

002-13

STATE OF CALIFORNIA  
CDC 7362 (Rev. 03/04)

# HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

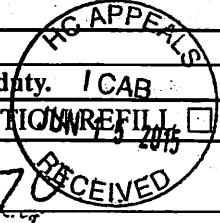
## PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty. **ICAB**

REQUEST FOR: MEDICAL  MENTAL HEALTH  DENTAL  MEDICATION REFILL

NAME <i>Schultz Michael</i>	CDC NUMBER <i>K31793</i>	HOUSING <i>2E7570</i>
PATIENT SIGNATURE <i>[Signature]</i>		DATE <i>12/16/2014</i>

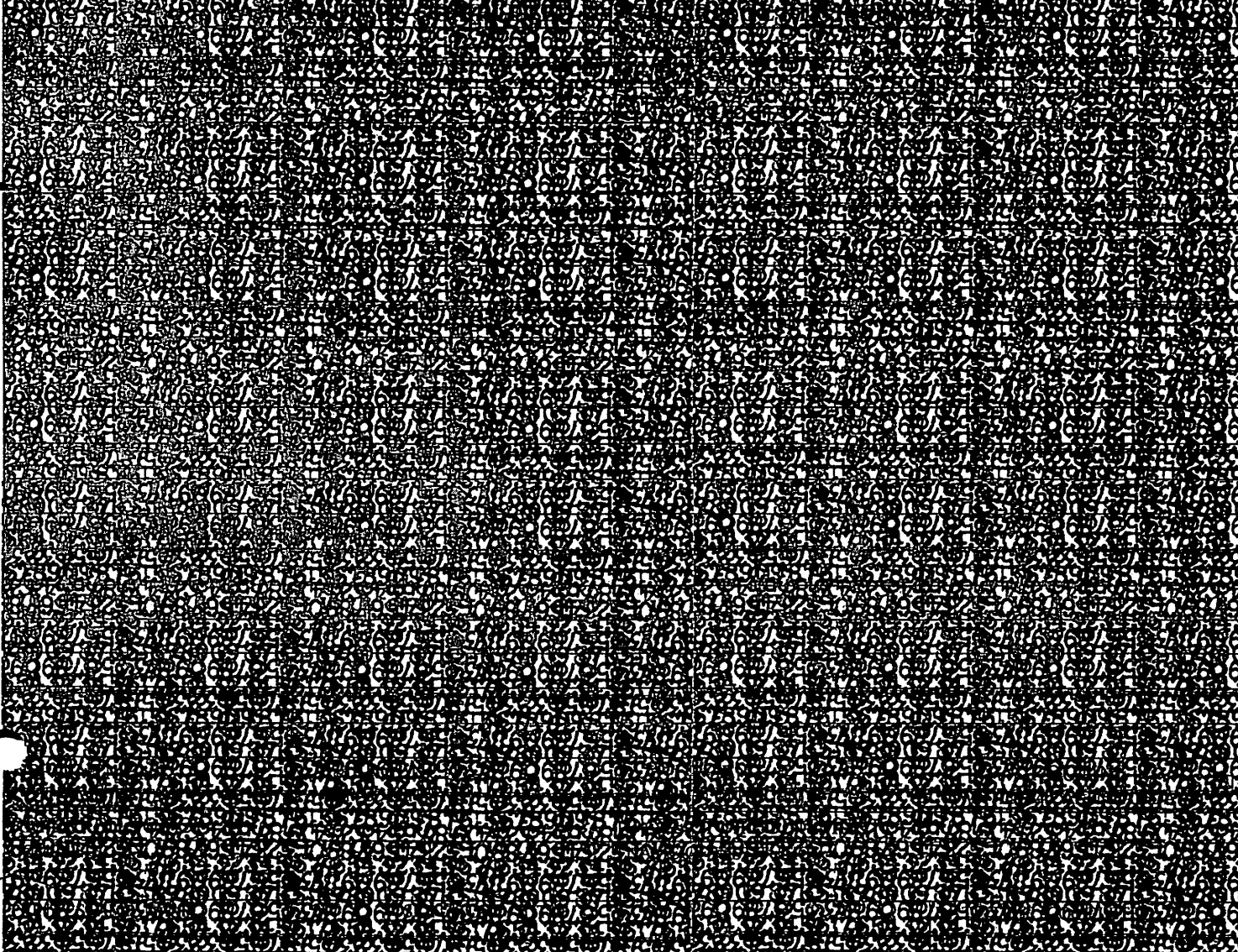


REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) *Since July 11 2014 i was referred for epidural injection by Neuro Surgeon (as i have received past 4 yrs every 6 mos) I still have not received my injection even after numerous