

**IN THE SUPREME COURT OF THE STATE OF NEVADA**

ALBERT H. CAPANNA, M.D.,  
Appellant/Cross-Respondent,

vs.

BEAU R. ORTH,  
Respondent/Cross-Appellant.

Case No. 69935

District Court Case No. A648041

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Elizabeth A. Brown  
Clerk of Supreme Court

ALBERT H. CAPANNA, M.D.,  
Appellant,

vs.

BEAU R. ORTH,  
Respondent.

Case No. 70227

**APPENDIX TO RESPONDENT/CROSS-APPELLANT'S  
COMBINED OPENING AND ANSWERING BRIEF**

**VOL. 1**

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**RESPONDENT/CROSS-APPELLANT'S APPENDIX**

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McKenna, Ruggeroli and Helmi Pain Specialists  
6070 S Fort Apache Road Suite 100 Las Vegas, NV 89148-5615  
7023077700 Fax: 7023077942

July 17, 2014  
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Internal Correspondence

**Beau R Orth**

Male DOB:

10870

**05/01/2014 - Internal Correspondence: Handout Printed**

**Provider: Eileen Rinaldi**

**Location of Care: McKenna, Ruggeroli and Helmi Pain Specialists**

Printed Handout: - Clinical Visit Summary

**Electronically signed by Eileen Rinaldi on 05/01/2014 at 11:21 AM**

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P00260  
R.App. 000001

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July 17, 2014  
Page 1  
Internal Correspondence

**Beau R Orth**

Male DOB:

10870

**05/01/2014 - Internal Correspondence: Handout Printed**  
**Provider: Courtney Worlie**  
**Location of Care: McKenna, Ruggeroli and Helmi Pain Specialists**

Printed Handout: - Diet - Calorie Counting

**Electronically signed by Courtney Worlie on 05/01/2014 at 9:11 AM**

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P00261  
R.App. 000002

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July 17, 2014  
Page 1  
Office Visit

**Beau R Orth**  
Male DOB:

10870

05/01/2014 - Office Visit: Follow up visit  
Provider: Anthony C Ruggeroli  
Location of Care: McKenna, Ruggeroli and Helmi Pain Specialists

### History of Present Illness

Reason for visit: follow-up visit from procedure

Chief Complaint: left lumbar and leg pain

### Past Medical History

Back Problems

The patient denies any contributory past medical history.

### Surgeries

Shoulders/Arms

low back surgery X2

### Family History

The patient denies any contributory family medical history.

The patient denies any contributory family medical history.

Current Allergies (reviewed today):

PENICILLIN V POTASSIUM (PENICILLIN V POTASSIUM) (Critical)

### Social History/Risk Factors

Work status: working

Daily activities: bending/squatting, lifting/pushing/pulling, repetitive movements, moderate to heavy physical labor/activity

Regular Exercise? yes

Alcohol use: 1-3 drinks per week

Tobacco use: never smoker

Drug use: no

Last bone density test: never

Prior treatment for bone density? no

Handedness: right

Height: 74

Weight: 225

### Pain Follow-Up

Average pain since last visit: 4

Side effects from pain medications: no

New medication since last visit: no

Tobacco Use: never smoker

### ADL

Present work status: regular, full time

Number of work days missed since last visit: 0

ER visit for pain since last visit: no

P00262  
R.App. 000003

**Beau R Orth**

Male DOB:

10870

### Review of Systems

**General:** Complains of fatigue.

**Ears/Nose/Throat:** Denies decreased hearing, difficulty swallowing.

**Cardiovascular:** Denies chest discomfort, swelling of hands/feet, racing heart beat, weight gain, palpitations, blackouts/fainting, shortness of breath with exertion/activity, difficulty breathing while lying down.

**Respiratory:** Denies wheezing, coughing-up blood, cough.

**Musculoskeletal:** Complains of joint swelling, joint pain, stiffness, back pain.

**Skin:** Denies night sweats, dryness, suspicious lesions, changes in nail beds, changes in skin color, poor wound healing.

**Neurologic:** Complains of headaches, numbness, tingling.

**Psychiatric:** Denies anxiety, depression, claustrophobia.

**Endocrine:** Denies cold intolerance, heat intolerance, excessive thirst, excessive urination.

**Heme/Lymphatic:** Denies persistent infections, seasonal allergies.

**Patient provided the above responses and/or history obtained.**

### Physical Exam

#### Vital Signs

Height: 74 inches

Weight: 225 pounds

Blood Pressure: 121/71 mm Hg

#### Calculations

Body Mass Index: 29.79

BMI out of Range, Nutritional Counseling given: yes

### Lower Extremity Exam

**Gross Exam Lower Extremities:** normal; symmetry present, no deformity bilaterally, bulk consistent with body habitus, no ankle edema bilaterally, skin normal appearance bilaterally.

**Motor/Strength:** Plantar flexion, dorsi flexion, knee extension, and hip flexion against resistance is without deficit bilaterally.

#### Deep Tendon Reflexes:

**Knees:** Right: normal Left: absent

**Ankles:** Right: normal Left: decreased

**Clonus or Other Pathological Reflexes:** Absent

#### Lower Extremity Pulses:

**Foot/Ankle Capillary Refill** Right: brisk Left: brisk

**Straight Leg Raise:** Left: Positive

#### Sensation to Sharp:

Right: normal; S1 / L5 / L4 / L3 dermatomes intact

Left: S1 diminished

### Lumbosacral Exam

**Gross Exam Lumbosacral:** surgical scar or other scar present



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July 17, 2014  
Page 3  
Office Visit

**Beau R Orth**  
Male DOB:

10870

**Palpation of Lumbosacral Soft Tissues:**

Left: Mid tender, Lumbosacral tender

**Lumbar Range of Motion:**

extension limited with pain, rotation limited with pain

**Assessment:**

Assessed LUMBAR SPONDYLOSIS/FACET BASED PAIN as unchanged - Anthony C Ruggeroli

**Assessment of established problem(s):**

Status post left L4-5 and L5-S1 facet joint injections; he was pain free in the lumbar area for one and a half weeks, then back to baseline. It is also noted that was pain free prior to discharge from the facility. His response is diagnostic for facet mediated mechanical lumbar pain. He is an excellent candidate for radio frequency thermal coagulation treatment. This was explained and offered, and he elects to proceed.

**Plan:**

left L5-S1 and L4-5 radio frequency thermal coagulation

\*\*\*ABOVE INTENDED FOR THERAPEUTIC PURPOSES\*\*\*

follow up in office in two weeks for post injection and condition reassessment  
conditioning conditioning program

Electronically signed by Anthony C Ruggeroli on 05/02/2014 at 5:26 PM

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P00264  
R.App. 000005

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July 17, 2014  
Page 1  
PatientLink

**Beau R Orth**

Male DOB:

10870

**05/01/2014 - PatientLink: PatientLink Pain Follow-up - card 4094**

**Provider: Patient Link**

**Location of Care: McKenna, Ruggeroli and Helmi Pain Specialists**

Patient: Beau R Orth

ID: PatientLink 1571223741050690

Note: All result statuses are Final unless otherwise noted.

Tests: (1) PatientLink Pain Follow-up - card 4094 (data entered by patient)  
pain level since last visit

	4
side effects?	no
meds from other phy	no
work status	"Result Below..."
RESULT: regular, full time	
work days missed	0
Hospital/ER since last visit	no

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 05/01/2014 8:57 AM

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(1) Order result status: Final

Collection or observation date-time: 05/01/2014 08:57:05

Requested date-time:

Receipt date-time:

Reported date-time: 05/01/2014 08:57:05

Referring Physician:

Ordering Physician: (ptlink)

Specimen Source:

Source: PatientLink

Filler Order Number:

Lab site:

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**Filed automatically (without signature) on 05/01/2014 at 8:57 AM**

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P00265  
R.App. 000006

**McKENNA AND RUGGEROLI PAIN SPECIALISTS**  
**Informed Consent for Procedure**

An interventional procedure has been recommended for the treatment of your medical condition. This treatment is indicated as a diagnostic and/or therapeutic procedure. There is no guarantee that this procedure will cure your condition or pain and it is possible that your pain or condition could worsen after the procedure. The degree and duration of relief varies from person to person and you will be reevaluated after your procedure in order to plan further care.

You attest that the details of the specific procedure have been explained by your provider and that any and all questions have been answered. It is your responsibility to inform your provider if you are taking blood thinners, are pregnant or have medication allergies. You agree to have arranged transportation from the facility and understand that failure to do so will result in cancellation. You agree to pay \$100 if you cancel or reschedule the procedure with less than 48 hours notice. You understand that it is your responsibility to comply with follow-up office visits. This compliance is important to avoid complications, including medication withdrawal.

**Alternatives** to the procedure include medications, physical therapy, chiropractic, surgery and no treatments.

**Benefits** include the increased likelihood of the correct diagnosis and/or the decrease or elimination of your pain.

**Risks** include but are not limited to infection, bleeding, allergic reaction, increased pain, nerve damage, numbness, weakness, paralysis, death, pneumothorax (air in the lung) and headache. Steroid medications may cause increased blood glucose in diabetics and may temporarily decrease your immune response. You may be exposed to x-rays.

**Specific risks pertaining to each specific procedure are as follows (patient to initial line of procedure):**

Transforaminal/Interlaminar/Caudal Epidural: Low blood pressure, temporary weak/numb arm or leg, spinal cord ischemia and nerve damage, headache requiring epidural blood patch

Zygapophysial (Facet) Joint Intervention: Low blood pressure, temporary weak/numb arm or leg, temporary skin pain

Minimally Invasive Lumbar Decompression (MILD): Low blood pressure, temporary weak/numb leg, difficulty walking, confusion, nerve/spinal cord damage, headache, infection

Atlanto-Axial, Atlanto-Occipital Injection: Low blood pressure, seizure, nerve/spinal cord damage headache

Epidural Opioid Trial: Nausea, urinary difficulty, slowed breathing, itching

Provocation/Analgesic Discography, IDET, Percutaneous Discectomy: Infection (discitis), reaction to antibiotic

Cervical Sympathetic (Stellate Ganglion) Block: Hoarseness, difficulty swallowing, seizure, weak and/or numb arm, pneumothorax (air in lung requiring chest tube)

Trigger Point Injection, Peripheral Nerve Block, Occipital Nerve Block, Intercostal Nerve Block/Ablation: Air in lung requiring chest tube in hospital, local pain from tissue and/or nerve irritation, dimpling of/depression in skin

Celiac Plexus Procedure, Splanchnic Nerve Procedure, Superior Hypogastric Plexus Procedure: Low blood pressure, internal vessel/organ puncture requiring emergency surgical treatment, temporary or permanent bowel, bladder, or sexual dysfunction

Spinal Cord Stimulator Trial/Implant: Infection requiring hospitalization and removal of device, nerve damage

Intrathecal Pump-Catheter System Implant: Infection requiring hospitalization and removal of device, meningitis, spinal granuloma (tumor) causing nerve damage and requiring removal of device and possible neurosurgery, device dysfunction requiring surgical procedure, reaction to medication

Botulinum Toxin Injection: Nerve or tissue damage, prolonged neuromuscular weakness, facial/eyelid droop

Percutaneous Neuromodulation Therapy: Pain, skin irritation, tissue or nerve damage

The incidences of the complications listed above are low but cannot be predicted and may occur despite technical precision. This procedure has been recommended because your provider believes the benefits of the procedure outweigh the associated risks. It is your decision and right to accept or decline to have the procedure done.

I authorize **Dr. McKenna / (Dr. Ruggeroli)** and such assistants as may be selected by him/her to perform the following procedure:

② L5-S1 and L4-5  
RF

**SURGICAL ARTS CENTER DISCLOSURE**

-BP -DM -BT

Michael J. McKenna, M.D., is one of the owners of the Surgical Arts Center. It is your choice to go to any licensed and credentialed surgery center for your medical needs; however, we feel that your care can best be managed at this facility under Dr. McKenna's direction and guidance.

I have read or had read to me the above information. I understand there are risks involved with this procedure, to include rare complications, even death, which may not have been specifically mentioned above. The risks have been explained to my satisfaction and I accept them and consent to this procedure.

\_\_\_\_\_  
Patient or his/her legal guardian

\_\_\_\_\_  
Patient's Date of Birth

\_\_\_\_\_  
Witness

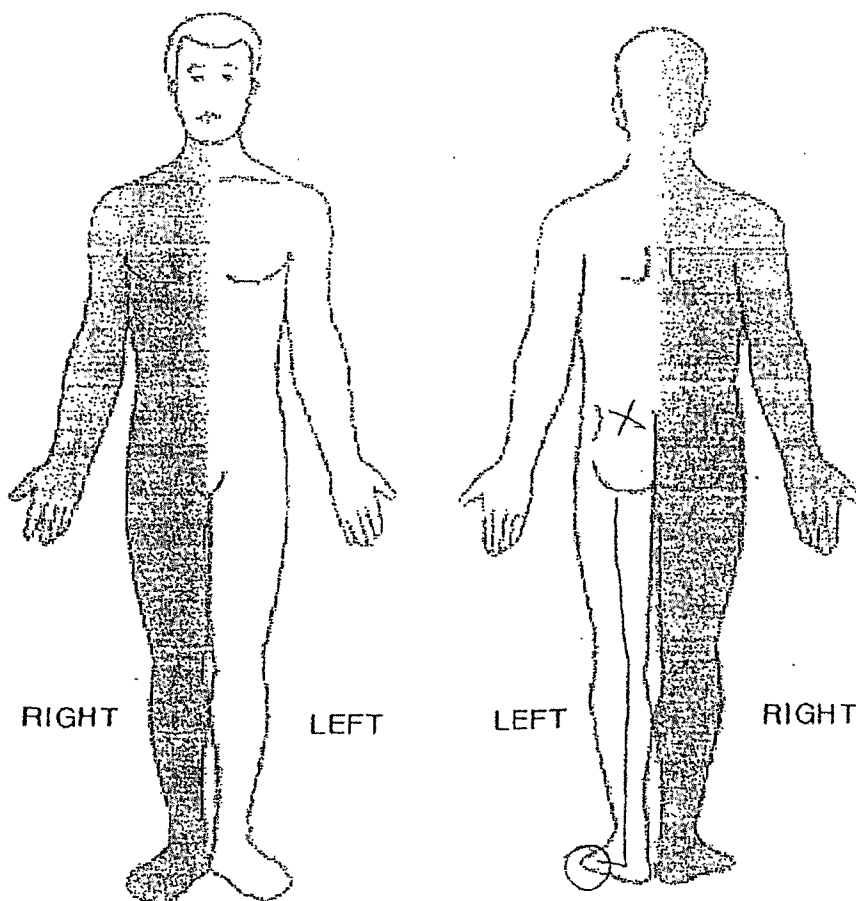
\_\_\_\_\_  
Today's Date

Physician Declaration: I and/or my assistant have explained the procedure and the pertinent contents of this document to the patient and have answered all the patient's questions. To the best of my knowledge, the patient has been adequately informed and the patient has consented to the above described procedure.

\_\_\_\_\_  
Michael J. McKenna, M.D.

\_\_\_\_\_  
Anthony C. Ruggeroli, M.D.

P00266  
R.App. 000007



Mark the areas on the body where you feel pain and areas with radiating pain.

Beau Ortn  
Patient's Name

May 1, 2014

Date

P00267  
R.App. 000008

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July 21, 2014  
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External Correspondence

**Beau R Orth**  
Male DOB:

10870

**04/29/2014 - External Correspondence: Appointment Reminder**  
**Provider: Anthony C Ruggeroli**  
**Location of Care: McKenna, Ruggeroli and Helmi Pain Specialists**

Appointment reminder sent via Patient Portal

P00268  
R.App. 000009

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July 21, 2014  
Page 1  
Procedure Images

**Beau R Orth**

Male DOB:

10870

04/16/2014 - Procedure Images: Procedure Images  
Provider: Anthony C Ruggeroli  
Location of Care: Surgical Arts Center  
This document contains image attachments  
Doc ID: 71

Electronically signed by Laura Tascione on 04/21/2014 at 12:12 PM

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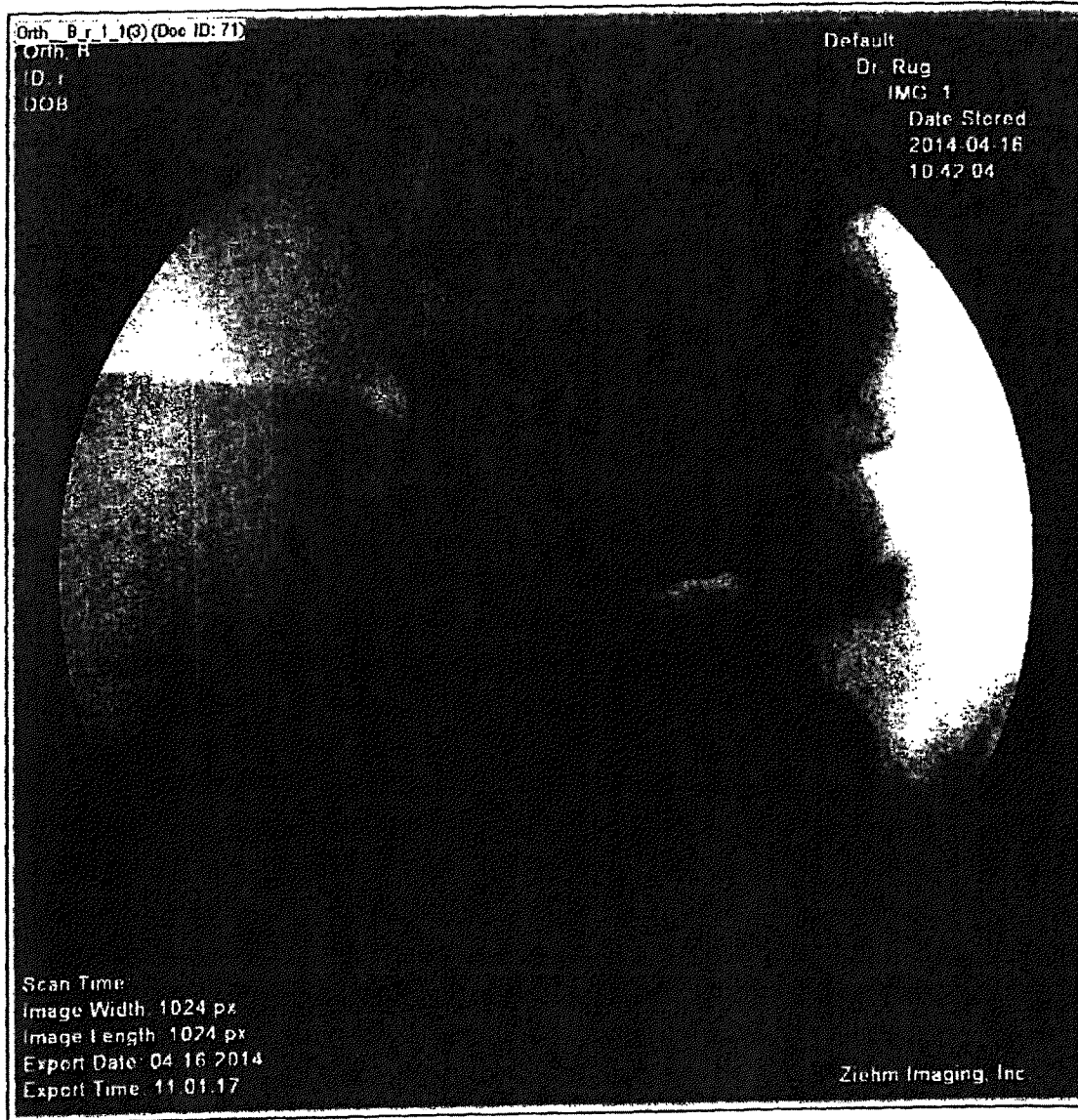
P00269  
R.App. 000010

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July 21, 2014  
Page 2  
Procedure Images

**Beau R Orth**  
Male DOB:

10870



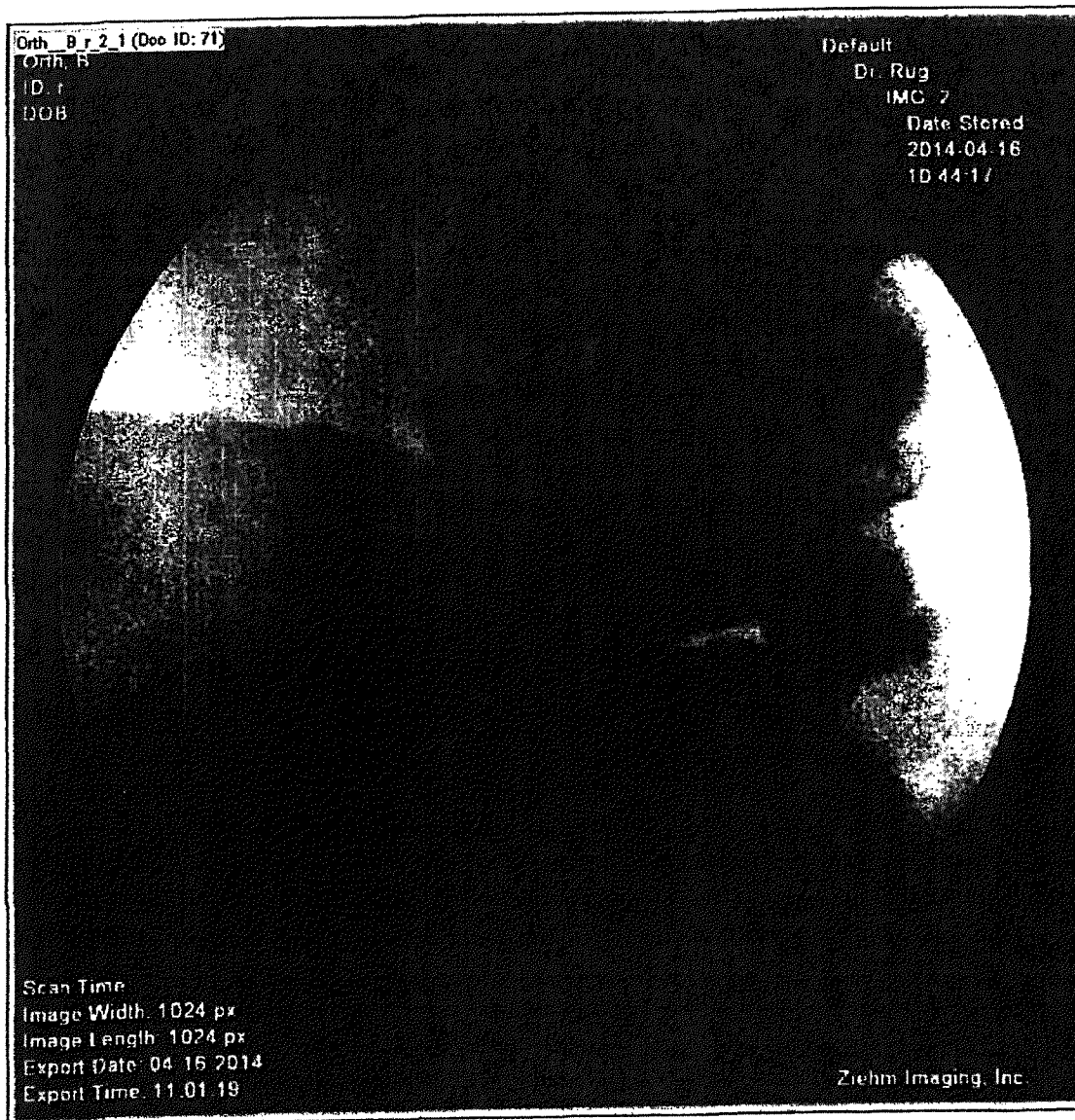
P00270  
R.App. 000011

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July 21, 2014  
Page 3  
Procedure Images

**Beau R Orth**  
Male DOB:

10870



<End of images for doc ID 71>

P00271  
R.App. 000012



**Beau R Orth**

Male DOB: 10870

**04/16/2014 - Operative Report**

**Provider: Anthony C Ruggeroli**

**Location of Care: Surgical Arts Center**

**Date of Procedure:** 04/16/2014

**Procedure Performed At:** Surgical Arts Center

**Patient:** Orth, Beau

**Preoperative Diagnosis:** 1) LUMBAR SPONDYLOSIS/FACET BASED PAIN (ICD-721.3)

**Postoperative Diagnosis:** 1) \*\*LUMBAR SPONDYLOSIS/FACET BASED PAIN (ICD-721.3)

**Procedure(s):**  
1) left L4-5 facet joint injection  
2) left L5-S1 facet joint injection  
3) fluoroscopic needle localization / guidance and spinal exam  
4) Intravenous conscious sedation, moderate

**Medications:** lidocaine 1%, bupivacaine 0.75%, depomedrol 40mg/ml, Omnipaque 180, midazolam

**Performing Physician:** Anthony C. Ruggeroli, M.D.

**Complications:** NONE

**Description of the procedure:** After informed consent was verified, the patient was brought to the fluoroscopy suite, and was placed in the prone position. Triple betadine skin prep was accomplished over the lumbosacral area, and sterile drapes were applied. Non invasive monitoring was placed, including BP, pulse oximetry, and EKG, and was continued throughout the remainder of the case. Positioning comfort was verified with the patient and adjusted/modified as necessary.

