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## **Medical Consultation SAMPLE REPORT James R. Cole, Ph.D. Neuropsychology**

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RE: Officer LUXURY CARS  
EMP: COMPANY H  
CLAIM NO: 00000000  
DOI: 12/20/07  
DOB: 5/27/61

Dear Attorney X:

At your request, I evaluated Officer LUXURY CARS from a neuropsychological perspective in my Sacramento office on 7/28/08.

This report is submitted per the Official Medical Fee Schedule (OMFS) as an Initial Consultation. Face to face interview with the patient was one hour and 15 minutes; records review required 30 minutes; testing involving administration, scoring and interpretation was six hours and 30 minutes. Lastly, my report is 12 pages, submitted as a 99080 report code.

The following constitutes the totality of my evaluation at this time.

#### **REVIEW OF MEDICAL FILE**

The following medical records were reviewed:

1. MINI COOPER, M.D., 1/1/08, 2/1/08.
2. State Compensation Insurance Fund, 2/19/08.
3. Radiology Reports, cervical and lumbar spine, 2/1/08; brain, 1/3/08; chest, cervical spine, abdomen and pelvis, 12/20/07.
4. FORD MUSTANG, M.D., 12/28/07, 1/2/08, 1/7/08, 1/12/08, 1/14/08, 1/15/08.
5. LEXUS IS250, M.D., 12/20/07.

#### **PATIENT INTERVIEW**

Officer LUXURY CARS was interviewed in conjunction with the neuropsychological testing. Information was also taken from a 12-page questionnaire filled out by the patient.

I began by explaining to Officer LUXURY CARS the nature of my evaluation as well as limits of confidentiality. I then asked his understanding of what has happened to him. He related the motor vehicle accident of 12/12/07 when rear-ended. He was parked at the time, hit by another vehicle traveling about 60 miles per hour. He was wearing a seat belt. There was no loss of consciousness. The left side of his head was sore, he does not know if that

hit anything. There was not bruising or bleeding of the head. He does remember transportation to the emergency room.

After emergency room intervention, he was released.

He has not yet returned to work. Reasons given are back injury as well as the medication hydrocodone to control pain.

There have been about 14 or 15 physical therapy visits.

He began driving again after the industrial injury. For a while he was uncomfortable to be on the road, especially as a passenger, feeling more vulnerable and not in control. That now is better. My understanding is he does not work with a partner.

Officer LUXURY CARS relates he now drives with no anxiety for the most part.

He has not been experiencing nightmares nor flashbacks related to the accident. There has not been avoidant behavior.

He has been with the COMPANY H for 20 plus years, describing excellent work performance.

He does feel ready to return to work again. Psychologically he is ready. Physically, not there yet with his back and headaches.

On the 12-page questionnaire, mental status section, he describes thinking as clear. Memory as short-term memory loss increasing. Energy level as average and speaking ability as normal.

Officer LUXURY CARS is not aware of changes with long-term memory. Short-term memory now is described as more challenging. He does not know if that is related to age or the accident. He does write things down. My understanding is that he gradually noticed problems with short-term memory two or three months after the accident. He thought possibly they were related to the medications.

When questioned further, short-term memory has been remaining about the same with time. He does note that both of his parents are in their early eighties and have issues of dementia. At this time, Officer LUXURY CARS estimates about a 50% decline with his short-term memory skills.

In the past he always has been one to use a day planner, now uses that more.

He is not aware of changes with personality. Now has fiancé, engaged in 12/07 to an individual he has known for about seven years.

He does note that emotions seem closer to the surface than before, although he controls those.

He is not aware of changes with sense of smell nor taste.

At first he was more sensitive to noise and light, although that diminished after a while.

He can multi-task. He does have to focus more one-on-one now.

With reading, reading aloud now helps with the comprehension. He possibly can read as well and retain the information as well.

Officer LUXURY CARS notes that he can be flexible with his mental shifting. Ability to problem solve has not changed.

There are not issues of mental fatigue and there has not been change with mental quickness. There has not been change with intellectual skills.