sickcell slips 602's (granted) and other assurances by Medical staff the last being by RN Kelly stating id be transported within next 2 wks which was 3 wks ago - I have been in a lots of pain*

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

## PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)



*(E2)* RECEIVED FEB 27 2015

0969192

# HEALTH CARE SERVICES REQUEST FORM

## PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty **JUN 15 2015**

HS APPEALS  
ICAB  
RECEIVED

REQUEST FOR: MEDICAL  MENTAL HEALTH  DENTAL  MEDICATION REFILL

NAME: Schutte M CDC NUMBER: K31793 HOUSING: 2E370

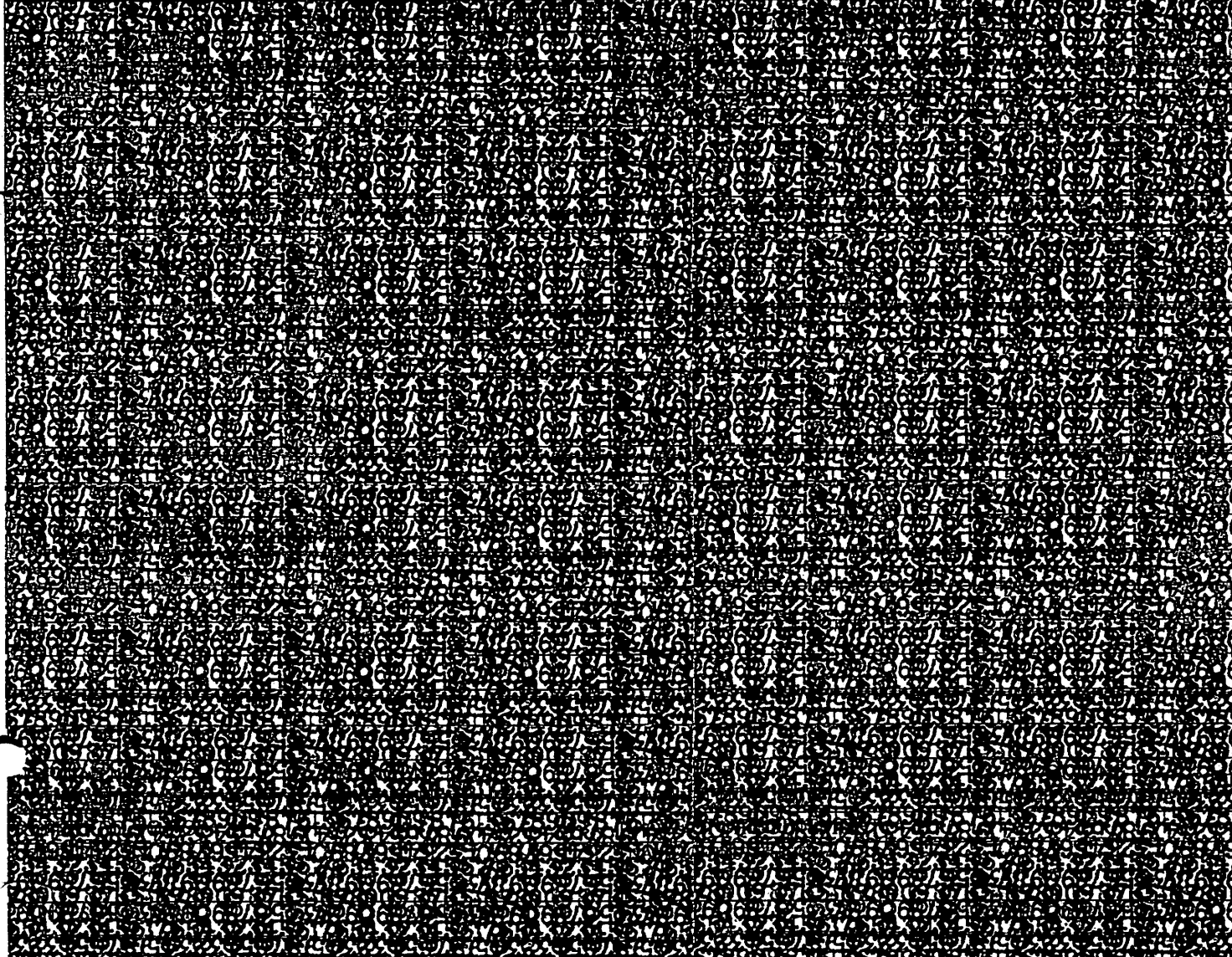
PATIENT SIGNATURE: [Signature] DATE: 2-17-2015