Incremental doses of the sedative was administered intravenously for anxiolysis; the patient remained cooperative and responsive to voice throughout the remainder of the procedure. Refer to nursing record for total dose utilized.

C-arm fluoroscopy was then used to identify lumbar segments L4-5 and L5-S1, and angulated obliquely, and as necessary, to optimize image detail of the superficial aspects of the left L4-5 and L5-S1 facet joints. Skin wheals were then raised over the joint spaces using approximately 0.5 ml of 1% lidocaine per joint. Next, styletted 22ga needles were used to penetrate the skin, and were advanced towards the joint spaces. The capsules were penetrated and the needles were slightly advanced. Approximately 0.25ml of omnipaque 180 was injected through each needle, where partial filling of the joints was observed without vascular uptake. Next, a solution was prepared comprising of a mixture of depomedrol 40mg/ml and 0.75% bupivacaine, one to one. 0.5ml of that solution was injected into each joint without patient complaint and the needles were removed intact.

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July 21, 2014  
Page 2  
Operative Report

**Beau R Orth**

Male DOB: 10870

**\*\*The patient was examined and questioned prior to discharge. His range of motion was restored and he noted none of the typical and presenting left lumbosacral pain.**

The patient tolerated the procedure well and was discharged without complication or incident.

The patient will see me back in follow up as scheduled and will track pain scores and function in the interim.

Anthony C. Ruggeroli, M.D.

CC to: Andrew Cash, MD

Electronically signed by Anthony C Ruggeroli on 04/21/2014 at 9:05 AM

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P00273  
R.App. 000014

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July 21, 2014  
Page 1  
Office Visit

**Beau R Orth**

Male DOB: 10870

**04/10/2014 - Office Visit: Follow up visit**

**Provider: Anthony C Ruggeroli**

**Location of Care: McKenna, Ruggeroli and Helmi Pain Specialists**

### **History of Present Illness**

**Reason for visit:** follow up from procedure

**Chief Complaint:** left lumbar and leg pain

### **Past Medical History**

**Back Problems**

The patient denies any contributory past medical history.

### **Surgeries**

**Shoulders/Arms**

low back surgery X2

### **Family History**

The patient denies any contributory family medical history.

The patient denies any contributory family medical history.

**Current Allergies (reviewed today):**

PENICILLIN V POTASSIUM (PENICILLIN V POTASSIUM) (Critical)

### **Social History/Risk Factors**

**Work status:** working

**Daily activities:** bending/squatting, lifting/pushing/pulling, repetitive movements, moderate to heavy physical labor/activity

**Regular Exercise?** yes

**Alcohol use:** 1-3 drinks per week

**Tobacco use:** never smoker

**Drug use:** no

**Last bone density test:** never

**Prior treatment for bone density?** no

**Handedness:** right

**Height:** 73

**Weight:** 230

### **Pain Follow-Up**

**Average pain since last visit:** 6

**Side effects from pain medications:** no

**New medication since last visit:** no

**Tobacco Use:** never smoker

### **ADL**

**Present work status:** regular, full time

**Number of work days missed since last visit:** 0

**ER visit for pain since last visit:** no

P00274  
R.App. 000015

**Beau R Orth**

Male DOB:

10870

### Review of Systems

**General:** Complains of fatigue.

**Ears/Nose/Throat:** Denies decreased hearing, difficulty swallowing.

**Cardiovascular:** Denies chest discomfort, swelling of hands/feet, racing heart beat, weight gain, palpitations, blackouts/fainting, shortness of breath with exertion/activity, difficulty breathing while lying down.

**Respiratory:** Denies wheezing, coughing-up blood, cough.

**Musculoskeletal:** Complains of joint swelling, joint pain, stiffness, back pain.

**Skin:** Denies night sweats, dryness, suspicious lesions, changes in nail beds, changes in skin color, poor wound healing.

**Neurologic:** Complains of headaches, numbness, tingling.

**Psychiatric:** Denies anxiety, depression, claustrophobia.

**Endocrine:** Denies cold intolerance, heat intolerance, excessive thirst, excessive urination.

**Heme/Lymphatic:** Denies persistent infections, seasonal allergies.

**Patient provided the above responses and/or history obtained.**

### Physical Exam

#### Vital Signs

**Height:** 73 inches

**Weight:** 230 pounds

**Blood Pressure:** 118/78 mm Hg

#### Calculations

**Body Mass Index:** 30.45

**BMI out of Range, Nutritional Counseling given:** yes

### Lower Extremity Exam

**Gross Exam Lower Extremities:** normal; symmetry present, no deformity bilaterally, bulk consistent with body habitus, no ankle edema bilaterally, skin normal appearance bilaterally.

**Motor/Strength:** Plantar flexion, dorsi flexion, knee extension, and hip flexion against resistance is without deficit bilaterally.

#### Deep Tendon Reflexes:

**Knees:** Right: normal Left: absent

**Ankles:** Right: normal Left: decreased

**Clonus or Other Pathological Reflexes:** Absent

#### Lower Extremity Pulses:

**Foot/Ankle Capillary Refill** Right: brisk Left: brisk

**Straight Leg Raise:** Left: Positive

#### Sensation to Sharp:

**Right:** normal; S1 / L5 / L4 / L3 dermatomes intact

**Left:** S1 diminished

### Lumbosacral Exam

**Gross Exam Lumbosacral:** surgical scar or other scar present

**Beau R Orth**

Male DOB:

10870

**Palpation of Lumbosacral Soft Tissues:**

**Right:** Lumbosacral tender

**Left:** Mid tender, Lumbosacral tender

**Lumbar Range of Motion:**

extension limited with pain, rotation limited with pain

**Assessment:**

**New Problem(s) added today:**

LUMBAR SPONDYLOSIS/FACET BASED PAIN (ICD-721.3)

**New Problem(s) Assessed Today:**

Status post left S1 and L5-S1 transforaminal epidural steroid injections; no significant benefit noted. He reports that the left lower extremity pain is much more tolerable vs the lumbar pain. The exam and diagnostic studies are consistent with posterior element pain, (facet joint related), and I think that for diagnostic and or therapeutic purposes, facet joint injections are reasonable and medically necessary at this time. If he has a clear positive response, but short lived, he would be a good candidate for radio frequency thermal coagulation. This is a reasonable non surgical option to treat his chronic pain condition, he has not responded to medications and physical therapy.

**Current Medication List:**

NEURONTIN 300 MG CAPS (GABAPENTIN) one PO TID for nerve pain as tolerated , start qhs  
AMITRIPTYLINE HCL 10 MG TABS (AMITRIPTYLINE HCL) one to three PO qhs as needed for sleep

**Plan:**

left L5-S1 and L4-5 facet joint injections

\*\*DEPO\*\*

EXAM BY ME

follow up in office in two weeks for post injection and condition reassessment

patient to discuss condition with Dr. Cash, consider dorsal column stimulator trial if no improvement

**Discontinued Medication(s):**

NEURONTIN 300 MG CAPS (GABAPENTIN) one PO TID for nerve pain as tolerated , start qhs  
AMITRIPTYLINE HCL 10 MG TABS (AMITRIPTYLINE HCL) one to three PO qhs as needed for sleep

Electronically signed by Anthony C Ruggeroli on 04/14/2014 at 4:50 PM

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McKenna, Ruggeroli and Helmi Pain Specialists  
6070 S Fort Apache Road Suite 100 Las Vegas, NV 89148-5615  
7023077700 Fax: 7023077942

July 21, 2014  
Page 1  
PatientLink

**Beau R Orth**

Male DOB: 10870

**04/10/2014 - PatientLink: PatientLink Pain Follow-up - card 4094**  
**Provider: Patient Link**  
**Location of Care: McKenna, Ruggeroli and Helmi Pain Specialists**

Patient: Beau R Orth  
ID: PatientLink 1571223741050690  
Note: All result statuses are Final unless otherwise noted.

Tests: (1) PatientLink Pain Follow-up - card 4094 (data entered by patient)  
pain level since last visit

	6
side effects?	no
meds from other phy	no
work status	"Result Below..."
RESULT: regular, full time	
work days missed	0
Hospital/ER since last visit	no

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 04/10/2014 10:02 AM

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(1) Order result status: Final  
Collection or observation date-time: 04/10/2014 10:01:27  
Requested date-time:  
Receipt date-time:  
Reported date-time: 04/10/2014 10:01:27  
Referring Physician:  
Ordering Physician: (ptlink)  
Specimen Source:  
Source: PatientLink  
Filler Order Number:  
Lab site:

**Filed automatically (without signature) on 04/10/2014 at 10:02 AM**

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P00277  
R.App. 000018

**McKENNA AND RUGGEROLI PAIN SPECIALISTS**  
**Informed Consent for Procedure**

An interventional procedure has been recommended for the treatment of your medical condition. This treatment is indicated as a diagnostic and/or therapeutic procedure. There is no guarantee that this procedure will cure your condition or pain and it is possible that your pain or condition could worsen after the procedure. The degree and duration of relief varies from person to person and you will be reevaluated after your procedure in order to plan further care.

You attest that the details of the specific procedure have been explained by your provider and that any and all questions have been answered. It is your responsibility to inform your provider if you are taking blood thinners, are pregnant or have medication allergies. You agree to have arranged transportation from the facility and understand that failure to do so will result in cancellation. You agree to pay \$100 if you cancel or reschedule the procedure with less than 48 hours notice. You understand that it is your responsibility to comply with follow-up office visits. This compliance is important to avoid complications, including medication withdrawal.

**Alternatives** to the procedure include medications, physical therapy, chiropractic, surgery and no treatments.

**Benefits** include the increased likelihood of the correct diagnosis and/or the decrease or elimination of your pain.

**Risks** include but are not limited to infection, bleeding, allergic reaction, increased pain, nerve damage, numbness, weakness, paralysis, death, pneumothorax (air in the lung) and headache. Steroid medications may cause increased blood glucose in diabetics and may temporarily decrease your immune response. You may be exposed to x-rays.

**Specific risks pertaining to each specific procedure are as follows (patient to initial line of procedure):**

Transforaminal/Interlaminar/Caudal Epidural: Low blood pressure, temporary weak/numb arm or leg, spinal cord ischemia and nerve damage, headache requiring epidural blood patch

Zygapophysial (Facet) Joint Intervention: Low blood pressure, temporary weak/numb arm or leg, temporary skin pain

Minimally Invasive Lumbar Decompression (MILD): Low blood pressure, temporary weak/numb leg, difficulty walking, confusion, nerve/spinal cord damage, headache, infection

Atlanto-Axial, Atlanto-Occipital Injection: Low blood pressure, seizure, nerve/spinal cord damage headache

Epidural Opioid Trial: Nausea, urinary difficulty, slowed breathing, itching

Provocation/Analgesic Discography, IDET, Percutaneous Discectomy: Infection (discitis), reaction to antibiotic

Cervical Sympathetic (Stellate Ganglion) Block: Hoarseness, difficulty swallowing, seizure, weak and/or numb arm, pneumothorax (air in lung requiring chest tube)

Trigger Point Injection, Peripheral Nerve Block, Occipital Nerve Block, Intercostal Nerve Block/Ablation: Air in lung requiring chest tube in hospital, local pain from tissue and/or nerve irritation, dimpling of/depression in skin

Celiac Plexus Procedure, Splanchnic Nerve Procedure, Superior Hypogastric Plexus Procedure: Low blood pressure, internal vessel/organ puncture requiring emergency surgical treatment, temporary or permanent bowel, bladder, or sexual dysfunction

Spinal Cord Stimulator Trial/Implant: Infection requiring hospitalization and removal of device, nerve damage

Intrathecal Pump-Catheter System Implant: Infection requiring hospitalization and removal of device, meningitis, spinal granuloma (tumor) causing nerve damage and requiring removal of device and possible neurosurgery, device dysfunction requiring surgical procedure, reaction to medication

Botulinum Toxin Injection: Nerve or tissue damage, prolonged neuromuscular weakness, facial/eyelid droop

Percutaneous Neuromodulation Therapy: Pain, skin irritation, tissue or nerve damage

The incidences of the complications listed above are low but cannot be predicted and may occur despite technical precision. This procedure has been recommended because your provider believes the benefits of the procedure outweigh the associated risks. It is your decision and right to accept or decline to have the procedure done.

I authorize Dr. McKenna / Dr. Ruggeroli and such assistants as may be selected by him/her to perform the following procedure:

*Q25-SJ and L4-5 Facet*

*DEPO Exm By R*

**SURGICAL ARTS CENTER DISCLOSURE**

*-BP - DM - BT*

Michael J. McKenna, M.D., is one of the owners of the Surgical Arts Center. It is your choice to go to any licensed and credentialed surgery center for your medical needs; however, we feel that your care can best be managed at this facility under Dr. McKenna's direction and guidance.

I have read or had read to me the above information. I understand there are risks involved with this procedure, to include rare complications, even death, which may not have been specifically mentioned above. The risks have been explained to my satisfaction and I accept them and consent to this procedure.

*[Signature]*  
Patient or his/her legal guardian

\_\_\_\_\_  
Patient's Date of Birth

*[Signature]*  
Witness

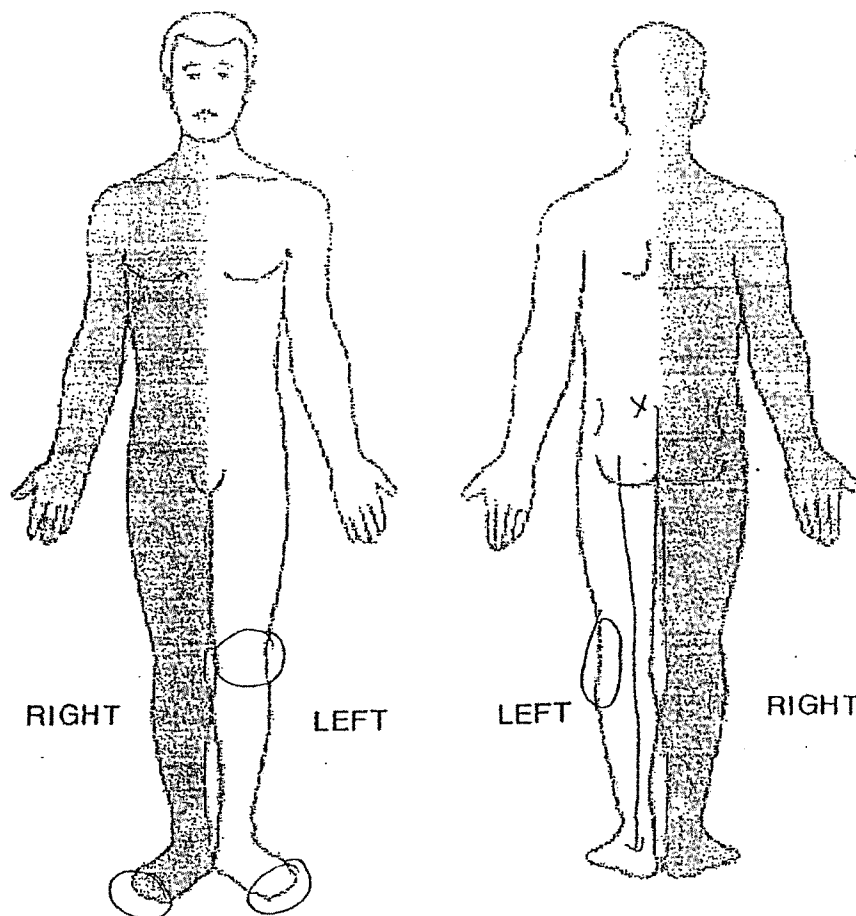
*4-16-14*  
Today's Date

Physician Declaration: I and/or my assistant have explained the procedure and the pertinent contents of this document to the patient and have answered all the patient's questions. To the best of my knowledge, the patient has been adequately informed and the patient has consented to the above described procedure.

*[Signature]*  
Michael J. McKenna, M.D.

*[Signature]*  
Anthony C. Ruggeroli, M.D.

P00278  
R.App. 000019



**Mark the areas on the body where you  
feel pain and areas with radiating pain.**

Beau Ortn  
Patient's Name

April 10, 2014  
Date

P00279  
R.App. 000020



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July 21, 2014  
Page 1  
External Correspondence

**Beau R Orth**

Male DOB:

10870

**04/08/2014 - External Correspondence: Appointment Reminder**  
**Provider: Anthony C Ruggeroli**  
**Location of Care: McKenna, Ruggeroli and Helmi Pain Specialists**

Appointment reminder sent via Patient Portal

P00280  
R.App. 000021

**Beau R Orth**

Male DOB:

10870

**03/26/2014 - Operative Report**

**Provider: Anthony C Ruggeroli**

**Location of Care: Surgical Arts Center**

**Date of Procedure:** 03/26/2014

**Procedure Performed At:** Surgical Arts Center

**Patient:** Orth, Beau

**Preoperative Diagnosis:** 1) LUMBAR DISC HERNIATION/PROTRUSION/BULGE (ICD-722.10)

**Postoperative Diagnosis:** 1) LUMBAR DISC HERNIATION/PROTRUSION/BULGE (ICD-722.10)

**Procedure(s):**  
1) left L5-S1 transforaminal epidural steroid injection  
2) left S1 transforaminal epidural steroid injection  
3) fluoroscopic needle localization / guidance and spinal exam  
4) Intravenous conscious sedation, moderate

**Medications:** lidocaine 1%, bupivacaine 0.75%, depomedrol 40mg/ml, Omnipaque 180, midazolam

**Performing Physician:** Anthony C. Ruggeroli, M.D.

**Complications:** NONE

**Description of the procedure:** After informed consent was verified, the patient was brought to the fluoroscopy suite, and was placed in the prone position. Triple betadine skin prep was accomplished over the lumbosacral area, and sterile drapes were applied. Non invasive monitoring was placed, including BP, pulse oximetry, and EKG, and was continued throughout the remainder of the case. Positioning comfort was verified with the patient and adjusted/modified as necessary.

Incremental doses of the sedative was administered intravenously for anxiolysis; the patient remained cooperative and responsive to voice throughout the remainder of the procedure. Refer to nursing record for total dose utilized.

C-arm fluoroscopy was used to identify lumbar segment L5-S1 and the left S1 dorsal foramen, and angulated obliquely, and as necessary, to optimize image detail of the left L5-S1 intervertebral foramen and the left S1 dorsal foramen. Skin wheals were then raised over the windows using approximately 0.5 ml of 1% lidocaine per wheal. Next, styletted 22ga needles were used to penetrate the skin, and were advanced; one towards the caudad aspect of the L5-S1 foramen, with the other needle directed towards the lateral aspect of the left S1 dorsal foramen. Multiple views were used, as necessary, including A/P and lateral views, to optimize final position of the needles during adjustments. No parathesias were reported during this process. Next, approximately 0.75ml of omnipaque 180 was injected through each needle, where an outline of the L5 and S1 roots was observed, indicating epidural distribution, without vascular uptake. Next, a solution was prepared comprising of a mixture of dexamethasone 10mg/ml and 0.75%

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July 21, 2014  
Page 2  
Operative Report

**Beau R Orth**

Male DOB:

10870

bupivacaine, two to one. 1.5ml of that solution was injected through each needle, two injections total, without patient complaint and the needle was removed intact.

The patient will see me back in follow up as scheduled and will track pain scores and function in the interim.

Anthony C. Ruggeroli, M.D.

CC to: Andrew Cash, MD

Electronically signed by Anthony C Ruggeroli on 03/28/2014 at 12:38 PM

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P00282  
R.App. 000023

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July 21, 2014  
Page 1  
Procedure Images

**Beau R Orth**

Male DOB:

10870

**03/26/2014 - Procedure Images: Procedure Images**

**Provider: Anthony C Ruggeroli**

**Location of Care: Surgical Arts Center**

**This document contains image attachments**

**Doc ID: 60**

**Electronically signed by Laura Tascione on 03/27/2014 at 5:24 PM**

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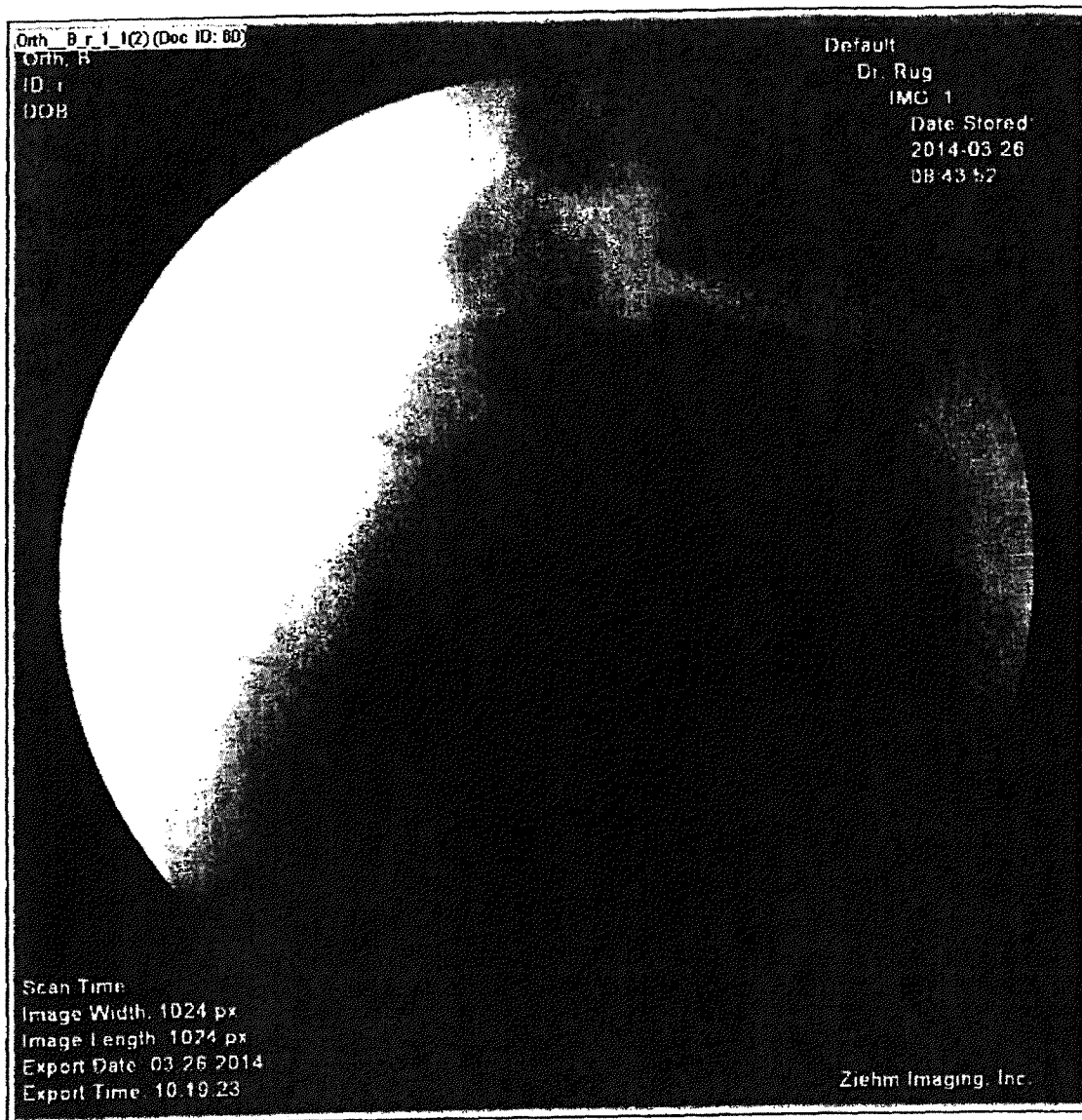
P00283  
R.App. 000024

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July 21, 2014  
Page 2  
Procedure Images

