evidence of infraction, focal destructive lesion or subluxation. No abnormal paravertebral soft tissue mass effect is identified.

There is desiccation of all cervical intervertebral discs. Disc height is maintained. There are posterior disc bulges at C3-4, C5-6, C6-7 intervertebral discs. There is a broad-based central/left posterolateral disc protrusion at C5-6 intervertebral disc extending 2 mm in the central spinal canal and left posterolateral recess. There is no evidence for effacement or displacement of the C6 nerve roots within the posterolateral recesses at this level.

The cervical spinal cord is normal in configuration, caliber and signal intensity. No abnormal spinal canal masses are identified.

There is no significant central spinal canal stenosis or significant neural foraminal encroachment in the cervical spine.

IMPRESSION:

1. Evidence for cervical strain/torticollis.

S & C CLAIMS

SEP 02 2005

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Nevada Imaging Centers

715 Mall Ring Circle Suite 100

Henderson, Nevada 89014

(702) 891-9729

Fax: (702) 898-0223

NAME: WILLIAM M POREMBA Exam Date: 08/19/05 Xray no:

2. Broad-based central/left posterolateral disc protrusion at C5-6 intervertebral disc.
3. No significant central spinal canal stenosis or significant neural foraminal encroachment in the cervical spine.

ELECTRONICALLY SIGNED AND APPROVED BY:

KEITH M LEWIS MD

DD:08/19/05

jd/DT:08/22/05

CODE:72141

S & C CLAIMS

SEP 02 2005

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15

Mary Angela Thomas, M.D.
Spine and Orthopedic Rehabilitation Specialists
Board Certified In Physical Medicine and Rehabilitation
2952 Meade Avenue
Las Vegas, NV 89102

Phone: (702) 851-2695

Fax (702) 871-3002

Patient: William Poremba Service Date: 08/26/05
Soc. Sec.: Dictated By: Mary Angela Thomas
Date of Initial Injury: 07/22/05 Employer: Southern Nevada Paving/Aggregate Industrial
Referring Provider: Jefferson Grey, PA-C

August 26, 2005

RE: Follow-up Office Visit

CHIEF COMPLAINT: Neck pain and left knee pain.

HISTORY OF PRESENT ILLNESS: Patient returns today stating that his pain is "unbearable." He describes stiffness in his neck and upper back. Also, left knee pain with intermittent swelling. He is requesting to be taken off work, stating that it is a hassle for him to drive all the way across town to work for a few hours and that after sitting and applying labels for a few minutes, his pain level increases in his upper back and he has to get up and move around to do it.

He has additional complaints of numbness and tingling in the entirety of both arms. He denies any numbness or tingling in his legs. No bowel or bladder incontinence.

Patient continues to be treated by Dr. Yeh. He states he stopped OxyContin on his own and flushed them down the toilet. He states that Dr. Yeh has prescribed him Percocet 10/325 and that he is taking between 2 and 4 a day. He states he is on no other medications. I have yet to receive any records from Dr. Yeh's office and they were re-requested again today.

PHYSICAL EXAMINATION: Well-developed, well-nourished man in no obvious distress. No signs of sedation. BP 128/74, pulse 68, respirations 16. He is alert and oriented.

Cervical: He has some diffuse muscle guarding in the cervical region. Range of motion is within functional limits. He

SEP 13 2005
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APPROPRIATE
COMPLAINTS

reports increased pain towards end range.

Thoracic: He has diffuse muscle guarding throughout the upper trapezius down through the interscapular region. He reports diffuse tenderness to palpation. No withdrawal to light touch.

Lumbar: Reveals no palpable spasm. He reports some diffuse tenderness to palpation in this region. He forward flexes approximately 70 degrees, reporting increased pain. In quiet standing, he is noted to hold himself primarily over the right leg with guarding of the left leg. He is also in a somewhat forward-stopped posture and is leaning on the counter in the exam room. He is able to come to a full upright position, however, quickly resumes the forward-flexed positioning.

In a seated position, to manual muscle testing, he has normal strength in bilateral upper and lower extremities.

IMAGING STUDIES: Cervical MRI, performed 08-19-05, reveals multilevel cervical degenerative disc changes. He has a central and left posterolateral disc protrusion at C5-C6 of 2 millimeters. No evidence for nerve root involvement. No spinal stenosis or neuroforaminal encroachment of the cervical spine. Suggestion of cervical strain with some torticollis noted.

Left knee MRI, performed 08-19-05, mild left knee joint effusion with a grade I anterior cruciate ligament/posterior cruciate ligament strain. No meniscal damage or other abnormalities identified.

IMPRESSION:

Industrial Diagnoses:

1. Cervical sprain/strain.
2. Lumbar sprain/strain.
3. Left knee sprain/strain involving the ACL/PCL.

Non-Industrial Diagnoses:

1. Chronic lumbar pain treated by Dr. Yeh.
2. Acid reflux.
3. Some abnormal illness behavior with marked pain verbalizations, diffuse tenderness throughout his back, global complaints of pain and numbness involving his neck and upper extremities.

DISCUSSION: Patient is to start his physical therapy and I think this will help quite a bit with the soft tissue injuries involving his neck and his left knee. I am unable to explain

SEP 13 2005
20 CLAIMS
APP04

his global upper extremity numbness based on this injury and on the results of his MRI scan. Would recommend EMG/NCV to rule out any nerve root involvement versus any peripheral neuropathies or other non-industrial cause of this complaint. He is strongly encouraged to comply with physical therapy.

With regards to patient's medications, he is inquiring what to do about his pain. I have advised him that I am not comfortable prescribing additional medications without appropriate records from Dr. Yeh. Patient has elected to continue his chronic pain management through Dr. Yeh and will continue to get any pain management medications from him.

Patient additionally had requested to be taken off work, as noted in the history of present illness. I discussed with the patient that functionally today I think he is still capable of working. Will revise his restrictions to make it a little more feasible for him to get up and move around and to take a break, however, would like to keep him on a light duty status at present, in hopes of being able to advance him once he gets through his physical therapy.

PLAN:

1. EMG/NCV of bilateral upper extremities to rule out radiculopathy or any non-industrial cause of his subjective paresthesias.
2. Initiate physical therapy this week.
3. No prescriptions were given.
4. He will follow up in two weeks, or sooner if needed.
5. Obtain records from Dr. Yeh's office.

Mary Angela Thomas, M.D.

MAT/rg

dictated but not read

cc: Jefferson Grey, PA-C
149 N. Gibson
Suite H
Henderson, NV 89074

Workmans' Compensation Case Manager

APR 13 2005
31
CLAIMS

Transcription

149 N Gibson HENDERSON, NV 89014 (702) 558-6275

Patient: Poremba, William M
Soc. Sec. #: 06/30/1964 Age: 41
Date of Birth: CMC - LVG Henderson
Service Location: 1199484527
Service ID #: 739255
Claim #: Thomas, MD, Mary A
Dictator: 920 Contusion Of Face, Scalp, And Neck Except Eye(S)
Diagnosis: Service Date: 09/09/2005
Injury Date: 07/22/2005
Employer: Southern Nevada Paving/Aggregate
4040 Frehner Road
NORTH LAS VEGAS, NV 89030

Notes: Patient: William Poremba Service Date: 09/09/05
Soc. Sec.: 347-66-9782 Dictated By: Mary Angela Thomas
Date of Initial Injury: 07/22/05 Employer: Southwest Nevada Paving
Referring Provider: Jefferson Grey, PA-C

September 9, 2005

RE: Follow-up Office Visit

CHIEF COMPLAINT: Left leg pain, neck pain.

HISTORY OF PRESENT ILLNESS: Patient states his primary concern today is of his left leg. He states that he has been getting swelling in the left calf which fluctuates throughout the course of the day, but that he has a lot of pain extending from behind the knee down into the calf. It is worse with dorsiflexion of the ankle. He states his private physician, Dr. Yeh, thinks it could be a blood clot, although he did not order any testing to evaluate that. Patient is very concerned about this possibility.