At the time of the industrial injury, was working as a commercial officer, involved with enforcement of big rigs. That would involve moving violations, setting up roadside inspections and the like. He has been doing that since 1995.

Denied is depression nor anxiety.

Officer LUXURY CARS's understanding is that Dr. MINI COOPER said six months to one year will take for headaches to subside.

As regards history of traumatic head injury, when playing high school football, though no loss of consciousness. He boxed when younger, although was not knocked out and is not aware of residual problems from that, nor change in grades.

As regards previous Workers' Compensation claims, right shoulder operation in 2005 or 2006, was off work for a few months. There have been minor injuries.

When asked to prioritize his concerns as regards changes per the accident of 12/20/07, that is brain recovery. He knows that his back is getting better. He has been doing exercises.

Officer LUXURY CARS is independent with activities of daily living, medications and finances. Current medications as Tylenol PM, hydrocodone and Centrum.

His fiancé throughout the years has been the one to handle the bills.

In the past Officer LUXURY CARS has been involved with buying and selling real estate. He also has been one who loves cars. Since the industrial injury, he bought an old car and sold

a property, is not aware of problems with memory per those transactions. He is developing a property at this time.

Overall, he wants to rehab his body and go back to work.

### **PERSONAL AND SOCIAL HISTORY**

Officer LUXURY CARS was born in California. English is first language. Spanish was spoken in the home.

He is youngest sibling, having two brothers and one sister. One brother is retired in the field of sales and the other a truck driver. Sister works at the County Clerk office.

Father is described as a truck driver involved with vehicle sales. His mother is a school teacher. There is no history of parental separation nor divorce. No history of abuse.

Officer LUXURY CARS was married in 1993, divorced in 2002. There are no children.

Alcohol use is occasional and he is not involved in recreational drugs. There is no history of psychiatric care.

COMPANY H has been his only career.

He is a high school graduate, describing himself as an above average student. He has completed over 100 units at a junior college level, majoring in administration of justice. There is no history of learning disability nor special education.

When asked about his learning style in the past, he has been more of a hands-on learner.

Officer LUXURY CARS did relate that he is worrying too much about the memory problems. He has watched his parents cognitively decline over the last five years, they are in their eighties.

### **TESTS ADMINISTERED**

Wechsler Adult Intelligence Scale-III  
Rey Auditory Verbal Learning Test  
Logical Memory-III  
Visual Reproduction-III  
Verbal Tracking  
Trailmaking A & B  
Boston Naming Test  
Controlled Word Association Test  
Stroop Color and Word Test  
Test of Memory Malingering  
Rey Complex Figure Test

Wisconsin Card Sorting Test  
 Beck Anxiety Inventory  
 Beck Depression Inventory-II

**TEST OBSERVATIONS AND BEHAVIOR**

Officer LUXURY CARS was friendly and cooperative throughout the evaluation, presenting in a straightforward fashion. He is right-handed and does not have pain with that extremity. Sleep now described as better and restful, obtaining about six to eight hours sleep a night. He does use glasses for reading, with those does not have blurred nor double vision. Officer LUXURY CARS did relate that fluorescent lights now bother him since the industrial injury and thus per interview I turned down the lights in my office by about one half.

Since the industrial injury, he is not more sensitive to noise, is fine with crowds and to be in a large store. He can keep up with multi-conversations as well.

At the time of the evaluation he was experiencing pain, describing constant headache and stiffness of low back. He estimated headache at level two or three where ten represents severe. At that level can focus. Pain does not increase with concentration.

The tests themselves were administered by my associate, Allison Blurton, Psy.D. The interview, test interpretation, records review and written report were all completed by the undersigned examiner.