**Beau R Orth**  
Male DOB:

10870



P00284  
R.App. 000025

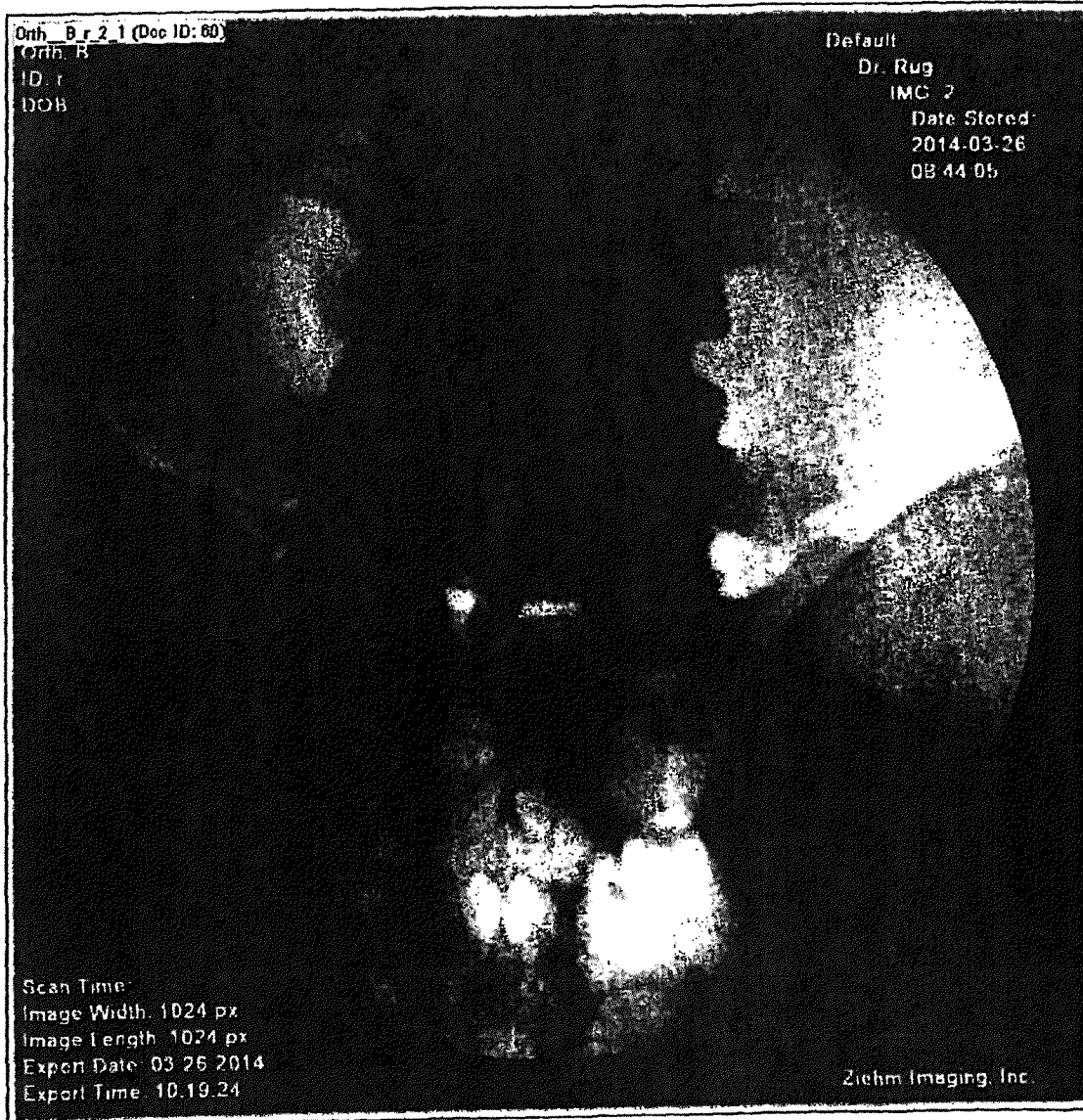
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July 21, 2014  
Page 3  
Procedure Images

**Beau R Orth**

Male DOB:

10870



<End of images for doc ID 60>

P00285  
R.App. 000026

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July 21, 2014  
Page 1  
Registration Update

**Beau R Orth**

Male DOB:

10870

**03/24/2014 - Registration Update: Patient Portal Reg**

**Provider:**

**Location of Care: McKenna, Ruggeroli and Helmi Pain Specialists**

UPDATED "PATPORTALPIN" OBS Value to "EZAccess"

P00286  
R.App. 000027

McKenna, Ruggeroli and Helmi Pain Specialists  
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July 21, 2014  
Page 1  
Registration Update

**Beau R Orth**

Male DOB:

10870

**03/24/2014 - Registration Update: Patient Portal Reg**

**Provider:**

**Location of Care: McKenna, Ruggeroli and Helmi Pain Specialists**

UPDATED "CLINMSG PAT" OBS Value to "1"

P00287  
R.App. 000028



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July 21, 2014  
Page 1  
External Correspondence

**Beau R Orth**

Male DOB:

10870

**03/24/2014 - External Correspondence: Appointment Reminder**  
**Provider: Anthony C Ruggeroli**  
**Location of Care: Surgical Arts Center**

Appointment reminder sent via Patient Portal

P00288  
R.App. 000029

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July 21, 2014  
Page 1  
Consultation Report

**Beau R Orth**

Male DOB:

10870

**03/19/2014 - Consultation Report: New Patient Consultation**

**Provider: Anthony C Ruggeroli**

**Location of Care: McKenna, Ruggeroli and Helmi Pain Specialists**

### **History of Present Illness**

**Reason for visit:** new injury/problem

**Referring physician:** Dr. Cash

**Prior visit to other physician:** within the last month

**Chief Complaint:** lumbar and left leg pain

Pain onset two weeks ago, with no preceding event known. The pain is somewhat better at this time, following a medrol dosepack. The residual pain remains at a relatively high level, his physical activity is limited as such. Pain limited, primarily, to the left lumbosacral area, with radiation into the glute and posterior thigh and calf. There is a "numbness and tingling" character to the lower extremity pain as well. The pain is constant, and intensified with normal and usual physical activity. Recently evaluated by Dr. Cash, who recommended consideration of injection options.

His past surgical history is noted. He underwent a discectomy in 2010, followed by another decompressive procedure and had done fairly well, though he did experience daily moderate at least pain. This latest exacerbation was the worst pain that he has experienced for a long time.

The pain is described as continuous, aching, burning, exhausting, nagging, numb, sharp, shooting, stabbing, throbbing, tiring, and is worse in the morning, in the evening.

On AVERAGE, the pain is rated a 6 on a 0-10 scale (0 being no pain).

AT THIS TIME, the pain is rated a 3 on a 0-10 scale (0 being no pain).

Pain is made BETTER by: ice, laying down.

Pain is made WORSE by: driving, walking, weather, sitting for long periods of time, standing for long periods of time.

**Attorney involved?** no

**Claiming as work related?** no

**Prior tests for current problem:** MRI, Physical Therapy, X-ray

### **Past Medical History**

Back Problems

The patient denies any contributory past medical history.

### **Surgeries**

Shoulders/Arms

low back surgery X2

### **Family History**

The patient denies any contributory family medical history.

The patient denies any contributory family medical history.

**Current Allergies (reviewed today):**

PENICILLIN V POTASSIUM (PENICILLIN V POTASSIUM) (Critical)

P00289  
R.App. 000030

**Beau R Orth**

Male DOB:

10870

### **Social History/Risk Factors**

**Work status:** working

**Daily activities:** bending/squatting, lifting/pushing/pulling, repetitive movements, moderate to heavy physical labor/activity

**Regular Exercise?** yes

**Alcohol use:** 1-3 drinks per week

**Tobacco use:** never smoker

**Drug use:** no

**Last bone density test:** never

**Prior treatment for bone density?** no

**Handedness:** right

**Height:** 73

**Weight:** 230

### **Review of Systems**

**General:** Complains of fatigue.

**Ears/Nose/Throat:** Denies decreased hearing, difficulty swallowing.

**Cardiovascular:** Denies chest discomfort, swelling of hands/feet, racing heart beat, weight gain, palpitations, blackouts/fainting, shortness of breath with exertion/activity, difficulty breathing while lying down.

**Respiratory:** Denies wheezing, coughing-up blood, cough.

**Musculoskeletal:** Complains of joint swelling, joint pain, stiffness, back pain.

**Skin:** Denies night sweats, dryness, suspicious lesions, changes in nail beds, changes in skin color, poor wound healing.

**Neurologic:** Complains of headaches, numbness, tingling.

**Psychiatric:** Denies anxiety, depression, claustrophobia.

**Endocrine:** Denies cold intolerance, heat intolerance, excessive thirst, excessive urination.

**Heme/Lymphatic:** Denies persistent infections, seasonal allergies.

**Patient provided the above responses and/or history obtained.**

### **Physical Exam**

#### **Vital Signs**

**Height:** 73 inches

**Weight:** 230 pounds

**Blood Pressure:** 118/76 mm Hg

#### **Calculations**

**Body Mass Index:** 30.45

**BMI out of Range, Nutritional Counseling given:** yes

### **Lower Extremity Exam**

**Gross Exam Lower Extremities:** normal; symmetry present, no deformity bilaterally, bulk consistent with body habitus, no ankle edema bilaterally, skin normal appearance bilaterally.

**Beau R Orth**

Male DOB: 10870

**Motor/Strength:** Plantar flexion, dorsi flexion, knee extension, and hip flexion against resistance is without deficit bilaterally.

**Deep Tendon Reflexes:**

**Knees:** Right: normal Left: absent

**Ankles:** Right: normal Left: decreased

**Clonus or Other Pathological Reflexes:** Absent

**Lower Extremity Pulses:**

**Foot/Ankle Capillary Refill** Right: brisk Left: brisk

**Straight Leg Raise:** Left: Positive

**Sensation to Sharp:**

Right: normal; S1 / L5 / L4 / L3 dermatomes intact

Left: S1 diminished

**Lumbosacral Exam**

**Gross Exam Lumbosacral:** surgical scar or other scar present

**Palpation of Lumbosacral Soft Tissues:**

Left: Mid tender

**Lumbar Range of Motion:**

extension limited with pain

**Assessment:**

Assessed LUMBAR DISC HERNIATION/PROTRUSION/BULGE as deteriorated - Anthony C Ruggeroli

**Assessment of established problem(s):**

The MRI shows a left eccentric protrusion at L5-S1, with S1 abutment/impingement, consistent with his pain description and exam. An injection to address this is reasonable and medically necessary, due to the high pain levels and functional impairment. I also discussed a gabapentin trial, as well as amitriptyline qhs, as the pain has caused a sleep disturbance. His options were offered, and he elects to proceed.

**Plan:**

left S1 and L5-S1 transforaminal epidural steroid injections

\*DEPO\*

\*\*\*ABOVE INTENDED FOR THERAPEUTIC PURPOSES\*\*\*

follow up in office in two weeks for post injection and condition reassessment

gabapentin trial in the interim, precautions discussed at length

amitriptyline trial for sleep enhancement

increase physical activity as pain level improves, as tolerated

**New Medication(s):**

NEURONTIN 300 MG CAPS (GABAPENTIN) one PO TID for nerve pain as tolerated , start qhs

AMITRIPTYLINE HCL 10 MG TABS (AMITRIPTYLINE HCL) one to three PO qhs as needed for sleep

**Medication List Upon Discharge Today:**

NEURONTIN 300 MG CAPS (GABAPENTIN) one PO TID for nerve pain as tolerated , start qhs

AMITRIPTYLINE HCL 10 MG TABS (AMITRIPTYLINE HCL) one to three PO qhs as needed for sleep

**Prescriptions:**

NEURONTIN 300 MG CAPS (GABAPENTIN) one PO TID for nerve pain as tolerated , start qhs

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July 21, 2014  
Page 4  
Consultation Report

**Beau R Orth**

Male DOB:

10870

#90[capsule] x 2

Entered and Authorized by: Anthony C Ruggeroli  
Electronically signed by: Anthony C Ruggeroli on 03/19/2014  
Method used: Electronically to  
CVS Pharmacy 8320\* (retail)  
8320 W Cheyenne Ave  
Las Vegas, NV 89129  
Ph: (702) 658-3834  
Fax: (702) 658-3895

RxID: 1710859616156700

AMITRIPTYLINE HCL 10 MG TABS (AMITRIPTYLINE HCL) one to three PO qhs as needed for sleep

#90[tablet] x 1

Entered and Authorized by: Anthony C Ruggeroli  
Electronically signed by: Anthony C Ruggeroli on 03/19/2014  
Method used: Electronically to  
CVS Pharmacy 8320\* (retail)  
8320 W Cheyenne Ave  
Las Vegas, NV 89129  
Ph: (702) 658-3834  
Fax: (702) 658-3895

RxID: 1710859556156700

Handout requested.

Electronically signed by Anthony C Ruggeroli on 03/19/2014 at 4:16 PM

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P00292  
R.App. 000033

**Beau R Orth**

Male DOB: 10870

**03/19/2014 - PatientLink: PatientLink History**

**Provider: Patient Link**

**Location of Care: McKenna, Ruggeroli and Helmi Pain Specialists**

Patient: Beau R Orth

ID: PatientLink 1571223741050690

Note: All result statuses are Final unless otherwise noted.

Tests: (1) PatientLink History (data entered by patient)  
pain level since last visit

6

Pain Description "Result Below..."

RESULT: The pain is described as continuous, aching, burning, exhausting, nagging, numb, sharp, shooting, stabbing, throbbing, tiring, and is worse in the morning, in the evening.

On AVERAGE, the pain is rated a 6 on a 0-10 scale (0 being no pain).

AT THIS TIME, the pain is rated a 3 on a 0-10 scale (0 being no pain).

Pain is made BETTER by: ice, laying down.

Pain is made WORSE by: driving, walking, weather, sitting for long periods of time, standing for long periods of time.

Previous Treatment "Result Below..."

RESULT: MRI, Physical Therapy, X-ray

work status working

alcohol use "Result Below..."

RESULT: 1-3 drinks per week

smoking status never smoker

drug use no

last bone density test

never

treated for low bone density

no

ROS:General fatigue

ROS:Cardiovascular Denies all

ROS:Neurologic "Result Below..."

RESULT: headaches, numbness, tingling

ROS:Endocrine Denies all

ROS:Skin Denies all

ROS:Musculoskeletal "Result Below..."

RESULT: joint swelling, joint pain, stiffness, back pain

ROS:Psychiatric Denies all

ROS:Heme/Lymphatic Denies all

ROS:Respiratory Denies all

ROS:Ears/Nose/Throat Denies all

PMH Paragraph "Result Below..."

RESULT: The patient denies any contributory past medical history.

FH Paragraph "Result Below..."

RESULT: The patient denies any contributory family medical history.

Surgical Hx "Result Below..."

RESULT: Shoulders/Arms

Spine/Back

Note: An exclamation mark (!) indicates a result that was not dispersed into

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7023077700 Fax: 7023077942

July 21, 2014  
Page 2  
PatientLink

**Beau R Orth**

Male DOB:

10870

the flowsheet.

Document Creation Date: 03/19/2014 1:48 PM

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(1) Order result status: Final  
Collection or observation date-time: 03/19/2014 13:48:17  
Requested date-time:  
Receipt date-time:  
Reported date-time: 03/19/2014 13:48:17  
Referring Physician:  
Ordering Physician: (ptlink)  
Specimen Source:  
Source: PatientLink  
Filler Order Number:  
Lab site:

**Filed automatically (without signature) on 03/19/2014 at 1:48 PM**

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P00294  
R.App. 000035

**McKENNA AND RUGGEROLI PAIN SPECIALISTS**  
**Informed Consent for Procedure**

An interventional procedure has been recommended for the treatment of your medical condition. This treatment is indicated as a diagnostic and/or therapeutic procedure. There is no guarantee that this procedure will cure your condition or pain and it is possible that your pain or condition could worsen after the procedure. The degree and duration of relief varies from person to person and you will be reevaluated after your procedure in order to plan further care.

You attest that the details of the specific procedure have been explained by your provider and that any and all questions have been answered. It is your responsibility to inform your provider if you are taking blood thinners, are pregnant or have medication allergies. You agree to have arranged transportation from the facility and understand that failure to do so will result in cancellation. You agree to pay \$100 if you cancel or reschedule the procedure with less than 48 hours notice. You understand that it is your responsibility to comply with follow-up office visits. This compliance is important to avoid complications, including medication withdrawal.

**Alternatives** to the procedure include medications, physical therapy, chiropractic, surgery and no treatments.

**Benefits** include the increased likelihood of the correct diagnosis and/or the decrease or elimination of your pain.

**Risks** include but are not limited to infection, bleeding, allergic reaction, increased pain, nerve damage, numbness, weakness, paralysis, death, pneumothorax (air in the lung) and headache. Steroid medications may cause increased blood glucose in diabetics and may temporarily decrease your immune response. You may be exposed to x-rays.

**Specific risks pertaining to each specific procedure are as follows (patient to initial line of procedure):**

↳ **Transforaminal/Interlaminar/Caudal Epidural:** Low blood pressure, temporary weak/numb arm or leg, spinal cord ischemia and nerve damage, headache requiring epidural blood patch

**Zygapophysial (Facet) Joint Intervention:** Low blood pressure, temporary weak/numb arm or leg, temporary skin pain

**Minimally Invasive Lumbar Decompression (MILD):** Low blood pressure, temporary weak/numb leg, difficulty walking, confusion, nerve/spinal cord damage, headache, infection

**Atlanto-Axial, Atlanto-Occipital Injection:** Low blood pressure, seizure, nerve/spinal cord damage headache

**Epidural Opioid Trial:** Nausea, urinary difficulty, slowed breathing, itching

**Provocation/Analgesic Discography, IDET, Percutaneous Discetomy:** Infection (discitis), reaction to antibiotic

**Cervical Sympathetic (Stellate Ganglion) Block:** Hoarseness, difficulty swallowing, seizure, weak and/or numb arm, pneumothorax (air in lung requiring chest tube)

**Trigger Point Injection, Peripheral Nerve Block, Occipital Nerve Block, Intercostal Nerve Block/Ablation:** Air in lung requiring chest tube in hospital, local pain from tissue and/or nerve irritation, dimpling of/depression in skin

**Celiac Plexus Procedure, Splanchnic Nerve Procedure, Superior Hypogastric Plexus Procedure:** Low blood pressure, internal vessel/organ puncture requiring emergency surgical treatment, temporary or permanent bowel, bladder, or sexual dysfunction

**Spinal Cord Stimulator Trial/Implant:** Infection requiring hospitalization and removal of device, nerve damage

**Intrathecal Pump-Catheter System Implant:** Infection requiring hospitalization and removal of device, meningitis, spinal granuloma (tumor) causing nerve damage and requiring removal of device and possible neurosurgery, device dysfunction requiring surgical procedure, reaction to medication

**Botulinum Toxin Injection:** Nerve or tissue damage, prolonged neuromuscular weakness, facial/eyelid droop

**Percutaneous Neuromodulation Therapy:** Pain, skin irritation, tissue or nerve damage

The incidences of the complications listed above are low but cannot be predicted and may occur despite technical precision. This procedure has been recommended because your provider believes the benefits of the procedure outweigh the associated risks. It is your decision and right to accept or decline to have the procedure done.

I authorize **Dr. McKenna (Dr. Ruggeroli)** and such assistants as may be selected by him/her to perform the following procedure:

DEPO  
① L1 and L5-S1 TFED  
SURGICAL ARTS CENTER DISCLOSURE -BP -DM -BT

Michael J. McKenna, M.D., is one of the owners of the Surgical Arts Center. It is your choice to go to any licensed and credentialed surgery center for your medical needs; however, we feel that your care can best be managed at this facility under Dr. McKenna's direction and guidance.

I have read or had read to me the above information. I understand there are risks involved with this procedure, to include rare complications, even death, which may not have been specifically mentioned above. The risks have been explained to my satisfaction and I accept them and consent to this procedure.

(x) Beau Orth  
Patient or his/her legal guardian

3-19-14  
Patient's Date of Birth

[Signature]  
Witness

3-19-14  
Today's Date

Physician Declaration: I and/or my assistant have explained the procedure and the pertinent contents of this document to the patient and have answered all the patient's questions. To the best of my knowledge, the patient has been adequately informed and the patient has consented to the above described procedure.

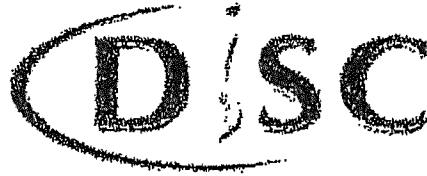
[Signature]  
Michael J. McKenna, M.D.

[Signature]  
Anthony C. Ruggeroli, M.D.

P00295  
R.App. 000036



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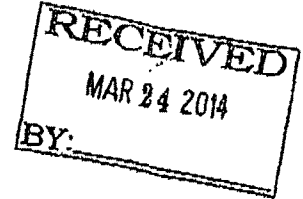


Desert Institute of Spine Care

9339 W. Sunset Rd #100

Las Vegas, NV 89148

Phone: (702) 630-3472 Facsimile: (702) 946-5115



ORTH, BEAU

Cash, Andrew M.

03/19/2014

Follow up

**CHIEF COMPLAINT:** Back pain, moderate 3-9/10, occurs in the morning and last 30-45 minutes. It occurs with standing, sitting and walking.

Past medical history, family history and social history are unchanged since last visit. Tobacco: None. Review of systems is unremarkable.

**Occupational History:** The patient is a marketing director for Peppermill .

On physical examination, the patient has no chest pain or shortness of breath.

**Lumbar Spine:** The patient has bilateral paraspinal tenderness with pain, numbness and tingling radiating to the left lateral thigh and leg with numbness and tingling in the left heel and bilateral lateral three toes. The patient has painful forward flexion and extension. Muscle strength is 5/5 bilaterally. Deep tendon reflexes are symmetrical. Negative straight leg raise test. The patient has a list to the right with sitting. The patient has an antalgic gait.

**MRI lumbar spine:** Post surgical changes L4-5 with minimal disc bulge, disc protrusion with annular tear L5-S1 contacting and displacing the descending left S1 nerve root in the lateral recess without impingement.

**IMPRESSION:**

1. Post laminectomy syndrome.
2. Lumbar radiculopathy.
3. Disc protrusion with annular tear L5-S1 contacting and displacing the descending left S1 nerve root.

**RECOMMENDATIONS:**

1. Physical therapy lumbar spine.
2. Transforaminal epidural steroid injection L5-S1.
3. Follow up in one month.

**DISABILITY:**

Lumbar Restrictions: No repetitive bending, twisting, stooping crawling, climbing, squatting, or lifting more

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than 10 pounds frequently or 20 pounds occasionally.

PROGNOSIS:

Indeterminate at this time.

---

AJ Turpin, PA-C for  
Andrew M. Cash, MD/lam

DR: 03/19/14

DT: 03/19/14

#CASH1205

*The risks of opioid medications were explained to the patient. The patient understands and agrees to use these medications only as prescribed. The patient agrees to obtain pain medications from this practice only. We have fully discussed the potential side effects of the medication with the patient. These include, but are not limited to, constipation, drowsiness, addiction, nausea, vomiting, impaired judgment and the risk of fatal overdose if not taken as prescribed. We have warned the patient that sharing medications is a felony. We have warned the patient against driving while taking sedating medications.*

Electronically signed on 03/20/2014 by A.M.C., M.D.

McKenna, Ruggeroli and Helmi Pain Specialists

6070 S. Fort Apache Road, Suite 100

Las Vegas, NV 89148

Phone (702) 307-7700

Fax (702) 307-7942

Board Certified in Pain Management by the American Board of Anesthesiology  
and the American Board Of Medical Specialties

**RELEASE OF MEDICAL RECORDS**

Your medical record and history is an important component of your evaluation and subsequent treatment or medical opinion. The information requested will be used for this purpose and for billing and collection of fees for professional services rendered, and as it pertains to your evaluation and treatment when necessary. The medical records that you authorize to be released to us or that we request from other providers will not be used for any other reason or purpose, in strict compliance with Federal Law without your written authorization, unless superceded by applicable law.

I hereby authorize and direct you to release to:

**McKenna, Ruggeroli and Helmi Pain Specialists (at above address)**

Any and all medical records, including substance abuse, psychological illness and infectious diseases, reports, x-rays or any other information in your possession concerning my illnesses and/or treatment. With the understanding of the restricted and explicit use of this information, as described above, to be obtained from any source that is determined necessary by our doctors, for my optimal treatment and care, primarily. I also understand that my written request is required to limit or revoke these terms of authorization, as described.