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) On 2-12-2015 Dr. Leighton reduced my pain Med (MS-contin) to a point in a lot of pain daily and have to substitute an unhealthy amount of Typrolen to get little relief. I'm worried about my liver and internal organs from Typrolen's; now have to take and need alternate solution. MS-contin cannot be increase to 60mg so can function normal again or

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM. MS medication that eases pain better.

## PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.) *please ASAP*



(E3)

RECEIVED FEB 24 2015

60

Version 4.2.0

Summary | Bed Inventory | ADA/EC History

Generate Reports / Get Help / Report a Problem / Log Out

CDC #: K31793

Search

CDC Number: K31793, SCHULTZ, MICHAEL JOSEPH

Summary

Offender/Placement

CDC #: **K31793** [Other]  
 Name: **SCHULTZ, MICHAEL JOSEPH**  
 Institution: **California State Prison, San Quentin**  
 Bed Code: **A EB 2070001LP**  
 Placement Score: **60**  
 Custody Level: **Maximum**  
 Housing Pgm: **DR - Condemn Hsng**  
 Housing Restrictions: **Lower Tier**  
 Physical Limitations: **Requires Double Cuffing, PERMANENT 02-12-2016 Months**

Disability/Assistance

DDP Code:  
 Effective Date:  
 DPP Codes: [History]  
 1845 Date:  
 MHSOS Code:  
 SLI:  
 Primary Method:  
 Alternate Method:  
 Learning Disability:  
 TABE Score:  
 TABE Date:  
 Healthcare Appliances: **Brace, Extra Mattress** [Info]  
 Dialysis: **No**  
 Last Accommod:  
 Spoken Languages:

Important Dates

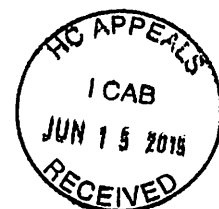
Pending Revocation: **No**  
 Revocation Date:  
 Date Received in CDCR: **12/04/1996**  
 Last Return Date: **04/01/2003**  
 Extended Stay Date: **05/31/2003**  
 Extended Stay Privileges?  
 Release Date: **01/30/9999**  
 120 Day Date: **10/02/9998**  
 Next IDST Date:

Work/Vocation/PIA

**1**  
 Group Priv:  
 Group Work:  
 Start Date:  
 Status:  
 Job Position:  
 Job Title:  
 IWTIP Code:  
 IWTIP Description:  
 Regular Day Off:  
 Work Hours:

Accommodation History

No Accommodation Records Found.



(2) Each team member shall complete a CDCR Form 2183, San Quentin State Prison Execution Report—Part B, documenting their actions and observations during the execution.

(3) Team members shall use identifiers assigned to their specific position (duties), rather than their names and/or classifications, when they submit their reports.

(4) The Team Leader shall assemble the complete Execution Report for review by the Team Administrator. The Execution Report shall include all appropriate supplemental reports.

(A) Following review by the Associate Warden, the Execution Report shall be routed through the Chief Deputy Warden for the Warden's review and signature.

(B) Any use of force shall be specifically documented and reviewed according to existing CDCR policy.

(5) A copy of the Execution Report shall be delivered to the Director, Division of Adult Institutions for review and follow up as needed.

(6) The original Execution Report shall be retained at San Quentin as part of the Master Execution File.