Patient continues to complain of pain about the knee itself, but primarily in the posterior aspect of the knee. He states therapy has not helped the knee at all.

With regards to his neck and upper back, he feels he may have turned the corner a little bit in therapy, since he has felt a little bit better after the most recent session. He is still having some numbness and tingling into his arms and his EMG/NCV is pending.

Patient states he takes Percocet daily as prescribed by Dr. Yeh. He states that no other changes have occurred.

PHYSICAL EXAMINATION: Well-developed, well-nourished man in no obvious distress. BP 124/68, pulse 62, respirations 16. He is alert and oriented. Cervical: Reveals some diffuse paraspinal muscle tightness extending down into the upper trapezius. It appears to be a little less tight than on previous visits. His cervical range of motion is full.

In the lower back, he has no palpable spasm. Range of motion is within functional limits, but he does report some increased pain with it.

Lower extremities: His left knee reveals no evidence of effusion. He reports some mild tenderness to palpation along the anterior and medial aspect of the knee. No tenderness to palpation posteriorly. There is no palpable mass effect in the popliteal fossa. Range of motion is full.

The lower leg was measured around the calf, six inches below the inferior aspect of the patella bilaterally. There was a 2.0 centimeter difference side to side with the left being greater than right. Patient reports increasing pain with dorsiflexion of the ankle up through the calf, which could represent a positive Homan's sign.

IMPRESSION:

SEP 26 2005

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Dictated On: Sep 20 2005 5:32PM

Dictated By: Thomas, MD, Mary A

Printed Date: 09/21/2005

Page: 1

APR 2005

Transcription

149 N Gibson HENDERSON, NV 89014 (702) 558-6275

Patient:	Doremba William M	Service Date:	09/09/2005
Soc.Sec. #:		Injury Date:	07/22/2005
Date of Birth:	06/30/1964	Age:	41
Service Location:	CMC - LVG Henderson	Employer:	Southern Nevada Paving/Aggregate 4040 Frehner Road NORTH LAS VEGAS, NV 89030
Service ID #:	1199484527		
Claim #:	739255		
Dictator:	Thomas, MD, Mary A		
Diagnosis:	920 Contusion Of Face, Scalp, And Neck Except Eye(S)		

Notes:

Industrial Diagnoses:

1. Cervical sprain/strain.
2. Lumbar sprain/strain.
3. Left knee sprain/strain with some involvement of the ACL/PCL.

Industrial versus Non-Industrial Diagnosis:

1. Rule out DVT of the left lower extremity.

Non-Industrial Diagnoses:

1. Chronic lumbar pain, treated by Dr. Yeh.
2. Acid reflux.
3. History of some abnormal illness behaviors, although patient appeared fairly appropriate today.

DISCUSSION: My clinical suspicion for DVT is somewhat low, however, given his history and slight asymmetry in the size of the calf with equivocal positive Homan's, I think it is appropriate to proceed with venous Dopplers as soon as possible to rule out DVT of the left lower extremity. Will hold on his therapy involving the leg until we can determine that there is no evidence of DVT. I do, however, want him to continue with treatment for his neck and upper back, as he seems to have finally gotten over the hump with this and is beginning to see some improvement.

PLAN:

1. Venous Dopplers to rule out DVT, to be performed later today.
2. Await EMG/NCV of the upper extremities.
3. Continue in therapy for the neck, however, will hold therapy for his leg at present until we insure that there is a negative result on the Dopplers.
4. No medications prescribed, as he receives his chronic pain medication through Dr. Yeh.
5. Followup here for two weeks, or sooner if needed.

Mary Angela Thomas, M.D.

MAT/rg

dictated but not read

S & C CLAIMS

SEP 26 2005

RECEIVED

Dictated But Not Read

Dictated On: Sep 20 2005 5:32PM

Dictated By: Thomas, MD, Mary A

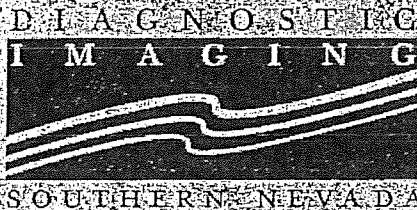
Printed Date: 09/21/2005

Page: 2

APP 33

3560 EAST FLAMINGO RD.
LAS VEGAS, NV 89121

(702) 433-6100
(702) 433-9538 BILLING
(702) 433-9489 FAX



MICHAEL A. BARON, M.D.
R. RAY CARTWRIGHT, M.D.
ERICA A. GERSON, M.D.
LAURIE S. SELTZER, D.O.
DOUGLAS M. SIDES, M.D.

BOARD CERTIFIED IN DIAGNOSTIC
RADIOLOGY AND NUCLEAR MEDICINE

Patient Name: POREMBA, WILLIAM X-Ray#: 155499 D.O.B: 06/30/64 Date of Exam: 09/09/05

Referring Physician: MARY A. THOMAS, M.D.

Examination(s) Requested: LEFT LOWER EXTREMITY DOPPLER VENOUS ULTRASOUND

History: CALF SWELLING AND PAIN; RULE OUT DVT.

Radiology Report

LEFT LOWER EXTREMITY DOPPLER VENOUS ULTRASOUND:

Duplex Doppler ultrasound of the deep venous system of the left lower extremity was performed from the level of the common femoral vein through the popliteal fossa.

There was no visualized thrombus within the deep venous system. The veins exhibited normal compressibility and augmentation of flow on calf squeezing. Doppler wave flow patterns are within normal limits.

IMPRESSION:

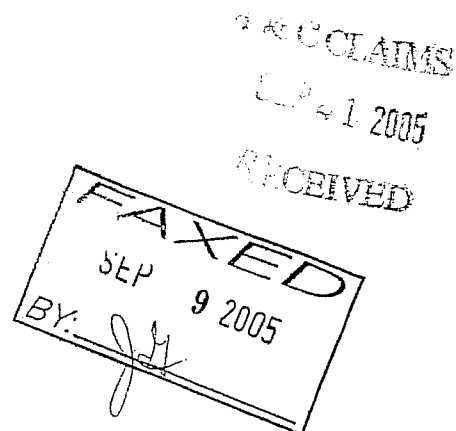
Normal left lower extremity Doppler venous ultrasound.

Eric A. Gerson, M.D.

EAG:jlg

Transcribed: 09/09/05

If unsigned, dictated but not edited.



Transcription

2952 Meade Ave LAS VEGAS, NV 89102 (702) 871-1721

Patient: Poremba William M Service Date: 09/14/2005
Soc.Sec. #: --- Injury Date: 07/22/2005
Date of Birth: 06/30/1964 Age: 41 Employer: Southern Nevada Paving/Aggregate
Service Location: CMC - LVG Meade 4040 Frehner Road
Service ID #: 1199487965 NORTH LAS VEGAS, NV 89030
Claim #: 739255
Dictator: Thomas, MD, Mary A
Diagnosis: 920 Contusion Of Face, Scalp, And Neck Except Eye(S)

Notes: Patient: William Poremba Service Date: 09/14/05
Soc. Sec.: 347-66-9782 Dictated By: Mary Angela Thomas
Date of Initial Injury: 07/22/05 Employer: Southern Nevada Paving
Referring Provider:

September 14, 2005

RE: Follow-up Office Visit

CHIEF COMPLAINT: Neck and back pain, left knee pain.

HISTORY OF PRESENT ILLNESS: Patient reports his biggest concern at present is the left knee. He feels he is very restricted in ambulation because of pain in the knee. He is still having pain in his neck and upper back and feels that is somewhat improved after manual therapy. He is describing some discomfort in his mid back as well, which seems to be moving down, and it sounds like he may be getting some muscle spasms in this region. He states he has been getting in a cool pool, which has helped his symptoms quite a bit.