**CURRENT TEST RESULTS**

**WECHSLER ADULT INTELLIGENCE SCALE-III**

<u>Subtests</u>	<u>Age-Adjusted Scaled Scores</u>
<b>VERBAL</b>	
Vocabulary	11
Similarities	10
Arithmetic	13
Digit Span	10
Information	10
Comprehension	13
<b>PERFORMANCE</b>	
Picture Completion	11
Digit Symbol-Coding	8
Block Design	11
Matrix Reasoning	10
Picture Arrangement	12

Verbal score of 107 is at the 68<sup>th</sup> percentile, Performance score of 102 at the 55<sup>th</sup> percentile and Full Scale score of 105 at the 63<sup>rd</sup> percentile. Verbal Comprehension Index of 103 is at the 58<sup>th</sup> percentile and Perceptual Organization Index of 103 at the 58<sup>th</sup> percentile.

Overall indications are of intellectual function within the average range, with strengths extending to the above average range. He performs particularly well with the mental calculation of arithmetic problems and with social comprehension. Age adjusted scaled scores range from 8 through 13. Weakest performance is on a coding measure involving psychomotor speed per use of a pencil.

#### REY AUDITORY VERBAL LEARNING TEST

The Rey is a memory test in which the subject is asked to learn a list of 15 words.

Respectively remembered are 6, 12, 12, 14 and 14 words over the five learning trials. There are 4 intrusion errors. Interference trial is 10 words with no intrusion errors. Second word list is 7. Recognition trial is 14 words with 1 intrusion error.

The typical male between the ages of 40 to 49 years of age is expected to remember 11 to 12 words after five repetitions of the list, then after distraction to retain memory of nine to ten words. His performance falls within this range, does have good learning curve with repetition. He also exhibits relative strength with recognition memory which is characteristic of most individuals, suggestive that he put forth good effort on this memory measure.

#### LOGICAL MEMORY-III

On this measure of verbal memory for information in a story context, some weakness with immediate retention. However, able to retain the information with delay in time. Immediate verbal memory is at an age adjusted scaled score of 8 and for Delay at a 9.

#### VISUAL REPRODUCTION-III

On this measure of visual memory for designs, has difficulty with immediate retention. Visual delay memory is at age adjusted scaled score of 10, average range. I do note he is able to remember after a thirty minute delay all of the visual information previously learned. He does remember well information from the simpler designs, has difficulty as those become more complex.

#### VERBAL TRACKING

This test requires the patient to do such tasks as recite the alphabet and count backward from twenty to one.

On the Mental Control subtest of the Wechsler Memory Scale-III, performs well, obtaining an age adjusted scaled score of 13 which is within the above average range. There are no

errors. He also performs serial seven subtractions from the number one hundred in 25 seconds without error. He is well-oriented.

### TRAILMAKING A & B

The Trailmaking tests are measures of visual-motor speed, visual scanning, and tracking. Part A is relatively simple, involving connecting numbers in order. Part B is more complex, involving alternately connecting numbers and letters of the alphabet.

Part A is completed in 33 seconds without error and Part B in 50 seconds without error.

He performs reasonably well on these measures of simple and more complex sequential processing.

### BOSTON NAMING TEST

On this test of expressive vocabulary, subjects are asked to name pictured objects.

There are 59 correct responses out of 60, which falls within the range expected for age group. Significant word finding difficulty is not evident on this screening measure.

### CONTROLLED WORD ASSOCIATION TEST

The CWAT is a measure of verbal fluency and is also used to measure passive inertia tendencies. It requires subjects to generate words beginning with specific letters.

For three letters of the alphabet, given sixty seconds each, he generates a total of 44 words. For age and educational level, this is within the high normal range. He is verbally fluent.

### STROOP COLOR AND WORD TEST

The Stroop involves cognitive flexibility, concentration, and inhibition of an overlearned response. The patient is presented with a list of color words (red, blue and green) printed in black with ink and is asked to read them aloud. The patient is then asked to name the color of the ink in columns of Xs printed in the three colors. In the third, or interference, condition, the patient is again presented with a list of color words, but this time they are printed in colored ink that is always different than the color named. The patient must inhibit an overlearned response (i.e., reading the name of the color) and instead name the color of the ink in which the word is printed.

The patient's performance on this test yields T-scores of 46, 48 and 55 on the Word, Color, and Color-Word portions respectively. There are no errors.

He performs well on this measure of cognitive inhibition.

