



**Sun Lakes Fire District
Public Safety Personnel Retirement System (PSPRS)
Local Board**

NOTICE OF REGULAR MEETING

Friday October 7, 2011

9:00 a.m.

The Sun Lakes Fire District
Public Safety Personnel Retirement System (PSPRS) Local Board
will conduct a regular meeting at Fire Station #232
25020 S. Alma School Rd., Sun Lakes AZ.

AGENDA

Call to Order

Roll Call of PSPRS Local Board Members:

Michael Sellers
Carole Weiner

Brad Rock
Jane Watkins

Richard Mixer

“Pursuant to ARS Section 38-431 (A) (1), (2), (3) and (4), the Board may vote to convene in executive session to discuss or consider personnel matters, confidential records exempt by law from public inspection, and /or to consult with the Board’s Attorney for legal advice and to consider the Board’s position and to instruct the Board’s Attorney regarding its position in contemplated litigation regarding agenda items 2 and 8. The Board will take action on these items in open session.”

New Business

1. Discussion and Possible Action to add one (1) new employee, Firefighter Recruit Brent Kohl, to the PSPRS based on review of his medical eligibility.

2. Conduct a Hearing on the medical evidence provided by the independent medical examiner and/or applicant, reference an Accidental Disability Application by Bryan Smith, as provided in A.R.S. 38-859 to review the physician's evaluation of the members' eligibility for an accidental disability pension.

3. Discussion and Possible Action to Adjourn to Executive Session
Discussion with Legal Counsel, as provided in A.R.S. 38-859, on the Accidental Disability Application of Bryan Smith.

4. Possible Adjournment to Executive Session (Closed Meeting).

5. Executive Session

Discussion with Legal Counsel as provided in A.R.S. 38-859, on the Accidental Disability Application of Bryan Smith.

6. Reconvene Regular Meeting (Open Session).

7. Reportable Actions from the Executive Session (if any).

8. Discussion and Possible Action to Approve or Deny the Accidental Disability Retirement of Bryan Smith, with an effective date of October 30, 2011.

Board Member Comments

Adjournment



Health Center

Agenda Item #1

Date: 9/19/2011

Fire Department: **SUN LAKES FIRE DEPARTMENT**

MEDICAL EXAMINATION FOR FIREFIGHTER TRAINEE/RECRUIT APPLICANT

BRENT M. KOHL as examined by FORREST GORTER, D.O. / M.D. / P.A.-C. at the Phoenix Fire Department Health Center. As a result of the examination, he/she

- Meets the medical and physical requirements for acceptance as a Firefighter Trainee/Recruit
- Does not meet the medical and physical requirements for acceptance as a Firefighter Trainee/Recruit
- Copy of examination results included for review

Tiered Health Assessment Result:

- Tier-1
- Tier-2
- Tier-3
- Tier-4

Reason for rejection: _____

Additional comments: _____

Forrest Gorter, P.A.-C.
 Signature of attending physician:

9/21/2011
 Date:

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Health Center

**Public Safety Personnel Retirement System (PSPRS)
Pre-Existing Condition(s) Report**

Consent to Release of Medical Information

I AGREE that the condition(s), listed on the reverse side of this page by the examining Physician/Physician Assistant are **pre-existing**. I understand that it/they may impact my disability retirement benefits.

I DO NOT AGREE with the information listed on the reverse side of this page by the examining Physician/Physician Assistant, and would like to appeal the diagnosis of this condition as pre-existing. I will furnish additional information to the PSPRS Local Board to support my appeal.

I BRENT M. KOHL authorize release of this information to the PSPRS
(member's printed name)

Local Board and to the City of Sun Lakes Fire Department.

Brent M. Kohl
Member's Signature

9/19/11
Date

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**Public Safety Personnel Retirement System (PSPRS)
Pre-Existing Condition(s) Report**

To be completed by the examining Physician, Physician Assistant, or Nurse Practitioner

Name of Recruit: **BRENT M. KOHL**
 Address: 1438 E Laurel Ave City: Gilbert St: Zip:
 AZ 85234
 Last four digits of Social Security Number: xxx-xx-9496

Firefighter Police Officer EMS DIVISION EMT

A.R.S. Section 38.844 - precludes eligibility of accidental or ordinary disability benefits if the disability results from a pre-existing condition.

The Public Safety Personnel Retirement System (PSPRS) Local Board will make a determination whether to grant disability benefits, or deny them because of a pre-existing condition, based on the information you provide below. Please give as much detailed information as possible on any conditions the employee has noted and/or discussed with you.