PHYSICAL EXAMINATION: BP 124/68, pulse 62, respirations 16. He is alert and oriented in no obvious distress.

His neck and upper back exam reveals some mild muscle guarding throughout, but no discrete areas of muscle spasm/triggering are noted. His cervical range of motion is within normal limits.

Lumbar: No palpable paraspinal muscle tightness.

Lower extremities: Symmetric-appearing limbs. He has no effusion of the left knee compared to the right. He has some tenderness to palpation along the medial joint line. He has full range of motion. Negative McMurray's maneuver. Some mild pain with anterior drawer sign, however, no laxity is noted.

IMAGING STUDIES: Since his last visit with me, he had an ultrasound of the left lower extremity, venous Doppler, interpreted as normal with no evidence of DVT.

ELECTRODIAGNOSTIC STUDY: After informed verbal consent, patient underwent nerve conduction studies for bilateral median and ulnar motor and sensory nerves and radial sensory nerves. No abnormalities were detected.

After informed verbal consent, needle EMG was performed on the right APB, extensor indices proprius, pronator teres, biceps, triceps, and deltoid muscles, and cervical paraspinals in the mid and lower levels. No abnormalities were detected.

Electrodiagnostic study reveals no abnormalities. No evidence of cervical radiculopathy, generalized peripheral neuropathy, nor focal entrapment neuropathy.

IMPRESSION:
Industrial Diagnoses:
1. Cervical sprain/strain.

S & C CLAIMS

SEP 26 2005

Dictated But Not Read

Dictated On: Sep 19 2005 3:34PM

Dictated By: Thomas, MD

RECEIVED

Printed Date: 09/20/2005

Page: 1

APP0335

Transcription

2952 Meade Ave LAS VEGAS, NV 89102 (702) 871-1721

Patient:	Porembo, William M	Service Date:	09/14/2005
Soc.Sec. #:		Injury Date:	07/22/2005
Date of Birth:	06/30/1964	Age:	41
Service Location:	CMC - LVG Meade	Employer:	Southern Nevada Paving/Aggregate 4040 Frehner Road NORTH LAS VEGAS, NV 89030
Service ID #:	1199487965		
Claim #:	739255		
Dictator:	Thomas, MD, Mary A		
Diagnosis:	920 Contusion Of Face, Scalp, And Neck Except Eye(S)		

Notes:

2. Lumbar sprain/strain.
3. Left knee sprain with involvement of the ACL and PCL.

Non-Industrial Diagnoses:

1. Chronic lumbar pain, treated by Dr. Yeh.
2. Acid reflux.

DISCUSSION: Patient was offered and accepted an injection for the left knee today. He is continuing to get physical therapy with regards to the knee.

Will keep him in therapy as well with regards to his back and will have him continue with some manual therapy, as he seems to be benefiting greatly from this. Will plan on seeing him back in the office in two weeks, or sooner if needed.

PLAN:

1. Continue physical therapy.
2. Injection for the left knee.

PROCEDURE: After informed written consent, patient was placed in a seated position and the anterior aspect of the knee was cleansed with Betadine. Under sterile technique, patient received an injection of 1.0 cc of Depo-Medrol 40 mg, 2.0 cc of 1% lidocaine, and 2.0 cc of 0.25% Marcaine. Patient tolerated the procedure well with no apparent complication.

3. No medications were written, as patient gets his medicines through his pain management physician.
4. Will have him follow up in two weeks, or sooner if needed.
5. Work Restrictions: No lifting over 15 pounds and no squatting or kneeling. No climbing.

Mary Angela Thomas, M.D.

MAT/rg

dictated but not read

cc: Workmans' Compensation Case Manager

Dictated But Not Read

Dictated On: Sep 19 2005 3:34PM

Dictated By: Thomas, MD, Mary A

Printed Date: 09/20/2005

Page: 2

APP053

Transcription

149 N Gibson HENDERSON, NV 89014 (702) 558-6275

Patient:	Poremba, William M	Service Date:	09/23/2005
Soc.Sec. #:		Injury Date:	07/22/2005
Date of Birth:	06/30/1964 Age: 41	Employer:	Southern Nevada Paving/Aggregate
Service Location:	CMC - LVG Henderson		4040 Frehner Road
Service ID #:	1199494234		NORTH LAS VEGAS, NV 89030
Claim #:	739255		
Dictator:	Thomas, MD, Mary A		
Diagnosis:	920 Contusion Of Face, Scalp, And Neck Except Eye(S)		

Notes: Patient: William Poremba Service Date: 09/23/05
Soc. Sec.: 347-66-9782 Dictated By: Mary Angela Thomas
Date of Initial Injury: 07/22/05 Employer: Southern Nevada Paving
Referring Provider: Jefferson Grey, PA-C

September 23, 2005

RE: Follow-up Office Visit

CHIEF COMPLAINT: Left knee pain.

HISTORY OF PRESENT ILLNESS: Patient returns stating his neck is doing much better. He is having really only minimal discomfort there presently. He reports compliance with home exercise program.

He is still reporting some discomfort in the left knee. He states the shot did help quite a bit. He still has some soreness and describes an area over the medial and anterior aspect of the knee, stating it is down deep. He has been attending therapy and states it has been somewhat helpful.

His biggest complaint at present has been the lower back. This has been more of a chronic, ongoing problem for him, and he understands that this is the case. He has been following with Dr. Yeh regarding it. He also indicates seeking some chiropractic treatment on his own with regards to his lower back.

No other interval changes to report.

PHYSICAL EXAMINATION: BP 132/78, pulse 66, respirations 16. He is alert and oriented in no obvious distress.

Cervical: He has no palpable paraspinal muscle tightness. He has full cervical range of motion.

Thoracolumbar: Reveals no significant paraspinal muscle tightness. At the thoracolumbar junction down through lumbar, he does have some very mild muscle guarding, however, no discrete areas of spasm or triggering are noted. Lumbar range of motion is limited to approximately 40 degrees of flexion, reporting some increased pain.

Neurologic: He has normal strength to manual muscle testing in bilateral upper and lower extremities. His reflexes are symmetric throughout. He reports intact sensation to light touch.

Lower extremities: His left knee appears symmetric compared to the right. There is no evidence of effusion. He has no dependent edema. No asymmetry noted in the calves. He has mild tenderness reported to palpation over the medial aspect and the anterior aspect of the knee. No ligamentous laxity to varus or valgus stress. Negative anterior and posterior drawer signs. His range of motion is full. He does have some mild crepitus with range of motion. Negative patellofemoral grind test. Negative McMurray's.

RECEIVED
13 2005
CLAIMS

Dictated But Not Read

Dictated On: Oct 5 2005 12:17PM

Dictated By: Thomas, MD, Mary A

Printed Date: 10/06/2005

Page: 1

APP0538

Transcription

149 N Gibson HENDERSON, NV 89014 (702) 558-6275

Patient: Poremba, William M
Soc.Sec. #:
Date of Birth: 06/30/1964 Age: 41
Service Location: CMC - LVG Henderson
Service ID #: 1199494234
Claim #: 739255
Dictator: Thomas, MD, Mary A
Diagnosis: 920 Contusion Of Face, Scalp, And Neck Except Eye(S)

Service Date: 09/23/2005
Injury Date: 07/22/2005
Employer: Southern Nevada Paving/Aggregate
4040 Frehner Road
NORTH LAS VEGAS, NV 89030

Notes:

IMPRESSION:

Industrial Diagnoses:

1. Cervical sprain/strain, which is resolved.
2. History of a lumbar sprain/strain, which I feel patient is at his baseline with regards to this.
3. History of a sprain involving the ACL and PCL, which appears improved.