### TEST OF MEMORY MALINGERING (TOMM)

The TOMM is a 50-item recognition test which is sometimes able to detect conscious or unconscious attempts to feign memory problems. Scores lower than chance on any trial, as well as scores lower than 45 on Trial 2, or the retention trial, may indicate the possibility of variable effort, malingering, or unconscious production of memory complaints.

On Trial 1 there are 48 of 50 correct responses, on Trial 2 there are 50 of 50 correct responses and on Retention Trial there are 50 of 50 correct responses.

The indications are of an individual exhibiting good effort.

#### REY COMPLEX FIGURE TEST

The Rey Complex Figure is a test of visual-spatial constructional ability, visual-motor integration, and immediate visual memory. It also necessitates good planning and organizational skills.

In copying the complex design, he obtains a score of 33 out of 36, which is above the 16<sup>th</sup> percentile. Time for completion is 165 seconds, which is above the 16<sup>th</sup> percentile. He does exhibit attention to detail.

When then asked to draw as much of the design as he can immediately remember, has difficulty retaining the detail. Immediate recall is below the 1<sup>st</sup> percentile, as is delayed recall. Recognition total correct is at the 76<sup>th</sup> percentile.

#### WISCONSIN CARD SORTING TEST

The WCST is utilized to look for difficulties with conceptual reasoning and cognitive flexibility. Subjects are asked to sort cards according to different principles which they must infer from examiner feedback.

All six categories are successfully completed within 104 card sorts. There is only one loss of mental set, which is above the 16<sup>th</sup> percentile. There are 15 perseverative responses which is at the 30<sup>th</sup> percentile and 24 total errors which is at the 34<sup>th</sup> percentile.

He performs adequately on this measure of cognitive flexibility.

#### BECK ANXIETY INVENTORY (BAI)

The BAI is a 21-item, four-part self-report inventory designed to assess severity of recent anxiety-type symptoms within the past week.

Obtained is a total BAI score of 1 out of 63, reflecting minimal degree of anxiety.

On the self-report questionnaire, he does not acknowledge any of the items moderately nor severely. He only acknowledges mildly unable to relax.

## BECK DEPRESSION INVENTORY-II (BDI-II)

The BDI-II is a 21-item, self-report inventory designed to assess depression-related symptomatology. It consists of 21 statements regarding symptoms and attitudes related to depression, which are rated by patients on a four-point scale according to severity.

Obtained is a total BDI score of 6 out of 63, within minimal range of depression.

On the self-report questionnaire, he does acknowledge that he can concentrate as well as ever and is no more tired or fatigued than usual. He does not feel sad and does not have any thoughts of killing himself. He does acknowledge feeling more discouraged about his future than he used to be.

## **SUMMARY AND CONCLUSIONS**

Officer LUXURY CARS is a 47 year old gentleman involved in industrial accident of 12/20/07. According to LEXUS IS250, M.D., Officer LUXURY CARS was stopped in the median of the interstate restrained when car was hit by a truck going freeway speed. The truck hit passenger side of the car. Officer LUXURY CARS did not sustain loss of consciousness, did complain of some low back and neck pain. He was brought to the emergency room by ambulance. He is described as awake, alert and appropriate. Dr. LEXUS IS250's assessment is that of motor vehicle accident with multiple contusions. He was discharged home.

FORD MUSTANG, M.D., on 1/2/08, notes complaint of increasing headache since auto accident of 12/20/07. He never suffered from headache. Dr. FORD MUSTANG, on 1/12/08, renders diagnoses of whiplash, dorsal and thoracic sprain. On 1/14/08, still complaining of chronic headaches. Brain MRI is normal. Officer LUXURY CARS does have increased sensitivity to light and loud noises. Neurological consult is indicated.

MRI of the brain without contrast on 3/19/05 yields the impressions of no evidence of intracranial hemorrhage, midline shift, tentorial infarct or space-occupying lesion. There is noted minimal peri-ventricular white matter disease identified, suggestive of ischemic etiology; mild prominence of the sylvian fissure consistent with mild cerebral atrophy. Also, small hyperintensity identified in the left corona radiata, right frontal deep white matter and anterior margin of the right basal ganglia representing probable lacunar infarcts, with differential diagnosis including an inflammatory or demyelinating etiology.

