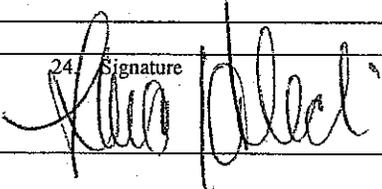


NOTICE OF DISPUTE
 Michigan Department of Consumer and Industry Services
 Bureau of Workers' Disability Compensation
 P.O. Box 30016, Lansing, MI 48909

1. SOCIAL SECURITY NO. 376-78-7594	2. DATE OF INJURY 01/29/2009	3. EMPLOYEE NAME (LAST, FIRST, M) Fondaw, Mark		
4. EMPLOYEE STREET ADDRESS 23922 HURON RIVER DRIVE.		5. CITY Rockwood	6. STATE MI	7. ZIP CODE 48173
8. EMPLOYER NAME Estes Express Lines			9. FEDERAL ID NO. 54-0492941	
10. EMPLOYER STREET ADDRESS 9911 HARRISON ST		11. CITY Romulus	12. STATE MI	13. ZIP CODE 481974
14. CARRIER OR SELF-INSURED NAME Zurich American		15. NAIC OR SELF-INSURED NUMBER 165350212		16. ZIP CODE
17. SERVICE COMPANY/TPA NAME (IF APPLICABLE) Gallagher Bassett Services, Inc.		18. SERVICE COMPANY/TPA ID NUMBER AO9		19. ZIP CODE 48826
20. CLAIM OR FILE NUMBER 011932 007597 WC 01		21. COUNTY OF INJURY		22. COUNTY CODE (IF KNOWN)
23. REASON FOR DISPUTE				
A. _____ Injury not work related B. _____ Medical treatment not related to injury C. _____ Further investigation required (please specify below) D. _____ Additional information required (please specify below) E. _____ Vocational rehabilitation dispute only (please specify below) F. <u>XXX</u> Other (please specify below) Other <u>Per recent Supreme Court decision, current TTD wages are being reduced due to residual wage earning capacity.</u>				

23. Preparer's Name Tamie Lopes, Sr. Claim Rep.	24. Signature 	26. Telephone Number 1-517-351-3100	27. Date 08/18/11
--	--	--	----------------------

Making a false or fraudulent statement for the purpose of obtaining or denying benefits can result in criminal or civil prosecution, or both, and denial of benefits.	AUTHORITY: WORKERS' DISABILITY COMPENSATION ACT, 408.33(1) COMPLETION: MANDATORY PENALTY: WORKERS' DISABILITY COMPENSATION ACT, 418.631; 418.801; R408.33
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NOTICE TO EMPLOYEE

By filing this form your employer or its workers' compensation insurance company has indicated to the Workers' Compensation Agency that it has a question or a dispute concerning the possible workers' compensation benefits to which you may be entitled. You may or may not agree with the position taken by the employer or insurance company.

If you feel that you are not receiving the benefits to which you are entitled, you should discuss this with your employer or a representative of its insurance company. If you have already done that or you are not satisfied with the discussion, you may file a formal application for mediation or hearing. You can obtain the appropriate forms or more information by contacting the Workers' Compensation Agency at our toll free number of 1-888-396-5041 (if necessary) a TTY device is available at 517-322-5987). Additional information may also be found on our website at www.michigan.gov/wca.

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

GALLAGHER BASSETT - LANSING
P.O. BOX 1448
EAST LANSING MI 48826-1448

011932 PAGE 1 OF 1 005009



MDG2009 00002573 1 MB 0390 1

MARK FONDAW
23922 HURON RIVER DRIVE
ROCKWOOD MI 48173



Visit www.mygbclaim.com to obtain up to the minute Claim status and payment information 24 hours a day, 7 days a week.