Non-Industrial Diagnoses:

1. Chronic lumbar pain, treated by Dr. Yeh.
2. Acid reflux.

DISCUSSION: This patient has shown significant gains since his last visit. I would recommend a trial of regular duty at work. Will have him discontinue formal therapy and continue with home exercise. Thera-Band was issued to him today so that he can continue with the exercises for the knee. Will plan on seeing him back here next week, and I anticipate he will be at MMI.

PLAN:

1. Discontinue formal therapy. Will have patient continue home program.
2. No restrictions at work.
3. Follow up in one week, or sooner if needed.

Mary Angela Thomas, M.D.

MAT/rg

dictated but not read

cc: Jefferson Grey, PA-C
149 N. Gibson
Suite H
Henderson, NV 89074

Workmans' Compensation Case Manager

S&C CLAIMS
OCT 13 2005
RECEIVED

Dictated But Not Read

Dictated On: Oct 5 2005 12:17PM

Dictated By: Thomas, MD, Mary A

Printed Date: 10/06/2005

Page: 2
APP 059

GARY J. LA TOURETTE, M.D.

Orthopedic • Hand • Reconstructive • Cosmetic Surgery

Office: (702) 386-6979 • Fax (702) 386-8700

2100 Pinto Lane, Las Vegas, Nevada 89106

INITIAL EVALUATION

Date of Report: 11/07/05
Patient Name: Poremba, William
DOI: 07/25/05
DOB: 06/30/64
SSN: ---
Referred by: Dr. Nichola

CHIEF COMPLAINT: William complains of left knee pain.

HISTORY OF PRESENT ILLNESS: The patient states he was driving his company truck for Southern Nevada Paving when a large front-end loader ran into him. He was on private property in the area where Rainbow ceases to be an arterial. Apparently, the other vehicle ran a stop sign. The patient had immediate pain. He was transported by car to Concentra where they did a drug test. The next day his pain was worse. He has treated with Dr. Nichola at Integrated Health who has referred him here. The pain in the left knee today is a constant 4 on a scale of 0-10 and can go as high as a 10.

PAST MEDICAL HISTORY: In April 2001 he inhaled cement dust and had problems with his eyes and lungs. He had a long back injury which came on spontaneously two or three years ago and that has resolved but he has seen a pain management specialist for that. He has had no prior problems with his left knee.

REVIEW OF SYSTEMS: Noncontributory to the present illness.

PHYSICAL EXAMINATION: There are spasms in the left calf which are palpable. There is swelling of the left calf. Lachman's and Apley's tests are negative. McMurray's is positive on the left. He has an effusion on the left, none on the right. He has pain at the medial collateral ligament and lateral collateral ligament. The drawer signs are negative.

The MRI states that he has damage to the anterior and posterior cruciates as well as left knee joint effusion.


30 CLAIMS
FEB 22 2006
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APP056 40

Page Two
Poremba, William

DIAGNOSTIC IMPRESSION: With the positive McMurray's, swelling in the calf, and constant pain three months after the injury, I feel he has internal derangement of the knee. He has either a torn meniscus which is not appreciated by MRI or a torn capsule and at the least traumatic synovitis. He does have a palpable plica. All this will cause an effusion.

THERAPEUTIC REGIMEN: The patient would probably benefit from a Medrol Dosepak and Naprosyn. We gave him these. If this does not help, an injection may help. If an injection does not help, an arthroscopic evaluation of the knee would be indicated. If he comes to surgery, the cost of surgery would be around \$19,000 for the surgical facility, \$3,600-4,600 for the surgeon, and \$2,000 for the anesthesiologist. Thank you for this referral.


Gary J. LaFourette, M.D.
Orthopedic/Plastic Reconstructive Surgeon
DICTATED BUT NOT READ
GJL/ejs

S&C CLAIMS

FEB 22 2005

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APP057 41

Michael A. Royal*
Cory M. Jones
Gregory A. Miles*
Matthew S. Dunkley*
Justin L. Wilson
Scott R. Pettitt

*Also Admitted in Utah

ROYAL JONES MILES DUNKLEY & WILSON

1522 W. Warm Springs Road
Henderson, NV 89014

Telephone:
702.471.6777

Facsimile:
702.531.6777

www.royaljoneslaw.com

LAWYERS

October 5, 2010

S & C Claims Services, Inc.
3380 W. Sahara Avenue
Suite 100
Las Vegas, NV 89102
Atten: Linda Jackson

Via Facsimile (702) 876-5584 & Mail

Re: Our Client : William Poremba
Employer : Southern Nevada Paving
Your Claim No.: 739255
Date of Incident : 07-22-05
Our File No. : 2607-10

Dear Ms. Jackson:

This office has been retained by William Poremba to represent his interests in regards to the re-opening of his work related injury claim that occurred on the above-referenced date in the course and scope of his employment. Please immediately forward acknowledgment of this correspondence and confirm that you are the adjuster handling this matter. At this time, we request that you provide our office with copies of the following:

1. A complete copy of your file;
2. Copies of the medical records; and
3. Copy of the C-4 form.

I ask that you please direct all future communications to my attention and do not communicate with my client. If you have any questions, regarding the contents of this letter, do not hesitate to contact my office.

Very truly yours,

ROYAL JONES MILES
DUNKLEY & WILSON

Justin L. Wilson, Esq.

MSD/nra

OCT 07 2010

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APP058

42



SCHREINER & COMPANY
3380 West Sahara Avenue
Suite 100
Las Vegas, NV 89102
(702) 873-5115
(800) 362-5198
FAX (702) 876-5584

SUPERIOR & COMPREHENSIVE CLAIMS ADMINISTRATION

October 5, 2010

SENT VIA FACSIMILE #531-6777
AND U.S.MAIL

Matthew S. Dunkley, Esq.
1522 W. Warm Springs Road
Henderson, NV 89014

Re: Claimant : William Poremba
Employer : Southern Nevada Paving
DOI : 07/22/05
Claim No. : 739255

Dear Mr. Dunkley:

We have previously requested from your office staff a return call from you regarding the status of the payment of our lien in the amount of \$4,851.59 regarding the above-referenced workers compensation claim.

On August 17, 2005, we sent you our written notice of our right of subrogation and a statutory lien upon any proceeds recovered from a responsible third party. The claim correspondence documents that you were aware of our lien. We have been informed by your office staff that this case settled well over a year ago and you forgot to notify us.

At this time, please remit the amount of our subrogation lien which is \$4,851.59.

Additionally, pursuant to subsection (8) (a) and (b) of NRS 616C215 please provide us an itemized statement showing the distribution of the total recovery.

Further, as a reminder, pursuant to subsection (2) (a), we will assert an offset or credit against any future benefits in the amount of the recovery received by Mr. Poremba regarding this industrial claim.

Your immediate attention to our request would be greatly appreciated.

Sincerely,

A handwritten signature in cursive script that reads 'Linda Jackson'.
Linda Jackson
Claims Examiner

cc: Southern Nevada Paving
William Poremba
Paul Acker, Esq., Bremer, Whyte, Brown & O'Meara LLP

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APP059



S & C Claims Services, Inc.
3380 West Sahara Ave
Suite 100
Las Vegas, NV 89102
(702) 873-5115
(800) 362-5198
FAX(702) 876-5584

SUPERIOR & COMPREHENSIVE CLAIMS ADMINISTRATION

January 27, 2006

William Poremba
168 Red Arches Ct
Henderson NV 89012

Re: Employer: Southern Nevada Paving
Claim Number: 739255
DOI: 07/22/2005

NOTICE OF INTENTION TO CLOSE CLAIM

Dear Mr. Poremba:

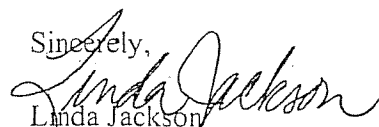
After a careful and thorough review of your claim, we have determined that all benefits have been paid and your claim will be closed effective 70 days from the date of this letter.