I hereby authorize McKenna, Ruggeroli and Helmi Pain Specialists to release any and all medical records, progress notes, x-rays, laboratory and any other information in your possession concerning my illnesses and/or treatment, including substance abuse, psychological illness and infectious diseases to:

Dennis M. Prince

Beau Orth

Patient Name (Please Print)

Date of Birth

Social Security

Signature

Today's Date

3/19/11

P00298  
R.App. 000039

## McKENNA, RUGGEROLI AND HELMI PAIN SPECIALISTS Consent Form

New Patient consent to the Use and Disclosure of Health Information for Treatment, Payment, or Healthcare Operations

I understand that as part of my health care, McKENNA, RUGGEROLI AND HELMI PAIN SPECIALISTS originates and maintains paper and/or electronic records describing my health history, symptoms, examination and test results, diagnoses treatment, and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment,
- A means of communication among the many health professionals who contribute to my care,
- A source of information for applying my diagnosis and surgical information to my bill
- A means by which a third-party payer can verify that services billed were actually provided and
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand and have been provided with a Notice of Privacy practices that provides a more complete description of information uses and disclosures. I understand that I have the following rights and privileges:

- The right to review the notice prior to signing this consent,
- The right to object to the use of my health information for directory purposes, and
- The right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations

I understand that McKENNA, RUGGEROLI AND HELMI PAIN SPECIALISTS is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already take action in reliance thereon. I also understand that by refusing to sign this consent or revoking this consent, this organization may refuse to treat me as permitted by Section 1G4.506 of the code of Federal Regulations.

I further understand that McKENNA, RUGGEROLI AND HELMI PAIN SPECIALISTS reserves the right to change their notice and practices and prior to implementation, in accordance with Section 184.520 of the code of Federal Regulations. Should McKENNA, RUGGEROLI AND HELMI PAIN SPECIALISTS change their notice, they will send a copy of any revised notice to the address I've provided (whether U.S. mail or, if I agree, email).

I wish to have the following restrictions to the use or disclosure of my health information:

---

---

McKenna, Ruggeroli and Helmi Pain Specialists

6070 S. Fort Apache Road, Suite 100

Las Vegas, NV 89148

Board Certified in Pain Management by the American Board of Anesthesiology  
and the American Board Of Medical Specialties

OPIOID AGREEMENT

Dr. McKenna, Dr. Ruggeroli or Dr. Helmi will provide the initial consultation, treatment plan and any required interventional procedures. Our Physician Assistants will support the continuation of patient care, including follow-up visits, pump refills and treatment plan modifications. Dr. McKenna, Dr. Ruggeroli, Dr. Helmi and the Physician Assistants will review your case in detail after each visit. This cooperative effort serves to improve your access to quality care.

Opioids are used ONLY as an adjuvant to other therapies. Dr. McKenna's, Dr. Ruggeroli's and Dr. Helmi's goal is to improve your function through the judicious use of opioid medication. The use of opioids may result in physical or psychological dependency. The use of opioids may result in respiratory compromise or death. Opioids may cause an allergic reaction, urinary retention, pruritis (itching), nausea, constipation or death. It is dangerous to use opioids with any other mood altering drugs, including alcohol. Opioids may decrease testosterone levels in men and may cause problems in pregnant women, including birth defects or spontaneous abortion.

The agreement regarding opioid use is stated below. These rules were developed with patient welfare in mind. If this agreement is unacceptable or at odds with your medical goals, we will honor your request to be referred to another pain management physician. This agreement is NON-NEGOTIABLE.

- PLEASE INITIAL**
- BLO Long acting opioids will be administered for chronic pain problems. Dr McKenna's, Dr. Ruggeroli's and Dr. Helmi's goal is to limit short-acting opioid mixtures (i.e. Percocet, Lortab, Vicodin, etc)
  - BLO Dr. McKenna, Dr. Ruggeroli and Dr. Helmi will only provide treatment and medications for chronic pain. You will consult your primary care doctor for all other medical issues.
  - BLO You are not to receive prescriptions for opioids from any other physician.
  - BLO "Rescue-doses" of short-acting opioids will not be routinely prescribed.
  - BLO Refills will occur on a regular basis and ONLY after a visit and physical examination. NO REFILLS WILL BE MADE OVER THE TELEPHONE. NO REFILLS WILL BE GIVEN AFTER-HOURS, ON WEEKENDS OR HOLIDAYS. If refill requests are made after-hours, you will be instructed to go to the Emergency Room of your choice.
  - BLO Opioid prescriptions are to be filled by ONLY one pharmacy of your choice, listed below.
  - BLO A lost prescription without a police report will result in termination of the physician-patient relationship. No lost prescriptions will be refilled.
  - BLO Prescriptions are to be used ONLY as written. No dosing changes will be authorized by phone. Variations in usage will take place only under the guidance of Dr. McKenna, Dr. Ruggeroli, Dr. Helmi or a Physician Assistant.
  - BLO You will inform Dr. McKenna, Dr. Ruggeroli, Dr. Helmi or a Physician Assistant of any changes in any other medications you are receiving from other physicians.
  - BLO You will not take short-acting opioids within four (4) hours of operating a motor vehicle or machinery.
  - BLO You will not share, sell or trade your medications with anyone.
  - BLO You waive your right and grant us permission to discuss your medications with family members.
  - BLO You must submit to and pay for a drug screen at Dr. McKenna's, Dr. Ruggeroli's, Dr. Helmi's or a Physician Assistant's discretion.
  - BLO Any evidence of other prescriptions, forged prescriptions, substance abuse, aberrant behavior (including verbal abuse to my office staff) will result in termination of the physician-patient relationship.
  - BLO You will avoid the use of alcohol while undergoing treatment with pain medications.
  - BLO A report may be ordered on you from the Substance Control Task Force at any time.
  - BLO Dr. McKenna, Dr. Ruggeroli and Dr. Helmi may receive information from any pharmacy that you have used.
  - BLO Dr. McKenna, Dr. Ruggeroli, Dr. Helmi, Physician Assistants and your pharmacy will cooperate fully with law enforcement agencies and the Nevada Board of Pharmacy in the investigation of possible misuse, sale or diversion of your pain medications or prescriptions.
  - BLO For women, you will do everything you can to avoid becoming pregnant while taking these medications unless otherwise approved by your doctor. To the best of your knowledge, you are not pregnant at this time. You will inform us immediately if you become pregnant.
  - BLO Pain medications will be continued as long as there is (1) acceptable improvement in pain level, (2) reported increase in activities. (3) no inappropriate drug behavior, (4) no significant unmanageable side effects.
  - BLO Termination terms will include a written letter to you and fulfillment of your medical needs including condition of this contract, for one month after the date of termination. You will be presented with the option, in lieu of termination, to receive an evaluation for drug dependency and, if appropriate, opioid detoxification.

I agree to waive confidentiality regarding this agreement if any of its stipulations are broken. If an illegal act is involved, I agree that Dr. McKenna, Dr. Ruggeroli or Dr. Helmi may contact the police or appropriate governmental agency. I have read and accept the conditions of this agreement. I have been given the opportunity to have my questions answered regarding the above. I understand the risks of opioid use and consent to the use of this medication.

Patient

Date

Allergies

Witness

Date

Pharmacy and number

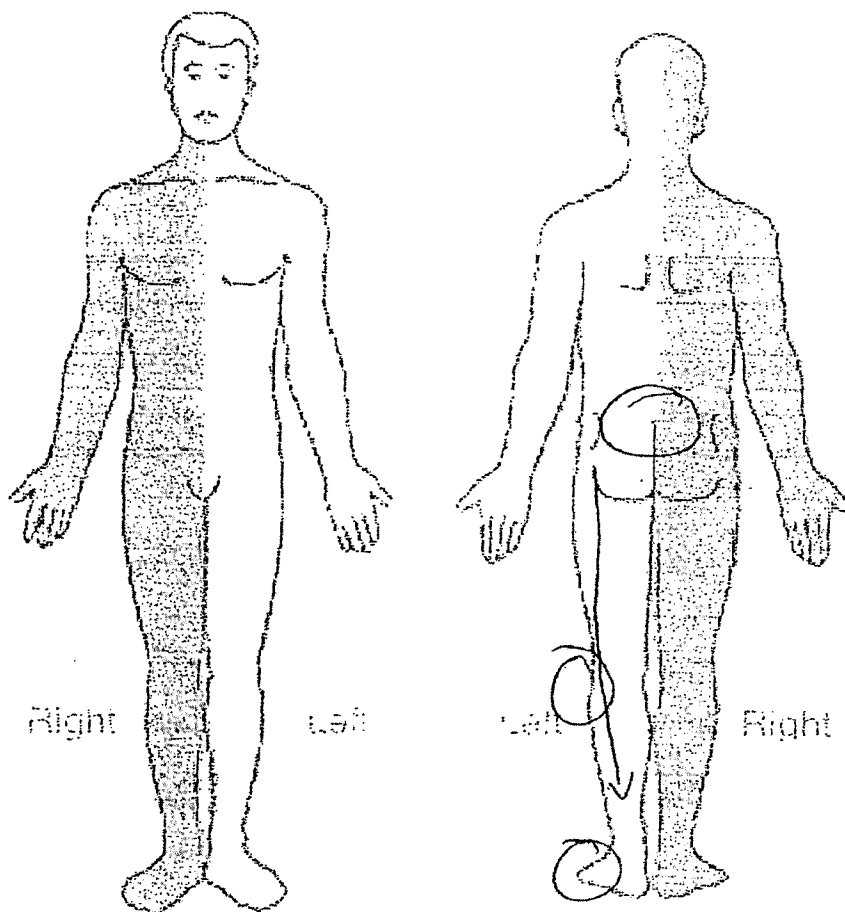
P00300  
R.App. 000041

### MEDICATIONS & ALLERGY LIST

Patient Name	Date of Birth	Pharmacy Name, Address & Phone No.

[illegible]

Allergic To (Codeine, Sulfa, Shellfish, etc.)	Reaction (rash, hives, breathing issues, etc.)
Penicillin	Swell

**Mark the areas on the body where you feel pain and areas with radiating pain.**

Beau Orth  
Patient's Name

3/19/14  
Date of Birth Today's Date

P00302  
R.App. 000043

First Name Beau Middle Initial R Last Name Orth  
Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age 24 Marital Status (S) (M) (D) (W)  
Address \_\_\_\_\_ City LV State NV Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Email Address \_\_\_\_\_ Contact You By: Phone ☒ or by: Email \_\_\_\_\_  
Gender: (Male) or Female Social Security # \_\_\_\_\_ Referred by: Andrew Cash  
Your Preferred Language: English French German Vietnamese Italian Mandarin Spanish I choose not to answer  
Race: Hispanic Asian Black or African American American Indian or Alaskan Native  
Caucasian Native Hawaiian or other Pacific Islander I choose not to answer  
Ethnicity: Hispanic or Latino Non-Hispanic or Latino I choose not to answer  
Employers Name Peppermill Inc. Phone # 702-735-4177  
Nearest Relative or Friend not living with you Robert Orth Phone # \_\_\_\_\_

**PARENT OR SPOUSE INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_  
Employer's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Are you here for a Job Injury? YES (NO) Date of Injury \_\_\_\_\_ Workers Comp Ins Company \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Claim # \_\_\_\_\_ Adjustor Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Are you Here for a Car Accident? YES (NO) Date of Accident \_\_\_\_\_ Is an Attorney handling this? YES/NO  
Attorney's Name \_\_\_\_\_ Address \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Employer: \_\_\_\_\_  
I hereby assign and direct my Insurance to pay all benefits for medical services under this claim directly to McKenna and Ruggeroli Pain Specialists.  
I hereby authorize the release of any medical information requested by the \_\_\_\_\_ companies with the assignment. I understand that McKenna and  
Ruggeroli Pain Specialists will bill my \_\_\_\_\_ as a courtesy to me. If payment is not received from my \_\_\_\_\_ I will be financially  
**responsible for payment in full** for all services rendered to myself and/or dependents by McKenna and Ruggeroli Pain Specialists. I also agree to  
pay any and all collection costs, attorney costs, and court cost (if applicable). I am aware that my medical records will be destroyed after seven years  
of inactivity.

PATIENT/RESPONSIBLE PARTY SIGNATURE \_\_\_\_\_

DATE

3/19/12

P00303  
R.App. 000044



McKenna, Ruggeroli and Helmi Pain Specialists  
6070 S. Fort Apache Road, Suite 100  
Las Vegas, NV 89148

Board Certified in Pain Management by the American Board of Anesthesiology  
and the American Board Of Medical Specialties

FINANCIAL POLICY/PATIENT RESPONSIBILITY ACKNOWLEDGEMENT

Payment for services provided is due at the time of service. We will directly bill your medical according to our policies as outlined below.

portion of a medical bill is the responsibility of the patient and must be paid at the time of service.

applies ONLY to the diagnosis or diagnoses which are covered in the  
If you request treatment for a non-covered diagnosis, you must schedule a separate office visit for the non-covered diagnosis and provide another means of payment. You will be responsible for any

We accept Medicare assignment. Therefore, we will bill Medicare directly as well as your supplemental You are responsible for your yearly deductible, the 20% not covered and for any charges not covered by your

This office accepts payments in the form of: Cash, Electronic Check, Debit Card, Visa/MasterCard, Discover and AMEX. A \$25.00 fee is assessed on all returned checks.

You, the patient, are responsible for knowing your requirements. If your company requires a referral from your Primary-care physician, it is your responsibility to obtain the referral and bring it with you prior to your visit. Your is a contract between you, your employer and the We are not a party to that contract. All charges are your ultimate responsibility whether or not your company pays. It is your responsibility to call your company or your employer if, after receiving your you disagree with the payment determination. All claims will be submitted to your company in a timely manner. We request that you contact your company in regard to any not paid within the 30 days required by Nevada law.

We will make every effort to provide you with quality health care and service. We ask that you make every effort to keep your account current. Payment arrangements are available through the billing department. Any account 120 days past due will be subject to collection. You will be responsible for any collection fees, legal fees and court costs associated with the collection of your account due.

I hereby assign and direct to pay all benefits for medical services under this claim directly to McKenna, Ruggeroli and Helmi Pain Specialists. I hereby authorize the release of any medical information requested by the companies with the assignment. I understand that McKenna, Ruggeroli and Helmi Pain Specialists will bill my as a courtesy to me. If payment is not received within 45 days from the date of the billing, I will be financially responsible for payment in full for all services rendered to myself and/or dependents by McKenna, Ruggeroli and Helmi Pain Specialists. I also agree to pay any and all collection costs, attorney costs, and court cost (if applicable).

SURGICAL ARTS CENTER DISCLOSURE

Michael J. McKenna, M.D. is one of the owners of Surgical Arts Center. It is your choice to go to any licensed and credentialed surgery center for your medical needs; however, we feel that your care can best be managed at this facility under Dr. McKenna's direction and guidance.

I HAVE READ THE FINANCIAL POLICY DESCRIBED ABOVE, I UNDERSTAND AND AGREE TO ALL PROVISIONS OF THIS FINANCIAL POLICY.

PATIENT/RESPONSIBLE PARTY NAME

Beau Orth

SIGNATURE

DATE 3/19/14

P00304  
R.App. 000045

NEVADA USA NV

DRIVER LICENSE

1 ORTH  
2 BEAU RYAN

15 Sex M 16 Hgt 6'04" 17 Wgt 213 18 Eyes BLU  
19 Class C 20 End NONE 21 Exp BRO 22 Iss 10/27/2013  
23 Restr NONE 24 ID 000123789040447015000

4d DL NO  
3 DOB  
4b Exp 11/02/2017

Andrew Cash M.D.	P: 702-630-3472
9339 W. Sunset Road, #100	F: 702-946-5115
Las Vegas, Nevada 89148	

**PATIENT REFERRAL**

Date 03/18/2014

Doctor RUGGEROLI

Phone 307-7700 Fax 307-7942

**\*\*\*\*\*PLEASE CONTACT PATIENT TO SCHEDULE\*\*\*\*\***

Patient ORTH, BEAU R DOB

Phone

Diagnosis 724.4 - L Radiculopathy

Treatment Requested EPIDURAL STEROID INJECTIONS L5-S1

**Thank You!**

**PLEASE FAX ALL REPORTS TO 702-946-5115**

P00306  
R.App. 000047

**STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERS**

Phone: (702) 732-6000 [www.sdmi-lv.com](http://www.sdmi-lv.com) Fax: (702) 732-6071

Patient Name: Beau R Orth

Patient: Beau R Orth

SDMI #: 1124169

Pt. DOB:

Pt. Sex: Male

Physician: Andrew Cash

Dr. Fax: (702) 946-5115

Dr. Phone: (702) 630-3472

Dr. Addr.: 9339 W Sunset Rd Ste 100 Las Vegas, NV  
89148

Referral ICD 9: 724.4

SDMI Location: NW

Date of Service: 03/13/14

Cc:

Cc:

**MRI LUMBAR SPINE WITH AND WITHOUT CONTRAST**

**CLINICAL HISTORY:**

Back pain down left leg, left leg weakness and numbness, history of surgery

**TECHNIQUE:**

T1 sagittal, T2 sagittal and axial T2 images were obtained with and without contrast. 10 cc of Gadolinium administered. Comparison: 10/6/2010

**FINDINGS:**

Vertebral body heights are maintained. Bone marrow signal is normal. Spinal cord is normal in signal. The paravertebral soft tissues appear unremarkable. The conus medullaris is normal in position.

T12-L1: No disk bulge, spinal canal or neuroforaminal stenosis

L1-2: No disk bulge, spinal canal or neuroforaminal stenosis

L2-3: No disk bulge, spinal canal or neuroforaminal stenosis

L3-4: No disk bulge, spinal canal or neuroforaminal stenosis

L4-5: Disc desiccation and mild facet arthropathy. Postsurgical changes with reduction of scar and/or disc herniation resulting in improved patency of the central spinal canal and lateral recess without neural impingement. Minimal disc bulge present.

L5-S1: Disc desiccation with stable disc bulge and central disc protrusion with annular tear slightly contacts and displaces the descending left S1 nerve root in the lateral recess without impingement

**IMPRESSION:**

1. Postsurgical changes at L4-L5 with reduction of scar and/or disc herniation resulting in improved patency of the central spinal canal and lateral recess without neural impingement. Minimal disc bulge present.
2. Disc desiccation at L5-S1 with stable disc bulge and central disc protrusion with annular tear slightly contacts and displaces the descending left S1 nerve root in the lateral recess without impingement. Correlate for potential left S1 radiculopathy.

Interpreted by: Stephen Chen M.D. 03/13/2014 3:42 PM

Physician Access To Images and Reports Is Available Online at [www.sdmi-lv.com](http://www.sdmi-lv.com)

2767 N. Tenaya Way, Las Vegas, NV 89128  
4 Sunset Way, Building 12, Henderson, NV 89014

2950 S. Maryland Pkwy, Las Vegas, NV 89109  
6925 N Durango Dr, Las Vegas, NV 89149

2850 Sienna Heights, Henderson, NV 89052  
9079 W. Post Road, Las Vegas, NV 89148

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P00307  
R.App. 000048

**STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERS**

Phone: (702) 732-6000 [www.sdmi-lv.com](http://www.sdmi-lv.com) Fax: (702) 732-6071

Patient Name: Beau R Orth

Document approved by: Stephen Chen M.D. Date: 03/13/2014 3:42 PM

Physician Access To Images and Reports Is Available Online at [www.sdmi-lv.com](http://www.sdmi-lv.com)

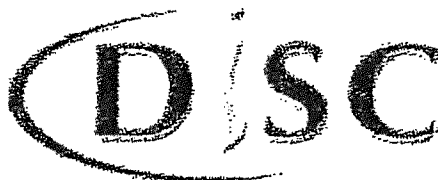
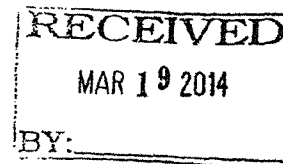
2767 N. Tenaya Way, Las Vegas, NV 89128  
4 Sunset Way, Building D, Henderson, NV 89014

2950 S. Maryland Pkwy, Las Vegas, NV 89109  
6925 N Durango Dr, Las Vegas, NV 89149

2850 Sierra Heights, Henderson, NV 89052  
5079 W. Post Road, Las Vegas, NV 89148

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P00308  
R.App. 000049



Desert Institute of Spine Care

9339 W. Sunset Rd #100

Las Vegas, NV 89148

Phone: (702) 630-3472 Facsimile: (702) 946-5115

ORTH, BEAU

Cash, Andrew M.

03/12/2014

Follow up

**CHIEF COMPLAINT:** Back pain 6-8/10, occurs all day with standing, sitting and walking.

The patient reports low back pain with pain, numbness and tingling radiating to the left lateral thigh and leg with numbness and tingling in the left heel and bilateral lateral three toes. The patient states that this began three days ago. The patient states he is not sure why it started and denies any triggering events.

Past medical history, family history and social history are unchanged since last visit. Tobacco: None. Review of systems is unremarkable.

**Occupational History:** The patient works as a marketing manager for Peppermill, Inc. where he stocks and walks, but cannot stand or walk very well.

On physical examination, the patient has no chest pain or shortness of breath.

**Lumbar Spine:** The patient has bilateral paraspinal tenderness with pain, numbness and tingling radiating to the left lateral thigh and leg with numbness and tingling in the left heel and bilateral lateral three toes. The patient has painful forward flexion and extension. Muscle strength is 5/5 bilaterally. Deep tendon reflexes are symmetrical. Negative straight leg raise test. The patient has a list to the right with sitting. The patient has an antalgic gait.

X-rays lumbar spine show laminectomy defect and loss of disc height at L4-5 and L5-S1.

**IMPRESSION:**

1. Post laminectomy syndrome.
2. Lumbar radiculopathy.

**RECOMMENDATIONS:**

1. MRI with and without contrast lumbar spine.
2. Prescription for Medrol Dosepak.
3. Follow up in two weeks.

**DISABILITY:**

P00309  
R.App. 000050

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Lumbar Restrictions: No repetitive bending, twisting, stooping crawling, climbing, squatting, or lifting more than 10 pounds frequently or 20 pounds occasionally.

**PROGNOSIS:**

Indeterminate at this time.

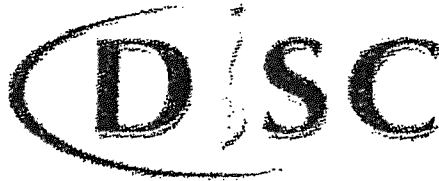
---

AJ Turpin, PA-C for  
Andrew M. Cash, MD/lam

DR: 03/13/14  
DT: 03/14/14  
#CASH1165

*The risks of opioid medications were explained to the patient. The patient understands and agrees to use these medications only as prescribed. The patient agrees to obtain pain medications from this practice only. We have fully discussed the potential side effects of the medication with the patient. These include, but are not limited to, constipation, drowsiness, addiction, nausea, vomiting, impaired judgment and the risk of fatal overdose if not taken as prescribed. We have warned the patient that sharing medications is a felony. We have warned the patient against driving while taking sedating medications.*

Electronically signed on 03/14/2014 by A.M.C., M.D.



Desert Institute of Spine Care

9339 W. Sunset Rd #100

Las Vegas, NV 89148

Phone: (702) 630-3472 Facsimile: (702) 946-5115

ORTH, BEAU

Cash, Andrew M.

09/04/2012

Follow up: Lumbar

CHIEF COMPLAINT: Low back pain, mild at 1-2/10.

Past medical history, family history and social history are unchanged since last visit. Tobacco: The patient is a nonsmoker. Review of systems is noncontributory.

On physical examination, the patient has no chest pain or shortness of breath. The patient has aching pain left buttock and numbness left posterior leg.

MRI: Small disc bulge at L5-S1 with an annular tear. There is dehydration at L4-5 and L5-S1.

IMPRESSION:

1. Postlaminectomy.
2. Lumbar radiculopathy.

RECOMMENDATIONS:

Follow up as needed.

---

Andrew M. Cash, MD/Iam

DR: 09/04/12

DT: 09/05/12

#CASH3476

*The risks of opioid medications were explained to the patient. The patient understands and agrees to use these medications only as prescribed. The patient agrees to obtain pain medications from this practice only. We have fully discussed the potential side effects of the medication with the patient. These include, but are not limited to, constipation, drowsiness, addiction, nausea, vomiting, impaired judgment and the risk of fatal overdose if not taken as prescribed. We have warned the patient that sharing medications is a felony. We have warned the patient against driving while taking sedating medications.*



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&nbs

Electronically signed on 09/06/2012 by A.M.C.,M.D.

P00312  
R.App. 000053



2020 Palomero Lane #108, Las Vegas, NV 89166, (702) 759-4600  
 3920 S. Eastern Ave. #108, Las Vegas, NV 89119, (702) 794-2100  
 7200 Cathedral Rock Dr. #238, Las Vegas, NV 89128, (702) 754-4300  
 2811 W. Horizon Ridge Pkwy., Henderson, NV 89052, (702) 759-4300  
 4890 S. Wynn Road, Las Vegas, NV 89103, (702) 759-4600

# MEDICAL IMAGING REPORT

Report Status: FINAL

Patient Name:	ORTH, BEAU R	DOB:	Age: 22Y	Sex: M
MRN:	000108008	Service Location:	MR RM2 CATH ROCK	
		Account Number:	000378723	
Ordering:	ANDREW CASH, MD	Accession Number:	1279700	
Physician:	9339 W SUNSET RD STE 100	Service Date/Time:	8/31/2012 8:10AM	
	LAS VEGAS, NV 89148	Order Number:	001912143	
		Study:	000212 MR LUMBAR W WO CONTRAST	

ORIGINAL

CHARLES HALES, MD 8/31/12 9:45 am

MRI LUMBAR SPINE WITH AND WITHOUT CONTRAST

HISTORY: Postlaminectomy syndrome

COMPARISON: 18 February 2011

CONTRAST: OptiMARK 20 cc

TECHNIQUE: Sagittal and axial images are obtained through the lumbar spine with and without contrast utilizing various pulse sequences.

