

IN THE COURT OF APPEALS OF THE STATE OF NEVADA

VENETIAN CASINO RESORT, LLC;
AND LAS VEGAS SANDS, LLC,

Petitioners,

vs.

THE EIGHTH JUDICIAL DISTRICT
COURT OF THE STATE OF
NEVADA, IN AND FOR THE
COUNTY OF CLARK; AND THE
HONORABLE KATHLEEN E.
DELANEY, DISTRICT JUDGE,

Respondents,

and

JOYCE SEKERA, AN INDIVIDUAL,

Real Party in Interest.

No. 83600-COA

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**REAL PARTY IN
INTEREST'S APPENDIX,
VOLUME 13
(Nos. 2342–2577)**

Sean K. Claggett, Esq.

Nevada Bar No. 8407

William T. Sykes, Esq.

Nevada Bar No. 9916

Geordan G. Logan, Esq.

Nevada Bar No. 13910

Micah S. Echols, Esq.

Nevada Bar No. 8437

David P. Snyder, Esq.

Nevada Bar No. 15333

CLAGGETT & SYKES LAW FIRM

4101 Meadows Ln., Ste.100

Las Vegas, Nevada 89107

(702) 655-2346 – Telephone

(702) 655-3763 – Facsimile

micah@claggettlaw.com

david@claggettlaw.com

Keith E. Galliher, Jr., Esq.

Nevada Bar No. 220

THE GALLIHER LAW FIRM

1850 East Sahara Ave., #107

Las Vegas, Nevada 89104

(702) 735-0049 – Telephone

(702) 735-0204 – Facsimile

kgalliher@galliherlawfirm.com

Attorneys for Real Party in Interest, Joyce Sekera

INDEX TO REAL PARTY IN INTEREST'S APPENDIX

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CLAGGETT & SYKES LAW FIRM
4101 Meadows Lane, Suite 100
Las Vegas, Nevada 89107
702-655-2346 • Fax 702-655-3763

ECC
Sean K. Claggett, Esq.
Nevada Bar No. 008407
William T. Sykes, Esq.
Nevada Bar No. 009916
Geordan G. Logan, Esq.
Nevada Bar No. 013910
CLAGGETT & SYKES LAW FIRM
4101 Meadows Lane, Suite 100
Las Vegas, Nevada 89107
(702) 655-2346 – Telephone
(702) 655-3763 – Facsimile
sclaggett@claggettlaw.com
wsykes@claggettlaw.com
glogan@claggettlaw.com

Keith E. Galliher, Jr., Esq.
Nevada Bar No. 220
Jeffrey L. Galliher, Esq.
Nevada Bar No. 8078
Kathleen H. Gallagher, Esq.
Nevada Bar No. 15043
THE GALLIHER LAW FIRM
1850 East Sahara Avenue, Suite 107
Las Vegas, Nevada 89104
(702) 735-0049 – Telephone
(702) 735-0204 – Facsimile
Attorneys for Plaintiff

DISTRICT COURT
CLARK COUNTY, NEVADA

JOYCE SEKERA, an Individual,

Plaintiff,

v.

VENETIAN CASINO RESORT, LLC, d/b/a
THE VENETIAN LAS VEGAS, a Nevada
Limited Liability Company; LAS VEGAS
SANDS, LLC d/b/a THE VENETIAN LAS
VEGAS, a Nevada Limited Liability Company;
YET UNKNOWN EMPLOYEE; DOES I
through X, inclusive,

Defendants.

CASE NO.: A-18-772761-C

DEPT. NO.: XXV

**PLAINTIFF'S SEVENTEENTH
SUPPLEMENT TO INITIAL
DISCLOSURES PURSUANT TO N.R.C.P.
16.1**

COMES NOW, Plaintiff, JOYCE SEKERA, by and through her counsel of record,
CLAGGETT & SYKES LAW FIRM and provides the following sixteenth supplement to Initial
Disclosures Pursuant to N.R.C.P. 16.1 as follows:

I.

PRODUCTION OF DOCUMENTS

DOCUMENTS:

<u>EX.</u>	<u>DESCRIPTION</u>	<u>BATES NUMBERS</u>
1.	Records and billing from Centennial Hills Hospital	JS001-074
2.	Billing from Shadow Emergency Services	JS075-076
3.	Records and billing from Desert Radiologists	JS077-082
4.	Records and billing from Dr. Webber	JS083-243
5.	Records and billing from Las Vegas Radiology	JS244-262
6.	Records and billing from Dr. Hyla	JS263-303
7.	Records and billing from Dr. Shah	JS304-378
8.	Billing from PayLater Pharmacy	JS379
9.	Billing from Las Vegas Pharmacy	JS380-381
10.	Records and billing from Dr. Travnick	JS382-475
11.	Records and billing from Valley View Surgery Center	JS476-601
12.	Records and billing from Steinberg Diagnostics	JS602-608
13.	Records and billing from Dr. Cash	JS609-658
14.	Records from Dr. Smith	JS659-661
15.	Wage loss document	JS662
16.	Records and billing from Dr. Smith	JS663-847

1	17.	Tax returns from 2016	JS848-864
2	18.	Certificate of Custodian of Medical Records from Dr. Smith	JS865
3	19.	Records from Dr. Travnicek	JS866-868
4	20.	Records from Core Rehab	JS869-938
5	21.	Records and billing from Dr. Smith	JS939-945
6	22.	Records from Dr. Travnicek	JS946-949
7	23.	Supplemental report from Dr. Travnicek	JS950
8	24.	Supplemental report from Thomas Jennings	JS951-952
9	25.	Supplemental report from Dr. Baker	JS953-979
10	26.	Second Supplemental expert report from Dr. Baker	JS980
11	27.	Third Supplemental expert report from Dr. Baker	JS981-988
12	28.	Records from Dr. Travnicek	JS989-992
13	29.	Records from Valley View Surgery Center	JS993
14	30.	Records from Dr. Smith	JS994-995
15	31.	Report from Wilson C. "Toby" Hayes, Ph.D. regarding case "Wall v South Point Hotel & Casino"	JS996-1010
16	32.	Records from Dr. Smith	JS1011-1013
17	33.	Records from Dr. Smith	JS1014-1015
18	34.	Billing from Valley View Surgery Center	JS1016-1017
19	35.	First supplemental expert rebuttal report from Dr. Anthony	JS1018-1020
20	36.	Surgical estimate from Western Regional Center for Brain & Spine	JS1021
21	37.	Billing from Dr. Garber	JS1022
22	38.	Second supplemental expert report from Thomas Jennings, P.E.	JS1023
23	39.	Third supplemental expert report from Dr. Travnicek	JS1024-1025
24	40.	Medical and Billing Records from SimonMed	SEKERA001026-SEKERA001030

41.	Medical and Billing Records from Desert Institute of Spine Care	SEKERA001031- SEKERA001082
42.	Medical Records from Desert Chiropractic & Rehab/Core Rehab	SEKERA001083- SEKERA001105
43.	Medical and Billing Records from Las Vegas Neurosurgical Institute	SEKERA001106- SEKERA001185
44.	Medical and Billing Records from Pain Institute of Nevada	SEKERA001186- SEKERA001304
45.	Medical and Billing Records from Radar Medical Group	SEKERA001305- SEKERA001500
45.	Medical and Billing Records from Radar Medical Group	SEKERA001501- SEKERA001520
46.	Pharmacy records from PayLater Pharmacy	SEKERA001521- SEKERA001527
47.	Declaration page Pain Institute of Nevada	SEKERA001528- SEKERA001531
48.	Declaration page and billing from Desert Radiologists	SEKERA001532- SEKERA001533

Any and all documents provided by the Defendant and/or any other party to this litigation.

The Plaintiff reserves the right to supplement her production of documents as discovery is ongoing.

II.

LIST OF WITNESSES

Joyce Sekera is the Plaintiff in this matter and will testify to the allegations contained in the Complaint and any information relevant thereto; her recollection of the facts and circumstances surrounding the subject incident; her pre-and post-incident status, including medical conditions, injuries, treatments, outcomes, diagnoses, and prognoses; her employment and income history; the medical special damages she claims to have incurred as a result of the incident, including the existence of any and all liens, insurance claims and payments, and any monies received in connection therewith; any and all meetings, communications, and observations of the parties, police officers and witnesses.

1.	Joyce Sekera c/o Claggett & Sykes Law Firm 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107
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The following witness are expected to testify regarding the facts and circumstances surrounding the subject incident, the allegations contained in the Complaint and any information relevant thereto and/or the Plaintiff's condition, lifestyle and activities before and after the incident.

1.	Marissa Freeman 8929 Monte Oro Drive Las Vegas, Nevada 89131
2.	Brian Freeman 8929 Monte Oro Drive Las Vegas, Nevada 89131
3.	Carole Divito 7840 Nesting Pine Place Las Vegas, Nevada 89143

The following witnesses are Defendants in this action and it is anticipated that they will testify their knowledge of the allegations contained in the Complaint, the Answer and Affirmative Defenses; any and all observations, meetings, communications and interactions with the parties, police officers, and witnesses; any notes, photos or memoranda created about the accident or matters alleged in the Complaint, Answer and Affirmative Defenses:

1.	NRCP 30(b)(6) Witness(es) for VENETIAN CASINO RESORT, LLC d/b/a THE VENETIAN LAS VEGAS c/o Royal & Miles LLP 1522 West Warm Springs Road Henderson, Nevada 89014
2.	NRCP 30(b)(6) Witness(es) for LAS VEGAS SANDS, LLC d/b/a THE VENETIAN LAS VEGAS c/o Royal & Miles LLP 1522 West Warm Springs Road Henderson, Nevada 89014

The following witnesses are expected to testify as to the facts surrounding the subject incident, the resulting injuries, medical treatment, symptoms, post-injury condition and/or damages in connection with the subject incident.

1	1.	Louie Calleros 2557 Land Rush Drive Henderson, Nevada 89002 (702) 414-9956
2	2.	Rafael Chavez 5850 Sky Point Drive Las Vegas, Nevada 89130 (702) 556-9385
3	3.	Warren Church, Jr. Brand Las Vegas, LLC 3130 S. Rainbow Blvd., Suite 305 Las Vegas, Nevada 89146 (702) 538-9000
4	4.	Maria Cruz 911 Melrose Dr. Las Vegas, Nevada 89101 (702) 504-1742
5	5.	Milan Graovac 7660 W. Eldorado Ln. #140 Las Vegas, Nevada 89113
6	6.	Sang Han 3180 Molinos Dr. Las Vegas, Nevada 89141 (702) 607-2262
7	7.	Chris Johnson 8445 Las Vegas Blvd. So, #2106 Las Vegas, Nevada 89123 (702) 241-2302
8	8.	Joe Larson, EMT 3339 Horned Lark Court Las Vegas, Nevada 89117 619-961-8167
9	9.	David Martinez 517 North Yale St. Las Vegas, Nevada 89107 (702) 878-2504
10	10.	Christina Tonemah 3140 White Rose Way Henderson, Nevada 89014-3100 (702) 672-5240
11	11.	Kecia Powell 121 Parrish Ln. Las Vegas, Nevada 89110-4838 (702) 245-1792
12	12.	James Sturiale 5521 Kettering Pl. Las Vegas, Nevada 89107-3739 (702) 237-9960

1	13.	Dianne Willoughby 1100 W. Monroe, #231 Las Vegas, Nevada 89106 (702) 578-9916
2		
3	14.	Dawit Wadajo 5060 W. Hacienda Ave., Apt. 1101 Las Vegas, Nevada 89118-0349 (702) 742-7988
4		
5	15.	Pete Krueger 7028 Edwin Aldrin Cir. Las Vegas, Nevada 89145-6127
6		
7	16.	Alma Coloma 6118 Carter Caves Ave. Las Vegas, Nevada 89139 (702) 217-1118
8		
9	17.	Charry Kennedy c/o Royal & Miles LLP 1522 West Warm Springs Road Henderson, Nevada 89014 (702) 471-6777
10		
11	18.	Edward R. DiRocco 3130 S. Rainbow Blvd., Suite 305 Las Vegas, Nevada 89146
12		
13	19.	Gary Shulman 10263 Jamapa Dr. Las Vegas, Nevada 89178-4028 (702) 487-2207
14		
15	20.	NRCP 30(b)(6) Witness(es) for Brand Las Vegas, LLC 3130 S. Rainbow Blvd. Suite 305 Las Vegas, Nevada 89146 (702) 538-9000
16		
17	21.	Micki Cimini 4110 Springville Ave. Las Vegas, Nevada 89121-6338 (702) 769-5983
18		
19	22.	Barry Goldberg c/o Royal & Miles LLP 1522 West Warm Springs Road Henderson, Nevada 89014 (702) 471-6777
20		
21	23.	Michael Conery c/o Royal & Miles LLP 1522 West Warm Springs Road Henderson, Nevada 89014 (702) 471-6777
22		
23	24.	Rhonda Salinas c/o Royal & Miles LLP
24		
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27		
28		

	1522 West Warm Springs Road Henderson, Nevada 89014 (702) 471-6777
25.	Marnie Pipp c/o Royal & Miles LLP 1522 West Warm Springs Road Henderson, Nevada 89014 (702) 471-6777
26.	Anna Hersel c/o Royal & Miles LLP 1522 West Warm Springs Road Henderson, Nevada 89014 (702) 471-6777

The following witnesses are experts in this action and it is anticipated that they will testify to their opinions in their reports and any supplements thereto. They may testify to any documents reviewed by them in reaching their opinions, and any other documents or reports that may be relevant to their opinions or defense of those opinions. They may also be called to rebut the opinions of the Defendants' experts to the extent said opinions conflict their own or to the extent said opinions fall within their specialized knowledge, skill, experience, training or education.

1.	Francis Del Vecchio, MD and/or NRCP 30(b)(6) witness and/or Custodian of Records for Centennial Hills Hospital 6900 N. Durango Drive Las Vegas, Nevada 89149
2.	Francis Del Vecchio, MD and/or NRCP 30(b)(6) witness and/or Custodian of Records for Shadow Emergency Physicians PO Box 13917 Philadelphia, PA 19101
3.	Kaveh Kardooni, M.D. and/or NRCP 30(b)(6) witness and/or Custodian of Records for Desert Radiology 2020 Palomino Lane, Suite 100 Las Vegas, Nevada 89106
4.	Jordan B. Webber, D.C. and/or NRCP 30(b)(6) witness and/or Custodian of Records for Desert Chiropractic & Rehab/Core Rehab 10620 Southern Highlands Parkway, Suite 110-329 Las Vegas, Nevada 89141
5.	James D. Balodimas, M.D. and/or NRCP 30(b)(6) witness and/or Custodian of Records for Las Vegas Radiology 3201 S. Maryland Parkway, Suite 102

1		Las Vegas, Nevada 89109
2	6.	Michelle Hyla, D.O. and/or
3		NRCP 30(b)(6) witness and/or
4		Custodian of Records for Southern Nevada Medical Group
5		1485 E. Flamingo Road
6		Las Vegas, Nevada 89119
7	7.	Russell J. Shah, M.D. and/or
8		NRCP 30(b)(6) witness and/or
9		Custodian of Records for Radar Medical Group
10		10624 S. Eastern Avenue, #A-425
11		Henderson, Nevada 89052
12	8.	NRCP 30(b)(6) witness and/or
13		Custodian of Records for PayLater/Wellcare Pharmacy
14		P.O. Box 1200
15		Las Vegas, Nevada 89125
16	9.	NRCP 30(b)(6) witness and/or
17		Custodian of Records for Las Vegas Pharmacy
18		2600 W. Sahara Avenue, Suite 120
19		Las Vegas, Nevada 89102
20	10.	Katherine D. Travnicek, M.D.
21		NRCP 30(b)(6) witness and/or
22		Custodian of Records for Pain Institute of Nevada
23		7435 W. Azure Drive, Suite 190
24		Las Vegas, Nevada 89130
25	11.	Katherine D. Travnicek, M.D.
26		NRCP 30(b)(6) witness and/or
27		Custodian of Records for Valley View Surgery Center
28		1330 S. Valley View Blvd.
		Las Vegas, Nevada 89102
	12.	Sarah Kim, M.D.
		NRCP 30(b)(6) witness and/or
		Custodian of Records for Steinberg Diagnostics
		P.O. Box 36900
		Las Vegas, Nevada 89133
	13.	Andrew Cash, M.D.
		NRCP 30(b)(6) witness and/or
		Custodian of Records for Desert Institute of Spine Care
		9339 W. Sunset Road, Suite 100
		Las Vegas, Nevada 89148
	14.	Willian D. Smith, M.D.
		NRCP 30(b)(6) witness and/or
		Custodian of Records for Western Regional Center for Brain & Spine
		3061 S. Maryland Parkway, Suite 200
		Las Vegas, Nevada 89109
	15.	Jason E. Garber, M.D.
		NRCP 30(b)(6) witness and/or
		Custodian of Records for LVNI Center for Spine and Brain Surgery
		3012 S. Durango Drive

	Las Vegas, Nevada 89117
16.	Travis Snyder, D.O. NRCP 30(b)(6) witness and/or Custodian of Records for SimonMed Imaging 7450 Oso Blanca Road, #140 Las Vegas, Nevada 89149 (866) 282-7905
17.	Thomas A. Jennings 355 W. Mesquite Blvd., D30 PMB 1-111 Mesquite, Nevada 89027
18.	John E. Baker, Ph.D., P.E. 7380 S. Eastern Avenue, Ste. 124-142 Las Vegas, Nevada 89123

The following treating physicians are expected to testify, and may give expert opinions as non-retained treating physicians, regarding their treatment of the Plaintiff. Their testimony and opinions will consist of the necessity of the medical treatment rendered, diagnosis of the Plaintiff's injuries, prognosis, the reasonableness and necessity of future treatment to be rendered, the causation of the necessity for past and future medical treatment, their opinion as to past and future restrictions of activities, including work activities, caused by the incident. Their opinions shall include the authenticity of medical records, the cost of past medical care, future medical care, and whether those medical costs fall within ordinary and customary charges in the community, for similar medical care and treatment. Their testimony may include opinions as to whether the Plaintiff has a diminished work life expectancy as a result of the accident. They will testify in accordance with their medical chart, including records contained therein that were prepared by other healthcare providers, and any documents reviewed by the treating physician outside of his or his medical chart in the course of providing treatment or to defend that treatment. Such documents may include, but are not limited to, records from other healthcare providers, expert opinions, reports and testimony from experts retained by any party, and any other documents that may be relevant to the treating physician's treatment or defense of his or her treatment of the Plaintiff.

1.	Francis Del Vecchio, MD and/or NRCP 30(b)(6) witness and/or Custodian of Records for Centennial Hills Hospital 6900 N. Durango Drive Las Vegas, Nevada 89149
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1	(702) 835-9700
2	The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.
3	2.
4	Francis Del Vecchio, MD and/or
5	NRCP 30(b)(6) witness and/or
6	Custodian of Records for Shadow Emergency Physicians
7	PO Box 13917
8	Philadelphia, PA 19101
9	(800) 355-2470
10	The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.
11	3.
12	Kaveh Kardooni, M.D. and/or
13	NRCP 30(b)(6) witness and/or
14	Custodian of Records for Desert Radiology
15	2020 Palomino Lane, Suite 100
16	Las Vegas, Nevada 89106
17	(702) 759-8600
18	The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.
19	4.
20	Jordan B. Webber, D.C. and/or
21	NRCP 30(b)(6) witness and/or
22	Custodian of Records for Desert Chiropractic
23	& Rehab/Core Rehab
24	10620 Southern Highlands Parkway, Suite 110-329
25	Las Vegas, Nevada 89141
26	(702) 463-9508
27	It is expected that Dr. Webber will testify as a non-retained expert in his capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Webber is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future
28	

1	medical treatment, his expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. His opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. His testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.
2	In rendering his expert opinions he will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.
3	He will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Webber's opinions include, but are not limited to, his education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Webber will testify as a rebuttal expert to any medically designated defense experts in which he is qualified.
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5	5. James D. Balodimas, M.D. and/or NRCP 30(b)(6) witness and/or Custodian of Records for Las Vegas Radiology 3201 S. Maryland Parkway, Suite 102 Las Vegas, Nevada 89109 (702) 254-5004
6	The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.
7	6. Michelle Hyla, D.O. and/or NRCP 30(b)(6) witness and/or Custodian of Records for Southern Nevada Medical Group 1485 E. Flamingo Road Las Vegas, Nevada 89119 (702) 386-0882
8	It is expected that Dr. Hyla will testify as a non-retained expert in her capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Hyla is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, her expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. Her opinions shall include the cost of past and future medical care
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	<p>and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. Her testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.</p> <p>In rendering her expert opinions she will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and her respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.</p> <p>She will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Hyla's opinions include, but are not limited to, her education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, her review of Plaintiff's medical records. In addition, Dr. Hyla will testify as a rebuttal expert to any medically designated defense experts in which she is qualified.</p>
7.	<p>Russell J. Shah, M.D. and/or NRCP 30(b)(6) witness and/or Custodian of Records for Radar Medical Group 10624 S. Eastern Avenue, #A-425 Henderson, Nevada 89052 (702) 644-0500</p> <p>*It is expected that Dr. Shah will testify as a non-retained expert in his capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Shah is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, his expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. His opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. His testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.</p> <p>In rendering his expert opinions he will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.</p> <p>He will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Shah's opinions include, but are not limited to, his education, training, and experience, the</p>

1		nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Shah will testify as a rebuttal expert to any medically designated defense experts in which he is qualified.
2	8.	NRCP 30(b)(6) witness and/or
3		Custodian of Records for PayLater/Wellcare Pharmacy
4		P.O. Box 1200
5		Las Vegas, Nevada 89125
6		(702) 852-660
7		*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.
8	9.	NRCP 30(b)(6) witness and/or
9		Custodian of Records for Las Vegas Pharmacy
10		2600 W. Sahara Avenue, Suite 120
11		Las Vegas, Nevada 89102
12		(702) 220-3906
13		*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.
14	10.	Katherine D. Travnick, M.D.
15		NRCP 30(b)(6) witness and/or
16		Custodian of Records for Pain Institute of Nevada
17		7435 W. Azure Drive, Suite 190
18		Las Vegas, Nevada 89130
19		(702) 878-8252
20		*It is expected that Dr. Travnick will testify as a retained treater/expert in her capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Travnick is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, her expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. Her opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. Her testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.
21		In rendering her expert opinions she will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment

	<p>to Plaintiff and her respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.</p> <p>She will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Travnick's opinions include, but are not limited to, her education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, her review of Plaintiff's medical records. In addition, Dr. Travnick will testify as a rebuttal expert to any medically designated defense experts in which she is qualified.</p>
11.	<p>Katherine D. Travnick, M.D. NRCP 30(b)(6) witness and/or Custodian of Records for Valley View Surgery Center 1330 S. Valley View Blvd. Las Vegas, Nevada 89102 (702) 675-4600</p> <p>*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.</p>
12.	<p>Sarah Kim, M.D. NRCP 30(b)(6) witness and/or Custodian of Records for Steinberg Diagnostics P.O. Box 36900 Las Vegas, Nevada 89133 (702) 732-6000</p> <p>*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.</p>
13.	<p>Andrew Cash, M.D. NRCP 30(b)(6) witness and/or Custodian of Records for Desert Institute of Spine Care 9339 W. Sunset Road, Suite 100 Las Vegas, Nevada 89148</p>

1	(702) 630-3472
2	*It is expected that Dr. Cash will testify as a retained treater/expert in his capacity as
3	medical physicians who provided medical care to Plaintiff, following the subject incident.
4	Dr. Cash is expected to give expert opinions regarding the treatment of Plaintiff, the
5	necessity of the treatment rendered, the causation of the necessity for past and future
6	medical treatment, his expert opinion as to past and future restrictions of activities,
7	including work activities, caused by the incident. His opinions shall include the cost of past
8	and future medical care and whether those medical costs fall within the ordinary and
9	customary charges for similar medical care and treatment. His testimony may also include
10	expert opinions as to whether Plaintiff has a diminished work life expectancy, work
11	capacity, and/or life expectancy as a result of the incident.
12	In rendering his expert opinions he will rely upon the records of all physicians,
13	health care providers, and experts, who have rendered opinions, medical care and treatment
14	to Plaintiff and his respective expert opinions regarding the nature, extent and cause of
15	Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment
16	rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for
17	physicians and/or health care providers in the medical community.
18	He will render expert opinions that all of the past and future medical care provided
19	to Plaintiff was reasonable and necessary, that the need for said care was caused by the
20	subject incident, that all charges were reasonable and customary, that the Plaintiff has, and
21	will continue to have, restrictions on her activities and ability to work, that the Plaintiff will
22	have a diminished work life expectancy and a diminished life expectancy. The basis for Dr.
23	Cash's opinions include, but are not limited to, his education, training, and experience, the
24	nature of the trauma Plaintiff was subjected to because of Defendant's negligence,
25	Plaintiff's history and symptoms, any diagnostic tests that were performed, his review of
26	Plaintiff's medical records. In addition, Dr. Cash will testify as a rebuttal expert to any
27	medically designated defense experts in which he is qualified.
28	14. Willian D. Smith, M.D. NRCP 30(b)(6) witness and/or Custodian of Records for Western Regional Center for Brain & Spine 3061 S. Maryland Parkway, Suite 200 Las Vegas, Nevada 89109 (702) 737-1948 *It is expected that Dr. Cash will testify as a retained treater/expert in his capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Cash is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, his expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. His opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. His testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident. In rendering his expert opinions he will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment

	<p>rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.</p> <p>He will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Cash's opinions include, but are not limited to, his education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Cash will testify as a rebuttal expert to any medically designated defense experts in which he is qualified.</p>
15.	<p>Jason E. Garber, M.D. NRCP 30(b)(6) witness and/or Custodian of Records for LVNI Center for Spine and Brain Surgery 3012 S. Durango Drive Las Vegas, Nevada 89117 (702) 835-0088</p> <p>*It is expected that Dr. Garber will testify as a non-retained expert in his capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Garber is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, his expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. His opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. His testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.</p> <p>In rendering his expert opinions he will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.</p> <p>He will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Garber's opinions include, but are not limited to, his education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Garber will testify as a rebuttal expert to any medically designated defense experts in which he is qualified.</p>
16.	<p>Travis Snyder, D.O. NRCP 30(b)(6) witness and/or Custodian of Records for SimonMed Imaging 7450 Oso Blanca Road, #140</p>

Las Vegas, Nevada 89149
(866) 282-7905

Any and all witnesses listed by the Defendants and/or any other party to this litigation.

The Plaintiff reserves the right to supplement her list of witnesses as discovery is ongoing.

III.

DAMAGES

EX.	DOCUMENT	AMOUNT
1.	Centennial Hills Hospital	\$13,362.00
2.	Shadow Emergency Physicians	\$1,272.00
3.	Desert Radiologists	\$1,267.03
4.	Desert Chiropractic & Rehab/Core Rehab	\$10,756.00
5.	Las Vegas Radiology	\$3,000.00
6.	Southern Nevada Medical Group	\$1,975.00
7.	Radar Medical Group	\$21,210.50
8.	PayLater/Wellcare Pharmacy	\$282.33
9.	Las Vegas Pharmacy	\$1,090.93
10.	Pain Institute of Nevada	\$16,000.00
11.	Valley View Surgery Center	\$21,089.48
12.	Steinberg Diagnostics	\$1,400.00
13.	Desert Institute of Spine Care	\$1,750.00
14.	Western Regional Center for Brain & Spine	\$1,675.00
15.	LVNI Center for Spine and Brain Surgery	\$1,700.00
16.	SimonMed Imaging	\$16,179.00

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Total Past Medical Specials To Date	\$114,009.27
Future Medical Expenses	\$2,957,936.99
Past Wage Loss	To Be Determined
Loss of Earning Capacity	To Be Determined
Past Pain, Suffering, Mental Anguish, and Loss of Enjoyment of Life	To Be Determined
Future Pain, Suffering, Mental Anguish, and Loss of Enjoyment of Life	To Be Determined
Attorney's Fees and Costs	To Be Determined

DATED this 13th day of October 2020.

CLAGGETT & SYKES LAW FIRM

/s/ Geordan G. Logan
Sean K. Claggett, Esq.
Nevada Bar No. 008407
William T. Sykes, Esq.
Nevada Bar No. 009916
Geordan G. Logan, Esq.
Nevada Bar No. 013910
4101 Meadows Lane, Suite 100
Las Vegas, Nevada 89107
(702) 655-2346 – Telephone

Keith E. Galliher, Jr., Esq.
Nevada Bar No. 220
Kathleen H. Gallagher, Esq.
Nevada Bar No. 15043
THE GALLIHER LAW FIRM
1850 East Sahara Avenue, Suite 107
Las Vegas, Nevada 89104
(702) 735-0049 – Telephone
Attorneys for Plaintiffs

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the 13th day of October 2020, I caused to be served a true and correct copy of the foregoing **PLAINTIFF'S SEVENTEENTH SUPPLEMENT TO INITIAL DISCLOSURES PURSUANT TO N.R.C.P. 16.1** on the following person(s) by the following method(s) pursuant to NRCP 5(b):

Via E-Service
Michael A. Royal, Esq.
Gregory A. Miles, Esq.
Royal & Miles LLP
1522 W. Warm Springs Road
Henderson, Nevada 89014
Attorney for Defendants

CLAGGETT & SYKES LAW FIRM

/s/ Maria Alvarez
An Employee of CLAGGETT & SYKES LAW FIRM

EXHIBIT 45



CLAGGETT & SYKES LAW FIRM
4101 MEADOWS LN

HEALTH INSURANCE CLAIM FORM

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

LAS VEGAS NV 891073115

PICA <input checked="" type="checkbox"/>				PICA <input checked="" type="checkbox"/>			
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BENEFIT <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>				1a INSURED'S ID NUMBER (For Program in Item 1)			
2 PATIENT'S NAME (Last Name, First Name, Middle Initial) SEKERA, JOYCE				4 INSURED'S NAME (Last Name, First Name, Middle Initial) SEKERA, JOYCE			
5 PATIENT'S ADDRESS (No., Street) 7840 NESTING PINE PL				7 INSURED'S ADDRESS (No., Street) 7840 NESTING PINE PL			
CITY LAS VEGAS		STATE NV		CITY LAS VEGAS		STATE NV	
ZIP CODE 891434469		TELEPHONE (Include Area Code) ()		ZIP CODE 891434469		TELEPHONE (Include Area Code) ()	
9 OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO			
a. OTHER INSURED'S POLICY OR GROUP NUMBER				a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
b. RESERVED FOR NUCC USE				b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
c. RESERVED FOR NUCC USE				c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
d. INSURANCE PLAN NAME OR PROGRAM NAME				10d CLAIM CODES (Designated by NUCC)			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.) SIGNATURE ON FILE				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.) SIGNATURE ON FILE			
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY 08 06 20				15. OTHER DATE DUAL MM DD YY 08 06 20			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DR RUSSELL J SHAH MD				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY 08 06 20 11 09 20			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) A. F0781 B. C. D. E. F. G. H. I. J. K. L.				22. RESUBMISSION CODE ORIGINAL REF NO.			
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY 08 06 20 11 09 20				25. PROCEDURE, SERVICE, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER 99213 95			
26. DATE OF SERVICE MM DD YY 08 06 20				27. ACCEPT ASSIGNMENT? (For 2004 clients see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
28. TOTAL CHARGE \$ 76.66				29. AMOUNT PAID \$ 0.00			
30. Fed. Tax ID Number 260209037				31. BILLING PROVIDER INFO & PH # (702) 6440500			
32. SERVICE FACILITY LOCATION INFORMATION RADAR MEDICAL GROUP, LLP 2628 W CHARLESTON BLVD LAS VEGAS NV 891022176				33. BILLING PROVIDER INFO & PH # (702) 6440500 RADAR MEDICAL GROUP LLP 10624 S EASTERN AVE SUITE A425 HENDERSON NV 890522982			
34. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) RUSSELL J SHAH, MD SIGNED 08 13 20				35. SIGNATURE OF PATIENT OR AUTHORIZED PERSON (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SEKERA, JOYCE SIGNED 08 13 20			

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED FORM 1500 (02-12)

SEKERA, JOYCE DOB: 03/22/1956 (64 yo F) Acc No. 75005 DOS: 08/06/2020



**RADAR MEDICAL
GROUP**

SEKERA, JOYCE

64 Y old Female, DOB: 03/22/1956

Account Number: 75005

7840 NESTING PINE PL, Las Vegas, NV-89143-4469

Home: 702-467-5457

Guarantor: SEKERA, JOYCE Insurance: CIAGGETT & SYKES

LAW FIRM

Appointment Facility: Radar Medical Group, LLP LV

08/06/2020

Progress Notes: Russell J Shah, MD

Reason for Appointment

1. TELMED
2. Tele-med evaluation with Doxy.me with consent by the patient due to covert 19. SMS text authorization by the patient given.
3. Evaluation for posttraumatic brain syndrome, cervical pain lumbar pain leg pain and headaches

History of Present Illness

New/Follow-up Patient Evaluation:

The patient subjectively is taking Tylenol as needed for headaches and neck pain. She is also taking it for low back pain going down her legs. She is also using her Metformin and Jardiance for her diabetes and her hemoglobin A1c has dropped from 7.5-6.6. She is still pending radiofrequency??RFA by pain management at pain Institute of Nevada. She has noted that her appointment with Dr. Jason Garber has been delayed due to the covert 19 and the situation in the last 3 months with a delay of the RFA procedure.

She has noted that overall there is some improvement in her memory focusing and forgetfulness but not too much. She is still forgetful and notes that this is a issue. She does not recall getting the Aricept medication in 2017 but is not entirely sure.

She and I discussed the role of Namenda medication therapy which is off label, potentially addictive and may cause drug-induced hepatitis, psychosis hallucinations depression suicide ideation as well as not been proven to help with her cognition. In addition affects to her automatic nervous system-cholinergic system (with education on the pathways) with the medication were with education to the patient today.

Examination

Neurological:

Patient was in no acute distress, awake and alert attentive cooperative pleasant and was not seem to be having any staring off or spacing out episodes. She followed all commands. She does not look like she has psychomotor retardation or bradykinesia. She is nontoxic-appearing and follows commands and was oriented to name place and location

Cervical range of motion was performed and noted pain on extension. With forward flexion there was no limits sign.

Her eye movements were intact smile was with equal teeth count with no dysarthria.

Assessments

1. Postconcussional syndrome - F07.81 (Primary)

Treatment

1. Postconcussional syndrome

Start Namenda Tablet, 5 MG, 1 tablet, Orally, Once a day, 30 day(s), 30 Tablet, Refills 3

2. Others

Notes: The patient continues to have cognitive memory and focusing difficulties. We discussed using Namenda off label medication therapy with understanding purpose and potential side effects that could be serious. The patient wishes to try the Namenda medication is asked me to fax the prescription to her Walgreens pharmacy located at the corner farm and Durango in the city of Las Vegas Nevada. She will monitor the medication and follow-up with me through tele-med with appointment scheduled for November 5, 2020 at 9 AM

She will continue spinal restrictions for her headaches, neck pain as well as low back pain. She will follow-up with her pain specialist as well as Dr. Jason Garber after she completes the pain procedure.

Progress Note: Russell J Shah, MD 08/06/2020

SEKERA001502

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

SEKERA, JOYCE DOB: 03/22/1956 (64 yo F) Acc No. 75005 DOS: 08/06/2020

Tele-med time was 18 minutes on face-to-face evaluation today.

Visit Codes

99213 Office Visit- Est Pt.- Level 3. Modifiers: 95



Electronically signed by RUSSELL SHAH , MD on 08/06/2020 at 06:40 PM EDT

Sign off status: Completed

Radar Medical Group, LLP I.V
2628 W CHARLESTON BLVD
LAS VEGAS, NV 89102-2176
Tel: 702-644-0500
Fax: 702-461-4600

Progress Note: Russell J Shah, MD 08/06/2020

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

SEKERA001503

2365

4101 Meadows Lane #100 | Las Vegas, NV 89107
Tel. 702.655.2346 | Fax 702.655.3763 | claggettlaw.com

August 13, 2020

VIA FACSIMILE

Radar Medical Group
702.641.4600

Re: **Medical and Billing Records Request**

Client Name: Joyce Sekera
Date of Loss: 11/4/2016
Date of Birth: 3/22/1956

To Whom It May Concern,

I understand that our client, Joyce Sekera, treated at your facility in relation to the above-referenced date of loss. Please send us copies of all medical and billing records, including:

- **ALL PAST RECORDS** (even if unrelated to condition as alleged within the current claim) and all medical records which are in the control or possession of this witness
- **ALL CLINICAL DOCUMENTATIONS:** all notes (handwritten or otherwise), prescriptions, surgical reports, all sign-in sheets, dictated reports, chart notes, insurance forms, progress notes, patient questionnaires, blood tests, laboratory findings, all test results, appointment records, discharge reports, admission reports, and nurses' notes
- **ALL DIAGNOSTICS:** X-ray reports, X-ray films, MRI reports, MRI films, and CT-scans (if possible, please put films on CD-ROM or DVD. Please contact our office before you put them on CD-ROM or DVD)
- **ALL BILLING RECORDS:** invoices and statements (please include CPT coding & ICD-10)

Please also provide all correspondence with any and all insurance companies or providers regarding the treatment of our client including, but not limited to, all requests for treatments, referrals, referral forms, authorizations, and denials.

Enclosed please find a copy of a medical authorization signed by our client. **PLEASE BE SURE TO COMPLETE AND SIGN THE DECLARATION FOR CUSTODIAN OF RECORDS (NOTARY NOT NEEDED) ON THE THIRD PAGE OF THIS REQUEST.**

Claggett & Sykes Law Firm will reimburse any reasonable copying charges you may incur. Please include a statement of copying fees. Please feel free to contact me if you have any questions.

Sincerely,
CLAGGETT & SYKES LAW FIRM

/s/ Paola Jimenez

PAOLA JIMENEZ

SEKERA001504

ATTENTION

Nevada Revised Statute 25.260 **REQUIRES** a certificate of custodian of records for **ALL** medical and billing records used during litigation.

THE ATTACHED DECLARATION OF RECORDS MUST BE SIGNED, IT DOES NOT REQUIRE NOTARY SIGNATURE.

SEKERA001505

**DECLARATION FOR MEDICAL RECORDS
AND MEDICAL BILLING RECORDS**

STATE OF Nevada)
COUNTY OF Clark) ss:

COMES NOW Selenia Sebera, who after first being duly sworn, deposes and says:

1. That Declarant is the Custodian of Medical Records and of Medical Billing Records for Radar Medical Group.

2. That Radar Medical Group is licensed to do business in the State of Nevada.

3. That on the 20th day of August, 2020, Declarant was served a Medical Records and Medical Billing Records Request in connection with the above-entitled cause, calling for the production of Medical Records and Medical Billing Records pertaining to: JOYCE SEKERA.

4. That Declarant has examined the original of both those Medical Records and Medical Billing Records and has made or has caused to be made a true and exact copy of them, and that the reproduction of them attached hereto is true and complete.

5. That the original of both those Medical Records and Medical Billing Records were made at or near the time of the act, event, condition, opinion, diagnosis recited therein by or from information transmitted by a person with knowledge, in the course of a regularly conducted activity of Declarant or Radar Medical Group.

6. That the services provided were reasonable and necessary and the amounts charged for the services were reasonable and necessary at the time and place that the services were provided.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: 20 day of August, 2020.


DECLARANT

SEKERA001506

**CONSENT FOR USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

In compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and 45 CFR 164.508

To: Radar Medical Group (Medical Care Provider)

Date(s) of Treatment Requested: 5-8-2020 to Present

TOYCE SEKERA do hereby authorize the above-named entity to disclose and deliver to the office of CLAGGETT & SYKES, or a representative of the office, protected health information as follows:

Information to Be Disclosed:

Any and all document relating to my physical and mental condition, any and all documents relating to treatment which I have received or am currently receiving. Such documents include, but are not limited to, any and all x-rays, radiographic studies, films, or reports, lab studies and reports, all other diagnostic studies and reports, treatment notes, handwritten notes, chart notes, nurses' notes, doctors' orders, prescription records, written records, billing statements and records, chart covers and backs, all records, and any other document of information which is or may be considered a part of my medical file, and which may be considered related to the undersigned prior, current, and/or future physical condition, treatment, and/or hospitalization.

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

- ☒ HIV/AIDS Related Information and/or Records
 - ☒ Mental Health Information and/or Records
 - ☒ Genetic Testing Information and/or Records
 - ☒ Drug/Alcohol Diagnosis, Treatment or Referral Information
- Describe: _____

Purpose or Use of Authorization:

The documents and information referred to herein shall be used for the purposes of settling and/or litigating a disputed injury claim, with regard to any injury or incident which occurred on or about 11-4-2016. The documents and/or information to be disclosed pursuant to this Authorization "ARE NOT" limited to the documents related to the subject injury or incident. This Authorization allows for the production of documentation and information relating to "ALL DATES."

SEKERA001507

Revocation:

This Authorization shall expire on 10-10-2021, unless otherwise revoked. I understand that if I desire to revoke this Authorization, prior to the above-referenced date, I must do so in writing, and deliver such writing to the entity listed above. I understand that such revocation will be effective, except to the extent that (a) the covered entity has taken action reliance thereon; or (b) if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

I understand that the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, by 45 CFR 164.508, or other applicable statutes.

I understand that the release of personal health information through this Authorization will not effect my treatment, payment, enrollment or eligibility for benefits.

I further understand that the above-referenced entity may not disclose my information, as requested herein, without my signature on this Authorization, and that my signing or refusing to sign this Authorization will not affect my ability to receive treatment, payment, or health care operations from the above-referenced entity.

THIS AUTHORIZATION IS A CONTINUING AUTHORIZATION WHICH PERMITS MY ATTORNEY AND THEIR STAFF TO OBTAIN UPDATED RECORDS BEYOND THE DATE OF THIS AUTHORIZATION.

A photostatic copy of this Authorization shall be considered as effective and valid as the original.

DATED this 10 day of 10, 2019.

Joyce Sekera
Print Name

[Signature]
Client's Signature

3-22-56
Date of Birth

09148-8430
Social Security Number

SEKERA001508

RADAR MEDICAL GROUP LLP
2628 W. CHARLESTON BLVD.
Las Vegas, NV 89102
(702) 694-0500

ACCOUNT NUMBER: 36739
SEKERA, JOYCE
7840 NESTING PINE PL
LAS VEGAS NV, 89143-4469
7024675457

DATE: 08/23/2020
CATEGORY: PT
GUARANTOR: SEKERA, JOYCE
REFERRING: MEMBER
DOB: 1956-03-22 00:00:00

SSN:

INSURANCE CO.: CLAUGETT & SYKES LAW FIRM
SUBSCRIBER NO.:
DEDUCTIBLE: 0
ADJUSTER:
TYPE: P1

PHONE: (702) 655-2346
PROVIDER NO.:
COPAYMENT:
CLAIM:
GROUP No:

Page: 1 Account number Report prepared on: Thu Aug 20 09:12:35 AM By: Vernon Marcu

DOE	DOB	Dr.	Message	Description	Code	Mode	Who	Amount
				UNSPECIFIED INJURY OF NEAS0990XA POST CONCUSSION OR POST TFO781 STRAIN OF MUSCLE, FASCIA S161XXA FALL SAME LEV FROM SLIP/TW010XXA MIGRAINE, UNSP, NOT INTRAG43909 STRAIN OF MUSCLE, FASCIA S39012A INSOMNIA, UNSPECIFIED 04700 HEADACHE R51				
12/06/16	12/01/16	RJS	BP1206	EXP CONSULTATION	99245		P1	770.00
12/15/16	12/15/16	RJS		CD RECORDS	99189CD		U	15.47
01/20/17				ATTORNEY PMT				-15.47
				MEMORY LOSS/OTHER AMNESIA411				
12/19/16	12/01/16	RJS	BP1219	COMP METABOLIC	80053		P1	60.00
12/19/16	12/01/16	RJS	BP1219	TSH ULTRASENSITIVE	84443		P1	45.00
12/19/16	12/01/16	RJS	BP1219	ANA	86038		P1	100.00
12/19/16	12/01/16	RJS	BP1219	ESR/SED RATE	85652		P1	40.00
12/19/16	12/01/16	RJS	BP1219	RPR	86592		P1	50.00
12/19/16	12/01/16	RJS	BP1219	CBC WITH DIFF	85025		P1	51.50
12/19/16	12/01/16	RJS	BP1219	T4	84436		P1	65.00
12/19/16	12/01/16	RJS	BP1219	VENIPUNCTURE	36415		P1	35.00
12/19/16	12/01/16	RJS	BP1219	SPECIMAN HAND FEE	99000		P1	50.00
				POST CONCUSSION OR POST TFO781 STRAIN OF MUSCLE, FASCIA S161XXD CERV DISC DISORDER W RADIM5011 FALL SAME LEV FROM SLIP/TW010XXD MIGRAINE, UNSP, NOT INTRAG43909 STRAIN OF MUSCLE, FASCIA S39012D HEADACHE R51				
12/29/16	12/20/16	FAV15	BP1229	FOLLOW UP EVALUATION	99214		P1	510.00
				POST CONCUSSION OR POST TFO781 STRAIN OF MUSCLE, FASCIA S161XXD FALL SAME LEV FROM SLIP/TW010XXD MIGRAINE, UNSP, NOT INTRAG43909 STRAIN OF MUSCLE, FASCIA S39012D CERV DISC DISORDER W RADIM5011 FOLLOW UP EVALUATION	99214		P1	510.00
01/12/17	01/10/17	RJS	BP0112	POST CONCUSSION OR POST TFO781 STRAIN OF MUSCLE, FASCIA S161XXD CERV DISC DISORDER W RADIM5011 MIGRAINE, UNSP, NOT INTRAG43909 STRAIN OF MUSCLE, FASCIA S39012D FALL SAME LEV FROM SLIP/TW010XXD				
01/17/17	01/10/17	RJS	BP0117	EMG PER LIMB	95886		P1	1788.00
01/17/17	01/10/17	RJS	BP0117	NCV 13+	95913		P1	4250.00
				POST CONCUSSION OR POST TFO781 STRAIN OF MUSCLE, FASCIA S161XXD FALL SAME LEV FROM SLIP/TW010XXD MIGRAINE, UNSP, NOT INTRAG43909 STRAIN OF MUSCLE, FASCIA S39012D CERV DISC DISORDER W RADIM5011				

SEKERA001509

DOB	DOS	Dr.	Message	Description	Code	Mode	Who	Amount
02/10/17	02/07/17	RJS	BP0210	FOLLOW UP EVALUATION	99214		P1	910.00
				STRAIN OF MUSCLE, FASCIA S161XXD				
				POST CONCUSSION OR POST TF0781				
				CERV DISC DISORDER W RADIM5011				
				MIGRAINE, UNSP, NOT INTRAG43909				
				STRAIN OF MUSCLE, FASCIA S39012D				
				FALL SAME LEV FROM SLIP/TW010XXD				
02/10/17	12/12/16	RJS	BP0210	ELECTROENCEPHALOGRAM	95816		P1	1314.00
02/10/17	12/12/16	RJS	BP0210	DIGITAL SPIKE WAVE A	95957		P1	990.00
02/10/17	12/12/16	RJS	BP0210	RHYTHM ECO W/RPT	93042		P1	92.00
				POST CONCUSSION OR POST TF0781				
				STRAIN OF MUSCLE, FASCIA S161XXD				
				FALL SAME LEV FROM SLIP/TW010XXD				
				MIGRAINE, UNSP, NOT INTRAG43909				
				STRAIN OF MUSCLE, FASCIA S39012D				
				CERV DISC DISORDER W RADIM5011				
04/10/17	04/11/17	RJS	BP0418	FOLLOW UP EVALUATION	99213		P1	350.00
				POST CONCUSSION OR POST TF0781				
				STRAIN OF MUSCLE, FASCIA S161XXD				
				CERV DISC DISORDER W RADIM5011				
				MIGRAINE, UNSP, NOT INTRAG43909				
				STRAIN OF MUSCLE, FASCIA S39012D				
				FALL SAME LEV FROM SLIP/TW010XXD				
05/15/17	05/02/17	RJS	BP0515	FOLLOW UP EVALUATION	99213		P1	350.00
05/15/17	05/02/17	RJS	BP0515	RMQ PER LIMB	95886		P1	1788.00
05/15/17	05/02/17	RJS	BP0515	NCV 9-10	95911		P1	3000.00
				POST CONCUSSION OR POST TF0781				
				STRAIN OF MUSCLE, FASCIA S161XXD				
				CERV DISC DISORDER W RADIM5011				
				CARPAL TUNNEL SYNDROME, UG5600				
				STRAIN OF MUSCLE, FASCIA S39012D				
				FALL SAME LEV FROM SLIP/TW010XXD				
				MIGRAINE, UNSP, NOT INTRAG43909				
07/12/17	07/10/17	RJS	BP0712	FOLLOW UP EVALUATION	99214		P1	610.00
				POST CONCUSSION OR POST TF0781				
				STRAIN OF MUSCLE, FASCIA S161XXD				
				CERV DISC DISORDER W RADIM5011				
				CARPAL TUNNEL SYNDROME, UG5600				
				STRAIN OF MUSCLE, FASCIA S39012D				
				FALL SAME LEV FROM SLIP/TW010XXD				
				MIGRAINE, UNSP, NOT INTRAG43909				
11/09/17	10/23/17	RJS	BP1109	FOLLOW UP EVALUATION	99213		P1	350.00
12/16/17	12/16/17	RJS		CD RECORDS	99199CD		P1	15.00
09/14/18	09/14/18	RJS	P11102	CD RECORDS	99199CD		G	20.68
11/02/18				ATTNY				-20.68
				POST CONCUSSION OR POST TF0781				
				STRAIN OF MUSCLE, FASCIA S161XXD				
				CERV DISC DISORDER W RADIM5011				
				CARPAL TUNNEL SYNDROME, UG5600				
				STRAIN OF MUSCLE, FASCIA S39012D				
				FALL SAME LEV FROM SLIP/TW010XXD				
				MIGRAINE, UNSP, NOT INTRAG43909				
11/19/19	11/09/19	RJS	BP1119	FOLLOW UP EVALUATION	99215		P1	675.00
12/09/19	12/09/19	RJS	P11129	CD RECORDS	99199CD		G	20.65
01/29/20				ATTNY				-20.65
				POST CONCUSSION OR POST TF0781				
				STRAIN OF MUSCLE, FASCIA S161XXD				
				CERV DISC DISORDER W RADIM5011				
				MIGRAINE, UNSP, NOT INTRAG43909				
				STRAIN OF MUSCLE, FASCIA S39012D				
				FALL SAME LEV FROM SLIP/TW010XXD				
				CARPAL TUNNEL SYNDROME, UG5600				
12/10/19	12/03/19	RJS	BP1210	ELECTROENCEPHALOGRAM	95816		P1	1314.00
12/10/19	12/03/19	RJS	BP1210	NEUROBEHAVIORAL EXAM	96116		P1	691.00
				POST CONCUSSION OR POST TF0781				
				STRAIN OF MUSCLE, FASCIA S161XXD				
				CERV DISC DISORDER W RADIM5011				
				CARPAL TUNNEL SYNDROME, UG5600				
				STRAIN OF MUSCLE, FASCIA S39012D				
				FALL SAME LEV FROM SLIP/TW010XXD				

SEKERA001510

2372

DOB	DOS	Dr.	Message	Description	Code	Mode	Who	Amount
12/27/19	12/19/19	RJS	BP1227	MIGRAINE, UNSP, NOT INTRAG	41909			
01/09/20	01/09/20	RJS		FOLLOW UP EVALUATION	99213		P1	350.00
				CD RECORDS	99199CD		P1	20.00
				POST CONCUSSION OR POST TF0781				
				STRAIN OF MUSCLE, FASCIA S161XXD				
				CEBY DISC DISORDER W RADIM5011				
				CARPAL TUNNEL SYNDROME, UG5600				
				STRAIN OF MUSCLE, FASCIA S39017D				
				FALL SAME LEV FROM SLIP/TW010XXD				
05/21/20	05/07/20	RJS	BP0521	MIGRAINE, UNSP, NOT INTRAG	41909			
07/13/20	07/13/20	RJS		FOLLOW UP EVALUATION	99214	95	P1	510.00
				CD RECORDS	99199CD		P1	20.00

12/06/16	BILL WAS SENT TO THE INSURANCE.	From : 12/01/2016 To: 12/01/2016	770.00
12/19/16	BILL WAS SENT TO THE INSURANCE.	From : 12/01/2016 To: 12/01/2016	516.50
12/29/16	BILL WAS SENT TO THE INSURANCE.	From : 12/20/2016 To: 12/23/2016	510.00
01/12/17	BILL WAS SENT TO THE INSURANCE.	From : 01/10/2017 To: 01/10/2017	510.00
01/17/17	BILL WAS SENT TO THE INSURANCE.	From : 01/10/2017 To: 01/10/2017	6031.00
02/10/17	BILL WAS SENT TO THE INSURANCE.	From : 02/07/2017 To: 02/07/2017	510.00
02/10/17	BILL WAS SENT TO THE INSURANCE.	From : 12/12/2016 To: 12/12/2016	2396.00
04/18/17	BILL WAS SENT TO THE INSURANCE.	From : 04/11/2017 To: 04/11/2017	350.00
05/15/17	BILL WAS SENT TO THE INSURANCE.	From : 05/02/2017 To: 05/03/2017	5138.00
07/12/17	BILL WAS SENT TO THE INSURANCE.	From : 07/10/2017 To: 07/13/2017	510.00
11/09/17	BILL WAS SENT TO THE INSURANCE.	From : 10/23/2017 To: 10/23/2017	350.00
11/19/19	BILL WAS SENT TO THE INSURANCE.	From : 11/09/2019 To: 11/09/2019	675.00
12/10/19	BILL WAS SENT TO THE INSURANCE.	From : 12/03/2019 To: 12/03/2019	2005.00
12/27/19	BILL WAS SENT TO THE INSURANCE.	From : 12/19/2019 To: 12/19/2019	350.00
05/21/20	BILL WAS SENT TO THE INSURANCE.	From : 05/07/2020 To: 05/07/2020	510.00

Charge-----21251.1
Payment-----57.0
Adjustment-----0.0
Patient Responsibility ---0.0
Balance-----21194.1
Previous A/R-----0.0
Current (3--10)-----530.4
Over 030-----0.0
Over 060-----0.0
Over 090-----20663.