NRS 616C.390 defines your right to reopen your claim. You must make a written request for reopening and your doctor must submit a report relating your problem to the original industrial injury, stating that your condition has worsened since the time of claim closure and that the condition requires additional medical care. The reopening may not be made prior to the date of your request for reopening unless good cause is shown. Upon such showing by your doctor, the cost of emergency treatment shall be allowed.

If you disagree with this determination, you may request a Hearing before a Hearing officer. If that is your intent, fill out the enclosed Request for Hearing form and attach a copy of this letter to the form. Mail the form and attachment to the address at the top of the form within seventy (70) days from the date of this letter.

Should you have any questions regarding this matter, please feel free to call me.

Sincerely,


Linda Jackson
Claim Representative

cc: Southern Nevada Paving
Matthew Dunkley Esq.

S&C Claims Las Vegas, NV

APP060 44

GUGINO LAW FIRM, CHTD.

SALVATORE C. GUGINO
MONTE HALL *
ANTHONY R. AGER **
AMY M. EARNEST ***
ALYSSA FISCHER ****

6970 D'BANNON DR.
BLDG 2
LAS VEGAS, NEVADA 89117

TELEPHONE: (702) 385-3601

FACSIMILE: (702) 385-3015

EMAIL: guginolawfirm.com

OF COUNSEL:
RHONDA C. GROSS **

* ALSO ADMITTED IN UTAH
** ALSO ADMITTED IN CALIFORNIA
*** ALSO ADMITTED IN COLORADO
**** ALSO ADMITTED IN WASHINGTON D.C.

February 7, 2006

VIA FACSIMILE & U.S. MAIL
(702) 531-6777

Matthew Dunkley, Esq.
Royal, Jones, Dunkley & Wilson
2920 North Green Valley Parkway, #424
Henderson, NV 89014

Re: **Notice Of Lien And Separate Right Of Action Pursuant To NRS 616C.215**

Your Client:	William Poremba
Employer:	Southern Nevada Paving, Inc.
Your File No.:	Please Provide
Our Clients:	Builders Insurance Company, Inc. S&C Claims Services, Inc.
Third-Party Defendant:	Pratte Development
Third-Party Def's Insurer:	Please Provide
Our File No.:	870.094
S&C Claim No.:	739255
Date of Injury:	07/22/05

Dear Mr. Dunkley:

It was a pleasure discussing the above-entitled matter with you yesterday. As you are now aware, our office represents Builders Insurance Company, Inc. and S&C Claims Services, Inc. with regard to their lien against any third-party for workers' compensation benefits paid to Mr. Poremba.

The total lien amount to date is \$4,851.59. By way of explanation, Builders Insurance has paid \$3,977.99 in medical payments on behalf of Mr. Poremba and paid Mr. Poremba \$873.60 in temporary disability benefits.

It is my understanding that you will be representing Mr. Poremba in a personal injury/liability action against the apparent tortfeasor, namely, a Pratte Development employee who was driving the other vehicle in Mr. Poremba's accident of July 22, 2005. You should treat this letter as a lien upon any recovery or award you may obtain against Pratte Development or any third party potentially responsible for Mr. Poremba's injuries.

FEB 07 2006

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APP061

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Matthew Dunkley, Esq.
Notice Of Lien And Separate Right Of Action
Pursuant To NRS 616C.215
February 7, 2006
Page 2

GUGINO LAW FIRM, CHTD

I think you would agree that subsection (2)(b) of NRS 616C.215 gives the workers' compensation insurer a "right of action against the person so liable to pay damages and is subrogated to the rights of the injured employee..." and subsection (5) gives such an insurer "a lien upon the total proceeds of any recovery from some person other than the employer, whether the proceeds of such recovery are by way of judgment, settlement or otherwise."

Subsection (6) of NRS 616C.215 makes it clear that the lien includes the "total compensation expenditure incurred by the insurer..." and, more importantly, subsection (7) of the statute requires that:

An injured employee...or the attorney...shall notify the insurer...in writing before initiating a proceeding or action pursuant to this section.

Subsection (8) of NRS 616C.215 requires that the attorney or representative of the injured employee pay to the insurer the amount due and provide, within fifteen (15) days after the date of recovery by way of actual receipt of the proceeds of the judgment, settlement or otherwise..."*an itemized statement showing the distribution of the total recovery.*" Further, this section states that:

[T]he attorney...and the third-party insurer are jointly and severally liable for any amount to which an insurer is entitled pursuant to this section if the attorney...or third-party insurer has knowledge of the lien provided for in this section.

Both your office and Mr. Poremba were previously advised of his NRS 616C.215 obligations to our clients in letters dated August 17, 2005, from S&C Claims Services, Inc. claims examiner Linda Jackson. I have enclosed a copy of her letters for your files and review.

Based upon all of the above, I am requesting that you keep our firm informed of the progress of any claim you might have against Pratte Development or any other third-party responsible for the injuries to Mr. Poremba. Further, I am requesting that you advise me in writing prior to filing any lawsuit pertaining to your client against any third-party, including Pratte Development.

Finally, I must advise you that my clients do not wish to have their lien compromised (i.e., subjected to the "Breen" formula) and will file a separate action against Pratte Development if some accommodation outside of "Breen" cannot be reached.

S & C CLAIMS

FEB 07 2006

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APP062

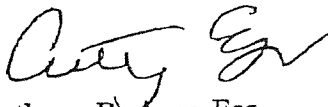
Matthew Dunkley, Esq.
Notice Of Lien And Separate Right Of Action
Pursuant To NRS 616C.215
February 7, 2006
Page 3

GUGINO LAW FIRM, CHTD

Thank you in advance for your kind attention to this matter. In the meantime, should you have any further questions or concerns, please do not hesitate to contact me at your convenience.

Sincerely,

GUGINO LAW FIRM, CHTD.



Anthony R. Ager, Esq.
ARA/a
Enclosures

cc: Linda Jackson (S&C Claims - w/o Enclosures)

S & C CLAIMS

FEB 07 2006

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APP063

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LAS VEGAS PAIN INSTITUTE & MEDICAL CENTER, L.L.C.

3835 S. Jones Blvd., #104
Las Vegas, NV 89103
Fax (702) 880-4197

2705 W. Horizon Ridge Pkwy
Henderson, NV 89052
Fax (702) 492-4719

Phone (702) 880-4193

www.lasvegaspaininstitute.com

To Whom This May Concern:

Date: Oct 22, 2010

This letter is in regards to patient William Poremba patient has been treating at our office since April 17, 2009 when Mr. Poremba first came to us as a patient with Cervical, Thoracic, Lumbar, Left Knee Pain his MRI's then stated that the patient had a Cervical posterior annular tear and disc protrusion at the C5-C6. It also states that his Thoracic spine had no bulging or herniation at any level. Patient's Lumbar exhibited a 2mm posterior disc bulge with annular tear at his L4-5 and his MRI of the knee has mild joint effusion with a grade I anterior ligament and posterior ligament strain, But new MRI's show that the patient's Cervical, Thoracic, Lumbar and Left Knee show that the patient's pain has progressed cervical spine has and anterior fusion that has worsened since the last MRI, patient's lumbar spine show that the diffuse signal intensity has increased and that patient has disc dehydration and bulging with bilateral foraminal stenosis and the pain in his knee has worsened his new MRI shows that the knee's effusion has increased comparing to the MRI that was done prior, our patient states that he has been in pain for that last couple of months we are asking on behalf of Mr. Poremba that you review his case for reopening.

Please call my office with any questions that you may have at the number listed above

Sincerely,


Sudhir Khemka M.D.