FINDINGS: Sagittal images show normal alignment. Vertebral body height and signal are normal all levels. Disk height and signal are well maintained L1-2, L2-3, L3-4. At L4-5 disk height and signal were previously normal but there is now loss of both height and signal. There is also loss of height and signal at L5-S1, similar to the prior study.

On axial images, the disk margin, neural canal and foramina are normal at L1-2, L2-3, L3-4.

At L4-5 diffuse bulge is now seen. Canal and foramina remain generous.

At L5-S1 there is a small left-sided disk protrusion with increased T2 signal deep to the annular margin consistent small radial tear. Disk contour is accentuated compared to the prior study and the abnormal signal was not present previously. Abnormal enhancement is identified within the small disk protrusion. There is also slight enhancement posteriorly on the left, what appears to be a small laminectomy defect. Canal and foramina are unremarkable.

## IMPRESSION:

1. Small left disk protrusion with radial tear at L5-S1. Are there left S1 symptoms?
2. Diffuse bulge is present at L4-5. There clearly has been interval loss of disk height and signal at this level

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Date Printed:

8/31/2012

Page 1 of 2

Recipient: CASH, ANDREW

P00313  
R.App. 000054

---

Patient Name:	ORTII, BEAU R	DOB:	11/2/89	Age:	22Y	Sex:	M
MRN:	000008008	Service Location:	MR RM2 CATH ROCK				
		Account Number:	000378723				

---

compared to the prior exam but a focal disk contour abnormality or significant compromise of neural canal or foramina not visualized at this level.

---

Thank you for referring your patient to Desert Radiologists.

CC Physicians:

Report produced by voice recognition. Electronically signed by:

Radiologist: CHARLES HALES, MD

Date Signed: 8/31/12 9:45

---

**CONFIDENTIALITY NOTICE**

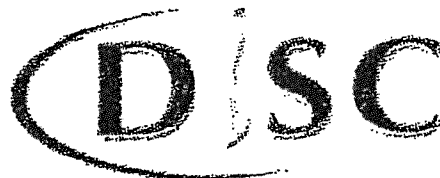
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Date Printed: 8/31/2012

Page 2 of 2

Recipient: CASH, ANDREW

P00314  
R.App. 000055



Desert Institute of Spine Care

9339 W. Sunset Rd #100

Las Vegas, NV 89148

Phone: (702) 630-3472 Facsimile: (702) 946-5115

ORTH, BEAU

Cash, Andrew M.

08/28/2012

Follow up: Lumbar

CHIEF COMPLAINT: Low back pain, 1-2/10 pain, mornings and nights. It is worse with standing. The patient completed his course of exercises and continues to work out and protect his core with the home exercise program.

Past medical history, family history and social history are unchanged since last visit. Tobacco: None. Review of systems is unremarkable.

On physical examination, the patient has no chest pain or shortness of breath. He has a low-grade backache with numbness down the posterior left thigh and leg.

Lumbar 3v shows disc collapse L5-S1.

IMPRESSION:

1. Postlaminectomy syndrome.
2. Lumbar radiculopathy.

RECOMMENDATIONS:

1. Updated MRI with and without contrast.
2. Follow up in two weeks for reevaluation.

---

Andrew M. Cash, MD/lam

DR: 08/28/12

DT: 08/29/12

#CASH3463

*The risks of opioid medications were explained to the patient. The patient understands and agrees to use these medications only as prescribed. The patient agrees to obtain pain medications from this practice only. We have fully discussed the potential side effects of the medication with the patient. These include, but are not limited to, constipation, drowsiness, addiction, nausea, vomiting, impaired judgment and the risk of fatal overdose if not taken as prescribed. We have warned the patient that sharing medications is a felony. We have warned the patient against driving while taking sedating medications.*

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Electronically signed on 09/06/2012 by A.M.C.,M.D.

P00316  
R.App. 000057

# McKENNA AND RUGGEROLI

## PAIN SPECIALISTS

Michael J. McKenna, MD, FIPP

Mark Knutsen, PA-C

December 2, 2011



*"the touch of relief"*

Anthony C. Ruggeroli, MD

Kevin Bailey, PA-C

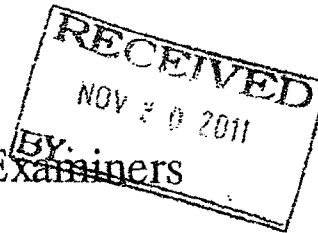
Re: Orth, Beau R.  
DOB  
BME CASE # 11-133352

Dear Mr. Ray,

As requested, this is a brief treatment explanation pertaining to my patient, Beau Orth. He was seen by me at the request of Dr. Milligan for an evaluation regarding injection treatment of his left leg and lumbar pain on 02/23/2010. I did end up performing two separate injections on him, but he did not progress to the point that he could perform at an optimal level (football), and I decided not to pursue any more injections. At that point, he followed up with Dr. Milligan. His last visit with me was on 08/26/2011, where we discussed the option of obtaining a surgical opinion.

Sincerely,

Anthony C. Ruggeroli, M.D.



## Nevada State Board of Medical Examiners

November 28, 2011

Anthony Ruggeroli, M.D.  
6070 S. Fort Apache Rd, Suite 100  
Las Vegas, NV 89148

**RE: BME CASE NUMBER : 11-13352**

**PATIENT: Beau R. Orth (DOB: \_\_\_\_\_)**

Dear Dr. Ruggeroli,

Pursuant to Nevada Law (Nevada Revised Statutes (NRS) 629.061), the Nevada State Board of Medical Examiners requests copies of the medical records of the above named patient. Also include any x-ray or other films and MRI (CD preferred) you produced in treating this patient and include a brief explanation of your treatment plan for the patient.

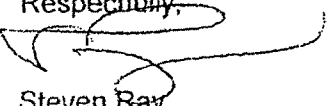
You have not been named as a respondent in this case at this time. The Investigative Committee of the Board requires your records and a statement to help it investigate the care provided by others. Your providing the requested information is deemed a professional obligation of any physician active in or knowledgeable of patient care and treatment under investigation by the Board, and your assistance shall not be deemed to be cooperation subject to the whistle-blower protections provided to physicians in NRS 630.364 (3).

Please forward the records to the Investigative Committee of the Board within 21 days to the Las Vegas address shown below.

If you have any questions or I may be of assistance, please call 702-486-3338.

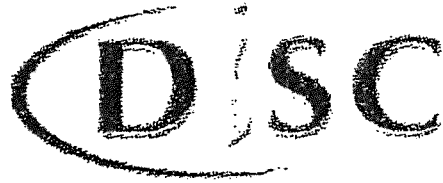
Thank you in advance for your attention to this matter.

Respectfully,

  
Steven Ray  
Investigator

☒ LAS VEGAS OFFICE  
Board of Medical Examiners  
Building A, Suite 2  
6010 S. Rainbow Boulevard  
Las Vegas, NV 89118  
Phone: 702-486-3300  
Fax: 702-486-3301

☐ RENO OFFICE  
Board of Medical Examiners  
Suite 301  
1105 Terminal Way  
Reno, NV 89502  
Phone: 775-689-2559  
Fax: 775-689-2321



Desert Institute of Spine Care

9339 W. Sunset Rd #100

Las Vegas, NV 89148

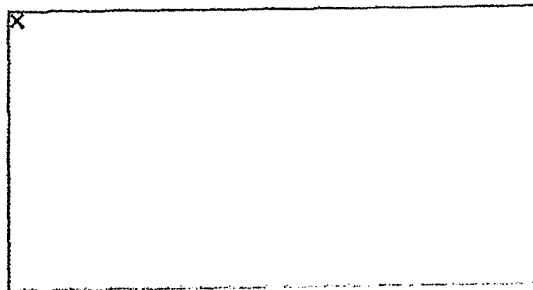
Phone: (702) 630-3472 Facsimile: (702) 946-5115

ORTH, BEAU

Cash, Andrew M.

04/19/2011

Follow up: Lumbar



CHIEF COMPLAINT: Back pain.

Pain is 2-3/10. Patient has completed physical therapy. The patient has regained 12 of the 40 pounds that he had lost. The patient feels better with moving around. Worse with prolonged standing, sitting, walking and lying down.

Past medical history, family history and social history are unchanged since last visit. The patient has had one episode where he could not do physical therapy for a week because of low back pain. Review of systems unremarkable.

On physical examination, the patient has dull pain in the back with numbness in the left buttock and pins and needles and tingling in the bilateral heels and left foot.

IMPRESSION:



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1. Postlaminectomy syndrome.
2. Lumbar radiculopathy.

RECOMMENDATIONS:

1. The patient is doing well. At this point, anticipate the patient is going to have persistent intermittent numbness in the lower extremities. The patient is taking the next season off to complete school.
2. The patient will follow back up here in three months for reevaluation.

---

Andrew M. Cash, MD/rkm

DT: 04/20/11

#DS5948

*The risks of opioid medications were explained to the patient. The patient understands and agrees to use these medications only as prescribed. The patient agrees to obtain pain medications from this practice only. We have fully discussed the potential side effects of the medication with the patient. These include, but are not limited to, constipation, drowsiness, addiction, nausea, vomiting, impaired judgment and the risk of fatal overdose if not taken as prescribed. We have warned the patient that sharing medications is a felony. We have warned the patient against driving while taking sedating medications.*

Electronically signed on 04/21/2011 by Andrew M. Cash, MD

P00320  
R.App. 000061

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ORTH, BEAU

Cash, Andrew M.

02/08/2011

Follow up: Lumbar

CHIEF COMPLAINT: Back pain and numbness.

The pain is moderate in intensity, 5-6/10, usually morning and night. It is worse with sitting, standing, walking, and lying down and made better with ice.

Past medical history, family history and social history are unchanged since last visit. Review of systems is unremarkable. The patient has been attending physical therapy for two months, continuing water therapy and treadmill.

On physical examination, the patient has aching and throbbing in his back with a well-healed scar. The patient has numbness in the anterior and posterior left thigh.

IMPRESSION:

1. Postlaminectomy syndrome.
2. Lumbar radiculopathy.

RECOMMENDATIONS:

1. I had a lengthy discussion with the patient regarding his future and to playing football. I am recommending a more conservative approach for the patient and he will take it under consideration. The patient may not be able to return to his sport this year. He might return for his following year eligibility.
2. The patient will follow up in one month for reevaluation.
3. Continue physical therapy.

---

Andrew M. Cash, MD/lam

DT: 02/09/11

#CASH5562

Electronically signed on 02/25/2011 by Kimberly S. Ridgeway APN - Andrew M.  
Cash MD

P00321  
R.App. 000062

**UNLV Athletic Training**  
**Authorization to Use & Disclose Protected Health Information**

This document authorizes the use and disclosure of Protected Health Information as described below. Uses and disclosures of PHI will be consistent with laws concerning the privacy of Protected Health Information. I hereby authorize and request the release of information contained in my medical records pertaining to the medical condition(s) listed below. A copy of medical records shall be considered as effective and valid as the originals.

Patient Name: Beau Orth

Street Address: \_\_\_\_\_

City: Las Vegas State: NV Zip Code: 89129

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Record #: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact number where I may be reached: \_\_\_\_\_

Person Authorized to Receive the Information: **Kyle Wilson M.Ed., ATC**  
**Director of Athletic Training**  
**UNLV**  
**4505 Maryland Parkway**  
**Box 450007**  
**Las Vegas, NV 89154-0007**  
**702-895-4037 office / 702-895-4474 fax**

Purpose of Requested Use or Disclosure: (Circle all that apply) Continuity of Care Consultation

School Transfer Personal At my request Other \_\_\_\_\_

Dates of services requested: All datesSpecify the information that may be Used or Disclosed: INFORMATION TO BE FORWARDEDTO DR. CARPANA

The following items must be initialed to be included in the use and/or disclosure:

- ☐ HIV/AIDS Related Information and/or Records  
☐ Genetic Testing Information and/or Records  
☐ Mental Health Information and/or Records  
☐ Drug/Alcohol Information and/or Records

This authorization expires (enter date or event): \_\_\_\_\_

Signature of Patient: [Signature] Date: 8/31/10Signature of Witness: [Signature] Date: 8/31/10

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been already been taken.

**McKenna and Ruggeroli Pain Specialists**

6070 S Fort Apache Road Suite 100 Las Vegas, NV 89148-5615  
702-307-7700 Fax: 702-307-7942

**Beau R Orth**

Male DOB:

**08/26/2010 - Office Visit: Follow up visit**

**Provider: Anthony C. Ruggeroli, MD**

**Location of Care: McKenna and Ruggeroli Pain Specialists**

**History of Present Illness**

**Reason for visit:** follow up from injection

**Chief Complaint:** left leg pain

No significant interval history pertaining to primary pain problem. Refer to assessment.

**Past Medical History**

Back Problems

**Surgeries**

Shoulders/Arms

**Family History**

The patient denies any contributory family medical history.

**Current Allergies (reviewed today):**

! PENICILLIN V POTASSIUM

**Social History/Risk Factors**

**Work status:** working

**Daily activities:** bending/squatting, lifting/pushing/pulling, repetitive movements, moderate to heavy physical labor/activity

**Regular Exercise?** yes

**Alcohol use:** none

**Tobacco use:** no

**Drug use:** no

**Last bone density test:** never

**Prior treatment for bone density?** no

**Handedness:** right

**Height:** 73

**Weight:** 220

**Pain Follow-Up**

**Average pain since last visit:** 7

**Side effects from pain medications:** no

**New medication since last visit:** no

**ADL**

**Present work status:** not working

**ER visit for pain since last visit:** no

**Review of Systems**

**General:** Denies sweats, appetite loss, chills, fatigue, fever, vomiting, nausea, persistent infections, bruise easily, unintentional weight loss.

**McKenna and Ruggeroli Pain Specialists**

6070 S Fort Apache Road Suite 100 Las Vegas, NV 89148-5615  
702-307-7700 Fax 702-307-7942

**Beau R Orth**

Male DOB:

**Ears/Nose/Throat:** Denies decreased hearing, difficulty swallowing.

**Cardiovascular:** Denies chest discomfort, swelling of hands/feet, racing heart beat, weight gain, palpitations, blackouts/fainting, shortness of breath with exertion/activity, difficulty breathing while lying down.

**Respiratory:** Denies wheezing, coughing-up blood, cough.

**Musculoskeletal:** Complains of stiffness, back pain.

**Skin:** Denies night sweats, dryness, suspicious lesions, changes in nail beds, changes in skin color, poor wound healing.

**Neurologic:** Complains of numbness, tingling.

**Psychiatric:** Denies anxiety, depression, claustrophobia.

**Endocrine:** Denies cold intolerance, heat intolerance, excessive thirst, excessive urination.

**Heme/Lymphatic:** Denies persistent infections, seasonal allergies.

**Patient provided the above responses and/or history obtained.**

**Physical Exam**

**Vital Signs**

**Height (inches):** 73

**Weight (pounds):** 220

**Blood Pressure (mm Hg):** 132/ 80

**Lower Extremity Exam**

**Gross Exam Lower Extremities:** normal; symmetry present, no deformity bilaterally, bulk consistent with body habitus, no ankle edema bilaterally, skin normal appearance bilaterally.

**Motor/Strength:** Plantar flexion, dorsi flexion, knee extension, and hip flexion against resistance is without deficit bilaterally.

**Deep Tendon Reflexes:**

**Knees:** Right: normal Left: absent

**Ankles:** Right: normal Left: decreased

**Clonus or Other Pathological Reflexes:** Absent

**Lower Extremity Pulses:**

**Foot/Ankle Capillary Refill** Right: brisk Left: brisk

**Straight Leg Raise:** Left: Positive

**Sensation to Sharp:**

**Right:** normal; S1 / L5 / L4 / L3 dermatomes intact

**Left:** S1 diminished

**Lumbosacral Exam**

**Gross Exam Lumbosacral:** normal; no deformities, no lesions, no surgical or other scars, normal contour.

**Palpation of Lumbosacral Soft Tissues:**

**Left:** Lumbosacral tender

**Lumbar Range of Motion:** normal; within normal limits of flexion, extension, left and right lateral flexion, left and right rotation, without pain.

**McKenna and Ruggeroli Pain Specialists**

6070 S Fort Apache Road Suite 100 Las Vegas, NV 89148-5615  
702-307-7700 Fax: 702-307-7942

**Beau R Orth**

Male DOB:

**Assessment:**

Assessed LUMBAR DISC HERNIATION/PROTRUSION/BULGE as unchanged - Anthony C. Ruggeroli, MD **Assessment of established problem(s):** Status post left L5-S1 and S1 transforaminal epidural steroid injections; no significant relief, the pain in the left lower extremity is still impairing performance on the field. Neuro exam today benign, no concerns neurologically. The pain is consistent with left eccentric disc protrusion at L5-S1 with S1 abutment/impingement. The technique was optimal, I do not think it would be beneficial to repeat the injections.

**Plan:**

follow up with Dr. Milligan as scheduled  
consider surgical opinion with Dr. Capanna  
follow up with me as necessary

Signed by Anthony C. Ruggeroli, MD on 08/26/2010 at 12:27 PM

---

0045  
P00325  
R.App. 000066

**Beau R Orth**

Male DOB:

10870

**08/13/2010 - Operative Report**

**Provider: Anthony C. Ruggeroli, MD**

**Location of Care: Surgical Arts Center**

**Date of Procedure:** 08/13/2010

**Procedure Performed At:** Surgical Arts Center

**Patient:** Orth, Beau

**Preoperative Diagnosis:** 1) LUMBAR DISC HERNIATION/PROTRUSION/BULGE (ICD-722.10)

**Postoperative Diagnosis:** 1) LUMBAR DISC HERNIATION/PROTRUSION/BULGE (ICD-722.10)

**Procedure(s):** 1) left L5-S1 transforaminal epidural steroid injection  
2) left S1 transforaminal epidural steroid injection  
3) fluoroscopic needle localization / guidance and spinal exam  
4) Intravenous conscious sedation, moderate

**Medications:** lidocaine 1%, bupivacaine 0.75%, depomedrol 40mg/ml, Omnipaque 180,  
midazolam

**Performing Physician:** Anthony C. Ruggeroli, M.D.

**Complications:** NONE

**Description of the procedure:** After informed consent was verified, the patient was brought to the fluoroscopy suite, and was placed in the prone position, Triple alcohol skin prep was accomplished over the lumbosacral area, and sterile drapes were applied. Non invasive monitoring was placed, including BP, pulse oximetry, and EKG, and was continued throughout the remainder of the case. Positioning comfort was verified with the patient and adjusted/modified as necessary.

Incremental doses of midazolam was administered intravenously for anxiolysis; the patient remained cooperative and responsive to voice throughout the remainder of the procedure. Refer to nursing record for total dose utilized.

C-arm fluoroscopy was used to identify lumbar segment L5-S1 and the left S1 dorsal foramen, and angulated obliquely, and as necessary, to optimize image detail of the left L5-S1 intervertebral foramen and the left S1 dorsal foramen. Skin wheals were then raised over the windows using approximately 0.5 ml of 1% lidocaine per wheal. Next, styletted 22ga needles were used to penetrate the skin, and were advanced; one towards the caudad aspect of the L5-S1 foramen, with the other needle directed towards the lateral aspect of the left S1 dorsal foramen. Multiple views were used, as necessary, including A/P and lateral views, to optimize final position of the needles during adjustments. No parathesias were reported during this process. Next, approximately 0.75ml of omnipaque 180 was injected through each needle, where an outline of the roots and mesial aspects of the pedicles, L5 and S1, was observed, indicating epidural distribution, without vascular uptake. Next, a solution was prepared comprising of a mixture of

**McKenna and Ruggeroli Pain Specialists**  
6070 S Fort Apache Road Suite 100 Las Vegas, NV 89148-5615  
7023077700 Fax: 7023077942

September 27, 2012  
Page 2  
Chart Document

**Beau R Orth**

Male DOB:

10870

depomedrol 40mg/ml and 0.75% bupivacaine, two to one. 1.5ml of that solution was injected through each needle, two injections total, without patient complaint and the needle was removed intact.

The patient will see me back in follow up as scheduled and will track pain scores and function in the interim.

Anthony C. Ruggeroli, M.D.

CC to: Michael Milligan, MD

Electronically signed by Anthony C. Ruggeroli, MD on 08/13/2010 at 10:00 AM

---

MCKENNA 0015  
P00327  
R.App. 000068



Image "Orth\_B\_r\_1\_1" for patient Beau R Orth - dated 09:43 on 08/23/10

Orth, B  
ID: r  
DOB:

Default  
Dr. Rug  
IMG: 1  
Date Stored:  
2010-08-13  
06:59:41

Scan Time:  
Image Width: 1024 px  
Image Length: 1024 px  
Export Date: 08-18-2010  
Export Time: 10:11:34

Ziehm Imaging, Inc.

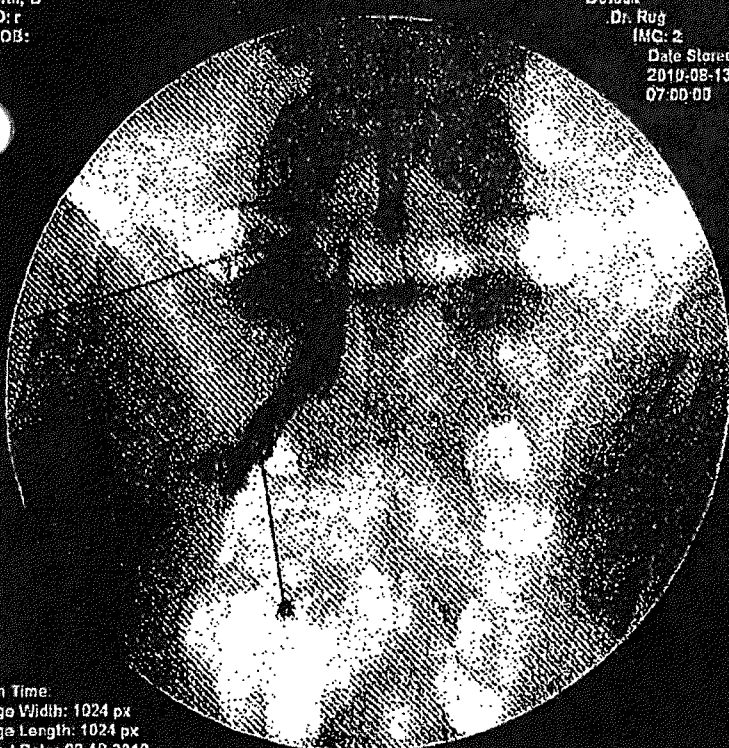
MCKENNA 0016

P00328  
R.App. 000069

Image "Orth\_B\_r\_2\_1" for patient Beau R Orth - dated 09:43 on 08/23/10

Orth, B  
ID: r  
DOB:

Default  
Dr. Rug  
IMC: 2  
Date Stored:  
2010-08-13  
07:00:00



Scan Time:  
Image Width: 1024 px  
Image Length: 1024 px  
Export Date: 08-18-2010  
Export Time: 10:11:35

Ziehl Imaging, Inc.

MCKENNA 0017  
P00329  
R.App. 000070

**McKenna and Ruggeroli Pain Specialists**

6070 S Fort Apache Road Suite 100 Las Vegas, NV 89148-5615  
702-307-7700 Fax: 702-307-7942

**Beau R Orth**

Male DOB:

**08/11/2010 - Office Visit: Follow up visit**

**Provider: Anthony C. Ruggeroli, MD**

**Location of Care: McKenna and Ruggeroli Pain Specialists**

**History of Present Illness**

**Reason for visit:** follow-up visit for previous problem

**Chief Complaint:** left glute and leg pain

Interval history notable for recent, last few days, of typical pain return, involving the left glute (worse pain), with radiation into the posterior thigh and calf, where the distal lower extremity has a significant "numbness" character. He had been doing very well since his injection in February, tolerating spring training, until recently, with no known event, the pain returned. He is being carefully monitored by the team trainers and Dr. Milligan.

**Past Medical History**

Back Problems

**Surgeries**

Shoulders/Arms

**Family History**

The patient denies any contributory family medical history.