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 517-351-3100
GALLAGHER BASSETT - LANSING
P.O. BOX 1448
EAST LANSING MI 48826-1448

CLAIM NO.: 011932 007597 WC 01 (172)

BRANCH NO.: 002

NO.: 0087811749

CLAIMANT: MARK FONDAW

ACC DATE: 29Jan09

VN: 0000327338

DESCRIPTION: 1 WKS 0 DAYS 8/18/11 - 8/24/11 TEMPORARY PARITAL LUMP SUM PMT/S

DATE: 25Aug11

DATES OF SERVICE: THRU

AMOUNT: 118.47

BENEFIT PERIOD: 18Aug2011 THRU 24Aug2011

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0002573 002914 001 001

THE FACE OF THIS DOCUMENT HAS A BLUE BACKGROUND - THE BACK HAS AN ARTIFICIAL WATERMARK

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

CHECK NO. 0087811749 005009
VN. 0000327338
DATE: 25Aug11 62-20/311

CLAIM NO.: 011932 007597 WC 01 (172)

BRANCH NO.: 002

PAY ONE HUNDRED EIGHTEEN AND 47/100 DOLLARS*****

TO THE ORDER OF MARK FONDAW
23922 HURON RIVER DRIVE
ROCKWOOD MI 48173

NOT VALID AFTER 90 DAYS
PAY EXACTLY
\$ **118.47

AUTHORIZED SIGNATURE

CITIBANK, N.A.
ONE PENN'S WAY
NEW CASTLE, DE 19720



0087811749 0311002091

40074901

WORK-RELATED ACTIVITIES (PHYSICAL)

Name of Claimant:

MARK FONDAW

SS#

376-78-7594

IMPORTANT: PLEASE COMPLETE THE FOLLOWING ITEMS BASED ON YOUR CLINICAL EVALUATION OF THE CLAIMANT AND OTHER TESTING RESULTS. ANY ITEM THAT YOU DO NOT BELIEVE YOU CAN ANSWER SHOULD BE MARKED N/A (NOT ANSWERABLE).

Note: In terms of an 8 hour workday, "Occasionally" equals 1% to 33%; "Frequently," 34% to 66%; "Continuously," 67% to 100%

I. In an 8-hr. workday, claimant can: (Circle full capacity for each activity)

TOTAL AT ONE TIME	1	2	3	4	5	6	7	8	(hrs.)
A.) Sit	0	<u>1/2</u>	2	3	4	5	6	7	8
B.) Stand	0	<u>1/2</u>	1	2	3	4	5	6	7
C.) Walk	0	<u>1/2</u>	1	2	3	4	5	6	7

37 min

TOTAL DURING ENTIRE 8-HOUR DAY	1	2	3	4	5	6	7	8	(hrs.)
A.) Sit	0	1/2	1	2	3	4	5	<u>6</u>	7
B.) Stand	0	1/2	1	<u>2</u>	3	4	5	6	7
C.) Walk	0	1/2	<u>1</u>	<u>2</u>	3	4	5	6	7

II. Claimant can lift:

	NEVER	OCCASIONALLY	FREQUENTLY	CONTINUOUSLY
A.) Up to 5 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.) 6-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.) 11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.) 21-25 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.) 26-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.) 51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Claimant can carry:

	NEVER	OCCASIONALLY	FREQUENTLY	CONTINUOUSLY
A.) Up to 5 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.) 6-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.) 11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.) 21-25 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.) 26-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.) 51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Claimant can use hands for repetitive action such as:

	SIMPLE GRASPING		PUSHING & PULLING OF ARM CONTROLS		FINE MANIPULATION	
A.) Right	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
B.) Left	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

V. Claimant can use feet for repetitive movements as in pushing and pulling of leg controls:

	Right	Left	Both
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

VI. Claimant is able to:

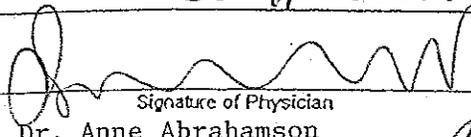
	Not at All	Occasionally	Frequently	Continuously
A.) Bend	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.) Squat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.) Crawl	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.) Climb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.) Reach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. Restriction of activities involving:

	None	Mild	Moderate	Total
A.) Unprotected heights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B.) Being around moving machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C.) Exposure to marked changes in temperature & humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D.) Driving automotive equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E.) Exposure to dust, fumes & gases	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS (ON ABOVE, OR OTHER FUNCTIONAL LIMITATIONS):

These results were provided after FCE Completed

 Signature of Physician Dr. Anne Abrahamson	23255 Cureka Rd Taylor, MI 48180 Address	6/13/11 Date
---	--	-----------------

Progress Report #7: Vocational Case Management

Report Date: October 03, 2011

Tamie Lopes
 Gallagher Bassett Services Inc
 PO Box 1448
 East Lansing, MI 48826-1448

Claimant Name: Mark Fondaw
Claim #: 011932-007597-WC-01
GENEX Case #: DME6XW
Employer: Estes Express Lines
Date of Injury: 29-Jan-2009
Date of Referral: 16-Mar-2011
Activity Dates: 02-Sep-2011 to 03-Oct-2011
Customer Name: Gallagher Bassett Services Inc
GENEX Branch #: 267
Line of Insurance: Workers' Compensation
Case Type: FCM

Diagnosis:

722.1	DSPLCMT THOR/LUMB DISC W/O MYLOPHY
724.2	LUMBAGO
844	SPRAINS AND STRAINS OF KNEE AND LEG

Date of Disability	RTWM Date	RTWF Date
1/29/2009		

Vocational Interventions:

Activity Date: 02-Sep-2011 - 03-Oct-2011

Activity Date	Activity Note
10/3/2011	Report completed.
9/29/2011	Job log for period 9/12/11 - 9/16/11 received, reviewed and uploaded. Claimant made 5 employer contacts during this period, all via telephone. He was not able to submit any applications.
9/29/2011	Job log for period 9/19/11 - 9/23/11 received, reviewed and uploaded. Claimant made 5 employer contacts during this period, all via telephone. He was not able to submit any applications.
9/21/2011	Letter to plaintiff attorney.
9/20/2011	Vocational goals and issues updated after meeting with claimant.
9/20/2011	Email to claimant providing computer tutorial links, as requested.
9/20/2011	Appointment letter sent confirming next meeting on 10/17/11.
9/19/2011	Job development was performed to further delineate open employment positions for which claimant would qualify, based on past employment history, education, skills, and medical restrictions. 4 positions were identified.
9/19/2011	Job lead letter completed providing details of 4 available employment positions and instructions for submitting applications.
9/19/2011	Letter from plaintiff attorney received and reviewed.
9/19/2011	Code of Ethics information reviewed.

9/19/2011	Email to defense attorney, providing email from plaintiff attorney.
9/19/2011	<p>I met with claimant today to continue vocational services. He stated that there have been no changes in his medical status, and his next appointment with Dr. Abrahamson is scheduled for 10/9/11.</p> <p>Claimant was not able to attend the 9/17/11 computer class at the Flat Rock Library due to the death of a friend. He will attend the next scheduled class.</p> <p>We discussed the online computer tutorials I had emailed claimant and he stated he had inadvertently deleted them. He requested that I re-send so he could attempt to complete some of the tutorials.</p> <p>I reviewed the 4 job leads identified. Claimant will apply for all 4 positions within the next 24 hours.</p> <p>Our next meeting is scheduled for 10/17/11.</p>
9/19/2011	Job skills training completed. We reviewed chapter 7 in the Starting Point Workbook. Claimant will complete chapter 8 prior to our next meeting.
9/19/2011	Claimant and I met with computer instructor David Maurer. He registered claimant for the next computer class on 10/22/11 and provided claimant with details of this class.
9/17/2011	Labor market research completed utilizing various employer/job search websites to identify employment positions within claimant's training, education, skills, medical restrictions, and qualifications.
9/16/2011	Review of IEP and call to claimant to confirm appointment on Monday. He stated he may not be able to meet with me due to the death of a close friend. He will contact me if he cannot keep this appointment.
9/15/2011	Job log for period 9/5/11 - 9/9/11 received, reviewed and uploaded. Claimant made 5 employer contacts during this period, all via telephone. He was not able to submit any applications.
9/8/2011	Job log for period 8/29/11 - 9/2/11 received, reviewed and uploaded. Claimant made 5 employer contacts during this period, all via telephone. He was not able to submit any ad applications.
9/6/2011	voicemail from claimant.
9/6/2011	Call returned to claimant.
9/6/2011	Call made to David Maurer, Flat Rock Library, (734) 782-2430. He has finalized computer class schedule and dates are as follows: 9/17/11 - Microsoft Excel 10/22/11 - Powerpoint 11/12/11 - Word
9/6/2011	Call to Mr. Fondaw regarding computer class schedule. He will contact Mr. Maurer and plans to attend the next class scheduled for 9/17/11.
9/2/2011	Vocational research completed to identify online computer classes/tutorials for claimant's participation.
9/2/2011	Email to claimant providing information regarding online tutorials for computer basics.
9/2/2011	Research completed to obtain information on computer classes offered at area libraries. 3 locations were identified.
9/2/2011	Letter to claimant providing information on computer classes.
9/2/2011	Email to claimant providing sample cover letters.
9/2/2011	Job log for period 8/23/11 - 8/26/11 received, reviewed and uploaded. Claimant made 5 employer contacts during this period, all via telephone. He was not able to submit any applications.