SEKERA001511

**DECLARATION FOR MEDICAL RECORDS
AND MEDICAL BILLING RECORDS**

STATE OF Nevada)
COUNTY OF Clark) ss:

COMES NOW Selenia Seberde, who after first being duly sworn, deposes and says:

1. That Declarant is the Custodian of Medical Records and of Medical Billing Records for **Radar Medical Group**.

2. That **Radar Medical Group** is licensed to do business in the State of Nevada;

3. That on the 20th day of August, 2020, Declarant was served a Medical Records and Medical Billing Records Request in connection with the above-entitled cause, calling for the production of Medical Records and Medical Billing Records pertaining to: **JOYCE SEKERA**.

4. That Declarant has examined the original of both those Medical Records and Medical Billing Records and has made or has caused to be made a true and exact copy of them, and that the reproduction of them attached hereto is true and complete.

5. That the original of both those Medical Records and Medical Billing Records were made at or near the time of the act, event, condition, opinion, diagnosis recited therein by or from information transmitted by a person with knowledge, in the course of a regularly conducted activity of Declarant or **Radar Medical Group**;

6. That the services provided were reasonable and necessary and the amounts charged for the services were reasonable and necessary at the time and place that the services were provided.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: 20 day of August, 2020.

Selenia Seberde
DECLARANT

SEKERA001510

RADAR MEDICAL GROUP LLP
2628 W. CHARLESTON BLVD.
Las Vegas, NV 89102
(702) 644-0500

ACCOUNT NUMBER: 36739
SEKERA, JOYCE
7840 NESTING PINE PL
LAS VEGAS NV, 89143-4469
7024675457

DATE: 08/20/2020
CATEGORY: P1
GUARANTOR: SEKERA, JOYCE
REFERRING: WEBBER
DOB: 1956-03-22 00:00:00

SSN:

INSURANCE CO.: CLAGGETT & SYKES LAW FIRM
SUBSCRIBER No.:
DEDUCTIBLE : 0
ADJUSTER :
TYPE: P1

PHONE: (702) 655-2346
PROVIDER No.:
COPAYMENT:
CLAIM:
GROUP No.:

Page: 1 Account number Report prepared on: Thu Aug 20 09:12:35 AM By: Vernon Marcia

DOB	DOS	Dr.	Message	Description	Code	Mode	Who	Amount
				UNSPECIFIED INJURY OF HEAD	990XA			
				POST CONCUSSION OR POST	TF0781			
				STRAIN OF MUSCLE, FASCIA	S161XXA			
				FALL SAME LEV FROM SLIP/TW	010XXA			
				MIGRAINE, UNSP, NOT INTRA	G43909			
				STRAIN OF MUSCLE, FASCIA	S39012A			
				INSOMNIA, UNSPECIFIED	G4700			
				HEADACHE	R51			
12/06/16	12/01/16	RJS	BP1206	EXP CONSULTATION	99245		P1	770.00
12/15/16	12/15/16	RJS		CD RECORDS	99199CD		G	15.67
01/20/17				ATTORNEY PMT				-15.67
				MEMORY LOSS/OTHER AMNESIA	R411			
12/19/16	12/01/16	RJS	BP1219	COMP METABOLIC	80053		P1	60.00
12/19/16	12/01/16	RJS	BP1219	TSH ULTRASENSITIVE	84443		P1	85.00
12/19/16	12/01/16	RJS	BP1219	ANA	86018		P1	100.00
12/19/16	12/01/16	RJS	BP1219	ESR/SED RATE	85652		P1	40.00
12/19/16	12/01/16	RJS	BP1219	RPR	86592		P1	50.00
12/19/16	12/01/16	RJS	BP1219	CBC WITH DIFF	85025		P1	51.50
12/19/16	12/01/16	RJS	BP1219	T4	84436		P1	65.00
12/19/16	12/01/16	RJS	BP1219	VENIPUNCTURE	36415		P1	15.00
12/19/16	12/01/16	RJS	BP1219	SPECIMAN HAND FEE	99000		P1	50.00
				POST CONCUSSION OR POST	TF0781			
				STRAIN OF MUSCLE, FASCIA	S161XXD			
				CERV DISC DISORDER W RADIM	5011			
				FALL SAME LEV FROM SLIP/TW	010XXD			
				MIGRAINE, UNSP, NOT INTRA	G43909			
				STRAIN OF MUSCLE, FASCIA	S39012D			
				HEADACHE	R51			
12/29/16	12/20/16	FAVIS	BP1229	FOLLOW UP EVALUATION	99214		P1	510.00
				POST CONCUSSION OR POST	TF0781			
				STRAIN OF MUSCLE, FASCIA	S161XXD			
				FALL SAME LEV FROM SLIP/TW	010XXD			
				MIGRAINE, UNSP, NOT INTRA	G43909			
				STRAIN OF MUSCLE, FASCIA	S39012D			
				CERV DISC DISORDER W RADIM	5011			
				FOLLOW UP EVALUATION	99214		P1	510.00
				POST CONCUSSION OR POST	TF0781			
				STRAIN OF MUSCLE, FASCIA	S161XXD			
				CERV DISC DISORDER W RADIM	5011			
				MIGRAINE, UNSP, NOT INTRA	G43909			
				STRAIN OF MUSCLE, FASCIA	S39012D			
				FALL SAME LEV FROM SLIP/TW	010XXD			
01/17/17	01/10/17	RJS	BP0117	EMG PER LIMB	98886		P1	1788.00
01/17/17	01/10/17	RJS	BP0117	NCV 13+	95913		P1	4250.00
				POST CONCUSSION OR POST	TF0781			
				STRAIN OF MUSCLE, FASCIA	S161XXD			
				FALL SAME LEV FROM SLIP/TW	010XXD			
				MIGRAINE, UNSP, NOT INTRA	G43909			
				STRAIN OF MUSCLE, FASCIA	S39012D			
				CERV DISC DISORDER W RADIM	5011			

SEKERA001513

Page: 2		Account numberReport prepared on: Thu Aug 20 09:12:35 AM By: Vernon Marera						
DOE	DOS	Dr.	Message	Description	Code	Mode	Who	Amount
02/10/17	02/07/17	RJS	BP0210	FOLLOW UP EVALUATION	99214		P1	510.00
				STRAIN OF MUSCLE, FASCIA S161XXD				
				POST CONCUSSION OR POST TF0781				
				CERV DISC DISORDER W RADIM5011				
				MIGRAINE, UNSP, NOT INTRAG43909				
				STRAIN OF MUSCLE, FASCIA S39012D				
				FALL SAME LEV FROM SLIP/TW010XXD				
02/10/17	12/12/16	RJS	BP0210	ELECTROENCEPHALOGRAM	95816		P1	1314.00
02/10/17	12/12/16	RJS	BP0210	DIGITAL SPIKE WAVE A	95957		P1	990.00
02/10/17	12/12/16	RJS	BP0210	RHYTHM ECO W/RPT	93942		P1	92.00
				POST CONCUSSION OR POST TF0781				
				STRAIN OF MUSCLE, FASCIA S161XXD				
				FALL SAME LEV FROM SLIP/TW010XXD				
				MIGRAINE, UNSP, NOT INTRAG43909				
				STRAIN OF MUSCLE, FASCIA S39012D				
				CERV DISC DISORDER W RADIM5011				
04/18/17	04/11/17	RJS	BP0418	FOLLOW UP EVALUATION	99213		P1	350.00
				POST CONCUSSION OR POST TF0781				
				STRAIN OF MUSCLE, FASCIA S161XXD				
				CERV DISC DISORDER W RADIM5011				
				MIGRAINE, UNSP, NOT INTRAG43909				
				STRAIN OF MUSCLE, FASCIA S39012D				
				FALL SAME LEV FROM SLIP/TW010XXD				
05/15/17	05/02/17	RJS	BP0515	FOLLOW UP EVALUATION	99213		P1	350.00
05/15/17	05/02/17	RJS	BP0515	EMG PER LIMB	95886		P1	1788.00
05/15/17	05/02/17	RJS	BP0515	NCV 9-10	95911		P1	3000.00
				POST CONCUSSION OR POST TF0781				
				STRAIN OF MUSCLE, FASCIA S161XXD				
				CERV DISC DISORDER W RADIM5011				
				CARPAL TUNNEL SYNDROME, UG5600				
				STRAIN OF MUSCLE, FASCIA S39012D				
				FALL SAME LEV FROM SLIP/TW010XXD				
				MIGRAINE, UNSP, NOT INTRAG43909				
07/12/17	07/10/17	RJS	BP0712	FOLLOW UP EVALUATION	99214		P1	510.00
				POST CONCUSSION OR POST TF0781				
				STRAIN OF MUSCLE, FASCIA S161XXD				
				CERV DISC DISORDER W RADIM5011				
				CARPAL TUNNEL SYNDROME, UG5600				
				STRAIN OF MUSCLE, FASCIA S39012D				
				FALL SAME LEV FROM SLIP/TW010XXD				
				MIGRAINE, UNSP, NOT INTRAG43909				
11/09/17	10/23/17	RJS	BP1109	FOLLOW UP EVALUATION	99213		P1	350.00
12/14/17	12/14/17	RJS		CD RECORDS	99199CD		P1	15.00
09/14/18	09/14/18	RJS	P11102	CD RECORDS	99199CD		G	20.65
11/02/18				ATTNY				-20.65
				POST CONCUSSION OR POST TF0781				
				STRAIN OF MUSCLE, FASCIA S161XXD				
				CERV DISC DISORDER W RADIM5011				
				CARPAL TUNNEL SYNDROME, UG5600				
				STRAIN OF MUSCLE, FASCIA S39012D				
				FALL SAME LEV FROM SLIP/TW010XXD				
				MIGRAINE, UNSP, NOT INTRAG43909				
11/19/19	11/09/19	RJS	BP1119	FOLLOW UP EVALUATION	99215		P1	676.00
12/09/19	12/09/19	RJS	P10129	CD RECORDS	99199CD		G	20.65
01/29/20				ATTNY				-20.65
				POST CONCUSSION OR POST TF0781				
				STRAIN OF MUSCLE, FASCIA S161XXD				
				CERV DISC DISORDER W RADIM5011				
				MIGRAINE, UNSP, NOT INTRAG43909				
				STRAIN OF MUSCLE, FASCIA S39012D				
				FALL SAME LEV FROM SLIP/TW010XXD				
				CARPAL TUNNEL SYNDROME, UG5600				
12/10/19	12/03/19	RJS	BP1210	ELECTROENCEPHALOGRAM	95816		P1	1314.00
12/10/19	12/03/19	RJS	BP1210	NEUROBEHAVIORAL EXAM	96116		P1	691.00
				POST CONCUSSION OR POST TF0781				
				STRAIN OF MUSCLE, FASCIA S161XXD				
				CERV DISC DISORDER W RADIM5011				
				CARPAL TUNNEL SYNDROME, UG5600				
				STRAIN OF MUSCLE, FASCIA S39012D				
				FALL SAME LEV FROM SLIP/TW010XXD				

SEKERA001514

Page: 3 Account number Report prepared on: Thu Aug 20 09:12:35 AM By: Vernon Marcks

DOB	DOS	Dr.	Message	Description	Code	Mode	Who	Amount
12/27/19	12/19/19	RJS	BP1227	MIGRAINE, UNSP, NOT INTRAG	43909			
01/09/20	01/09/20	RJS		FOLLOW UP EVALUATION	99213		P1	350.00
				CD RECORDS	99199CD		P1	20.00
				POST CONCUSSION OR POST TF0781				
				STRAIN OF MUSCLE, FASCIA S161XXD				
				CERV DISC DISORDER W RADIM5011				
				CARPAL TUNNEL SYNDROME, UC5600				
				STRAIN OF MUSCLE, FASCIA S19612D				
				FALL SAME LEV FROM SLIP/TW010XXD				
05/21/20	05/07/20	RJS	BP0521	MIGRAINE, UNSP, NOT INTRAG	43909			
07/13/20	07/13/20	RJS		FOLLOW UP EVALUATION	99214	95	P1	510.00
				CD RECORDS	99199CD		P1	20.65

12/06/16	BILL WAS SENT TO THE INSURANCE.	From : 12/01/2016 To: 12/01/2016	770.00
12/19/16	BILL WAS SENT TO THE INSURANCE.	From : 12/01/2016 To: 12/01/2016	516.50
12/29/16	BILL WAS SENT TO THE INSURANCE.	From : 12/20/2016 To: 12/20/2016	510.00
01/12/17	BILL WAS SENT TO THE INSURANCE.	From : 01/10/2017 To: 01/10/2017	510.00
01/17/17	BILL WAS SENT TO THE INSURANCE.	From : 01/10/2017 To: 01/10/2017	6038.00
02/10/17	BILL WAS SENT TO THE INSURANCE.	From : 02/07/2017 To: 02/07/2017	510.00
02/10/17	BILL WAS SENT TO THE INSURANCE.	From : 12/12/2016 To: 12/12/2016	2396.00
04/18/17	BILL WAS SENT TO THE INSURANCE.	From : 04/11/2017 To: 04/11/2017	350.00
05/15/17	BILL WAS SENT TO THE INSURANCE.	From : 05/02/2017 To: 05/02/2017	5138.00
07/12/17	BILL WAS SENT TO THE INSURANCE.	From : 07/10/2017 To: 07/10/2017	510.00
11/09/17	BILL WAS SENT TO THE INSURANCE.	From : 10/23/2017 To: 10/23/2017	350.00
11/19/19	BILL WAS SENT TO THE INSURANCE.	From : 11/09/2019 To: 11/09/2019	675.00
12/10/19	BILL WAS SENT TO THE INSURANCE.	From : 12/03/2019 To: 12/03/2019	2005.00
12/27/19	BILL WAS SENT TO THE INSURANCE.	From : 12/19/2019 To: 12/19/2019	350.00
05/21/20	BILL WAS SENT TO THE INSURANCE.	From : 05/07/2020 To: 05/07/2020	510.00

Charge----->21251.1
 Payment----->-57.6
 Adjustment----->0.0
 Patient Responsibility----->0.0
 Balance----->21194.1
 Previous A/R----->0.0
 Current(9--10)----->530.6
 Over 030----->0.0
 Over 060----->0.0
 Over 090----->20663.1

SEKERA001515

2377

Patient Transaction Report

Provider : All
Filter Charges : Service Date

Date Range : Aug 3, 2020-Sep 15, 2020
Transaction Type : Unassociated

PATIENT NAME: SEKERA, JOYCE

ACCOUNT #: 75005

DOB: Mar 22, 1956

Appointment Provider Name	Claim No	Service Date	Transaction Date	Code / Desc	Balance
SHAH, RUSSELL J	58	Aug 6, 2020	Aug 6, 2020	99213 Office Visit- Est Pt.- Level 3	\$350.00
CLAIM BALANCE			CLAIM BALANCE	CLAIM BALANCE	\$350.00
SHAH, RUSSELL J	161	Aug 20, 2020	Aug 20, 2020	99199 SPECIAL SERVICE/PROC/REPORT	\$20.65
CLAIM BALANCE			CLAIM BALANCE	CLAIM BALANCE	\$20.65
SHAH, RUSSELL J	255	Sep 8, 2020	Sep 8, 2020	MLTIM Medical Legal Timed services billing (per 3 minutes)	\$1,200.00
CLAIM BALANCE			CLAIM BALANCE	CLAIM BALANCE	\$1,200.00
ACCOUNT SUMMARY					\$1,570.65
Charge					\$1,570.65
Total Balance					\$1,570.65

Sep 15, 2020

1

4:11:44 PM

Due to new Billing System you have
2 ledgers for a total balance of

\$22,764.80

13 of 2/15/20

nm

SEKERA001516

CLAGGETT & SYKES
LAW FIRM

4101 Meadows Lane #100 | Las Vegas, NV 89107
Tel. 702.655.2346 | Fax 702.655.3763 | claggettlaw.com

August 13, 2020

VIA FACSIMILE

Radar Medical Group
702.641.4600

Re: **Medical and Billing Records Request**

Client Name: Joyce Sekera
Date of Loss: 11/4/2016
Date of Birth: 3/22/1956

To Whom It May Concern,

I understand that our client, Joyce Sekera, treated at your facility in relation to the above-referenced date of loss. Please send us copies of all medical and billing records, including:

- **ALL PAST RECORDS** (even if unrelated to condition as alleged within the current claim) and all medical records which are in the control or possession of this witness
- **ALL CLINICAL DOCUMENTATIONS:** all notes (handwritten or otherwise), prescriptions, surgical reports, all sign-in sheets, dictated reports, chart notes, insurance forms, progress notes, patient questionnaires, blood tests, laboratory findings, all test results, appointment records, discharge reports, admission reports, and nurses' notes
- **ALL DIAGNOSTICS:** X-ray reports, X-ray films, MRI reports, MRI films, and CT-scans (if possible, please put films on CD-ROM or DVD. Please contact our office before you put them on CD-ROM or DVD)
- **ALL BILLING RECORDS:** invoices and statements (please include CPT coding & ICD-10)

Please also provide all correspondence with any and all insurance companies or providers regarding the treatment of our client including, but not limited to, all requests for treatments, referrals, referral forms, authorizations, and denials.

Enclosed please find a copy of a medical authorization signed by our client. **PLEASE BE SURE TO COMPLETE AND SIGN THE DECLARATION FOR CUSTODIAN OF RECORDS (NOTARY NOT NEEDED) ON THE THIRD PAGE OF THIS REQUEST.**

Claggett & Sykes Law Firm will reimburse any reasonable copying charges you may incur. Please include a statement of copying fees. Please feel free to contact me if you have any questions.

Sincerely,
CLAGGETT & SYKES LAW FIRM

/s/ Paola Jimenez

PAOLA JIMENEZ

SEKERA001517

ATTENTION

Nevada Revised Statute 25.260 **REQUIRES** a certificate of custodian of records for **ALL** medical and billing records used during litigation.

THE ATTACHED DECLARATION OF RECORDS MUST BE SIGNED, IT DOES NOT REQUIRE NOTARY SIGNATURE.

SEKERA001518

**CONSENT FOR USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

In compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and 45 CFR 164.508

To: Radar Medical Group (Medical Care Provider)

Date(s) of Treatment Requested: 5-8-2020 to Present

Joyce SEKERA, do hereby authorize the above-named entity to disclose and deliver to the office of CLAGGETT & SYKES, or a representative of the office, protected health information as follows:

Information to Be Disclosed:

Any and all document relating to my physical and mental condition, any and all documents relating to treatment which I have received or am currently receiving. Such documents include, but are not limited to, any and all x-rays, radiographic studies, films, or reports, lab studies and reports, all other diagnostic studies and reports, treatment notes, handwritten notes, chart notes, nurses' notes, doctors' orders, prescription records, written records, billing statements and records, chart covers and backs, all records, and any other document of information which is or may be considered a part of my medical file, and which may be considered related to the undersigned prior, current, and/or future physical condition, treatment, and/or hospitalization.

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

☒ HIV/AIDS Related Information and/or Records
☒ Mental Health Information and/or Records
☒ Genetic Testing Information and/or Records
☒ Drug/Alcohol Diagnosis, Treatment or Referral Information
Describe: _____

Purpose or Use of Authorization:

The documents and information referred to herein shall be used for the purposes of settling and/or litigating a disputed injury claim, with regard to any injury or incident which occurred on or about 11-4-2016. The documents and/or information to be disclosed pursuant to this Authorization "ARE NOT" limited to the documents related to the subject injury or incident. This Authorization allows for the production of documentation and information relating to "ALL DATES."

SEKERA001519

Revocation:

This Authorization shall expire on 10-10-2021, unless otherwise revoked. I understand that if I desire to revoke this Authorization, prior to the above-referenced date, I must do so in writing, and deliver such writing to the entity listed above. I understand that such revocation will be effective, except to the extent that (a) the covered entity has taken action reliance thereon; or (b) if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

I understand that the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, by 45 CFR 164.508, or other applicable statutes.

I understand that the release of personal health information through this Authorization will not effect my treatment, payment, enrollment or eligibility for benefits.

I further understand that the above-referenced entity may not disclose my information, as requested herein, without my signature on this Authorization, and that my signing or refusing to sign this Authorization will not affect my ability to receive treatment, payment, or health care operations from the above-referenced entity.

THIS AUTHORIZATION IS A CONTINUING AUTHORIZATION WHICH PERMITS MY ATTORNEY AND THEIR STAFF TO OBTAIN UPDATED RECORDS BEYOND THE DATE OF THIS AUTHORIZATION.

A photostatic copy of this Authorization shall be considered as effective and valid as the original.

DATED this 10 day of 10, 2019.

Joyce. Sekera
Print Name

[Signature]
Client's Signature

3-22-56
Date of Birth

09148-8430
Social Security Number

SEKERA001520

EXHIBIT 46



4101 Meadows Lane #100 | Las Vegas, NV 89107
Tel. 702.655.2346 | Fax 702.655.2762 | claggettlaw.com

August 13, 2020

VIA FACSIMILE

Paylater Pharmacy
702.947.4955

Re: **Medical and Billing Records Request**

*PLEASE SEE ATTACHED.

Client Name: Joyce Sekera
Date of Loss: 11/4/2016
Date of Birth: 3/22/1956

To Whom It May Concern,

I understand that our client, Joyce Sekera, treated at your facility in relation to the above-referenced date of loss. Please send us copies of all medical and billing records, including:

- **ALL PAST RECORDS** (even if unrelated to condition as alleged within the current claim) and all medical records which are in the control or possession of this witness
- **ALL CLINICAL DOCUMENTATIONS:** all notes (handwritten or otherwise), prescriptions, surgical reports, all sign-in sheets, dictated reports, chart notes, insurance forms, progress notes, patient questionnaires, blood tests, laboratory findings, all test results, appointment records, discharge reports, admission reports, and nurses' notes
- **ALL DIAGNOSTICS:** X-ray reports, X-ray films, MRI reports, MRI films, and CT-scans (if possible, please put films on CD-ROM or DVD. Please contact our office before you put them on CD-ROM or DVD)
- **ALL BILLING RECORDS:** invoices and statements (**please include CPT coding & ICD-10**)

Please also provide all correspondence with any and all insurance companies or providers regarding the treatment of our client including, but not limited to, all requests for treatments, referrals, referral forms, authorizations, and denials.

Enclosed please find a copy of a medical authorization signed by our client. **PLEASE BE SURE TO COMPLETE AND SIGN THE DECLARATION FOR CUSTODIAN OF RECORDS (NOTARY NOT NEEDED) ON THE THIRD PAGE OF THIS REQUEST.**

Claggett & Sykes Law Firm will reimburse any reasonable copying charges you may incur. Please include a statement of copying fees. Please feel free to contact me if you have any questions.

Sincerely,
CLAGGETT & SYKES LAW FIRM

/s/ Paola Jimenez

PAOLA JIMENEZ

SEKERA001521

2384

ATTENTION

Nevada Revised Statute 25.260 **REQUIRES** a certificate of custodian of records for **ALL** medical and billing records used during litigation.

THE ATTACHED DECLARATION OF RECORDS MUST BE SIGNED, IT DOES NOT REQUIRE NOTARY SIGNATURE.

SEKERA001522

2385

**DECLARATION FOR MEDICAL RECORDS
AND MEDICAL BILLING RECORDS**

STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

COMES NOW Marie Rodriguez, who after first being duly sworn, deposes and says:

1. That Declarant is the Custodian of Medical Records and of Medical Billing Records for **Paylater Pharmacy**.
2. That **Paylater Pharmacy** is licensed to do business in the State of Nevada;
3. That on the 21st day of August, 2020, Declarant was served a Medical Records and Medical Billing Records Request in connection with the above-entitled cause, calling for the production of Medical Records and Medical Billing Records pertaining to: **JOYCE SEKERA**.
4. That Declarant has examined the original of both those Medical Records and Medical Billing Records and has made or has caused to be made a true and exact copy of them, and that the reproduction of them attached hereto is true and complete.
5. That the original of both those Medical Records and Medical Billing Records were made at or near the time of the act, event, condition, opinion, diagnosis recited therein by or from information transmitted by a person with knowledge, in the course of a regularly conducted activity of Declarant or **Paylater Pharmacy**;
6. That the services provided were reasonable and necessary and the amounts charged for the services were reasonable and necessary at the time and place that the services were provided.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: 21st day of August, 2020.


DECLARANT

CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and 45 CFR 164.508

To: Paylater Pharmacy (Medical Care Provider)

Date(s) of Treatment Requested: 11-4-2016 to Present

Joyce Sekera, do hereby authorize the above-named entity to disclose and deliver to the office of CLAGGETT & SYKES, or a representative of the office, protected health information as follows:

Information to Be Disclosed:

Any and all document relating to my physical and mental condition, any and all documents relating to treatment which I have received or am currently receiving. Such documents include, but are not limited to, any and all x-rays, radiographic studies, films, or reports, lab studies and reports, all other diagnostic studies and reports, treatment notes, handwritten notes, chart notes, nurses' notes, doctors' orders, prescription records, written records, billing statements and records, chart covers and backs, all records, and any other document of information which is or may be considered a part of my medical file, and which may be considered related to the undersigned prior, current, and/or future physical condition, treatment, and/or hospitalization.

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

/ HIV/AIDS Related Information and/or Records
/ Mental Health Information and/or Records
/ Genetic Testing Information and/or Records
/ Drug/Alcohol Diagnosis, Treatment or Referral Information
Describe: _____

Purpose or Use of Authorization:

The documents and information referred to herein shall be used for the purposes of settling and/or litigating a disputed injury claim, with regard to any injury or incident which occurred on or about 11-4-2016. The documents and/or information to be disclosed pursuant to this Authorization "ARE NOT" limited to the documents related to the subject injury or incident. This Authorization allows for the production of documentation and information relating to "ALL DATES."

SEKERA0004524

Revocation:

This Authorization shall expire on 10-10-2021, unless otherwise revoked. I understand that if I desire to revoke this Authorization, prior to the above-referenced date, I must do so in writing, and deliver such writing to the entity listed above. I understand that such revocation will be effective, except to the extent that (a) the covered entity has taken action reliance thereon; or (b) if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself

I understand that the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, by 45 CFR 164.508, or other applicable statutes.

I understand that the release of personal health information through this Authorization will not effect my treatment, payment, enrollment or eligibility for benefits.

I further understand that the above-referenced entity may not disclose my information, as requested herein, without my signature on this Authorization, and that my signing or refusing to sign this Authorization will not affect my ability to receive treatment, payment, or health care operations from the above-referenced entity.

THIS AUTHORIZATION IS A CONTINUING AUTHORIZATION WHICH PERMITS MY ATTORNEY AND THEIR STAFF TO OBTAIN UPDATED RECORDS BEYOND THE DATE OF THIS AUTHORIZATION.

A photostatic copy of this Authorization shall be considered as effective and valid as the original.

DATED this 10 day of 10, 2019.

Joyce Sekera
Print Name

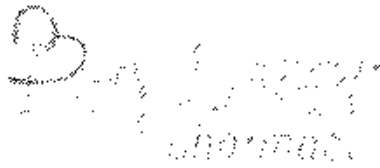
Joyce Sekera
Client's Signature

3-22-56
Date of Birth

09148-8430
Social Security Number

SEKERA001525

2388



Billing Office
1210 S Valley View Blvd
Suite 210
Las Vegas, NV 89102
p: (702) 852-6600 f: (702) 947-4955

Rx History Report

As of: 08/21/2020

Joyce Sekera
Date of Injury: 11/04/2016

Gallagher Law Firm
F: (702) 735-0204

Date Filled	Drug	Doctor	Code	Count	Billed Amount
11/22/2016	Compound 2 - Flurb10% Amitri1% Gaba6% Lido2% Prilo2%	Hyla, Michelle, MD		30	\$175.50
	Cyclobenzaprine (Flexeril) - 5.0mg	Hyla, Michelle, MD		30	\$106.83
Total Billed Amount					\$282.33

Please contact Paylater Pharmacy directly to apply balance limits and request prior approvals.

SEKERA001526

2389

© 11/21/2016 11:06 AM

17022976573

→ 17025585407

FAXED 08/24/2016 11:02

PayLater
pharmacy

PHARMACY LIEN

MAKE CHECKS PAYABLE TO
"PAYLATER PHARMACY"

ATTORNEY/LAW FIRM INFORMATION:

Name: The Gallacher Law Firm
Address: 1850 E. Sahara Ave
#107 LV NV 89104
Phone: 702-735-0844 Fax: 702-735-0204

PATIENT: Joyce P. Sekera
SS #: 091-48-8430
D.O.B. 11/04/14 D.O.B. 3/22/56
(Date of Injury) (Date of Birth)

Pharmacy Use Only	Please Verification	Name:	Date/Time:
	Name of Representative spoken to:		0 AEVA PHARMACY
	Case Manager Name:	Case Manager Email:	

By my signature below, I do hereby authorize PayLater Pharmacy - Las Vegas to furnish the above attorney under insurance carrier with all records and information regarding all prescription medications I have received related to the accident/injury for which I am receiving treatment (the date of which is set forth above).

I hereby authorize and direct you, my attorney and/or insurance carrier, to pay directly to PayLater Pharmacy - Las Vegas such sums as may be due and owing for PHARMACY GOODS AND/OR SERVICES rendered me both by reason of this accident and by reason of my other bills that are due and to withhold such sums from any settlement, judgment or verdict which may be paid to you, my attorney, to myself or to another individual on my behalf, and/or by you (the insurance carrier), as may be necessary to adequately protect and clear my account with PayLater Pharmacy - Las Vegas. I hereby give a Lien on my case to PayLater Pharmacy - Las Vegas against any and all proceeds of any settlement, judgment or verdict which may be paid to you, my attorney, or myself or to another individual on my behalf, under by you the insurance carrier, as the result of the injuries for which I have been treated or subject to treatment thereafter.

I agree never to amend this document and that a decision will not be rendered by my attorney. I hereby instruct that in the event another attorney is substituted in this matter, written notice shall be provided at the address indicated or soon as practicable and that the new attorney shall honor this Lien as interest in the settlement and enforceable upon the case as if it were executed by himself.

I fully understand that I am directly and fully responsible to PayLater Pharmacy - Las Vegas for all pharmacy bills submitted by them for services rendered me and their agreement to make solely for said pharmacy's additional protection and to consideration of their awaiting payment. And, I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee.

I do further understand that the pharmacy shall be entitled to all reasonable costs of collection, including but not limited to, attorney fees and costs of suit, to recover full payment for services rendered, as a result of my attorney or myself receiving any recovery and failing or refusing to pay pharmacy promptly. I further agree to pay an interest rate of two (2) percent per month (twenty-four (24) per year) from the first date the account becomes delinquent. I waive the Statute of Limitations regarding PayLater Pharmacy - Las Vegas's right to recover. It is understood and agreed that a copy of this Lien shall have the same force and effect as the original. To the extent I am covered by third-party "medical payments" insurance, I hereby agree that this Lien shall be satisfied, in whole (provided there is adequate coverage thereunder) from the proceeds of such insurance, including without limitation for my attorney to satisfy this Lien immediately upon receipt of any such funds.

I hereby authorize PayLater Pharmacy - Las Vegas to release to the attorney listed above, any documents and information requested, written or oral, including all healthcare records, reports, notes, electronic data, lab tests, x-ray or other imaging tests of any type, billing information, including CPT codes, employment, work, personnel, police, insurance, workers compensation and all other records, files, correspondence or other documents in your possession without limitation (collectively, the "Released Health Records"). By signing below, I understand that the Released Health Records my include information relating to ALCOHOL AND DRUG ABUSE, MENTAL HEALTH TREATMENT and/or HIV/AIDS RELATED INFORMATION, and consent to their release. The purpose of this authorization to release is for use by my attorney in connection with a legal claim.

I further understand that (a) I may refuse to sign this authorization, it is strictly voluntary and my refusal to sign will not affect my treatment, or payment or eligibility for benefits; (b) I understand that any disclosure of information violates with (1) the potential for an unauthorized disclosure and the information may not be protected by Federal confidentiality rules; (2) I expressly waive the doctor-patient or any other privileges as to the information released; (3) I may revoke this authorization at any time in writing to the providers authorized to receive the requested and other information; (4) I understand the revocation will not apply to information already released in response to this authorization. Unless otherwise specified, THIS AUTHORIZATION WILL EXPIRE THREE (3) YEARS FROM THE DATE OF EXECUTION UNLESS A DIFFERENT EVENT OR END DATE IS SPECIFIED. (5) A photocopy of this Authorization is to have the same force and effect as the original.

Date: 8-21-16 Patient/Guardian Signature: Joyce P. Sekera
Relationship: SELF PRINT NAME: Joyce P. Sekera

The undersigned attorney of record and/or insurance carrier for the above patient does hereby agree to observe all the terms of the above and agree to withhold such sums from any settlement, judgment or verdict, as may be necessary to adequately protect PayLater Pharmacy - Las Vegas and to disburse such sums to said clinic.

Date: _____ Attorney Signature: _____
Print Name: _____

SIGN HERE

PLEASE RETURN TO: PayLater Pharmacy - BILLING OFFICE
PO BOX 1288
Las Vegas, NV 89125
P: 702.952.6605
F: 702.947.4955
E: lia@paylaterpharmacy.com
PLEASE MAKE ALL CHECKS PAYABLE TO "PAYLATER PHARMACY"

SEKERA001527

2390

EXHIBIT 47

4101 Meadows Lane #100 | Las Vegas, NV 89107
Tel. 702.655.2346 | Fax 702.655.3763 | claggettlaw.com

~~August 13, 2020~~

August 24, 2020

VIA FACSIMILE

Pain Institute of Nevada
702-878-9096

2nd Request

Re: **Medical and Billing Records Request**

Client Name: Joyce Sekera
Date of Loss: 11/4/2016
Date of Birth: 3/22/1956

12/12/19 - present

To Whom It May Concern,

I understand that our client, Joyce Sekera, treated at your facility in relation to the above-referenced date of loss. Please send us copies of all medical and billing records, including:

- **ALL PAST RECORDS** (even if unrelated to condition as alleged within the current claim) and all medical records which are in the control or possession of this witness
- **ALL CLINICAL DOCUMENTATIONS:** all notes (handwritten or otherwise), prescriptions, surgical reports, all sign-in sheets, dictated reports, chart notes, insurance forms, progress notes, patient questionnaires, blood tests, laboratory findings, all test results, appointment records, discharge reports, admission reports, and nurses' notes
- **ALL DIAGNOSTICS:** X-ray reports, X-ray films, MRI reports, MRI films, and CT-scans (if possible, please put films on CD-ROM or DVD. Please contact our office before you put them on CD-ROM or DVD)
- **ALL BILLING RECORDS:** invoices and statements (please include CPT coding & ICD-10)

Please also provide all correspondence with any and all insurance companies or providers regarding the treatment of our client including, but not limited to, all requests for treatments, referrals, referral forms, authorizations, and denials.

Enclosed please find a copy of a medical authorization signed by our client. **PLEASE BE SURE TO COMPLETE AND SIGN THE DECLARATION FOR CUSTODIAN OF RECORDS (NOTARY NOT NEEDED) ON THE THIRD PAGE OF THIS REQUEST.**

Claggett & Sykes Law Firm will reimburse any reasonable copying charges you may incur. Please include a statement of copying fees. Please feel free to contact me if you have any questions.

Sincerely,
CLAGGETT & SYKES LAW FIRM

/s/ Paola Jimenez

PAOLA JIMENEZ

SEKERA001528

**DECLARATION FOR MEDICAL RECORDS
AND MEDICAL BILLING RECORDS**

STATE OF Nevada)
COUNTY OF Clark) ss:

COMES NOW Michelle Fazio, who after first being duly sworn, deposes and says:

1. That Declarant is the Custodian of Medical Records and of Medical Billing Records for **Pain Institute of Nevada**.

Nevada That **Pain Institute of Nevada** is licensed to do business in the State of

3. That on the 25 day of August, 2020, Declarant was served a Medical Records and Medical Billing Records Request in connection with the above-entitled cause, calling for the production of Medical Records and Medical Billing Records pertaining to: **JOYCE SEKERA**.

4. That Declarant has examined the original of both those Medical Records and Medical Billing Records and has made or has caused to be made a true and exact copy of them, and that the reproduction of them attached hereto is true and complete.

5. That the original of both those Medical Records and Medical Billing Records were made at or near the time of the act, event, condition, opinion, diagnosis recited therein by or from information transmitted by a person with knowledge, in the course of a regularly conducted activity of Declarant or **Pain Institute of Nevada**;

6. That the services provided were reasonable and necessary and the amounts charged for the services were reasonable and necessary at the time and place that the services were provided.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: 25 day of August, 2020


DECLARANT

**CONSENT FOR USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

In compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and 45 CFR 164.508

To: Pain Institute of Nevada (Medical Care Provider)

Date(s) of Treatment Requested: 12-12-2019 to Present

In Joyce S. KERRA, do hereby authorize the above-named entity to disclose and deliver to the office of CLAGGETT & SYKES, or a representative of the office, protected health information as follows:

Information to Be Disclosed:

Any and all document relating to my physical and mental condition, any and all documents relating to treatment which I have received or am currently receiving. Such documents include, but are not limited to, any and all x-rays, radiographic studies, films, or reports, lab studies and reports, all other diagnostic studies and reports, treatment notes, handwritten notes, chart notes, nurses' notes, doctors' orders, prescription records, written records, billing statements and records, chart covers and backs, all records, and any other document of information which is or may be considered a part of my medical file, and which may be considered related to the undersigned prior, current, and/or future physical condition, treatment, and/or hospitalization.

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

- ☒ HIV/AIDS Related Information and/or Records
- ☒ Mental Health Information and/or Records
- ☒ Genetic Testing Information and/or Records
- ☒ Drug/Alcohol Diagnosis, Treatment or Referral Information

Describe: _____

Purpose or Use of Authorization:

The documents and information referred to herein shall be used for the purposes of settling and/or litigating a disputed injury claim, with regard to any injury or incident which occurred on or about 11-4-2016. The documents and/or information to be disclosed pursuant to this Authorization "ARE NOT" limited to the documents related to the subject injury or incident. This Authorization allows for the production of documentation and information relating to "ALL DATES."

Revocation:

This Authorization shall expire on 10-10-2021, unless otherwise revoked. I understand that if I desire to revoke this Authorization, prior to the above-referenced date, I must do so in writing, and deliver such writing to the entity listed above. I understand that such revocation will be effective, except to the extent that (a) the covered entity has taken action reliance thereon; or (b) if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

I understand that the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, by 45 CFR 164.508, or other applicable statutes.

I understand that the release of personal health information through this Authorization will not effect my treatment, payment, enrollment or eligibility for benefits.

I further understand that the above-referenced entity may not disclose my information, as requested herein, without my signature on this Authorization, and that my signing or refusing to sign this Authorization will not affect my ability to receive treatment, payment, or health care operations from the above-referenced entity.

THIS AUTHORIZATION IS A CONTINUING AUTHORIZATION WHICH PERMITS MY ATTORNEY AND THEIR STAFF TO OBTAIN UPDATED RECORDS BEYOND THE DATE OF THIS AUTHORIZATION.

A photostatic copy of this Authorization shall be considered as effective and valid as the original.

DATED this 10 day of 10, 2019.

Joyce Sakera
Print Name

[Signature]
Client's Signature

3-22-56
Date of Birth

09148-8430
Social Security Number

EXHIBIT 48

**DECLARATION FOR MEDICAL RECORDS
AND MEDICAL BILLING RECORDS**

STATE OF CALIFORNIA)
) ss:
COUNTY OF ORANGE)

COMES NOW ANA C MARTINEZ, who after first being duly sworn, deposes and says:

1. That Declarant is the Custodian of Medical Records and of Medical Billing Records for **Desert Radiology**.

2. That **Desert Radiology** is licensed to do business in the State of NEVADA;

3. That on the 23 day of SEPTEMBER, 2020, Declarant was served a Medical Records and Medical Billing Records Request in connection with the above-entitled cause, calling for the production of Medical Records and Medical Billing Records pertaining to: **JOYCE SEKERA**.

4. That Declarant has examined the original of both those Medical Records and Medical Billing Records and has made or has caused to be made a true and exact copy of them, and that the reproduction of them attached hereto is true and complete.

5. That the original of both those Medical Records and Medical Billing Records were made at or near the time of the act, event, condition, opinion, diagnosis recited therein by or from information transmitted by a person with knowledge, in the course of a regularly conducted activity of Declarant or **Desert Radiology**;

6. That the services provided were reasonable and necessary and the amounts charged for the services were reasonable and necessary at the time and place that the services were provided.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: 05 day of OCTOBER, 2020.


DECLARANT

SEKERA001532

RESPONSIBLE PARTY	ACCOUNT #	BILL DATE
JOYCE SEKERA	281420-DSRT	10-06-2020

DESERT RADIOLOGY
PO BOX 3057
INDIANAPOLIS, IN 46206-3057

JOYCE SEKERA
7845 NESTING PINE PL
LAS VEGAS, NV 89143-4469

DOS	Patient	Physician	Phys Tax ID	Charge Description	Amt	Pmt	Adj	Bal
07-31-2018	JOYCE SEKERA	44-FRANCOIS,	880098322	72050 59 - X-RAY EXAM NECK SPINE 4/5VWS	175.01	37.26	137.75	0.00
07-31-2018	JOYCE SEKERA	72-BHANDERI,	880098322	72131 - CT LUMBAR SPINE W/O DYE	817.02	309.17	507.85	0.00
07-31-2018	JOYCE SEKERA	44-FRANCOIS,	880098322	72110 59 - X-RAY EXAM L-2 SPINE 4/5-VWS	153.00	40.19	112.81	0.00
07-31-2018	JOYCE SEKERA	72-BHANDERI,	880098322	G9637 - DOC >1 DOSE REDUC TECH	0.00	0.00	0.00	0.00
07-31-2018	JOYCE SEKERA	93-TULADHAR, PREETI	880098322	72081 FY - X-RAY EXAM ENTIRE SPI 1 VW	122.00	31.72	90.28	0.00

Account
Balance: \$0.00

Account Number: 281420-DSRT
ANMAR

FOR BILLING QUESTIONS PLEASE CALL (888) 727-1074

1 of 1

281420-DSRT-37989751

SEKERA001533

2398

CLAGGETT & SYKES LAW FIRM
4101 Meadows Lane, Suite 100
Las Vegas, Nevada 89107
702-655-2346 • Fax 702-655-3763

ECC
Sean K. Claggett, Esq.
Nevada Bar No. 008407
William T. Sykes, Esq.
Nevada Bar No. 009916
Geordan G. Logan, Esq.
Nevada Bar No. 013910
CLAGGETT & SYKES LAW FIRM
4101 Meadows Lane, Suite 100
Las Vegas, Nevada 89107
(702) 655-2346 – Telephone
(702) 655-3763 – Facsimile
sclaggett@claggettlaw.com
wsykes@claggettlaw.com
glogan@claggettlaw.com

Keith E. Galliher, Jr., Esq.
Nevada Bar No. 220
Jeffrey L. Galliher, Esq.
Nevada Bar No. 8078
Kathleen H. Gallagher, Esq.
Nevada Bar No. 15043
THE GALLIHER LAW FIRM
1850 East Sahara Avenue, Suite 107
Las Vegas, Nevada 89104
(702) 735-0049 – Telephone
(702) 735-0204 – Facsimile
Attorneys for Plaintiff

DISTRICT COURT
CLARK COUNTY, NEVADA

JOYCE SEKERA, an Individual,

Plaintiff,

v.

VENETIAN CASINO RESORT, LLC, d/b/a
THE VENETIAN LAS VEGAS, a Nevada
Limited Liability Company; LAS VEGAS
SANDS, LLC d/b/a THE VENETIAN LAS
VEGAS, a Nevada Limited Liability Company;
YET UNKNOWN EMPLOYEE; DOES I
through X, inclusive,

Defendants.

CASE NO.: A-18-772761-C

DEPT. NO.: XXV

**PLAINTIFF'S EIGHTEENTH
SUPPLEMENT TO INITIAL
DISCLOSURES PURSUANT TO N.R.C.P.
16.1**

COMES NOW, Plaintiff, JOYCE SEKERA, by and through her counsel of record,
CLAGGETT & SYKES LAW FIRM and provides the following eighteenth supplement to Initial
Disclosures Pursuant to N.R.C.P. 16.1 as follows:

I.

PRODUCTION OF DOCUMENTS

DOCUMENTS:

<u>EX.</u>	<u>DESCRIPTION</u>	<u>BATES NUMBERS</u>
1.	Records and billing from Centennial Hills Hospital	JS001-074
2.	Billing from Shadow Emergency Services	JS075-076
3.	Records and billing from Desert Radiologists	JS077-082
4.	Records and billing from Dr. Webber	JS083-243
5.	Records and billing from Las Vegas Radiology	JS244-262
6.	Records and billing from Dr. Hyla	JS263-303
7.	Records and billing from Dr. Shah	JS304-378
8.	Billing from PayLater Pharmacy	JS379
9.	Billing from Las Vegas Pharmacy	JS380-381
10.	Records and billing from Dr. Travnick	JS382-475
11.	Records and billing from Valley View Surgery Center	JS476-601
12.	Records and billing from Steinberg Diagnostics	JS602-608
13.	Records and billing from Dr. Cash	JS609-658
14.	Records from Dr. Smith	JS659-661
15.	Wage loss document	JS662
16.	Records and billing from Dr. Smith	JS663-847

1	17.	Tax returns from 2016	JS848-864
2	18.	Certificate of Custodian of Medical Records from Dr. Smith	JS865
3	19.	Records from Dr. Travnicek	JS866-868
4	20.	Records from Core Rehab	JS869-938
5	21.	Records and billing from Dr. Smith	JS939-945
6	22.	Records from Dr. Travnicek	JS946-949
7	23.	Supplemental report from Dr. Travnicek	JS950
8	24.	Supplemental report from Thomas Jennings	JS951-952
9	25.	Supplemental report from Dr. Baker	JS953-979
10	26.	Second Supplemental expert report from Dr. Baker	JS980
11	27.	Third Supplemental expert report from Dr. Baker	JS981-988
12	28.	Records from Dr. Travnicek	JS989-992
13	29.	Records from Valley View Surgery Center	JS993
14	30.	Records from Dr. Smith	JS994-995
15	31.	Report from Wilson C. "Toby" Hayes, Ph.D. regarding case "Wall v South Point Hotel & Casino"	JS996-1010
16	32.	Records from Dr. Smith	JS1011-1013
17	33.	Records from Dr. Smith	JS1014-1015
18	34.	Billing from Valley View Surgery Center	JS1016-1017
19	35.	First supplemental expert rebuttal report from Dr. Anthony	JS1018-1020
20	36.	Surgical estimate from Western Regional Center for Brain & Spine	JS1021
21	37.	Billing from Dr. Garber	JS1022
22	38.	Second supplemental expert report from Thomas Jennings, P.E.	JS1023
23	39.	Third supplemental expert report from Dr. Travnicek	JS1024-1025
24	40.	Medical and Billing Records from SimonMed	SEKERA001026- SEKERA001030

41.	Medical and Billing Records from Desert Institute of Spine Care	SEKERA001031- SEKERA001082
42.	Medical Records from Desert Chiropractic & Rehab/Core Rehab	SEKERA001083- SEKERA001105
43.	Medical and Billing Records from Las Vegas Neurosurgical Institute	SEKERA001106- SEKERA001185
44.	Medical and Billing Records from Pain Institute of Nevada	SEKERA001186- SEKERA001304
45.	Medical and Billing Records from Radar Medical Group	SEKERA001305- SEKERA001500
45.	Medical and Billing Records from Radar Medical Group	SEKERA001501- SEKERA001520
46.	Pharmacy records from PayLater Pharmacy	SEKERA001521- SEKERA001527
47.	Declaration page Pain Institute of Nevada	SEKERA001528- SEKERA001531
48.	Declaration page and billing from Desert Radiologists	SEKERA001532- SEKERA001533
49.	Worker's Compensation file	SEKERA001534- SEKERA001691

Any and all documents provided by the Defendant and/or any other party to this litigation.