**Current Allergies:**

! PENICILLIN V POTASSIUM

**Social History/Risk Factors**

**Work status:** working

**Daily activities:** bending/squatting, lifting/pushing/pulling, repetitive movements, moderate to heavy physical labor/activity

**Regular Exercise?** yes

**Alcohol use:** none

**Tobacco use:** no

**Drug use:** no

**Last bone density test:** never

**Prior treatment for bone density?** no

**Handedness:** right

**Height:** 73

**Weight:** 220

**Pain Follow-Up**

**Average pain since last visit:** 8

**Side effects from pain medications:** no

**New medication since last visit:** yes

**ADL**

**Present work status:** not working

**ER visit for pain since last visit:** no

0048

P00330

R.App. 000071

**McKenna and Ruggeroli Pain Specialists**

6070 S Fort Apache Road Suite 100 Las Vegas, NV 89148-5615  
702-307-7700 Fax: 702-307-7942

**Beau R Orth**

Male DOB:

**Review of Systems**

**General:** Denies sweats, appetite loss, chills, fatigue, fever, vomiting, nausea, persistent infections, bruise easily, unintentional weight loss.

**Ears/Nose/Throat:** Denies decreased hearing, difficulty swallowing.

**Cardiovascular:** Denies chest discomfort, swelling of hands/feet, racing heart beat, weight gain, palpitations, blackouts/fainting, shortness of breath with exertion/activity, difficulty breathing while lying down.

**Respiratory:** Denies wheezing, coughing-up blood, cough.

**Musculoskeletal:** Complains of stiffness, back pain.

**Skin:** Denies night sweats, dryness, suspicious lesions, changes in nail beds, changes in skin color, poor wound healing.

**Neurologic:** Complains of numbness, tingling.

**Psychiatric:** Denies anxiety, depression, claustrophobia.

**Endocrine:** Denies cold intolerance, heat intolerance, excessive thirst, excessive urination.

**Heme/Lymphatic:** Denies persistent infections, seasonal allergies.

**Patient provided the above responses and/or history obtained.**

**Physical Exam**

**Vital Signs**

**Height (inches):** 73

**Weight (pounds):** 220

**Blood Pressure (mm Hg):** 140/ 72

**Lower Extremity Exam**

**Gross Exam Lower Extremities:** normal; symmetry present, no deformity bilaterally, bulk consistent with body habitus, no ankle edema bilaterally, skin normal appearance bilaterally.

**Motor/Strength:** Plantar flexion, dorsi flexion, knee extension, and hip flexion against resistance is without deficit bilaterally.

**Deep Tendon Reflexes:**

**Knees:** Right: normal Left: absent

**Ankles:** Right: normal Left: decreased

**Clonus or Other Pathological Reflexes:** Absent

**Straight Leg Raise:** Left: Positive

**Sensation to Sharp:**

**Right:** normal; S1 / L5 / L4 / L3 dermatomes intact

**Left:** S1 diminished

**Lumbosacral Exam**

**Gross Exam Lumbosacral:** normal; no deformities, no lesions, no surgical or other scars, normal contour.

**Palpation of Lumbosacral Soft Tissues:**

**Left:** Sacral tender

0049

P00331  
R.App. 000072

**McKenna and Ruggeroli Pain Specialists**

6070 S Fort Apache Road Suite 100 Las Vegas, NV 89148-5615  
702-307-7700 Fax: 702-307-7942

**Beau R Orth**

Male DOB:

**Comments:** range of motion within normal limits with pain increase, left lower extremity, with extension and to a greater extent, left lateral flexion

**Assessment:**

Assessed LUMBAR DISC HERNIATION/PROTRUSION/BULGE as deteriorated - Anthony C. Ruggeroli, MD **Assessment of established problem(s):** Known disc protrusion at L5-S1 with left eccentricity and S1 impingement, no follow up scans, identicle pain relative to his last office visit, pain that responded very well to spinal injections. It is reasonable to repeat the injections in an effort to accelerate his progress.

**Plan:**

left L5-S1 and S1 transforaminal epidural steroid  
injections

follow up in office in two weeks for post injection and condition reassessment  
continue modified training and observation with team trainers and Dr. Milligan

Signed by Anthony C. Ruggeroli, MD on 08/11/2010 at 4:38 PM

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0050  
P00332  
R.App. 000073

**McKENNA AND RUGGEROLI PAIN SPECIALISTS**  
**Informed Consent for Procedure**

An interventional procedure has been recommended for the treatment of your medical condition. This treatment is indicated as a diagnostic and/or therapeutic procedure. There is no guarantee that this procedure will cure your condition or pain and it is possible that your pain or condition could worsen after the procedure. The degree and duration of relief varies from person to person and you will be reevaluated after your procedure in order to plan further care.

You attest that the details of the specific procedure have been explained by your provider and that any and all questions have been answered. It is your responsibility to inform your provider if you are taking blood thinners, are pregnant or have medication allergies. You agree to have arranged transportation from the facility and understand that failure to do so will result in cancellation. You agree to pay \$100 if you cancel or reschedule the procedure with less than 48 hours notice. You understand that it is your responsibility to comply with follow-up office visits. This compliance is important to avoid complications, including medication withdrawal.

**Alternatives** to the procedure include medications, physical therapy, chiropractic, surgery and no treatments.

**Benefits** include the increased likelihood of the correct diagnosis and/or the decrease or elimination of your pain.

**Risks** include but are not limited to infection, bleeding, allergic reaction, increased pain, nerve damage, numbness, weakness, paralysis, death, pneumothorax (air in the lung) and headache. Steroid medications may cause increased blood glucose in diabetics and may temporarily decrease your immune response. You may be exposed to x-rays.

**Specific risks pertaining to each specific procedure are as follows (patient to initial line of procedure):**

- ☒ **Transforaminal/Interlaminar/Caudal Epidural:** Low blood pressure, temporary weak/numb arm or leg, spinal cord ischemia and nerve damage, headache requiring epidural blood patch
- ☒ **Zygapophysial (Facet) Joint Intervention:** Low blood pressure, temporary weak/numb arm or leg, temporary skin pain
- ☒ **Minimally Invasive Lumbar Decompression (MILD):** Low blood pressure, temporary weak/numb leg, difficulty walking, confusion, nerve/spinal cord damage, headache, infection
- ☒ **Atlanto-Axial, Atlanto-Occipital Injection:** Low blood pressure, seizure, nerve/spinal cord damage headache
- ☒ **Epidural Opioid Trial:** Nausea, urinary difficulty, slowed breathing, itching
- ☒ **Provocation/Analgesic Discography, IDET, Percutaneous Discetomy:** Infection (discitis), reaction to antibiotic
- ☒ **Cervical Sympathetic (Stellate Ganglion) Block:** Hoarseness, difficulty swallowing, seizure, weak and/or numb arm, pneumothorax (air in lung requiring chest tube)
- ☒ **Trigger Point Injection, Peripheral Nerve Block, Occipital Nerve Block, Intercostal Nerve Block/Ablation:** Air in lung requiring chest tube in hospital, local pain from tissue and/or nerve irritation, dimpling of/depression in skin
- ☒ **Celiac Plexus Procedure, Splanchnic Nerve Procedure, Superior Hypogastric Plexus Procedure:** Low blood pressure, internal vessel/organ puncture requiring emergency surgical treatment, temporary or permanent bowel, bladder, or sexual dysfunction
- ☒ **Spinal Cord Stimulator Trial/Implant:** Infection requiring hospitalization and removal of device, nerve damage
- ☒ **Intrathecal Pump-Catheter System Implant:** Infection requiring hospitalization and removal of device, meningitis, spinal granuloma (tumor) causing nerve damage and requiring removal of device and possible neurosurgery, device dysfunction requiring surgical procedure, reaction to medication
- ☒ **Botulinum Toxin Injection:** Nerve or tissue damage, prolonged neuromuscular weakness, facial/eyelid droop
- ☒ **Percutaneous Neuromodulation Therapy:** Pain, skin irritation, tissue or nerve damage

The incidences of the complications listed above are low but cannot be predicted and may occur despite technical precision. This procedure has been recommended because your provider believes the benefits of the procedure outweigh the associated risks. It is your decision and right to accept or decline to have the procedure done.

I authorize Dr. McKenna / Dr. Ruggeroli and such assistants as may be selected by him/her to perform the following procedure:

**SURGICAL ARTS CENTER DISCLOSURE**

Michael J. McKenna, M.D., is one of the owners of the Surgical Arts Center. It is your choice to go to any licensed and credentialed surgery center for your medical needs; however, we feel that your care can best be managed at this facility under Dr. McKenna's direction and guidance.

I have read or had read to me the above information. I understand there are risks involved with this procedure, to include rare complications, even death, which may not have been specifically mentioned above. The risks have been explained to my satisfaction and I accept them and consent to this procedure.

Patient or his/her legal guardian

Patient's Date of Birth

Witness

Today's Date

**Physician Declaration:** I and/or my assistant have explained the procedure and the pertinent contents of this document to the patient and have answered all the patient's questions. To the best of my knowledge, the patient has been adequately informed and the patient has consented to the above described procedure.

Michael J. McKenna, M.D.

Anthony C. Ruggeroli, M.D.

MCKENNA 0024  
P00333  
R.App. 000074

**McKenna and Ruggeroli Pain Specialists**

6070 S Fort Apache Road Suite 100 Las Vegas, NV 89148-5615  
702-307-7700 Fax: 702-307-7942

**Beau R Orth**

Male DOB:

**03/09/2010 - Office Visit: Follow up visit**

**Provider: Anthony C. Ruggeroli, MD**

**Location of Care: McKenna and Ruggeroli Pain Specialists**

**History of Present Illness**

**Reason for visit:** injection follow up

**Chief Complaint:** lumbar and leg pain

No significant interval history pertaining to primary pain problem. Refer to assessment.

**Past Medical History**

Back Problems

**Surgeries**

Shoulders/Arms

**Family History**

The patient denies any contributory family medical history.

**Current Allergies:**

! PENICILLIN V POTASSIUM

**Social History/Risk Factors**

**Work status:** working

**Daily activities:** bending/squatting, lifting/pushing/pulling, repetitive movements, moderate to heavy physical labor/activity

**Regular Exercise?** yes

**Alcohol use:** none

**Tobacco use:** no

**Drug use:** no

**Last bone density test:** never

**Prior treatment for bone density?** no

**Handedness:** right

**Height:** 73

**Weight:** 220

**Pain Follow-Up**

**Average pain since last visit:** 3

**Side effects from pain medications:** no

**New medication since last visit:** no

**ADL**

**Present work status:** not working

**ER visit for pain since last visit:** no

**Patient provided the above responses and/or history obtained.**

0051  
P00334  
R.App. 000075

**McKenna and Ruggeroli Pain Specialists**

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702-307-7700 Fax: 702-307-7942

**Beau R Orth**

Male DOB:

**Physical Exam**

**Vital Signs**

**Height (inches):** 73

**Weight (pounds):** 220

**Blood Pressure (mm Hg):** 120/ 72

**Lower Extremity Exam**

**Gross Exam Lower Extremities:** normal; symmetry present, no deformity bilaterally, bulk consistent with body habitus, no ankle edema bilaterally, skin normal appearance bilaterally.

**Motor/Strength:** Plantar flexion, dorsi flexion, knee extension, and hip flexion against resistance is without deficit bilaterally.

**Deep Tendon Reflexes:**

**Knees:** Right: absent Left: absent

**Ankles:** Right: normal Left: normal

**Clonus or Other Pathological Reflexes:** Absent

**Lower Extremity Pulses:**

**Foot/Ankle Capillary Refill** Right: brisk Left: brisk

**Straight Leg Raise:** Left: Positive

**Sensation to Sharp:** S1, L5, L4, and L3 dermatomes intact bilaterally.

**Lumbosacral Exam**

**Gross Exam Lumbosacral:** normal; no deformities, no lesions, no surgical or other scars, normal contour.

**Palpation of Lumbosacral Soft Tissues:**

**Right:** Lumbosacral tender

**Left:** Lumbosacral tender

**Lumbar Range of Motion:** normal; within normal limits of flexion, extension, left and right lateral flexion, left and right rotation, without pain.

**Comments:** range of motion restored relative

**Assessment:**

Assessed LUMBAR DISC HERNIATION/PROTRUSION/BULGE as improved - Anthony C. Ruggeroli, MD

**Assessment of established problem(s):** Status post left S1 and L5-S1 transforaminal epidural steroid injection; patient doing well and happy with the outcome. At practice without limitations, performing well, much less pain following work outs.

**Plan:**

follow up as needed

see Dr. Milligan as scheduled



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**Beau R Orth**  
Male DOB:

**Signed by Anthony C. Ruggeroli, MD on 03/09/2010 at 12:40 PM**

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0053  
P00336  
R.App. 000077

Doctor: Anthony C Ruggeroli MD

**PATIENT INFORMATION**

Name: Beau R Orth

Patient ID #: 10870

Sex: ☒M ☐F

Address:

Date of Birth:

Age: 20 yrs

City, State, Zip:

Social Security #:

Home Phone:

Marital Status: ☐ Married ☒ Single ☐ Divorced

Work Phone:

Referring Physician:

Primary Physician:

**PATIENT EMPLOYMENT INFORMATION**

☒ Employed ☐ Retired ☐ Unemployed ☐ Other

**EMERGENCY CONTACTS**

Employer's Name:

Name

Relationship

Phone

Employer's Phone:

Occupation:

**RESPONSIBLE PARTY** (If patient is under 18 years of age)

Name: Beau R Orth

Employer:

Address:

Home Phone:

Work Phone:

City, State, Zip

SSN:

Date of Birth:

**WORK RELATED INJURY**

*Only applicable if injury is related to work or auto accident*

Address:

City, State, & Zip:

Phone:

Claim Number:

Date of Injury:

Employer @  
time of injury:

**AUTHORIZATION AND ASSIGNMENT**

(Please read and sign)

I attest that the information I have given here is correct and true to the best of my knowledge. I hereby assign benefits to be paid directly to the doctor, and authorize him/her to furnish information regarding my illness to my *I understand that I am responsible for any amount not paid for by my applicable.* *I agree to pay all collection costs, attorney costs and court costs if*

PATIENT/GUARDIAN SIGNATURE

DATE

03/08/2010

MCKENNA 0028

P00337  
R.App. 000078

UNIVERSITY OF NEVADA, LAS VEGAS  
ATHLETIC TRAINING DEPARTMENT  
MEDICAL REFERRAL

PATIENT: Beau Orth SPORT: Football  
APPOINTMENT DATE: 3/9/10 DAY: Tuesday TIME: 10:30 AM/PM  
TO BE SEEN BY: Dr. Ruggenoli AT: 6070 S. Fort Apache Rd. Suite #10  
REASON FOR REFERRAL: F/U - Epidural (2/24/10)

REFERRED BY: Krista Bayers, ATC

MEDICAL ADVISOR'S REPORT

DIAGNOSIS: Condition Improved

X-RAY REPORT: \_\_\_\_\_

MEDICATION: \_\_\_\_\_

FURTHER RECOMMENDATIONS: Cont MOD. LIFTING  
NO PRACTICE Limitations

\_\_\_ COMPLETE REST \_\_\_ MODIFIED ACTIVITY \_\_\_ FULL ACTIVITY

ATHLETE MAY RETURN TO PRACTICE IN APPROXIMATELY 7 DAY DAYS.

RETURN FOR NEXT EXAM IN PRN AT \_\_\_ DR. OFFICE \_\_\_ SHC \_\_\_ LAC 105

ATG M.D. \_\_\_ SEND F/U REPORT TO SHC

ALL BILLS AND

FORMS SHOULD BE SENT TO:

UNLV ATHLETIC TRAINING DEPARTMENT  
ATTN: \_\_\_\_\_ OFFICE  
4505 MARYLAND PARKWAY • BOX 450007  
LAS VEGAS, NV 89154-0007  
PHONE: (702) 895-3677  
FAX: (702) 895-4474

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COVERS THOSE AMOUNTS NOT COVERED BY THE  
STUDENT OR PARENTS.

THIS  
BY THE

ATTENTION PROVIDED: THIS REFERRAL IS FOR SERVICES OBTAINED BY THE AFOREMENTIONED PHYSICIAN.  
REFERRAL TO ANOTHER PROVIDER MUST BE APPROVED BY THE HEAD ATHLETIC TRAINER.

PR/0007-2/08-09

MCKENNA 0029  
P00338  
R.App. 000079

**Beau R Orth**

Male DOB:

10870

**02/24/2010 - Operative Report**

**Provider: Anthony C. Ruggeroli, MD**

**Location of Care: Surgical Arts Center**

**Date of Procedure: 02/24/2010**

**Procedure Performed At: Surgical Arts Center**

**Patient: Orth, Beau**

**Preoperative Diagnosis: 1) LUMBAR DISC HERNIATION/PROTRUSION/BULGE (ICD-722.10)**

**Postoperative Diagnosis: 1) LUMBAR DISC HERNIATION/PROTRUSION/BULGE (ICD-722.10)**

**Procedure(s):** 1) left L5-S1 transforaminal epidural steroid injection  
2) left S1 transforaminal epidural steroid injection  
3) fluoroscopic needle localization / guidance and spinal exam  
4) Intravenous conscious sedation, moderate

**Medications:** lidocaine 1%, bupivacaine 0.75%, depomedrol 40mg/ml, Omnipaque 180, midazolam

**Performing Physician: Anthony C. Ruggeroli, M.D.**

**Complications: NONE**

**Description of the procedure:** After informed consent was verified, the patient was brought to the fluoroscopy suite, and was placed in the prone position, Triple alcohol skin prep was accomplished over the lumbosacral area, and sterile drapes were applied. Non invasive monitoring was placed, including BP, pulse oximetry, and EKG, and was continued throughout the remainder of the case. Positioning comfort was verified with the patient and adjusted/modified as necessary.

Incremental doses of midazolam was administered intravenously for anxiolysis; the patient remained cooperative and responsive to voice throughout the remainder of the procedure. Refer to nursing record for total dose utilized.

C-arm fluoroscopy was used to identify lumbar segment L5-S1 and the left S1 dorsal foramen, and angulated obliquely, and as necessary, to optimize image detail of the left L5-S1 intervertebral foramen and the left S1 dorsal foramen. Skin wheals were then raised over the windows using approximately 0.5 ml of 1% lidocaine per wheal. Next, styletted 22ga needles were used to penetrate the skin, and were advanced; one towards the caudad aspect of the L5-S1 foramen, with the other needle directed towards the lateral aspect of the left S1 dorsal foramen. Multiple views were used, as necessary, including A/P and lateral views, to optimize final position of the needles during adjustments. No parathesias were reported during this process. Next, approximately 0.75ml of omnipaque 180 was injected through each needle, where an outline of the roots and mesial aspects of the pedicles, L5 and S1, was observed, indicating epidural distribution, without vascular uptake. Next, a solution was prepared comprising of a mixture of depomedrol 40mg/ml and 0.75% bupivacaine, two to one. 1.5ml of that solution was injected through each

**McKenna and Ruggeroli Pain Specialists**  
6070 S Fort Apache Road Suite 100 Las Vegas, NV 89148-5615  
7023077700 Fax: 7023077942

September 27, 2012  
Page 2  
Chart Document

**Beau R Orth**

Male DOB: 10870

needle, two injections total, without patient complaint and the needle was removed intact.

The patient will see me back in follow up as scheduled and will track pain scores and function in the interim.

Anthony C. Ruggeroli, M.D.

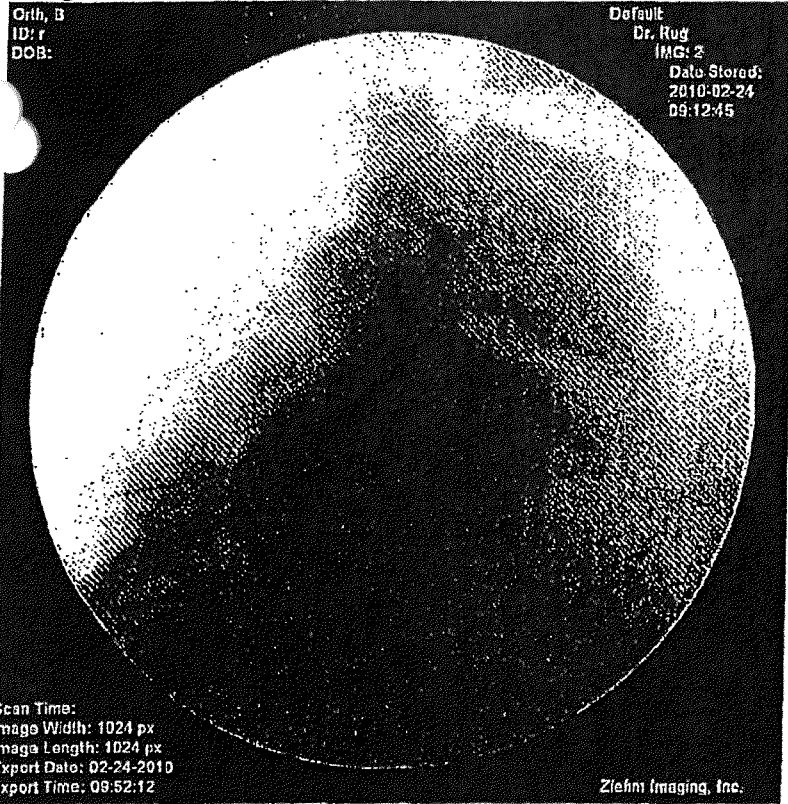
CC to:

Electronically signed by Anthony C. Ruggeroli, MD on 02/24/2010 at 12:26 PM

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MCKENNA 0033  
P00340  
R.App. 000081

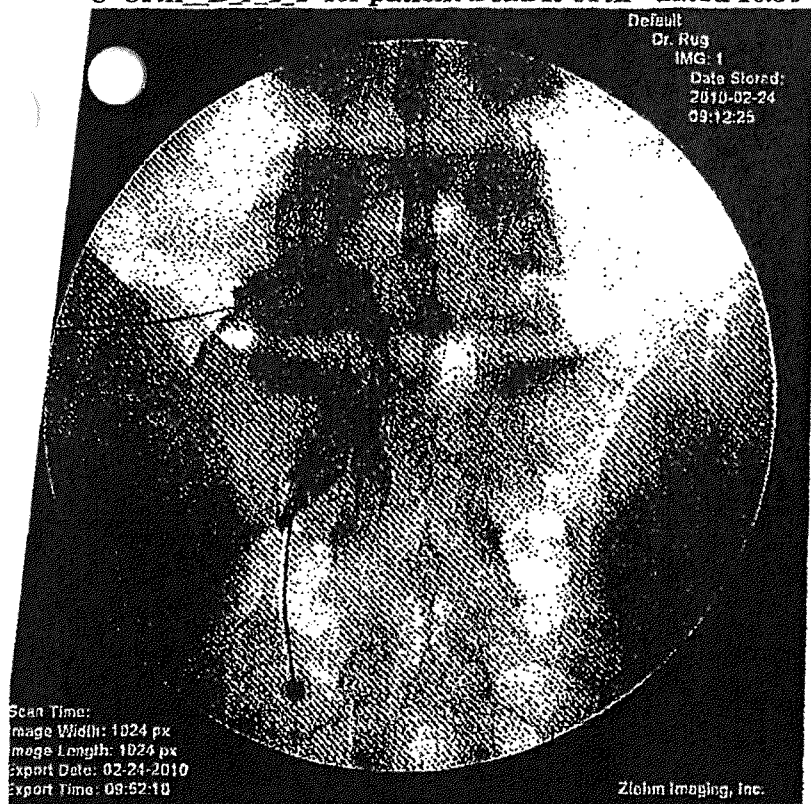
Image "Orth\_B\_r\_2\_1" for patient Beau R Orth - dated 16:56 on 02/25/10



MCKENNA 0030

P00341  
R.App. 000082

e "Orth\_B\_r\_1\_1" for patient Beau R Orth - dated 16:56 on 02/25/10



MCKENNA 0031

P00342  
R.App. 000083

**McKenna and Ruggeroli Pain Specialists**

6070 S Fort Apache Road Suite 100 Las Vegas, NV 89148-5615  
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**Beau R Orth**

Male DOB:

**02/23/2010 - Consultation Report: New Patient Consultation**

**Provider: Anthony C. Ruggeroli, MD**

**Location of Care: McKenna and Ruggeroli Pain Specialists**

**History of Present Illness**

**Reason for visit:** Consultation

**Prior visit to other physician:** within the last month

**Chief Complaint:** lumbar and left leg pain

History notable for lumbar and posterior thigh and calf pain since freshman year. He has modified his lifts. Most of the pain increase occurs during drills, lateral, and planting with the left. Continues to work with the trainers.

**Areas and description of pain:**

Lumbar Spine (Left Side): pain described as numbness, pins and needles, stabbing with a current pain level of 7

Leg (Left Side): pain described as numbness, pins and needles with a current pain level of 4

The pain is described as continuous, aching, sharp, throbbing, shooting, numb, stabbing.