During this report period I have met once with Mr. Fondaw in person. We have also been in contact by telephone. Job skills training was completed. Labor market research was completed

and appropriate employment openings were identified for Mr. Fondaw's application.

Current Vocational Status:

Not working.

Vocational Plan:

I will meet with claimant on 10/17/11. Labor market research will be completed to identify appropriate employment openings. Mr. Fondaw's job search activities and participation in the computer class identified for him will be assessed.

Vocational Issues:

Issue	Date Identified	Date Resolved
Claimant has no diploma or GED.	9/7/2010	Ongoing
Claimant has minimal computer skills.	9/7/2010	Ongoing

Vocational Goals:

Goals	Target Date	Completed Date
STG: Complete vocational task.	10/1/2010	9/28/2010
stg: Complete a defined Return to Work Plan.	5/15/2011	5/6/2011
STG: Complete a preliminary resume.	5/15/2011	5/15/2011
Claimant will attend computer class.	6/4/2011	6/4/2011
STG: The Claimant will complete chapters 1 and 2 of GENEX Starting Point Workbook.	6/8/2011	6/8/2011
LTG: The Claimant will secure employment with a new employer	12/31/2011	

Recommendations:

1. Meet with claimant on 10/17/2011.
2. Review completed chapters in Starting Point Workbook.
3. Assess claimant's participation in computer classes.
4. Assess claimant's job search activities.
5. Complete job skills training as needed.
6. Complete labor market research to identify appropriate employment openings.

Next Report Date: 03-Nov-2011

Catherine A Johnston, MA, LPC, NCC

Submitted By: Catherine Johnston BA, MA, LPC, NCC
Title: Case Manager - Vocational
Phone #: (248) 225-1879

Email: Catherine.Johnston@genexservices.com

Nancy Huizenga MA, CRC, CLCP

Supervised By: Nancy Huizenga MA, CRC, CLCP, LPC
Supervisor - Vocational

Cc: David Klein; Blake, Kirchner, Symons, Larson, Kennedy & Smith
dbk@blakekirchner.com

Allan Studenberg
skubaboy@aol.com

CJ/mg



JEFFREY EDWIN MIDDELDORF, D.C., D.O., M.S.

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TELEPHONE (866) 637-7575
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AMERICAN COLLEGE OF CHIROPRACTIC CONSULTANTS, DIPLOMATE

June 16, 2010

Gallagher Bassett
P.O. Box 1448
East Lansing, Michigan 48826-1448

Attention: Ms. Stephanie Sayler
Claim Representative

RE: Mr. Mark Fondaw
File #22510019306 Re-examination
S.S. #***-**-7594
Claim #011932-007597-WC-01
Date of Incident: January 29, 2009
Employer: Estes Express Lanes

Dear Ms. Sayler:

At your request, Mr. Mark Fondaw was re-examined on June 16, 2010, regarding his back and right knee. I previously evaluated him on June 17, 2009. Please refer to my prior report for the complete history.