(7) The Record Keeping Sub-Team shall meet with the Team Leader, and ensure that all documentation has been completed. The documentation shall be reviewed and approved by the Team Administrator, and shall be hand delivered to the Warden for inclusion in the Master Execution File.

(n) Critique.

(1) Within 72 hours, the Warden shall conduct an after-action critique of the execution. The purpose of the critique will be to evaluate the execution from all operational perspectives, including compliance with this regulation.

(2) The critique shall be documented for inclusion in the Master Execution File.

(o) Return on Warrant of Death. After receipt of the Certificate of Death, the Warden shall complete the CDCR Form 2178 (01/09), Return on Warrant of Death, and forward it to the county from which the inmate was under sentence of death along with a copy of the Certificate of Death.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Sections 190, 3600, 3603, 3604, 3605 and 5054, Penal Code; United States Constitution, Amendment VIII; and California Constitution, Art. 1, Sections 17, 27.

#### HISTORY:

1. New section filed 7-30-2010; operative 8-29-2010 (Register 2010, No. 31).

### Article 8. Medical and Dental Services

#### 3350. Provision of Medical Care and Definitions.

(a) The department shall only provide medical services for inmates, which are based on medical necessity and supported by outcome data as effective medical care. In the absence of available outcome data for a specific case, treatment will be based on the judgment of the physician that the treatment is considered effective for the purpose intended and is supported by diagnostic information and consultations with appropriate specialists. Treatments for conditions, which might otherwise be excluded, may be allowed pursuant to section 3350.1(d).

(b) For the purposes of this article, the following definitions apply:

(1) **Medically Necessary** means health care services that are determined by the attending physician to be reasonable and necessary to protect life, prevent significant illness or disability, or alleviate severe pain, and are supported by health outcome data as being effective medical care.

(2) **Outcome Study** means the definition, collection and analysis of comparable data, based on variations in treatment, concerning patient health assessment for purposes of improving outcomes and identifying cost-effective alternatives.

(3) **Outcome Data** mean statistics such as diagnoses, procedures, discharge status, length of hospital stay, morbidity and mortality of patients, that are collected and evaluated using science-based methodologies and expert clinical judgment for purposes of outcome studies.

(4) **Severe pain** means a degree of discomfort that significantly disables the patient from reasonable independent function.

(5) **Significant illness and disability** means any medical condition that causes or may cause if left untreated a severe limitation of function or ability to perform the daily activities of life or that may cause premature death.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

#### HISTORY:

1. Repealer of Article 8 (Sections 3370-3372) and new Article 8 (Sections 3350-3359) filed 4-18-80; effective thirtieth day thereafter (Register 80, No. 16). For prior history see Register 77, No. 9.

2. Amendment of article heading, section heading and text filed 7-2-93; operative 8-2-93 (Register 93, No. 27).

3. Amendment of section heading, relocation of subsections 3350(a)-(c) to 3350.2(a)-(c), and new Subsections (a)-(b)(3) filed 2-17-95 as an emergency; operative 3-1-95 (Register 95, No. 9). This regulatory action was deemed an emergency pursuant to section 5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be transmitted to OAL by 8-8-95 or emergency language will be repealed by operation of law on the following day.

4. Amendment refiled 8-7-95 as an emergency; operative 8-7-95 (Register 95, No. 32). This regulatory action was deemed an emergency pursuant to section 5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be transmitted to OAL by 1-16-96 or emergency language will be repealed by operation of law on the following day.

5. Reinstatement of section as it existed prior to emergency amendment filed 2-17-95 by operation of Government Code section 11346.1(f) (Register 96, No. 8).

6. Amendment of section heading, renumbering of subsections 3350(a)-(c) to 3350.2(a)-(c), and new subsections (a)-(b)(3) filed 2-21-96 as an emergency; operative 2-21-96 (Register 96, No. 8). A Certificate of Compliance must be transmitted to OAL by 6-20-96 or emergency language will be repealed by operation of law on the following day.

7. Certificate of Compliance as to 2-21-96 order including amendment of subsection (a) and new subsections (b)(4) and (b)(5) transmitted to OAL 6-18-96 and filed 7-9-96 (Register 96, No. 28).