At its WORST, the pain is rated a 10 on a 0-10 scale (0 being no pain).

At its LEAST, the pain is rated a 4 on a 0-10 scale (0 being no pain).

On AVERAGE, the pain is rated a 5 on a 0-10 scale (0 being no pain).

AT THIS TIME, the pain is rated a 6 on a 0-10 scale (0 being no pain).

Pain is made BETTER by: physical therapy, ice.

Pain is made WORSE by: running, sitting for long periods of time, standing for long periods of time.

**Description of current problem:** pain, difficult to move, numbness/tingling, stiffness, locking

**If injury, how did it occur?** sports/recreation

**Where did it occur?** other

**Attorney involved?** no

**Claiming as work related?** no

**Prior tests for current problem:** MRI, Physical Therapy

**Past Medical History**

Back Problems

**Surgeries**

Shoulders/Arms

**Family History**

The patient denies any contributory family medical history.

0056  
P00343  
R.App. 000084



**McKenna and Ruggeroli Pain Specialists**

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**Beau R Orth**

Male DOB:

**Current Allergies:**

! PENICILLIN V POTASSIUM

**Social History/Risk Factors**

**Work status:** working

**Daily activities:** bending/squatting, lifting/pushing/pulling, repetitive movements, moderate to heavy physical labor/activity

**Regular Exercise?** yes

**Alcohol use:** none

**Tobacco use:** no

**Drug use:** no

**Last bone density test:** never

**Prior treatment for bone density?** no

**Handedness:** right

**Height:** 73

**Weight:** 220

**Review of Systems**

**General:** Denies sweats, appetite loss, chills, fatigue, fever, vomiting, nausea, persistent infections, bruise easily, unintentional weight loss.

**Ears/Nose/Throat:** Denies decreased hearing, difficulty swallowing.

**Cardiovascular:** Denies chest discomfort, swelling of hands/feet, racing heart beat, weight gain, palpitations, blackouts/fainting, shortness of breath with exertion/activity, difficulty breathing while lying down.

**Respiratory:** Denies wheezing, coughing-up blood, cough.

**Musculoskeletal:** Complains of stiffness, back pain.

**Skin:** Denies night sweats, dryness, suspicious lesions, changes in nail beds, changes in skin color, poor wound healing.

**Neurologic:** Complains of numbness, tingling.

**Psychiatric:** Denies anxiety, depression, claustrophobia.

**Endocrine:** Denies cold intolerance, heat intolerance, excessive thirst, excessive urination.

**Heme/Lymphatic:** Denies persistent infections, seasonal allergies.

**Patient provided the above responses and/or history obtained.**

**Physical Exam**

**Vital Signs**

**Height (inches):** 73

**Weight (pounds):** 220

**Blood Pressure (mm Hg):** 122/ 72

**Lower Extremity Exam**

**Gross Exam Lower Extremities:** normal; symmetry present, no deformity bilaterally, bulk consistent with body habitus, no ankle edema bilaterally, skin normal appearance bilaterally.

**Motor/Strength:** Plantar flexion, dorsi flexion, knee extension, and hip flexion against resistance is without deficit bilaterally.

**Deep Tendon Reflexes:**

**McKenna and Ruggeroli Pain Specialists**

6070 S Fort Apache Road Suite 100 Las Vegas, NV 89148-5615  
702-307-7700 Fax: 702-307-7942

**Beau R Orth**

Male DOB:

**Knees:** Right: absent Left: absent

**Ankles:** Right: normal Left: normal

**Clonus or Other Pathological Reflexes:** Absent

**Lower Extremity Pulses:**

**Foot/Ankle Capillary Refill** Right: brisk Left: brisk

**Straight Leg Raise:** Left: Positive

**Sensation to Sharp:** S1, L5, L4, and L3 dermatomes intact bilaterally.

**Lumbosacral Exam**

**Gross Exam Lumbosacral:** normal; no deformities, no lesions, no surgical or other scars, normal contour.

**Palpation of Lumbosacral Soft Tissues:**

**Right:** Lumbosacral tender

**Left:** Lumbosacral tender

**Lumbar Range of Motion:**

extension limited with pain

**New Problem(s) added today:**

LUMBAR DISC HERNIATION/PROTRUSION/BULGE (ICD-722.10)

**New Problem(s) Assessed Today:** Pain limited, primarily, to the lumbar (left greater than right) with radiation into the posterior thigh and calf (paresthetic), consistent with MRI finding of disc protrusion at L5-S1 with left S1 encroachment and probable dynamic impingement. Pain to date has been refractory to more conservative treatment attempts, intervention warranted at this juncture.

**Plan:**

left S1 and L5-S1 transforaminal epidural steroid injections

follow up in office in two weeks for post injection and condition reassessment

activity as directed/modified per the trainers

follow up with Dr. Milligan as scheduled

**Signed by Anthony C. Ruggeroli, MD on 02/23/2010 at 12:14 PM**

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0058  
P00345  
R.App. 000086

UNIVERSITY OF NEVADA, LAS VEGAS  
ATHLETIC TRAINING DEPARTMENT  
MEDICAL REFERRAL

PATIENT: Beau Orth SPORT: FB  
APPOINTMENT DATE: 2/23/10 DAY: Tuesday TIME: 9:15 (AM/PM)  
TO BE SEEN BY: Pain Mgmt AT: 6070 S. Fort Apache Rd Suite #100  
REASON FOR REFERRAL: Eval for epidural - athlete with L5-S1  
nerve root impingement

REFERRED BY: Michael Milligan M.D.

MEDICAL ADVISOR'S REPORT

DIAGNOSIS: S1 Impingement 2° to C eccentric  
Disc Protrusion

X-RAY REPORT: L5/S1 Disc Protrusion (MRI)

MEDICATION: \_\_\_\_\_

FURTHER RECOMMENDATIONS: (C) L5/S1 & S1 TFI (spinal  
inj Epidural)

☐ COMPLETE REST ☒ MODIFIED ACTIVITY ☐ FULL ACTIVITY  
ATHLETE MAY RETURN TO PRACTICE IN APPROXIMATELY (AS current) DAYS.  
RETURN FOR NEXT EXAM IN 2 wks AT \_\_\_\_\_ DR. OFFICE \_\_\_\_\_ SHC \_\_\_\_\_ LAC 105  
AMB M.D. \_\_\_\_\_ SEND F/U REPORT TO SHC

ALL BILLS AND

FORMS SHOULD BE SENT TO:

UNLV ATHLETIC TRAINING DEPARTMENT  
ATTN: \_\_\_\_\_ OFFICE  
4505 MARYLAND PARKWAY • BOX 450007  
LAS VEGAS, NV 89154-0007  
PHONE: (702) 895-3677  
FAX: (702) 895-4474

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PR/0007-2/08-09

MCKENNA 0044

P00346  
R.App. 000087

McKenna and Ruggeroli Pain Specialists

6070 S. Fort Apache Road, Suite 100

Las Vegas, NV 89148

Phone (702) 307-7700

Fax (702) 307-7942

Board Certified in Pain Management by the American Board of Anesthesiology  
and the American Board Of Medical Specialties

**RELEASE OF MEDICAL RECORDS**

Your medical record and history is an important component of your evaluation and subsequent treatment or medical opinion. The information requested will be used for this purpose and for billing and collection of fees for professional services rendered, and as it pertains to your evaluation and treatment when necessary. The medical records that you authorize to be released to us or that we request from other providers will not be used for any other reason or purpose, in strict compliance with Federal Law without your written authorization, unless superceded by applicable law.

☒ I hereby authorize and direct you to release to:

**McKenna and Ruggeroli Pain Specialists (at above address)**

Any and all medical records, including substance abuse, psychological illness and infectious diseases, reports, x-rays or any other information in your possession concerning my illnesses and/or treatment. With the understanding of the restricted and explicit use of this information, as described above, to be obtained from any source that is determined necessary by our doctors, for my optimal treatment and care, primarily. I also understand that my written request is required to limit or revoke these terms of authorization, as described.

☒ I hereby authorize McKenna and Ruggeroli Pain Specialists to release any and all medical records, progress notes, x-rays, laboratory and any other information in your possession concerning my illnesses and/or treatment, including substance abuse, psychological illness and infectious diseases to:

UNLV

Patient Name (Please Print)

Date of Birth

Social Security

Signature

Today's Date

2/23/10

MCKENNA 0045

P00347  
R.App. 000088

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## McKENNA and RUGGEROLI PAIN SPECIALISTS Consent Form

New Patient consent to the Use and Disclosure of Health Information for Treatment, Payment, or Healthcare Operations

I understand that as part of my health care, McKENNA and RUGGEROLI PAIN SPECIALISTS originates and maintains paper and/or electronic records describing my health history, symptoms, examination and test results, diagnoses treatment, and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment,
- A means of communication among the many health professionals who contribute to my care,
- A source of information for applying my diagnosis and surgical information to my bill
- A means by which a third-party payer can verify that services billed were actually provided and
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand and have been provided with a Notice of Privacy practices that provides a more complete description of information uses and disclosures. I understand that I have the following rights and privileges:

- The right to review the notice prior to signing this consent,
- The right to object to the use of my health information for directory purposes, and
- The right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations

I understand that McKENNA and RUGGEROLI PAIN SPECIALISTS is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already take action in reliance thereon. I also understand that by refusing to sign this consent or revoking this consent, this organization may refuse to treat me as permitted by Section 164.506 of the code of Federal Regulations.

I further understand that McKENNA and RUGGEROLI PAIN SPECIALISTS reserves the right to change their notice and practices and prior to implementation, in accordance with Section 164.520 of the code of Federal Regulations. Should McKENNA and RUGGEROLI PAIN SPECIALISTS change their notice, they will send a copy of any revised notice to the address I've provided (whether U.S. mail or, if I agree, email).

I wish to have the following restrictions to the use or disclosure of my health information:

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## ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

I acknowledge that I have reviewed a copy of McKenna and Ruggeroli Pain Specialists' Notice of Privacy Practices'. This notice describes how McKenna and Ruggeroli Pain Specialists may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information

☒ I do not require a copy of McKenna and Ruggeroli Pain Specialists' 'Notice of Privacy Practice'.

☐ I request a copy of McKenna and Ruggeroli Pain Specialists' 'Notice of Privacy Practice'.

I understand that as part of this organization's treatment, payment, or health care operations, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses, including disclosures via fax.

I fully understand and accept / decline the terms of this consent

  
Patient Signature

2/23/10  
Date

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient:

Copy of 'Notice of Privacy Practice' given by \_\_\_\_\_

### FOR OFFICE USE ONLY

- ☐ Consent received by \_\_\_\_\_ on \_\_\_\_\_
- ☐ Consent refused by patient, and treatment refused as permitted.
- ☐ Consent added to the patient's medical record on \_\_\_\_\_

MCKENNA 0047

P00349  
R.App. 000090

McKenna and Ruggeroli Pain Specialists  
6070 S. Fort Apache Road, Suite 100  
Las Vegas, NV 89148

Board Certified in Pain Management by the American Board of Anesthesiology  
and the American Board Of Medical Specialties

OPIOID AGREEMENT

Dr. McKenna or Dr. Ruggeroli will provide the initial consultation, treatment plan and any required interventional procedures. Mark Knutson, PA-C and Leslie Rowens, PA-C will support the continuation of patient care, including follow-up visits, pump refills and treatment plan modifications. Dr. McKenna, Dr. Ruggeroli and the Physician Assistants will review your case in detail after each visit. This cooperative effort serves to improve your access to quality care.

Opioids are used ONLY as an adjuvant to other therapies. Dr. McKenna's and Dr. Ruggeroli's goal is to improve your function through the judicious use of opioid medication. **The use of opioids may result in physical or psychological dependency. The use of opioids may result in respiratory compromise or death. Opioids may cause an allergic reaction, urinary retention, pruritis (itching), nausea, constipation or death. It is dangerous to use opioids with any other mood altering drugs, including alcohol. Opioids may decrease testosterone levels in men and may cause problems in pregnant women, including birth defects or spontaneous abortion.**

The agreement regarding opioid use is stated below. These rules were developed with patient welfare in mind. If this agreement is unacceptable or at odds with your medical goals, we will honor your request to be referred to another pain management physician. This agreement is **NON-NEGOTIABLE**.

- \_\_\_ Long acting opioids will be administered for chronic pain problems. Dr McKenna's and Dr. Ruggeroli's goal is to limit short-acting opioid mixtures (i.e. Percocet, Lorab, Vicodin, etc)
- \_\_\_ Dr. McKenna and Dr. Ruggeroli will only provide treatment and medications for chronic pain. You will consult your primary care doctor for all other medical issues.
- \_\_\_ You are not to receive prescriptions for opioids from any other physician.
- \_\_\_ "Rescue-doses" of short-acting opioids will not be routinely prescribed.
- \_\_\_ Refills will occur on a regular basis and ONLY after a visit and physical examination. **NO REFILLS WILL BE MADE OVER THE TELEPHONE. NO REFILLS WILL BE GIVEN AFTER-HOURS, ON WEEKENDS OR HOLIDAYS.** If refill requests are made after-hours, you will be instructed to go to the Emergency Room of your choice.
- \_\_\_ Opioid prescriptions are to be filled by ONLY one pharmacy of your choice, listed below.
- \_\_\_ A lost prescription without a police report will result in termination of the physician-patient relationship. No lost prescriptions will be refilled.
- \_\_\_ Prescriptions are to be used ONLY as written. No dosing changes will be authorized by phone. Variations in usage will take place only under the guidance of Dr. McKenna, Dr. Ruggeroli or a Physician Assistant.
- \_\_\_ You will inform Dr. McKenna, Dr. Ruggeroli or Physician Assistant of any changes in any other medications you are receiving from other physicians.
- \_\_\_ You will not take short-acting opioids within four (4) hours of operating a motor vehicle or machinery.
- \_\_\_ You will not share, sell or trade your medications with anyone.
- \_\_\_ You waive your right and grant us permission to discuss your medications with family members.
- \_\_\_ You must submit to and pay for a drug screen at Dr. McKenna's, Dr. Ruggeroli's or Physician Assistant's discretion.
- \_\_\_ Any evidence of other prescriptions, forged prescriptions, substance abuse, aberrant behavior (including verbal abuse to my office staff) will result in termination of the physician-patient relationship.
- \_\_\_ You will avoid the use of alcohol while undergoing treatment with pain medications.
- \_\_\_ A report may be ordered on you from the Substance Control Task Force at any time.
- \_\_\_ Dr. McKenna and Dr. Ruggeroli may receive information from any pharmacy that you have used.
- \_\_\_ Dr. McKenna, Dr. Ruggeroli and your pharmacy will cooperate fully with law enforcement agencies and the Nevada Board of Pharmacy in the investigation of possible misuse, sale or diversion of your pain medications or prescriptions.
- \_\_\_ For women, you will do everything you can to avoid becoming pregnant while taking these medications unless otherwise approved by your doctor. To the best of your knowledge, you are not pregnant at this time. You will inform us immediately if you become pregnant.
- \_\_\_ Pain medications will be continued as long as there is (1) acceptable improvement in pain level, (2) reported increase in activities, (3) no inappropriate drug behavior, (4) no significant, unmanageable side effects.
- \_\_\_ Termination terms will include a written letter to you and fulfillment of your medical needs including condition of this contract, for one month after the date of termination. You will be presented with the option, in lieu of termination, to receive an evaluation for drug dependency and, if appropriate, opioid detoxification.

I agree to waive confidentiality regarding this agreement if any of its stipulations are broken. If an illegal act is involved, I agree that Dr. McKenna or Dr. Ruggeroli may contact the police or appropriate governmental agency. I have read and accept the conditions of this agreement. I have been given the opportunity to have my questions answered regarding the above. I understand the risks of opioid use and consent to the use of this medication.

Patient

Date

Allergies

Witness

Date

Pharmacy and number

MCKENNA 0048  
P00350  
R.App. 000091

Beau Orth  
Patient's Name

2/23/10  
Date

**List All Medications That You Are Taking**

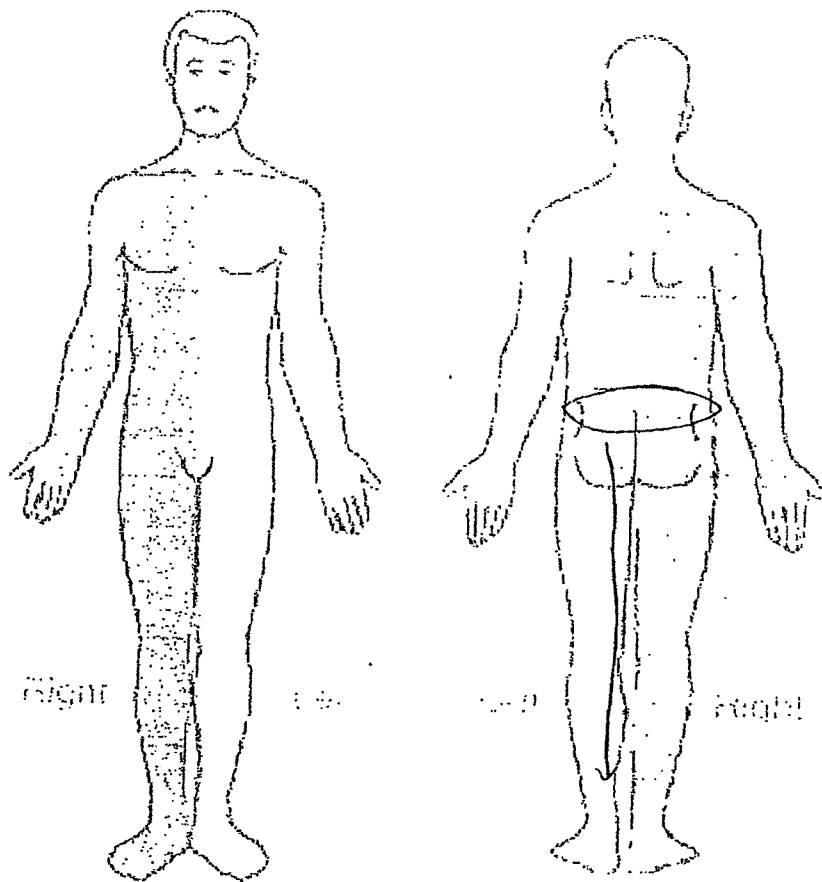

**List All of Your Allergies**

**What Was The Reaction**

Penicillin	Sick / Vomiting

**List Any Infectious Diseases You Have (ex. HIV, MRSA, Hepatitis A, B or C)**



**Mark the areas on the body where you  
feel pain and areas with radiating pain.**

*[Signature]*  
Patient's Name

2/23/10  
Date

McKenna and Ruggeroli Pain Specialists

Michael J. McKenna, M.D.

Anthony C. Ruggeroli, M.D.

Mark Knutson, PA-C

Leslie Rowens, PA-C

6070 S. Fort Apache Road, Suite 100, Las Vegas, NV 89148

Who Referred You to McKenna and Ruggeroli Pain Specialists UNLV Phone # \_\_\_\_\_

**PATIENT INFORMATION**

Last Name Oeth First Name Beau Middle Initial R

Address \_\_\_\_\_ City LV State NV Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age 20 SN# \_\_\_\_\_ Marital Status (S) (M) (D) (W) Male Female

Employers Name \_\_\_\_\_ Phone # \_\_\_\_\_

Nearest Relative or Friend not living with you Victoria Ledon Phone # \_\_\_\_\_

**PARENT OR SPOUSE INFORMATION**

Last Name Oeth First Name Robert Middle Initial E

Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_

Employer's Name Sequoia Landscape Inc. Phone # 702-348-9115

Were You Hurt On The Job? YES/NO Date of Injury \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Were You Hurt In A Car Accident? YES/NO Date of Accident \_\_\_\_\_ Is an Attorney handling this? YES/NO

Attorney's Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I hereby assign and direct my \_\_\_\_\_ to pay all benefits for medical services under this \_\_\_\_\_ directly to McKenna and Ruggeroli Pain Specialists. I hereby authorize the release of any medical information requested by the \_\_\_\_\_ companies with the assignment. I understand that McKenna and Ruggeroli Pain Specialists will bill my \_\_\_\_\_ as a courtesy to me. If payment is not received from my \_\_\_\_\_ **I will be financially responsible for payment in full** for all services rendered to myself and/or dependents by McKenna and Ruggeroli Pain Specialists. I also agree to pay any and all collection costs, attorney costs, and court cost (if applicable).

PATIENT/RESPONSIBLE PARTY SIGNATURE [Signature] DATE 2/23/10

MCKENNA 0051

P00353  
R.App. 000094



3920 S. Eastern Ave., Suite 100, Las Vegas, NV 89119, (702) 794-2100  
 7200 Cathedral Rock Dr., Suite 230, Las Vegas, NV 89128, (702) 759-4300  
 2811 W. Horizon Ridge Pkwy., Henderson, NV 89052, (702) 759-4500

## MEDICAL IMAGING REPORT

Report Status: FINAL

Patient Name:	ORTH, BEAU R	DOB:	Age: 20Y	Sex: M
MRN:	000008008	Service Location:	MR RM2 EASTERN	
		Account Number:	000022117	

Ordering MICHAEL MILLIGAN, MD  
 Physician: 5546 FORT APACHE STE 100  
 LAS VEGAS, NV 89148

Accession Number: 0334836  
 Service Date/Time: 2/18/2010 8:30AM  
 Study Description: 000213 MR LUMBAR WO CONTRAST

Order Number: 000411455

ORIGINAL

ASIF AHMAD, MD 2/18/10 10:53 am

### MRI OF THE LUMBAR SPINE

Clinical indication: Low back pain. Follow-up.

Comparison: February 2009.

Technique: Multiplanar multiecho MR imaging of the lumbar spine was performed without injected contrast.

### Findings:

Vertebral body heights and alignment are maintained. Bone marrow signal is within normal limits. Pre and paravertebral soft tissues are unremarkable. The conus medullaris terminates appropriately and is normal in signal intensity. There is redemonstration of mild multilevel central canal narrowing notably secondary to subtly prominent dorsal epidural fat. L5-S1 disk desiccation is again noted and there is a stable shallow left paracentral disk protrusion and slight effacement of the descending left S1 nerve root. Mild lower lumbar facet hypertrophy is again noted. Minimal bilateral foraminal narrowing is noted from L3-L4 through L5-S1.

### IMPRESSION:

1. No significant interval change in the appearance of a shallow left paracentral disk protrusion at L5-S1.

### CONFIDENTIALITY NOTICE

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Date Printed: 2/19/2010

Page 1 of 2

Recipient:

MCKENNA 0054

P00354  
 R.App. 000095

02-19-'10 16:29 FROM-  
Patient Name: **VIKARI, DR.**  
MRN: **000008008**

T-704 P002/002 F-089  
DOB: **01/01/1951** AGE: **59 Y** SEX: **M**  
Service Location: **MR RM2 EASTERN**  
Account Number: **000022117**

Thank you for referring your patient to Desert Radiologists.

Original By: ASIF AHMAD, MD 2/18/10 10:53 am

CC Physicians:

Radiologist: **ASIF AHMAD, MD**  
Date Signed: **2/18/10 10:53**

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Date Printed: **2/19/2010**

Page 2 of 2

Recipient:

MCKENNA 0055

**P00355**  
**R.App. 000096**



2020 Palomino Lane #100, Las Vegas, NV 89106, (702) 759-8600  
 3920 S. Eastern Ave. #100, Las Vegas, NV 89119, (702) 794-2100  
 7200 Cathedral Rock Dr. #230, Las Vegas, NV 89128, (702) 759-4300  
 60 N. Pecos Rd., Henderson, NV 89074, (702) 759-4400  
 2811 W. Horizon Ridge Pkwy., Henderson, NV 89052, (702) 759-4500

## MEDICAL IMAGING REPORT

Report Status: **PRELIMINARY**

Patient Name:	ORTH, BEAU	DOB:	Age: 19Y	Sex: M
MRN:	000008008	Service Location:	MR RMI EASTERN	
		Account Number:	000022117	

Ordering MICHAEL MILLIGAN, MD  
 Physician: 4505 S MARYLAND PKWY BOX 450007  
 LAS VEGAS, NV 89154

Accession Number: 0048551 Order Number: 000048622  
 Service Date/Time: 2/3/2009 3:46PM  
 Study Description: 000213 MR LUMBAR WO CONTRAST

### ORIGINAL

Clinical history: Low back pain, athlete.

Technique: Standard MRI exam of the lumbar spine is performed without contrast.

Findings: There is mild congenital narrowing of the lumbar spinal canal. There is normal marrow signal. No malalignment. No listhesis. I do not appreciate a pars defect.

The discs are well hydrated. The conus medullaris is normal. The paraspinal soft tissues are normal.

At L1-L2: No significant central canal or foraminal stenosis. Normal facet joints.

