

Kenneth C. Peacock, M.D.
4 Becker Farm Road, 1st Floor
Roseland, NJ 07068

September 15, 2017

Joseph A. Acosta, Esquire
Capehart & Scatchard, PA
8000 Midlantic Drive, Suite 300 S.
Mount Laurel, NJ 08054

Re: ██████████
Claim No.: W001588411
D/I: 11/7/2015

Dear Mr. Acosta:

The medical records provided to me were reviewed. Dr. Kathleen Benning examined ██████████ on 11/5/10. She experienced stress and loss of appetite. She had a history of two concussions when playing soccer and regular headaches, approximately 2 to 3 times a week. She treated with two different neurologist within the past year. She was diagnosed with adjustment reaction with brief depressive reaction and anorexia. She was referred to a nutritionist and a counselor.

Dr. Benning examined the patient on 4/22/11. She complained of headaches. She was a smoker. She had a routine physical exam. An audiogram was performed.

Dr. Sarah George examined ██████████ on 12/19/11. She complained of pain in the right great toe. She struck the toe on a table. She developed swelling and experienced discharge from the toe the night prior to exam. A history positive for fractured ribs and right knee meniscal tear with subsequent repair was noted. She was diagnosed with toe injury and warm soaks and an antibiotic ointment were recommended.

Dr. Maria Ocasio examined the patient on 8/16/12. She complained of increased headaches with associated pressure and episodes of blurred vision, light sensitivity and some nausea and vomiting. She had seen a neurologist and migraine medication had been recommended. She had awakened with a headache for the past two weeks. She was diagnosed with atypical headache and Imitrex was prescribed. A computed tomography (CT scan) of the head was ordered.

A **magnetic resonance imaging (MRI)** report of the brain performed on 8/17/12 revealed borderline Chiari 1 malformation and maxillary sinus disease.

██████████, continued

Dr. Christina Khalli examined ██████████ on 5/25/16. She reported a history positive for back pain after a slipped disc related to a fall at work. She treated with an orthopedist and underwent pain management with injections, which provided no relief. No diagnosis in relation to the back complaint was given. She was counseled against smoking. A tetanus injection was recommended.

Dr. Khalli examined the patient on 5/9/17. She complained of chronic back pain with radiation into the left leg for two days. She took Motrin and Percocet without relief. The prior work-related back injury was noted. She experienced numbness, tingling and subjective weakness in the left lower extremity. She tried physical therapy, acupuncture and yoga without relief. She was diagnosed with lumbago with sciatica. Naproxen and Flexeril were prescribed and a MRI of the lumbar spine was ordered. She was referred to an orthopedist and back exercises were reviewed.

Dr. Jennifer Yanow evaluated ██████████ on 5/24/17. The patient injured her back in a work related injury on 11/7/15. She was first examined on 2/10/16. The treatment history was reviewed. She was eventually released to full duty on 3/21/16. She returned on 6/6/16 with the complaint of left lower back and buttock pain related to increased physical activity. She underwent a sacroiliac joint injection with improvement and was released to return to work. She returned in November 2016 with persistent left buttock discomfort. An epidural injection was recommended at that time. Trigger point injections were performed. On examination, she continued to experience some left buttock region discomfort at the end of a long workday. She took a yoga class for two weeks and developed pain over the left sacroiliac joint region at the end of the course. She was taking an anti-inflammatory medication, performing home exercises and activity modification. She was diagnosed with left sacroiliac joint dysfunction. Radiofrequency ablation of the sacroiliac joint was discussed but not recommended. She was placed at maximum medical improvement.

Medical records outside my field of specialty were reviewed. They have not been addressed in this report, as they are outside my field of specialty. However, they are listed in the bibliography.

COMMENTS:

██████████ was examined on 3/27/17 for the 11/7/15 claim, which was for the lumbar spine.

Review of the additional medical records does not alter my diagnostic impression or my opinion on need for additional treatment.

Review of the additional medical records affects my opinion on causal relationship in that she was released to full duty on 3/21/16. She had chronic ongoing back pain but it became worse and she was seen on 6/6/16 with increased activity doing yoga. This resulted in additional treatment.

██████████, continued

Review of the additional medical records does not alter my assessment of disability of 5% for the lumbar spine but I find it regardless of cause.

Very truly,

A handwritten signature in black ink, appearing to read "Kenneth C. Peacock", enclosed in a thin black rectangular border.

Kenneth C. Peacock, M.D.

KCP:cmm/mf/lvm/ks

██████████, continued

IN PREPARATION FOR THIS REPORT, THE FOLLOWING RECORDS WERE REVIEWED:

1. Notes from Raritan Family Healthcare/Dr. Kathleen Benning/Dr. Maria Elena Ocasio/Dr. Sarah George/Dr. Lisa Jordan-Scalla/Dr. Melissa Zegar/Dr. Christina Khalli/Dr. Robin Mukherjee dated 11/5/10, 12/2/10, 4/22/11, 5/31/11, 10/8/11, 12/19/11, 1/7/12, 2/10/12, 3/23/12, 4/16/12, 8/16/12, 4/25/13, 6/4/13, 11/4/13, 3/6/14, 4/5/16, 5/25/16, 3/18/17 and 5/9/17.
2. Laboratory study reports.
3. CTA report of the thorax dated 10/5/11.
4. Ultrasound reports of the thyroid from Associated Radiologists dated 10/21/11, 1/5/12 and 5/31/12.
5. MRI report of the brain from Associated Radiologist dated 8/17/12.
6. Spirometry report dated 4/25/13.
7. Notes from Full Circle Endocrinology dated 6/10/13 and 6/4/14.