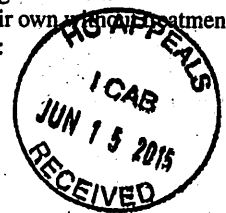
#### 3350.1. Medical and Dental Treatment/Service Exclusions.

(a) Treatment refers to attempted curative treatment and does not preclude palliative therapies to alleviate serious debilitating conditions such as pain management and nutritional support. Treatment shall not be provided for the following conditions:

(1) Conditions that improve on their own without treatment. Examples include, but are not limited to:

- (A) Common cold.
- (B) Mononucleosis.
- (C) Viral hepatitis A.
- (D) Viral pharyngitis.
- (E) Mild sprains.
- (F) Benign oral lesions.
- (G) Traumatic oral ulcers.
- (H) Recurrent aphthous ulcer.

(2) Conditions that are not readily amenable to treatment, including, but not limited to, those which may be made worse by treatment with conventional medication or surgery, and those that



are so advanced in the disease process that the outcome would not change with existing conventional or heroic treatment regimens. Examples include, but are not limited to:

- (A) Multiple organ transplants.
  - (B) Temporomandibular joint dysfunction.
  - (C) Grossly metastatic cancer.
  - (D) Shrinkage and atrophy of the bony ridges of the jaws.
  - (E) Benign root fragments whose removal would cause greater damage or trauma than if retained for observation.
- (3) Conditions that are cosmetic. Examples include, but are not limited to:

- (A) Removal of tattoos.
- (B) Removal of nontoxic goiter.
- (C) Breast reduction or enlargement.
- (D) Penile implants.
- (E) Removal of existing body piercing metal or plastic rings or similar devices within the oral cavity, except for security reasons.
- (F) Restoration or replacement of teeth for esthetic reasons.
- (G) Restoration of any natural or artificial teeth with unauthorized biomaterials.

(b) Surgery not medically necessary shall not be provided. Examples include, but are not limited to:

- (1) Castration.
- (2) Vaginoplasty (except for Cystocele or Rectocele).
- (3) Vasectomy.
- (4) Tubal ligation.
- (5) Extractions of asymptomatic teeth or root fragments unless required for a dental prosthesis, or for the general health of the patient's mouth.
- (6) Removal of a benign bony enlargement (torus) unless required for a dental prosthesis.
- (7) Surgical extraction of asymptomatic un-erupted teeth.

(c) Services that have no established outcome on morbidity or improved mortality for acute health conditions shall not be provided. Examples include, but are not limited to:

- (1) Acupuncture.
- (2) Orthoptics.
- (3) Pleoptics.
- (4) Root canals on posterior teeth (bicuspid and molars).
- (5) Dental Implants.
- (6) Fixed prosthodontics (dental bridges).
- (7) Laboratory processed crowns.
- (8) Orthodontics.

(d) Treatment for those conditions that are excluded within these regulations may be provided in cases where all of the following criteria are met:

- (1) The inmate's attending physician or dentist prescribes the treatment as clinically necessary.
- (2) The service is approved by the Dental Authorization Review committee and the Dental Program Health Care Review Committee for dental treatment, or the Institutional Utilization Management committee and the Headquarters Utilization Management committee for medical treatment. The decision of the review committee, as applicable, to approve an otherwise excluded service shall be based on:

(A) Available health and dental care outcome data supporting the effectiveness of the services as medical or dental treatment.

- (B) Other factors, such as:
  1. Coexisting medical or dental problems.
  2. Acuity.
  3. Length of the inmate's sentence.
  4. Availability of the service.
  5. Cost.

NOTE: Authority cited Section 5058, Penal Code. Reference: Section 5054, Penal Code and *Peraz, et al. v. Cate, et al.*, USDC no. 3:05-cv-05241-JSW (No. Cal.).