L2-L3: Normal facet joints. No foraminal or central canal stenosis

L3-L4: No significant central canal or foraminal stenosis. Normal facet joints.

L4-L5: No central canal or foraminal stenosis. Normal facet joints.

L5-S1: There is a very small (5 mm, series 6, image 6 and series 2, image 7) left paracentral disc protrusion which causes very mild left lateral displacement of the left S1 nerve root. There is no appreciable foraminal stenosis. The central canal appears also widely patent.

I see no evidence of Modic type change.

Impression:

### CONFIDENTIALITY NOTICE

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Date Printed: 2/4/2009

Page 1 of 2

Recipient:

MCKENNA 0056

P00356  
 R.App. 000097

Patient Name: ORTH, BEAU  
MRN: 000008008

DOB: Age: 19Y Sex: M  
Service Location: MR RM1 EASTERN  
Account Number: 000022117

1. Very small (5mm) left paracentral disc protrusion at L5-S1 with mild left sided displacement of left S1 nerve root. I see no evidence of foraminal stenosis or central canal stenosis.

2. Findings of superimposed and mild congenital narrowing of the lumbar spine.

dg



Original By:  
CC Physicians:

Radiologist:  
Date Signed:

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Date Printed: 2/4/2009

Page 2 of 2

Recipient:

MCKENNA 0057

P00357  
R.App. 000098

## Patient Ledger - Detailed

Patient ID: 10870 Beau R Orth  
 Birthdate:  
 Phone 1:  
 Phone 2:

Total Charges: \$9,304.84  
 Total Payments: \$1,380.88  
 Total Adjustments: \$7,584.42  
 Insurance Balance: \$157.00  
 Patient Balance: \$182.84

Balance

Visit DOS	Visit DOE	Company	Provider	Facility	Ticket Number			
Procedure DOS	DOE	Code		Description	Check #	Units	Charge	
01/19/2011	01/19/2011	Anthony C Ruggeroli MD LTD	Ruggeroli MD, Anthony C	Office	150869			
				Medical Records		1.00	\$16.43	
				Visit Total/Balance Due			\$16.43	
11/08/2012	11/08/2012	Anthony C Ruggeroli MD LTD	Ruggeroli MD, Anthony C	Office	188838			
		Current Insurance Carrier: CDS Group Health						
11/08/2012-11/08/2012	11/08/2012	99080A		Medical Records		1.00	\$36.32	
				Visit Total/Balance Due			\$36.32	
03/19/2014	03/25/2014	Anthony C Ruggeroli MD LTD	Ruggeroli MD, Anthony C	Office	214516			
03/19/2014-03/19/2014	03/25/2014	99203		Office visit for the evaluation and		1.00	\$372.50	
				Visit Total/Balance Due			\$372.50	
03/26/2014	03/31/2014	Anthony C Ruggeroli MD LTD	Ruggeroli MD, Anthony C	Surgical Arts Center	214497			
03/26/2014-03/26/2014	03/27/2014	84483	LT	Injection, anesthetic agent and/or		1.00	\$1,078.60	
03/26/2014-03/26/2014	03/27/2014	84484	LT	Injection, anesthetic agent and/or		1.00	\$1,078.60	
03/26/2014-03/26/2014	03/27/2014	99144		Moderate sedation		1.00	\$270.38	
				Visit Total/Balance Due			\$2,427.58	
04/10/2014	04/10/2014	Anthony C Ruggeroli MD LTD	Ruggeroli MD, Anthony C	Office	215848			
04/10/2014-04/10/2014	04/10/2014	99213		Office visit for the evaluation and		1.00	\$140.04	
				Visit Total/Balance Due			\$140.04	
04/15/2014	04/23/2014	Anthony C Ruggeroli MD LTD	Ruggeroli MD, Anthony C	Surgical Arts Center	215887			
04/15/2014-04/15/2014	04/23/2014	84483	LT	Injection(s), diagnostic or therapy		1.00	\$1,097.93	
04/15/2014-04/15/2014	04/23/2014	84484	LT	Injection(s), diagnostic or therapy		1.00	\$1,097.93	
04/15/2014-04/15/2014	04/23/2014	99144		Moderate sedation		1.00	\$270.38	

07/30/2015 15:27 MCKENNA PAIN MANAGEMENT

(FAX)7023077942

P.005/062

Patient ID: 10870

Beau R Orih

Total Charges:

\$8,304.84

Birthdate:

Phone 1:

Phone 2:

Visit DOS	Visit DOE	Company	Provider	Facility	Ticket Number		Balance
Procedure DOS	DOE	Code		Description	Check #	Units	Charge
				Visit Total/Balance Due			\$2,488.24
06/01/2014	06/02/2014	Anthony C Ruggeroli MD LTD	Ruggeroli MD, Anthony C	Office	216853		
06/01/2014-06/01/2014	06/01/2014	99213		Office visit for the evaluation and		1.00	\$140.04
				Visit Total/Balance Due			\$140.04
06/14/2014	06/20/2014	Anthony C Ruggeroli MD LTD	Ruggeroli MD, Anthony C	Surgical Arts Center	217513		
06/14/2014-06/14/2014	06/20/2014	64636	LT	Destruction by neurolytic agent, r		1.00	\$1,296.00
06/14/2014-06/14/2014	06/20/2014	64636	LT	Destruction by neurolytic agent, r		1.00	\$1,296.00
06/14/2014-06/14/2014	06/20/2014	89144		Moderate sedation		1.00	\$270.36
				Visit Total/Balance Due			\$2,862.36
08/07/2014	08/07/2014	Michael J McKenna MD PC	McKenna MD, Michael J	Office	222585		
08/07/2014-08/07/2014	08/07/2014	99080A		Medical Records		1.00	\$69.81
				Visit Total/Balance Due			\$69.81
03/24/2015	03/24/2015	Michael J McKenna MD PC	McKenna MD, Michael J	Office	236318		
03/24/2015-03/24/2015	03/24/2015	99080A		Medical Records		1.00	\$16.80
				Visit Total/Balance Due			\$16.80
06/18/2015	06/18/2015	Michael J McKenna MD PC	McKenna MD, Michael J	Office	238771		
06/18/2015-06/18/2015	06/18/2015	99080		Special reports such as		1.00	\$600.00
					10409		
				Visit Total/Balance Due			\$600.00
07/28/2015	07/29/2015	Anthony C Ruggeroli MD LTD	Ruggeroli MD, Anthony C	Office	244377		
07/28/2015-07/28/2015	07/28/2015	99213		Office visit for the evaluation and		1.00	\$157.00
				Visit Total/Balance Due			\$157.00
				Selected Visit Totals			\$8,304.84



AFFIDAVIT OF CUSTODIAN OF RECORDS

STATE OF NEVADA )

) ss:  
COUNTY OF CLARK )

Affiant being first duly sworn, deposes and says:

1. I, Sandy Salazar as agent for Surgical Arts Center  
 (Print Name of Affiant) (Name of Company or Business)

am the Custodian of Records of the medical records and/or billing records of the above entitled office or institution.

2. That I have examined the original of the attached medical records and/or billing records of BEAU ORTH and that the attached copy is a true and complete copy of the originals thereof.

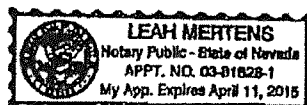
3. That the original of the medical records and/or billing records were made and recorded at or near the time that the services or statements recorded therein were rendered and that the same records, notes, data and information were made from information transmitted by a person with knowledge of the information contained in each record and that these records were kept in the regular course of the healthcare provider's regularly conducted business activities.

4. Affiant is the duly authorized representative and custodian of records of this healthcare provider and attests that the records supplied pursuant to this Affidavit are and were maintained and duly relied upon in the normal course and scope of the business of this healthcare provider's office.

Sandy Salazar  
AFFIANT

State of Nevada  
 County of Clark  
 SUBSCRIBED AND SWORN to before  
 me this 12th day of Aug, 2014.

Leah Mertens  
 NOTARY PUBLIC in and for said  
 County and State



# SUMMARY

PATIENT LABEL	PROCEDURE	PRE-PAIN SCORE	POST-PAIN SCORE
25633 11/02/1989 M 08/13/2010 Anthony Mjm C Ruggeroli MD Orth Beau R	Lx TFEP L5-S1	7	4.5
25633 11/02/1989 M 02/24/2010 Anthony Mjm C Ruggeroli MD Orth Beau R	TFEP Left S1-S2 L5-S1	5	1
25633 11/02/1989 M 03/26/2014 Anthony Mjm C Ruggeroli MD Orth Beau R	TFEP @ S1 + L5-S1	6	6
25633 11/02/1989 M 04/16/2014 Anthony Mjm C Ruggeroli MD Orth Beau R	TFEP @ L4-S1 L5-S1	6	0
25633 11/02/1989 M 05/14/2014 Anthony Mjm C Ruggeroli MD Orth Beau R	@ L5-S1 @ L4-S1 RF	6	1

**Surgical Arts Center**8499 W Charleston Blvd Suite 250 Las Vegas, NV 89117-7148  
7029333600 Fax: 7029333601

May 18, 2014

Page 1

Chart Document

**Beau R Orth**

Male DOB:

10870

**05/14/2014 - Operative Report**

Provider: Anthony C Ruggeroli

Location of Care: Surgical Arts Center

**Date of Procedure:** 05/14/2014

**Procedure Performed At:** Surgical Arts Center

**Patient:** Orth, Beau

**Preoperative Diagnosis:** 1) LUMBAR SPONDYLOSIS/FACET BASED PAIN (ICD-721.3)  
2) positive medial branch local anesthetic blocks and or facet injections  
3) short term relief following therapeutic facet injection:

**Postoperative Diagnosis:** 1) same as above

**Procedure(s):** 1) radiofrequency thermal coagulation, left medial branch L3  
2) radiofrequency thermal coagulation, left medial branch L4  
3) radiofrequency thermal coagulation, left L5 dorsal ramus  
4) fluoroscopic needle localization/guidance  
5) Intravenous conscious sedation, moderate

**Medications:** lidocaine 1%, midazolam

**Performing Physician:** Anthony C. Ruggeroli, M.D.

**Complications:** NONE

**Description of the procedure:** After informed consent was verified, the patient was brought to the fluoroscopy suite, and placed in the prone position. DuraPrep skin prep was accomplished over the lower thoracic and lumbosacral skin regions, and sterile drapes were placed. A sterile down drape was placed over the gluteal and lower extremities to create a sterile field. Non invasive monitoring was placed, including BP, pulse oximetry, and EKG, and was continued throughout the remainder of the case. Positioning comfort was verified with the patient and adjusted/modified as necessary.

Incremental doses of midazolam was administered intravenously for anxiolysis; the patient remained cooperative and responsive to voice throughout the remainder of the procedure. Refer to nursing record for total dose utilized.

A large surface area return electrode was placed on the dorsal aspect of the right calf and connected to the generator unit. The RF needles that were intended to be used were grossly inspected; insulated surfaces were found to be intact. The cables were also visually inspected and found to be intact.

C-arm fluoroscopy was used, and medial branch target sites involving lumbar left L4 and L3 were identified, including the target site for the left L5 dorsal ramus, following fluoroscopic angulation that best approximated parallel alignment of the RF needles with respect to the expected course of medial branches and the L5 dorsal ramus. The target sites identified the junction of the SAP/TP at L5 and L4, as well as the S1 SAP/sacral ala junction. Skin wheels were placed over each target site using 1% lidocaine, approximately 0.5ml per wheel, using a 30ga. Needle. 110mm insulated curved needles, with 10mm

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May 19, 2014

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Chart Document

**Beau R Orth**

Male DOB:

10870

active ends were used to penetrate the skin and were directed towards each target/medial branch, without patient complaint. Osseous contact was made with each target without patient complaint. Multiple fluoroscopic angulations were utilized to guide and verify optimal placement, including lateral views which demonstrated the distal ends of the needles to be dorsal relative to their respective Intervertebral foramina. The patient had no complaints during placement and subsequent adjustments, paresthesias or otherwise.

Stimulation test patterns were performed at each described target site, including 50HZ to 1 volt and 2HZ to less than 3volts, which did not produce any lower extremity paresthesias or motor activity, reported or visualized. With the needles in place, the stylettes were removed and 0.5ml of 1% lidocaine was injected through each needle to minimize patient discomfort during the lesioning process.

The electrode was then placed into the needle addressing the left L5 dorsal ramus, and was firmly seated within the hub. Impedance and temperature values were consistent with an intact system. A lesion was then created @ 80C for 90 seconds without patient complaint after a brief ramp up period. The needle was then removed intact.

The next medial branch was addressed, the left L4 medial branch, where, again, the electrode was placed into the needle, and was firmly seated within the hub. Impedance and temperature values were again checked and were found to be consistent with an intact system. A lesion was then created @ 80C for 90 seconds without patient complaint after a brief ramp up period. The needle was then removed intact.

Attention was then placed to the left L3 medial branch, where, again, the electrode was placed into the needle, and was firmly seated within the hub. Impedance and temperature values were again checked and were found to be consistent with an intact system. A lesion was then created @ 80C for 90 seconds without patient complaint after a brief ramp up period. The needle was then removed intact.

Band aids were placed over the puncture sites. The patient was told to expect post procedure discomfort and instructed to use ice packs and NSAIDS/ PO analgesics and see me in the office as scheduled in two weeks. The patient was also instructed to contact me sooner if any problems or questions arose.

Anthony C. Ruggeroli, M.D.

CC to: Andrew Cash, MD

05/20/2014 08:46 MCKENNA PAIN MANAGEMENT

(FAX)7023077942

P.017/017

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10870

Electronically signed by Anthony C Ruggeroll on 05/16/2014 at 12:46 PM

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McKenna, Ruggeroli and Helmi Pain Specialists  
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May 13, 2014  
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Chart Document

**Beau R Orth**

Male DOB: 10870

05/01/2014 - Office Visit: Follow up visit  
Provider: Anthony C Ruggeroli  
Location of Care: McKenna, Ruggeroli and Helmi Pain Specialists

### History of Present Illness

Reason for visit: follow-up visit from procedure

Chief Complaint: left lumbar and leg pain

### Past Medical History

Back Problems

The patient denies any contributory past medical history.

### Surgeries

Shoulders/Arms

low back surgery X2

### Family History

The patient denies any contributory family medical history.

The patient denies any contributory family medical history.

Current Allergies (reviewed today):

PENICILLIN V POTASSIUM (PENICILLIN V POTASSIUM) (Critical)

### Social History/Risk Factors

Work status: working

Daily activities: bending/squatting, lifting/pushing/pulling, repetitive movements, moderate to heavy physical labor/activity

Regular Exercise? yes

Alcohol use: 1-3 drinks per week

Tobacco use: never smoker

Drug use: no

Last bone density test: never

Prior treatment for bone density? no

Handedness: right

Height: 74

Weight: 225

### Pain Follow-Up

Average pain since last visit: 4

Side effects from pain medications: no

New medication since last visit: no

Tobacco Use: never smoker

### ADL

Present work status: regular, full time

Number of work days missed since last visit: 0

ER visit for pain since last visit: no

Beau R Orth

Male DOB:

10870

### Review of Systems

**General:** Complains of fatigue.

**Ears/Nose/Throat:** Denies decreased hearing, difficulty swallowing.

**Cardiovascular:** Denies chest discomfort, swelling of hands/feet, racing heart beat, weight gain, palpitations, blackouts/fainting, shortness of breath with exertion/activity, difficulty breathing while lying down.

**Respiratory:** Denies wheezing, coughing-up blood, cough.

**Musculoskeletal:** Complains of joint swelling, joint pain, stiffness, back pain.

**Skin:** Denies night sweats, dryness, suspicious lesions, changes in nail beds, changes in skin color, poor wound healing.

**Neurologic:** Complains of headaches, numbness, tingling.

**Psychiatric:** Denies anxiety, depression, claustrophobia.

**Endocrine:** Denies cold intolerance, heat intolerance, excessive thirst, excessive urination.

**Heme/Lymphatic:** Denies persistent infections, seasonal allergies.

**Patient provided the above responses and/or history obtained.**

### Physical Exam

#### Vital Signs

Height: 74 inches

Weight: 225 pounds

Blood Pressure: 121/71 mm Hg

#### Calculations

Body Mass Index: 29.79

BMI out of Range, Nutritional Counseling given: yes

### Lower Extremity Exam

**Gross Exam Lower Extremities:** normal; symmetry present, no deformity bilaterally, bulk consistent with body habitus, no ankle edema bilaterally, skin normal appearance bilaterally.

**Motor/Strength:** Plantar flexion, dorsi flexion, knee extension, and hip flexion against resistance is without deficit bilaterally.

#### Deep Tendon Reflexes:

**Knees:** Right: normal Left: absent

**Ankles:** Right: normal Left: decreased

**Clonus or Other Pathological Reflexes:** Absent

#### Lower Extremity Pulses:

**Foot/Ankle Capillary Refill** Right: brisk Left: brisk

**Straight Leg Raise:** Left: Positive

#### Sensation to Sharp:

Right: normal; S1 / L5 / L4 / L3 dermatomes intact

Left: S1 diminished

### Lumbosacral Exam

**Gross Exam Lumbosacral:** surgical scar or other scar present

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Beau R Orth

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10870

**Palpation of Lumbosacral Soft Tissues:**

Left: Mid tender, Lumbosacral tender

**Lumbar Range of Motion:**

extension limited with pain, rotation limited with pain

**Assessment:**

Assessed LUMBAR SPONDYLOSIS/FACET BASED PAIN as unchanged - Anthony C Ruggeroli

**Assessment of established problem(s):**

Status post left L4-5 and L5-S1 facet joint injections; he was pain free in the lumbar area for one and a half weeks, then back to baseline. It is also noted that was pain free prior to discharge from the facility. His response is diagnostic for facet mediated mechanical lumbar pain. He is an excellent candidate for radio frequency thermal coagulation treatment. This was explained and offered, and he elects to proceed.

**Plan:**

left L5-S1 and L4-5 radio frequency thermal coagulation

\*\*\*ABOVE INTENDED FOR THERAPEUTIC PURPOSES\*\*\*

follow up in office in two weeks for post injection and condition reassessment  
conditioning conditioning program

Electronically signed by Anthony C Ruggeroli on 05/02/2014 at 5:26 PM

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## PAIN MANAGEMENT CHART AUDIT

EACH CHART SHALL BE AUDITED FOR COMPLETENESS AND SHALL BE COMPLETE PRIOR TO BEING FILED FOR STORAGE

EACH ITEM SHALL BE CHECKED AS COMPLETE OR INDICATED AS N/A

### LEFT SIDE OF CHART:

- A. PATIENT SUMMARY SHEET
- B. PATIENT FACE SHEET
- C. HIPAA RECEIPT ACKNOWLEDGMENT
- D. RESUSCITATIVE MEASURES

### RIGHT SIDE OF CHART:

- E. CONSENT FOR PROCEDURE
- F. HISTORY & PHYSICAL
- G. OPERATIVE REPORT
- H. MEDICATION RECONCILIATION
- I. PROCEDURE RECORD
- J. SITE VERIFICATION
- K. VALUABLES SHEET
- L. PHYSICIAN'S ORDERS/ SIGNATURE
- M. LABORATORY REPORTS
- N. DISCHARGE INSTRUCTIONS
- O. INITIAL PRE-ANESTHETIC RECORD

SIGNATURE



DATE

5/23/14

☒ Check name sticker on chart to verify date currently seen

☒ Check Year sticker

25633 M  
Anthony Mjm C Ruggeroli MD  
Orth Beau R

05/14/2014

# Pain Management

Surgical Arts Center  
9499 W. Charleston, Ste 250  
Las Vegas, NV 89117

25633 M  
Anthony Mjm C Ruggeroli MD  
Orth Beau R

05/14/2014

Medical Problems:	High Blood Pressure:	Yes	No	Heart Condition:	Yes	No
	Asthma/Lung problems:	Yes	No	Hepatitis:	Yes	No
	Diabetes:	Yes	No	Aids/HIV Positive:	Yes	No
	Smoking:	Yes	No	Kidney Disease:	Yes	No
	Coumadin	Yes	No	Shortness of Breath:	Yes	No
	Aspirin:	Yes	No	Street Drugs:	Yes	No

If yes to any of the above, please describe: \_\_\_\_\_

## Physical Examination:

Pain Description/Location: Lower Back / Left Leg

Blood Pressure: 131/69 Pulse: 76 97%

	Normal	Other
HEENT:	<input type="checkbox"/>	_____
Cardiac:	<input type="checkbox"/>	<u>See Hx</u>
Pulmonary:	<input type="checkbox"/>	_____
Neuro:	<input type="checkbox"/>	_____

DIAGNOSIS: Lumbar Radic (722.10) Cerv Radic (722.0) Lumb Disc (722.10) Cerv Disc (722.4)  
Lumb Spond (721.3) Cerv Spond (721.0) Sacroiliac Arthropathy (720.2)  
CRPS 1 UE (337.21) CRPS 1 LE (337.22) Cervical Strain (847.2) Lumbar Strain (847.0)  
Other: \_\_\_\_\_

PLAN: Lumbar: TFED ILED/Caudal Z-Jt Z-Jt RF Disco Sympathetic  
Cervical: TFED ILED Z-Jt Z-Jt RF Disco Sympathetic  
SI Joint Hip/Intra-articular Occipital Nerve Piriformis  
ED Trial ITB Trial SCS Trial (total contacts     ) IDDS Implant  
SCS System Implant  
Other: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: 5.14.14



# Pain Management Procedure Record

**PRE-OP:** Patient Name: Dustin Waiting Y or N ☐ HCG: N/A Site: Left #22 #24  
 Phone: 702 429 1681 Accucheck:                      Attempts: 2  
 Allergies: PCN Anticoagulants:                      ☒ Hep Lock w/ NS Flush  
 P.T.                      INR                      ☐ IV                       
 History:                      ☐ Antibiotic                       
 Pain Level: 6 / 10 RN:                     

Time	B.P.	Pulse	SaO2
0930	131/69	76	97%

**INTRA-OP:** Time Start: 1017 Position: ☐ R Lateral ☒ Prone ☐ Sitting  
 Time End: 1037 ☐ L Lateral ☐ Supine

Time	B.P.	Pulse	SaO2	LOC
1017	138/74	81	98	2
1021	120/73	76	95	4
1026	120/68	72	94	4
1031	118/71	70	93	4
1037	113/67	58	92	

Time	Medications	Site	RN	Nurse's Notes
1017	Versed 2 mg	IV		O2: <u>8</u> l/min <u>NS</u> mask
1017	Fentanyl 50 mcg	IV		<input type="checkbox"/> Celestone 6mg/cc
1017	Diprivan 50 mg	IV		<input type="checkbox"/> Depomedrol 80mg/cc
1029	Alfentanil 10 mcg	IV		<input type="checkbox"/> Lidocaine 1% 2% 4%
1029	Romazicon 10 mg	IV		<input type="checkbox"/> Isovue 300 / Isovue 180
1023	Fentanyl 5 mcg	IV		<input type="checkbox"/> Marcaine 0.25% 0.5% .75%
1025	Versed 10 mg	IV		<input type="checkbox"/> Dexamethasone 10mg/ml
1025	Diprivan 50 mg	IV		<input type="checkbox"/> PFNS

Procedure: L5/S1 + Disk RF Tol Procedure: Good RN:                       
 RN:                     

<b>ADMISSION ASSESSMENT</b>	
<b>CARDIOVASCULAR</b> Heart Sounds: <u>audible</u> , distant Peripheral Pulses: <u>equal</u> , unequal, weak strong bounding, absent Neck Veins: <u>distended</u> , flat	<b>RESPIRATORY</b> Breath Sounds: <u>clear</u> rales, rhonci, diminished, loud, absent Respirations: <u>no</u> distress, sob, labored, accessory muscles used Cough: <u>absent</u> , non-productive, productive
<b>NEUROLOGICAL</b> LOC: <u>alert</u> , lethargic, unresponsive Orientation: <u>oriented</u> , disoriented Pupils: <u>equal</u> , unequal, <u>reactive</u> , unreactive	<b>INTEGUMENTARY</b> Skin Color: <u>pink</u> , pale, cyanotic, jaundice Skin Temperature: <u>warm</u> , dry, cool, clammy, diaphoretic Skin Turgor: <u>loose</u> , light Mucous Membrane: <u>moist</u> , dry, cracked
<b>GASTROINTESTINAL</b> Abdomen: <u>soft</u> , firm, hard, flat, distended Bowel Sounds: <u>absent</u> , present	<b>BEHAVIOR</b> Cooperative: <u>restless</u> , withdrawn, crying, talkative, resistive, combative, calm & relaxed, anxious, fearful

Level of Consciousness:  
 1: Agitated                      2: Alert                      3: Sedated                       
 4: Drowsy                      5: Sleeping:                     

25633 M  
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 Orth Beau R

05/14/2014

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