MINI COOPER, M.D., on 2/1/08, conducted neurosurgical consultation. Per the auto accident of 12/20/07, no loss of consciousness. Officer LUXURY CARS was able to call for emergency help. He has been off work since injury. Major symptom has been headache, light sensitivity and hypersensitivity to sound. He takes three hydrocodone and three lorazepam a day. Per the MRI of the brain, no traumatic lesions. Dr. MINI COOPER's impression is that of mild traumatic brain closed head injury due to motor vehicle accident on 12/20/07. There is typical improvement over the next six months to a year. Dr. MINI

COOPER did make referral for neuropsychological evaluation. Officer LUXURY CARS did not exhibit any motor or sensory deficits.

For the present evaluation, Officer LUXURY CARS also reports no loss of consciousness per the auto accident on 12/20/07. Sensitivity to noise and light have improved, at this point relates that he is fine with crowds and in large stores. However, is sensitive to fluorescent lights and thus per our interview, lights in my office turned down by half. Per the auto accident, is not aware that his head hit anything, there was no bruising or bleeding of the head, although left side of the head was sore. He has not yet returned to work, continues to take medication for pain. Headaches persist, described as constant. Headache does not increase with concentration. There are not significant issues of driving now, has not been experiencing nightmares, flashbacks or avoidant behavior related to the accident.

Psychologically he feels ready to return to work, although physically issues of the back and headaches. Short-term memory is described since the accident as more challenging, although he does not know if that is related to age. He uses a day planner more now to write down information. My understanding from Officer LUXURY CARS is that problems with short-term memory he gradually noticed about two or three months after the accident. This pattern is suggestive of issues such as medication and pain coming into play. Officer LUXURY CARS is not aware of changes with personality, nor changes with sense of smell and taste. His emotions do seem closer to the surface. He is not aware of changes with mental sharpness, mental quickness, flexibility of thought, nor with problem solving. Denied are significant issues of depression or anxiety. Officer LUXURY CARS is independent with activities of daily living, medications and finances. He loves cars and has been involved with buying and selling real estate in the past. Since the industrial injury, he bought an old car and sold a prior property, not aware of problems with memory per those transactions. His goal is to return to work. There is the issue of his elderly parents, he has watched their cognitive decline over the last five years or so. In relating such, Officer LUXURY CARS relates that he does worry too much about his memory problems.

Current test results find overall level of intellectual function within the average range, with strengths extending to the above average range. On basic measures of attention and concentration, also performs within the above average range. He performs adequately on measures of simple and complex sequential processing, as well as cognitive flexibility. He is verbally fluent and there are not indications of word finding difficulty. On a verbal memory task for single words, performs as expected for age group. With paragraph length material, some weakness with immediate retention. With visual memory, there is weakness on two test measures with immediate retention. However, with memory for designs, retained all the information learned after a thirty minute delay. He performs well on measures sensitive to effort. On self-report questionnaires, is not acknowledging significant depression nor anxiety. Indeed, on one of the self-report questionnaires, he acknowledges that he can concentrate as well as ever and is no more tired or fatigued than usual.

In summary, Officer LUXURY CARS was involved in auto accident of 12/20/07, no loss of consciousness. After emergency room intervention, discharged to home. He has not yet

returned to work, feeling that he is psychologically ready for return, although continues to have constant headache and describes stiffness of the low back. Denied are significant emotional issues. He is driving again and there have not been issues of nightmares, flashbacks, nor avoidant behavior related to the accident. Officer LUXURY CARS has worked as a COMPANY Hman for 20 plus years, describing excellent work performance. He wants to return to work. Initially after the accident, there was sensitivity to noise, although that has diminished. He finds he is still sensitive to fluorescent lights. There has not been change with sense of smell nor taste. My impression from Officer LUXURY CARS is that he is most concerned about difficulty now with short-term memory, describing that as more challenging since the industrial accident. He does not know if that is related to age or the accident itself. He does use a day planner more now to write down information. He gradually noticed problems with short-term memory about two or three months after the accident, this pattern suggestive of issues such as medication and pain coming into play. He does relate that both of his parents are in their early eighties and dealing with issues of dementia, thus he does have sensitivity to those issues. Officer LUXURY CARS also related that emotions now seem closer to the surface than before, although he controls that. He is not aware of changes with flexibility of thoughts, mental quickness nor mental sharpness. Problem solving skills have not changed.