#### HISTORY:

1. New section, including relocation and amendment of old subsection 3354.1(a) to 3350.1(b), filed 2-17-95 as an emergency; operative 3-1-95 (Register 95, No. 9). This regulatory action was deemed an emergency pursuant to section 5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be transmitted to OAL by 8-8-95 or emergency language will be repealed by operation of law on the following day.
2. New section refiled 8-7-95 as an emergency; operative 8-7-95 (Register 95, No. 32). This regulatory action was deemed an emergency pursuant to section 5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be transmitted to OAL by 1-16-96 or emergency language will be repealed by operation of law on the following day.
3. Reinstatement of section as it existed prior to emergency amendment filed 2-17-95 by operation of Government Code section 11346.1(f) (Register 96, No. 8).
4. New section, including renumbering and amendment of former subsection 3354.1(a) to 3350.1(b), filed 2-21-96 as an emergency; operative 2-21-96 (Register 96, No. 8). A Certificate of Compliance must be transmitted to OAL by 6-20-96 or emergency language will be repealed by operation of law on the following day.
5. Certificate of Compliance as to 2-21-96 order including amendment of subsection (a), repealer of subsection (d)(2) and subsection renumbering, amendment of newly designated subsection (d)(2), repealer of newly designated subsection (d)(2)(A) and subsection relettering, and amendment of newly designated subsection (d)(2)(A) transmitted to OAL 6-18-96 and filed 7-9-96 (Register 96, No. 28).
6. Amendment of subsections (d)(1)-(d)(2)(A) and (d)(2)(B)1. filed 10-3-2006 as an emergency; operative 10-3-2006 (Register 2006, No. 40). Pursuant to Penal Code section 5058.3, a Certificate of Compliance must be transmitted to OAL by 3-12-2007 or emergency language will be repealed by operation of law on the following day.
7. Certificate of Compliance as to 10-3-2006 order transmitted to OAL 3-7-2007 and filed 4-18-2007 (Register 2007, No. 16).
8. New subsections (a)(1)(F)-(H), (a)(2)(D)-(E), (a)(3)(E)-(G), (a)(5)-(7) and (c)(4)-(8) and amendment of subsections (d)(1)-(2) and Note filed 3-28-2012 as an emergency; operative 3-28-2012 (Register 2012, No. 13). Pursuant to Penal Code section 5058.3, a Certificate of Compliance must be transmitted to OAL by 9-4-2012 or emergency language will be repealed by operation of law on the following day.
9. Certificate of Compliance as to 3-28-2012 order, including further amendment of subsection (d)(2), transmitted to OAL 9-4-2012 and filed 10-4-2012 (Register 2012, No. 40).

#### 3350.2. Off-Site Health Care Treatment.

(a) Each facility shall maintain contractual arrangements with local off-site agencies for those health services deemed to be medically necessary as defined in section 3350(b)(1), and that are not provided within the facility. Such services may include medical, surgical, laboratory, radiological, dental, and other specialized services likely to be required for an inmate's health care.

(b) When medically necessary services are not available for an inmate within a facility, the facility's chief medical officer or supervising dentist may request the institution head's approval to temporarily place that inmate in a community medical facility for such services.

(c) In an extreme emergency when a physician is not on duty or immediately available, the senior custodial officer on duty may, with assistance of on-duty health care staff, place an inmate in a community medical facility. Such emergency action shall be reported to the facility's administrative and medical officers-of-the-day as soon as possible.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

## HISTORY:

1. New section, including relocation and amendment of old subsections 3350(a)-(c) to 3350.2(a)-(c), filed 2-17-95 as an emergency; operative 3-1-95 (Register 95, No. 9). This regulatory action was deemed an emergency pursuant to section 5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be transmitted to OAL by 8-8-95 or emergency language will be repealed by operation of law on the following day.
2. New section refiled 8-7-95 as an emergency; operative 8-7-95 (Register 95, No. 32). This regulatory action was deemed an emergency pursuant to section 5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be transmitted to OAL by 1-16-96 or emergency language will be repealed by operation of law on the following day.
3. Reinstatement of section as it existed prior to emergency amendment filed 2-17-95 by operation of Government Code section 11346.1(f) (Register 96, No. 8).
4. New section, including renumbering of former subsection 3350(a)-(c) to 3350.2(a)-(c), filed 2-21-96 as an emergency; operative 2-21-96 (Register 96, No. 8). A Certificate of Compliance must be transmitted to OAL by 6-20-96 or emergency language will be repealed by operation of law on the following day.
5. Certificate of Compliance as to 2-21-96 order transmitted to OAL 6-18-96 and filed 7-9-96 (Register 96, No. 28).
6. Change without regulatory effect amending subsection (b) filed 8-11-2010 pursuant to section 100, title 1, California Code of Regulations (Register 2010, No. 33).