The Plaintiff reserves the right to supplement her production of documents as discovery is ongoing.

II.

LIST OF WITNESSES

Joyce Sekera is the Plaintiff in this matter and will testify to the allegations contained in the Complaint and any information relevant thereto; her recollection of the facts and circumstances surrounding the subject incident; her pre-and post-incident status, including medical conditions, injuries, treatments, outcomes, diagnoses, and prognoses; her employment and income history; the medical special damages she claims to have incurred as a result of the incident, including the existence of any and all liens, insurance claims and payments, and any monies received in connection therewith; any and all meetings, communications, and observations of the parties, police officers and witnesses.

1.	Joyce Sekera c/o Claggett & Sykes Law Firm
----	---

4101 Meadows Lane, Suite 100
Las Vegas, Nevada 89107

The following witness are expected to testify regarding the facts and circumstances surrounding the subject incident, the allegations contained in the Complaint and any information relevant thereto and/or the Plaintiff's condition, lifestyle and activities before and after the incident.

- | | |
|----|---|
| 1. | Marissa Freeman
8929 Monte Oro Drive
Las Vegas, Nevada 89131 |
| 2. | Brian Freeman
8929 Monte Oro Drive
Las Vegas, Nevada 89131 |
| 3. | Carole Divito
7840 Nesting Pine Place
Las Vegas, Nevada 89143 |

The following witnesses are Defendants in this action and it is anticipated that they will testify their knowledge of the allegations contained in the Complaint, the Answer and Affirmative Defenses; any and all observations, meetings, communications and interactions with the parties, police officers, and witnesses; any notes, photos or memoranda created about the accident or matters alleged in the Complaint, Answer and Affirmative Defenses:

- | | |
|----|---|
| 1. | NRCP 30(b)(6) Witness(es) for
VENETIAN CASINO RESORT, LLC
d/b/a THE VENETIAN LAS VEGAS
c/o Royal & Miles LLP
1522 West Warm Springs Road
Henderson, Nevada 89014 |
| 2. | NRCP 30(b)(6) Witness(es) for
LAS VEGAS SANDS, LLC
d/b/a THE VENETIAN LAS VEGAS
c/o Royal & Miles LLP
1522 West Warm Springs Road
Henderson, Nevada 89014 |

The following witnesses are expected to testify as to the facts surrounding the subject incident, the resulting injuries, medical treatment, symptoms, post-injury condition and/or damages in connection with the subject incident.

1.	Louie Calleros 2557 Land Rush Drive Henderson, Nevada 89002 (702) 414-9956
2.	Rafael Chavez 5850 Sky Point Drive Las Vegas, Nevada 89130 (702) 556-9385
3.	Warren Church, Jr. Brand Las Vegas, LLC 3130 S. Rainbow Blvd., Suite 305 Las Vegas, Nevada 89146 (702) 538-9000
4.	Maria Cruz 911 Melrose Dr. Las Vegas, Nevada 89101 (702) 504-1742
5.	Milan Graovac 7660 W. Eldorado Ln. #140 Las Vegas, Nevada 89113
6.	Sang Han 3180 Molinos Dr. Las Vegas, Nevada 89141 (702) 607-2262
7.	Chris Johnson 8445 Las Vegas Blvd. So, #2106 Las Vegas, Nevada 89123 (702) 241-2302
8.	Joe Larson, EMT 3339 Horned Lark Court Las Vegas, Nevada 89117 619-961-8167
9.	David Martinez 517 North Yale St. Las Vegas, Nevada 89107 (702) 878-2504
10.	Christina Tonemah 3140 White Rose Way Henderson, Nevada 89014-3100 (702) 672-5240
11.	Kecia Powell 121 Parrish Ln. Las Vegas, Nevada 89110-4838

1		(702) 245-1792
2	12.	James Sturiale
3		5521 Kettering Pl.
4		Las Vegas, Nevada 89107-3739
5		(702) 237-9960
6	13.	Dianne Willoughby
7		1100 W. Monroe, #231
8		Las Vegas, Nevada 89106
9		(702) 578-9916
10	14.	Dawit Wadajo
11		5060 W. Hacienda Ave., Apt. 1101
12		Las Vegas, Nevada 89118-0349
13		(702) 742-7988
14	15.	Pete Krueger
15		7028 Edwin Aldrin Cir.
16		Las Vegas, Nevada 89145-6127
17	16.	Alma Coloma
18		6118 Carter Caves Ave.
19		Las Vegas, Nevada 89139
20		(702) 217-1118
21	17.	Charry Kennedy
22		c/o Royal & Miles LLP
23		1522 West Warm Springs Road
24		Henderson, Nevada 89014
25		(702) 471-6777
26	18.	Edward R. DiRocco
27		3130 S. Rainbow Blvd., Suite 305
28		Las Vegas, Nevada 89146
	19.	Gary Shulman
		10263 Jamapa Dr.
		Las Vegas, Nevada 89178-4028
		(702) 487-2207
	20.	NRCP 30(b)(6) Witness(es) for
		Brand Las Vegas, LLC
		3130 S. Rainbow Blvd. Suite 305
		Las Vegas, Nevada 89146
		(702) 538-9000
	21.	Micki Cimini
		4110 Springville Ave.
		Las Vegas, Nevada 89121-6338
		(702) 769-5983
	22.	Barry Goldberg
		c/o Royal & Miles LLP
		1522 West Warm Springs Road
		Henderson, Nevada 89014
		(702) 471-6777
	23.	Michael Conery
		c/o Royal & Miles LLP

	1522 West Warm Springs Road Henderson, Nevada 89014 (702) 471-6777
24.	Rhonda Salinas c/o Royal & Miles LLP 1522 West Warm Springs Road Henderson, Nevada 89014 (702) 471-6777
25.	Marnie Pipp c/o Royal & Miles LLP 1522 West Warm Springs Road Henderson, Nevada 89014 (702) 471-6777
26.	Anna Hersel c/o Royal & Miles LLP 1522 West Warm Springs Road Henderson, Nevada 89014 (702) 471-6777

The following witnesses are experts in this action and it is anticipated that they will testify to their opinions in their reports and any supplements thereto. They may testify to any documents reviewed by them in reaching their opinions, and any other documents or reports that may be relevant to their opinions or defense of those opinions. They may also be called to rebut the opinions of the Defendants' experts to the extent said opinions conflict their own or to the extent said opinions fall within their specialized knowledge, skill, experience, training or education.

1.	Francis Del Vecchio, MD and/or NRCP 30(b)(6) witness and/or Custodian of Records for Centennial Hills Hospital 6900 N. Durango Drive Las Vegas, Nevada 89149
2.	Francis Del Vecchio, MD and/or NRCP 30(b)(6) witness and/or Custodian of Records for Shadow Emergency Physicians PO Box 13917 Philadelphia, PA 19101
3.	Kaveh Kardooni, M.D. and/or NRCP 30(b)(6) witness and/or Custodian of Records for Desert Radiology 2020 Palomino Lane, Suite 100 Las Vegas, Nevada 89106
4.	Jordan B. Webber, D.C. and/or NRCP 30(b)(6) witness and/or Custodian of Records for Desert Chiropractic & Rehab/Core Rehab 10620 Southern Highlands Parkway, Suite 110-329

1		Las Vegas, Nevada 89141
2	5.	James D. Balodimas, M.D. and/or
3		NRCP 30(b)(6) witness and/or
4		Custodian of Records for Las Vegas Radiology
		3201 S. Maryland Parkway, Suite 102
		Las Vegas, Nevada 89109
5	6.	Michelle Hyla, D.O. and/or
6		NRCP 30(b)(6) witness and/or
7		Custodian of Records for Southern Nevada Medical Group
		1485 E. Flamingo Road
		Las Vegas, Nevada 89119
8	7.	Russell J. Shah, M.D. and/or
9		NRCP 30(b)(6) witness and/or
10		Custodian of Records for Radar Medical Group
		10624 S. Eastern Avenue, #A-425
		Henderson, Nevada 89052
11	8.	NRCP 30(b)(6) witness and/or
12		Custodian of Records for PayLater/Wellcare Pharmacy
		P.O. Box 1200
		Las Vegas, Nevada 89125
13	9.	NRCP 30(b)(6) witness and/or
14		Custodian of Records for Las Vegas Pharmacy
		2600 W. Sahara Avenue, Suite 120
		Las Vegas, Nevada 89102
15	10.	Katherine D. Travnicek, M.D.
16		NRCP 30(b)(6) witness and/or
17		Custodian of Records for Pain Institute of Nevada
		7435 W. Azure Drive, Suite 190
		Las Vegas, Nevada 89130
18	11.	Katherine D. Travnicek, M.D.
19		NRCP 30(b)(6) witness and/or
20		Custodian of Records for Valley View Surgery Center
		1330 S. Valley View Blvd.
		Las Vegas, Nevada 89102
21	12.	Sarah Kim, M.D.
22		NRCP 30(b)(6) witness and/or
23		Custodian of Records for Steinberg Diagnostics
		P.O. Box 36900
		Las Vegas, Nevada 89133
24	13.	Andrew Cash, M.D.
25		NRCP 30(b)(6) witness and/or
26		Custodian of Records for Desert Institute of Spine Care
		9339 W. Sunset Road, Suite 100
		Las Vegas, Nevada 89148
27	14.	Willian D. Smith, M.D.
28		NRCP 30(b)(6) witness and/or
		Custodian of Records for Western Regional Center for Brain & Spine
		3061 S. Maryland Parkway, Suite 200

1		Las Vegas, Nevada 89109
2	15.	Jason E. Garber, M.D.
3		NRCP 30(b)(6) witness and/or
4		Custodian of Records for LVNI Center for Spine and Brain Surgery
5		3012 S. Durango Drive
6		Las Vegas, Nevada 89117
7	16.	Travis Snyder, D.O.
8		NRCP 30(b)(6) witness and/or
9		Custodian of Records for SimonMed Imaging
10		7450 Oso Blanca Road, #140
11		Las Vegas, Nevada 89149
12		(866) 282-7905
13	17.	Thomas A. Jennings
14		355 W. Mesquite Blvd., D30
15		PMB 1-111
16		Mesquite, Nevada 89027
17	18.	John E. Baker, Ph.D., P.E.
18		7380 S. Eastern Avenue, Ste. 124-142
19		Las Vegas, Nevada 89123

The following treating physicians are expected to testify, and may give expert opinions as non-retained treating physicians, regarding their treatment of the Plaintiff. Their testimony and opinions will consist of the necessity of the medical treatment rendered, diagnosis of the Plaintiff's injuries, prognosis, the reasonableness and necessity of future treatment to be rendered, the causation of the necessity for past and future medical treatment, their opinion as to past and future restrictions of activities, including work activities, caused by the incident. Their opinions shall include the authenticity of medical records, the cost of past medical care, future medical care, and whether those medical costs fall within ordinary and customary charges in the community, for similar medical care and treatment. Their testimony may include opinions as to whether the Plaintiff has a diminished work life expectancy as a result of the accident. They will testify in accordance with their medical chart, including records contained therein that were prepared by other healthcare providers, and any documents reviewed by the treating physician outside of his or his medical chart in the course of providing treatment or to defend that treatment. Such documents may include, but are not limited to, records from other healthcare providers, expert opinions, reports and testimony from experts retained by any party, and any other documents that may be relevant to the treating physician's treatment or defense of his or her treatment of the Plaintiff.

1.	Francis Del Vecchio, MD and/or NRCP 30(b)(6) witness and/or Custodian of Records for Centennial Hills Hospital 6900 N. Durango Drive Las Vegas, Nevada 89149 (702) 835-9700 The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.
2.	Francis Del Vecchio, MD and/or NRCP 30(b)(6) witness and/or Custodian of Records for Shadow Emergency Physicians PO Box 13917 Philadelphia, PA 19101 (800) 355-2470 The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.
3.	Kaveh Kardooni, M.D. and/or NRCP 30(b)(6) witness and/or Custodian of Records for Desert Radiology 2020 Palomino Lane, Suite 100 Las Vegas, Nevada 89106 (702) 759-8600 The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.
4.	Jordan B. Webber, D.C. and/or NRCP 30(b)(6) witness and/or Custodian of Records for Desert Chiropractic & Rehab/Core Rehab 10620 Southern Highlands Parkway, Suite 110-329 Las Vegas, Nevada 89141

1	(702) 463-9508
2	It is expected that Dr. Webber will testify as a non-retained expert in his capacity as medical
3	physicians who provided medical care to Plaintiff, following the subject incident. Dr.
4	Webber is expected to give expert opinions regarding the treatment of Plaintiff, the
5	necessity of the treatment rendered, the causation of the necessity for past and future
6	medical treatment, his expert opinion as to past and future restrictions of activities,
7	including work activities, caused by the incident. His opinions shall include the cost of past
8	and future medical care and whether those medical costs fall within the ordinary and
9	customary charges for similar medical care and treatment. His testimony may also include
10	expert opinions as to whether Plaintiff has a diminished work life expectancy, work
11	capacity, and/or life expectancy as a result of the incident.
12	In rendering his expert opinions he will rely upon the records of all physicians, health care
13	providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff
14	and his respective expert opinions regarding the nature, extent and cause of Plaintiff's
15	injuries, the reasonableness and necessity of the charges for medical treatment rendered to
16	Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians
17	and/or health care providers in the medical community.
18	He will render expert opinions that all of the past and future medical care provided to
19	Plaintiff was reasonable and necessary, that the need for said care was caused by the subject
20	incident, that all charges were reasonable and customary, that the Plaintiff has, and will
21	continue to have, restrictions on her activities and ability to work, that the Plaintiff will
22	have a diminished work life expectancy and a diminished life expectancy. The basis for Dr.
23	Webber's opinions include, but are not limited to, his education, training, and experience,
24	the nature of the trauma Plaintiff was subjected to because of Defendant's negligence,
25	Plaintiff's history and symptoms, any diagnostic tests that were performed, his review of
26	Plaintiff's medical records. In addition, Dr. Webber will testify as a rebuttal expert to any
27	medically designated defense experts in which he is qualified.
28	
5.	James D. Balodimas, M.D. and/or NRCP 30(b)(6) witness and/or Custodian of Records for Las Vegas Radiology 3201 S. Maryland Parkway, Suite 102 Las Vegas, Nevada 89109 (702) 254-5004 The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.
6.	Michelle Hyla, D.O. and/or NRCP 30(b)(6) witness and/or Custodian of Records for Southern Nevada Medical Group 1485 E. Flamingo Road Las Vegas, Nevada 89119 (702) 386-0882

1		It is expected that Dr. Hyla will testify as a non-retained expert in her capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Hyla is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, her expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. Her opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. Her testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.
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7		In rendering her expert opinions she will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and her respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.
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9		
10		She will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Hyla's opinions include, but are not limited to, her education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, her review of Plaintiff's medical records. In addition, Dr. Hyla will testify as a rebuttal expert to any medically designated defense experts in which she is qualified.
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15		
16	7.	Russell J. Shah, M.D. and/or NRCP 30(b)(6) witness and/or Custodian of Records for Radar Medical Group 10624 S. Eastern Avenue, #A-425 Henderson, Nevada 89052 (702) 644-0500
17		
18		
19		*It is expected that Dr. Shah will testify as a non-retained expert in his capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Shah is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, his expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. His opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. His testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.
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25		In rendering his expert opinions he will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.
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1		He will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Shah's opinions include, but are not limited to, his education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Shah will testify as a rebuttal expert to any medically designated defense experts in which he is qualified.
2	8.	NRCP 30(b)(6) witness and/or
3		Custodian of Records for PayLater/Wellcare Pharmacy
4		P.O. Box 1200
5		Las Vegas, Nevada 89125
6		(702) 852-660
7		*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.
8	9.	NRCP 30(b)(6) witness and/or
9		Custodian of Records for Las Vegas Pharmacy
10		2600 W. Sahara Avenue, Suite 120
11		Las Vegas, Nevada 89102
12		(702) 220-3906
13		*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.
14	10.	Katherine D. Travnicek, M.D.
15		NRCP 30(b)(6) witness and/or
16		Custodian of Records for Pain Institute of Nevada
17		7435 W. Azure Drive, Suite 190
18		Las Vegas, Nevada 89130
19		(702) 878-8252
20		*It is expected that Dr. Travnicek will testify as a retained treater/expert in her capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Travnicek is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, her expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. Her opinions shall include the cost of past

1	and future medical care and whether those medical costs fall within the ordinary and
2	customary charges for similar medical care and treatment. Her testimony may also include
3	expert opinions as to whether Plaintiff has a diminished work life expectancy, work
4	capacity, and/or life expectancy as a result of the incident.
5	In rendering her expert opinions she will rely upon the records of all physicians,
6	health care providers, and experts, who have rendered opinions, medical care and treatment
7	to Plaintiff and her respective expert opinions regarding the nature, extent and cause of
8	Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment
9	rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for
10	physicians and/or health care providers in the medical community.
11	She will render expert opinions that all of the past and future medical care provided
12	to Plaintiff was reasonable and necessary, that the need for said care was caused by the
13	subject incident, that all charges were reasonable and customary, that the Plaintiff has, and
14	will continue to have, restrictions on her activities and ability to work, that the Plaintiff will
15	have a diminished work life expectancy and a diminished life expectancy. The basis for Dr.
16	Travnicek's opinions include, but are not limited to, her education, training, and
17	experience, the nature of the trauma Plaintiff was subjected to because of Defendant's
18	negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, her
19	review of Plaintiff's medical records. In addition, Dr. Travnicek will testify as a rebuttal
20	expert to any medically designated defense experts in which she is qualified.
21	11. Katherine D. Travnicek, M.D.
22	NRCP 30(b)(6) witness and/or
23	Custodian of Records for Valley View Surgery Center
24	1330 S. Valley View Blvd.
25	Las Vegas, Nevada 89102
26	(702) 675-4600
27	*The Person Most Knowledgeable is expected to testify regarding the care and treatment
28	rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this
	litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are
	also expected to testify regarding medical causation of injury and the reasonableness and
	necessity of medical treatment and billing. They will also testify regarding future medical
	treatment and future medical expenses, if any. Additionally, the Custodian of Records is
	expected to testify as to the authenticity of the medical and billing records associated with
	Plaintiff's care and treatment.
	12. Sarah Kim, M.D.
	NRCP 30(b)(6) witness and/or
	Custodian of Records for Steinberg Diagnostics
	P.O. Box 36900
	Las Vegas, Nevada 89133
	(702) 732-6000
	*The Person Most Knowledgeable is expected to testify regarding the care and treatment
	rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this
	litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are
	also expected to testify regarding medical causation of injury and the reasonableness and
	necessity of medical treatment and billing. They will also testify regarding future medical
	treatment and future medical expenses, if any. Additionally, the Custodian of Records is
	expected to testify as to the authenticity of the medical and billing records associated with
	Plaintiff's care and treatment.

1	
2	13. Andrew Cash, M.D.
3	NRCP 30(b)(6) witness and/or
4	Custodian of Records for Desert Institute of Spine Care
5	9339 W. Sunset Road, Suite 100
6	Las Vegas, Nevada 89148
7	(702) 630-3472
8	*It is expected that Dr. Cash will testify as a retained treater/expert in his capacity as
9	medical physicians who provided medical care to Plaintiff, following the subject incident.
10	Dr. Cash is expected to give expert opinions regarding the treatment of Plaintiff, the
11	necessity of the treatment rendered, the causation of the necessity for past and future
12	medical treatment, his expert opinion as to past and future restrictions of activities,
13	including work activities, caused by the incident. His opinions shall include the cost of past
14	and future medical care and whether those medical costs fall within the ordinary and
15	customary charges for similar medical care and treatment. His testimony may also include
16	expert opinions as to whether Plaintiff has a diminished work life expectancy, work
17	capacity, and/or life expectancy as a result of the incident.
18	In rendering his expert opinions he will rely upon the records of all physicians,
19	health care providers, and experts, who have rendered opinions, medical care and treatment
20	to Plaintiff and his respective expert opinions regarding the nature, extent and cause of
21	Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment
22	rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for
23	physicians and/or health care providers in the medical community.
24	He will render expert opinions that all of the past and future medical care provided
25	to Plaintiff was reasonable and necessary, that the need for said care was caused by the
26	subject incident, that all charges were reasonable and customary, that the Plaintiff has, and
27	will continue to have, restrictions on her activities and ability to work, that the Plaintiff will
28	have a diminished work life expectancy and a diminished life expectancy. The basis for Dr.
	Cash's opinions include, but are not limited to, his education, training, and experience, the
	nature of the trauma Plaintiff was subjected to because of Defendant's negligence,
	Plaintiff's history and symptoms, any diagnostic tests that were performed, his review of
	Plaintiff's medical records. In addition, Dr. Cash will testify as a rebuttal expert to any
	medically designated defense experts in which he is qualified.
	14. Willian D. Smith, M.D.
	NRCP 30(b)(6) witness and/or
	Custodian of Records for Western Regional Center for Brain & Spine
	3061 S. Maryland Parkway, Suite 200
	Las Vegas, Nevada 89109
	(702) 737-1948
	*It is expected that Dr. Cash will testify as a retained treater/expert in his capacity as
	medical physicians who provided medical care to Plaintiff, following the subject incident.
	Dr. Cash is expected to give expert opinions regarding the treatment of Plaintiff, the
	necessity of the treatment rendered, the causation of the necessity for past and future
	medical treatment, his expert opinion as to past and future restrictions of activities,
	including work activities, caused by the incident. His opinions shall include the cost of past
	and future medical care and whether those medical costs fall within the ordinary and
	customary charges for similar medical care and treatment. His testimony may also include

1	expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.
2	In rendering his expert opinions he will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.
3	He will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Cash's opinions include, but are not limited to, his education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Cash will testify as a rebuttal expert to any medically designated defense experts in which he is qualified.
4	15. Jason E. Garber, M.D.
5	NRCP 30(b)(6) witness and/or
6	Custodian of Records for LVNI Center for Spine and Brain Surgery
7	3012 S. Durango Drive
8	Las Vegas, Nevada 89117
9	(702) 835-0088
10	*It is expected that Dr. Garber will testify as a non-retained expert in his capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Garber is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, his expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. His opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. His testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.
11	In rendering his expert opinions he will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.
12	He will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Garber's opinions include, but are not limited to, his education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, his review of

	Plaintiff's medical records. In addition, Dr. Garber will testify as a rebuttal expert to any medically designated defense experts in which he is qualified.
16.	Travis Snyder, D.O. NRCP 30(b)(6) witness and/or Custodian of Records for SimonMed Imaging 7450 Oso Blanca Road, #140 Las Vegas, Nevada 89149 (866) 282-7905

Any and all witnesses listed by the Defendants and/or any other party to this litigation.

The Plaintiff reserves the right to supplement her list of witnesses as discovery is ongoing.

III.

DAMAGES

EX.	DOCUMENT	AMOUNT
1.	Centennial Hills Hospital	\$13,362.00
2.	Shadow Emergency Physicians	\$1,272.00
3.	Desert Radiologists	\$1,267.03
4.	Desert Chiropractic & Rehab/Core Rehab	\$10,756.00
5.	Las Vegas Radiology	\$3,000.00
6.	Southern Nevada Medical Group	\$1,975.00
7.	Radar Medical Group	\$21,210.50
8.	PayLater/Wellcare Pharmacy	\$282.33
9.	Las Vegas Pharmacy	\$1,090.93
10.	Pain Institute of Nevada	\$16,000.00
11.	Valley View Surgery Center	\$21,089.48
12.	Steinberg Diagnostics	\$1,400.00
13.	Desert Institute of Spine Care	\$1,750.00
14.	Western Regional Center for Brain & Spine	\$1,675.00
15.	LVNI Center for Spine and Brain Surgery	\$1,700.00
16.	SimonMed Imaging	\$16,179.00
	Total Past Medical Specials To Date	\$114,009.27

Future Medical Expenses	\$457,936.99
Past Wage Loss	To Be Determined
Loss of Earning Capacity	To Be Determined
Past Pain, Suffering, Mental Anguish, and Loss of Enjoyment of Life	To Be Determined
Future Pain, Suffering, Mental Anguish, and Loss of Enjoyment of Life	To Be Determined
Attorney's Fees and Costs	To Be Determined

DATED this 4th day of November 2020.

CLAGGETT & SYKES LAW FIRM

/s/ Geordan G. Logan
 Sean K. Claggett, Esq.
 Nevada Bar No. 008407
 William T. Sykes, Esq.
 Nevada Bar No. 009916
 Geordan G. Logan, Esq.
 Nevada Bar No. 013910
 4101 Meadows Lane, Suite 100
 Las Vegas, Nevada 89107
 (702) 655-2346 – Telephone

Keith E. Galliher, Jr., Esq.
 Nevada Bar No. 220
 Kathleen H. Gallagher, Esq.
 Nevada Bar No. 15043
 THE GALLIHER LAW FIRM
 1850 East Sahara Avenue, Suite 107
 Las Vegas, Nevada 89104
 (702) 735-0049 – Telephone
Attorneys for Plaintiffs

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the 4th day of November 2020, I caused to be served a true and correct copy of the foregoing **PLAINTIFF'S EIGHTEENTH SUPPLEMENT TO INITIAL DISCLOSURES PURSUANT TO N.R.C.P. 16.1** on the following person(s) by the following method(s) pursuant to NRCP 5(b):

Via E-Service
Michael A. Royal, Esq.
Gregory A. Miles, Esq.
Royal & Miles LLP
1522 W. Warm Springs Road
Henderson, Nevada 89014
Attorney for Defendants

CLAGGETT & SYKES LAW FIRM

/s/ Maria Alvarez
An Employee of CLAGGETT & SYKES LAW FIRM

EXHIBIT 49

1 DALTON L. HOOKS, JR., ESQ., Nevada Bar #8121
 2 BRADY L. DAVIES, ESQ., Nevada Bar #13858
 3 HOOKS MENG & CLEMENT
 2820 W. Charleston Blvd., Ste. C-23
 4 Las Vegas, NV 89102
 Telephone No.: (702) 766-4672
 5 Facsimile No.: (702) 919-4672
 Attorneys for Insurer
 FARMERS INSURANCE EXCHANGE

6 STATE OF NEVADA
 7
 8 DEPARTMENT OF ADMINISTRATION
 9 APPEALS DIVISION

10 In the Matter of the Contested
 Insurance Claim

APPEAL NO.: 2001319-KWA
 CLAIM NO.: WC10132190

11 of

Employer:

12 JOYCE SEKERA
 13 7840 NESTING PINE PL
 14 LAS VEGAS, NV 89143

BRAND VEGAS LLC
 3130 S RAINBOW BLVD STE 305
 LAS VEGAS, NV 89146

15 INSURER'S PRODUCTION OF RELATED DOCUMENTS

16 COMES NOW, the Insurer, FARMERS INSURANCE EXCHANGE ("Insurer"), by and
 17 through its attorney, DALTON L. HOOKS, JR., ESQ., and submits its Production of Related
 18 Documents concerning the instant matter to be heard on appeal on **Thursday, January 23, 2020**
 19 **at 12:00 PM.** This Production of Related Documents is filed pursuant to NAC 616C.300.

20 ...

21 ...

22 ...

23 ...

24 ...

HMC
 HOOKS MENG CLEMENT

I.


LIST OF EXHIBITS TO BE RELIED UPON

C-4	1
Claimant's Medical Records	2-37
Correspondence from Claimant to Insurer	38-39
Correspondence from Insurer to Claimant	40-53
Non-Certification Recommendation dated 07/05/19	54-56
Hearing Officer's Decision and Order dated 03/16/17	57
Hearing Officer's Decision and Order dated 11/27/17	58-59
Hearing Officer's Decision and Order dated 05/09/18	60-61
Hearing Officer's Decision and Order dated 10/27/18	62-63
Claimant's Request for Hearing Before Appeals Officer	64

Dated this 16th day of January, 2020.

Respectfully submitted,


HOOKS MENG & CLEMENT
By:



DALTON L. HOOKS, JR., ESQ.
BRADY L. DAVIES, ESQ.
2820 W. Charleston Blvd., Ste. C-23
Las Vegas, NV 89102
Attorneys for Insurer
FARMERS INSURANCE EXCHANGE

AFFIRMATION PURSUANT TO NRS 239B.030

The undersigned does hereby affirm that the preceding pleading filed concerning
Department of Administration Case No.: 2001319-KWA does not contain the social security
number of any person.


DALTON L. HOOKS, JR., ESQ.
BRADY L. DAVIES, ESQ.
HOOKS MENG & CLEMENT
2820 W. Charleston Blvd., Ste. C-23
Las Vegas, NV 89102
Attorneys for Insurer
FARMERS INSURANCE EXCHANGE

1/16/20
DATE



CERTIFICATE OF SERVICE

The undersigned does hereby certify that on the date shown below, a true and correct copy of the foregoing **INSURER'S PRODUCTION OF RELATED DOCUMENTS** was duly served on the following as indicated:

<input type="checkbox"/> Via Facsimile <input type="checkbox"/> Electronic Mail <input type="checkbox"/> US Mail <input checked="" type="checkbox"/> Via Appeals Office Box <input type="checkbox"/> Personal Delivery	Joyce Sekera c/o H. Douglas Clark, Esq. Clark & Richards LLP 2470 St. Rose Pkwy, Ste. 310 Henderson, NV 89074
<input type="checkbox"/> Via Facsimile <input type="checkbox"/> Electronic Mail <input checked="" type="checkbox"/> US Mail <input checked="" type="checkbox"/> Via Appeals Office Box <input type="checkbox"/> Personal Delivery	H. Douglas Clark, Esq. Clark & Richards LLP 2470 St. Rose Pkwy, Ste. 310 Henderson, NV 89074
<input type="checkbox"/> Via Facsimile <input type="checkbox"/> Electronic Mail <input checked="" type="checkbox"/> US Mail <input type="checkbox"/> Via Appeals Office Box <input type="checkbox"/> Personal Delivery	Brand Vegas LLC 3130 S Rainbow Blvd., Ste. 305 Las Vegas, NV 89146
<input type="checkbox"/> Via Facsimile <input checked="" type="checkbox"/> Electronic Mail <input type="checkbox"/> US Mail <input type="checkbox"/> Via Appeals Office Box <input type="checkbox"/> Personal Delivery	Patrice Gonzales Farmers Insurance Exchange P O Box 108843 Oklahoma City, OK 73101-8843

Dated this 16th day of Jan, 2020.

Maime C. Mayfield

An employee of HOOKS MENG &
CLEMENT

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT

FORM C-4
 PLEASE TYPE OR PRINT

Please complete all areas that are highlighted in yellow.

EMPLOYEE'S CLAIM - PROVIDE ALL INFORMATION REQUESTED

First Name Joyce	Last Name SEKERA	Birthdate 3-22-56	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Claim Number (Insurer's Use Only)
Home Address 7840 Nesting Pine Pl	City Las Vegas	State NV	Zip 89143	Telephone 702-467-5457
Age 60	Height 5'6"	Weight 180	Social Security Number	
Mailing Address 7840 Nesting Pine Pl	City Las Vegas	State NV	Zip 89143	Primary Language Spoken English
INSURER N/A	THIRD-PARTY ADMINISTRATOR N/A	Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred SALES		
Employee's Name/Company Name SEKERA, JOYCE				Telephone 702-538-9000
Office Mail Address (Number and Street) N/A				
Date of Injury (if applicable) 11/4/16	Hours Injury (if applicable) am 10 pm	Date Employer Notified 11-4-16	Last Day of Work After Injury or Occupational Disease 11-8-16	Supervisor to Whom Injury Reported Waver Church
Address of Location of Accident (if applicable) Venetian Hotel				
What were you doing at the time of the accident? (if applicable) walking				
How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary.) There was water on the floor. My feet went out in front of me. I slipped. I fell on my back & arm.				
If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment? N/A				Witnesses to the Accident (if applicable)
Nature of Injury or Occupational Disease FALL ON BACK, back		Part(s) of Body Injured or Affected left elbow/back		Guests/Workers
I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 618A TO 618G), INCLUDING OR CHAPTER 617 OF NRS. I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PENDING OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOGRAPH OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.				
Date 11/4/16	Place Centennial Hills Hospital	Employee's Signature Joyce Sekera		
THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT				
Place Emergency Room Department	Name of Facility Centennial Hills Hospital			
Date 11/4/16	Diagnosis and Description of Injury or Occupational Disease elbow/back sprain	Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain)		
Hour 17:30		Have you advised the patient to remain off work five days or more? <input type="checkbox"/> Yes Indicate dates from _____ to _____ <input checked="" type="checkbox"/> No If no, is the injured employee capable of <input type="checkbox"/> full duty <input checked="" type="checkbox"/> modified duty If modified duty, specify any limitations/regulations NOV. 8		
Treatment X-ray pain relievers				
X-Ray Findings fracture				
From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is additional medical care by a physician indicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Do you know of any previous injury or disease contributing to the condition or occupational disease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Explain if yes)				
Date 11/4/16	Print Doctor's Name Dr. Del Vecchio	I certify that the employer's copy of this form was mailed to the employer on _____		
Address 6900 North Durango Drive				
City Las Vegas	State Nevada	Zip 89149	Provider's Tax ID Number 20-4993360	Telephone 702-835-9700
Doctor's Signature [Signature]		Degree MD		
		8005149375-7120336 SEKERA, JOYCE DOB 03/22/1956 60Y SX F EMR MRN 7120336 ADM/REG DT 11/04/2016 Centennial Hills Hospital		

ORIGINAL - TREATING PHYSICIAN OR CHIROPRACTOR PAGE 2 - INSURER/TPA PAGE 3 - EMPLOYER PAGE 4 - EMPLOYEE (no 1007)

William D. Smith, MD
Jason E. Garber, MD, FACS
Stuart S. Kaplan, MD, FACS
Gregory L. Couds, MD



3061 S Maryland Fkwy Suite 200
Las Vegas, NV 89109-6227
Phone: (702) 737-1948
Fax: (702) 737-7185

Patient: Joyce Sekera

Patient #: 379090

DOB: 03/22/1956 (61 years)

Date of Encounter: 02/22/2018

History of Present Illness

The patient is a 61 year old female who presents to the practice today for a transition into care. The patient is transitioning into care and a summary of care was reviewed. Note for "Transition into care": I had the opportunity and pleasure of seeing this 61-year-old woman in my office today. This woman works at The Venetian here in Vegas. She is a salesperson who sells show tickets at a booth there. The patient had been there for some time. She was in her usual state of good health when she went to lunch. She slipped on a wet floor while there. She apparently had a loss of consciousness. She was seen by The Venetian medical staff. She was told that she should go to the hospital. She decided to drive herself there. She was seen at Centennial Hospital and released.

Since this accident, she has had severe low back pain. She does have some moderate cervical spine discomfort as well. She feels that 90% of her discomfort is coming from her lower back. She also states that prior to this accident, to her recollection, she has not been seen by a medical professional regarding any spine issues. Over the past year, she has been seen by chiropractic care, Dr. Weber. She has had some mild transient improvement. However, pain has continued to be quite severe. She has been seen by Pain Management. She had several epidural steroid injections without any significant relief.

On 11/30/17 approximately one year after the injury, she did have a facet rhizotomy. She had a five-day relief of her pain, but her pain has now returned. She does not wish to take any type of pain medications. She takes an occasional Tylenol. She does have some improvement in her back pain with changes in position, a heating pad, and recumbency. Bending, lifting, and twisting worsens her pain. Prolonged sitting and not changing her position also worsens her pain. She is here today for a consultation.

Allergies

No Known Allergies 02/26/2018

No Known Drug Allergies 02/26/2018

Past Medical History

No Known Problems 02/26/2018

Family History

Mother: In good health

Father: Deceased

Brother 1: In good health

Sister 1: In good health

Social History

Occupation/Work Status: Retirement (Health Related)

Marital Status: Single

Children: 1

Living situation: Lives with his mother

Tobacco use: Current some day smoker Smokes 1-2 cigarettes a week

Alcohol Use: No alcohol use

Illicit drug use: Never

HIV risk factors: None

Highest recreation level prior to spine condition: No Response.

Medication History

No Current Medications.

Past Surgical

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SEKERA001539

2425

Diagnostic Studies

Chiropractor
Exercise Therapy
MRI Brain/Brain Stem
MRI Cervical Spine
MRI Lumbar Spine
Lumbar Spine X-ray

Review of Systems

General Not Present- Excessive Fatigue, Fever, Night Sweats, Weight Gain and Weight Loss.
HEENT Not Present- Balance Disturbance, Cataracts, Ear Infection, Ear Pain, Eye Infection, Eye Injury, Glaucoma, Hearing Loss, Inability to Smell, Nasal Congestion, Nasal Drainage, Nose Bleed, Ringing in the Ears, Sinus Headaches, Sinus Problems, Spinning Sensation, Vertigo, Wears glasses/contact lenses and Wears hearing aids.
Respiratory Not Present- Asthma, Bloody sputum, Chronic Cough and Shortness of Breath.
Breast Not Present- Breast Pain, Breast Swelling, Breast Tenderness and Nipple Discharge.
Cardiovascular Present- **Leg Pain and/or Swelling**. Not Present- Heart Murmur, High Blood Pressure, High Cholesterol, Irregular Pulse and Swelling of Extremities.
Gastrointestinal Not Present- Abdominal Pain, Change in Bowel Habits, Indigestion, Jaundice, Nausea, Vomiting and Vomiting Blood.
Female Genitourinary Not Present- Blood in Urine, Incontinence, Painful Urination, Urinary Frequency and Urinary Urgency.
Musculoskeletal Present- **Arm Weakness, Arm Pain, Back Pain, Joint Swelling, Leg Pain and Neck Pain**. Not Present- Decreased Range of Motion, Joint Pain and Leg Weakness.
Neurological Not Present- Blacking Out, Blurred Vision, Difficulty with Speech, Disorientation, Double Vision, Face Weakness, Fainting Spells, Headaches, Inability to concentrate, Incoordination, Problem with Memory and Seizures.
Psychiatric Not Present- Anxiety, Depression and Insomnia.
Endocrine Not Present- Appetite Changes, Cold Intolerance, Decreased Sweating, Excessive Sweating, Excessive Thirst, Excessive Urination, Hair Changes, Heat Intolerance and Thyroid Problems.
Hematology Not Present- Anemia, Easy Bruising, Excessive bleeding and Gland problems.

Vitals

02/26/2018 10:26 AM

Weight: 200 lb Height: 66 in

Body Surface Area: 2 m² Body Mass Index: 32.28 kg/m²

Physical Exam

The physical exam findings are as follows:

On physical examination, she is a pleasant woman who has a clear understanding of her medical condition. She has mild paraspinal muscle spasms to palpation in her posterior cervical triangle more so on the right than on the left. Flexion and extension is full. She has pain on axial loading but not a Lhermitte's. She also has pain on axial loading during a Spurling's maneuver but it really only radiates to her shoulders bilaterally. She is full power throughout. She is areflexic in the upper extremities and does not have sensory changes. Regarding her lower back, she has reduced flexion and extension. She has a positive bilateral finger-Forlin test more so on the left than on the right. She does have a positive Gaenslen's maneuver and a Faber sign. She does not have pain on pelvic distraction or compression. She is areflexic other than in the left patella, which is normoreflexic. She does walk with a mildly wide-based gait with an unusual posture with the knee somewhat flexed. Once again, flexion and extension of the lumbar spine is reduced. She does have pain on deep flexion and deep extension both.

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Assessment & Plan

Lumbar spondylosis with myelopathy 721.42 | M47.16

- Patient Education: Low Back Pain, low back
- Patient Education: Smoking: Ways to Quit, smoking cessation
- Review of Diagnostic Test

Comments: On review of her cervical MRI, she does have significant straining of her spine with loss of lordosis. There may be a small bulge at C5-6 with some foraminal stenosis. Regarding her lumbar spine, there is a small posterior annular fissure at L4-5. There are Modic changes surprisingly at L1-2 and L2-3 and perhaps mildly at L4-5 as well. The L3-2 disc space has somewhat loss of height. There is mild foraminal stenosis. Regarding her cervical spine, there is a significant left L4-5 facet synovial cyst that is out lateral.

- Instructed / counseled on smoking cessation including modes of cessation. Readiness to quit and motivation assessed

Cervical spondylosis with myelopathy 721.2 | M47.12

- Patient Education: Neck Strain / neck pain
- How to access health information online

Other secondary scoliosis, lumbosacral region 737.43 | M41.57

Back pain, sacroiliac 724.6 | M53.3


- CT OF LUMBAR SPINE WITHOUT CONTRAST (72131) - Routine (J)
- X-RAY OF LUMBAR SPINE, AP, LATERAL, FLEXION, AND EXTENSION VIEWS (72110), Routine (I)
- X-RAY OF CERVICAL SPINE, AP, LATERAL, FLEXION AND EXTENSION VIEWS (72050), Routine (J)
- X-RAY OF ENTIRE SPINE, AP AND LATERAL INCLUDING RIGHT AND LEFT BENDING 3 FOOT STANDING VIEWS (72083), Routine (J)
- X-RAY OF LUMBOSACRAL SPINE, AP, LATERAL AND FLEXION- EXTENSION VIEWS (72110), Routine (LATERAL VIEW OF LUMBAR SPINE X-RAY MUST INCLUDE SUPERIOR ENDPLATE OF L1 AND FEMORAL HEAD.)

At this time, this woman primarily seems to have lumbar spine issues. She does have significant mechanical back pain. She does seem to have a significant component of SI joint dysfunction as well. With this in mind and given the fact that she seems to have a loss of lordosis, she will need AP, lateral, flexion, and extension x-rays of both the cervical and lumbar region, as well as 3ft standing x-rays to rule out any type of scoliosis or kyphosis.

I would also strongly recommend a CT scan of the lumbar spine. This will help us to assess her facets in more detail for which she had a facet block. At the same time, it will help us to evaluate the SI joints in more detail. No other studies will be asked for at this time. I will not change her medication or other treatments at this time. I find this woman believable without any large signs of secondary gain. Certainly, the mechanism she describes certainly could cause the issues of SI joint dysfunction, disc changes, annular fissures, and straightening of her spine. Whether or not she had a preexisting condition, which was asymptomatic may be determined somewhat by the CT scan of the lumbar spine.

This woman was interviewed and examined by myself. All films were reviewed directly by myself. The above is my medical expert opinion within a reasonable degree of medical probability.

Cc: Farmers W/C (866) 846-3114 (faxed)
Doug Clark, ESQ (702) 862-8562
Walter M. Kidwell, MD (702) 878-9096
Jeffrey Webb, DC (702) 457-7083


William D. Smith, MD

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SEKERA001541

Work Comp. Request



William D. Smith, MD

3061 South Maryland Parkway, Ste 200
Las Vegas, NV 89109

Attention: Kathleen with: Farmers Work Comp
Telephone: (702) 436-1104 Fax: (702) 436-1189

Regarding:

Name: Juice Sekera DOB: 3.22.54
Telephone: (702) 467-5457 DOI: 11414
Employer: _____ CLM #: WC10132190
SSN: _____ Body Part: Lumbar

Dr. William D. Smith is Requesting: ① CT of Lumbar spine w/o contrast
② XR of L1S AP/LAT/Flex/Ext ③ XR of C1S
AP/LAT/Flex/Ext ④ XR of Entire spine AP/LAT 3pt stretching
CPT Codes: 72131, 72110, 72050, 72053 *only done @ Dr. Smith*
ICD-10: M47.12, M41.57, M53.3
Diagnosis: Cervical spondylosis with myelopathy
Other secondary scoliosis, lumbar region Back pain
Sacroiliac

Please indicate if this is:

Approved _____ Denied _____

Which contracted vendor would you like me to go through:

Thank you,

Dr. William D. Smith

Date: 2-27-12

Please return this form to: Jocelyn
Fax: 851-318 or Via Email at: jocelyn@brainandspineonline.com
Should you have any questions please feel free to call: 702-737-1948 ext. 202

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SEKERA001542

2428

William D. Smith, MD
Jason E. Garber, MD, FACS
Stuart S. Kaplan, MD, FACS
Gregory L. Douds, MD



3001 S Maryland Pkwy Suite 200
Las Vegas, NV 89109-6227
Phone: (702) 737-1948
Fax: (702) 737-7195

Patient: Joyce P. Sekera

Patient #: 379090

DOB: 03/22/1956 (62 years)

Date of Encounter: 09/10/2018

History of Present Illness

The patient is a 62 year old female who presents for a follow-up visit. Note for "Follow-up visit": I had the opportunity and pleasure of seeing this woman back in my office today. This woman's original consultation was on 02/22/18. She had a documented Workers' Comp injury regarding her low back. She has had multiple injections including facet rhizotomies without significant relief. She was seen by myself.

Additional reasons for visit:

Transition into care is described as the following:

The patient is transitioning into care and a summary of care was reviewed.

Allergies

No Known Allergies 02/26/2018

No Known Drug Allergies 02/26/2018

Past Medical History

No Known Problems - Status is Inactive (09/10/2018) (Marked as Inactive)

Cervical spondylosis with myelopathy

Lumbar spondylosis with myelopathy

Other secondary scoliosis, lumbosacral region

Back pain, sacroiliac

Family History

Mother: in good health

Father: Deceased

Brother 1: in good health

Sister 1: in good health

Social History

Occupation/Work Status: Retirement (Health Related)

Marital Status: Single

Children: 1.

Living situation: Lives with his mother.

Tobacco use: Current some day smoker; Smokes 1-2 cigarettes a week.

Alcohol Use: No alcohol use

Illicit drug use: Never

HIV risk factors: None

Highest recreation level prior to spine condition: No Response.

Medication History

Nabrosyn (500MG Tablet, 1 (one) Tablet Oral two times daily, as needed, Taken starting 09/10/2018) Active.

No Current Medications: Inactive.

Medications Reconciled.

Past Surgical

None (02/26/2018)

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SEP 17 2018

WORKER'S COMP

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Diagnostic Studies

Chiropractor
Exercise Therapy
MRI Brain, Brain Stem
MRI, Cervical Spine
MRI, Lumbar Spine
Lumbar Spine X-ray

Vitals

09/10/2018 04:35 PM

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SEP 17 2018

WORKER'S COMP

Physical Exam

The physical exam findings are as follows:

Her examination today also is consistent with bilateral SI joint dysfunction with bilateral Fortin maneuvers.

Assessment & Plan

Other secondary scoliosis, lumbosacral region 737.43 | M41.57

- X-RAY OF ENTIRE SPINE, AP AND LATERAL INCLUDING RIGHT AND LEFT BENDING 3 FOOT STANDING VIEWS (72083) : Routine ()
- X-RAY OF LUMBOSACRAL SPINE, AP, LATERAL AND FLEXION- EXTENSION VIEWS (72110) : Routine (LATERAL VIEW OF LUMBAR SPINE X-RAY MUST INCLUDE SUPERIOR ENDPLATE OF L1 AND FEMORAL HEAD.)
- Startled Naprosyn 500MG, 1 (one) Tablet two times daily, as needed, #100, 50 days starting 09/10/2018, No Refill.
- Patient Education: Low Back Pain: low back
- Patient Education: Smoking: Ways to Quit: smoking cessation
- Referral to Pain Management
- How to access health information online
- Instructed / counseled on smoking cessation including modes of cessation. Readiness to quit and motivation assessed.
- Review of Diagnostic Test
Comments: Her MRI of the cervical spine did show a C5-6 bulging disc with foraminal stenosis as well as a slight loss of lordosis. She, on her lumbar spine, showed division at L4-5 and modic changes L1-2, L2-3, and mildly at L4-5. There is a question as to whether or not she had an L4-5 synovial cyst as well. I have had a chance to review her CT scan of the lumbar spine. The CT scan is actually quite interesting. The CT scan shows that she has a rotatory subluxation at L5-S1 of approximately 15 degrees. She has retrolisthesis shown on CT scan at L5-S1. She appears to have also an old healing fracture of the left superior articular facet at S1. There is perhaps some mild foraminal stenosis as well. Flexion and extension images are poor and they do not show the hips.

At this time, this woman really seems to be having a very complicated issue. The CT scan is indicative of the L5-S1 region being a major pain generator. Certainly, this is consistent with trauma of at least two years ago. With this in mind, this woman will need 3ft standing x-rays so we can document her sagittal alignment and pelvic incidence to assure that her spinal pelvic parameters are within normal. At the same time, I would recommend that she go to Pain Management for a bilateral SI joint injection. These will hopefully be both diagnostic and therapeutic.

At this time, I recommend that she be given a prescription for naproxen. As long as she does not develop gastric issues, I would recommend that she remain on anti-inflammatories to avoid opioid therapy if possible. This woman understands and agrees with this plan. At this time, I find this woman to be without signs of malingering. She certainly has a significant issue with documented radiographic changes. We will continue to work closely with her.

Please don't hesitate to call me with questions. As a note, this woman was interviewed by myself and all films were reviewed by myself as well.