NOV 08 2010

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APP064



SCHREINER & COMPANY
3380 West Sahara Avenue
Suite 100
Las Vegas, NV 89102
(702) 873-5115
(800) 362-5198
FAX (702) 876-5584

SUPERIOR & COMPREHENSIVE CLAIMS ADMINISTRATION

October 26, 2010

Nevada State Bar
Attn: Discipline Dept.
600 E. Charleston Blvd.
Las Vegas, NV 89104

RE: Law Office Royal, Jones, Dunkley, & Wilson

To Whom It May Concern:

We would like to submit a letter of complaint against the Law Office of Royal, Jones, Dunkley & Wilson, and specifically attorney Matthew Dunkley. S&C Claims Services is the third party administrator for Builders Insurance Company. It is our responsibility to administer the workers compensation benefits for the insurer and provide the claims benefits for the injured workers.

Mr. Dunkley represented Mr. William Poremba in a third party claim for the same accident in which we provided the workers compensation benefits. Mr. Poremba was injured on 7/22/05 in an accident. Mr. Dunkley pursued a settlement with the third party carrier. I contacted Mr. Dunkley's office March 2010 and was told that the case was settled and they "had forgotten" to notify us of the settlement. We have requested a copy of the settlement documents as well as related disbursement documents required under NRS 616C.215(8). To date Mr. Dunkley's and/or his office has failed to provide the documents as required.

Enclosed are copies of our correspondence which has gone unanswered. We are still anxious to receive the required documents and cannot complete the claim adjudication until we have the settlement and disbursement records. It is obvious that Mr. Dunkley and possibly his firm has committed a statutory violation with their failure to notify our office timely of a settlement and for failure to pay the lien related to the workers compensation expenses.

If there are any questions regarding the nature of the information needed, or if you need any further documentation, please call me at 873-5115, ext. 11.

Sincerely,

David Oakden
Operations Manager

cc: Daniel Schwartz, Esq.

Michael A. Royal*
Cory M. Jones
Gregory A. Miles*
Matthew S. Dunkley*
Justin L. Wilson
Scott R. Pettitt

*Also Admitted in Utah

ROYAL JONES MILES DUNKLEY & WILSON

LAWYERS

1522 W. Warm Springs Road
Henderson, NV 89014
Telephone:
702.471.6777
Facsimile:
702.531.6777

www.royaljoneslaw.com

November 3, 2010

Via Facsimile (702) 876-5584 & Mail

S & C Claims Services, Inc.
3380 W. Sahara Avenue
Suite 100
Las Vegas, NV 89102
Atten: Linda Jackson

Re: Our Client : William Poremba
Employer : Southern Nevada Paving
Your Claim No.: : 739255
Date of Incident : 07-22-05
Our File No. : 2607-10

Dear Ms. Jackson:

Enclosed herewith please find a letter from Dr. Khemka dated October 22, 2010 regarding the change and worsening of Mr. Poremba's medical condition. With the attached letter we request that our client's industrial claim be considered for reopening. Please send your written determination regarding our request for reopening of our client's claim.

If you have any questions, regarding the contents of this letter, do not hesitate to contact my office.

Very truly yours,

ROYAL JONES MILES
DUNKLEY & WILSON

Matthew S. Dunkley, Esq.

MSD/nra
Enclosure

~~S & C~~ CLAIMS
NOV 08 2010
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50
APP066



SCHREINER & COMPANY
3380 West Sahara Avenue
Suite 100
Las Vegas, NV 89102
(702) 873-5115
(800) 362-5198
FAX (702) 876-5584

SUPERIOR & COMPREHENSIVE CLAIMS ADMINISTRATION

November 8, 2010

SENT VIA FACSIMILE #531-6777
AND U.S.MAIL

Matthew S. Dunkley, Esq.
1522 W. Warm Springs Road
Henderson, NV 89014

Re: Claimant : William Poremba
Employer : Southern Nevada Paving
DOI : 07/22/05
Claim No. : 739255

Dear Mr. Dunkley:

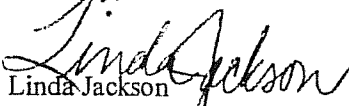
We are in receipt from you the letter from Sudhir Khemka, M.D., dated October 22, 2010, and your November 3, 2010 request for reopening of the above referenced industrial claim on behalf of your client, Mr. Poremba.

Please be advised that we have come to the determination to deny reopening of Mr. Poremba's industrial claim of July 22, 2005. The basis for our denial is pursuant to NRS 616C.215, subsection 2(a). In that regard, any future compensation that Mr. Poremba may be entitled to must be reduced by the amount of the damages recovered. We will assert on offset or credit against any future benefits in the amount of the recovery received by Mr. Poremba regarding this industrial claim.

Previously on October 5, 2010, we requested from you an itemized statement showing the distribution of the total recovery received by Mr. Poremba as it relates to the payment of our outstanding subrogation lien in the amount of \$4,851.59. A copy of this letter is enclosed for your review. As yet we have not received a response from you or anyone in your office.

If you disagree with this determination, you may request a Hearing before a Hearing Officer. If that is your intent, fill out the enclosed Request for Hearing form and attach a copy of this letter to the form. Mail the form and attachment to the address at the top of the form within seventy (70) days from the date of this letter.

Sincerely,


Linda Jackson
Claims Examiner

Enclosures

cc: Southern Nevada Paving
Justin L. Wilson, Esq.
William Poremba

APP067 51

STATE BAR OF NEVADA



November 29, 2010

David Oakden
3380 W. Sahara Avenue, Ste. 100
Las Vegas, NV 89102

RE: Grievance / Matthew Dunkley, Esq.
Reference No. SC10-0897

600 East Charleston Blvd.
Las Vegas, NV 89104-1563
phone 702.382.2200
toll free 800.254.2797
fax 702.385.2878

9456 Double R Blvd., Ste. B
Reno, NV 89521-5977
phone 775.329.4100
fax 775.329.0522

www.nvbar.org

Dear Mr. Oakden:

The Office of Bar Counsel is in receipt of your complaint concerning attorney Matthew Dunkley, a copy of which has been forwarded to him. He has been directed to respond to your concerns and respond to this office in writing. The attorney may also wish to contact you in effort to address your concerns, whether you choose to communicate with the attorney in that regard is totally up to you.

The time necessary to conduct the investigation and review process cannot be estimated, as it is dependent upon the complexity and volume of the complaints received at any given time.

You should recognize that this office cannot and does not give legal advice, does not have jurisdiction over malpractice claims, and cannot alter or affect in any way the outcome of private legal matters in court. Our function is to determine whether an attorney has violated the Rules of Professional Conduct, and if so, to take measures sufficient to avoid a recurrence.

Sincerely,

Phillip J. Pattee
Assistant Bar Counsel

PJP/lc

S & C CLAIMS

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Wm. P. ...

APP068 **52**

Las Vegas Pain Institute & Med Cntr, LLC
4616 W. Sahara # 337
Las Vegas, NV 89102-3627
(702)880-4193

Patient Visit Record
Page 1

WILLIAM M. POREMBA
168 RED ARCHES COURT
HENDERSON, NV 89012

Date/Time in: 11/12/2010 - 02:09PM

Patient ID: LVPO000052
Birth Date: 6/30/1964
Age: 46 Years, 4 Months
Sex: Male

Attending Provider: DZUNG MD, HO VIET
Vitals Recorded By: ONE, EXTERN
Accompanied By:

Chief Complaint:
neck pain and low back pain

Vitals:

Height:	70in , 177.8cm (54%)	Blood Pressure:	146 / 95
Weight:	190 lbs, 86.18 kgs (85%)	Respirations:	(Not Recorded)
BMI:	27.3	Pulse:	100
Temperature:	(Not Recorded)		

Pain Management Follow-
HISTORY OF CHIEF COMPLAINT The patient returns to the clinic today for a follow up and medication refill. Patient's pain is located in the above listed areas. Neck and low back pain radiates to left lower extremities. The patient describes current pain as throbbing, burning, aching, numbness, sharp, dull, continuous, tingling, and shooting. Current pain is 6/10, mood is 3/10, and function is 5/10. Sleeping pattern is good. Appetite is good. Bowel movements are fair. The patient was counseled on laxatives. Patient has no bowel or bladder incontinence. Patient complains of headaches. The patient does not exercise on a regular basis. The patient does not feel tense, nervous, depressed or suicidal. The patient states the pain does interfere with activities of daily life.