**3351. Inmate Refusal of Treatment.**

(a) Health care treatment, including medication, shall not be forced over the objections of: a mentally competent inmate; the guardian of a mentally incompetent inmate; or a responsible relative of a minor inmate, except in an emergency, or as required to complete the examination or tests for tuberculosis infection, or to implement the treatment for tuberculosis disease, or unless the provisions of Probate Code sections 3200 et seq. or the procedures set forth in *Keyhea v. Rushen*, Solano County Superior Court No. 67432, Order Granting Plaintiffs' Motion for Clarification and Modification of Injunction and Permanent Injunction, filed October 31, 1986, hereby incorporated by reference, are followed. An emergency exists when there is a sudden, marked change in an inmate's condition so that action is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate or others, and it is impracticable to first obtain consent. When an inmate has executed an advance directive, pursuant to Probate Code Sections 4600-4779 relating to the Durable Power of Attorney for Health Care, and Health and Safety Code sections 7185-7194.5 relating to the Natural Death Act, health care staff shall act in accordance with the provisions of that advance directive, as provided by law.

(b) An inmate may accept or decline any or all portions of a recommended dental treatment plan. The inmate's decision is reversible at any time and shall not prejudice future treatments. Refusals shall be documented for inclusion in the inmate's health record.

NOTE: Authority cited: section 5058, Penal Code. Reference: Sections 2600, 5054, and 7570 et seq., Penal Code; Sections 3200 et seq., Probate Code; *Thor v. Superior Court* (Andrews) (1993) 21 Cal.Rptr.2d 357; *Keyhea v. Rushen*, Solano County Superior Court No. 67432, Order Granting Plaintiffs' Motion for Clarification and Modification of Injunction and Permanent Injunction, filed October 31, 1986; sections 4600-4779, Probate Code; and sections 7185-7194.5, Health and Safety Code.

## HISTORY:

1. Amendment of section heading and text filed 7-2-93; operative 8-2-93 (Register 93, No. 27).

2. Amendment of section and Note filed 1-3-95 as an emergency; operative 1-3-95 (Register 95, No. 1). A Certificate of Compliance must be transmitted to OAL 6-12-95 or emergency language will be repealed by operation of law on the following day.
3. Amendment of section and Note filed 2-17-95 as an emergency; operative 3-1-95 (Register 95, No. 9). This regulatory action was deemed an emergency pursuant to section 5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be transmitted to OAL by 8-8-95 or emergency language will be repealed by operation of law on the following day.
4. Certificate of Compliance as to 1-3-95 order including amendment of subsection (a) and Note transmitted to OAL 6-12-95 and filed 7-25-95 (Register 95, No. 30).
5. Amendment of section and Note refiled 8-7-95 as an emergency; operative 8-7-95 (Register 95, No. 32). This regulatory action was deemed an emergency pursuant to section 5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be transmitted to OAL by 1-16-96 or emergency language will be repealed by operation of law on the following day.
6. Reinstatement of section as it existed prior to emergency amendment filed 2-17-95 by operation of Government Code section 11346.1(f) (Register 96, No. 8).
7. Amendment of section and Note filed 2-21-96 as an emergency; operative 2-21-96 (Register 96, No. 8). A Certificate of Compliance must be transmitted to OAL by 6-20-96 or emergency language will be repealed by operation of law on the following day.
8. Certificate of Compliance as to 2-21-96 order transmitted to OAL 6-18-96 and filed 7-9-96 (Register 96, No. 28).

**3352. Institutional Utilization Management Committee.**

(a) An Institutional Utilization Management (IUM) committee shall be established within each facility. The committee shall meet as often as necessary to approve or disapprove requests for medical services otherwise excluded by these regulations, review and manage referrals for specialty medical services, review and manage institutional and community hospital bed usage, review other available utilization management data, and report requested utilization management data to the Headquarters Utilization Management (HUM) committee. Committee decisions concerning the approval or disapproval of requests for medical services shall be rendered within 21 calendar days of the request of the treating physician.