Cc: Farmers W/C (866) 846-3114 (faxed)
Doug Clark, ESQ (702) 862-8562
Walter M. Kidwell, MD (702) 878-9096
Jeffrey Webb, DC (702) 457-7083

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SEKERA001544

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William D. Smith, MD
Jason E. Garber, MD, FACS
Stuart S. Kaplan, MD, FACS
Gregory L. Douds, MD



3061 S Maryland Pkwy Suite 200
Las Vegas, NV 89109-6227
Phone: (702) 737-1948
Fax: (702) 737-7195

Procedure Order

Ordering Site

WRCBSS Maryland Parkway
3061 S Maryland Pkwy Suite 200
Las Vegas, NV 89109-6227
(702) 737-1948
Fax: (702) 737-7195

Report Date: 09/17/2018

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SEP 17 2018

WORKER'S COMP

Patient Information

Joyce P. Sekera
7840 Nesting Pine Place
Las Vegas, NV 89143
(702) 467-5457

Gender: Female Date of Birth: 03/22/1956 SSN (last 4 digits):

Patient Insurance Information

Farmers Work Compensation (800) 987-1007
Group #NONE
Plan #WC10132190

Procedures Ordered

X-RAY OF ENTIRE SPINE, AP AND LATERAL INCLUDING RIGHT AND LEFT BENDING 3 FOOT STANDING VIEWS (72083)

Diagnosis: Other secondary scoliosis, lumbosacral region (737.43 | M41.57) Ordered by: William D. Smith, MD

X-RAY OF LUMBOSACRAL SPINE, AP, LATERAL AND FLEXION- EXTENSION VIEWS (72110)

Note: LATERAL VIEW OF LUMBAR SPINE X-RAY MUST INCLUDE SUPERIOR ENDPLATE OF L1 AND FEMORAL HEAD.

Diagnosis: Other secondary scoliosis, lumbosacral region (737.43 | M41.57) Ordered by: William D. Smith, MD

End of Procedures Ordered

William D. Smith, MD

* only done @ Des Rad *

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SEKERA001545

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TO
Work Comp.
Request



William D. Smith, MD

3061 South Maryland Parkway, Ste 200
Las Vegas, NV 89109

Attention: Kathy G with: Farmers Work Comp
Telephone: (702) 436-1104 Fax: (702) 436-1109

Regarding:

Name: Joyce Sekera DOB: 3-22-50
Telephone: (702) 467-5457 DOI: 11-4-16
Employer: _____ CLM #: WC10132190
SSN: _____ Body Part: Lumbar

Dr. William D. Smith is Requesting: ① 3rd standing scol xray
only done @ Dr's Rad ② SI joint injection
bil w/ Pain Management

CPT Codes: 72053, 72110

ICD-10: M41.51

Diagnosis: Other secondary scoliosis lumbosacral
region

Please indicate if this is:
Approved _____ Denied X

Which contracted vendor would you like me to go through:

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SEP 17 2018

WORKER'S COMP

Thank you,

Date: 9-17-18

Dr. William D. Smith

Please return this form to: Jocelyn

Fax: 851-3113 or Via Email at: jtorres@brainandspineonline.com

Should you have any questions please feel free to call: 702-737-1948 ext. 202

See attached denial
Kathy Daines 9/24/18

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SEKERA001546

2432

William D. Smith, MD



Street: 3061 S. Maryland
Parkway, Suite 200
City/State/Zip: Las Vegas, NV 89109
Phone: (702) 737-1948
Fax: (702) 737-7195

Patient: Joyce P. Sekera

Patient #: 379090

DOB: 03/22/1956 (62 years)

Date of Encounter: 03/07/2019

History of Present Illness

The patient is a 62 year old female who presents for a follow-up visit. Note for "Follow-up visit": I had the opportunity and pleasure of seeing this very nice woman in my office today. She returns after having had her injections and facet radiofrequency rhizotomy. Very briefly, this woman originally injured herself in 2016. She was working in sales I believe at The Venetian. She slipped on a wet floor striking her head and neck and she had a loss of consciousness. She initially had neck and back pain. She did have cervical rhizotomies I believe and this actually significantly improved her neck pain to the point where it is a relatively minor problem although it does flare up from time to time. Currently, her largest issue is certainly her mechanical back pain with intermittent leg pain more severe on the right than on the left. Standing, walking, and bending worsens her pain. She had injections done by Pain Management. These gave her excellent pain relief, but unfortunately it was only for a brief duration of time. She avoids pain medications and narcotics as she does not like to take them.

Additional reasons for visit:

Transition into care is described as the following:

The patient is transitioning into care and a summary of care was reviewed.

Allergies

No Known Allergies 02/26/2018

No Known Drug Allergies 02/26/2018

Past Medical History

Cervical spondylosis with myelopathy

Lumbar spondylosis with myelopathy

Back pain, sacroiliac

Other secondary scoliosis, lumbosacral region

Family History

Mother: In good health

Father: Deceased

Brother 1: In good health

Sister 1: In good health

Social History

Occupation/Work Status: Retirement (Health Related)

Marital Status: Single

Children: 1.

Living situation: Lives with his mother.

Tobacco use: Current some day smoker; Smokes 1-2 cigarettes a week.

Alcohol Use: No alcohol use

Illicit drug use: Never

HIV risk factors: None

Highest recreation level prior to spine condition: No Response.

Past Surgical

None (02/26/2018)

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Diagnostic Studies

Chiropractor
Exercise Therapy
MRI Brain, Brain Stem
MRI, Cervical Spine
MRI, Lumbar Spine
Lumbar Spine X-ray

Vitals

03/07/2019 05:53 AM

Weight: 200 lb Height: 66 in

Body Surface Area: 2 m² Body Mass Index: 32.28 kg/m²

Physical Exam

The physical exam findings are as follows:

On physical examination, she is a pleasant woman who appears her stated age. She has a difficult time going from a sitting to a standing position. Her TUG test is perhaps 12 seconds. She has diminished sensation in an L5 dermatome on the right side. She does have good power throughout. She does have a Lasègue's maneuver at 30 degrees on the right. She has very mild diminished sensation loss at L5 on the right.

Assessment & Plan

Other secondary scoliosis, lumbosacral region 737.43 | M41.57

- Patient Education: Low Back Pain: low back
- Patient Education: Smoking: Ways to Quit: smoking cessation
- How to access health information online
- Instructed / counseled on smoking cessation including modes of cessation. Readiness to quit and motivation assessed.
- *WRCBSS Post Op and Discharge Instructions Dr. Smith
- **Review of Diagnostic Test**

Comments: Once again, all films were reviewed. This includes a CT scan, MRI, and plain films. It does once again show that she has a rotatory subluxation at L5-S1 with a foraminal stenosis and loss of discal height all consistent with a traumatic injury.

This woman has been through Worker's Compensation approved nonoperative treatment over the past three years without successful long-term treatment of her mechanical back pain and radicular symptoms. With this in mind, she is indeed a surgical candidate. Therefore, I would recommend minimally invasive techniques for an interbody fusion at L5-S1 with reduction of the rotatory scoliosis with a posterior decompression and pedicle screw fixation.

The risks and benefits of surgery were discussed in detail. The risks discussed include the risks of infection, bleeding, CSF leak, neurologic injury, anesthetic complication, pneumonia, heart attack, stroke, hardware failure, the need for revision surgery, and continued pain.

The patient understands and agrees with this. We will attempt to get her scheduled once we get approval through the Worker's Compensation system. Once again, this woman was interviewed and examined by myself. All films were reviewed directly by myself. It would be my expert medical opinion that this woman's need for surgery is the direct result of the work-related injury described in 2016.

Cc: Farmers W/C (866) 846-3114 (faxed)
Doug Clark, ESQ (702) 862-8582
Walter M. Kidwell, MD (702) 878-8086
Jeffrey Webb, DC (702) 457-7083
Katherine D. Travnicek, MD (702) 878-8086

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William D. Smith, MD

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Pain Institute of Nevada

7435 W Azure Road, Ste 190, Las Vegas, NV 89130-4425 ++ 702.878.8252 ++ 702.878.9096

Mailing address: 7065 W Ann Road, Ste 130 #548, Las Vegas, NV 89130-4990

www.paininstitute.com

86-6245302

Medical Records Review and Report

DATE: March 11, 2019

RE: Joyce Sekera

DOB: 03/22/1966

DOI: 11/04/2018

To Whom this May Concern:

I was asked to evaluate the medical records and bills for the care of Ms. Joyce Sekera, who is a 62-year-old female and was involved in a slip and fall on November 4th, 2018. I am currently a full-time practicing physician in private practice and board certified in Physiatry (Physical Medicine and Rehabilitation) and Pain Management. I have also provided my CV separately.

MEDICAL RECORDS & BILLING RECORDS REVIEWED

1. Centennial Hills Hospital Medical Center
2. Desert Chiropractic and Rehabilitation
3. Southern Nevada Medical Group
4. Radar Medical Group
5. Desert Institute of Spine Care
6. Western Regional Center for Brain and Spine Surgery
7. Desert Radiology
8. Steinberg Diagnostic Medical Imaging Centers
9. Las Vegas Radiology
10. Pain Institute of Nevada
11. PayLater Pharmacy

ACCIDENT HISTORY

Ms. Sekera suffered a slip and fall at work at the Venetian. She went to Centennial Hills Emergency Room that same day and reported severe low back pain and left elbow pain. She was then seen 4 days later and developed headaches, neck pain and left shoulder pain also.

PRIOR INJURIES

None reported

CLINICAL TIME LINE

- 11/4/2018 SLIP AND FALL
- 11/4/2018 ED physician evaluation at Centennial Hills Hospital Medical Center
CC: Low back pain and left elbow pain, VAS 9
Exam: Left elbow tenderness
Diagnosis: Back strain, left elbow pain
Plan: Discharged home with Ibuprofen 600 mg TID, Norco 5-325 mg TID x five days
- 11/8/2018 Initial consultation at Desert Chiropractic and Rehabilitation
Headache - VAS 8 - with blurred vision, balance problem, memory problem, difficulty sleep, soreness and achiness
Cervicalgia - VAS 7 - with numbness and tingling down bilateral arms to fingers
Low back pain - VAS 7 - radiating to bilateral upper legs, numbness and tingling down



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bilateral thighs to just below knees
Left shoulder – VAS 6, Left elbow – VAS 8, Thoracic spine pain – VAS 4
Plan: Chiropractic care

- 11/21/2016 Office visit at Southern Nevada Medical Group with Michelle Hyla, DO
CC: Headache, trouble sleeping, anxiety, pain at cervical, thoracic and lumbar spine, abdominal, bilateral shoulders, left shoulder joint, bilateral upper arm, left elbow, left forearm, bilateral hip, left hip joint, bilateral thigh, bilateral knee, bilateral knee joint, bilateral lower leg and bilateral calf regions
Most severe pain at cervical and thoracic spine and left shoulder
Pain radiated to bilateral upper and lower extremities
Exam: Tenderness at abdomen, cervical, thoracolumbar spine, bilateral shoulder, bilateral arm, left elbow, left forearm, bilateral hip, thigh, knee, leg and calf with hypertonicity and decreased range of motion at cervical and thoracolumbar spine, left shoulder, bilateral knee, left hip, bruises at left elbow, abnormal gait with asymmetric posture
Concussion symptoms – Nausea, headache, dizziness, tinnitus, trouble remembering, balance problems, drowsiness, sensitivity to noise and light, feeling slowed down, feeling in a fog, difficulty concentrating, difficulty remembering, trouble falling asleep, more emotional than usual, irritability, sadness, nervousness, trouble finding words
Plan: Medications prescribed (cyclobenzaprine, flurbiprofen, amitriptyline, gabapentin, lidocaine), recommended conservative rehabilitation for 6-12 weeks, might need massage therapy, orthopedic evaluation and pain management consultation, pending x-ray and MRI
- 12/1/2016 Neurologic evaluation at Radar Medical Group with Russell Shah, MD
CC: Agitation, irritation, forgetful, personality changes, insomnia, ringing in the ear and dizziness and pain in head, neck shoulder mid and low back
Headache – At forehead and top of the head with blurred vision, light sensitivity and occipital pain
Neck pain with limited range of motion
Left shoulder pain with left hand weakness and numbness at bilateral palms
Upper and low back pain
Tightness and abnormal feeling at thighs
Exam: Tenderness at cervical paraspinal with tightness and spasm, tenderness at bilateral trapezius muscle, mild at anterior left shoulder area, between shoulder blades, thoracic paraspinal, mild/moderated at lumbar paraspinal, mild at lumbar sacral spinous process, tightness and/or spasm at lumbar paraspinal muscles, limited range of motion at cervical spine with pain on flexion and extension, limited range of motion at lumbar spine with pain on extension, abnormal left shoulder range of motion on reaching back and arm raising to 80
Diagnoses: Post-traumatic brain syndrome, cervical strain/headache, migraines secondary to post-traumatic brain syndrome and cervical strain/headache, lumbar strain, secondary insomnia due to post-traumatic brain syndrome, cervical strain/headache and lumbar strain
Plan: Prescribed medications (Flexeril and Ibuprofen), labs, obtain LV radiology X-ray results and ER results, spine restrictions given, planned for upper neurodiagnostic studies if numbness persists, recommend EEG and NB
- 12/5/2016 Follow-up at Southern Nevada with Michelle Hyla, DO
CC: Improved left shoulder pain with some weakness
Left elbow pain better
Left hip symptoms improved, walking much better
Knee complaints remained unchanged
More pain at cervical and lumbar spine, left shoulder and headache

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VAS 6-9

Exam: Unchanged – nausea, sensitivity to noise and light, cervical spine, thoracic spine, lumbar spine, bilateral shoulder, left forearm, bilateral knee left thigh, leg and calf, improved – bilateral arms, left elbow, bilateral hips and right thigh, aggravated – headache, dizziness, trouble remembering, drowsiness, balance problem, feeling slowed down, difficulty concentrating and remembering, trouble sleep, emotion than usual, irritability, sadness, nervousness, trouble finding words, right leg and calf, resolved – tinnitus

Plan: Follow-up with neurology, MRI pending, continue therapy

12/8/2016

Re-evaluation after 14 chiropractic sessions at 3x weekly

CC: Headache, cervicalgia, low back pain, pain at left shoulder, left elbow, thoracic spine, left hip

Headache – VAS 7 with nausea and dizziness

Cervicalgia – VAS 7 - stiffness, numbness, tingling down bilateral arms to fingers

Low back pain – VAS 8 with radiation to bilateral upper legs, numbness, tingling at bilateral thighs to toes

Left shoulder pain – VAS 6 with stiffness

Left elbow pain – VAS 2

Thoracic spine pain – VAS 7

Left hip pain – VAS 2

Improved overall, however not yet returned to pre-accident status

12/12/2016

EEG report by Russell Shah, MD.

Impression – This was an unremarkable EEG study, single lead EKG was normal, no evidence of a metabolic encephalopathy, no triphasic waves, no focal slowing or worrisome findings demonstrated, no cortical irritability is demonstrated, no evidence of an early cortical dementia.

12/19/2016

Follow-up at Southern Nevada with Michelle Kyla, DO

CC: Headache, cervical spine, lumbar spine and left shoulder pain

Radiating pain to bilateral upper and lower extremities, VAS 7-8

Exam: Resolved – tinnitus, abdomen tenderness and left elbow bruises, cervical spine, thoracic spine, lumbar spine, bilateral shoulders, arms, right hip, bilateral thighs, knees legs and calf and left forearm, unchanged – nausea, balance problem, sensitivity to noise and light, feeling slowed, difficulty concentrating and remembering, improved – left elbow, aggravated – headache, dizziness, trouble remembering, drowsiness, trouble falling asleep, more emotional than usual, irritability, sadness, nervousness, trouble finding words, left hip.

Plan: Follow-up with Dr. Shah, pending MRI of cervical and lumbar spines, continue therapy

12/20/2016

Neurologic follow-up at Radar Medical Group with Russell Shah, MD

CC: Headache, mid back low back pain and memory loss

Neck pain with numbness at bilateral hands

Ring sensation of the ears was better

Exam: Tenderness at cervical paraspinal muscles, limited range of motion at cervical spine, lumbar spine due to pain.

Plan: Prescribed medications(Aricapt and Topamax), ordered EMG/NCV of upper extremity, continue therapy, planned to consider cervical and lumbar MRI if symptoms persist.

1/9/2017

Consultation with Dr. Katherine Travnicek MD at Pain Institute of Nevada

CC: Neck, low back and bilateral knee pain

Neck pain radiates to bilateral shoulders, numbness, tingling at bilateral hands, VAS 4-9

Low back pain without radiating to legs VAS 4-9

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Knee pain with some swelling that comes and goes
Exam: Cervical and lumbar range of motion was full with pain in flexion
Plan: Prescribed medication (Naproxen and Robaxin), suspected facet and disc mediated neck and low back pain, continue therapy.

- 1/10/2017 Neurologic follow-up at Radar Medical Group with Russell Shah, MD
CC: Intense headache, nausea, forgetful, agitated, irritated, dizziness
Neck, upper and low back pain
Continued thigh tightness and abnormal feeling
Bilateral palmar numbness and repositioning of the hands
Exam: Mild distresses, tenderness at cervical paraspinal muscles, spinal process, trapezius muscles with tightness and/or muscle spasm of cervical paraspinal, tenderness at left shoulder, positive Phalen's sign at left wrist, tenderness between shoulder blades, thoracic paraspinal with tightness, tenderness at lumbar paraspinal, lumbar sacral spinous process with tightness at lumbar paraspinal, limited range of motion at cervical spine with pain on lateral flexion and extension, positive axial compression, limited lumbar spine range of motion, abnormal range of motion at left shoulder
Plan: Prescribed medications (Topiramate/Alicept) & neuropsychology evaluation
- 1/16/2017 Follow-up at Southern Nevada with Michelle Hyla, DO
CC: Cervical, lumbar and left shoulder pain
Pain radiated to bilateral upper and lower extremities, VAS 7-8
Exam: Resolved - nausea, tinnitus, noise sensitivity, left elbow bruises, left elbow and forearm, improved - headache, balance problem, right shoulder and arm and right thigh, aggravated - dizziness, unchanged - trouble remembering, drowsiness, light sensitivity, feeling slowed, difficulty concentrating, remembering, trouble falling asleep, emotional than usual, irritability, sadness, nervousness, cervical spine, thoracic spine and lumbar spine, left shoulder left arm, bilateral hip, knee, leg calf and left thigh
Plan: Follow-up with neurology, continue therapy
- 1/30/2017 Follow up with Travnicek MD
CC: Neck, low back, bilateral knee and shoulders pain
Neck pain was constant and with stiffness, VAS 4-7
Low back pain was constant and achy
Plan: Prescribed medication (Robaxin, gabapentin), continue Naprosyn & therapy
- 1/30/2017 Discharge summary at Southern Nevada with Michelle Hyla, DO
CC: Residual pain at cervical, lumbar, bilateral shoulders, bilateral hips, residual headache and concussion, pain radiating down bilateral upper and lower extremities
VAS 7, overall unchanged progress
Exam: Resolved - nausea, tinnitus, left elbow bruises, left elbow and forearm, abdomen, thoracic spine, bilateral arm, bilateral thigh, knee, leg and calf
Unchanged - headache, dizziness, trouble remembering, drowsiness, balance problem, noise sensitivity, light sensitivity, feeling slowed, difficulty concentrating, remembering, trouble falling asleep, emotional than usual, irritability, sadness, nervousness, trouble finding word, cervical spine and lumbar spine, bilateral shoulder, bilateral hip with decreased range of motion at cervical spine and thoracolumbar spine
Plan: Referred to Dr. Kidwell and Shah & discharged from care
- 2/7/2017 Neurology follow-up at Radar Medical Group with Russell Shah, MD
CC: Memory problem

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Improved headache, neck and low back pain
 Less emotional and feeling better, dizziness and nausea significantly better
 Bilateral hand numbness more on left, positive flick test and repositioning noted
 Exam: Mild distresses, tenderness at cervical paraspinal muscles, bilateral trapezius muscles with tightness and/or muscle spasm of cervical paraspinal, positive Tinel's sign on left, positive Phalen's sign at bilateral wrist, tenderness upper thoracic paraspinal with tightness and/or muscle spasm of thoracic paraspinal muscles, tenderness at lumbar paraspinal with tightness at lumbar paraspinal, limited range of motion at cervical spine with pain on lateral flexion and extension, positive axial compression, limited lumbar spine range of motion, abnormal range of motion at left shoulder,
 Plan: Prescribed medication (Aricept), continue Robaxin and ibuprofen, neuropsychology evaluation, obtain MRI results, may need hand surgeon, re-evaluate in 2 weeks.

2/20/2017 Follow up with Dr. Travnicek MD
 CC: Pain at top of bilateral shoulders, VAS 5, & Low back pain, VAS 2-7
 Exam: Tenderness at bilateral lower lumbar spine and bilateral L5-S1 facet joint, spasm at paravertebral muscles, decreased lumbar spine range of motion due to pain.
 Plan: Administered trigger point injection at bilateral trapezius muscles and levator scapula, recommended lower lumbar L5-S1 facet joint injection, to obtain labs performed in January 2017.

3/15/2017 Follow up with Dr. Travnicek MD
 CC: Neck and low back pain.
 Status post L5-S1 facet joint injection with 100% pain relief for 6 hours only and then returned with worse low back pain, VAS 8
 Neck pain with bilateral shoulder muscle pain, no relief with trigger point injection
 Exam: Slight limited transition and antalgic gait, tenderness at bilateral L5-S1 facet joint more on left, paravertebral muscle spasm, decreased range of motion with pain
 Plan: Prescribed medication (Celebrex), recommended bilateral L5-S1 facet medial branch block

4/11/2017 Neurology follow-up at Radar Medical Group with Russell Shah, MD
 CC: Low back pain
 Stiffness and ache in shoulder blades and legs
 Less neck pain and less numbness in hands
 Better in her memory, less forgetful and much less emotional
 Recovering from cough and cold illness after injection, pain shot with Kidwell delayed
 Exam: Mild distressed, mild lumbar paraspinal muscle tenderness with tightness and/or spasm, limited lumbar spine range of motion on extension.
 Plan: Reinitiate Aricept once recovered from illness, follow-up with pain management, to hold any procedures, continue wrist splints, perform neuro-diagnostics of lower extremity

5/1/2017 Final report -- Desert Chiropractic and Rehabilitation after 36 more treatments
 CC: Headache, cervicalgia, low back pain, pain at left shoulder and thoracic spine.
 Headache -- VAS 5 with frequency of approximately two days a week.
 Cervicalgia -- with stiffness, numbness and tingling at bilateral hands and fingers, mild neck pain
 Low back pain -- VAS 6 with radiation to bilateral legs to feet and decreased numbness and tingling down the thighs to toes
 Left shoulder pain -- VAS 5
 Thoracic spine pain -- VAS 6
 She has had total of 50 chiropractic treatments

5/2/2017 Neurologic follow-up at Radar Medical Group with Russell Shah, MD

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CC: Improved mood, emotions and low back pain with gabapentin
Improved neck pain
Still forgetfulness
Pain at bilateral gastrocnemius, buttocks and lower back
Exam: Mild distressed on lumbar range of motion examination, tenderness at lumbar paraspinal muscles and lumbar sacral spinous process with tightness and/or spasm of lumbar paraspinal muscle, limited lumbar range of motion on extension.
Plan: Hold reinstituting of Aricept, follow-up with pain management, explained Neuro-diagnostics lower extremity result, continue wrist splints, may need surgeon evaluation if carpal tunnel syndrome continued

5/11/2017 Follow up with Dr. Travnicek MD
CC: Improving lower back pain with mild pinching feeling at lower back, VAS 3
Status post L5-S1 medial branch block with 100% relief immediately after the procedure and sustained 60% reduction in pain.
Plan: Recommended radiofrequency ablation at bilateral L5-S1 when pain returns, follow up in 3 weeks.

6/1/2017 Follow up with Dr. Travnicek MD
CC: Low back pain, VAS 3-5
Exam: Tenderness at bilateral L5-S1 facet joint with spasm at paravertebral muscles
Plan: Refilled Celebrex, recommend radiofrequency ablation at bilateral L5-S1 facet joints

6/26/2017 Follow up with Dr. Travnicek MD
CC: Low back pain, VAS 5
Plan: Recommended radiofrequency ablation at bilateral L5-S1 facet joints

7/10/2017 Follow up with Dr. Travnicek MD
CC: Low back pain, VAS 0-5
Declined radiofrequency ablation as her pain was not severe enough

7/10/2017 Neurologic follow-up at Radar Medical Group with Russell Shah, MD
CC: Constant low back pain on Celebrex
Diabetes, on Metformin
Neck pain with bilateral hand numbness and tingling more on right side and limited neck range of motion
Blurred vision, eye pain and headache
Pain radiating down legs intermittently
Some forgetfulness
Exam: Tenderness at cervical, thoracic and lumbar paraspinal muscles, tightness at thoracic and lumbar paraspinal, limited cervical range of motion, positive axial compression, limited lumbar range of motion on extension
Plan: Need to restart Aricept, continue wrist splints, perform neuro-diagnostic in 4 months if carpal tunnel symptoms persist

10/5/2017 Progress note at Desert Institute of Spine Care with Andrew Cash, MD
CC: Neck pain, VAS 6-7 and low back pain, VAS 5-7
Numbness and tingling, weakness and pain in upper and lower extremities.
Exam: tenderness at lumbar facet, painful extension, concordant facet loading, tenderness and pain at bilateral lumbar paraspinal muscles
Plan: Referred to pain medicine, ordered x-ray of neck and lower spine, give lumbar restrictions including no repetitive bending, twisting, stooping, crawling, climbing, squatting or lifting more than 10 pounds frequently or 20 pounds occasionally, follow-up in 4 weeks

10/23/2017 Follow up with Dr. Travnicek MD

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- CC: Low back pain without radiating to legs, VAS 5
 Wanted to proceed with radio frequency ablation
 Exam: Tenderness at bilateral L5-S1 lumbar facet joint, spasm at paravertebral muscles, full range of motion with pain
 Plan: Prescribed medication (Gabapentin, Celebrex), recommend L5-S1 radiofrequency ablation, follow-up in three weeks
- 10/23/2017 Neurologic follow-up at Radar Medical Group with Russell Shah, MD
 CC: Low back pain, to see pain management, Dr. Kidwell, seen by Dr. Andrew Cash, not taking Celebrex
 Pain at left-sided neck, upper back, behind shoulder with tingling mainly with limited neck range of motion
 Still forgetfulness and problem with recall/remembering, improved partially
 Improvement with Aricept
 Plan: Restart Aricept, may need further imaging for post-traumatic brain syndrome, re-evaluate in 4 months, consider neurodiagnostic studies in 6 months and hand surgeon evaluation if symptoms persist
- 12/7/2017 Follow up with Dr. Travnicek MD
 CC: Improving low back pain, VAS 0-3
 Status post radio frequency rhizotomy at bilateral L5-S1 with 100% reduction of usual pain post-procedurally and sustained 80% improvement
 Plan: Planned to repeat L5-S1 radio frequency ablation when pain return in around 1 years' time, follow-up in 3 weeks
- 1/11/2018 Follow up with Dr. Travnicek MD
 CC: Mild low back pain without lower extremity symptoms, VAS 2-3
 70% improvement from radiofrequency rhizotomy
 Plan: Follow-up as needed
- 2/22/2018 Office visit at Western Regional Center for Brain and Spine Surgery - William Smith, MD
 CC: Severe low back pain
 Moderate cervical spine discomfort
 Mild transient improvement with chiropractic therapy, seen by pain management, received several epidural steroid injections without any significant relief
 Diagnoses: Lumbar spondylosis with myelopathy, cervical spondylosis with myelopathy, other secondary scoliosis; lumbar region, back pain; sacroiliac
 Exam: Walking with mildly wide-based gait with an unusual posture and knee somewhat flexed, spasm at bilateral paraspinal muscles of posterior cervical triangles more on right than left, pain on axial loading during Spurling's test and radiating pain to bilateral shoulders, areflexic at upper extremities, reduced flexion and extension of lower back, positive bilateral finger Fortin test more on left, positive Gaenslen's and Faber sign, areflexic except for left patella, pain on deep flexion & extension
 Plan: Ordered x-ray of cervical spine, lumbar spine, lumbosacral spine, entire spine and CT scan of lumbar spine
- 8/29/2018 ED physician evaluation at Centennial Hills Hospital Medical Center
 CC: Left-sided low back pain radiating to buttock since 8/28/2018 - VAS 10
 Symptoms similar to previous sciatica episode
 Exam: Slow steady gait, decreased back range of motion by pain
 Diagnosis: Left-sided sciatica
 Plan: Prescribed medications (Vallum, Norco, dexamethasone, Naprosyn, Medrol, Flexeril), follow-up with primary care physician or Dr. Damaj in 1-2 days, discharged home
- 9/10/2018 Follow-up at Western Regional Center for Brain and Spine Surgery - William Smith, MD

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CC: Low back pain
She reported multiple injections including rhizotomy without significant relief
Exam: Consistent with bilateral sacroiliac joint dysfunction with bilateral finger Fortin
Maneuvers
He noted review of cervical MRI, Lumbar MRI, CT lumbar spine, flexion/extension images
Plan: He noted she has a very complicated issue as CT indicative of L5-S1 region being
main pain generator. He recommended 3 foot standing X-rays to document
sagittal alignment and pelvic incidence to assure spinal pelvic parameters are
normal. Pain management referral for bilateral SI joint injections for diagnostic
and therapeutic purposes, & recommended Naprosyn, to avoid opioids, &
smoking cessation.

9/17/2018 Follow up with Dr. Travnick MD
CC: Returning of bilateral low back pain radiating to bilateral buttocks & posterior thigh
VAS 8-9
Status post L4-5 and L5-S1 radio frequency rhizotomy and sustained 70% reduction of
pain from December 2017 to May-June 2018
Exam: Moderately uncomfortable, slight limited transition and antalgic gait, tenderness at
bilateral lower sacroiliac joint and facet joint, spasm at lumbar paravertebral
muscles, decreased lumbar range of motion due to pain
Plan: Restarted gabapentin, to repeat bilateral L5-S1 radio frequency ablation at 6
months up to 2 years, follow-up in 4 weeks

02/07/2019 Follow-up at Western Regional Center for Brain and Spine Surgery - William Smith, MD
CC: Low back pain s/p rhizotomy with brief relief of pain
Noted Dr. Smith did not have Pain Institute of Nevada's notes
CT scan lumbar spine reviewed & there is rotary subluxation at L6-S1 of ~10 degrees
Diagnosis: L6-S1 level and bilateral SI joint dysfunction
Plan: Bilateral SI joint injections

IMAGING done at Desert Radiology

X-ray of lumbar spine, three views done on 8/22/2018
Mild multilevel spurring but more moderately at L2-3
Very mild sclerosis left SI joint

X-ray of cervical spine, five views done on 7/31/2018
Cervical spine straightening
Multilevel mild spondylosis
Mild degenerative changes at the mid and lower C-spine, as described

X-ray scoliosis study on 7/31/2018
No significant scoliosis
Mild degenerative changes of the thoracic and lumbar spine

X-ray of lumbar spine, four views done on 7/31/2018
Osteopenia and degenerative changes as described
No evidence of laxity or instability

CT scan of lumbosacral spine without contrast done on 7/31/2018
Mild spinal canal narrowing at L2-3, L3-4 and L4-5
Bilateral lateral recess narrowing at L4-5

IMAGING done at Steinberg Diagnostic Medical Imaging Centers

MRI of the brain done on 12/16/2016
Brain normal for age

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MRI angiogram of the brain done on 12/16/2016

No significant abnormality identified on magnetic resonance angiogram of the brain

MRI of lumbar spine done on 12/21/2016

Multilevel lumbar degenerative disc disease with disc bulges extending from L1-2 through L5-S1. Annular fissuring at L4-5. No canal stenosis or neural foraminal narrowing at any level. There is no note made of facet and ligamentum flavum hypertrophy at multiple levels.

MRI of cervical spine without contrast done on 12/21/2016

Mild multilevel degeneration. Mild neuroforaminal stenosis at C5-6. No spinal canal stenosis throughout. Mild dextro-curvature. Straightening of the cervical lordosis which may be seen with muscle spasm.

IMAGING done at Las Vegas Radiology

X-ray of left hip, two views performed on 11/30/2016

Mild arthropathy of each hip.

If symptoms persist, additional imaging of the hip should be considered.

X-ray of sacroiliac joint, two views performed on 11/30/2016

Mild arthropathy of each sacroiliac joint. If symptoms persist additional imaging should be considered.

X-ray of thoracic spine, two views performed on 11/14/2016

No evidence of acute skeletal pathology to the thoracic spine

X-ray of left shoulder, two views performed on 11/14/2016

No evidence of acute skeletal pathology to the left shoulder.

There are mild degenerative changes at the acromioclavicular articulation.

X-ray of cervical spine performed on 11/14/2016

No evidence of acute fracture. No significant spondylolisthesis. On the neutral, lateral projection, there is reversal of the normal lordotic curvature, could be due to spasm.

IMAGING done at Centennial Hills Hospital Medical Center

X-ray of lumbosacral spine, three views performed on 11/04/2016

Degenerative disc disease most conspicuously at L2-3 where there is endplate osteophyte formation and some endplate sclerosis. There is slight increased density at the disk space of uncertain etiology possibly related to some calcification. Further assessment with CT or MRI scan can be obtained as clinically warranted.

X-ray of left elbow, four views performed on 11/04/2016

No evidence of acute fracture or dislocation.

PROCEDURE TIME LINE

3/9/2017 Bilateral L5-S1 facet joint injection by Dr. Travnicsek MD
Post VAS 100% reduction of usual pain

5/8/2017 Bilateral L5-S1 facet joint medial branch block by Dr. Travnicsek MD
Post VAS 100% reduction of usual pain

11/30/2017 Bilateral L5-S1 facet joint radiofrequency rhizotomy by Dr. Travnicsek MD

SURGERY TIME LINE

None

Billing

1. Centennial Hills billing total is \$5,662.00.
2. Desert Chiropractic and Rehabilitation total billing is \$10,755.00.

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3. Southern Nevada Medical Group total billing is \$1,975.00.
4. Las Vegas Pharmacy total billing is \$1,090.93.
5. Valley View Surgery Center total billing is \$20,278.34.
6. Steinberg Diagnostic Medical Imaging total billing is \$1,400.00.
7. Desert Institute of Spine Care total billing is \$1,750.00.
8. Western Regional Center for Brain and Spine total billing is \$1,150.00.
9. Las Vegas Radiology total billing is \$3,548.00.
10. Radar Medical Group total billing is \$17,088.50.
11. Walter Kidwell, MD total billing is \$16,000.00.
12. Desert Radiology total billing is \$78.00.
13. PayLater Pharmacy total billing is \$282.33.

IMPRESSION: Causally related and based on the 11/4/16 slip and fall:

1. Low back facet mediated pain, bilateral
2. Left elbow contusion/pain, improved
3. Left shoulder strain, improved
4. Thoracic spine pain, improved
5. Cervicalgia/neck pain, improved
6. Concussion/headache with improved memory on Aricept
7. Sacroiliac joint dysfunction and pain, bilateral

COMMENTARY AND MEDICAL DECISION MAKING:

I am evaluating the medical records of Joyce Sekera (DOB 03/22/58) and I was asked to author a report regarding causation of injuries, comment on the usual and customary billing, and on her future care. All records sent to me are reviewed for the purpose of a medical decision based upon the events of the current pain complaints. The opinions of this report are within a reasonable degree of medical probability and are based upon my review and examination of the evidence in the medical records provided to me. All of my opinions have been rendered with a reasonable degree of medical probability, but if there is relevant information that I have not yet had the opportunity to review, then my opinions may change.

My opinions in regards to Ms. Sekera are based upon my clinical experience as an active treating Psychiatrist who specializes and is boarded in Psychiatry and Pain Medicine. I am currently practicing full time in private practice. Based upon my review of the records available to me, I would make the following opinions to a degree of medical probability based on events and medical evidence:

1. The Centennial Hills Hospital Medical Center emergency room visit was reasonable, necessary and related to the fall on 11-4-2016. The medical bills are usual and customary for the Las Vegas area.
2. The chiropractic care (Desert Chiropractic and Rehabilitation) provided was reasonable and necessary. The care by Dr. Michelle Hyla, DQ was also reasonable and necessary. The medical bills are usual and customary for the Las Vegas area.
3. The neurological care provided by Dr. Russell Shah at Radar Medical Group, including testing, was reasonable and necessary. The medical bills are usual and customary for the Las Vegas area.
4. The MRIs, CTs, and X-rays done at Desert Radiology and Steinberg Diagnostic Medical Imaging Centers and Las Vegas Radiology were reasonable and necessary. The medical bills are usual and customary for the Las Vegas area.
5. The consultation and follow up visits provided by Dr. William Smith MD at Western Regional Center for Brain and Spine Surgery were reasonable and necessary. The medical bills are usual and customary for the Las Vegas area.

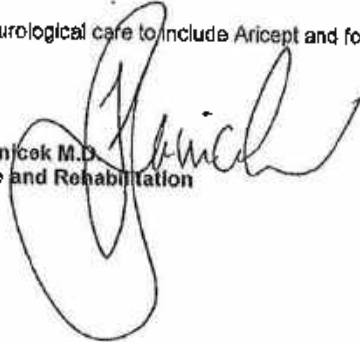
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6. The consultation and provided by Dr. Andrew Cash MD at Desert Institute of Spine Care was reasonable and necessary. The medical bills are usual and customary for the Las Vegas area.
7. The consultation, follow up visits and injections done by me at The Pain Institute of Nevada were reasonable and necessary. Our medical bills are usual and customary for the Las Vegas area.
8. Low back pain – She will need repeat lumbar facet joint radiofrequency rhizotomy when her pain returns. This can range 6 months up to 2 years and most patients pain returns around 12 months so 1 per year. This will need to include office visits before and after each procedure.
9. Dr. Smith did recommend bilateral sacroiliac joint injections for diagnostic and therapeutic purposes also which she will need a onetime injection. If she also has an SI joint pain generator, I would recommend repeat SI joint injections, RFA and/or SI joint fusion depending on outcomes to the procedures.
10. Further neurological care to include Aricept and follow-up visits with a neurologist.

Katherine D. Travnick M.D.
Physical Medicine and Rehabilitation
Pain Medicine



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William D. Smith, M.D.
Jason A. Garber, M.D.
Stuart S. Kaplan, M.D.

WC 10132190

REQUEST FOR SURGERY AUTH

Date: 3-19-19
To: Kathy Gaines
Fax: 702-436-1189
Phone: 702-436-1104

Pages: , including this cover sheet

PATIENT NAME: Jayce Sekera

DOB: 3-22-56

CLAIM # WC10132190

ICD-9 CODES: M41.57

SURGERY: L5-S1 ALIF, Post

CPT CODES: 22558, 22853, 22845, 22612, 63047, 22840

Place of service: UMC

RECEIVED

MAR 20 2019

WORKER'S COMP

From the desk of..

Karla

Surgery Scheduler for Dr. William Smith

Western Regional Center for Brain & Spine Surgery

3061 S. Maryland Pkwy, #200

Las Vegas, NV 89109

Phone: 702-737-1948 Ext. 255 Fax: 702-589-8783 Toll Free: 800-334-0878 Ext. 213

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Jason E. Garber, MD, FACS
Stuart S. Kaplan, MD, FACS
Gregory L. Douds, MD



2471 Professional Court
Las Vegas, NV 89128-0825
Phone : (702) 835-0088
Fax : (702) 835-0085

Patient: Joyce P. Sekera

Patient #: 379090

DOB: 03/22/1956 (63 years)

Date of Encounter: 04/01/2019

History of Present Illness (William D. Smith, MD 04/05/2019 01:02 PM)

The patient is a 63 year old female who presents for a follow-up visit. Note for "Follow-up visit": This woman has a work injury that was documented from 2016. She was having both neck and back pain. The facet rhizotomies of the cervical spine have really calmed down her neck discomfort to an issue that is not of primary significance. However, she continues to have severe back pain with standing, bending, and walking, as well as bilateral leg discomfort. She has had nonoperative treatments to include physical therapy, injection therapy, and different medications. Despite this, she has had continued worsening of her symptoms.

Additional reasons for visit:

Transition into care is described as the following:

The patient is transitioning into care and a summary of care was reviewed.

Allergies (William D. Smith, MD, 04/02/2019 05:18 AM)

No Known Allergies 02/26/2018

No Known Drug Allergies 02/26/2018

Past Medical History (William D. Smith, MD, 04/02/2019 05:18 AM)

Back pain, sacroiliac (724.6 | M53.3)

Cervical spondylosis with myelopathy (721.1 | M47.12)

Lumbar spondylosis with myelopathy (721.42 | M47.16)

Other secondary scoliosis, lumbosacral region (737.43 | M41.57)

Family History (William D. Smith, MD, 04/02/2019 05:18 AM)

Mother: In good health

Father: Deceased

Brother 1: In good health

Sister 1: In good health

Social History (William D. Smith, MD, 04/02/2019 05:18 AM)

Occupation/Work Status: Retirement (Health Related)

Marital Status: Single

Children: 1.

Living situation: Lives with his mother.

Tobacco use: Current some day smoker; Smokes 1-2 cigarettes a week.

Alcohol Use: No alcohol use

Illicit drug use: Never

HIV risk factors: None

Highest recreation level prior to spine condition: No Response.

Medication History (William D. Smith, MD, 04/02/2019 05:18 AM)

Medications: Reconciled

Past Surgical (William D. Smith, MD, 04/02/2019 05:18 AM)

None (02/26/2018)

Chiropractor

Exercise Therapy

MRI Brain, Brain Stem

MRI, Cervical Spine

MRI, Lumbar Spine

Lumbar Spine X-ray

Vitals (William D. Smith, MD, 04/02/2019 05:19 AM)

04/01/2019 05:18 AM

Weight: 200 lb (Patient reported) Height: 66 in (Patient reported)

Body Surface Area: 2 m² Body Mass Index: 32.28 kg/m²

Physical Exam (William D. Smith, MD, 04/03/2019 10:04 AM)

The physical exam findings are as follows:

Today in my office, she continues to have reduced flexion and extension of her lumbar spine with palpable paraspinal muscle spasms. Her TUG test is 12 seconds. She has diminished sensation bilaterally in an L5 dermatome. She does have good power.

Assessment & Plan (William D. Smith, MD, 04/05/2019 01:02 PM)

Other secondary scoliosis, lumbosacral region (737.43 | M41.57)

Current Plans:

- Patient Education: Low Back Pain: low back
- Patient Education: Smoking: Ways to Quit: smoking cessation
- How to access health information online
- Instructed / counseled on smoking cessation including modes of cessation. Readiness to quit and motivation assessed

• Review of Diagnostic Test

Comments: The patient has had plain films, CT scan, and MRI. These show rotatory subluxation of L5-S1 with foraminal stenosis and loss of discal height. I believe this are all consistent with a traumatic injury

Lumbar spondylosis with myelopathy (721.42 | M47.16)

Current Plans:

- Follow up in 1 month or as needed

Once again, this woman has signs and symptoms of a disc injury from a traumatic injury. Her films are consistent with this. They are also consistent with her examination. With this in mind, she is a surgical candidate. We are awaiting approval from the Worker's Compensation system. This woman was interviewed and examined by myself personally and all films were reviewed directly by myself as well.

Cc: Farmers W/C (866) 846-3114 (faxed)
Doug Clark, ESQ (702) 862-8562
Walter M. Kidwell, MD (7902) 878-9096
Jeffrey Webb, DC (702) 457-7083
Katherine D. Travnicek, MD (702) 878-9096

Questionnaires:



William D. Smith, MD

William D. Smith, MD



Street: 3061 S. Maryland
Parkway, Suite 200
City/State/Zip: Las Vegas, NV 89109
Phone: (702) 737-1948
Fax: (702) 737-7195

Patient: Joyce P. Sekera

Patient #: 379090

DOB: 03/22/1958 (63 years)

Date of Encounter: 05/02/2019

History of Present Illness

The patient is a 63 year old female who presents for a follow-up visit. Note for "Follow-up visit": This nice lady is now over two and a half years after documented work injury. This was back in 2016. She had a slip on a wet floor striking her head. She was then allowed to go through multiple cervical rhizotomies. She has had injections in her lower back also performed under the Worker's Compensation system. They gave her good temporary relief, but no long-term relief.

Additional reasons for visit:

Transition into care is described as the following:

The patient is transitioning into care and a summary of care was reviewed.

Allergies

No Known Allergies 02/26/2018

No Known Drug Allergies 02/26/2018

Past Medical History

Cervical spondylosis with myelopathy

Back pain, sacroiliac

Other secondary scoliosis, lumbosacral region

Lumbar spondylosis with myelopathy

Family History

Mother: In good health

Father: Deceased

Brother 1: In good health

Sister 1: In good health

Social History

Occupation/Work Status: Retirement (Health Related)

Marital Status: Single

Children: 1.

Living situation: Lives with his mother.

Tobacco use: Current some day smoker, Smokes 1-2 cigarettes a week.

Alcohol Use: No alcohol use

Illicit drug use: Never

HIV risk factors: None

Highest recreation level prior to spine condition: No Response.

Past Surgical

None (02/26/2018)

Diagnostic Studies

Chiropractor

Exercise Therapy

MRI Brain, Brain Stem

MRI, Cervical Spine

MRI, Lumbar Spine

Lumbar Spine X-ray

000027

SEKERA001564

2450

Vitals

05/02/2019 10:00 AM

Weight: 200 lb Height: 68 in

Body Surface Area: 2 m² Body Mass Index: 32.28 kg/m²

Physical Exam

The physical exam findings are as follows:

Her examination today remains significantly unchanged. She has a TUG test of 12 seconds. She is diminished at the L5 dermatome on the right. Flexion and extension of the lower lumbar spine is perhaps 60 to 70% of normal. She does have a Lasegue's maneuver on the right at 30 degrees.

Assessment & Plan

Other secondary scoliosis, lumbosacral region 737.43 | M41.57

- Patient Education: Low Back Pain: low back
- Patient Education: Smoking: Ways to Quit: smoking cessation
- *WRCBSS Post Op and Discharge Instructions Dr. Smith
- How to access health information online
- Instructed / counseled on smoking cessation including modes of cessation. Readiness to quit and motivation assessed.
- **Review of Diagnostic Test**
Comments: Her films were again reviewed today. She has rotatory subluxation of L5-S1 with significant foraminal stenosis and loss of discal height.

This woman once again has failed nonoperative treatments. She is now a surgical candidate. The surgical procedure is relatively simple and straightforward. I would recommend a minimally invasive technique for an oblique ALIF at L5-S1 with posterior decompression and fixation. She will require an overnight stay in the hospital. Our studies show that patients have over a 90% success rate from this operation. Unfortunately, given the fact that her symptoms are now two and a half years from her injury, it is much less predictable regarding her return to work. This is certainly a direct result of Worker's Compensation taking excessive time in determining what her next step is. Certainly, if she was being approved for injections by Worker's Comp it is unclear why the standard of care as to treatment is now being denied. I will be glad to review this with any independent investigator.

Please don't hesitate to call me with questions.

Cc: Farmers W/C (866) 846-3114 (faxed)
Doug Clark, ESQ (702) 862-8502
Walter M. Kidwell, MD (702) 878-9096
Jeffrey Webb, DC (702) 457-7083
Katherine D. Travnick, MD (702) 878-9096



William D. Smith, MD

000028

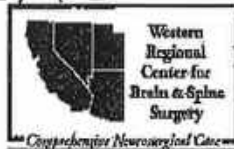
SEKERA001565

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WC10132190

William D. Smith, MD



Street: 3061 S. Maryland
Parkway, Suite 200
City/State/Zip: Las Vegas, NV 89109
Phone: (702) 737-1848
Fax: (702) 737-7185

Patient: Joyce P. Sekera

Patient #: 378080

DOB: 03/22/1958 (63 years)

Date of Encounter: 06/03/2019

History of Present Illness

The patient is a 63 year old female who presents for a follow-up visit. Note for "Follow-up visit": This woman returns today. She has been seeing me in my office now for almost a year and a half. This woman has an accepted Worker's Comp injury. This occurred in November of 2016. She had a loss of consciousness after slipping on a floor and developed neck and back pain. She has an accepted body part of both the cervical and lumbar region. She has been seen by Pain Management. She takes daily opioids. She has had injections and a cervical rhizotomy that gave her some relief and she has been through chiropractic treatment as well. The injections in her lower back gave her some temporary relief, but her back pain is really quite remarkable.

Additional reasons for visit:

Transition into care is described as the following:

The patient is transitioning into care and a summary of care was reviewed.

Allergies

No Known Allergies 02/26/2018

No Known Drug Allergies 02/26/2018

Past Medical History

Other secondary scoliosis, lumbosacral region

Cervical spondylosis with myelopathy

Back pain, sacroiliac

Lumbar spondylosis with myelopathy

Family History

Mother: In good health

Father: Deceased

Brother 1: In good health

Sister 1: In good health

Social History

Occupation/Work Status: Retirement (Health Related)

Marital Status: Single

Children: 1.

Living situation: Lives with his mother.

Tobacco use: Current some day smoker; Smokes 1-2 cigarettes a week.

Alcohol Use: No alcohol use

Illicit drug use: Never

HIV risk factors: None

Highest recreation level prior to spine condition: No Response.

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JUN 6 2019

WORKER'S COMP

Past Surgical

None (02/26/2018)

Diagnostic Studies

Chiropractor

Exercise Therapy

MRI Brain, Brain Stem

MRI, Cervical Spine

MRI, Lumbar Spine

Lumbar Spine X-ray

000029

SEKERA001566

2452

WC 10132190

Vitals

06/03/2019 04:12 PM

Weight: 200 lb Height: 68 in

Body Surface Area: 2 m² Body Mass Index: 32.28 kg/m²

Assessment & Plan

Lumbar spondylosis with myelopathy 721.42 | M47.16

- Patient Education: Low Back Pain: low back
- Patient Education: Smoking: Ways to Quit: smoking cessation
- How to access health information online
- Instructed / counseled on smoking cessation including modes of cessation. Readiness to quit and motivation assessed.

Review of Diagnostic Test

Comments: Her initial MRI that I was able to review showed a disc bulge at C5-6. On her lumbar MRI, there is evidence of an annular fissure in L4-5 and modic changes at L1-2 and L2-3. There is also a small synovial cyst as well as what appears to be an underlying preexisting lumbar scoliosis. Films have been performed. They fortunately show only really a single level of rotational abnormality at the L5-S1 region. The L1-2 and L2-3 regions do show bone spurring anteriorly with signs of stability. On reviewing the axial images of her CT scan of the lumbar spine that was performed 07/13/18, it is really quite significant. It shows that there is facet disruption and there is a posterior retrolisthesis at L5-S1 and there does appear to be a Pars fracture under her facet joint on the left side.

