

FILED:

**COMMONWEALTH OF KENTUCKY
DEPARTMENT OF WORKERS' CLAIMS**

MEDICAL REPORT OF DR. GREGORY B. NAZAR

A. PLAINTIFF INFORMATION

1. Plaintiff/Employee's name: [REDACTED]
2. Last four digits of Social Security Number/Green Card: [REDACTED]
3. Date of birth: [REDACTED]
4. Plaintiff/Employee's job title and employer: [REDACTED] Jefferson County Public Schools
5. Date of examination(s): [REDACTED]
6. By whom was the examination requested: [REDACTED].
7. Prior examination by this physician (if any) and date(s): None.

B. PLAINTIFF/EMPLOYEE HISTORY

Plaintiff/Employee related history of complaints or alleged injury/hearing loss/ psychological condition as follows: Mr. [REDACTED] injured his lower back while working with the Jefferson County School System as a custodian initially in the summer of 2017. He was able to continue to work and then reinjured it while pushing a desk with his legs on August 31, 2017, precipitating severe low back pain requiring consultation with the emergency room at Jewish Hospital East. The pain localized to his lower back with radiation into his left posterior leg with associated numbness and tingling.

C. TREATMENT - Prior and Current

Based upon a review of records and/or history related by plaintiff/employee, treatment provided for this injury has been as follows: (Include periods of hospitalization.) The patient had no prior treatment in the six months prior to his injury pertaining to his lower back. With his current injury, he was placed on restrictions, but was unable to return to work with those restrictions. He attempted physical therapy, which made his pain significantly worse. He was placed on different medications, which provided some temporary benefit. He was seen in consultation by a spine surgeon, who recommended additional physical therapy and steroid injections with pain management. So far, he has undergone three epidural injections with temporary relief of his symptoms. The patient has been unable to return to work because of his persistent pain.

D. PHYSICAL EXAMINATION

Results of physical examination, including objective medical findings to support complaints and/or diagnosis: His physical examination demonstrates a cooperative 68-year-old male, who walks with a very slow gait with a slight limp, favoring his left leg. He leans forward and has a significant amount of stiffness in his lower back with decreased mobility. His neurological examination demonstrates no weakness, or reflex changes. He does have positive signs of radiculopathy with straight leg raising on the left at 45 degrees, which sends pain down the posterior aspect of his left leg to just below the knee. His primary pain is localized to the lower back at the L4-5 and L5-S1 levels in a paracentral location. He is restricted to 25 degrees of forward flexion and 0 degrees of extension and has difficulty moving from a sitting to a standing position and vice versa and going from a flexed to an extended position without difficulty. He requires bending his knees to accomplish that. His examination appeared to be reliable and the patient was cooperative.

E. DIAGNOSTIC TESTING/Injury

Include any testing reviewed and relied upon for medical conclusions. This will include X-rays, CT scans, MRIs, Myelograms, EMG/NCVs, or other (please specify).

1. He had a CT scan of the lumbar spine on 08/31/2017, showing advanced degenerative changes at L4-5 with presence of a Schmorl's node involving L4-5 on the left. No acute fractures are otherwise demonstrated.
2. MRI of the lumbar spine dated 09/18/2017, showing apparent posttraumatic Schmorl's node, left paravertebral location involving the L4 and L5 vertebral body endplates, new onset foraminal L5-S1 disc protrusion with associated foraminal narrowing and probable effacement of the right L4 nerve root, new onset left-sided disc protrusion at L5-S1 involving the neuroforamina with moderate displacement of the left L5 nerve root. The primary change is what appears to a posttraumatic node involving the endplates of the L4 and L5 vertebral bodies.

F. DIAGNOSTIC TESTING/Hearing Loss

Include any testing reviewed and relied upon for medical conclusions. This will include Comprehensive Audiometry, Immitance Audiometry, Otoacoustic Emissions, Communication Needs Assessments, or Other (please specify). N/A.

G. DIAGNOSTIC TESTING/Psychological

Include any testing reviewed and relied upon for medical conclusions. This will include Neuropsychological (e.g., Luria-Nebraska, Halstead-Reitan), Academic/Achievement (e.g., WRAT-R), Intellectual Capacity, Personality (e.g., MMPI, Million, etc.), Brain Imaging (MRI, CT, SPECT), or Other (please specify). N/A.

H. SURGICAL PROCEDURE(S)

Specify type and date of any surgical procedure. Include operative note if surgery performed by this physician. The patient was seen by an orthopedic spine surgeon on 11/30/2017. At that time, physical therapy and pain management were recommended for the patient. He is planning to go back to see the spine surgeon, as he has had only temporary benefit with the procedures.

I. DIAGNOSIS

Low back pain, likely secondary to posttraumatic Schmorl's node involving the L4-5 vertebral endplates on the left and possibly related to new onset L5-S1 left disc protrusion with associated left leg radicular pain following either an L5 or S1 nerve root distribution, possibly secondary to L5-S1 disc protrusion on the left.