Prior to evaluation, it was explained to the examinee that this appointment was for purposes of evaluation only - not for care, treatment or consultation - and therefore, no doctor-patient relationship would result. The examinee has also been advised that I am an independent doctor and I am conducting this evaluation at your request.

OCCUPATIONAL STATUS

Since I last saw him he has not had any new accidents or injuries. He has not returned to gainful employment.

RE: Mr. Mark Fondaw
File #22510019306 Re-examination

INTERIM HISTORY

He has been treating with Dr. Abrahamson, a pain management physician, who has treated him with Botox and epidural steroid injections. The Botox gives him a little bit of relief. The epidurals did not help so he is not doing that anymore.

He believes he has had some facet blocks but cannot be 100 percent certain.

He does currently take Vicodin and Lisinopril. He takes AMREX. He does have a traction brace for his low back that he states he wears all day, and all night even. He does not have it on today.

He states that he had a repeat MRI and EMG since I last saw him. The EMG was done by Dr. Duck at Concentra Industrial Clinic about six weeks ago.

He states he has given serious consideration to surgery. He saw Dr. Dan Michael who said there is a third chance he will get better, a third chance that he would get worse, and a third chance that there would be no change. This is comparable to the statistics given to him by Dr. Chaldecott. He states if he does undergo surgery, it will be with Dr. Michael.

PRESENT COMPLAINTS

Presently he states he has pain in his lower back, down the back of both legs to his feet now. He state the pain is about a 6 to 7 out of 10 with 10 being the most severe pain. The left side is worse than the right.

His right knee is fine as it was when I last examined him.

Presently he does not have any loss of bladder or bowel control.

REVIEW OF RECORDS

My prior report of June 17, 2009 is available for my review.

I have an MRI scan report authored by Dr. Amezaga which is dated October 25, 2009. The impression is "Central disc protrusion at the L5-S1 level with mild central canal stenosis and mild bilateral foraminal stenosis. Focal hyperintensity seen within the posterior aspect of the disc protrusion at the L5-S1 level, which may represent

RE: Mr. Mark Fondaw
File #22510019306 Re-examination

a small annular tear." I have reviewed these films and agree with that impression today.

I reviewed a procedure note. There was an indication that there was a needle at the L4-L5 level presumably for a facet injection.

I reviewed a February 20, 2009 MRI report from Dr. Sazgar which read "Mild annular disc bulging at the L1-L2 through L3-L4 levels without central canal or significant foraminal narrowing. L4-L5 with mild posterior annular disc bulge, end plate spondylosis and facet arthropathy resulting in mild to moderate bilateral foraminal narrowing. L5-S1 posterior annular disc bulge, end plate spondylosis, small posterior midline disc protrusion and associated facet arthropathy, with mild bilateral foraminal narrowing. Disc bone material abuts without displacing the descending right S1 nerve root. No significant central canal stenosis."

I reviewed procedure notes from Dr. Raymond on April 30, 2009 which was an epidural steroid injection. Subsequently on May 7, 2009 another epidural steroid injection was provided.

I reviewed notes from Dr. Abrahamson.

I reviewed a report from Dr. Michael dated April 22, 2010.

I reviewed a report from Dr. Chaldecott dated November 13, 2009.

I once again reviewed notes from Concentra Industrial Clinic.

I did not have a copy of the most recent EMG, but Dr. Michael indicated that the previous EMG was negative for lumbar radiculopathy.

GENERAL MEDICAL HISTORY

His general medical history is unchanged since I last saw him. He continues with hypertension.

PHYSICAL EXAMINATION

This 46-year-old male was 5' 5" in height and weighed 199 pounds.