Back pain, sacroiliac 724.6 | M63.3

- Follow up in 1 month or as needed

At this time, once again, I recommend single level minimally invasive techniques at L5-S1 for reduction of her deformity, decompression of nerve roots, and hopefully significant improvement of her pain. Apparently, there has been a delay as a second opinion from Dr. Erkulavratr of Pain Management has been requested. Once again, this woman does have radiographic evidence of an injury consistent with a traumatic event that occurred in November of 2016. She has been allowed to go through nonoperative treatment. Now it is time to allow this poor woman to proceed with surgical treatment, which would be the standard of care.

Please do not hesitate to call me with questions.

Cc: Farmers W/C (702) 436-1189 (faxed)
Walter M. Kidwell, MD (702) 878-9096
Jeffrey Webb, DC (702) 457-7083
Katherine D. Travnick, MD (702) 878-9096
Edson Erkulavratr, MD (702) 259-5554



William D. Smith, MD

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JUN 6 2019

WORKER'S COMP

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2453



Sekera, Joyce P

63 Y old Female, DOB: 03/22/1956

Account Number: 44053

7840 Nesting Pine Pl, Las Vegas, NV-89143

Home: 702-467-5457

Guarantor: Sekera, Joyce P Insurance: Farmers

Workmans Comp Payer ID: SPRNT

Referring: Edson Erkulvrawatr

Appointment Facility: Southern Nevada Pain Center

06/07/2019

Progress Notes: Edson Erkulvrawatr, MD

Current Medications

Taking

- Metformin HCl

Past Medical History

Diabetes

Surgical History

Denies Past Surgical History

Family History

Non-Contributory

Social History

Social

Tobacco Use/Smoking

Status: current smoker

Patient counselled on the dangers of tobacco use and urged to quit 06/07/2019

Allergies

N.K.D.A.

Review of Systems

PSYCH: (-) insomnia, (-) depression, (-)

suicidal ideations

GEN: (-) weight loss, (-) fatigue, (-) loss of

appetite, (-) fever

EYE: (-) blurred vision, (-) conjunctivitis, (-)

lacrimation

ENT: (-) hearing loss, (-) nose bleeds, (-)

allergies

CV: (-) chest pain, (-) palpitations, (-)

irregular rate

PULM: (-) SOB, (-) wheezing, (-) cough

GI: (-) upper GI bleed, (-) gastritis, (-)

constipation

MS: (-) knee swelling, (+) low back pain, (-)

hx of osteomyelitis

NEURO: (-) LOC, (-) seizures, (-) dizziness, (-)

memory loss

SKIN: (-) rash, (-) sores, (-) itchiness

ENDO: (-) fatigue, (-) polyuria, (-) cold/heat

intolerance, (-) night sweats

HEME: (-) anemia, (-) pancytopenia, (-)

bleeding

Reason for Appointment

1. lumbar spine: There is injury November 4, 2016

History of Present Illness

LOW BACK PAIN:

low back pain primarily axial in nature. Does not radiate down lower extremities. Reports pain is intermittent.

the patient states that pain began after a slip and fall injury at work on November 4, 2016. She has undergone conservative care which has failed to improve her condition. She has also been using anti-inflammatories which have not improved her condition. Currently she is treating with a pain management physician Dr. Travnicek under a personal injury claim. She has undergone lumbar facet joint injections along with radiofrequency ablation.

This is a chronic, worsening complaint.

The pain started November 2016 after a slipping on liquid and falling.

The characteristics of the pain: Aching, exhausting, nagging, unbearable.

Associated symptoms: no numbness, no bowel or bladder incontinence

Worsening factors: movement, sitting, standing, walking.

Alleviating factors: injections.

The patient's VAS score 5/10

Previous therapy: physical therapy, medications, injection therapy, RFA

Examination

General Examination:

GENERAL APPEARANCE: alert and oriented x 3, in no acute distress, well developed, well nourished

HEAD: normocephalic, atraumatic.

EYES: extraocular movement full and smooth, extraocular movement intact (EOMI), pupils equal, round, reactive to light and accommodation.

ORAL CAVITY: normal, good dentition, mucosa moist, no lesions.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy, no thyroid nodules

LYMPH NODES: no axillary, supraclavicular, no cervical

Patient: Sekera, Joyce P DOB: 03/22/1956 Progress Note: Edson Erkulvrawatr, MD 06/07/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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http://10.0.0.32 8080/mobiledoc/jsp/catalog/xml/printMultipleChartOptions.jsp?encounterId... 6/27/2019

SEKERA001568

adenopathy.

SKIN: normal, no rashes.

HEART: regular rate and rhythm, no murmurs, rubs, gallops.

LUNGS: clear to auscultation bilaterally, good air movement, no wheezes, rales, rhonchi.

ABDOMEN: normal, liver nontender, no ascites, no guarding or rigidity, no masses palpable, no hepatosplenomegaly, soft, nontender, nondistended.

EXTREMITIES: no edema, no clubbing, cyanosis, or edema.

PSYCH: alert, oriented, speech clear, thought content without suicidal ideation, delusions.

Lumbar Spine/Lower back.

GAIT: normal.

INSPECTION: no ecchymosis, no scars, no visible or palpable masses.

RANGE OF MOTION: Pain with lumbar extension.

PALPATION: tenderness to palpation bilateral.

Neurological.

CRANIAL NERVES: II-XII normal bilaterally.

MOTOR STRENGTH: 5/5 strength to flexion/ extension at the ankles, knees, hips bilateral.

SENSORY: normal bilateral lower extremities.

REFLEXES: 2+ bilateral Patellar, Achilles.

Review of Imaging Studies/Labs:

CT scan lumbar spine (Desert radiology): July 31, 2018

There are no acute fracture or dislocation. Mild levoscoliosis of the lumbar spine is noted with apex at L2-3. Anterior ossified formation at L1 to L2-3. Mild facet hypertrophy is seen right L4-S1. Mild hypertrophy seen intermittently the lumbar spine.

Disc bulge causing mild central canal narrowing at L2-3, L3-4 and L4-5. There is bilateral lateral recess narrowing at L4-5.

Normal mineralization. No osseous lytic sclerotic lesions. No paraspinal soft tissues

Assessments

1. Sprain of ligaments of lumbar spine, initial encounter - S33.5XXA (Primary)

Treatment

1. Sprain of ligaments of lumbar spine, initial encounter

Notes: The patient has been treating with a pain management physician for the back pain that occurred on November 4, 2016. She was seen by Dr. Smith who recommended facet joint injections targeting the L5-S1 level to better determine the pain generator. Currently she would like Dr. Travnicsek to perform injection therapy under her personal injury claim. The patient will follow up in my clinic should the need arise or should she want care for myself. At this time the patient does not need follow-up.

Follow Up

prn

000032



Electronically signed by Edson Erkulvrawatr, MD on
06/10/2019 at 07:37 AM PDT
Sign off status: Completed

Southern Nevada Pain Center
6950 West Desert Inn Rd
Las Vegas, NV 891173171
Tel: 702-259-5550
Fax: 702-259-5554

Patient: Sekera, Joyce P DOB: 03/22/1956 Progress Note: Edson Erkulvrawatr, MD 06/07/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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SEKERA001570

2456

Jason E. Garber, MD, FACS
Stuart S. Kaplan, MD, FACS
Gregory L. Douds, MD



3012 S Durango Dr
Las Vegas, NV 89117
Phone : (702) 835-0088
Fax : (702) 835-0085

Patient: Joyce P. Sekera

Patient #: 379090

DOB: 03/22/1956 (63 years)

Date of Encounter: 07/08/2019

History of Present Illness (William D. Smith, MD, 07/09/2019 03:59 PM)

The patient is a 63 year old female who presents for a follow-up visit. Note for "Follow-up visit": This woman continues to complain of back pain. She had a rhizotomy done I believe a week or two ago. It gave her some temporary improvement, but the pain returned.

Additional reasons for visit:

Transition into care is described as the following:

The patient is transitioning into care and a summary of care was reviewed.

Allergies (William D. Smith, MD, 07/10/2019 06:27 AM)

No Known Allergies 02/26/2018

No Known Drug Allergies 02/26/2018

Past Medical History (William D. Smith, MD, 07/10/2019 06:27 AM)

Cervical spondylosis with myelopathy (721.1 | M47.12)

Other secondary scoliosis, lumbosacral region (737.43 | M41.57)

Back pain, sacroiliac (724.6 | M53.3)

Lumbar spondylosis with myelopathy (721.42 | M47.16)

Family History (William D. Smith, MD, 07/10/2019 06:27 AM)

Mother: In good health

Father: Deceased

Brother 1: In good health

Sister 1: In good health

Social History (William D. Smith, MD, 07/10/2019 06:27 AM)

Occupation/Work Status: Retirement (Health Related)

Marital Status: Single

Children: 1.

Living situation: Lives with his mother.

Tobacco use: Current some day smoker; Smokes 1-2 cigarettes a week.

Alcohol Use: No alcohol use

Illicit drug use: Never

HIV risk factors: None

Highest recreation level prior to spine condition: No Response

Other Problems (William D. Smith, MD, 07/10/2019 06:27 AM)

Unspecified Diagnosis

Past Surgical (William D. Smith, MD, 07/10/2019 06:27 AM)

None (02/26/2018)

Diagnostic Studies (William D. Smith, MD, 07/10/2019 06:27 AM)
Chiropractor
Exercise Therapy
MRI Brain, Brain Stem
MRI, Cervical Spine
MRI, Lumbar Spine
Lumbar Spine X-ray

Vitals (William D. Smith, MD, 07/10/2019 06:27 AM)

07/08/2019 06:27 AM

Weight: 200 lb (Patient reported) **Height:** 66 in (Patient reported)
Body Surface Area: 2 m² **Body Mass Index:** 32.28 kg/m²

Assessment & Plan (William D. Smith, MD, 07/10/2019 06:30 AM)

Back pain, sacroiliac (724.6 | M53.3)

Current Plans:

- Patient Education: Smoking: Ways to Quit. smoking cessation
- **Review of Diagnostic Test**
Comments: Once again, I have reviewed her CT scan. The CT scan not only showed the rotatory scoliosis, but the left L5-S1 facet appears to have a fracture. This certainly is consistent with a work injury.
- How to access health information online
- Instructed / counseled on smoking cessation including modes of cessation. Readiness to quit and motivation assessed

Lumbar spondylosis with myelopathy (721.42 | M47.16)

Current Plans:

- Patient Education: Low Back Pain: low back

With this in mind, once again, I do not see how this woman will be able to avoid surgical treatment for this. Rhizotomies in my opinion will give her some temporary relief, but certainly not long-term. Please do not hesitate to call me with questions. I will continue to see this woman as required.

Cc: Farmers W/C (702) 436-1189 (faxed)
Walter M. Kidwell, MD (702) 878-9096
Jeffrey Webb, Dc (702) 457-7083
Katherine Travnicek, MD (702) 878-9096
Edson Erkwater, MD (702) 259-5554
Gallagher Law (702) 735-0204

Questionnaires:



William D. Smith, MD



William D. Smith, MD



Street: 3061 S. Maryland
Parkway, Suite 200
City/State/Zip: Las Vegas, NV 89109
Phone: (702) 737-1948
Fax: (702) 737-7195

Patient: Joyce P. Sekera

Patient #: 379090

DOB: 03/22/1956 (63 years)

Date of Encounter: 08/05/2019

History of Present Illness

The patient is a 63 year old female who presents for a follow-up visit. Note for "Follow-up visit": I had the opportunity and pleasure of seeing this nice woman in my office today. She is now almost three years from her original injury. This 63-year-old woman continues to have severe low back pain. She apparently had a facet rhizotomy last week. I do not have the results of this or which levels were done. She states that it gave her some immediate relief, but it seems the pain is starting to return.

Additional reasons for visit:

Transition into care is described as the following:

The patient is transitioning into care and a summary of care was reviewed.

Allergies

No Known Allergies 02/26/2018

No Known Drug Allergies 02/26/2018

Past Medical History

Back pain, sacroiliac

Cervical spondylosis with myelopathy

Other secondary scoliosis, lumbosacral region

Lumbar spondylosis with myelopathy

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Family History

Mother: In good health

Father: Deceased

Brother 1: In good health

Sister 1: In good health

Social History

Occupation/Work Status: Retirement (Health Related)

Marital Status: Single

Children: 1.

Living situation: Lives with his mother.

Tobacco use: Current, some day smoker; Smokes 1-2 cigarettes a week.

Alcohol Use: No alcohol use

Illicit drug use: Never

HIV risk factors: None

Highest recreation level prior to spine condition: No Response.

Other Problems

Unspecified Diagnosis

Past Surgical

None (02/26/2018)

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Diagnostic Studies

Chiropractor
Exercise Therapy
MRI Brain, Brain Stem
MRI, Cervical Spine
MRI, Lumbar Spine
Lumbar Spine X-ray

Vitals

08/05/2019 06:23 AM

Weight: 200 lb Height: 66 in

Body Surface Area: 2 m² Body Mass Index: 32.28 kg/m²

Physical Exam

The physical exam findings are as follows:

On her examination today, she does have percussion tenderness of the mid to low back. She does have a positive finger Forlin test to the left.

Assessment & Plan

Lumbar spondylosis with myelopathy 721.42 | M47.16

- Patient Education: Low Back Pain: low back
- Patient Education: Smoking: Ways to Quit: smoking cessation
- How to access health information online
- Instructed / counseled on smoking cessation including modes of cessation. Readiness to quit and motivation assessed.
- **Review of Diagnostic Test**
Comments: Once again, her CT scan shows a retrolisthesis at L5-S1 with lateral recess stenosis as well as changes of the SI joints bilaterally.

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AUG 12 2019

WORKER'S COMP

Other secondary scoliosis, lumbosacral region 737.43 | M41.57

- Follow up in 1 month or as needed

With this in mind, we will need to see if we can obtain Pain Management's notes. She is agreeable to this. We will not make any changes. I do believe that she should attempt to complete all injections. However, I do suspect that she ultimately will require surgical treatment.

Cc: Farmers W/C (702) 436-1189 (faxed)
Walter M. Kidwell, MD (702) 878-9096
Jeffrey Webb, DC (702) 457-7083
Katherine Travnicok, MD (702) 878-9096
Edson Erkulavmr, MD (702) 259-5554
Gallier Law (702) 735-0204



William D. Smith, MD

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FORMS 2115
2006/001

hdc

clark&richards, l.l.p. howard douglas clark, cmtd.

July 21, 2017

Kathy Gaines
Claims Examiner
Farmers Insurance
P.O. Box 108843
Oklahoma City, OK 72101

RE : Joyce Sekura
Claim No. : WC10132190
Accident : 11-4-16
Employer : Brand Vegas LLC

Dear Mr. Gaines,

Enclosed please find a copywork related to the third party action in this matter in accordance with the Hearing Officer Decision of 3-17-17

If you wish to discuss this matter further please contact me at your earliest convenience. Thank you for your continuing courtesy and cooperation in this matter.

Cordially

H. Douglas Clark, Esq.

HDC/kl
Enclosure
cc:
Joyce Sekura
Dalton Hooks, Jr. Esq. by fax 702-385-7000

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JUL 24 2017

2470 St. Rose Parkway, Suite 302 • Henderson, NV 89074 • phone: (702) 862-8900 fax: (702) 862-8562
hdc@clarkandrichards.com • www.clarkandrichards.com

000038

SEKERA001575

2461

MS Farmers 24454 2001/001 ✓

hdc

clark&richards, l.l.p. howard douglas clark, chd.

January 17, 2018

cc: Mr. Dalton
cc: Mr. Dalton
cc: Mr. Dalton
cc: Mr. Dalton
cc: Mr. Dalton
cc: Mr. Dalton
cc: Mr. Dalton
cc: Mr. Dalton
cc: Mr. Dalton
cc: Mr. Dalton

Kathy Gaines
Claims Examiner
Farmers Insurance
P.O. Box 108843
Oklahoma City, OK 72101

sent via USPS and by fax (866) 846-3114

RE : Joyce Sekera
Claim No. : WC10132190
Accident : 11-4-16
Employer : Brand Vegas LLC

Dear Ms. Gaines,

Please consider Dr. William D. Smith for the consult ordered by the Hearing Officer.

If you wish to discuss this matter further please contact me at your earliest convenience.

Thank you for your continuing courtesy and cooperation in this matter.

Cordially,



H. Douglas Clark, Esq.

HDC/kt
Enclosure
cc:
Joyce Sekera
Dalton, Hooks, Jr. Esq. by fax 702-385-7000

RECEIVED

JAN 18 2018

2470 st. rose parkway, suite 302 *henderson, nv 89074 *phone: (702) 862-8900 fax: (702) 862-8562
hdc@clarkandrichards.com * www.clarkandrichards.com

000039

SEKERA001576

2462



Send all correspondence to:
Email: welaims@farmersinsurance.com
Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843
Fax: (866) 846-3114

November 18, 2016

Joyce Sekera
7840 Nesting Pine Pl
Las Vegas NV 89143

RE: Claim No: WC10132190
 Employer: BRAND VEGAS LLC
 Insurer: Farmers Insurance Exchange
 Date of Injury: 11/04/2016
 Body Part(s): low back sprain

NOTICE OF CLAIM ACCEPTANCE
(Pursuant to NRS 616C.065)

Dear Ms. Sekera :

Farmers Insurance Exchange has accepted the above referenced claim on your behalf. Please check the information contained on this notice. If you find any of the information to be incorrect, please notify the insurer handling the claim.

Your claim has been accepted at this time. Liability is restricted to your low back sprain.

Please forward any information regarding your claim to the mailing address shown on this letter. Also, be sure to notify any medical providers that all medical reports, including disability statements, and bills regarding this injury must be submitted to this office. If you should receive any bills please forward to our office immediately.

If you disagree with the above determination, you may request a hearing before a Hearing Officer by completing the bottom portion of this notice within seventy (70) days after the date on which the notice was mailed, and sending it to the State of Nevada, Department of Administration, Hearing's Division.

Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89710
(775) 687-8440

or

Department of Administration
Hearings Division
2200 S Rancho Dr. #210
Las Vegas, NV 89102
(702) 486-2525

Sincerely,

A handwritten signature in cursive script that reads "Kathryn Gaines".

KATHRYN GAINES
Farmers Insurance Exchange

Reason for appeal:

000040

To: +17023857000 From:
Sat 14, 2017 3:13AM
Jan 19, 2017 6:23AM

Date: 14/02/17 Time: 12:15 Page: 12
No. 2098 P. 1/4



January 18, 2017

Send all correspondence to:
Email: workers@farmersinsurance.com
Work Comp Imaging Center
PO Box 10843
Oklahoma City OK 73101-8843
Fax: (855) 645-3114

Joyce Sekera
7840 Nesting Pine Pl
Las Vegas NV 89145

RE: Claim No: WC10132190
Date of Injury: 11/04/2016
Employer: BRAND VEGAS LLC
Insurer/TPA: Farmers Insurance Exchange

NOTICE OF INTENTION TO CLOSE CLAIM
(Pursuant to NRS 616C.235)

After a careful and thorough review of your workers' compensation claim, it has been determined that all benefits have been paid and your claim will be closed effective seventy (70) days from the date of this notice. Based on the available medical information, the claim will be closed without a Permanent Partial Disability (PPD) evaluation as there is no possibility of a permanent impairment of any kind.

Your file reflects that you are not presently undergoing any medical treatment; however, if you are scheduled for future medical appointments, please advise this office immediately.

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

If you disagree with the above determination, you do have the right to appeal. If your appeal concerns "accident benefits" (medical treatment or supplies) and your insurer has contracted with an organization for managed care, complete the bottom portion of this notice and send it to your insurer no later than fourteen (14) days after the date of this notice.

If your appeal concerns "compensation benefits," or if no organization for managed care is involved in your claim, complete the bottom portion of this notice and send it to the State of Nevada, Department of Administration, Hearings Division. Your appeal must be filed within seventy (70) days after the date on which the notice of the insurer's final determination was mailed.

Department of Administration
Hearings Division
3050 E. William Street, Ste 400
Carson City, NV 89710
(775) 687-8440

or Department of Administration
Hearings Division
2200 S Rancho Dr. #210
Las Vegas, NV 89102
(702) 486-2525

To: +17023857000 From:

Date: 14/02/17 Time: 12:16 Page: 12

000041

SEKERA001578

2464

To: +17023857000 From:
Feb. 14, 2017 5:34AM
Jan. 19, 2017 6:23AM

Date: 14/02/17 Time: 12:17 Page: 13
No. 7062 P. 13
No. 1890 P. 7/4

Reason for Appeal:

Signature:

Kathryn Daines

Date: January 18, 2017

Retain a copy for your records

D-91 (rev. 10/10)

CC: BRAND VEGAS LLC

File
Enclosure(s)
D-13

To: +17023857000 From:

Date: 14/02/17 Time: 12:17 Page: 13

000042

SEKERA001579

2465



FARMERS
INSURANCE

Send all correspondence to:
Email: wccclaimsdocs@farmersinsurance.com
Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843
Fax: (866) 846-3114

March 7, 2017

Joyce Sekera
7840 Nesting Pine Pl
Las Vegas NV 89143

RE: Claim No: WC10132190
 Employer: BRAND VEGAS LLC
 Insurer: Farmers Insurance Exchange
 Date of Injury: 11/04/2016
 Body Part(s): **Amended** low back sprain and left elbow sprain

NOTICE OF CLAIM ACCEPTANCE
(Pursuant to NRS 616C.065)

Dear Ms. Sekera:

Farmers Insurance Exchange has accepted the above referenced claim on your behalf. Please check the information contained on this notice. If you find any of the information to be incorrect, please notify the insurer handling the claim.

Your claim has been accepted at this time. Liability is restricted to your **Amended** low back sprain and left elbow sprain.

Please forward any information regarding your claim to the mailing address shown on this letter. Also, be sure to notify any medical providers that all medical reports, including disability statements, and bills regarding this injury must be submitted to this office. If you should receive any bills please forward to our office immediately.

If you disagree with the above determination, you may request a hearing before a Hearing Officer by completing the bottom portion of this notice within seventy (70) days after the date on which the notice was mailed, and sending it to the State of Nevada, Department of Administration, Hearing's Division.

Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89710
(775) 687-8440

or

Department of Administration
Hearings Division
2200 S Rancho Dr #210
Las Vegas, NV 89102
(702) 486-2525

Sincerely,

KATHRYN GAINES
Farmers Insurance Exchange

000043



August 9, 2017

P.O. Box 108843
Oklahoma City, OK 73101
(702) 436-1104
(800) 369-0544 Toll Free
(866) 846-3114 Fax

Joyce Sekera
7840 Nesting Pine Place
Las Vegas, NV 89143

RE	Employer	:	Brand Vegas, LLC
	Claim Number	:	WC10132190
	Date of Injury	:	11/4/2016

Dear Ms. Sekera:

In compliance with Decision and Order dated March 16, 2017, and after reviewing the medical reporting submitted to us, please be advised that we have expanded the scope of this claim to include your left elbow sprain. Attached is a new Notice of Claim Acceptance letter for your records.

If you or your employer disagree with the above determination, you may request a hearing before a Hearing Officer by completing the enclosed Request for Hearing notice within seventy (70) days after the date on which the notice was mailed, and sending it to the State of Nevada, Department of Administration Hearings Division to the appropriate address on the form.

Very truly yours,

FARMERS INSURANCE EXCHANGE


Kathy Gaines, Claims Representative

Enclosures

Cc: Brand Vegas, LLC ✓ H. Douglas Clark, Esq. DIR Alverson, Taylor, et al File

000044

SEKERA001581

2467



August 9, 2017

Joyce Sekera
7840 Nesting Pine Pl
Las Vegas NV 89143

Send all correspondence to:
Email: weclaw@farmers.com
Work Camp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843
Fax: (800) 846-4114

RE: Claim No: WC10132190
 Employer: BRAND VEGAS LLC
 Insurer: Farmers Insurance Exchange
 Date of Injury: 11/04/2016
 Body Part(s): back sprain and left elbow sprain

NOTICE OF CLAIM ACCEPTANCE
(Pursuant to NRS 616C.063)

Dear Ms. Sekera:

Farmers Insurance Exchange has accepted the above referenced claim on your behalf. Please check the information contained on this notice. If you find any of the information to be incorrect, please notify the insurer regarding the claim.

Your claim has been accepted at this time. Liability is restricted to your back sprain and left elbow sprain.

Please forward any information regarding your claim to the mailing address shown on this letter. Also, be sure to notify any medical providers that all medical reports, including disability statements, and bills regarding this injury must be submitted to this office. If you should receive any bills please forward to our office immediately.

If you disagree with the above determination, you may request a hearing before a Hearing Officer by completing the bottom portion of this notice within seventy (70) days after the date on which the notice was mailed, and sending it to the State of Nevada, Department of Administration, Hearing's Division.

Department of Administration
Hearings Division
1050 E William Street, Ste 400
Carson City, NV 89710
(775) 687-8440

or

Department of Administration
Hearings Division
2200 S Rancho Dr. #210
Las Vegas, NV 89102
(702) 486-2525

Sincerely,

KATHRYN GAINES
Farmers Insurance Exchange

Reason for appeal:

000045

SEKERA001582

2468

Oct. 12. 2017 8:26AM

-FARMERS 2/11/17
No. 3890 P. 1/5



P.O. Box 108843
Oklahoma City, OK 73101
(702) 436-1104
(800) 369-0544 Toll Free
(866) 846-3114 Fax

December 11, 2017

ENTERED
12/12

Clark & Richards, LLP
2470 St. Rose Pkwy. Ste. 302
Henderson, NV 89074
Attn.: H. Douglas Clark, Esq.

RE:	Injured Worker/Your Client	:	Joyce Sekera
	Claim Number	:	WC10132190
	Date of Injury	:	11/4/2016
	Employer	:	Brand Vegas, LLC

Dear Mr. Clark:

In compliance with Decision & Order dated November 27, 2017, hearing number 1803581-MB, at this time it would be appreciated if you could advise us the name or names of a physician you would like your client, Joyce Sekera to be evaluated by.

Thank you for your assistance in this matter.

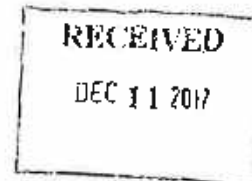
Very truly yours,

FARMERS INSURANCE EXCHANGE


Kathy Gaines, Sr. Claims Representative

Cc: Joyce Sekera

DIR,
Brand Vegas, LLC
Y Alverson, Taylor, et al. — *Filed 12/14/17*
File



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SEKERA001583

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P.O. Box 108843
Oklahoma City, OK 73101
(702) 436-1104
(800) 369-0544 Toll Free
(866) 846-3114 Fax

March 14, 2018

Joyce Sekera
7840 Nesting Pine Place
Las Vegas, NV 89143

RE: Employer	:	Brand Vegas, LLC
Claim Number	:	WC10132190
Date of Injury	:	11/4/2016

Dear Ms. Sekera:

We are in receipt of a request from Dr. William Smith for a CT of your lumbar spine with contrast, x-ray of the lumbar spine, x-ray of the cervical spine and an x-ray of your entire spine. These requests are denied.

- Dr. Smith notes in his report of 2/22/18 that you have some moderate cervical spine discomfort. Your cervical spine is not an accepted body part. In reviewing the medical records from Centennial Hospital dated 11/4/16, there is no mention of any pain or discomfort to your cervical spine. It is also noted in Dr. Smith's 2/22/18 report that since this accident you have had severe low back pain, and over the past year you have been seen by Dr. Weber for chiropractic care, you have been seen by Pain Management and a facet rhizotomy was done. Farmers Insurance Exchange was not contacted by any of these medical providers requesting payment or indicating that their medical services were related to your industrial injury of 11/4/16. Dr. Smith has also diagnosed you with scoliosis and this medical condition is a non-industrial condition.

If you or your employer disagree with the above determination, you may request a hearing before a Hearing Officer by completing the enclosed Request for Hearing notice within seventy (70) days after the date on which the notice was mailed, and sending it to the State of Nevada, Department of Administration Hearings Division to the appropriate address on the form.

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SEKERA001584

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Page 2
Joyce Sekera
WC10132190
March 14, 2018

Very truly yours,

FARMERS INSURANCE EXCHANGE


Kathy Gaines, Sr. Claims Representative

Enclosure

Cc: H. Douglas Clark, Esq.
Dr. William Smith
Grand Vegas LLC
File

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SEKERA001585

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24454.00 @
FARMERS
MS

P.O. Box 108843
Oklahoma City, OK 73101
(702) 436-1104
(800) 369 0544 Toll Free
(866) 846-3114 Fax

May 25, 2018

Dr. William D. Smith
34061 S. Maryland Pkwy. Suite 200
Las Vegas, NV 89109

RE: Injured Worker/Your Patient : Joyce Sekera
Employer : Brand Vegas, LLC
Date of Injury : 11/4/2016
Claim Number : WC10132190 ✓

Dear Dr. Smith:

In compliance with Decision and Order dated May 9, 2018, hearing number 1812017-JK, please be advised that a CT of the lumbar spine with contrast, x-ray of the lumbar spine, x-ray of the cervical spine and an x-ray of the claimant's entire spine are authorized. The vendor we use for these tests is One Call Care, and they can be reached at 855-629-6226.

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

Very truly yours,

TRUCK INSURANCE EXCHANGE


Kathryn Gaines, Sr. Claims Representative

Enclosure

Cc: Joyce Sekera
H. Douglas Clark, Esq.
Brand Vegas, LLC
DIR
Hooks Law ✓
File



000049

SEKERA001586

2472



P.O. Box 108843
Oklahoma City, OK 73101
(702) 436-1104
(800) 359-0544 Toll Free
(866) 846-3114 Fax

September 24, 2018

William Smith, M.D.
3061 S. Maryland Pkwy. Ste. 200
Las Vegas, NV 89109

RE: Injured Worker/Your Patient	Joyce Sekera
Employer	Brand Vegas LLC
Claim Number	WC10132190
Date of Injury	11/4/2016

Dear Dr. Smith:

In reference to the enclosed Decision and Order dated May 9, 2018, hearing number 1812017-JK, Farmers Insurance Exchange has been remanded to approve medical testing to determine whether Joyce Sekera's current complaints should or should not be included in the claim, and upon receipt of the test results, Farmers Insurance Exchange is to request that you, Dr. Smith, review the testing and opine as to what is or is not industrially related. Upon receipt and review of your report on the testing results, Farmers Insurance Exchange is to issue a new determination at that time. In reviewing your report of September 10, 2018, your "Review of Diagnostic Test" you indicate: The Cervical spine did show a C5-6 bulging disc with foraminal stenosis as well as a light loss of lordosis. On her lumbar spine it showed division at L4-5 and modic changes L1-2, L2-3 and mildly at L4-5. There is a question as to whether or not she had an L4-5 synovial cyst as well. The CT scan of the lumbar spine shows that she has a rotatory subluxation at L5-S1 of approximately 15 degrees. She has retrolisthesis shown on CT scan at L5-S1. She appears to have also an old healing fracture of the left superior articular facet at S1. There is perhaps some mild foraminal stenosis as well. Flexion and extension images are poor and they do not show the hips.

At this time and in accordance with Decision and Order dated May 9, 2018, we are requesting specifics in writing as to what medical condition is related to the injury of November 4, 2016 and what is not. Your request for S1 injection and a standing scoli x-ray is being denied until we receive this information from you.

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SEKERA001587

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Page 2
Joyce Sekera
Claim Number WC10132190
September 24, 2018

if you or your employer disagree with the above determination, you may request a hearing before a Hearing Officer by completing the enclosed Request for Hearing notice within seventy (70) days after the date on which the notice was mailed, and sending it to the State of Nevada, Department of Administration Hearings Division to the appropriate address on the form.

Very truly yours,

FARMERS INSURANCE EXCHANGE


Kathy Jones, Sr. Claims Representative

Enclosure

Cc: Joyce Sekera
Brand Vegas LLC
Clark & Richards, LLP ✓
Dalton Hooks, Jr., Esq.
File

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SEKERA001588

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March 26, 2019

For correspondence to:
Email: wccclaimsdocs@farmersinsurance.com
Work Comp Imaging Center
PO Box 108843
Oklahoma City, OK 73101-8843
Fax: (866) 846-3114

WESTERN REGIONAL CTR FOR BRAIN
3061 S. Maryland Pkwy. Ste. 200
Las Vegas NV 89109

RE: Claim No.: WC10132190
Employee: Sekera, Joyce
Employer: BRAND VEGAS LLC
Policy No.: 0B15170435
Date of Injury: 11/04/2016

Dear Dr. Smith,

In reference to your request for lumbar surgery on Joyce Sekera, please be advised that this request is denied.

According to Decision and Order dated October 24, 2018, diagnostic x-rays and injections are to be performed on a rule out basis, and once completed these reports will be sent to you for your professional opinion as to what body parts/diagnosis is industrial vs non industrial conditions.

If you or your employer disagree with the above determination, you may request a hearing before a Hearing Officer by completing the enclosed Request for Hearing notice within seventy (70) days after the date on which the notice was mailed, and sending it to the State of Nevada, Department of Administration Hearings Division to the appropriate address on the form.

If you have any questions, please contact me at 702-436-1104 or toll-free (800) 369-0544.

Sincerely,
Farmers Insurance Exchange

Kathryn Gaines
Claims Representative

CC: Douglas Clark, Esq., Joyce Sekera

Enclosure(s):

Medical Report

000052

SEKERA001589

2475



P.O. Box 108843
Oklahoma City, OK 73101
(702) 436-1104
(800) 369-0544 Toll Free
(866) 846-3114 Fax

May 15, 2019

Western Regional Center for Brain & Spine Surgery
3061 S. Maryland Pkwy. Ste. 200
Las Vegas, NV 89109
Attn.: William D. Smith, M.D.

RE:	Injured Worker/Your Client	:	Joyce Sekera
	Claim Number	:	WC10132190
	Employer	:	Brand Vegas LLC
	Date of Injury	:	11/4/16

Dear Dr. Smith:

Your attached request for L5-S1 inter body fusion is denied. The attached Decision and Order dated October 24, 2018 remands Farmers Insurance Exchange to authorize recommended injections and x-rays on a rule out basis only. Upon completion of same, Farmers Insurance Exchange shall correspond with you to request your medical opinion of industrial vs. non-industrial conditions and issue a final determination.

Please be advised that the injections have not been performed as of this date. Joyce Sekera's attorney H. Douglas Clark has requested Dr. Edson Erkulvrawatr for injections per his letter of March 7, 2019. When the reports are received from Dr. Erkulvrawatr, Farmers Insurance Exchange per Decision and Order will submit all to you for your opinion on industrial vs. non-industrial treatment for Joyce Sekera. I have attached the Decision and Order dated October 24, 2018, along with H. Douglas Clark's office requesting Dr. Erkulvrawatr for injections. If you have any questions regarding this matter, please feel free to contact me.

Very truly yours,

FARMERS INSURANCE EXCHANGE

Kathy Gaines, Sr. Claims Representative
Enclosures

Cc: Joyce Sekera Brand Vegas, LLC H. Douglas Clark, Esq. ☒ File

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Non-Certification Recommendation

CLAIM #: WC10132190
DOI: 11/04/2016

INSURED: BRAND VEGAS LLC
CARRIER/TPA: Farmers Insurance Exchange /

CLAIMANT: Joyce Sekera
CORVEL #: 145069978-UMO-1

ADJUSTER: Petrice Gonzales

Determination Date: 07/05/2019
Provider: William Smith, MD

CorVel Corporation has been asked to review for medical necessity and appropriateness of the below requested treatment. The request has been reviewed by our physician advisor, Keith Louwenaar MD, Orthopedic Surgery NV 8573. After careful review of the submitted medical information, our Physician Advisor was unable to recommend the requested treatment. The non-certification determination was made on 07/05/2019.

Principal Reason:
condition does not require requested level of care

SURGERY										
Determination	Type of Surgery	Body Part	Co-Surgeon	Asst-Surgeon	Length of Stay	ICD9	CPT	Facility	Effective Date	Termination Date
Requested	Minimally Invasive techniques at L5-S1 for reduction of deformity, decompression of nerve roots	Lumbar and/or Sacral Vertebrae (Vertebra NOC Trunk)	No	No		M53.3				
Non-Certified	Minimally Invasive techniques at L5-S1 for reduction of deformity, decompression of nerve roots	Lumbar and/or Sacral Vertebrae (Vertebra NOC Trunk)	No	No		M53.3			7/5/19	7/5/20

Called Dr. Smith's office (702-835-0088) and left a vm on option 1. I advised of the determination and that the letter is being sent out today.

Guidelines used in the determination process: Acoem

CorVel Corporation | PO Box 3529 | Costa Mesa, CA 92628 | p 800.726.4626 | f 866.448.4076

NATURE_WC10132190

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The clinical reasons regarding medical necessity, or lack of medical necessity, for non-certification are attached.

If you disagree with this decision, the physician may request a peer to peer conversation with the physician consultant. Please contact the National Services Department at 1-800-726-4626 between 12 p.m. and 4 p.m. PST, Monday through Friday.

You may also request re-consideration or appeal through the attached appeal process if you disagree with this decision.

By copy of this letter, this information has been submitted to the patient, facility, and the claims representative.

Utilization review by CorVel does not guarantee payment for medical care provided to this patient. Payment is subject to member eligibility and health plan policy benefits. The decisions about treatment remain with you and your physician.

Donna Gore, RN, CCM

Nurse Reviewer: Gore, Donna
National Services Department

NATIONAL SERVICES UTILIZATION MANAGEMENT INTERNAL APPEALS PROCESS

The right to appeal a determination not to certify requested medical services is available to the attending physician or ordering provider, patient/enrollee, and/or facility. A physician, Board Certified in the same medical specialty as the ordering provider, renders all appeal determinations. The appeal review physician will be other than the physician who made the original denial determination.

Definitions:

Expedited Appeal: is a request for immediate reevaluation of a denial determination and may be utilized only when there is ongoing service being provided and the attending physician or ordering provider believes that the determination warrants an immediate appeal. The appeal request should be initiated by telephone to the CorVel toll-free number. An expedited appeal will serve as a level one appeal. If the expedited appeal determination is again appealed, this second appeal will be processed as a Level 2 appeal. (review will be completed within 1 business day of receipt of information)

Standard Appeal: is utilized for all appeal requests that do not meet the expedited appeal criteria.

Level 1 appeal – first appeal of a medical necessity determination resulting in a denial of proposed or provided medical services. (review will be completed within 30 days of receipt of information)

CorVel Corporation | PO Box 3529 | Costa Mesa, CA 92628 | p 800.726.4626 | f 866.448.4076

NATURAL_WC_DENY

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Level 2 appeal— a second appeal of medical necessity determination resulting in a denial of proposed or provided medical services. (review will be completed within 30 days of receipt of information)

Request for Reconsideration: is used when the reason for the denial relates to insufficient information and not a medical necessity based decision issued by a physician reviewer. (review will be completed within 1 business day of receipt of any new or additional clinical information.)

Procedure:

1. The attending physician or ordering provider, facility and/or patient may request an appeal.
2. Appeals should be requested within 60 days of receipt of letter of non-certification unless otherwise specified by state specific regulations.
3. An appeal may be requested by telephone to CorVel via the toll-free number: 800-726-4626, by fax to 866-782-8947 or in writing to:

CorVel Corporation
National Services Department
1100 W. Town & Country, Suite 400
Orange, CA 92868

4. The CorVel Physician Consultant reviews the available information and makes a decision concerning the appeal, within the stated URAC time frames as detailed above.
5. The CorVel Physician Consultant review decision will be communicated to the attending physician or ordering provider, facility, patient/enrollee and insurer by telephone and a written confirmation letter will be sent within 1 business day.
6. Should the physician and/or the patient exhaust the internal appeal process, a decision is made by the carrier to:
 - a. Approve the request, or
 - b. Request a second opinion, or
 - c. Request a hearing as defined by state specific regulations

CorVel Corporation | PO Box 3529 | Costa Mesa, CA 92628 | p 800.726.4626 | f 866.448.4078

CARLEWCMV

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Former
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STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1708675-NG
1708676-NG
Claim Number: WC10132190

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS, NV 89143

BRAND VEGAS LLC
3130 S RAINBOW BLVD, STE 305
LAS VEGAS, NV 89146

The Claimant's requests for hearing were filed on January 26, 2017 and hearings were scheduled for and held on March 14, 2017 in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was represented by H. DOUGLAS CLARK, ESQ. The Administrator was represented by TERRY PIRTLE, LICENSED HEARING REPRESENTATIVE for DALTON HOOKS, JR., ESQ.

ISSUE

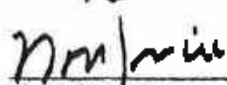
The Claimant appealed the determinations of FARMERS INSURANCE EXCHANGE dated November 18, 2016 and January 18, 2017.

The issues before the Hearing Officer are SCOPE OF CLAIM and CLAIM CLOSURE.

DECISION AND ORDER

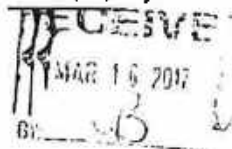
Claimant's Counsel informed additional documents will be submitted from the medical treatment rendered under the third party claim that will support the Claimant's contention that claim closure is premature as well as the low back injury is beyond a sprain and additional injury to the elbow exists. Therefore, these matters are hereby **REMANDED** for the Insurer to review and consider the forthcoming documents submitted by Claimant's Counsel and upon completion a further determination is to be generated, which is to provide appropriate appeal rights, relative to the issues at hand. **NRS 616C.160 and NRS 616C.235**

IT IS SO ORDERED this 16th day of March, 2017


Nora Garcia
Hearing Officer

APPEAL RIGHTS

Pursuant to NRS 616C.345(1), should any party desire to appeal this final decision of the Hearing Officer, a request for appeal must be filed with Appeals Officer within thirty (30) days after the date of the decision by the Hearing Officer.



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SEKERA001594

FARMERS 2/11/17

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1803581-MB
Claim Number: WC10132190

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS, NV 89143

BRAND VEGAS LLC
3130 S RAINBOW BLVD STE 305
LAS VEGAS, NV 89146

ENTERED
NOV 27 2017

The Claimant's request for hearing was filed on September 22, 2017 and a hearing was scheduled for and held on November 9, 2017, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was not present, represented by H. Douglas Clark, Esq., of Clark and Richards, LLP. The Employer and the Administrator were represented via telephone conference by Ms. Terry Pirle, Legal Assistant for Dalton L. Hooks, Jr., Esq., of Alverson, Taylor, Mortensen & Sanders.

ISSUE

The Claimant appealed the determination of FARMERS INSURANCE EXCHANGE dated August 9, 2017.

The issue before the Hearing Officer is SCOPE OF CLAIM.

DECISION AND ORDER

The determination of the Insurer is hereby REMANDED. Claimant seeks expansion of the claim to incorporate injuries to the lumbar spine and left elbow beyond the strains presently accepted. Preponderance of the medical evidence made available for hearing creates a medical question in this regard. Accordingly, the Claimant shall be evaluated by mutually agreed upon physician for physicians, if necessary, to determine the breadth and extent of Claimant's industrially related lumbar and left elbow injuries. New determinations shall ensue thereafter relative to the scope of claim upon the Insurer's receipt and review of the forthcoming medical reporting.

NRS 616C.150 Newly developed injury or disease: Inclusion in original claim for compensation; limitation. If, after a claim for compensation is filed pursuant to NRS 616C.020: 1. The injured employee seeks treatment from a physician or chiropractor for a newly developed injury or disease; and 2. The employee's medical records for the injury reported do not include a reference to the injury or disease for which treatment is being sought, or there is no documentation indicating that there was possible exposure to an injury described in paragraph (b), (c) or (d) of subsection 2 of NRS 616A.265, the injury or disease for which treatment is being sought must not be considered part of the employee's original claim for compensation unless the physician or chiropractor establishes by medical evidence a causal relationship between the injury or disease for which treatment is being sought and the original accident.

NRS 616C.330 (3) Powers and duties of hearing officer. If necessary to resolve a medical question concerning an injured employee's condition or to determine the necessity of treatment for which authorization for payment has been denied, the hearing officer may order an independent medical examination, which must not involve treatment, and refer the employee to a physician or chiropractor of his or her choice who has demonstrated special competence to treat the particular medical condition of the employee, whether or not the physician or chiropractor is on the insurer's panel of providers of health care. If the medical question concerns the rating of a permanent

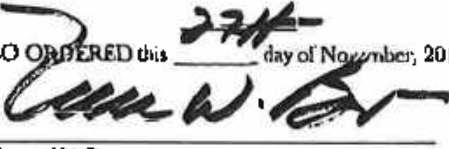
RECEIVED
NOV 27 2017
CS

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SEKERA001595

disability, the hearing officer may refer the employee to a rating physician or chiropractor. The rating physician or chiropractor must be selected in rotation from the list of qualified physicians and chiropractors maintained by the Administrator pursuant to subsection 2 of NRS 616C.490, unless the insurer and injured employee otherwise agree to a rating physician or chiropractor. The insurer shall pay the costs of any medical examination requested by the hearing officer.

IT IS SO ORDERED this 27th day of November, 2017


Mercer W. Berens
Hearing Officer

APPEAL RIGHTS

Pursuant to NRS 616C.345(1), should any party desire to appeal this final decision of the Hearing Officer, a request for appeal must be filed with Appeals Officer within thirty (30) days after the date of the decision by the Hearing Officer.

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SEKERA001596

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24454, CO. 4
FARMERS
TP

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1812017-JK
Claim Number: WC10132190 ✓

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS, NV 89143

BRAND VEGAS LLC
3130 S RAINBOW BLVD STE 305
LAS VEGAS, NV 89146

The Claimant's request for hearing was filed on March 20, 2018 and a hearing was scheduled for April 26, 2018. The hearing was held on April 26, 2018, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was represented via telephone conference by H. Douglas Clark, Esq., for Clark & Richards, LLP. The Administrator was represented via telephone conference by Terry Pirtle, Hearing Advocate for Dalton L. Hooks, Jr., Esq., of Hooks Meng Schaan & Clement, PLLC.

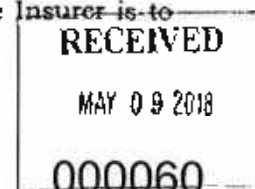
ISSUE

The Claimant appealed the determination of FARMERS INSURANCE EXCHANGE dated March 14, 2018.

The issue before the Hearing Officer is Denial of Request for Medical Testing.

DECISION AND ORDER

Claimant appeals the March 14, 2018 determination of the Insurer denying the request of Claimant's physician Dr. William Smith dated February 22, 2018, wherein Dr. Smith requests the following medical testing: a CT of the lumbar spine with contrast, x-ray of the lumbar spine, x-ray of the cervical spine and an x-ray of Claimant's entire spine. At the Hearing of this matter, Counsel for Claimant represented that at this time, Claimant is not seeking payment for treatment from Claimant's third-party action but is seeking the additional testing for the purpose of determining whether Claimant's current complaints/injuries should be included in the industrial claim. The requested testing is appropriate for that purpose. Accordingly, pursuant to NRS 616C.157, NRS 616C.150 and NRS 616C.160, this matter is hereby **REMANDED** for the Insurer to approve the requested medical testing for the purpose of determining whether Claimant's current complaints should or should not be included in the Claim, and upon receipt of the test results, the Insurer is to



SEKERA001597

request that Dr. Smith review the testing and opine as to what is or is not industrially related. Upon receipt and review of Dr. Smith's report on the testing results, the Insurer is to issue a new determination at that time.

IT IS SO ORDERED this 9 day of May, 2018.


John P. Kelleher
Hearing Officer

APPEAL RIGHTS

Pursuant to NRS 616C.345(1), should any party desire to appeal this final decision of the Hearing Officer, a request for appeal must be filed with Appeals Officer within thirty (30) days after the date of the decision by the Hearing Officer.

000061

SEKERA001598

11 12/11/2018

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1904298-MT
Claim Number: WC10132190

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS, NV 89143

BRAND VEGAS LLC
3130 S RAINBOW BLVD STE 305
LAS VEGAS, NV 89146

The Claimant's request for hearing was filed on September 27, 2018 and a hearing was scheduled for and held on October 22, 2018, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was not present. The Claimant was represented by HOWARD DOUGLAS CLARK, ESQ. The Employer was neither present nor represented by legal counsel. The Administrator was represented telephonically by TERRY L. PIRTLE, Hearing Advocate for HOOKS, MENG, SCHAAN & CLEMENT.

ISSUE

The Claimant appealed the determination of FARMERS INSURANCE EXCHANGE dated September 24, 2018.

The issue before the Hearing Officer is MEDICAL INJECTIONS AND DIAGNOSTIC X-RAYS.

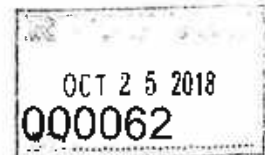
DECISION AND ORDER

The determination of the Insurer is hereby **REVERSED / REMANDED**.

The above determination denies medical injections and diagnostic x-rays as ordered by William Smith, M.D., on September 10, 2018, until such time as Dr. Smith issues a medical opinion on industrial conditions versus non-industrial conditions within the lumbar spine; in complying with a Hearing Officer's decision and order dated May 9, 2018 for the issue of scope of claim. Counsel, on behalf of the Claimant, argues that Dr. Smith's medical reporting recommends the injections and x-rays for therapeutic purposes and most likely, to help the physician issue the proper medical opinion requested of him.

Evidence submitted is sufficient in supporting the requested injections and


///
///
///



SEKERA001599

diagnostic x-rays. Thus, the above determination is hereby deemed improper and reversed. The Insurer is remanded to authorize the above procedures, on a rule out basis only. Upon completion of same, the Insurer shall again correspond to Dr. Smith to request his medical opinion of industrial vs. non-industrial conditions and issue a final determination, with appeal rights, upon receipt of his reporting. Furthermore, Dr. Smith shall be provided a copy of this decision and order to impose his completion of the medical opinion. **NRS 616C.245 (1), NRS 616.5416, NRS 616C.330 (3)**

IT IS SO ORDERED this 24th day of October, 2018.



Megan Trenkler
Hearing Officer

APPEAL RIGHTS

Pursuant to NRS 616C.345(1), should any party desire to appeal this final decision of the Hearing Officer, a request for appeal must be filed with Appeals Officer within thirty (30) days after the date of the decision by the Hearing Officer.