Physical or mental conditions (or injuries) have been identified by the Board's physician as existing, or occurred prior to the individual's date of membership in the Public Safety System:

Condition(s)	Date First Diagnosed	Date of Last Treatment	Specific Description
1.			
2.	NONE		
3.			

Certified by:

James Smith, P.A. - MD/DO/PA

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Date: 9/20/2011

Michael H. Winer, M.D.
Arizona Spine Care Alliance, P.C.

Agenda Item #2

SMITH, BRYAN
DOB: 08/07/63
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DOI: 12/14/04
EMP: Sun Lakes Fire Dept.

09/27/11

CHIEF COMPLAINT: Brian Smith is referred for an Independent Medical Evaluation related to his current back condition and whether he is fit for duty as a Sun Lakes Fire Engineer or whether he needs to be medically retired. He is aware that no doctor/patient relationship is being established and the purpose of this visit is for an Independent Medical Evaluation only.

HISTORY OF PRESENT ILLNESS: Mr. Smith is a 48-year-old male engineer paramedic for Sun Lakes Fire District who describes an initial back injury in December of 2004. At that time he was transferred to the emergency room after he slipped and fell in water. He states he was hospitalized three days at Chandler RMC. He had significant back pain and left leg complaints. He continued to have back difficulty after that. He has been treated with multiple epidural injections. On 11/18/08, he had another injury working as a firefighter when he fell in a concealed hole while carrying approximately 60 pounds of equipment. Since then he has been seen at Southwest Spine & Sports with conservative treatment including transforaminal epidurals, interlaminar epidurals, pulsed radiofrequency ablation and medial branch blocks. In June of this year, he again aggravated his back lifting a heavy patient while at work. He felt a pop and since then had increased pain in his left leg with decrease in strength.

On 08/04/11, he saw Dr. Marciano for evaluation. He was being seen for a neurosurgical opinion because of the increased numbness and weakness in his left leg. His examination showed restricted range of motion. Decreased sensation was noted in the left S1 dermatome. His reflexes were normal. His MRI showed an L5-S1 broad-based disc bulge with disc desiccation, mild foraminal narrowing and facet arthropathy. A repeat MRI was requested. He felt the pain was likely referable to the degenerative L5-S1 disc but could not adequately explain the lower extremity symptoms.

On 08/08/11, he was seen for a fit-for-duty examination by Juan Rodriguez, M.D. He found mild decreased strength in the left lower extremity with deep tendon reflexes symmetric. Decreased sensation was noted over the lower leg. An EMG reportedly showed chronic left S1 radiculopathy. Dr. Rodriguez's summation was chronic back pain with history of injury in 2004 and re-aggravations in 2008 and 2011. Since the 06/20/11 injury, he has had constant back pain with weakness in the left leg. He felt he was currently not fit for duty as a firefighter as his condition would place him, his coworkers and the general public at risk.

Mr. Smith describes his current pain at worst as 10/10 in the lower back and at best 6/10. He describes approximately 70% back pain 30% left leg pain with numbness into the lateral foot and heel consistent with S1 distribution. His pain is described as aching, burning and sharp with numbness and weakness in the left leg. It is aggravated by bending, sitting and standing. He gets some relief if he moves around and walks. He

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Arizona Spine Care Alliance, P.C.

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09/27/11-continued

indicates that he has difficulty doing anything quickly, and when he was last working, he actually had started sleeping in the fire truck because he felt he would be unable to mobilize quickly from his bed to the fire truck in an emergency.

Treatments to date have included physical therapy in addition to his multiple injections.

GENERAL MEDICAL HISTORY: He describes high blood pressure, history of radiation due to phosgene inhalation and high cholesterol.

CURRENT MEDICATIONS: Lisinopril, ibuprofen, Vytorin, Skelaxin and Nucynta.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: He is a non-smoker. No history of drug or alcohol abuse.

PRIOR SURGICAL HISTORY: Multiple epidural injections, flexor tendon laceration and three arthroscopic knee repairs.

FAMILY HISTORY: Positive for heart disease in his father.

REVIEW OF SYSTEMS: Per full questionnaire is entirely negative except for neurologic complaints of weakness in the left leg and change of sleeping habits

OSWESTRY DISABILITY INDEX: ODI is 62% with pain gradually getting worse. He describes walking tolerance as one mile, sitting tolerance 10-30 minutes, and standing tolerance 10-30 minutes.

MEDICAL RECORDS: Medical records provided were reviewed. These included the reports of Dr. Marclano and Dr. Rodriguez.

PHYSICAL EXAMINATION: The patient presents as a 285-pound, physically fit, generally healthy-appearing male. Blood pressure is 151/97. Pulse is 79 and regular.

General examination is unremarkable including HEENT, heart, lung and abdominal exam.