J. CAUSATION

1. Do you believe the work event as described to you is the cause of the impairment found? Yes ___ No.
Within medical probability, the cause of his complaints are related to his work injuries occurring in 2017. I believe his pain began with the first injury in the summer of 2017 and then worsened with the second injury occurring on 08/31/2017. Prior to the injury, the patient did not have significant complaints of pain for at least a period of one year. He did have some remote pain in the past that had resolved.
 2. Is any part of the impairment due to a cause other than the work even described above? ___ Yes ___ No.
 3. If yes, what is that cause and impairment attributable to that cause?
 4. If applicable, do audiograms and other testing establish a pattern of hearing loss compatible with that caused by hazardous noise exposure in the work place? ___ Yes ___ No.
 5. If applicable, within reasonable medical probability, is plaintiff/employee's hearing loss related to repetitive exposure to hazardous noise over an extended period of employment? ___ Yes ___ No.
 6. If applicable, within reasonable medical/psychological probability, is plaintiff/employee's psychological condition the direct result of the physical work-related injury? ___ Yes ___ No.
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K. IMPAIRMENT

1. Using the 5th edition of the AMA Guides to the Evaluation of Permanent Impairment, the Plaintiff/Employee's permanent whole person impairment is: 12%.

The patient has reached a stable position at this point. He has indicated that he probably would not consider surgical intervention given his age or current levels of symptoms, so he is at maximum medical improvement. He does fall into the DRE guidelines and would fall into a DRE Lumbar Category III with a 12% impairment rating of the whole person without pre-existing.

The patient's impairment rating is based on the AMA Guides to the Evaluation of Permanent Impairment, 5th Edition. He does fall into the DRE Lumbar Category on Table 15-3 on Page 384. Because he is still having significant signs of radiculopathy going down the posterior aspect of his left leg to below the knee at L5 or S1 distribution, coupled with his lower back pain, in addition to a history of a disc herniation/protrusion on the level of his pain that involves the L5-S1 level in the neuroforamina and in addition, a disc herniation going into the vertebral bodies of L4 and L5 (Schmorl's node), which appears posttraumatic. This would place him in the DRE Lumbar Category III. Because of the degree of pain that he is currently having, a 12% whole person impairment rating is being assigned, per Table 15-3 on Page 384. There is no apportionment, as he was not having pre-existing problems. These do not appear to be changes of the spine that would be created by natural aging.

2. Chapter, Tables, and Pages utilized to arrive at impairment rating for injuries.

SEE SECTION J. 1. ABOVE.

3. Plaintiff/Employee had an active impairment prior to this injury. ___ Yes X No.

A. If yes, specify condition producing active impairment.

B. If yes, specify percentage of impairment due to the prior active condition.

4. Date on which maximum medical improvement was reached: The patient reached maximum medical improvement at six months post second injury on March 2, 2017.

L. RESTRICTIONS

1. The plaintiff/employee described the physical requirements of the type of work performed at the time of injury as follows: The patient's job as a custodian involves being able to lift, carry, push, and pull at least 50 pounds, which he currently is not capable of doing.


2. Does the plaintiff/employee retain the physical capacity to return to the type of work performed at the time of injury? ___ Yes X No. If not, why?

3. Which restrictions, if any, should be placed upon plaintiff/employee's work activities as the result of the injury? The patient is limited to lifting or carrying, pushing or pulling up to a maximum of 15 pounds. He should avoid any type of repetitive bending, stooping, climbing, or crawling. He should be able to limit his sitting, standing, and walking. He should be able to change positions frequently as needed. I feel these restrictions would be permanent.

M. CERTIFICATION and QUALIFICATIONS of PHYSICIAN

I hereby certify that the above information is correct and that all opinions were formulated within the realm of reasonable medical probability. A copy of my curriculum vitae is attached if I have not obtained a Department of Workers' Claims Physician Index Number.

Sincerely,



Gregory B. Nazar, MD, FACS
Neurosurgeon
GBN/tmh

Date: April 17, 2018

**Department of Workers' Claims
Physician Index Number**

Instructions for Completion of Form 107

The medical report forms of the Department of Workers' Claims are designed to provide relevant medical information to administrative law judges to assist in determining the occupational implications of a work-related injury or an occupational disease. Therefore, it is important that each section of the forms be carefully and fully completed.

1. All information must be typed or neatly printed.
2. The Department of Workers' Claims maintains a Physician Index with curricula vitae of physicians. Physicians may be included in the index by tendering a copy of a current curriculum vitae with a request for inclusion to: Physicians Index Clerk, **Department of Workers' Claims**, 657 Chamberlin Avenue, Frankfort, Kentucky 40601.
3. The AMA Guides to the Evaluation of Permanent Impairment is mandated by statute. Prior to the completion of the Form, the Physician should become familiar with the edition currently directed by statute and regulation to be used. Reference should be made to chapters, page numbers, and tables for all physical injuries. For psychiatric conditions, the class of impairment should be stated, with reference to impairment ratings provided in prior editions.
4. Objective medical findings to support a medical diagnosis means information gained through direct observation and testing of the plaintiff/employee, applying objective or standardized methods. KRS 342.0011(33).
5. Medical opinions must be founded on reasonable medical probability, not on mere possibility or speculation. Young v. Davidson, Ky., 463 S.W.2d 924 (1971).
6. **Any person who knowingly and with intent to defraud any insurance company or other person files a statement or claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.**