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SEKERA001600

2486

ORIGINAL
REQUEST FOR HEARING - CONTESTED CLAIM
(Pursuant to NAC 616C.274)

REPLY TO: Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89701
(775) 687-8440

OR Department of Administration
Hearings Division
2200 S. Rancho Drive, Suite 210
Las Vegas, NV 89102
(702) 486-2525

Employee Information		Employer Information	
Employee's Name and Address Sekera, Bryce 7840 Nesting Pine Pl Las Vegas NV 89143		Employer's Name and Address BRAND VEGAS LLC 3130 S Rainbow Blvd Ste 305 Las Vegas NV 89146	
Employee's Telephone Number 702-467-5457	Claim No. WC10132190 Date of Injury 11/04/2016	Employer's Telephone Number 702-538-9000	
Insurer Information		Third-Party Administrator Information	
Insurer's Name and Address Farmers Insurance Exchange PO Box 108843 Oklahoma City OK 73101-8843		Third-Party Administrator's Name and Address	
Insurer's Telephone Number (800) 369-0544		Third-Party Administrator's Telephone Number	

Do Not Complete or Mail This Form Unless You Disagree With the Insurer's Determination.

YOU MUST INCLUDE A COPY OF THE DETERMINATION LETTER OR A HEARING WILL NOT BE SCHEDULED PURSUANT TO NRS 616C.315.

Briefly explain the basis for this appeal:

*Disagree with non certification
of case see letter of
7.5.09*

The Injured Employee

This request for hearing is filed by, or on behalf of: **The Employer**

and is dated this 26 day of July, 2019.

Signature of Injured Employee/Employer

HDC
Injured Employee's/Employer's Signature (Required)

SCHEDULED ON
APPEALS DIVISION

20013900064

SEKERA001601

1 DALTON L. HOOKS, JR., ESQ., Nevada Bar #8121
BRADY L. DAVIES, ESQ., Nevada Bar #13858
2 HOOKS MENG & CLEMENT
2820 W. Charleston Blvd., Ste. C-23
3 Las Vegas, NV 89102
Telephone No.: (702) 766-4672
4 Facsimile No.: (702) 919-4672
Attorneys for Insurer
5 FARMERS INSURANCE EXCHANGE

FILED
AUG 28 2019
APPEALS OFFICE

6 STATE OF NEVADA

7 DEPARTMENT OF ADMINISTRATION

8 APPEALS DIVISION

9 In the Matter of the Contested
Insurance Claim

APPEAL NOS.: 1915386-PL; 1916352-PL
HEARING NOS.: 1913484-TH; 1915069-TH
CLAIM NO.: WC10132190

10 of

Employer:

12 JOYCE SEKERA
7840 NESTING PINE PL
13 LAS VEGAS, NV 89143

BRAND VEGAS LLC
3130 S RAINBOW BLVD STE 305
LAS VEGAS, NV 89146

14 INSURER'S REVISED PRODUCTION OF RELATED DOCUMENTS

15 COMES NOW, the Insurer, FARMERS INSURANCE EXCHANGE ("INSURER"), by
16 and through its attorney, DALTON L. HOOKS, JR., ESQ., and submits its Revised Production
17 of Related Documents concerning the instant matter to be heard on appeal on **Wednesday,**
18 **September 4, 2019 at 4:00 PM.** This Production of Related Documents is filed pursuant to
19 NAC 616C.300.

20 ...

21 ...

22 ...

23 ...

24 ...

I.

LIST OF EXHIBITS TO BE RELIED UPON

C-4	1
Claimant's Medical Records	2-42
Correspondence from Claimant to Insurer	43-44
Correspondence from Insurer to Claimant	45-65
Hearing Officer's Decision and Order dated 03/16/17	66-67
Hearing Officer's Decision and Order dated 11/27/17	68-70
Hearing Officer's Decision and Order dated 05/09/18	71-73
Hearing Officer's Decision and Order dated 10/24/18	74-76
Claimant's Request for Hearing Before Hearing Officer	77
Hearing Officer's Decision and Order dated 04/16/19	78-80
Claimant's Request for Hearing Before Appeals Officer	81
Claimant's Request for Hearing Before Hearing Officer	82
Order Transferring Hearing to Appeals Office	83-84
Order of Consolidation	85-86
Dated this <u>25th</u> day of August, 2019.	

Respectfully submitted,

HOOKS MENG & CLEMENT
By:



DALTON L. HOOKS, JR., ESQ.
BRADY L. DAVIES, ESQ.
2820 W. Charleston Blvd., Ste. C-23
Las Vegas, NV 89102
Attorney for Insurer
FARMERS INSURANCE EXCHANGE

AFFIRMATION PURSUANT TO NRS 239B.030

The undersigned does hereby affirm that the preceding pleading filed in or submitted for Department of Administration Case Nos.: 1915386-PL et seq do not contain the social security number of any person.

B

DALTON L. HOOKS, JR., ESQ.
BRADY L. DAVIES, ESQ.
HOOKS MENG & CLEMENT
2820 W. Charleston Blvd., Ste. C-23
Las Vegas, NV 89102
Attorney for Insurer
FARMERS INSURANCE EXCHANGE

8/28/19

DATE

CERTIFICATE OF SERVICE

The undersigned does hereby certify that on the date shown below, a true and correct copy of the foregoing **INSURER'S REVISED PRODUCTION OF RELATED DOCUMENTS** was duly served on the following as indicated:

<input type="checkbox"/> Via Facsimile <input checked="" type="checkbox"/> Electronic Mail <input type="checkbox"/> US Mail <input type="checkbox"/> Via Appeals Office Box <input type="checkbox"/> Personal Delivery	Joyce Sekera c/o H. Douglas Clark, Esq. Clark & Richards LLP 2470 St. Rose Pkwy, Ste. 310 Henderson, NV 89074
<input type="checkbox"/> Via Facsimile <input checked="" type="checkbox"/> Electronic Mail <input checked="" type="checkbox"/> US Mail <input checked="" type="checkbox"/> Via Appeals Office Box <i>MM</i> <input type="checkbox"/> Personal Delivery	H. Douglas Clark, Esq. Clark & Richards LLP 2470 St. Rose Pkwy, Ste. 310 Henderson, NV 89074
<input type="checkbox"/> Via Facsimile <input type="checkbox"/> Electronic Mail <input checked="" type="checkbox"/> US Mail <input type="checkbox"/> Via Appeals Office Box <input type="checkbox"/> Personal Delivery	Brand Vegas LLC 3130 S Rainbow Blvd., Ste. 305 Las Vegas, NV 89146
<input type="checkbox"/> Via Facsimile <input checked="" type="checkbox"/> Electronic Mail <input type="checkbox"/> US Mail <input type="checkbox"/> Via Appeals Office Box <input type="checkbox"/> Personal Delivery	Patrice Gonzales Farmers Insurance Exchange P O Box 108843 Oklahoma City, OK 73101-8843

Dated this 28th day of Aug., 2019.

Marion L. Mayfield
 An employee of HOOKS MENG & CLEMENT

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT

Please complete all areas that are highlighted in yellow.

FORM C-4
PLEASE TYPE OR PRINT

EMPLOYEE'S CLAIM - PROVIDE ALL INFORMATION REQUESTED							
First Name Joyce	MI P	Last Name SEKERA	Birthdate 3-22-56	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Claim Number (Insurer's Use Only)		
Home Address 7840 Nesting Pine Pl	City Las Vegas	State NV	Zip 89143	Age 60	Height 5'6"	Weight 180	Social Security Number
Mailing Address 7840 Nesting Pine Pl	City Las Vegas	State NV	Zip 89143	Telephone 702-467-5457	Primary Language Spoken English		
INSURER N/A	THIRD-PARTY ADMINISTRATOR N/A			Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred SALES			
Employer's Name/Company Name BRAND VEGAS				Telephone 702-538-9000			
Office Mail Address (Number and Street) N/A RAINBOW BLVD							
Date of Injury (if applicable) 11/4/16	Hours Injury (if applicable) am 1:00 pm	Date Employer Notified 11-4-16	Last Day of Work After Injury or Occupational Disease 11-4-16	Supervisor to Whom Injury Reported Wendy Church			
Address of Location of Accident (if applicable) Venetian Hotel							
What were you doing at the time of the accident? (if applicable) Walking							
How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary.) There was water on the floor. My feet went out on front of the I slipped. I was from my room & down							
If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment? N/A						Witnesses to the Accident (if applicable)	
Nature of Injury or Occupational Disease FACE/shoulder, back			Part of Body Injured or Affected elbow/back		Goes to workers		
I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 618A TO 618D), INCLUSIVE OR CHAPTER SIX OF NRS. I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PROTESTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.							
Date 11/4/16	Place Centennial Hills Hospital			Employee's Signature Joyce Sekera			
THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT							
Place Emergency Room Department			Name of Facility Centennial Hills Hospital				
Date 11/4/16	Diagnosis and Description of Injury or Occupational Disease Elbow/back sprain			Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)			
Hour 17:30							
Treatment X-ray path neuters			Have you advised the patient to remain off work five days or more? <input type="checkbox"/> Yes indicate dates from _____ to _____				
X-Ray Findings no fracture			<input checked="" type="checkbox"/> No If no, is the injured employee capable of full duty <input type="checkbox"/> modified duty				
From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			If modified duty, specify any limitations/restrictions NOV 8				
Is additional medical care by a physician indicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Explain if yes)							
Date 11/4/16	Print Doctor's Name Dr. Del Vecchio			I certify that the employer's copy of this form was mailed to the employer on _____			
Address 6900 North Durango Drive							
City Las Vegas	State Nevada	Zip 89149	Provider's Tax ID Number 20-4993360	Telephone 702-835-9700	Degraded W		
Doctor's Signature EX DEL VECCHIO MD #7062			8005149375-7120338 SEKERA, JOYCE DOB 03/22/1956 60Y SX F ENR MRN 7120338 ADM/REG DT 11/04/2016 Centennial Hills Hospital				

ORIGINAL - TREATING PHYSICIAN OR CHIROPRACTOR

PAGE 2 - INSURER/TPA

PAGE 3 - EMPLOYER

PAGE 4 - EMPLOYEE

Form C-4 (rev 10/07)

05/18/2017 05:07PM 7024 .772
RECEIVED 12/22/2016 09:42AM 7024039772
12/22/2016 9:48 SDMI-FPI Y-FPI-4

DR. JORDAN WEBBER
DR. JORDAN WEBBER

PAGE 43/70

D 1/2

STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERS

Phone: (702) 732-6000 www.sdmi-hv.com Fax: (702) 732-6071

Patient Name: Joyce P Salama

Patient: Joyce P Salama
SDMI #: 790179.0
PI DOB: 03/22/1956
PI Sex: Female
Date of Service: 12/21/16
SDMI Location: CH

Physician: Jordan Webber DC
Dr. Fax: (702) 408-9772
Dr. Phone: (702) 408-9308
Dr. Addr: 7810 W Ann Rd Ste 110 Las Vegas, NV 89149
Co:
Co:

MRI LUMBAR SPINE WITHOUT IV CONTRAST

CLINICAL HISTORY:

Lower back pain secondary to fall 2011 416. Bilateral arm and leg pain and numbness as well as weakness.

TECHNIQUE:

Multiphase imaging is performed without IV contrast. 108 images.

FINDINGS:

The osseous maculae is in normal position with normal signal. Normal lumbar vertebral body height, signal and alignment with degenerative endplate changes at L2, L3, minimally at L4 as well as at L5. Disc degeneration throughout the lumbar spine with normal disc space height.

At T12-L1, no disc bulge or canal stenosis. No neural foraminal narrowing.

At L1-2, mild disc bulge without canal stenosis. AP dimension of the canal at this level 12 mm. No neural foraminal narrowing.

At L2-3, minimal spondylosis and disc bulge with AP dimension of the canal at this level 12 mm without canal stenosis. No neural foraminal narrowing.

At L3-4, mild disc bulge with AP dimension of the canal at this level 11 mm without canal stenosis. No neural foraminal narrowing. Mild facet and ligamentum flavum hypertrophy bilaterally.

At L4-5, left paracentral disc bulge with annular fissuring. AP dimension of the canal at this level 11 mm without canal stenosis. Facet and ligamentum flavum hypertrophy bilaterally. No neural foraminal encroachment.

At L5-S1, no disc bulge with facet hypertrophy bilaterally. AP dimension of the canal at this level 10 mm without canal stenosis. No neural foraminal narrowing noted. There is note made of a synovial cyst measuring 8 mm extending posteriorly of the left facet joint into the paraspinous musculature without neural impingement.

IMPRESSION:

Multilevel lumbar degenerative disc disease with disc bulges extending from L1-2 through L5-S1.

Annular fissuring at L4-5. No canal stenosis or neural foraminal narrowing at any level. There is note made of facet and ligamentum flavum hypertrophy at multiple levels.

Physician Access To Images and Reports is Available Online at www.sdmi-hv.com

1747 N. Tropic Way, Las Vegas, NV 89128
4 Desert Way, Building D, Henderson, NV 89014

2150 S. Maryland Pkwy, Las Vegas, NV 89109
8915 N. Durango Dr, Las Vegas, NV 89149
800 Shoshon Ln, Las Vegas, NV 89104

1130 Stone Heights, Henderson, NV 89033
9070 W. Fox Road, Las Vegas, NV 89148

This message and any attached documents may be confidential and may contain information protected by state and federal medical privacy statutes. They are intended only for the use of the addressee. If you are not the intended recipient, any disclosure, copying, or distribution of this information is strictly prohibited. If you received this transmission in error, please accept our apologies and notify the sender.

000002
SEKERA001607

05/18/2017 05:07PM 7024. .772

DR. JORDAN WEBBER

PAGE 44/70

RECEIVED 12/22/2016 08:42AM 7024658772
12/22/2016 8:48 SD11-FP1 Y-FP1-4

DR. JORDAN WEBBER

D 2/2

STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERS

Phone: (702) 732-6000 www.stm-i.com Fax: (702) 732-6071

Patient Name: Joyce P Salas

Interpreted by: Saul Ruben M.D. 12/22/2016 8:07 AM

Electronically approved by: Saul Ruben, M.D. Date: 12/22/16 08:41

Physician Access To Images and Reports is Available Online at www.stm-i.com

2767 N. Tenaya Way, Las Vegas, NV 89138
4 Sunset Way, Building D, Henderson, NV 89014

2950 E. Maryland Pkwy, Las Vegas, NV 89169
8981 N. Durango Dr. Las Vegas, NV 89147
880 Meadow Ln. Las Vegas, NV 89106

1850 Alamo Heights Henderson, NV 89052
7970 W. Post Road, Las Vegas, NV 89148

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000003
SEKERA004608

2494

William D. Smith, MD
Jason E. Garber, MD, FACS
Stuart S. Kaplan, MD, FACS
Gregory L. Clouds, MD



3061 S Maryland Pkwy Suite 200
Las Vegas, NV 89109-6227
Phone: (702) 737-1948
Fax: (702) 737-7195

Patient: Joyce Sekera

Patient #: 379090

DOB: 03/22/1956 (61 years)

Date of Encounter: 02/22/2018

History of Present Illness

The patient is a 61 year old female who presents to the practice today for a transition into care. The patient is transitioning into care and a summary of care was reviewed. Note for "Transition into care": I had the opportunity and pleasure of seeing this 61-year-old woman in my office today. This woman works at The Venetian here in Vegas. She is a salesperson who sells show tickets at a booth there. The patient had been there for some time. She was in her usual state of good health when she went to lunch. She slipped on a wet floor while there. She apparently had a loss of consciousness. She was seen by The Venetian medical staff. She was told that she should go to the hospital. She decided to drive herself there. She was seen at Centennial Hospital and released.

Since this accident, she has had severe low back pain. She does have some moderate cervical spine discomfort as well. She feels that 90% of her discomfort is coming from her lower back. She also states that prior to this accident, to her recollection, she has not been seen by a medical professional regarding any spine issues. Over the past year, she has been seen by chiropractic care, Dr. Weber. She has had some mild transient improvement. However, pain has continued to be quite severe. She has been seen by Pain Management. She had several epidural steroid injections without any significant relief.

On 11/30/17 approximately one year after the injury, she did have a facet rhizotomy. She had a five-day relief of her pain, but her pain has now returned. She does not wish to take any type of pain medications. She takes an occasional Tylenol. She does have some improvement in her back pain with changes in position, a heating pad, and recumbency. Bending, lifting, and twisting worsens her pain. Prolonged sitting and not changing her position also worsens her pain. She is here today for a consultation.

Allergies

No Known Allergies 02/26/2018

No Known Drug Allergies 02/26/2018

Past Medical History

No Known Problems (02/26/2018)

Family History

Mother: In good health

Father: Deceased

Brother 1: In good health

Sister 1: In good health

Social History

Occupation/Work Status: Retirement (Health Related)

Marital Status: Single

Children: 1

Living Situation: Lives with his mother

Tobacco Use: Current some day smoker: Smokes 1-2 cigarettes a week

Alcohol Use: No alcohol use

Illicit drug use: Never

HIV risk factors: None

Highest recreation level prior to spine condition: No Response.

Medication History

No Current Medications

Past Surgical

000004
SEKERA001609

Diagnostic Studies

Chiropractor
Exercise Therapy
MRI Brain, Brain Stem
MRI, Cervical Spine
MRI, Lumbar Spine
Lumbar Spine X-ray

Review of Systems

General Not Present- Excessive Fatigue, Fever, Night Sweats, Weight Gain and Weight Loss.
HEENT Not Present- Balance Disturbance, Cataracts, Ear Infection, Ear Pain, Eye Infection, Eye Injury, Glaucoma, Hearing Loss, Inability to Smell, Nasal Congestion, Nasal Drainage, Nose Bleed, Ringing in the Ears, Sinus Headaches, Sinus Problems, Spinning Sensation, Vertigo, Wears glasses/contact lenses and Wears hearing aids.
Respiratory Not Present- Asthma, Bloody sputum, Chronic Cough and Shortness of Breath.
Breast Not Present- Breast Pain, Breast Swelling, Breast Tenderness and Nipple Discharge.
Cardiovascular Present- **Leg Pain and/or Swelling**. Not Present- Heart Murmur, High Blood Pressure, High Cholesterol, Irregular Pulse and Swelling of Extremities.
Gastrointestinal Not Present- Abdominal Pain, Change in Bowel Habits, Indigestion, Jaundice, Nausea, Vomiting and Vomiting Blood.
Female Genitourinary Not Present- Blood in Urine, Incontinence, Painful Urination, Urinary Frequency and Urinary Urgency.
Musculoskeletal Present- **Arm Weakness, Arm Pain, Back Pain, Joint Swelling, Leg Pain and Neck Pain**. Not Present- Decreased Range of Motion, Joint Pain and Leg Weakness.
Neurological Not Present- Blacking Out, Blurred Vision, Difficulty with Speech, Disorientation, Double Vision, Face Weakness, Fainting Spells, Headaches, Inability to concentrate, Incoordination, Problem with Memory and Seizures.
Psychiatric Not Present- Anxiety, Depression and Insomnia.
Endocrine Not Present- Appetite Changes, Cold Intolerance, Decreased Sweating, Excessive Sweating, Excessive Thirst, Excessive Urination, Hair Changes, Heat Intolerance and Thyroid Problems.
Hematology Not Present- Anemia, Easy Bruising, Excessive bleeding and Gland problems.

Vitals

02/26/2016 10:26 AM
Weight: 200 lb Height: 66 in
Body Surface Area: 2 m² Body Mass Index: 32.28 kg/m²

Physical Exam

The physical exam findings are as follows:

On physical examination, she is a pleasant woman who has a clear understanding of her medical condition. She has mild paraspinal muscle spasms to palpation in her posterior cervical triangle more so on the right than on the left. Flexion and extension is full. She has pain on axial loading, but not a Lhermitte's. She also has pain on axial loading during a Spurling's maneuver, but it really only radiates to her shoulders bilaterally. She is full power throughout. She is areflexic in the upper extremities and does not have sensory changes. Regarding her lower back, she has reduced flexion and extension. She has a positive bilateral finger-Forlin test more so on the left than on the right. She does have a positive Gaenslen's maneuver and a Faber sign. She does not have pain on pelvic distraction or compression. She is areflexic other than in the left patella, which is normoreflexic. She does walk with a mildly wide-based gait with an unusual posture with the knee somewhat flexed. Once again, flexion and extension of the lumbar spine is reduced. She does have pain on deep flexion and deep extension both.

000005
SEKERA001610

Assessment & Plan

Lumbar spondylosis with myelopathy 721.42 | M47.16

- Patient Education: Low Back Pain: low back
- Patient Education: Smoking: Ways to Quit: smoking cessation
- Review of Diagnostic Test

Comments: On review of her cervical MRI, she does have significant straining of her spine with loss of lordosis. There may be a small bulge at C5-6 with some foraminal stenosis. Regarding her lumbar spine, there is a small posterior annular fissure at L4-5. There are Modic changes surprisingly at L1-2 and L2-3 and perhaps mildly at L4-5 as well. The L1-2 disc space has somewhat loss of height. There is mild foraminal stenosis. Regarding her cervical spine, there is a significant left L4-5 facet synovial cyst that is out lateral.

- Instructed / counseled on smoking cessation including modes of cessation. Readiness to quit and motivation assessed.

Cervical spondylosis with myelopathy 721.1 | M47.12

- Patient Education: Neck Strain: neck pain
- How to access health information online

Other secondary scoliosis, lumbosacral region 737.43 | M41.57

Back pain, sacroiliac 724.5 | M53.3

- CT OF LUMBAR SPINE WITHOUT CONTRAST (72131): Routine (1)
- X-RAY OF LUMBAR SPINE, AP, LATERAL, FLEXION, AND EXTENSION VIEWS (72110): Routine (1)
- X-RAY OF CERVICAL SPINE, AP, LATERAL, FLEXION AND EXTENSION VIEWS (72050): Routine (1)
- X-RAY OF ENTIRE SPINE, AP AND LATERAL INCLUDING RIGHT AND LEFT BENDING 3 FOOT STANDING VIEWS (72083): Routine (1)
- X-RAY OF LUMBOSACRAL SPINE, AP, LATERAL AND FLEXION-EXTENSION VIEWS (72110): Routine (LATERAL VIEW OF LUMBAR SPINE X-RAY MUST INCLUDE SUPERIOR ENDPLATE OF L1 AND FEMORAL HEAD.)

At this time, this woman primarily seems to have lumbar spine issues. She does have significant mechanical back pain. She does seem to have a significant component of SI joint dysfunction as well. With this in mind and given the fact that she seems to have a loss of lordosis, she will need AP, lateral, flexion, and extension x-rays of both the cervical and lumbar region, as well as 3ft standing x-rays to rule out any type of scoliosis or kyphosis.

I would also strongly recommend a CT scan of the lumbar spine. This will help us to assess her facets in more detail for which she had a facet block. At the same time, it will help us to evaluate the SI joints in more detail. No other studies will be asked for at this time. I will not change her medication or other treatments at this time. I find this woman believable without any large signs of secondary gain. Certainly, the mechanism she describes certainly could cause the issues of SI joint dysfunction, disc changes, annular fissures, and straightening of her spine. Whether or not she had a preexisting condition which was asymptomatic may be determined somewhat by the CT scan of the lumbar spine.

This woman was interviewed and examined by myself. All films were reviewed directly by myself. The above is my medical expert opinion within a reasonable degree of medical probability.

Cc: Farmers W/C (866) 846-3114 (faxed)
Doug Clark, ESQ (702) 862-8562
Walter M. Kidwell, MD (702) 878-9096
Jeffrey Webb, DC (702) 457-7083



William D. Smith, MD

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SEKERA001611

Mar 19, 2012 8:55AM

02/27/2012 17:02:58 4/8

Work Comp.
Request



William D. Smith, MD
3061 South Maryland Parkway, Ste 200
Las Vegas, NV 89109

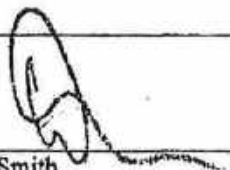
Attention: Kathryn with: Farmers Work Comp
Telephone: (702) 436-1104 Fax: (702) 436-1169

Regarding:
Name: JOSE SEKERA DOB: 3-22-56
Telephone: (702) 467-5457 DOI: 11416
Employer: _____ CLM #: WC10132190
SSN: _____ Body Part: LUMBAR

Dr. William D. Smith is Requesting: ① CT of LUMBAR spine w/o contrast
② XR of L1S AP/LAT/Flex/Ext ③ XR of C1S
AP/LAT/Flex/Ext ④ XR of Entire spine AP/LAT 3pt stretching
CPT Codes: 72131, 72110, 72050, 72093 *only done @ Dr. Smith*
ICD-10: M47.12, M41.57, M53.3
Diagnosis: Cervical spondylosis with myelopathy
Other secondary scoliosis, lumbar region Back pain
Sacroiliac

Please indicate if this is:
Approved _____ Denied _____

Which contracted vendor would you like me to go through:

Thank you,  _____
Date: 2-27-12
Dr. William D. Smith

Please return this form to: Jocelyn
Fax: 851-313 or Via Email at: jocelyn@brainandspineonline.com
Should you have any questions please feel free to call: 702-737-1948 ext. 202

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SEKERA001612

William D. Smith, MD
Jason E. Garber, MD, FACS
Stuart S. Kaplan, MD, FACS
Gregory L. Douds, MD



3061 S Maryland Pkwy Suite 200
Las Vegas, NV 89109-6227
Phone: (702) 737-1946
Fax: (702) 737-2195

Patient: Joyce P. Sekera

Patient #: 379090

DOB: 03/22/1956 (62 years)

Date of Encounter: 09/10/2018

History of Present Illness

The patient is a 62 year old female who presents for a follow-up visit. Note for "Follow-up visit": I had the opportunity and pleasure of seeing this woman back in my office today. This woman's original consultation was on 02/22/18. She had a documented Workers' Comp injury regarding her low back. She has had multiple injections including facet rhizotomies without significant relief. She was seen by myself.

Additional reasons for visit:

Transition into care is described as the following:

The patient is transitioning into care and a summary of care was reviewed.

Allergies

No Known Allergies 02/26/2018

No Known Drug Allergies 02/26/2018

Past Medical History

No Known Problems - Status is Inactive (09/10/2018) (Marked as Inactive)

Cervical spondylosis with myelopathy

Lumbar spondylosis with myelopathy

Other secondary scoliosis, lumbosacral region

Back pain, sacroiliac

Family History

Mother: In good health

Father: Deceased

Brother 1: In good health

Sister 1: In good health

Social History

Occupation/Work Status: Retirement (Health Related)

Marital Status: Single

Children: 1

Living situation: Lives with his mother.

Tobacco use: Current some day smoker; Smokes 1-2 cigarettes a week.

Alcohol Use: No alcohol use

Illicit drug use: Never

HIV risk factors: None

Highest recreation level prior to spine condition: No Response.

Medication History

Naprosyn (500MG Tablet, 1 (one) Tablet Oral two times daily, as needed. Taken starting 09/10/2018) Active

No Current Medications: Inactive

Medications Reconciled.

Past Surgical

None (02/26/2018)

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SEP 17 2018

WORKER'S COMP

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Diagnostic Studies

Chiropractor
Exercise Therapy
MRI Brain, Brain Stem
MRI, Cervical Spine
MRI, Lumbar Spine
Lumbar Spine X-ray

Vitals

09/10/2018 04:35 PM

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Physical Exam

The physical exam findings are as follows:

Her examination today also is consistent with bilateral SI joint dysfunction with bilateral finger Fortin maneuvers.

Assessment & Plan

Other secondary scoliosis, lumbosacral region 737.43 | M41.57

- X-RAY OF ENTIRE SPINE, AP AND LATERAL INCLUDING RIGHT AND LEFT BENDING 3 FOOT STANDING VIEWS (72083) ; Routine ()
- X-RAY OF LUMBOSACRAL SPINE, AP, LATERAL AND FLEXION- EXTENSION VIEWS (72110) ; Routine (LATERAL VIEW OF LUMBAR SPINE X-RAY MUST INCLUDE SUPERIOR ENDPATE OF L1 AND FEMORAL HEAD.)
- Started Naprosyn 500MG, 1 (one) Tablet two times daily, as needed, #100, 50 days starting 09/10/2018, No Refill.
- Patient Education: Low Back Pain; low back
- Patient Education: Smoking: Ways to Quit: smoking cessation
- Referral to Pain Management
- How to access health information online
- Instructed / counseled on smoking cessation including modes of cessation. Readiness to quit and motivation assessed.
- **Review of Diagnostic Test**
Comments: Her MRI of the cervical spine did show a C5-6 bulging disc with foraminal stenosis as well as a slight loss of lordosis. She, on her lumbar spine, showed division at L4-5 and modic changes L1-2, L2-3, and mildly at L4-5. There is a question as to whether or not she had an L4-5 synovial cyst as well. I have had a chance to review her CT scan of the lumbar spine. The CT scan is actually quite interesting. The CT scan shows that she has a rotatory subluxation at L5-S1 of approximately 15 degrees. She has retrolisthesis shown on CT scan at L5-S1. She appears to have also an old healing fracture of the left superior articular facet at S1. There is perhaps some mild foraminal stenosis as well. Flexion and extension images are poor and they do not show the hips.

At this time, this woman really seems to be having a very complicated issue. The CT scan is indicative of the L5-S1 region being a major pain generator. Certainly, this is consistent with trauma of at least two years ago. With this in mind, this woman will need 3ft standing x-rays so we can document her sagittal alignment and pelvic incidence to assure that her spinal pelvic parameters are within normal. At the same time, I would recommend that she go to Pain Management for a bilateral SI joint injection. These will hopefully be both diagnostic and therapeutic.

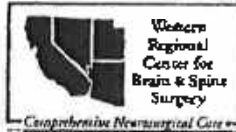
At this time, I recommend that she be given a prescription for naproxen. As long as she does not develop gastric issues, I would recommend that she remain on anti-inflammatories to avoid opioid therapy if possible. This woman understands and agrees with this plan. At this time, I find this woman to be without signs of malingering. She certainly has a significant issue with documented radiographic changes. We will continue to work closely with her.

Please don't hesitate to call me with questions. As a note, this woman was interviewed by myself and all films were reviewed by myself as well.

Cc: Farmers W/C (866) 846-3114 (faxed)
Doug Clark, ESQ (702) 862-8562
Walter M. Kidwell, MD (702) 878-9096
Jeffrey Webb, DC (702) 457-7083

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William D. Smith, MD
Jason E. Garber, MD, FACS
Stuart S. Kaplan, MD, FACS
Gregory L. Douds, MD



3061 S Maryland Pkwy Suite 200
Las Vegas, NV 89109-6227
Phone: (702) 737-1948
Fax: (702) 737-7195

Procedure Order

Ordering Site

WRCBSS Maryland Parkway
3061 S Maryland Pkwy Suite 200
Las Vegas, NV 89109-6227
(702) 737-1948
Fax: (702) 737-7195

Report Date: 09/17/2018

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SEP 17 2018

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Patient Information

Joyce P. Sekera
7840 Nesting Pine Place
Las Vegas, NV 89143
(702) 467-5457
Gender: Female Date of Birth: 03/22/1956 SSN (last 4 digits):

Patient Insurance Information

Farmers Work Compensation (800) 987-1007
Group #NONE
Plan #WC10132190

Procedures Ordered

X-RAY OF ENTIRE SPINE, AP AND LATERAL INCLUDING RIGHT AND LEFT BENDING 3 FOOT STANDING VIEWS (72083)

Diagnosis: Other secondary scoliosis, lumbosacral region (737.43 | M41.57) Ordered by: William D. Smith, MD

X-RAY OF LUMBOSACRAL SPINE, AP, LATERAL AND FLEXION-EXTENSION VIEWS (72110)

Note: LATERAL VIEW OF LUMBAR SPINE X-RAY MUST INCLUDE SUPERIOR ENDPLATE OF L1 AND FEMORAL HEAD.

Diagnosis: Other secondary scoliosis, lumbosacral region (737.43 | M41.57) Ordered by: William D. Smith, MD

End of Procedures Ordered

William D. Smith, MD

* only done @ Des Rad *

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From:

08/17/2018 09:17

#669 V.004/005


William D. Smith, MD

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SEKERA001616



**TO
Work Comp.
Request**



William D. Smith, MD

3061 South Maryland Parkway, Ste 200
Las Vegas, NV 89109

Attention: Kathy G with: Farmers Work Comp
 Telephone: (702) 436-1104 Fax: (702) 436-1169
 Regarding:
 Name: Joyce Sekera DOB: 3-22-50
 Telephone: (702) 467-5457 DOI: 11-4-16
 Employer: _____ CLM #: WC10132190
 SSN: _____ Body Part: Lumbar

Dr. William D. Smith is Requesting ① 36 standing scoliosis xray
only done @ Drs Back ② SI joint injection
bil w/ Pain Management
 CPT Codes: 72083, 72110
 ICD-10: M41.57
 Diagnosis: Other secondary scoliosis lumbosacral
region

Please indicate if this is:
 Approved _____ Denied _____

RECEIVED

Which contracted vendor would you like me to go through: SEP 17 2018

WORKER'S COMP

Thank you,

Date: 9-17-18

Dr. William D. Smith

Please return this form to: Jocelyn
 Fax: 702-318-3118 or Via Email at: jtorres@brainandspineonline.com
 Should you have any questions please feel free to call: 702-737-1948 ext. 202

See attached denial
Kathy Jones 9/24/18

000012
 SEKERA001617



Pain Institute of Nevada

7435 W Azure Road, Ste 190, Las Vegas, NV 89130-4425 ++ 702.878.8252 ++ 702.878.9096

Mailing address: 7065 W Ann Road, Ste 130 #548, Las Vegas, NV 89130-4990

www.paininstitute.com

88-0245302

Medical Records Review and Report

DATE: March 11, 2019

RE: Joyce Sekera

DOB: 03/22/1956

DOI: 11/04/2016

To Whom this May Concern:

I was asked to evaluate the medical records and bills for the care of Ms. Joyce Sekera, who is a 62-year-old female and was involved in a slip and fall on November 4th, 2016. I am currently a full-time practicing physician in private practice and board certified in Physiatry (Physical Medicine and Rehabilitation) and Pain Management. I have also provided my CV separately.

MEDICAL RECORDS & BILLING RECORDS REVIEWED

1. Centennial Hills Hospital Medical Center
2. Desert Chiropractic and Rehabilitation
3. Southern Nevada Medical Group
4. Radar Medical Group
5. Desert Institute of Spine Care
6. Western Regional Center for Brain and Spine Surgery
7. Desert Radiology
8. Steinberg Diagnostic Medical Imaging Centers
9. Las Vegas Radiology
10. Pain Institute of Nevada
11. PayLater Pharmacy

ACCIDENT HISTORY

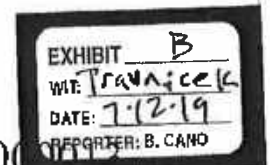
Ms. Sekera suffered a slip and fall at work at the Venetian. She went to Centennial Hills Emergency Room that same day and reported severe low back pain and left elbow pain. She was then seen 4 days later and developed headaches, neck pain and left shoulder pain also.

PRIOR INJURIES

None reported

CLINICAL TIME LINE

- 11/4/2016 SLIP AND FALL
- 11/4/2016 ED physician evaluation at Centennial Hills Hospital Medical Center
CC: Low back pain and left elbow pain, VAS 9
Exam: Left elbow tenderness
Diagnosis: Back strain, left elbow pain
Plan: Discharged home with ibuprofen 600 mg TID, Norco 5-325 mg TID x five days
- 11/8/2016 Initial consultation at Desert Chiropractic and Rehabilitation
Headache - VAS 8 - with blurred vision, balance problem, memory problem, difficulty sleep, soreness and achiness
Cervicalgia - VAS 7 - with numbness and tingling down bilateral arms to fingers
Low back pain - VAS 7 - radiating to bilateral upper legs, numbness and tingling down



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bilateral thighs to just below knees
Left shoulder – VAS 6, Left elbow – VAS 8, Thoracic spine pain – VAS 4
Plan: Chiropractic care

- 11/21/2016 Office visit at Southern Nevada Medical Group with Michelle Hyla, DO
CC: Headache, trouble sleeping, anxiety, pain at cervical, thoracic and lumbar spine, abdominal, bilateral shoulders, left shoulder joint, bilateral upper arm, left elbow, left forearm, bilateral hip, left hip joint, bilateral thigh, bilateral knee, bilateral knee joint, bilateral lower leg and bilateral calf regions
Most severe pain at cervical and thoracic spine and left shoulder
Pain radiated to bilateral upper and lower extremities
Exam: Tenderness at abdomen, cervical, thoracolumbar spine, bilateral shoulder, bilateral arm, left elbow, left forearm, bilateral hip, thigh, knee, leg and calf with hypertonicity and decreased range of motion at cervical and thoracolumbar spine, left shoulder, bilateral knee, left hip, bruises at left elbow, abnormal gait with asymmetric posture
Concussion symptoms – Nausea, headache, dizziness, tinnitus, trouble remembering, balance problems, drowsiness, sensitivity to noise and light, feeling slowed down, feeling in a fog, difficulty concentrating, difficulty remembering, trouble falling asleep, more emotional than usual, irritability, sadness, nervousness, trouble finding words
Plan: Medications prescribed (cyclobenzaprine, flurbiprofen, amitriptyline, gabapentin, lidocaine), recommended conservative rehabilitation for 6-12 weeks, might need massage therapy, orthopedic evaluation and pain management consultation, pending x-ray and MRI
- 12/1/2016 Neurologic evaluation at Radar Medical Group with Russell Shah, MD
CC: Agitation, irritation, forgetful, personality changes, insomnia, ringing in the ear and dizziness and pain in head, neck shoulder mid and low back
Headache – At forehead and top of the head with blurred vision, light sensitivity and occipital pain
Neck pain with limited range of motion
Left shoulder pain with left hand weakness and numbness at bilateral palms
Upper and low back pain
Tightness and abnormal feeling at thighs
Exam: Tenderness at cervical paraspinal with tightness and spasm, tenderness at bilateral trapezius muscle, mild at anterior left shoulder area, between shoulder blades, thoracic paraspinal, mild/moderated at lumbar paraspinal, mild at lumbar sacral spinous process, tightness and/or spasm at lumbar paraspinal muscles, limited range of motion at cervical spine with pain on flexion and extension, limited range of motion at lumbar spine with pain on extension, abnormal left shoulder range of motion on reaching back and arm raising to 80
Diagnoses: Post-traumatic brain syndrome, cervical strain/headache, migraines secondary to post-traumatic brain syndrome and cervical strain/headache, lumbar strain, secondary insomnia due to post-traumatic brain syndrome, cervical strain/headache and lumbar strain
Plan: Prescribed medications (Flexeril and Ibuprofen), labs, obtain LV radiology X-ray results and ER results, spine restrictions given, planned for upper neurodiagnostic studies if numbness persist, recommend EEG and NB
- 12/5/2016 Follow-up at Southern Nevada with Michelle Hyla, DO
CC: Improved left shoulder pain with some weakness
Left elbow pain better
Left hip symptoms improved, walking much better
Knee complaints remained unchanged
More pain at cervical and lumbar spine, left shoulder and headache

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VAS 6-9

Exam: Unchanged – nausea, sensitivity to noise and light, cervical spine, thoracic spine, lumbar spine, bilateral shoulder, left forearm, bilateral knee left thigh, leg and calf, improved – bilateral arms, left elbow, bilateral hips and right thigh, aggravated – headache, dizziness, trouble remembering, drowsiness, balance problem, feeling slowed down, difficulty concentrating and remembering, trouble sleep, emotion than usual, irritability, sadness, nervousness, trouble finding words, right leg and calf, resolved – tinnitus

Plan: Follow-up with neurology, MRI pending, continue therapy

12/9/2016

Re-evaluation after 14 chiropractic sessions at 3x weekly

CC: Headache, cervicalgia, low back pain, pain at left shoulder, left elbow, thoracic spine, left hip

Headache – VAS 7 with nausea and dizziness

Cervicalgia – VAS 7 - stiffness, numbness, tingling down bilateral arms to fingers

Low back pain – VAS 8 with radiation to bilateral upper legs, numbness, tingling at bilateral thighs to toes

Left shoulder pain – VAS 6 with stiffness

Left elbow pain – VAS 2

Thoracic spine pain – VAS 7

Left hip pain – VAS 2

Improved overall, however not yet returned to pre-accident status

12/12/2016

EEG report by Russell Shah, MD

Impression – This was an unremarkable EEG study, single lead EKG was normal, no evidence of a metabolic encephalopathy, no triphasic waves, no focal slowing or worrisome findings demonstrated, no cortical irritability is demonstrated, no evidence of an early cortical dementia.

12/19/2016

Follow-up at Southern Nevada with Michelle Hyla, DO

CC: Headache, cervical spine, lumbar spine and left shoulder pain

Radiating pain to bilateral upper and lower extremities, VAS 7-8

Exam: Resolved – tinnitus, abdomen tenderness and left elbow bruises, cervical spine, thoracic spine, lumbar spine, bilateral shoulders, arms, right hip, bilateral thighs, knees legs and calf and left forearm, unchanged – nausea, balance problem, sensitivity to noise and light, feeling slowed, difficulty concentrating and remembering, improved – left elbow, aggravated – headache, dizziness, trouble remembering, drowsiness, trouble falling asleep, more emotional than usual, irritability, sadness, nervousness, trouble finding words, left hip.

Plan: Follow-up with Dr. Shah, pending MRI of cervical and lumbar spines, continue therapy

12/20/2016

Neurologic follow-up at Radar Medical Group with Russell Shah, MD

CC: Headache, mid back low back pain and memory loss

Neck pain with numbness at bilateral hands

Ringling sensation of the ears was better

Exam: Tenderness at cervical paraspinal muscles, limited range of motion at cervical spine, lumbar spine due to pain.

Plan: Prescribed medications (Aricept and Topamax), ordered EMG/NCV of upper extremity, continue therapy, planned to consider cervical and lumbar MRI if symptoms persist.

1/9/2017

Consultation with Dr. Katherine Travnick MD at Pain Institute of Nevada

CC: Neck, low back and bilateral knee pain

Neck pain radiates to bilateral shoulders, numbness, tingling at bilateral hands, VAS 4-9

Low back pain without radiating to legs VAS 4-9

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Knee pain with some swelling that comes and goes.
Exam: Cervical and lumbar range of motion was full with pain in flexion
Plan: Prescribed medication (Naproxen and Robaxin), suspected facet and disc mediated neck and low back pain, continue therapy.

- 1/10/2017 Neurologic follow-up at Radar Medical Group with Russell Shah, MD
CC: Intense headache, nausea, forgetful, agitated, irritated, dizziness
Neck, upper and low back pain
Continued thigh tightness and abnormal feeling
Bilateral palmar numbness and repositioning of the hands
Exam: Mild distresses, tenderness at cervical paraspinal muscles, spinal process, trapezius muscles with tightness and/or muscle spasm of cervical paraspinal, tenderness at left shoulder, positive Phalen's sign at left wrist, tenderness between shoulder blades, thoracic paraspinal with tightness, tenderness at lumbar paraspinal, lumbar sacral spinous process with tightness at lumbar paraspinal, limited range of motion at cervical spine with pain on lateral flexion and extension, positive axial compression, limited lumbar spine range of motion, abnormal range of motion at left shoulder
Plan: Prescribed medications (Topramate/Aricept) & neuropsychology evaluation
- 1/18/2017 Follow-up at Southern Nevada with Michelle Hyla, DO
CC: Cervical, lumbar and left shoulder pain
Pain radiated to bilateral upper and lower extremities, VAS 7-8
Exam: Resolved - nausea, tinnitus, noise sensitivity, left elbow bruises, left elbow and forearm, improved - headache, balance problem, right shoulder and arm and right thigh, aggravated - dizziness, unchanged - trouble remembering, drowsiness, light sensitivity, feeling slowed, difficulty concentrating, remembering, trouble falling asleep, emotional than usual, irritability, sadness, nervousness, cervical spine, thoracic spine and lumbar spine, left shoulder left arm, bilateral hip, knee, leg calf and left thigh
Plan: Follow-up with neurology, continue therapy
- 1/30/2017 Follow up with Travnick MD
CC: Neck, low back, bilateral knee and shoulders pain
Neck pain was constant and with stiffness, VAS 4-7
Low back pain was constant and achy
Plan: Prescribed medication (Robaxin, gabapentin), continue Naprosyn & therapy
- 1/30/2017 Discharge summary at Southern Nevada with Michelle Hyla, DO
CC: Residual pain at cervical, lumbar, bilateral shoulders, bilateral hips, residual headache and concussion, pain radiating down bilateral upper and lower extremities
VAS 7, overall unchanged progress
Exam: Resolved - nausea, tinnitus, left elbow bruises, left elbow and forearm, abdomen, thoracic spine, bilateral arm, bilateral thigh, knee, leg and calf
Unchanged - headache, dizziness, trouble remembering, drowsiness, balance problem, noise sensitivity, light sensitivity, feeling slowed, difficulty concentrating, remembering, trouble falling asleep, emotional than usual, irritability, sadness, nervousness, trouble finding word, cervical spine and lumbar spine, bilateral shoulder, bilateral hip with decreased range of motion at cervical spine and thoracolumbar spine
Plan: Referred to Dr. Kldwell and Shah & discharged from care
- 2/7/2017 Neurology follow-up at Radar Medical Group with Russell Shah, MD
CC: Memory problem

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- Improved headache, neck and low back pain
 Less emotional and feeling better, dizziness and nausea significantly better
 Bilateral hand numbness more on left, positive flick test and repositioning noted
 Exam: Mild distresses, tenderness at cervical paraspinal muscles, bilateral trapezius muscles with tightness and/or muscle spasm of cervical paraspinal, positive Tinel's sign on left, positive Phalen's sign at bilateral wrist, tenderness upper thoracic paraspinal with tightness and/or muscle spasm of thoracic paraspinal muscles, tenderness at lumbar paraspinal with tightness at lumbar paraspinal, limited range of motion at cervical spine with pain on lateral flexion and extension, positive axial compression, limited lumbar spine range of motion, abnormal range of motion at left shoulder.
 Plan: Prescribed medication (Aricept), continue Robaxin and ibuprofen, neuropsychology evaluation, obtain MRI results, may need hand surgeon, re-evaluate in 2 weeks.
- 2/20/2017 Follow up with Dr. Travnicek MD
 CC: Pain at top of bilateral shoulders, VAS 5, & Low back pain, VAS 2-7
 Exam: Tenderness at bilateral lower lumbar spine and bilateral L5-S1 facet joint, spasm at paravertebral muscles, decreased lumbar spine range of motion due to pain.
 Plan: Administered trigger point injection at bilateral trapezius muscles and levator scapula, recommended lower lumbar L5-S1 facet joint injection, to obtain labs performed in January 2017.
- 3/15/2017 Follow up with Dr. Travnicek MD
 CC: Neck and low back pain.
 Status post L5-S1 facet joint injection with 100% pain relief for 6 hours only and then returned with worse low back pain, VAS 8
 Neck pain with bilateral shoulder muscle pain, no relief with trigger point injection
 Exam: Slight limited transition and antalgic gait, tenderness at bilateral L5-S1 facet joint more on left, paravertebral muscle spasm, decreased range of motion with pain
 Plan: Prescribed medication (Celebrex), recommended bilateral L5-S1 facet medial branch block
- 4/11/2017 Neurology follow-up at Radar Medical Group with Russell Shah, MD
 CC: Low back pain
 Stiffness and ache in shoulder blades and legs
 Less neck pain and less numbness in hands
 Better in her memory, less forgetful and much less emotional
 Recovering from cough and cold illness after injection, pain shot with Kidwell delayed
 Exam: Mild distressed, mild lumbar paraspinal muscle tenderness with tightness and/or spasm, limited lumbar spine range of motion on extension.
 Plan: Reinitiate Aricept once recovered from illness, follow-up with pain management, to hold any procedures, continue wrist splints, perform neuro-diagnostics of lower extremity
- 5/1/2017 Final report – Desert Chiropractic and Rehabilitation after 36 more treatments
 CC: Headache, cervicgia, low back pain, pain at left shoulder and thoracic spine.
 Headache – VAS 5 with frequency of approximately two days a week.
 Cervicgia – with stiffness, numbness and tingling at bilateral hands and fingers, mild neck pain
 Low back pain – VAS 6 with radiation to bilateral legs to feet and decreased numbness and tingling down the thighs to toes
 Left shoulder pain – VAS 5
 Thoracic spine pain – VAS 6
 She has had total of 50 chiropractic treatments
- 5/2/2017 Neurologic follow-up at Radar Medical Group with Russell Shah, MD

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CC: Improved mood, emotions and low back pain with gabapentin
Improved neck pain
Still forgetfulness
Pain at bilateral gastrocnemius, buttocks and lower back
Exam: Mild distressed on lumbar range of motion examination, tenderness at lumbar paraspinal muscles and lumbar sacral spinous process with tightness and/or spasm of lumbar paraspinal muscle, limited lumbar range of motion on extension.
Plan: Hold reinitiating of Aricept, follow-up with pain management, explained Neuro-diagnostics lower extremity result, continue wrist splints, may need surgeon evaluation if carpal tunnel syndrome continued

5/11/2017 Follow up with Dr. Travnicek MD
CC: Improving lower back pain with mild pinching feeling at lower back, VAS 3
Status post L5-S1 medial branch block with 100% relief immediately after the procedure and sustained 60% reduction in pain.
Plan: Recommended radiofrequency ablation at bilateral L5-S1 when pain returns, follow up in 3 weeks.