Neck and upper extremity exam reveals normal cervical range of motion with normal neurologic in the upper extremities.

Thoracolumbar exam reveals lumbar tenderness. He has flexion to 60 degrees but supports himself with his hands and has some hesitancy and apparent discomfort

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Arizona Spine Care Alliance, P.C.**

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regaining upright posture with increased pain at extension past neutral. He can walk on his heels and toes without focal weakness but has some difficulty due to his knee and complaints of back pain. Straight leg raising is negative on the right and positive on the left at 50 degrees with lower back pain and left buttocks pain with radiation into the posterior thigh. Reflexes are 2+ at the knees and ankles. Decreased sensation is noted in the left S1 distribution including the lateral calf and into the lateral heel. Trendelenburg is negative. He does have some increased pain in his back and left hip with extension and left lateral bending which results in pain radiating into the left hip and buttocks. He tends to stand with decreased lordosis with a slight list and walks with some apparent stiffness and mild antalgic gait on the left. Although, there is some evident discomfort with change of position, there does not appear to be any excessive pain behavior or Waddell signs. Circulation is intact. No edema.

LUMBAR MRI (12/18/08): Desert Valley Radiology. Mild disc desiccation seen at L5-S1 with HIZ zone noted. There is a central and left paracentral disc protrusion with some extension behind the body of S1. HIZ zone is immediately beneath the traversing S1 nerve root.

LUMBAR MRI (06/27/11): Arista Medical Imaging. Minimal decreased signal is seen at L2-3. L5-S1 again shows decreased signal and minimal disc narrowing noted. There is minimal left paracentral disc bulging with some mass affect against the ventral dura is noted at L5-S1. No marked disc herniation. Minimal foraminal narrowing at L5-S1 is also evident. Findings are similar to those seen on the earlier MRI from 2008.

JOB DESCRIPTION: Job description for fire engineer at Sun Lakes Fire District was reviewed. This job description includes many very physical activities as expected of a firefighter including operating power-driven machinery and using axes, pry tools, power saws, etc. Also handling firefighting equipment, working in cramped quarters to rescue trapped, endangered or injured people, moving materials, moving objects up to 165 pounds or more including five-inch fire hose. Performing tasks such as digging to fight brush fires, rescue trapped persons from cave-ins, etc., etc.

DIAGNOSES:

1. Symptomatic degenerative disc disease at L5-S1.
2. Chronic left S1 radiculopathy.

DISCUSSION: The cover letter accompanying his medical records lists three questions to be answered in this report.

1. ***Does his physical condition totally and permanently prevent him from performing reasonable range of duties of a fire engineer?*** Mr. Smith's current physical condition prevents him from performing the duties of a fire

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engineer as described in the job description provided. I agree with Dr. Rodriguez's assessment that he currently is not fit for duty and that his current condition puts him, his co-workers and the general public at risk. As this condition appears to be chronic, I would consider this restriction to be permanent. Although surgical treatment at the L5-S1 disc might provide relief and could conceivably allow him to return to work as a firefighter, he currently is not having sufficient difficulty that the risk of the procedure would justify surgery being considered with the goal being return to full duty as a firefighter.

2. **Was Mr. Smith's disabling condition or injury incurred in the performance of his duties as a firefighter?** Yes, Mr. Smith describes several injuries. He has chronic S1 radiculopathy. His MRIs, which I reviewed from 2008 and 2011, do show evidence of degeneration at L5-S1 and some focal protrusion on the left; however, they do not show a marked disc herniation. His injury in 2004 which resulted in onset of low back pain and left leg symptoms initiated this complaint and likely was the result of a herniated L5-S1 disc with S1 nerve root injury. His current condition, therefore, appears to be chronic S1 radiculopathy persistent since his 2004 injury with further aggravation by other back injuries on the job.
3. **Does Mr. Smith's disability result from a physical condition that existed or occurred before the claimant's employment with Sun Lakes Fire District on July 1, 1988?** No. There does not appear to be anything in his medical record indicating a significant back injury prior to the initial 2004 on-the-job injury.

SUMMARY: In summary, as stated Mr. Smith has symptomatic degenerative disc disease at L5-S1 with persistent S1 numbness, i.e., radiculopathy likely as a result of the initial disc herniation in 2004. In my opinion, he is medically unfit to continue work as a firefighter based on the job description reviewed. Prognosis at present is somewhat guarded in that he is having sufficient difficulty that unless this improves, surgical treatment at L5-S1 at some point may be necessary.

If any additional information is needed in regard to Mr. Smith or further clarification is required to answer the questions posed in the cover letter, please contact my office.

MHW/llt/kmj

Michael H. Winer, M.D.

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