Review of Systems Follow
Current Visit Unchanged since prior visit

Physical Exam Follow Up:

GENERAL:	Well developed, well nourished, pleasant male who appears stated age, alert and orientated times three.
PALPATION:	Positive for cervical spine tenderness Positive for lumbar spine tenderness
MECHANICAL:	Cervical spine with decreased range of motion. Lumbar spine with decreased range of motion.
MUSCULOSKELETAL:	Normal
-JOINT EXAM:	Full ROM without tenderness, heat, erythema, or swelling. Free from crepitus
SENSORY:	Lumbar sensory dermatomes intact and symmetrical to light touch. Cervical sensory dermatomes intact and symmetrical to light touch. Thoracic sensory dermatomes intact and symmetrical to light touch.
IMPRESSION:	Lumbar facet arthropathy Lumbar radiculopathy Cervicalgia Cervical radiculopathy Left knee status post arthropathy

Problem List:
LUMBAGO
CERVICALGIA
BRACHIAL NEURITIS/RADICULITIS NOS
UNS THORACIC/LUMB NEURITIS/RADICUL
CERVICALGIA
BRACHIAL NEURITIS/RADICULITIS NOS

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Las Vegas Pain Institute & Med Cntr, LLC

4616 W. Sahara # 337
Las Vegas, NV 89102-3627
(702)880-4193

Patient Visit Record

Page 2

WILLIAM M. POREMBA

168 RED ARCHES COURT
HENDERSON, NV 89012

Date/Time in: 11/12/2010 - 02:09PM

Patient ID: LVPO000052

Birth Date: 6/30/1964

Age: 46 Years, 4 Months

Sex: Male

UNS THORACIC/LUMB NEURITIS/RADICUL
BRACHIAL NEURITIS/RADICULITIS NOS
UNS THORACIC/LUMB NEURITIS/RADICUL
DYSFUNCTION, SACRAL REGION
PAIN IN JOINT SHOULDER
CERVICALGIA
BRACHIAL NEURITIS/RADICULITIS NOS
UNS THORACIC/LUMB NEURITIS/RADICUL
CERVICAL SPONDYLOSIS WO MYELOPATHY
LUMBOSACRAL SPONDYLOSIS
BRACHIAL NEURITIS/RADICULITIS NOS
UNS THORACIC/LUMB NEURITIS/RADICUL
OTH/ DISC DIS CERVICAL REGION
OTH/ DISC DIS THORACIC REGION
CERVICAL SPONDYLOSIS WO MYELOPATHY
BRACHIAL NEURITIS/RADICULITIS NOS
DYSFUNCTION, SACRAL REGION
LUMBOSACRAL SPONDYLOSIS
BRACHIAL NEURITIS/RADICULITIS NOS
UNS THORACIC/LUMB NEURITIS/RADICUL
DEGENERATION CERVICAL IV DISC
DEGENER LUMBAR/LUMBOSACRAL IV DISC
CERVICAL SPONDYLOSIS WO MYELOPATHY
LUMBOSACRAL SPONDYLOSIS
BRACHIAL NEURITIS/RADICULITIS NOS
DEGENERATION CERVICAL IV DISC
DEGENER LUMBAR/LUMBOSACRAL IV DISC
CERVICAL SPONDYLOSIS WO MYELOPATHY
LUMBOSACRAL SPONDYLOSIS
BRACHIAL NEURITIS/RADICULITIS NOS
DYSFUNCTION, SACRAL REGION
BRACHIAL NEURITIS/RADICULITIS NOS
UNS THORACIC/LUMB NEURITIS/RADICUL
BRACHIAL NEURITIS/RADICULITIS NOS
UNS THORACIC/LUMB NEURITIS/RADICUL
BRACHIAL NEURITIS/RADICULITIS NOS
UNS THORACIC/LUMB NEURITIS/RADICUL
BRACHIAL NEURITIS/RADICULITIS NOS
UNS THORACIC/LUMB NEURITIS/RADICUL

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Diagnostic Studies:

Assessments:

Lumbar facet arthropathy
Lumbar radiculopathy
Cervicalgia
Cervical radiculopathy
Left knee status post arthropathy
723.1 CERVICALGIA
723.4 BRACHIAL NEURITIS/RADICULITIS NOS
721.3 LUMBOSACRAL SPONDYLOSIS
724.4 UNS THORACIC/LUMB NEURITIS/RADICUL

54
APP070

Las Vegas Pain Institute & Med Cntr, LLC

4616 W. Sahara # 337
Las Vegas, NV 89102-3627
(702)880-4193

Patient Visit Record

Page 3

WILLIAM M. POREMBA

168 RED ARCHES COURT
HENDERSON, NV 89012

Date/Time In: 11/12/2010 - 02:09PM

Patient ID: LVPO000052

Birth Date: 6/30/1964

Age: 46 Years, 4 Months

Sex: Male

Plan:

Continue home exercise/ physical therapy
Medication management
Follow up 1 month or sooner as needed
Lidoderm patch samples give
MSContin 15mg 1 tablet every 12 hours #60 (sixty) max 2/day
Lyrica 75mg 1 tablet every 12 hours #60 (sixty)
Oxycodone 30mg 1 tablet every 6 hours as needed for pain #120 (one hundred twenty) max 4/day
Lidoderm patch 5% apply to affected area every 12 hours on and 12 hours off #30 (thirty)
Discussed medications risks, benefits, product information, and narcotic agreement, in addition the benefits and risks of the procedures were discussed with the patient. The Patient verbalized understanding of all these risks and benefits and wishes to proceed.
Discussed narcotics. Discussed NSAIDs. Discussed steroids.

Seen by Lynda Le, PA-C with Ho Viet Dzung, MD

Procedures:

99214 OFFICE/OP VISIT, EST PT, 2 KEY COMPONENT

Chronic Medications:

MS Contin Start Date: 2/24/2010
Dose: 15, Frequency: 2x Daily, Dispense: 45 Tablets, Refill: 0
Oxycodone Start Date: 2/24/2010
Dose: 30, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0
Lyrica Start Date: 2/24/2010
Dose: 75, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0
Lyrica Start Date: 1/27/2010
Dose: 75, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0
MS Contin Start Date: 1/27/2010
Dose: 15, Frequency: 2x Daily, Dispense: 45 Tablets, Refill: 0
Oxycodone Start Date: 1/27/2010
Dose: 30, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0
Lyrica Start Date: 12/31/2009
Dose: 75, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0
MS Contin Start Date: 12/31/2009
Dose: 15, Frequency: 2x Daily, Dispense: 45 Tablets, Refill: 0
Oxycodone Start Date: 12/31/2009
Dose: 30, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0
MS Contin Start Date: 12/8/2009
Dose: 15, Frequency: 2x Daily, Dispense: 45 Tablets, Refill: 0
Lyrica Start Date: 12/8/2009
Dose: 75, Frequency: 2x Daily, Dispense: 45 Tablets, Refill: 0
Oxycodone Start Date: 12/2/2009
Dose: 30, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0
MS Contin Start Date: 11/9/2009
Dose: 15, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0
Lyrica Start Date: 11/9/2009
Dose: 50, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0
Lyrica Start Date: 11/9/2009
Dose: 50, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0
Oxycodone Start Date: 10/7/2009