Overall, Officer LUXURY CARS, after the accident of 12/20/07, describes increased sensitivity to noise and light, as well as emotions more on the surface. However, not aware of changes with sense of smell nor taste. These issues have improved with time. This constellation of symptoms raises concern about some level of frontal lobe involvement that can be associated with high impact accidents. At this point, Officer LUXURY CARS seems most concerned about issues with short-term memory. Current neuropsychological test results can be reasonably explained per his educational and vocational background. There is found weakness with visual memory, especially as the information becomes more complex. Officer LUXURY CARS relates that he gradually noticed problems with short term memory two or three months after the accident. This pattern suggests that issues such as pain and medication are coming into play.

My best conceptualization of this case is that Officer LUXURY CARS has been experiencing cognitive difficulties related to mild traumatic head injury. As is usually the case after this type of injury, there has been gradual improvement with time with cognitive status. Fortunately, he has been one to use a day planner in the past, is using that more now to write down information. With that, my understanding is Officer LUXURY CARS has been successful in handling transactions such as buying a car and selling a property. There are not significant emotional sequelae issues at this time and indeed Officer LUXURY CARS relates that psychologically he feels ready for return to work, thinks he can do limited duty at this time. There remain issues of constant headache and stiffness of the low back, continues to take pain medication which can impinge upon cognitive status. Overall, there has been gradual improvement in cognitive status across time. Further improvement from a cognitive perspective is expected, usually with this type of case can reach the point of resolution.

Officer LUXURY CARS presents as a resourceful and motivated individual who fortunately has used a day planner in the past, now uses that more successfully. He is focused on returning to work. I do not foresee that formal cognitive rehabilitation services at this point will be of significant benefit. There are not significant emotional sequelae issues which need to be addressed.

While ACOEM Guidelines do not specifically address cognitive rehabilitative services, Chapter 15 (Stress-Related Conditions) on page 388 notes that patients are encouraged to enhance individual coping skills. Again, Officer LUXURY CARS presents as a resourceful individual who has already been successful utilizing compensation strategies. I do not expect that formal cognitive rehabilitative services will offer significantly more beyond that.

From a cognitive perspective, Officer LUXURY CARS is expected to be able to return to his usual and customary occupation.

Please note that there are issues of constant headache in this case which can impinge upon cognitive status. As issues of pain improve, so is expected Officer LUXURY CARS's cognitive status.

All tests administered for this evaluation and scores are included in the report as a means of monitoring cognitive status in the future, if necessary or so desired.

Thank you for the opportunity to have been of assistance. If any questions or clarification is desired, please feel free to contact me.

I certify that I took the complete history from the patient, conducted the examination, reviewed all submitted medical records, and composed and drafted the conclusions of this report. I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. In accordance with Labor Code Section 5703(a) (2), there has not been a violation of Labor Code Section 139.3, and the contents of the report are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Pursuant to 8 Cal. Code Regs. Sections 49.2-49.9, I have complied with the requirement for face-to-face time with the patient in this evaluation. I have discussed apportionment in the body of this report. If I have assigned disability caused by factors other than the industrial injury, that level of disability constitutes the apportionment. The ratio of nonindustrial disability, if any, to all described disability represents my best medical judgment of the percentage of disability caused by the industrial injury and the percentage of disability caused by other factors, as defined in Labor Code Section 4663 and 4664.

Sincerely,

## **SAMPLE REPORT**

\_\_\_\_\_  
James R. Cole, Ph.D., ABN

\_\_\_\_\_  
Date

Alameda  
County

JRC:st

cc: Insurance Company