RE: Mr. Mark Fondaw
File #22510019306 Re-examination

General Appearance

This is unchanged since I last saw him. He appears uncomfortable. He favors his left leg with it externally rotated significantly when he ambulates.

EXAMINATION OF THE BACK

General Observations

The examinee has a normal lumbar lordosis without any scoliosis identifiable.

He complains of tenderness when palpating the low back bilaterally. The paraspinal muscles do appear tight bilaterally. The sacroiliac joints were negative to palpation bilaterally

Range of Motion of the Back

On range of motion of the back flexion was 45 degrees, extension was 30 degrees, lateral flexion to the right was 30 degrees, lateral flexion to the left was 30 degrees, rotation to the right was 30 degrees, and rotation to the left was 30 degrees.

He reports low back pain with flexion, left lateral bending, and left rotation. He is able to go up and down on his heels and toes without any difficulty.

Orthopaedic tests - lumbar

Straight leg raising are negative for radicular symptoms on the right but on the left cause low back and left posterior thigh pain. Supine straight leg raising at 60 degrees caused low back pain bilaterally without radiation. Cross straight leg raising test was negative bilaterally. The Gaenslen's test was negative bilaterally.

Examination of the Right Knee

Examination of the right knee found full active range of motion without any collateral or cruciate ligament instability. There is no effusion. There is no pain on palpation. There is no evidence of meniscal injury.

RE: Mr. Mark Fondaw
File #22510019306 Re-examination

Neurological Examination

Deep tendon reflexes at the patellar, Achilles and medial hamstrings were 2/4 bilaterally. Sensation was normal in both lower extremities.

Muscle Strength - lumbar

Muscle strength was normal in both lower extremities.

Girth Measurements

Lower extremities

Right

Left

Girth

Thigh
Calf

16 in.

16 in.

15-1/2 in.

14-1/2 in.

DIAGNOSTIC STUDIES

No additional diagnostic studies were ordered.

DIAGNOSES

1. Mild obesity.
2. Multi-level degenerative changes lumbar spine.
3. Normal right knee.
4. Disc protrusion L5-S1 with right leg pain.

OPINION

Mr. Mark Fondaw is a 46-year-old male who presents with a history of having injured his lower back at work as described in my original report after he fell. He has had extensive conservative treatment to date but still has low back and right leg pain. The EMG apparently was negative for radiculopathy, notwithstanding his complaints. He does have a contusion at the L5-S1 level. As indicated previously, it is hard to know when that occurred because it is occurring in the context of multilevel degenerative changes and it is not uncommon to see disc herniations and protrusion in that environment.

RE: Mr. Mark Fondaw
File #22510019306 Re-examination

Nonetheless, if his history is accurate that he had no leg symptoms or back symptoms before he fell, then a causal relationship may exist.

He is at maximum medical improvement through conservative strategies. I do believe surgical intervention is reasonable at this point in time.

Presently he should avoid lifting over 10 pounds, heavy pushing and pulling, repetitive back motion activities until he has had appropriate time to recovery from surgery, assuming he proceeds in that direct.

If he does not opt for surgery, he is at maximum medical improvement and should adhere to these restrictions on an indefinite basis.

Dictated and opinion verified and attested to by my signature. I declare, under the penalties of perjury, that the information contained within this document was prepared and is the work product of the undersigned, and is true to the best of my knowledge and information.

If more information becomes available at a later date, an addendum may be issued. Such information may or may not change the opinions rendered in this report. This opinion does not constitute per se, a recommendation for specific claims or administrative functions to be made or enforced.

Thank you for allowing me to participate in the examination of Mr. Mark Fondaw. Should you have any questions upon receipt of this report, please feel free to call my office.

Sincerely,



Jeffrey Edwin Middeldorf, D.C., D.O., M.S.
Board Certified
American Board of Physical Medicine and Rehabilitation
American Osteopathic College of Physical Medicine and Rehabilitation
American College of Chiropractic Consultants, Diplomate

JEM:lme