6/1/2017 Follow up with Dr. Travnicek MD
CC: Low back pain, VAS 3-5
Exam: Tenderness at bilateral L5-S1 facet joint with spasm at paravertebral muscles
Plan: Refilled Celebrex, recommend radiofrequency ablation at bilateral L5-S1 facet joints

6/26/2017 Follow up with Dr. Travnicek MD
CC: Low back pain, VAS 5
Plan: Recommended radiofrequency ablation at bilateral L5-S1 facet joints

7/10/2017 Follow up with Dr. Travnicek MD
CC: Low back pain, VAS 0-5
Declined radiofrequency ablation as her pain was not severe enough

7/10/2017 Neurologic follow-up at Radar Medical Group with Russell Shah, MD
CC: Constant low back pain on Celebrex
Diabetes, on Metformin
Neck pain with bilateral hand numbness and tingling more on right side and limited neck range of motion
Blurred vision, eye pain and headache
Pain radiating down legs intermittently
Some forgetfulness
Exam: Tenderness at cervical, thoracic and lumbar paraspinal muscles, tightness at thoracic and lumbar paraspinal, limited cervical range of motion, positive axial compression, limited lumbar range of motion on extension
Plan: Need to restart Aricept, continue wrist splints, perform neuro-diagnostic in 4 months if carpal tunnel symptoms persist

10/5/2017 Progress note at Desert Institute of Spine Care with Andrew Cash, MD
CC: Neck pain, VAS 6-7 and low back pain, VAS 5-7
Numbness and tingling, weakness and pain in upper and lower extremities.
Exam: tenderness at lumbar facet, painful extension, concordant facet loading, tenderness and pain at bilateral lumbar paraspinal muscles
Plan: Referred to pain medicine, ordered x-ray of neck and lower spine, give lumbar restrictions including no repetitive bending, twisting, stooping, crawling, climbing, squatting or lifting more than 10 pounds frequently or 20 pounds occasionally, follow-up in 4 weeks

10/23/2017 Follow up with Dr. Travnicek MD

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CC: Low back pain without radiating to legs, VAS 5
 Wanted to proceed with radio frequency ablation
 Exam: Tenderness at bilateral L5-S1 lumbar facet joint, spasm at paravertebral muscles, full range of motion with pain
 Plan: Prescribed medication (Gabapentin, Celebrex), recommend L5-S1 radiofrequency ablation, follow-up in three weeks

10/23/2017 Neurologic follow-up at Radar Medical Group with Russell Shah, MD
 CC: Low back pain, to see pain management, Dr. Kildwell, seen by Dr. Andrew Cash, not taking Celebrex
 Pain at left-sided neck, upper back, behind shoulder with tingling mainly with limited neck range of motion
 Still forgetfulness and problem with recall/remembering, improved partially
 Improvement with Aricept
 Plan: Restart Aricept, may need further imaging for post-traumatic brain syndrome, re-evaluate in 4 months, consider neurodiagnostic studies in 6 months and hand surgeon evaluation if symptoms persist

12/7/2017 Follow up with Dr. Travnicek MD
 CC: Improving low back pain, VAS 0-3
 Status post radio frequency rhizotomy at bilateral L5-S1 with 100% reduction of usual pain post-procedurally and sustained 80% improvement
 Plan: Planned to repeat L5-S1 radio frequency ablation when pain return in around 1 years' time, follow-up in 3 weeks

1/11/2018 Follow up with Dr. Travnicek MD
 CC: Mild low back pain without lower extremity symptoms, VAS 2-3
 70% improvement from radiofrequency rhizotomy
 Plan: Follow-up as needed

2/22/2018 Office visit at Western Regional Center for Brain and Spine Surgery - William Smith, MD
 CC: Severe low back pain
 Moderate cervical spine discomfort
 Mild transient improvement with chiropractic therapy, seen by pain management, received several epidural steroid injections without any significant relief
 Diagnoses: Lumbar spondylosis with myelopathy, cervical spondylosis with myelopathy, other secondary scoliosis; lumbar region, back pain; sacroiliac
 Exam: Walking with mildly wide-based gait with an unusual posture and knee somewhat flexed, spasm at bilateral paraspinal muscles of posterior cervical triangles more on right than left, pain on axial loading during Spurling's test and radiating pain to bilateral shoulders, areflexic at upper extremities, reduced flexion and extension of lower back, positive bilateral finger Fortin test more on left, positive Gaenslen's and Faber sign, areflexic except for left patella, pain on deep flexion & extension
 Plan: Ordered x-ray of cervical spine, lumbar spine, lumbosacral spine, entire spine and CT scan of lumbar spine

8/29/2018 ED physician evaluation at Centennial Hills Hospital Medical Center
 CC: Left-sided low back pain radiating to buttock since 8/28/2018 - VAS 10
 Symptoms similar to previous sciatica episode
 Exam: Slow steady gait, decreased back range of motion by pain
 Diagnosis: Left-sided sciatica
 Plan: Prescribed medications (Vallum, Norco, dexamethasone, Naprosyn, Medrol, Flexeril), follow-up with primary care physician or Dr. Damaj in 1-2 days, discharged home

9/10/2018 Follow-up at Western Regional Center for Brain and Spine Surgery - William Smith, MD

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CC: Low back pain

She reported multiple injections including rhizotomy without significant relief

Exam: Consistent with bilateral sacroiliac joint dysfunction with bilateral finger Fortin Maneuvers

He noted review of cervical MRI, Lumbar MRI, CT lumbar spine, flexion/extension images

Plan: He noted she has a very complicated issue as CT indicative of L5-S1 region being main pain generator. He recommended 3 foot standing X-rays to document sagittal alignment and pelvic incidence to assure spinal pelvic parameters are normal. Pain management referral for bilateral SI joint injections for diagnostic and therapeutic purposes, & recommended Naprosyn, to avoid opioids, & smoking cessation.

9/17/2018

Follow up with Dr. Travnicsek MD

CC: Returning of bilateral low back pain radiating to bilateral buttocks & posterior thigh VAS 8-9

Status post L4-5 and L5-S1 radio frequency rhizotomy and sustained 70% reduction of pain from December 2017 to May-June 2018

Exam: Moderately uncomfortable, slight limited transition and antalgic gait, tenderness at bilateral lower sacroiliac joint and facet joint, spasm at lumbar paravertebral muscles, decreased lumbar range of motion due to pain

Plan: Restarted gabapentin, to repeat bilateral L5-S1 radio frequency ablation at 6 months up to 2 years, follow-up in 4 weeks

02/07/2019

Follow-up at Western Regional Center for Brain and Spine Surgery - William Smith, MD

CC: Low back pain s/p rhizotomy with brief relief of pain

Noted Dr. Smith did not have Pain Institute of Nevada's notes

CT scan lumbar spine reviewed & there is rotary subluxation at L5-S1 of ~10 degrees

Diagnosis: L5-S1 level and bilateral SI joint dysfunction

Plan: Bilateral SI joint injections

IMAGING done at Desert Radiology

X-ray of lumbar spine, three views done on 8/22/2018

Mild multilevel spurring but more moderately at L2-3

Very mild sclerosis left SI joint

X-ray of cervical spine, five views done on 7/31/2018

Cervical spine straightening

Multilevel mild spondylosis

Mild degenerative changes at the mid and lower C-spine, as described

X-ray scoliosis study on 7/31/2018

No significant scoliosis

Mild degenerative changes of the thoracic and lumbar spine

X-ray of lumbar spine, four views done on 7/31/2018

Osteopenia and degenerative changes as described

No evidence of laxity or instability

CT scan of lumbosacral spine without contrast done on 7/31/2018

Mild spinal canal narrowing at L2-3, L3-4 and L4-5

Bilateral lateral recess narrowing at L4-5

IMAGING done at Steinberg Diagnostic Medical Imaging Centers

MRI of the brain done on 12/16/2016

Brain normal for age

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MRI angiogram of the brain done on 12/16/2016
No significant abnormality identified on magnetic resonance angiogram of the brain

MRI of lumbar spine done on 12/21/2016
Multilevel lumbar degenerative disc disease with disc bulges extending from L1-2 through L5-S1. Annular fissuring at L4-5. No canal stenosis or neural foraminal narrowing at any level. There is note made of facet and ligamentum flavum hypertrophy at multiple levels.

MRI of cervical spine without contrast done on 12/21/2016
Mild multilevel degeneration. Mild neuroforaminal stenosis at C5-6. No spinal canal stenosis throughout. Mild dextro-curvature. Straightening of the cervical lordosis which may be seen with muscle spasm.

IMAGING done at Las Vegas Radiology

X-ray of left hip, two views performed on 11/30/2016
Mild arthropathy of each hip.
If symptoms persist, additional imaging of the hip should be considered.

X-ray of sacroiliac joint, two views performed on 11/30/2016
Mild arthropathy of each sacroiliac joint. If symptoms persist additional imaging should be considered.

X-ray of thoracic spine, two views performed on 11/14/2016
No evidence of acute skeletal pathology to the thoracic spine

X-ray of left shoulder, two views performed on 11/14/2016
No evidence of acute skeletal pathology to the left shoulder.
There are mild degenerative changes at the acromioclavicular articulation.

X-ray of cervical spine performed on 11/14/2016
No evidence of acute fracture. No significant spondylolisthesis. On the neutral, lateral projection, there is reversal of the normal lordotic curvature, could be due to spasm.

IMAGING done at Centennial Hills Hospital Medical Center.

X-ray of lumbosacral spine, three views performed on 11/04/2016
Degenerative disc disease most conspicuously at L2-3 where there is endplate osteophyte formation and some endplate sclerosis. There is slight increased density at the disk space of uncertain etiology possibly related to some calcification. Further assessment with CT or MRI scan can be obtained as clinically warranted.

X-ray of left elbow, four views performed on 11/04/2016
No evidence of acute fracture or dislocation.

PROCEDURE TIME LINE

3/9/2017	Bilateral L5-S1 facet joint injection by Dr. Travnick MD Post VAS 100% reduction of usual pain
5/6/2017	Bilateral L5-S1 facet joint medial branch block by Dr. Travnick MD Post VAS 100% reduction of usual pain
11/30/2017	Bilateral L5-S1 facet joint radiofrequency rhizotomy by Dr. Travnick MD

SURGERY TIME LINE

None

Billing

1. Centennial Hills billing total is \$5,662.00.
2. Desert Chiropractic and Rehabilitation total billing is \$10,756.00.

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3. Southern Nevada Medical Group total billing is \$1,975.00.
4. Las Vegas Pharmacy total billing is \$1,090.83.
5. Valley View Surgery Center total billing is \$20,278.34.
6. Steinberg Diagnostic Medical Imaging total billing is \$1,400.00.
7. Desert Institute of Spine Care total billing is \$1,750.00.
8. Western Regional Center for Brain and Spine total billing is \$1,150.00.
9. Las Vegas Radiology total billing is \$3,548.00.
10. Radar Medical Group total billing is \$17,088.50.
11. Walter Kidwell, MD total billing is \$16,000.00.
12. Desert Radiology total billing is \$78.00.
13. PayLater Pharmacy total billing is \$282.33.

IMPRESSION: Causally related and based on the 11/4/16 slip and fall:

1. Low back facet mediated pain, bilateral
2. Left elbow contusion/pain, Improved
3. Left shoulder strain, improved
4. Thoracic spine pain, Improved
5. Cervicalgia/neck pain, Improved
6. Concussion/headache with improved memory on Aricept
7. Sacroiliac joint dysfunction and pain, bilateral

COMMENTARY AND MEDICAL DECISION MAKING:

I am evaluating the medical records of Joyce Sekera (DOB 03/22/56) and I was asked to author a report regarding causation of injuries, comment on the usual and customary billing, and on her future care. All records sent to me are reviewed for the purpose of a medical decision based upon the events of the current pain complaints. The opinions of this report are within a reasonable degree of medical probability and are based upon my review and examination of the evidence in the medical records provided to me. All of my opinions have been rendered with a reasonable degree of medical probability, but if there is relevant information that I have not yet had the opportunity to review, then my opinions may change.

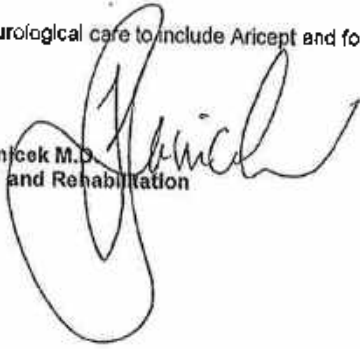
My opinions in regards to Ms. Sekera are based upon my clinical experience as an active treating Physiatrist who specializes and is boarded in Physiatry and Pain Medicine. I am currently practicing full time in private practice. Based upon my review of the records available to me, I would make the following opinions to a degree of medical probability based on events and medical evidence:

1. The Centennial Hills Hospital Medical Center emergency room visit was reasonable, necessary and related to the fall on 11-4-2016. The medical bills are usual and customary for the Las Vegas area.
2. The chiropractic care (Desert Chiropractic and Rehabilitation) provided was reasonable and necessary. The care by Dr. Michelle Hyla, DO was also reasonable and necessary. The medical bills are usual and customary for the Las Vegas area.
3. The neurological care provided by Dr. Russell Shah at Radar Medical Group, including testing, was reasonable and necessary. The medical bills are usual and customary for the Las Vegas area.
4. The MRIs, CTs, and X-rays done at Desert Radiology and Steinberg Diagnostic Medical Imaging Centers and Las Vegas Radiology were reasonable and necessary. The medical bills are usual and customary for the Las Vegas area.
5. The consultation and follow up visits provided by Dr. William Smith MD at Western Regional Center for Brain and Spine Surgery were reasonable and necessary. The medical bills are usual and customary for the Las Vegas area.

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6. The consultation and provided by Dr. Andrew Cash MD at Desert Institute of Spine Care was reasonable and necessary. The medical bills are usual and customary for the Las Vegas area.
7. The consultation, follow up visits and injections done by me at The Pain Institute of Nevada were reasonable and necessary. Our medical bills are usual and customary for the Las Vegas area.
8. Low back pain – She will need repeat lumbar facet joint radiofrequency rhizotomy when her pain returns. This can range 6 months up to 2 years and most patients pain returns around 12 months so 1 per year. This will need to include office visits before and after each procedure.
9. Dr. Smith did recommend bilateral sacroiliac joint injections for diagnostic and therapeutic purposes also which she will need a onetime injection. If she also has an SI joint pain generator, I would recommend repeat SI joint injections, RFA and/or SI joint fusion depending on outcomes to the procedures.
10. Further neurological care to include Aricept and follow-up visits with a neurologist.

Katherine D. Travnicek M.D.
Physical Medicine and Rehabilitation
Pain Medicine



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William D. Smith, MD



Street: 3061 S. Maryland
Parkway, Suite 200
City/State/Zip: Las Vegas, NV 89108
Phone: (702) 737-1948
Fax: (702) 737-7185

Patient: Joyce P. Sekera

Patient #: 379090

DOB: 03/22/1956 (62 years)

Date of Encounter: 03/07/2019

History of Present Illness

The patient is a 62 year old female who presents for a follow-up visit. Note for "Follow-up visit": I had the opportunity and pleasure of seeing this very nice woman in my office today. She returns after having had her injections and facet radiofrequency rhizotomy. Very briefly, this woman originally injured herself in 2016. She was working in sales I believe at The Venetian. She slipped on a wet floor striking her head and neck and she had a loss of consciousness. She initially had neck and back pain. She did have cervical rhizotomies I believe and this actually significantly improved her neck pain to the point where it is a relatively minor problem although it does flare up from time to time. Currently, her largest issue is certainly her mechanical back pain with intermittent leg pain more severe on the right than on the left. Standing, walking, and bending worsens her pain. She had injections done by Pain Management. These gave her excellent pain relief, but unfortunately it was only for a brief duration of time. She avoids pain medications and narcotics as she does not like to take them.

Additional reasons for visit:

Transition into care is described as the following:

The patient is transitioning into care and a summary of care was reviewed.

Allergies

No Known Allergies 02/26/2018

No Known Drug Allergies 02/26/2018

Past Medical History

Cervical spondylosis with myelopathy

Lumbar spondylosis with myelopathy

Back pain, sacroiliac

Other secondary scoliosis, lumbosacral region

Family History

Mother: In good health

Father: Deceased

Brother 1: In good health

Sister 1: In good health

Social History

Occupation/Work Status: Retirement (Health Related)

Marital Status: Single

Children: 1.

Living situation: Lives with his mother.

Tobacco use: Current some day smoker; Smokes 1-2 cigarettes a week.

Alcohol Use: No alcohol use

Illicit drug use: Never

HIV risk factors: None

Highest recreation level prior to spine condition: No Response.

Past Surgical

None (02/26/2018)

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Diagnostic Studies

Chiropractor
Exercise Therapy
MRI Brain, Brain Stem
MRI, Cervical Spine
MRI, Lumbar Spine
Lumbar Spine X-ray

Vitals

03/07/2019 05:53 AM

Weight: 200 lb Height: 66 in

Body Surface Area: 2 m² Body Mass Index: 32.28 kg/m²

Physical Exam

The physical exam findings are as follows:

On physical examination, she is a pleasant woman who appears her stated age. She has a difficult time going from a sitting to a standing position. Her TUG test is perhaps 12 seconds. She has diminished sensation in an L5 dermatome on the right side. She does have good power throughout. She does have a Lasègue's maneuver at 30 degrees on the right. She has very mild diminished sensation loss at L5 on the right.

Assessment & Plan

Other secondary scoliosis, lumbosacral region 737.43 | M41.57

- Patient Education: Low Back Pain: low back
- Patient Education: Smoking: Ways to Quit: smoking cessation
- How to access health information online
- Instructed / counseled on smoking cessation including modes of cessation. Readiness to quit and motivation assessed.
- *WRCBSS Post Op and Discharge Instructions Dr. Smith
- **Review of Diagnostic Test**
Comments: Once again, all films were reviewed. This includes a CT scan, MRI, and plain films. It does once again show that she has a rotatory subluxation at L5-S1 with a foraminal stenosis and loss of discal height all consistent with a traumatic injury.

This woman has been through Worker's Compensation approved nonoperative treatment over the past three years without successful long-term treatment of her mechanical back pain and radicular symptoms. With this in mind, she is indeed a surgical candidate. Therefore, I would recommend minimally invasive techniques for an interbody fusion at L5-S1 with reduction of the rotatory scoliosis with a posterior decompression and pedicle screw fixation.

The risks and benefits of surgery were discussed in detail. The risks discussed include the risks of infection, bleeding, CSF leak, neurologic injury, anesthetic complication, pneumonia, heart attack, stroke, hardware failure, the need for revision surgery, and continued pain.

The patient understands and agrees with this. We will attempt to get her scheduled once we get approval through the Worker's Compensation system. Once again, this woman was interviewed and examined by myself. All films were reviewed directly by myself. It would be my expert medical opinion that this woman's need for surgery is the direct result of the work-related injury described in 2016.

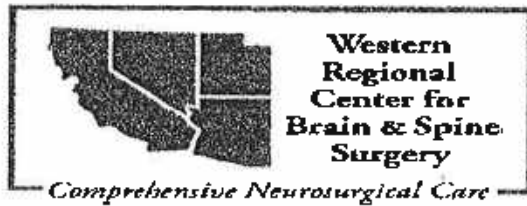
Cc: Farmers W/C (866) 846-3114 (faxed)
Doug Clark, ESQ (702) 882-8582
Walter M. Kidwell, MD (702) 878-9096
Jeffrey Webb, DC (702) 457-7083
Katherine D. Travnick, MD (702) 878-9096

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William D. Smith, MD

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William D. Smith, M.D.
Jason A. Garber, M.D.
Stuart S. Kaplan, M.D.

WC 10132190

REQUEST FOR SURGERY AUTH

Date: 3.19.19
To: Kathy Gaines
Fax: 702.436.1109
Phone: 702.436.1104

Pages: , including this cover sheet

PATIENT NAME: Joyce Sekera

DOB: 3-22-56

CLAIM # NC10132190

ICD-9 CODES: M41.57

SURGERY: L5-S1 ALIF, Post

CPT CODES: 22558, 22853, 22845, 22612, 63047, 22840

Place of service: UMC

RECEIVED

MAR 20 2019

WORKER'S COMP

From the desk of..

Karla

Surgery Scheduler for Dr. William Smith

Western Regional Center for Brain & Spine Surgery

3061 S. Maryland Pkwy, #200

Las Vegas, NV 89109

Phone: 702-737-1948 Ext. 255 Fax: 702-589-8783 Toll Free: 800-334-0878 Ext. 213

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Jason E. Garber, MD, FACS
Stuart S. Kaplan, MD, FACS
Gregory L. Douds, MD



2471 Professional Court
Las Vegas, NV 89128-0825
Phone : (702) 835-0088
Fax : (702) 835-0085

Patient: Joyce P. Sekera

Patient #: 379090

DOB: 03/22/1956 (63 years)

Date of Encounter: 04/01/2019

History of Present Illness (William D. Smith, MD, 04/05/2019 01:02 PM)

The patient is a 63 year old female who presents for a follow-up visit. Note for "Follow-up visit": This woman has a work injury that was documented from 2016. She was having both neck and back pain. The facet rhizotomies of the cervical spine have really calmed down her neck discomfort to an issue that is not of primary significance. However, she continues to have severe back pain with standing, bending, and walking, as well as bilateral leg discomfort. She has had nonoperative treatments to include physical therapy, injection therapy, and different medications. Despite this, she has had continued worsening of her symptoms.

Additional reasons for visit:

Transition into care is described as the following:

The patient is transitioning into care and a summary of care was reviewed.

Allergies (William D. Smith, MD, 04/02/2019 05:18 AM)

No Known Allergies 02/26/2018

No Known Drug Allergies 02/26/2018

Past Medical History (William D. Smith, MD, 04/02/2019 05:18 AM)

Back pain, sacroiliac (724.6 | M53.3)

Cervical spondylosis with myelopathy (721.1 | M47.12)

Lumbar spondylosis with myelopathy (721.42 | M47.16)

Other secondary scoliosis, lumbosacral region (737.43 | M41.57)

Family History (William D. Smith, MD, 04/02/2019 05:18 AM)

Mother: In good health

Father: Deceased

Brother 1: In good health

Sister 1: In good health

Social History (William D. Smith, MD, 04/02/2019 05:18 AM)

Occupation/Work Status: Retirement (Health Related)

Marital Status: Single

Children: 1.

Living situation: Lives with his mother.

Tobacco use: Current, some day smoker; Smokes 1-2 cigarettes a week.

Alcohol Use: No alcohol use

Illicit drug use: Never

HIV risk factors: None

Highest recreation level prior to spine condition: No Response.

Medication History (William D. Smith, MD, 04/02/2019 05:18 AM)

Medications Reconciled

Past Surgical (William D. Smith, MD, 04/02/2019 05:18 AM)

None (02/26/2018)

Diagnostic Studies (William D. Smith, MD, 04/02/2019 05:18 AM)

Chiropractor

• **Exercise Therapy**

MRI Brain, Brain Stem

MRI, Cervical Spine

MRI, Lumbar Spine

Lumbar Spine X-ray

Vitals (William D. Smith, MD, 04/02/2019 05:19 AM)

04/01/2019 05:18 AM

Weight: 200 lb (Patient reported) **Height:** 66 in (Patient reported)

Body Surface Area: 2 m² **Body Mass Index:** 32.28 kg/m²

Physical Exam (William D. Smith, MD, 04/03/2019 10:04 AM)

The physical exam findings are as follows:

Today in my office, she continues to have reduced flexion and extension of her lumbar spine with palpable paraspinal muscle spasms. Her TUG test is 12 seconds. She has diminished sensation bilaterally in an L5 dermatome. She does have good power.

Assessment & Plan (William D. Smith, MD, 04/05/2019 01:02 PM)

Other secondary scoliosis, lumbosacral region (737.43 | M41.57)

Current Plans:

- Patient Education: Low Back Pain: low back
- Patient Education: Smoking: Ways to Quit: smoking cessation
- How to access health information online
- Instructed / counseled on smoking cessation including modes of cessation. Readiness to quit and motivation assessed
- **Review of Diagnostic Test**
Comments: The patient has had plain films, CT scan, and MRI. These show rotatory subluxation of L5-S1 with foraminal stenosis and loss of discal height. I believe this are all consistent with a traumatic injury

Lumbar spondylosis with myelopathy (721.42 | M47.16)

Current Plans:

- Follow up in 1 month or as needed

Once again, this woman has signs and symptoms of a disc injury from a traumatic injury. Her films are consistent with this. They are also consistent with her examination. With this in mind, she is a surgical candidate. We are awaiting approval from the Worker's Compensation system. This woman was interviewed and examined by myself personally and all films were reviewed directly by myself as well.

Cc: Farmers W/C (866) 846-3114 (faxed)

Doug Clark, ESQ (702) 862-8562

Walter M. Kidwell, MD (7902) 878-9096

Jeffrey Webb, DC (702) 457-7083

Katherine D. Travnick, MD (702) 878-9096

Questionnaires:



William D. Smith, MD

William D. Smith, MD



Street: 3061 S. Maryland
Parkway, Suite 200
City/State/Zip: Las Vegas, NV 89109
Phone: (702) 737-1948
Fax: (702) 737-7195

Patient: Joyce P. Sekera

Patient #: 378080

DOB: 03/22/1956 (63 years)

Date of Encounter: 05/02/2019

History of Present Illness

The patient is a 63 year old female who presents for a follow-up visit. Note for "Follow-up visit": This nice lady is now over two and a half years after documented work injury. This was back in 2016. She had a slip on a wet floor striking her head. She was then allowed to go through multiple cervical rhizotomies. She has had injections in her lower back also performed under the Worker's Compensation system. They gave her good temporary relief, but no long-term relief.

Additional reasons for visit:

Transition into care is described as the following:

The patient is transitioning into care and a summary of care was reviewed.

Allergies

No Known Allergies 02/26/2018

No Known Drug Allergies 02/26/2018

Past Medical History

Cervical spondylosis with myelopathy

Back pain, sacroiliac

Other secondary scoliosis, lumbosacral region

Lumbar spondylosis with myelopathy

Family History

Mother: In good health

Father: Deceased

Brother 1: In good health

Sister 1: In good health

Social History

Occupation/Work Status: Retirement (Health Related)

Marital Status: Single

Children: 1.

Living situation: Lives with his mother.

Tobacco use: Current some day smoker; Smokes 1-2 cigarettes a week.

Alcohol Use: No alcohol use

Illicit drug use: Never

HIV risk factors: None

Highest recreation level prior to spine condition: No Response.

Past Surgical

None (02/26/2018)

Diagnostic Studies

Chiropractor

Exercise Therapy

MRI Brain, Brain Stem

MRI, Cervical Spine

MRI, Lumbar Spine

Lumbar Spine X-ray

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Vitals

05/02/2019 10:00 AM

Weight: 200 lb Height: 66 in

Body Surface Area: 2 m² Body Mass Index: 32.28 kg/m²

Physical Exam

The physical exam findings are as follows:

Her examination today remains significantly unchanged. She has a TUG test of 12 seconds. She is diminished at the L5 dermatome on the right. Flexion and extension of the lower lumbar spine is perhaps 80 to 70% of normal. She does have a Lasegue's maneuver on the right at 30 degrees.

Assessment & Plan

Other secondary scoliosis, lumbosacral region 737.43 | M41.57

- Patient Education: Low Back Pain: low back
- Patient Education: Smoking: Ways to Quit: smoking cessation
- WRCBSS Post Op and Discharge Instructions Dr. Smith
- How to access health information online
- Instructed / counseled on smoking cessation including modes of cessation. Readiness to quit and motivation assessed.

- **Review of Diagnostic Test**

Comments: Her films were again reviewed today. She has rotatory subluxation of L5-S1 with significant foraminal stenosis and loss of discal height.

This woman once again has failed nonoperative treatments. She is now a surgical candidate. The surgical procedure is relatively simple and straightforward. I would recommend a minimally invasive technique for an oblique ALIF at L5-S1 with posterior decompression and fixation. She will require an overnight stay in the hospital. Our studies show that patients have over a 90% success rate from this operation. Unfortunately, given the fact that her symptoms are now two and a half years from her injury, it is much less predictable regarding her return to work. This is certainly a direct result of Worker's Compensation taking excessive time in determining what her next step is. Certainly, if she was being approved for injections by Worker's Comp it is unclear why the standard of care as to treatment is now being denied. I will be glad to review this with any independent investigator.

Please don't hesitate to call me with questions.

Cc: Farmers W/C (866) 846-3114 (faxed)
Doug Clark, ESQ (702) 862-8562
Walter M. Kidwell, MD (702) 878-9096
Jeffrey Webb, DC (702) 457-7083
Katherine D. Travnick, MD (702) 878-9096



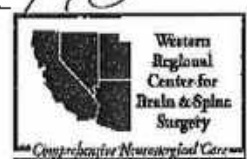
William D. Smith, MD

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SEKERA001636



WC10132190

William D. Smith, MD



Street: 3061 S. Maryland Parkway, Suite 200
 City/State/Zip: Las Vegas, NV 89109
 Phone: (702) 737-1048
 Fax: (702) 737-7185

Patient: Joyce P. Sekera Patient #: 379090 DOB: 03/22/1956 (63 years)
 Date of Encounter: 06/03/2019

History of Present Illness

The patient is a 63 year old female who presents for a follow-up visit. Note for "Follow-up visit": This woman returns today. She has been seeing me in my office now for almost a year and a half. This woman has an accepted Worker's Comp injury. This occurred in November of 2016. She had a loss of consciousness after slipping on a floor and developed neck and back pain. She has an accepted body part of both the cervical and lumbar region. She has been seen by Pain Management. She takes daily opioids. She has had injections and a cervical rhizotomy that gave her some relief and she has been through chiropractic treatment as well. The injections in her lower back gave her some temporary relief, but her back pain is really quite remarkable.

Additional reasons for visit:

Transition into care is described as the following:
 The patient is transitioning into care and a summary of care was reviewed.

Allergies

No Known Allergies 02/28/2018
 No Known Drug Allergies 02/26/2018

Past Medical History

Other secondary scoliosis, lumbosacral region
 Cervical spondylosis with myelopathy
 Back pain, sacroiliac
 Lumbar spondylosis with myelopathy

Family History

Mother: In good health
 Father: Deceased
 Brother 1: In good health
 Sister 1: In good health

Social History

Occupation/Work Status: Retirement (Health Related)
 Marital Status: Single
 Children: 1.
 Living situation: Lives with his mother.
 Tobacco use: Current some day smoker; Smokes 1-2 cigarettes a week.
 Alcohol Use: No alcohol use
 Illicit drug use: Never
 HIV risk factors: None
 Highest recreation level prior to spine condition: No Response.

RECEIVED
 JUN 6 2019
 WORKER'S COMP

Past Surgical

None (02/26/2018)

Diagnostic Studies

Chiropractor
 Exercise Therapy
 MRI Brain, Brain Stem
 MRI, Cervical Spine
 MRI, Lumbar Spine
 Lumbar Spine X-ray

000032
 SEKERA001637

WC 10132490

Vitals

06/03/2019 04:12 PM

Weight: 200 lb Height: 66 in

Body Surface Area: 2 m² Body Mass Index: 32.28 kg/m²

Assessment & Plan

Lumbar spondylosis with myelopathy 721.42 | M47.16

- Patient Education: Low Back Pain: low back
- Patient Education: Smoking: Ways to Quit: smoking cessation
- How to access health information online
- Instructed / counseled on smoking cessation including modes of cessation. Readiness to quit and motivation assessed.
- Review of Diagnostic Test

Comments: Her initial MRI that I was able to review showed a disc bulge at C5-6. On her lumbar MRI, there is evidence of an annular fissure in L4-5 and modic changes at L1-2 and L2-3. There is also a small synovial cyst as well as what appears to be an underlying preexisting lumbar scoliosis. Films have been performed. They fortunately show only really a single level of rotational abnormality at the L5-S1 region. The L1-2 and L2-3 regions do show bone spurting anteriorly with signs of stability. On reviewing the axial images of her CT scan of the lumbar spine that was performed 07/13/18, it is really quite significant. It shows that there is facet disruption and there is a posterior retrolisthesis at L5-S1 and there does appear to be a Pars fracture under her facet joint on the left side.

Back pain, sacroiliac 724.6 | M53.3

- Follow up in 1 month or as needed

At this time, once again, I recommend single level minimally invasive techniques at L5-S1 for reduction of her deformity, decompression of nerve roots, and hopefully significant improvement of her pain. Apparently, there has been a delay as a second opinion from Dr. Erkulvawir of Pain Management has been requested. Once again, this woman does have radiographic evidence of an injury consistent with a traumatic event that occurred in November of 2016. She has been allowed to go through nonoperative treatment. Now it is time to allow this poor woman to proceed with surgical treatment, which would be the standard of care.

Please do not hesitate to call me with questions.

Cc: Farmers W/C (702) 436-1189 (faxed)
Walter M. Kidwell, MD (702) 878-9098
Jeffrey Webb, DC (702) 457-7083
Katherine D. Travnick, MD (702) 878-8098
Edson Erkulvawir, MD (702) 258-5554



William D. Smith, MD

RECEIVED

JUN - 6 2019

WORKER'S COMP

000033
SEKERA001638

2524



Sekera, Joyce P

63 Y old Female, DOB: 03/22/1956

Account Number: 44053

7840 Nesting Pine Pl, Las Vegas, NV-89143

Home: 702-467-5457

Guarantor: Sekera, Joyce P Insurance: Farmers

Workmans Comp Payer ID: SPRNT

Referring: Edson Erkulvrawatr

Appointment Facility: Southern Nevada Pain Center

06/07/2019

Progress Notes: Edson Erkulvrawatr, MD

Current Medications

Taking

- Metformin HCl

Past Medical History

Diabetes

Surgical History

Denies Past Surgical History

Family History

Non-Contributory

Social History

Social

Tobacco Use/Smoking

Status *current smoker*

Patient counselled on the dangers of tobacco use and urged to quit 06/07/2019

Allergies

N.K.D.A.

Review of Systems

PSYCH: (-) insomnia, (-) depression, (-)

suicidal ideations

GEN (-) weight loss, (-) fatigue, (-) loss of

appetite, (-) fever

EYE (-) blurred vision, (-) conjunctivitis, (-)

lacrimation

ENT (-) hearing loss, (-) nose bleeds, (-)

allergies

CV: (-) chest pain, (-) palpitations, (-)

irregular rate

PULM (-) SOB, (-) wheezing, (-) cough

GI (-) upper GI bleed, (-) gastritis, (-)

constipation

MS (-) knee swelling, (+) low back pain, (-)

hx of osteomyelitis

NEURO: (-) LOC, (-) seizures, (-) dizziness, (-)

memory loss

SKIN: (-) rash, (-) sores, (-) itchiness

ENDO (-) fatigue, (-) polyuria, (-) cold/heat

intolerance, (-) night sweats

HEME (-) anemia, (-) pancytopenia, (-)

bleeding

Reason for Appointment

1. lumbar spine: There is injury November 4, 2016

History of Present Illness

LOW BACK PAIN:

low back pain primarily axial in nature. Does not radiate down lower extremities. Reports pain is intermittent.

the patient states that pain began after a slip and fall injury at work on November 4, 2016. She has undergone conservative care which has failed to improve her condition. She has also been using anti-inflammatory which have not improved her condition. Currently she is treating with a pain management physician Dr. Travnick under a personal injury claim. She has undergone lumbar facet joint injections along with radiofrequency ablation.

This is a chronic, worsening complaint.

The pain started November 2016 after a slipping on liquid and falling.

The characteristics of the pain: Aching, exhausting, nagging, unbearable.

Associated symptoms no numbness, no bowel or bladder incontinence

Worsening factors: movement, sitting, standing, walking.

Alleviating factors: injections.

The patient's VAS score 5/10

Previous therapy: physical therapy, medications, injection therapy, RFA

Examination

General Examination:

GENERAL APPEARANCE: alert and oriented x 3, in no acute distress, well developed, well nourished

HEAD: normocephalic, atraumatic.

EYES: extraocular movement full and smooth, extraocular movement intact (EOMI), pupils equal, round, reactive to light and accommodation.

ORAL CAVITY: normal, good dentition, mucosa moist, no lesions.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy, no thyroid nodules

LYMPH NODES: no axillary, supraclavicular, no cervical

Patient: Sekera, Joyce P DOB: 03/22/1956 Progress Note: Edson Erkulvrawatr, MD 06/07/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

http://10.0.0.32:8080/mobiledoc/jsp/catalog/xml/printMultipleChartOptions.jsp?encounter=000034 000034 06/07/2019

ρΓΠ

2526



Electronically signed by Edson Erkulvrawatr , MD on
06/10/2019 at 07:37 AM PDT
Sign off status: Completed

Southern Nevada Pain Center
6950 West Desert Inn Rd
Las Vegas, NV 891173171
Tel: 702-259-5550
Fax: 702-259-5554

Patient: Sekera, Joyce P DOB: 03/22/1956 Progress Note: Edson Erkulvrawatr, MD 06/07/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Jason E. Garber, MD, FACS
Stuart S. Kaplan, MD, FACS
Gregory L. Douds, MD



3012 S Durango Dr
Las Vegas, NV 89117
Phone : (702) 835-0088
Fax : (702) 835-0085

Patient: Joyce P. Sekera

Patient #: 379090

DOB: 03/22/1956 (63 years)

Date of Encounter: 07/08/2019

History of Present Illness (William D. Smith, MD, 07/09/2019 03:59 PM)

The patient is a 63 year old female who presents for a follow-up visit. Note for "Follow-up visit": This woman continues to complain of back pain. She had a rhizotomy done I believe a week or two ago. It gave her some temporary improvement, but the pain returned.

Additional reasons for visit.

Transition into care is described as the following:

The patient is transitioning into care and a summary of care was reviewed.

Allergies (William D. Smith, MD, 07/10/2019 06:27 AM)

No Known Allergies 02/26/2018

No Known Drug Allergies 02/26/2018

Past Medical History (William D. Smith, MD, 07/10/2019 06:27 AM)

Cervical spondylosis with myelopathy (721.1 | M47.12)

Other secondary scoliosis, lumbosacral region (737.43 | M41.57)

Back pain, sacroiliac (724.6 | M53.3)

Lumbar spondylosis with myelopathy (721.42 | M47.16)

Family History (William D. Smith, MD, 07/10/2019 06:27 AM)

Mother: In good health

Father: Deceased

Brother 1: In good health

Sister 1: In good health

Social History (William D. Smith, MD, 07/10/2019 06:27 AM)

Occupation/Work Status: Retirement (Health Related)

Marital Status: Single

Children: 1.

Living situation: Lives with his mother.

Tobacco use: Current some day smoker; Smokes 1-2 cigarettes a week.

Alcohol Use: No alcohol use

Illicit drug use: Never

HIV risk factors: None

Highest recreation level prior to spine condition: No Response

Other Problems (William D. Smith, MD, 07/10/2019 06:27 AM)

Unspecified Diagnosis

Past Surgical (William D. Smith, MD, 07/10/2019 06:27 AM)

None (02/26/2018)

Diagnostic Studies (William D. Smith, MD, 07/10/2019 06:27 AM)

Chiropractor

Exercise Therapy

MRI Brain, Brain Stem

MRI, Cervical Spine

MRI, Lumbar Spine

Lumbar Spine X-ray

Vitals (William D. Smith, MD, 07/10/2019 06:27 AM)

07/08/2019 06:27 AM

Weight: 200 lb (Patient reported) **Height:** 66 in (Patient reported)

Body Surface Area: 2 m² **Body Mass Index:** 32.28 kg/m²

Assessment & Plan (William D. Smith, MD, 07/10/2019 06:30 AM)

Back pain, sacroiliac (724.6 | M53.3)

Current Plans:

- Patient Education: Smoking: Ways to Quit, smoking cessation

- Review of Diagnostic Test

Comments: Once again, I have reviewed her CT scan. The CT scan not only showed the rotatory scoliosis, but the left L5-S1 facet appears to have a fracture. This certainly is consistent with a work injury.

- How to access health information online
- Instructed / counseled on smoking cessation including modes of cessation. Readiness to quit and motivation assessed

Lumbar spondylosis with myelopathy (721.42 | M47.16)

Current Plans:

- Patient Education: Low Back Pain: low back

With this in mind, once again, I do not see how this woman will be able to avoid surgical treatment for this. Rhizotomies in my opinion will give her some temporary relief, but certainly not long-term. Please do not hesitate to call me with questions. I will continue to see this woman as required.

Cc: Farmers W/C (702) 436-1189 (faxed)
Walter M. Kidwell, MD (702) 878-9096
Jeffrey Webb, Dc (702) 457-7083
Katherine Travnicek, MD (702) 878-9096
Edson Erkwater, MD (702) 259-5554
Gallher Law (702) 735-0204

Questionnaires:



William D. Smith, MD

History of Present Illness

The patient is a 63 year old female who presents for a follow-up visit. Note for "Follow-up visit": This woman continues to complain of back pain. She had a rhizotomy done I believe a week or two ago. It gave her some temporary improvement, but the pain returned.

Additional reasons for visit:

Transition into care is described as the following:

The patient is transitioning into care and a summary of care was reviewed.

Allergies

No Known Allergies 02/26/2018

No Known Drug Allergies 02/26/2018

Past Medical History

Cervical spondylosis with myelopathy

Other secondary scoliosis, lumbosacral region

Back pain, sacroiliac

Lumbar spondylosis with myelopathy

Family History

Mother: In good health

Father: Deceased

Brother 1: In good health

Sister 1: In good health

Social History

Occupation/Work Status: Retirement (Health Related)

Martial Status: Single

Children: 1

Living situation: Lives with his mother

Tobacco use: Current some day smoker; Smokes 1-2 cigarettes a week

Alcohol Use: No alcohol use

Illicit drug use: Never

HIV risk factors: None

Highest recreation level prior to spine condition: No Response

Other Problems

Unspecified Diagnosis

Past Surgical

None (02/26/2018)

Diagnostic Studies

Chiropractor

Exercise Therapy

MRI Brain, Brain Stem

MRI, Cervical Spine

MRI, Lumbar Spine

Lumbar Spine X-ray

Vitals

07/08/2019 06:27 AM

Weight: 200 lb Height: 66 in

Body Surface Area: 2 m² Body Mass Index: 32.28 kg/m²

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SEKERAD001644

Assessment & Plan

Back pain, sacroiliac 724.6 | M53.3

- Patient Education Smoking Ways to Quit smoking cessation
- Review of Diagnostic Test
Comments Once again, I have reviewed her CT scan The CT scan not only showed the rotatory scoliosis, but the left L5-S1 facet appears to have a fracture This certainly is consistent with a work injury

- How to access health information online
- Instructed / counseled on smoking cessation including modes of cessation Readiness to quit and motivation assessed

Lumbar spondylosis with myelopathy 721.42 | M47.16

- Patient Education Low Back Pain low back

With this in mind, once again, I do not see how this woman will be able to avoid surgical treatment for this Rhizotomies in my opinion will give her some temporary relief, but certainly not long-term Please do not hesitate to call me with questions. I will continue to see this woman as required.

Cc Farmers W/C (702) 436-1189 (faxed)
Walter M Kidwell, MD (702) 878-9096
Jeffrey Webb, Dc (702) 457-7083
Katherine Travnick, MD (702) 878-9096
Edson Erkwater, MD (702) 259-5554
Gallier Law (702) 735-0204



William D Smith, MD

William D Smith, MD



Street. 3061 S Maryland
Parkway, Suite 200
City/State/Zip: Las Vegas, NV 89109
Phone: (702) 737-1948
Fax: (702) 737-7195

Patient: Joyce P. Sekera

Patient #: 379090

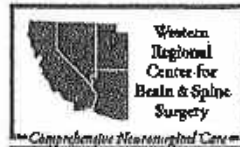
DOB: 03/22/1956 (63 years)

Date of Encounter: 07/15/2019

000040
SEKERA001645



William D. Smith, MD



Street: 3061 S. Maryland
Parkway, Suite 200
City/State/Zip: Las Vegas, NV 89109
Phone: (702) 737-1948
Fax: (702) 737-7185

Patient: Joyce P. Sekera

Patient #: 379090

DOB: 03/22/1956 (63 years)

Date of Encounter: 08/05/2018

History of Present Illness

The patient is a 63 year old female who presents for a follow-up visit. Note for "Follow-up visit": I had the opportunity and pleasure of seeing this nice woman in my office today. She is now almost three years from her original injury. This 63-year-old woman continues to have severe low back pain. She apparently had a facet rhizotomy last week. I do not have the results of this or which levels were done. She states that it gave her some immediate relief, but it seems the pain is starting to return.

Additional reasons for visit:

Transition into care is described as the following:

The patient is transitioning into care and a summary of care was reviewed.

Allergies

No Known Allergies 02/26/2018

No Known Drug Allergies 02/26/2018

Past Medical History

Back pain, sacroiliac

Cervical spondylosis with myelopathy

Other secondary scoliosis, lumbosacral region

Lumbar spondylosis with myelopathy

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AUG 12 2019

WORKER'S COMP

Family History

Mother: In good health

Father: Deceased

Brother 1: In good health

Sister 1: In good health

Social History

Occupation/Work Status: Retirement (Health Related)

Marital Status: Single

Children: 1.

Living situation: Lives with his mother.

Tobacco use: Current some day smoker; Smokes 1-2 cigarettes a week.

Alcohol Use: No alcohol use

Illicit drug use: Never

HIV risk factors: None

Highest recreation level prior to spine condition: No Response.

Other Problems

Unspecified Diagnosis

Past Surgical

None (02/26/2018)

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SEKERA001646

2532

Diagnostic Studies

Chiropractor
Exercise Therapy
MRI Brain, Brain Stem
MRI, Cervical Spine
MRI, Lumbar Spine
Lumbar Spine X-ray

Vitals

08/05/2019 06:23 AM

Weight: 200 lb Height: 66 in

Body Surface Area: 2 m² Body Mass Index: 32.28 kg/m²

Physical Exam

The physical exam findings are as follows:

On her examination today, she does have percussion tenderness of the mid to low back. She does have a positive finger Fortin test to the left.

Assessment & Plan

Lumbar spondylosis with myelopathy 721.42 | M47.16

- Patient Education: Low Back Pain: low back
- Patient Education: Smoking: Ways to Quit: smoking cessation
- How to access health information online
- Instructed / counseled on smoking cessation including modes of cessation. Readiness to quit and motivation assessed.
- **Review of Diagnostic Test**
Comments: Once again, her CT scan shows a retrolisthesis at L5-S1 with lateral recess stenosis as well as changes of the SI joints bilaterally.

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AUG 12 2019

WICKER'S COMP

Other secondary scoliosis, lumbosacral region 737.43 | M41.57

- Follow up in 1 month or as needed

With this in mind, we will need to see if we can obtain Pain Management's notes. She is agreeable to this. We will not make any changes. I do believe that she should attempt to complete all injections. However, I do suspect that she ultimately will require surgical treatment.

Cc: Farmers W/C (702) 436-1189 (faxed)
Walter M. Kidwell, MD (702) 878-9096
Jeffrey Webb, DC (702) 457-7083
Katherine Travnick, MD (702) 878-9096
Edson Erkulvawir, MD (702) 259-5554
Gaffner Law (702) 735-0204



William D. Smith, MD

000042
SEKERA001647

FORWARDED 2/14/17
001/001

hdc

clark&richards, l.l.p. howard douglas clark, chd.

July 21, 2017

Kathy Gaines
Claims Examiner
Farmers Insurance
P.O. Box 108843
Oklahoma City, OK 72101


RE : Joyce Sekura
Claim No. : WC10132190
Accident : 11-4-16
Employer : Brand Vegas LLC

Dear Ms. Gaines,

Enclosed please find a copywork related to the third party action in this matter in accordance with the Hearing Officer Decision of 3-17-17

If you wish to discuss this matter further please contact me at your earliest convenience.
Thank you for your continuing courtesy and cooperation in this matter.

Cordially,


H. Douglas Clark, Esq.

HDC/kt
Enclosure
cc:
Joyce Sekura
Dalton Hooks, Jr. Esq. by fax 702-385-7000

RECEIVED

JUL 24 2017

2470 st rose parkway, suite 302 *henderson, nv 89074 *phone: (702) 662-8900 fax: (702) 662-8562
hdc@clarkandrichards.com * www.clarkandrichards.com

000043
SEKERA001648

2534

Ms. Turner 24454
2001/00: ✓/✓

January 17, 2018

(continued)

sent. via USPS and by fax (866) 846-3114

[illegible]

Dear Ms. Gaines,

If you wish to discuss this matter further please contact me at your earliest convenience.

Thank you for your continuing courtesy and cooperation in this matter.

Cordially,

H. Douglas Clark, Esq.

HDC/kt
Enclosure
cc:
Joyce Sekera
Daltan Hooks, Jr. Esq. by fax 702-385-7000

RECEIVED

JAN 18 2018

2470 st. rose parkway, suite 302 *henderson, nv 89074 *phone: (702) 862-8900 fax: (702) 862-8562
hdc@clerkandrichards.com * www.clerkandrichards.com

000044
SEKERA001649



Send all correspondence to:
Email: wclainsdocs@farmersinsurance.com
Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843
Fax: (866) 846-3114

November 18, 2016

Joyce Sekera
7840 Nesting Pine Pl
Las Vegas NV 89143

RE: Claim No: WC10132190
Employer: BRAND VEGAS LLC
Insurer: Farmers Insurance Exchange
Date of Injury: 11/04/2016
Body Part(s): low back sprain

NOTICE OF CLAIM ACCEPTANCE
(Pursuant to NRS 616C.065)

Dear Ms. Sekera :

Farmers Insurance Exchange has accepted the above referenced claim on your behalf. Please check the information contained on this notice. If you find any of the information to be incorrect, please notify the insurer handling the claim.

Your claim has been accepted at this time. Liability is restricted to your low back sprain .

Please forward any information regarding your claim to the mailing address shown on this letter. Also, be sure to notify any medical providers that all medical reports, including disability statements, and bills regarding this injury must be submitted to this office. If you should receive any bills please forward to our office immediately.

If you disagree with the above determination, you may request a hearing before a Hearing Officer by completing the bottom portion of this notice within seventy (70) days after the date on which the notice was mailed, and sending it to the State of Nevada, Department of Administration, Hearing's Division.

Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89710
(775) 687-8440

or

Department of Administration
Hearings Division
2200 S Ranch Dr. #210
Las Vegas, NV 89102
(702) 486-2325

Sincerely,

A handwritten signature in cursive script that reads "Kathryn Gaines".

KATHRYN GAINES
Farmers Insurance Exchange

Reason for appeal:

000045
SEKERA 1001650

To: +17023857000 From:
Sat 14, 2017 9:13AM
Jan 19, 2017 6:23AM

Date: 14/02/17 Time: 12:16 Page: 12
No. 2002 7 12
No. 1898 P. 1/4



January 18, 2017

Send all correspondence to:
Email: wc@farmers.com
Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843
Fax (405) 690-3114

Joyce Sellers
7840 Newing Place Pl
Las Vegas NV 89143

AS-Claim No: WC1N132190
Date of Injury 11/04/2016
Employer: BRAND VEGAS LLC
Insurer/TPA: Farmers Insurance Exchange

NOTICE OF INTENTION TO CLOSE CLAIM
(Pursuant to NRS 616C 235)

After a careful and thorough review of your workers' compensation claim, it has been determined that all benefits have been paid and your claim will be closed effective seventy (70) days from the date of this notice. Based on the available medical information, the claim will be closed without a Permanent Partial Disability (PPD) evaluation as there is no possibility of a permanent impairment of any kind.

Your file reflects that you are not presently undergoing any medical treatment; however, if you are scheduled for future medical appointments, please advise this office immediately.

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

If you disagree with the above determination, you do have the right to appeal. If your appeal concerns "accident benefits" (medical treatment or supplies) and your insurer has contracted with an organization for managed care, complete the bottom portion of this notice and send it to your insurer no later than fourteen (14) days after the date of this notice.