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APP071

Las Vegas Pain Institute & Med Cntr, LLC

4616 W. Sahara # 337
Las Vegas, NV 89102-3627
(702)880-4193

Patient Visit Record

Page 4

WILLIAM M. POREMBA

168 RED ARCHES COURT
HENDERSON, NV 89012

Date/Time in: 11/12/2010 - 02:09PM

Patient ID: LVPO000052

Birth Date: 6/30/1964

Age: 46 Years, 4 Months

Sex: Male

Dose: 30, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0
Oxycodone Start Date: 9/7/2009
Dose: 30, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0
Oxycodone Start Date: 8/24/2009
Dose: 30, Frequency: Every 6 hrs., Dispense: 60 Tablets, Refill: 0
Oxycodone Start Date: 8/3/2009
Dose: 15, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0
MS Contin Start Date: 8/3/2009
Dose: 15, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0
Lyrica Start Date: 8/3/2009
Dose: 50, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0
Lyrica Start Date: 6/23/2009
Dose: 50, Frequency: 2x Daily, Dispense: 30 Tablets, Refill: 0
MS Contin Start Date: 6/23/2009
Dose: 15, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0
Oxycodone Start Date: 6/23/2009
Dose: 15, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0
MS Contin Start Date: 6/11/2009
Dose: 15, Frequency: 2x Daily, Dispense: 30 Tablets, Refill: 0
Oxycodone Start Date: 6/8/2009
Dose: 15, Frequency: Every 6 hrs., Dispense: 60 Tablets, Refill: 0
MS Contin Start Date: 6/1/2009
Dose: 15, Frequency: 2x Daily, Dispense: 30 Tablets, Refill: 0
Gabapentin Start Date: 5/28/2009
Dose: 800, Frequency: 3x Daily, Dispense: 45 Tablets, Refill: 0
Gabapentin Start Date: 5/12/2009
Dose: 300, Frequency: 3x Daily, Dispense: 90 Tablets, Refill: 0
Percocet Start Date: 5/5/2009
Dose: 10/325, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0

Acute Medications:

Lyrica Date: 11/9/2009

Dose: 50, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0

Signature: _____

Date: 11/12/2010

S & C CLAIMS

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APP072

Michael A. Royal*
Cory M. Jones
Gregory A. Miles*
Matthew S. Dunkley*
Justin L. Wilson

Scott R. Pettitt

*Also Admitted in Utah

ROYAL JONES MILES DUNKLEY & WILSON

LAWYERS

1522 W. Warm Springs Road
Henderson, NV 89014

Telephone:
702.471.6777

Facsimile:
702.531.6777

www.royaljoneslaw.com

December 1, 2010

Via Facsimile (702) 876-5584

Dave Oaken, President
S&C Claims Services, Inc.
3380 W. Sahara Avenue, Suite 100
Las Vegas, Nevada 89102

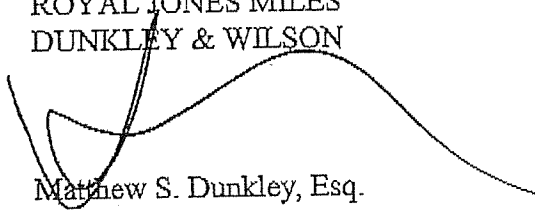
Re: *William Poremba vs. Pratte Construction, District Court Case No. A-544177*
Your Claim No. : 739255
Date of Injury : 07/22/2005
Our File No. : 1135-05

Dear Mr. Oaken:

Enclosed is a copy of a letter sent to you on March 10, 2010 regarding the above referenced mater.

Very truly yours,

ROYAL JONES MILES
DUNKLEY & WILSON


Matthew S. Dunkley, Esq.

MSD:jl

cc: Phillip J. Patte Facsimile (775) 329-0522

Enclosures as stated

S & C CLAIMS
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APP073

Michael A. Royal*
Cory M. Jones
Gregory A. Miles*
Matthew S. Dunkley*
Justin L. Wilson

Scott R. Pettitt

*Also Admitted in Utah

ROYAL JONES MILES DUNKLEY & WILSON

LAWYERS

1522 W. Warm Springs Road
Henderson, NV 89014

Telephone:
702.471.6777

Facsimile:
702.531.6777

www.royaljoneslaw.com

March 10, 2010

Via Facsimile (702) 876-5584

Dave Oaken, President
S&C Claims Services, Inc.
3380 W. Sahara Avenue, Suite 100
Las Vegas, Nevada 89102

Re: William Poremba vs. Pratte Construction, District Court Case No. A-544177
Your Claim No. : 739255
Date of Injury : 07/22/2005
Our File No. : 1135-05

Dear Mr. Oaken:

The above referenced matter reached a settlement in September, 2009. Attached is a copy of the settlement disbursement, as you can see our office did not take legal fees.

Very truly yours,

ROYAL JONES MILES
DUNKLEY & WILSON

Matthew S. Dunkley, Esq.

MSD:jl
Enclosure as stated

S & C CLAIMS

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APP074

Michael A. Royal*
Cory M. Jones
Gregory A. Miles*
Matthew S. Dunkley*
Justin L. Wilson

Taylor J. Turner

*Also Admitted in Utah

ROYAL JONES MILES DUNKLEY & WILSON

1522 W. Warm Springs Road
Henderson, NV 89014

Telephone:

702.471.6777

Facsimile:

702.531.6777

www.royaljoneslaw.com

LAWYERS

September 25, 2009

William Poremba
168 Red Arches Court
Henderson, Nevada 89012

Re: Poremba vs. Pratte Construction, District Court Case No. A-544177
Our File No. : 1135-05

Dear Bill:

Your settlement with the at fault driver has been finalized and the settlement check of \$63,500.00 has been received, deposited and cleared. As we discussed, Las Vegas Pain Institute and Valley Surgery Center has submitted their invoice to your insurance company and is pending their approval at which time we will request a lien reduction from the balance due, at this time, we will disburse part of the settlement funds, retaining enough to cover the health care providers with liens. The partial settlement funds are distributed as follows:

William Poremba	\$ 19,667.61
Integrated Health Care of Nevada -	
Dr. Eric Easton	\$ 8,325.50 (reduced \$8,325.00)
Lake Mead Radiology	\$ 1,515.75
Gary J. LaTourette, M.D.	\$ 15,441.76 (reduced \$15,441.82)
Amount Withheld Pending	\$ 14,963.90
Insurance Payment & Liens Reductions	
Costs to date	\$ 3,585.48
Attorney Fees	\$ 00.00 (waived \$25,400.00)
Total Settlement	\$ 63,500.00

We have deducted from your settlement only those bills for which we have liens. Other bills may exist for which we do not have liens. You will be responsible for any unpaid medical bills.

S & C CLAIMS
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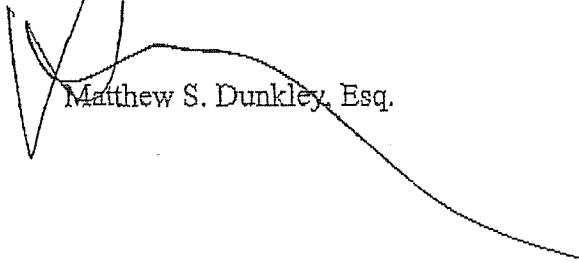
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APP075

William Poremba
September 25, 2009
Page Two

Please sign this letter below acknowledging your understanding of the foregoing terms and receipt of your partial settlement draft pending any liens reductions obtained. I want to thank you for allowing me to assist you with your case. I wish you all the best for a healthy and happy future.

Very truly yours,

ROYAL JONES MILES
DUNKLEY & WILSON


Matthew S. Dunkley, Esq.

MSD/jl

I agree with the above outlined settlement and distribution and acknowledge receipt of my portion of the distribution.


WILLIAM POREMBA

9.29.09
DATE

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APR 07 2010