If your appeal concerns "compensation benefits," or if no organization for managed care is involved in your claim, complete the bottom portion of this notice and send it to the State of Nevada, Department of Administration, Hearings Division. Your appeal must be filed within seventy (70) days after the date on which the notice of the insurer's final determination was mailed.

Department of Administration
Hearings Division
1050 E. William Street, Ste 400
Carson City, NV 89710
(775) 687-8440

or Department of Administration
Hearings Division
2200 S. Rancho Dr. #210
Las Vegas, NV 89102
(702) 486-2525

To: +17023857000 From:

Date: 14/02/17 Time: 12:16 Page: 12

000046
SEKERA001651

2537

To: +17023857000 From:
Feb. 14 2017 9:14AM
Jan. 19. 2017 6:23AM

Date: 14/02/17 Time: 12:17 Page: 13
No. 7442 P. 13
No. 1898 P. 1/4

Reason for Appeal:

Signature:

Kathryn Daines

Date: January 18, 2017

Retain a copy for your records

D-31 (rev. 10/10)

CC: BRAND VEGAS LLC

Kathryn Daines
Enclosure(s):
D-13

To: +17023857000 From:

Date: 14/02/17 Time: 12:17 Page: 13

000047
SEKERA001652

2538



FARMERS
INSURANCE

Send all correspondence to:
Email: wclaimdocs@farmersinsurance.com
Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843
Fax: (866) 846-3114

March 7, 2017

Joyce Sekera
7840 Nesting Pine Pl
Las Vegas NV 89143

RE: Claim No: WC10132190
Employer: BRAND VEGAS LLC
Insurer: Farmers Insurance Exchange
Date of Injury: 11/04/2016
Body Part(s): **Amended** low back sprain and left elbow sprain

NOTICE OF CLAIM ACCEPTANCE
(Pursuant to NRS 616C.065)

Dear Ms. Sekera:

Farmers Insurance Exchange has accepted the above referenced claim on your behalf. Please check the information contained on this notice. If you find any of the information to be incorrect, please notify the insurer handling the claim.

Your claim has been accepted at this time. Liability is restricted to your **Amended** low back sprain and left elbow sprain.

Please forward any information regarding your claim to the mailing address shown on this letter. Also, be sure to notify any medical providers that all medical reports, including disability statements, and bills regarding this injury must be submitted to this office. If you should receive any bills please forward to our office immediately.

If you disagree with the above determination, you may request a hearing before a Hearing Officer by completing the bottom portion of this notice within seventy (70) days after the date on which the notice was mailed, and sending it to the State of Nevada, Department of Administration, Hearing's Division.

Department of Administration
Hearings Division
1050 F. William Street, Ste. 400
Carson City, NV 89710
(775) 687-8440

or

Department of Administration
Hearings Division
2200 S Rancho Dr. #210
Las Vegas, NV 89102
(702) 486-2525

Sincerely,

KATHRYN GAINES
Farmers Insurance Exchange



August 9, 2017

P.O. Box 108843
Oklahoma City, OK 73101
(702) 436-1104
(800) 369-0544 Toll Free
(866) 846-3114 Fax

Joyce Sekera
7840 Nesting Pine Place
Las Vegas, NV 89143

RE	Employer	:	Brand Vegas, LLC
	Claim Number	:	WC10132190
	Date of Injury	:	11/4/2016

Dear Ms. Sekera:

In compliance with Decision and Order dated March 16, 2017, and after reviewing the medical reporting submitted to us, please be advised that we have expanded the scope of this claim to include your left elbow sprain. Attached is a new Notice of Claim Acceptance letter for your records.

If you or your employer disagree with the above determination, you may request a hearing before a Hearing Officer by completing the enclosed Request for Hearing notice within seventy (70) days after the date on which the notice was mailed, and sending it to the State of Nevada, Department of Administration Hearings Division to the appropriate address on the form.

Very truly yours,

FARMERS INSURANCE EXCHANGE


Kathy Glines, Claims Representative

Enclosures

Cc: Brand Vegas, LLC ✓ H. Douglas Clark, Esq. DIR Alverson, Taylor, et al. File

000049
SEKERA001654



August 9, 2017

Joyce Sekera
7840 Nesting Pine Pl
Las Vegas NV 89143

Send all correspondence to:
Email: wclai@farmers.com
Work Comp Imaging Center
PO Box 105843
Oklahoma City OK 73101-8843
Fax: (405) 846-1114

RE: Claim No: WC10132190
Employer: BRAND VEGAS LLC
Insurer: Farmers Insurance Exchange
Date of Injury: 11/04/2016
Body Part(s): back sprain and left elbow sprain

NOTICE OF CLAIM ACCEPTANCE
(Pursuant to NRS 616C.063)

Dear Ms. Sekera:

Farmers Insurance Exchange has accepted the above referenced claim on your behalf. Please check the information contained on this notice. If you find any of the information to be incorrect, please notify the insurer handling the claim.

Your claim has been accepted at this time. Liability is restricted to your back sprain and left elbow sprain.

Please forward any information regarding your claim to the mailing address shown on this letter. Also, be sure to notify any medical providers that all medical reports, including disability statements, and bills regarding this injury must be submitted to this office. If you should receive any bills please forward to our office immediately.

If you disagree with the above determination, you may request a hearing before a Hearing Officer by completing the bottom portion of this notice within seventy (70) days after the date on which the notice was mailed, and sending it to the State of Nevada, Department of Administration, Hearing's Division.

Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89710
(775) 687-8440

or

Department of Administration
Hearings Division
2200 S Rancho Dr. #210
Las Vegas, NV 89102
(702) 486-2325

Sincerely,

KATHRYN GAINES
Farmers Insurance Exchange

Reason for appeal:

000050
SEKERA001655

Dec. 12, 2017 8:26AM

-FARMERS 2/11/17
No. 3890 P. 1/5



P.O. Box 108843
Oklahoma City, OK 73101
(702) 436-1104
(800) 359-0544 Toll Free
(866) 846-3114 Fax

December 11, 2017

ENTERED
DEC 12 2017

Clark & Richards, LLP
2420 St. Rose Pkwy. Ste. 302
Henderson, NV 89074
Attn.: H. Douglas Clark, Esq.

RE: Injured Worker/Your Client : Joyce Sekera
Claim Number : WC10132190
Date of Injury : 11/4/2016
Employer : Brand Vegas, LLC

Dear Mr. Clark:

In compliance with Decision & Order dated November 27, 2017, hearing number 1803581-MB, at this time it would be appreciated if you could advise us the name or names of a physician you would like your client, Joyce Sekera to be evaluated by.

Thank you for your assistance in this matter.

Very truly yours,

FARMERS INSURANCE EXCHANGE

Kathy James, Sr. Claims Representative

cc: Joyce Sekera

DIR,
Brand Vegas, LLC
Y Alverson, Taylor, et al. -- *Filed 12/14/17*
File

RECEIVED
DEC 11 2017

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SEKERA001656

2542



P.O. Box 108843
Oklahoma City, OK 73101
(702) 436-1104
(800) 369-0544 Toll Free
(855) 846-3114 Fax

March 14, 2018

Joyce Sekera
7840 Nesting Pine Place
Las Vegas, NV 89143

RE: Employer : Brand Vegas, LLC
Claim Number : WC10132190
Date of Injury : 11/4/2016

Dear Ms. Sekera:

We are in receipt of a request from Dr. William Smith for a CT of your lumbar spine with contrast, x-ray of the lumbar spine, x-ray of the cervical spine and an x-ray of your entire spine. These requests are denied.

Dr. Smith notes in his report of 2/22/18 that you have some moderate cervical spine discomfort. Your cervical spine is not an accepted body part. In reviewing the medical records from Centennial Hospital dated 11/4/16, there is no mention of any pain or discomfort to your cervical spine. It is also noted in Dr. Smith's 2/22/18 report that since this accident you have had severe low back pain, and over the past year you have been seen by Dr. Weber for chiropractic care, you have been seen by Pain Management and a facet rhizotomy was done. Farmers Insurance Exchange was not contacted by any of these medical providers requesting payment or indicating that their medical services were related to your industrial injury of 11/4/16. Dr. Smith has also diagnosed you with scoliosis and this medical condition is a non-industrial condition.

If you or your employer disagree with the above determination, you may request a hearing before a Hearing Officer by completing the enclosed Request for Hearing notice within seventy (70) days after the date on which the notice was mailed, and sending it to the State of Nevada, Department of Administration Hearings Division to the appropriate address on the form.

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SEKERA001657


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Page 2
Joyce Sekera
WC10132190
March 14, 2018

Very truly yours,

FARMERS INSURANCE EXCHANGE


Kathy Gaines, Sr. Claims Representative

Enclosure

Cc: H. Douglas Clark, Esq.
Dr. William Smith
Brand Vegas LLC
yfile

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SEKERA001658

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24454.000
FARMERS
MS

P.O. Box 108843
Oklahoma City, OK 73101
(702) 436-1104
(800) 369-0544 Toll Free
(866) 846-3114 Fax

May 25, 2018

Dr. William D. Smith
34061 S. Maryland Pkwy. Suite 200
Las Vegas, NV 89109

RE: Injured Worker/Your Patient : Joyce Sekera
Employer : Brand Vegas, LLC
Date of Injury : 11/4/2016
Claim Number : WC10132190 ✓

Dear Dr. Smith:

In compliance with Decision and Order dated May 9, 2018, hearing number 1812017-JK, please be advised that a CT of the lumbar spine with contrast, x-ray of the lumbar spine, x-ray of the cervical spine and an x-ray of the claimant's entire spine are authorized. The vendor we use for these tests is One Call Care, and they can be reached at 855-629-6226.

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

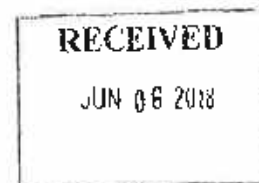
Very truly yours,

TRUCK INSURANCE EXCHANGE


Kathryn Gaines, Sr. Claims Representative

Enclosure

Cc: Joyce Sekera
H. Douglas Clark, Esq.
Brand Vegas, LLC
DIR
Hooks Law ✓
File



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SEKERA001659

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P.O. Box 108843
Oklahoma City, OK 73101
(702) 436-1104
(800) 369-0544 Toll Free
(866) 846-3114 Fax

September 24, 2018

William Smith, M.D.
3061 S. Maryland Pkwy. Se. 200
Las Vegas, NV 89109

RE: Injured Worker/Your Patient	Joyce Sekera
Employer	Brand Vegas LLC
Claim Number	WC10132190
Date of Injury	11/4/2016

Dear Dr. Smith:

In reference to the enclosed Decision and Order dated May 9, 2018, hearing number 1812017-JK, Farmers Insurance Exchange has been remanded to approve medical testing to determine whether Joyce Sekera's current complaints should or should not be included in the claim, and upon receipt of the test results, Farmers Insurance Exchange is to request that you, Dr. Smith, review the testing and opine as to what is or is not industrially related. Upon receipt and review of your report on the testing results, Farmers Insurance Exchange is to issue a new determination at that time. In reviewing your report of September 10, 2018, your "Review of Diagnostic Test" you indicate: The Cervical spine did show a C5-6 bulging disc with foraminal stenosis as well as a light loss of lordosis. On her lumbar spine it showed division at L4-5 and modic changes L1-2, L2-3 and mildly at L4-5. There is a question as to whether or not she had an L4-5 synovial cyst as well. The CT scan of the lumbar spine shows that she has a rotatory subluxation at L5-S1 of approximately 15 degrees. She has retrolisthesis shown on CT scan at L5-S1. She appears to have also an old healing fracture of the left superior articular facet at S1. There is perhaps some mild foraminal stenosis as well. Flexion and extension Images are poor and they do not show the hips.

At this time and in accordance with Decision and Order dated May 9, 2018, we are requesting specifics in writing as to what medical condition is related to the injury of November 4, 2016 and what is not. Your request for S1 injection and a standing scoll x-ray is being denied until we receive this information from you.

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SEKERA001660

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Page 2
Joyce Sekera
Claim Number WC10132190
September 24, 2018

If you or your employer disagree with the above determination, you may request a hearing before a Hearing Officer by completing the enclosed Request for Hearing notice within seventy (70) days after the date on which the notice was mailed, and sending it to the State of Nevada, Department of Administration Hearings Division to the appropriate address on the form.

Very truly yours,

FARMERS INSURANCE EXCHANGE


Kathy James, Sr. Claims Representative

Enclosure

Cc: Joyce Sekera
Brand Vegas LLC
Clark & Richards, LLP
Dalton Hooks, Jr., Esq.
File

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SEKERA001661

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P.O. Box 108843
Oklahoma City, OK 73101
(702) 436-1104
(800) 369-0544 Toll Free
(866) 846-3114 Fax

February 6, 2019

Shadow Emerg. Physicians, PLLC
P.O. Box 13917
Philadelphia, PA 19101-3917
Attn.: Billing Department

RE: Injured Worker/Your Patient	:	Joyce Sekera
Employer	:	Brand Vegas, LLC
Date of Injury	:	11/4/16
Claim Number	:	WC10132190
Your Account Number	:	VSD8005149375

Dear Billing Department:

In reference to the attached statement of charges sent to injured worker, Joyce Sekera, please be advised that this bill is being returned to you unpaid.

NAC 616C.143 Consultation or treatment provided outside State: Prior written authorization; treatment in cases of emergency. (NRS 616A.400, 616C.250, 616C.260)

1. Except as otherwise provided in this section, an insurer is not financially liable for consultation or treatment that is provided outside this State unless the insurer has given prior written authorization to the provider of health care or the medical facility in which the consultation or treatment is provided for the consultation or treatment. At the time of giving the written authorization, the insurer shall give written notice, which must include the date on which the notice is given, to the injured employee and the provider of health care or the medical facility that:

(a) The payment for the consultation or treatment will be made in accordance with the schedule of reasonable fees and charges allowable for accident benefits adopted for this State pursuant to NRS 616C.260, unless otherwise provided in a contract between the provider of health care or the medical facility and the insurer;

(b) The insurer is solely responsible for the payment of all services rendered;

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Page 2

Joyce Sekera

February 6, 2019

WC10132190

(c) The injured employee is not financially liable for any part of the cost of the services rendered and must not be billed for those services; and

(d) Any bill must be submitted within 90 days after services are rendered.

2. Prior authorization for treatment that is provided outside this State in cases of an emergency is not required. A provider of health care or a medical facility that renders such treatment to an injured employee subject to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS must bill for such services using the appropriate coding found in the American Medical Association's "Physician's Current Procedural Terminology" as contained in the *Relative Values for Physicians*, as adopted by reference in NAC 616C.145. The provider of health care or medical facility shall submit a bill for all such treatment and include the fees as set forth in the schedule of reasonable fees and charges allowable for accident benefits, if any, of the state in which the treatment was rendered or the usual and customary fees of the provider or medical facility, whichever are less.

3. The insurer shall pay for treatment that is provided outside this State in cases of an emergency according to the billing received, unless the fee is unreasonable. A fee shall be deemed to be reasonable if it is provided in accordance with the provisions of this section.

(Added to NAC by Div. of Industrial Relations, eff. 11-10-93; A 3-5-96; R121-97, 12-10-97, eff. 1-1-98; R118-02, 9-7-2005) — (Substituted in revision for NAC 616C.176)

NAC 616C.129 Adherence to rules for treatment of injured employees by members of panel of physicians and chiropractors. (NRS 616A.400, 616C.245, 616C.250, 616C.260) The members of the panel of physicians

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Page 3
Joyce Sekera
February 6, 2019
WC10132190

and chiropractors, approved for treatment of employees protected by workers' compensation, shall adhere to the following rules:

1. There may be only one treating physician or chiropractor in any one case at any one time, unless prior authorization is obtained from the insurer. Physicians and chiropractors associated with the treating physician or chiropractor may treat the injured employee during the temporary absence of the treating physician or chiropractor. In all cases, the treating physician or chiropractor is directly responsible for the management of the health care of the injured employee. Physicians in emergency rooms are not considered treating physicians within the meaning of NAC 616C.126 to 616C.141, inclusive.

2. The insurer shall give written notice to all interested persons of the transfer of an injured employee to a new physician or chiropractor, which must include notice to the injured employee or the attorney or authorized representative of the injured employee of the right to appeal the transfer.

3. Except as otherwise provided in this subsection, an injured employee or an insurer is not financially liable for the payment of the fees of a provider of health care who renders treatment to an injured employee for an industrial accident or occupational disease, knowing that the injured employee is already under the care of another provider of health care. The insurer may be liable for the payment of the fees pursuant to this subsection if the insurer gives prior written approval for the treatment or good cause is shown for the treatment provided.

4. Any prescription or service ordered by a physician or chiropractor other than:

(a) The treating physician or chiropractor; or

(b) A physician or chiropractor associated with the treating physician or chiropractor who is treating the injured employee during the temporary absence of the treating physician or chiropractor,

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SEKERA001664



Page 4

Joyce Sekera

February 6, 2019

WC10132190

is not a financial liability of the insurer unless good cause is shown for the prescription or service.

5. The treating physician or chiropractor must request written authorization from the insurer before ordering or performing any one of the following services with an estimated billed amount of \$200 or more:

- (a) Consultation;
- (b) Diagnostic testing;
- (c) Elective hospitalization;
- (d) Any surgery which is to be performed under circumstances other than an emergency; or
- (e) Any elective procedure.

6. Any request for prior authorization to order or perform any of the services set forth in subsection 5 must contain an explanation of the need for each service to be ordered or performed. If any of the services are performed without the insurer's written authorization, the insurer is not liable for the fee for the service, unless good cause is shown for providing the services without prior authorization.

7. A treatment program that consists of more than six visits, not including the initial evaluation, and is billed under codes 97010 to 97799, inclusive, or 98925 to 98943, inclusive, whether the visits are billed separately or included under different codes, must be authorized in advance by the insurer to verify the medical necessity for continued treatment. The first six visits do not require the prior authorization of the insurer. The number of requests for additional visits by the treating physician or chiropractor and any written authorization granted therefor are not restricted, and are subject only to the treatment prescribed by the treating physician or chiropractor and the determination of the insurer. A report of the status of an injured employee may be

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Page 5
Joyce Sekera
February 6, 2019
WC10132190

requested by an insurer at any time during the course of treatment. The initial evaluation shall be deemed to be separate from the initial six treatments. An initial evaluation may be performed on the same day as the initial treatment.

8. The treating physician or chiropractor shall respond in writing to an insurer's written request for a report of the status of an injured employee not later than 10 business days after receiving the request.

[Industrial Comm'n, No. 14.031; eff. 6-30-82] — (NAC A by Div. of Industrial Insurance Regulation, 10-26-83; 2-22-88; A by Div. of Industrial Relations, 10-11-93; 3-5-96; R121-97, 12-10-97, eff. 1-1-98; R090-99, 10-28-99; R118-02, 9-7-2005; R130-14, 9-9-2016)

NAC616C.143 supports our denial of this bill. The 90 days to submit your billing has been reached on February 2, 2017.

NAC616C.129 indicates a medical provider cannot bill the patient for any services. Therefore, we are asking that you refrain from billing Joyce Sekera for this service.

If you or your employer disagree with the above determination, you may request a hearing before a Hearing Officer by completing the enclosed Request for Hearing notice within seventy (70) days after the date on which the notice was mailed, and sending it to the State of Nevada, Department of Administration Hearings Division to the appropriate address on the form.

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SEKERA001666



Page 6
Joyce Sekera
February 6, 2019
WC10132190

Very truly yours,

FARMERS INSURANCE EXCHANGE



Kathy Gaines, Sr. Claims Representative

Enclosures

Cc: Joyce Sekera
Brand Vegas, LLC
The Gallher Law Firm
File ✓

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SEKERA004667

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No. 1073 P. 8/8

DR JORDAN WEBBER

PAGE 01/01

VSD STATEMENT OF ACCOUNT (1)
Statement Date April 17, 2017

Due Date: 05/07/17

Amount You Owe: \$1,208.00

PLEASE REMIT PAYMENT BY "PAYMENT DUE BY" DATE.
THANK YOU.

Pay Online
WWW.MYMEDICALPAYMENTS.COM
1-800-355-2470 MON-FRI 7:00AM - 3:00PM

CENTENNIAL HILLS HOSP MEDICAL CTR - 6900 N DURANGO DRIVE - LAS VEGAS NV 89149-4409

Insurance Information
Insured by HEALTH PLAN OF NEVADA, HPH. HPH about choices of

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR REMITTANCE

Payment Due By: 09/07/17

Actual Due: \$1,205.00

Amount Enclosed:

Guarantor:

Make Check/Money Order payable to:

☐ If your address has changed, check this box and complete the reverse side of this form

SEKER 000063
15001668

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Set correspondence to:
Email: wcclaimsdocs@farmersinsurance.com
Work Comp Imaging Center
PO Box 108843
Oklahoma City, OK 73101-8843
Fax: (866) 846-3114

March 26, 2019

WESTERN REGIONAL CTR FOR BRAIN
3061 S. Maryland Pkwy. Ste. 200
Las Vegas NV 89109

RE: Claim No.: WC10132190
Employee: Sekera, Joyce
Employer: BRAND VEGAS LLC
Policy No.: 0B15170435
Date of Injury: 11/04/2016

Dear Dr. Smith,

In reference to your request for lumbar surgery on Joyce Sekera, please be advised that this request is denied.

According to Decision and Order dated October 24, 2018, diagnostic x-rays and injections are to be performed on a rule out basis, and once completed these reports will be sent to you for your professional opinion as to what body parts/diagnosis is industrial vs non industrial conditions.

If you or your employer disagree with the above determination, you may request a hearing before a Hearing Officer by completing the enclosed Request for Hearing notice within seventy (70) days after the date on which the notice was mailed, and sending it to the State of Nevada, Department of Administration Hearings Division to the appropriate address on the form.

If you have any questions, please contact me at 702-436-1104 or toll-free (800) 369-0544.

Sincerely,
Farmers Insurance Exchange

Kathryn Gaines
Claims Representative

CC: Douglas Clark, Esq., Joyce Sekera

Enclosure(s):

Medical Report

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SEKERA001659

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P.O. Box 108843
Oklahoma City, OK 73101
(702) 436-1104
(800) 369-0544 Toll Free
(866) 846-3114 Fax

May 15, 2019

Western Regional Center for Brain & Spine Surgery
3061 S. Maryland Pkwy. Ste. 200
Las Vegas, NV 89109
Attn.: William D. Smith, M.D.

RE:	Injured Worker/Your Client	:	Joyce Sekera
	Claim Number	:	WC10132190
	Employer	:	Brand Vegas LLC
	Date of Injury	:	11/4/16

Dear Dr. Smith:

Your attached request for L5-S1 inter body fusion is denied. The attached Decision and Order dated October 24, 2018 remands Farmers Insurance Exchange to authorize recommended injections and x-rays on a rule out basis only. Upon completion of same, Farmers Insurance Exchange shall correspond with you to request your medical opinion of industrial vs. non-industrial conditions and issue a final determination.

Please be advised that the injections have not been performed as of this date. Joyce Sekera's attorney H. Douglas Clark has requested Dr. Edson Erkulvrawatr for injections per his letter of March 7, 2019. When the reports are received from Dr. Erkulvrawatr, Farmers Insurance Exchange per Decision and Order will submit all to you for your opinion on industrial vs. non-industrial treatment for Joyce Sekera. I have attached the Decision and Order dated October 24, 2018, along with H. Douglas Clark's office requesting Dr. Erkulvrawatr for injections. If you have any questions regarding this matter, please feel free to contact me.

Very truly yours,

FARMERS INSURANCE EXCHANGE


Kathy Gaines, Sr. Claims Representative
Enclosures

Cc: Joyce Sekera Brand Vegas, LLC H. Douglas Clark, Esq. ☒ File

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SEKERA004670

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Form 24434

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1708675-NG
1708676-NG
Claim Number: WC10132190

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS, NV 89143

BRAND VEGAS LLC
3130 S RAINBOW BLVD, STE 305
LAS VEGAS, NV 89146

The Claimant's requests for hearing were filed on January 26, 2017 and hearings were scheduled for and held on March 14, 2017 in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was represented by H. DOUGLAS CLARK, ESQ. The Administrator was represented by TERRY BIRTLE, LICENSED HEARING REPRESENTATIVE for DALTON HOOKS, JR., ESQ.

ISSUE

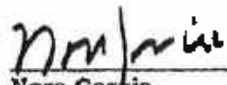
The Claimant appealed the determinations of FARMERS INSURANCE EXCHANGE dated November 18, 2016 and January 18, 2017.

The issues before the Hearing Officer are SCOPE OF CLAIM and CLAIM CLOSURE.

DECISION AND ORDER

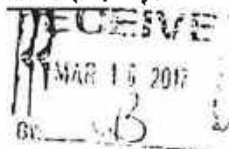
Claimant's Counsel informed additional documents will be submitted from the medical treatment rendered under the third party claim that will support the Claimant's contention that claim closure is premature as well as the low back injury is beyond a sprain and additional injury to the elbow exists. Therefore, these matters are hereby **REMANDED** for the Insurer to review and consider the forthcoming documents submitted by Claimant's Counsel and upon completion a further determination is to be generated, which is to provide appropriate appeal rights, relative to the issues at hand. **NRS 616C.160 and NRS 616C.235**

IT IS SO ORDERED this 16th day of March, 2017.


Nora Garcia
Hearing Officer

APPEAL RIGHTS

Pursuant to NRS 616C.345(1), should any party desire to appeal this final decision of the Hearing Officer, a request for appeal must be filed with Appeals Officer within thirty (30) days after the date of the decision by the Hearing Officer.



SEKERA00066

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **DECISION AND ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive., #210, Las Vegas, Nevada, to the following:

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS NV 89143

H DOUGLAS CLARK ESQ
CLARK AND RICHARDS LLP
2470 ST ROSE PKWY STE 302
HENDERSON NV 89074

BRAND VEGAS LLC
3130 S RAINBOW BLVD, STE 305
LAS VEGAS NV 89146

FARMERS INSURANCE EXCHANGE
ATTN WORKERS COMP DEPT
7455 ARROYO CROSSING PKWY STE 110
LAS VEGAS NV 89113-4086

DALTON HOOKS JR ESQ
ALVERSON TAYLOR MORTENSEN & SANDERS
7401 W CHARLESTON BLVD
LAS VEGAS NV 89117-1401

Dated this 16th day of March, 2017.


Jennifer King
Employee of the State of Nevada

SEKERA004672 000067

FARMERS 2/4/5/4

**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION**

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1803581-MB
Claim Number: WC10132190

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS, NV 89143

BRAND VEGAS LLC
3130 S RAINBOW BLVD STE 305
LAS VEGAS, NV 89146

ENTERED
NOV 28 2017

The Claimant's request for hearing was filed on September 22, 2017 and a hearing was scheduled for and held on November 9, 2017, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was not present, represented by H. Douglas Clark, Esq., of Clark and Richards, LLP. The Employer and the Administrator were represented via telephone conference by Ms. Terry Pirile, Legal Assistant for Dalton L. Hooks, Jr., Esq., of Alverson, Taylor, Mortensen & Sanders.

ISSUE

The Claimant appealed the determination of FARMERS INSURANCE EXCHANGE dated August 9, 2017.

The issue before the Hearing Officer is SCOPE OF CLAIM.

DECISION AND ORDER

The determination of the Insurer is hereby **REMANDED**. Claimant seeks expansion of the claim to incorporate injuries to the lumbar spine and left elbow beyond the strains presently accepted. Preponderance of the medical evidence made available for hearing creates a medical question in this regard. Accordingly, the Claimant shall be evaluated by mutually agreed upon physician (or physicians, if necessary) to determine the breadth and extent of Claimant's industrially related lumbar and left elbow injuries. New determinations shall ensue thereafter relative to the scope of claim upon the Insurer's receipt and review of the forthcoming medical reporting.

NRS 616C.160 Newly developed injury or disease; Inclusion in original claim for compensation; limitation. If, after a claim for compensation is filed pursuant to NRS 616C.020: 1. The injured employee seeks treatment from a physician or chiropractor for a newly developed injury or disease; and 2. The employee's medical records for the injury reported do not include a reference to the injury or disease for which treatment is being sought, or there is no documentation indicating that there was possible exposure to an injury described in paragraph (b), (c) or (d) of subsection 2 of NRS 616A.265, the injury or disease for which treatment is being sought must not be considered part of the employee's original claim for compensation unless the physician or chiropractor establishes by medical evidence a causal relationship between the injury or disease for which treatment is being sought and the original accident.

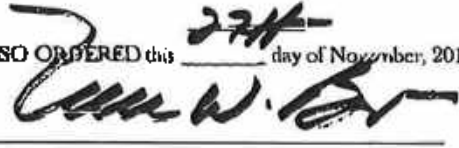
NRS 616C.330 (3) Powers and duties of hearing officer. If necessary to resolve a medical question concerning an injured employee's condition or to determine the necessity of treatment for which authorization for payment has been denied, the hearing officer may order an independent medical examination, which must not involve treatment, and refer the employee to a physician or chiropractor of his or her choice who has demonstrated special competence to treat the particular medical condition of the employee, whether or not an attorney, physician or chiropractor is on the insurer's panel of providers of health care. If the medical question concerns the rating of a permanent

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disability, the hearing officer may refer the employee to a rating physician or chiropractor. The rating physician or chiropractor must be selected in rotation from the list of qualified physicians and chiropractors maintained by the Administrator pursuant to subsection 2 of NRS 616C.490, unless the insurer and injured employee otherwise agree to a rating physician or chiropractor. The insurer shall pay the costs of any medical examination requested by the hearing officer.

IT IS SO ORDERED this 27th day of November, 2017



Mercer W. Berens
Hearing Officer

APPEAL RIGHTS

Pursuant to NRS 616C.345(1), should any party desire to appeal this final decision of the Hearing Officer, a request for appeal must be filed with Appeals Officer within thirty (30) days after the date of the decision by the Hearing Officer.

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SEKERA001674

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing DECISION AND ORDER was duly mailed, postage prepaid OR placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive., #210, Las Vegas, Nevada, to the following:

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS NV 89143


H DOUGLAS CLARK ESQ
CLARK AND RICHARDS LLP
2470 ST ROSE PKWY STE 302
HENDERSON NV 89074

BRAND VEGAS LLC
3130 S RAINBOW BLVD STE 305
LAS VEGAS NV 89146

FARMERS INSURANCE EXCHANGE
ATTN WORKERS COMP
7433 ARROYO CROSSING PKWY STE 110
LAS VEGAS NV 89113-4086

DALTON HOOKS JR ESQ
ALVERSON TAYLOR MORTENSEN & SANDERS
6605 GRAND MONTECITO PKWY #200
LAS VEGAS NV 89149-0210

Dated this 21st day of November, 2017


Jennifer King
Employee of the State of Nevada

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SEKERA001675

24454.004
FARMERS
TP

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1812017-JK
Claim Number: WC10132190✓

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS, NV 89143

BRAND VEGAS LLC
3130 S RAINBOW BLVD STE 305
LAS VEGAS, NV 89146

The Claimant's request for hearing was filed on March 20, 2018 and a hearing was scheduled for April 26, 2018. The hearing was held on April 26, 2018, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was represented via telephone conference by H. Douglas Clark, Esq., for Clark & Richards, LLP. The Administrator was represented via telephone conference by Terry Pirtle, Hearing Advocate for Dalton L. Hooks, Jr., Esq., of Hooks Meng Schaan & Clement, PLLC.

ISSUE

The Claimant appealed the determination of FARMERS INSURANCE EXCHANGE dated March 14, 2018.

The issue before the Hearing Officer is Denial of Request for Medical Testing.

DECISION AND ORDER

Claimant appeals the March 14, 2018 determination of the Insurer denying the request of Claimant's physician Dr. William Smith dated February 22, 2018, wherein Dr. Smith requests the following medical testing: a CT of the lumbar spine with contrast, x-ray of the lumbar spine, x-ray of the cervical spine and an x-ray of Claimant's entire spine. At the Hearing of this matter, Counsel for Claimant represented that at this time, Claimant is not seeking payment for treatment from Claimant's third-party action but is seeking the additional testing for the purpose of determining whether Claimant's current complaints/injuries should be included in the industrial claim. The requested testing is appropriate for that purpose. Accordingly, pursuant to NRS 616C.157, NRS 616C.150 and NRS 616C.160, this matter is hereby **REMANDED** for the Insurer to approve the requested medical testing for the purpose of determining whether Claimant's current complaints should or should not be included in the Claim, and upon receipt of the test results, the Insurer is to

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request that Dr. Smith review the testing and opine as to what is or is not industrially related. Upon receipt and review of Dr. Smith's report on the testing results, the Insurer is to issue a new determination at that time.

IT IS SO ORDERED this 9 day of May, 2018.


John P. Kelleher
Hearing Officer

APPEAL RIGHTS

Pursuant to NRS 616C.345(1), should any party desire to appeal this final decision of the Hearing Officer, a request for appeal must be filed with Appeals Officer within thirty (30) days after the date of the decision by the Hearing Officer.

2018-05-09

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CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **DECISION AND ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive., #210, Las Vegas, Nevada, to the following:

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS NV 89143

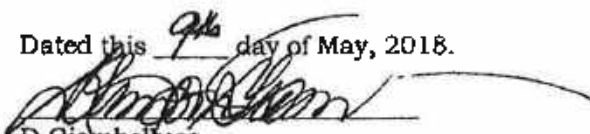
H DOUGLAS CLARK ESQ
CLARK AND RICHARDS LLP
2470 ST ROSE PKWY STE 302
HENDERSON NV 89074

BRAND VEGAS LLC
3130 S RAINBOW BLVD STE 305
LAS VEGAS NV 89146

FARMERS INSURANCE EXCHANGE
ATTN WORKERS COMP
7455 ARROYO CROSSING PKWY STE 110
LAS VEGAS NV 89113-4086

DALTON HOOKS JR ESQ
HOOKS MENG SCHAAN & CLEMENT, PLLC
2820 W CHARLESTON BLVD STE C23
LAS VEGAS NV 89102

Dated this 9th day of May, 2018.


D Giambelluca
Employee of the State of Nevada

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11 FRI 10/25/18

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1904298-MT
Claim Number: WC10132190

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS, NV 89143

BRAND VEGAS LLC
3130 S RAINBOW BLVD STE 305
LAS VEGAS, NV 89146

The Claimant's request for hearing was filed on September 27, 2018 and a hearing was scheduled for and held on October 22, 2018, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was not present. The Claimant was represented by HOWARD DOUGLAS CLARK, ESQ. The Employer was neither present nor represented by legal counsel. The Administrator was represented telephonically by TERRY L. PIRTLE, Hearing Advocate for HOOKS, MENG, SCHAAN & CLEMENT.

ISSUE

The Claimant appealed the determination of FARMERS INSURANCE EXCHANGE dated September 24, 2018.

The issue before the Hearing Officer is MEDICAL INJECTIONS AND DIAGNOSTIC X-RAYS.

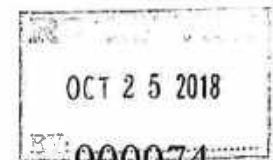
DECISION AND ORDER

The determination of the Insurer is hereby **REVERSED / REMANDED**.

The above determination denies medical injections and diagnostic x-rays as ordered by William Smith, M.D., on September 10, 2018, until such time as Dr. Smith issues a medical opinion on industrial conditions versus non-industrial conditions within the lumbar spine; in complying with a Hearing Officer's decision and order dated May 9, 2018 for the issue of scope of claim. Counsel, on behalf of the Claimant, argues that Dr. Smith's medical reporting recommends the injections and x-rays for therapeutic purposes and most likely, to help the physician issue the proper medical opinion requested of him.

Evidence submitted is sufficient in supporting the requested injections and

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diagnostic x-rays. Thus, the above determination is hereby deemed improper and reversed. The Insurer is remanded to authorize the above procedures, on a rule out basis only. Upon completion of same, the Insurer shall again correspond to Dr. Smith to request his medical opinion of industrial vs. non-industrial conditions and issue a final determination, with appeal rights, upon receipt of his reporting. Furthermore, Dr. Smith shall be provided a copy of this decision and order to impose his completion of the medical opinion. **NRS 616C.245 (1), NRS NRS 616.5416, NRS 616C.330 (3)**

IT IS SO ORDERED this 24th day of October, 2018.



Megan Trenkler
Hearing Officer

APPEAL RIGHTS

Pursuant to NRS 616C.345(1), should any party desire to appeal this final decision of the Hearing Officer, a request for appeal must be filed with Appeals Officer within thirty (30) days after the date of the decision by the Hearing Officer.

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CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **DECISION AND ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive., #210, Las Vegas, Nevada, to the following:

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS NV 89143

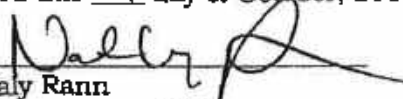
H DOUGLAS CLARK ESQ
CLARK AND RICHARDS LLP
2470 ST ROSE PKWY STE 310
HENDERSON NV 89074

BRAND VEGAS LLC
3130 S RAINBOW BLVD STE 305
LAS VEGAS NV 89146

FARMERS INSURANCE EXCHANGE
ATTN WORKERS COMP
7455 ARROYO CROSSING PKWY STE 110
LAS VEGAS NV 89113-4086

DALTON HOOKS JR ESQ
HOOKS MENG SCHAAN & CLEMENT, PLLC
2820 W CHARLESTON BLVD STE C23
LAS VEGAS NV 89102

Dated this 24th day of October, 2018.


Nataly Rann
Employee of the State of Nevada

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REC EST FOR HEARING - CONT 'TED CLAIM

(Pursuant to NAC 616C.274)

ORIGINAL

REPLY TO:

Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89701
(775) 687-8440

OR Department of Administration
Hearings Division
2200 S. Rancho Drive, Suite 210
Las Vegas, NV 89102
(702) 486-2525

Employee Information	
Employee's Name and Address Sekera, Joyce 7840 Nesting Pine Pl Las Vegas NV 89143	
Employee's Telephone Number 702-467-5457	Claim No. WC10132190 Date of Injury 11/04/2016
Insurer Information	
Insurer's Name and Address Farmers Insurance Exchange PO Box 108843 Oklahoma City OK 73101-8843	
Insurer's Telephone Number (800) 369-0544	

Employer Information	
Employer's Name and Address BRAND VEGAS LLC 3130 S Rainbow Blvd Ste 305 Las Vegas NV 89146	
Employer's Telephone Number 702-538-9000	
Third-Party Administrator Information	
Third-Party Administrator's Name and Address	
Third-Party Administrator's Telephone Number	

Do Not Complete or Mail This Form Unless You Disagree With the Insurer's Determination.

☐ **PLEASE CHECK HERE IF YOUR REQUEST IS REGARDING
A CLAIM FILED PURSUANT TO NRS 617.455 OR 617.457**

YOU MUST INCLUDE A COPY OF THE DETERMINATION LETTER OR A HEARING WILL NOT BE SCHEDULED PURSUANT TO NRS 616C.315.

Briefly explain the basis for this appeal:

*Disagree with denial of billing for
medical services*

This request for hearing is filed by, or on behalf of: ☒ Injured Employee ☐ Employer
and is dated this 19 day of March, 2019

Signature of Injured Employee/Employer

HD Clark
Injured Employee's/Insurer's Designated Representative (Advisor)
sv. 10/2018)

1913484-TH

ndc
clark&richards, ll.p.
howard douglas clark, chd.
2470 st. rose parkway, suite 300

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STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1913484-TH
Claim Number: WC10132190

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS, NV 89143

BRAND VEGAS LLC
3130 S RAINBOW BLVD STE 305
LAS VEGAS, NV 89146

The Claimant's request for hearing was filed on March 20, 2019 and a hearing was scheduled for and held on April 15, 2019, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was not present. The Claimant was represented by Douglas H. Clark, Esq., of Clark & Richards LLP. The Employer was neither present nor represented by legal counsel. The Administrator was represented by via telephone conference call by Terry L. Pirtle, Hearing Advocate, for Hooks, Meng & Clement, PLLC.

ISSUE

The Claimant appealed the determination of FARMERS INSURANCE EXCHANGE dated February 6, 2019.

The issue before the Hearing Officer is Denial of Medical Bill.

DECISION AND ORDER

The Insurer denied payment of a medical bill on the basis that the bill was submitted untimely. Based upon the current available evidence, the determination of the Insurer is hereby **AFFIRMED**.

NAC 616C.143 Consultation or treatment provided outside State: Prior written authorization; treatment in cases of emergency. (NRS 616A.400, 616C.250, 616C.260)

1. Except as otherwise provided in this section, an insurer is not financially liable for consultation or treatment that is provided outside this State unless the insurer has given prior written authorization to the provider of health care or the medical facility in which the consultation or treatment is provided for the consultation or treatment. At the time of giving the written authorization, the insurer shall give written notice, which must include the date on which the notice is given, to the injured employee and the provider of health care or the medical facility that:

(a) The payment for the consultation or treatment will be made in accordance with the schedule of reasonable fees and charges allowable for accident benefits adopted for this State pursuant to NRS 616C.260, unless otherwise provided in a contract between the provider of health care or the medical facility and the insurer;



- (b) The insurer is solely responsible for the payment of all services rendered;
(c) The injured employee is not financially liable for any part of the cost of the services rendered and must not be billed for those services; and
(d) Any bill must be submitted within 90 days after services are rendered.

2. Prior authorization for treatment that is provided outside this State in cases of an emergency is not required. A provider of health care or a medical facility that renders such treatment to an injured employee subject to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS must bill for such services using the appropriate coding found in the American Medical Association's "Physician's Current Procedural Terminology" as contained in the *Relative Values for Physicians*, as adopted by reference in NAC 616C.145. The provider of health care or medical facility shall submit a bill for all such treatment and include the fees as set forth in the schedule of reasonable fees and charges allowable for accident benefits, if any, of the state in which the treatment was rendered or the usual and customary fees of the provider or medical facility, whichever are less.

3. The insurer shall pay for treatment that is provided outside this State in cases of an emergency according to the billing received, unless the fee is unreasonable. A fee shall be deemed to be reasonable if it is provided in accordance with the provisions of this section.

(Added to NAC by Div. of Industrial Relations, eff. 11-10-93; A 3-5-96; R121-97, 12-10-97, eff. 1-1-98; R118-02, 9-7-2005) — (Substituted in revision for NAC 616C.176)

IT IS SO ORDERED this 16th day of April, 2019.


Tracey Hagan
Hearing Officer

APPEAL RIGHTS

Pursuant to NRS 616C.345(1), should any party desire to appeal this final decision of the Hearing Officer, a request for appeal must be filed with Appeals Officer within thirty (30) days after the date of the decision by the Hearing Officer.

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CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **DECISION AND ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive., #210, Las Vegas, Nevada, to the following:

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS NV 89143

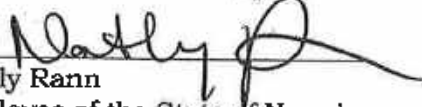
H DOUGLAS CLARK ESQ.
CLARK AND RICHARDS LLP
2470 ST ROSE PKWY STE 310
HENDERSON NV 89074

BRAND VEGAS LLC
3130 S RAINBOW BLVD STE 305
LAS VEGAS NV 89146

FARMERS INSURANCE EXCHANGE
ATTN WORKERS COMP
7455 ARROYO CROSSING PKWY STE 110
LAS VEGAS NV 89113-4086

HOOKS MENG CLEMENT, PLLC
2820 W CHARLESTON BLVD STE C23
LAS VEGAS NV 89102

Dated this 16th day of April, 2019.


Nataly Rann
Employee of the State of Nevada

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ORIGINAL
REQUEST FOR HEARING BEFORE THE APPEALS OFFICER
NEVADA DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1913484-TH
Claim Number: WC10132190

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS, NV 89143

BRAND VEGAS LLC
3130 S RAINBOW BLVD STE 305
LAS VEGAS, NV 89146

I WISH TO APPEAL THE HEARING OFFICER DECISION DATED: April 16, 2019

(Please attach a copy of the Hearing Officer's Decision)

**[] PLEASE CHECK HERE IF YOUR REQUEST IS REGARDING A CLAIM
FILED PURSUANT TO NRS 617.455 OR 617.457**

PERSON REQUESTING APPEAL: (circle one) CLAIMANT EMPLOYER/INSURER

REASON FOR APPEAL: Disagree with denial of bill
payment

If you are represented by an attorney or other agent, please print the name and address below.

Name of Attorney or Representative

P

clark&richards, l.l.p.
howard douglas clark, chd.
2470 st. rose parkway, suite 310
henderson nv 89074

Address

Person requesting this hearing (signature)
H. J. Clark

City, State, Zip Code

702.822.8900

4-24-19

Telephone Number

Telephone Number

Date

NOTICE

If the Hearing Officer Decision is appealed, CLAIMANTS are entitled to free legal representation by the Nevada Attorney for Injured Workers (NAIW). If you want NAIW to represent you, please sign below:

Signature

Telephone Number

If you are appealing the Hearing Officer's decision, file this form no later than thirty (30) days after that decision at:

NEVADA DEPARTMENT OF ADMINISTRATION
APPEALS OFFICE
2200 S RANCHO DRIVE, SUITE 220
LAS VEGAS, NV 89102
(702) 486-2527

1015324

SEKERA001686

REQUEST FOR HEARING A CONTESTED CLAIM

(Pursuant to NRS 616C.274)

REPLY TO: Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89701
(775) 687-8440

OR Department of Administration
Hearings Division
2200 S. Rancho Drive, Suite 210
Las Vegas, NV 89102
(702) 486-2525

Employee Information	
Employee's Name and Address Sekera, Joyce 7840 Nesting Pine Pl Las Vegas NV 89143	
Employee's Telephone Number 702-467-5457	Claim No. WC10132190 Date of Injury 11/04/2016
Insurer Information	
Insurer's Name and Address Farmers Insurance Exchange PO Box 108843 Oklahoma City OK 73101-8843	
Insurer's Telephone Number (800) 369-0544	

Employer Information	
Employer's Name and Address BRAND VEGAS LLC 3130 S Rainbow Blvd Ste 305 Las Vegas NV 89146	
Employer's Telephone Number 702-538-9000	
Third-Party Administrator Information	
Third-Party Administrator's Name and Address	
Third-Party Administrator's Telephone Number	

Do Not Complete or Mail This Form Unless You Disagree With the Insurer's Determination.

YOU MUST INCLUDE A COPY OF THE DETERMINATION LETTER OR A HEARING WILL NOT BE SCHEDULED PURSUANT TO NRS 616C.315.

Briefly explain the basis for this appeal:

DISAGREE WITH DENIAL OF SURGERY BY
LETTERS OF MARCH 26, 2019 & MAY 15, 2019

The Injured Employee 1915069-TH

This request for hearing is filed by, or on behalf of: **The Employer**

and is dated this 18 day of April, 2019 SCHEDULED ON

APR 22 2019

Signature of Injured Employee/Employer H.D. Clark

2d. Rev. 12/01

hdc
clark&richards, l.l.p.
howard douglas clark, chd.
2470 st. rose parkway, suite 310
SEKERA001687

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1915069-TH
Claim Number: WC10132190

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS, NV 89143

BRAND VEGAS LLC
3130 S RAINBOW BLVD STE 305
LAS VEGAS, NV 89146

ORDER TRANSFERRING HEARING TO APPEALS OFFICE

The Claimant's Request for Hearing was filed on April 19, 2019 and scheduled for May 13, 2019. The requesting party appealed the Insurer's determination dated March 26, 2019.

The parties have filed a stipulation to waive a hearing at the Hearing Officer level and to proceed directly to the Appeals Officer level.

NRS 616C.315(7) provides that the parties to a contested claim may, if the Claimant is represented by counsel, agree to forego a hearing before a Hearing Officer and submit the contested claim directly to an Appeals Officer.

Therefore, good cause appearing, the Hearing Officer proceeding shall be and is hereby transferred to the Appeals Officer for further proceedings.

IT IS SO ORDERED this 15th day of May, 2019.


Tracey Hagan
Hearing Officer

NOTICE: If any party objects to this transfer to the Appeals Office, an objection thereto must be filed with the Appeals Office at 2200 South Rancho Drive, Suite 220, Las Vegas, Nevada 89102, within 15 days of this order.



CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER TRANSFERRING HEARING TO APPEALS OFFICE** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #210, Las Vegas, Nevada, to the following:

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS NV 89143

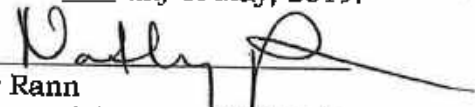
H DOUGLAS CLARK ESQ
CLARK AND RICHARDS LLP
2470 ST ROSE PKWY STE 310
HENDERSON NV 89074

BRAND VEGAS LLC
3130 S RAINBOW BLVD STE 305
LAS VEGAS NV 89146

FARMERS INSURANCE EXCHANGE
ATTN WORKERS COMP
7455 ARROYO CROSSING PKWY STE 110
LAS VEGAS NV 89113-4086

HOOKS MENG CLEMENT, PLLC
2820 W CHARLESTON BLVD STE C23
LAS VEGAS NV 89102

Dated this 5th day of May, 2019.


Nataly Rann
Employee of the State of Nevada

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FILED

JULY 3 2019

HEARINGS DIVISION

BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim of:

JOYCE SEKERA,

Claimant.

Claim No: WC10132190

Appeal No: 1915386-PL
1916352-PL.


ORDER OF CONSOLIDATION

Pursuant to the request of the parties;

IT IS HEREBY ORDERED that the above Appeal Numbers will be consolidated as
of this date.

IT IS FURTHER ORDERED that the appeals will now be heard on September 4,
2019 at 4:00PM.

IT IS SO ORDERED this 3rd day of July, 2019.


Paul Lychuk, ESQ.
APPEALS OFFICER

JUL 03 2019

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CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing ORDER OF CONSOLIDATION was duly mailed, postage prepaid OR placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS NV 89143

H DOUGLAS CLARK ESQ
CLARK AND RICHARDS LLP
2470 ST ROSE PKWY STE 310
HENDERSON NV 89074

BRAND VEGAS LLC
3130 S RAINBOW BLVD STE 305
LAS VEGAS NV 89146

FARMERS INSURANCE EXCHANGE
ATTN WORKERS COMP
7455 ARROYO CROSSING PKWY STE 110
LAS VEGAS NV 89113-4086

HOOKS MENG CLEMENT, PLLC
2820 W CHARLESTON BLVD STE C23
LAS VEGAS NV 89102

Dated this 3rd day of July, 2019.

CB

Chris Beals, Legal Secretary II
Employee of the State of Nevada