(b) The committee shall:

- (1) Consist of, but not be limited to, representatives from the health care staff of each institution.
- (2) Consist of not less than three staff physicians.
- (3) Committee decisions concerning the approval or disapproval of requests for medical services otherwise excluded by these regulations shall be based on criteria established in Section 3350.1(d). Only licensed physicians may vote on the approval or disapproval of a request for medical services. Committee decisions shall be documented in the inmate's health record. Those cases that receive committee approval, shall be forwarded along with supporting documentation to the HUM committee. The treating physician shall notify the inmate of the committee's decision.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Sections 5023.2 and 5054, Penal Code; and *Perez, et al. v. USDJ*, No. 3:05-cv-05241-JSW (No. Cal.).

## HISTORY:

1. Amendment of section heading and text filed 7-2-93; operative 8-2-93 (Register 93, No. 27).
2. Amendment filed 1-3-95 as an emergency; operative 1-3-95 (Register 95, No. 1). A Certificate of Compliance must be transmitted to OAL 6-12-95 or emergency language will be repealed by operation of law on the following day.
3. Amendment filed 2-17-95 as an emergency; operative 3-1-95 (Register 95, No. 9). This regulatory action was deemed an emergency pursuant to section 5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be trans-

mitted to OAL by 8-8-95 or emergency language will be repealed by operation of law on the following day.

4. Amendment refiled 8-7-95 as an emergency; operative 8-7-95 (Register 95, No. 32). This regulatory action was deemed an emergency pursuant to section 5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be transmitted to OAL by 1-16-96 or emergency language will be repealed by operation of law on the following day.
5. Reinstatement of section as it existed prior to emergency amendment filed 2-17-95 by operation of Government Code section 11346.1(f) (Register 96, No. 8).
6. Amendment filed 2-21-96 as an emergency; operative 2-21-96 (Register 96, No. 8). A Certificate of Compliance must be transmitted to OAL by 6-20-96 or emergency language will be repealed by operation of law on the following day.
7. Renumbering of former section 3352 to new section 3353 filed 7-9-96; operative 7-9-96 (Register 96, No. 28).
8. New section filed 7-9-96; operative 7-9-96 (Register 96, No. 28).
9. Amendment of section heading, section and Note filed 3-28-2012 as an emergency; operative 3-28-2012 (Register 2012, No. 13). Pursuant to Penal Code section 5058.3, a Certificate of Compliance must be transmitted to OAL by 9-4-2012 or emergency language will be repealed by operation of law on the following day.
10. Certificate of Compliance as to 3-28-2012 order, including further amendment of section, transmitted to OAL 9-4-2012 and filed 10-4-2012 (Register 2012, No. 40).
11. Change without regulatory effect amending subsection (c) filed 1-8-2014 pursuant to section 100, title 1, California Code of Regulations (Register 2014, No. 2).

### 3352.1. Headquarters Utilization Management Committee.

(a) The Headquarters Utilization Management (HUM) committee shall meet as often as necessary to review cases approved by the Institutional Utilization Management (IUM) committee for otherwise excluded medical services, develop objective, evidence-based medical necessity criteria and utilization guidelines, provide oversight of referrals to specialty medical services, provide oversight of community hospital bed usage, develop case management processes for high medical risk and high medical cost patients, and develop policies and procedures to ensure statewide employment of a utilization management program. HUM committee decisions concerning the approval or disapproval of requests for medical services otherwise excluded by these regulations shall be based on criteria established in Section 3350.1(d).

(b) The HUM committee shall consist of, but not be limited to, the following:

- (1) Deputy Director, Healthcare Operations or their designee.
- (2) Statewide Medical Executive, or their designee.
- (3) Deputy Medical Executive, Utilization Management,
- (4) Physician representatives.
- (5) Nursing representatives.
- (6) Mental health representatives.

(c) Only licensed physicians may vote on decisions to approve or deny a request for an excluded service. Committee decisions concerning the approval or disapproval of requests for medical services shall be rendered within 60 calendar days of the initial request from the treating physician. All decisions shall be documented in the inmate's health record. The treating physician shall notify the inmate of the committee's decision regarding medical services.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Sections 5023.2 and 5054, Penal Code; and *Perez, et al. v. Cate, et al.*, USDC no. 3:05-cv-05241-JSW (No. Cal.).

#### HISTORY:

1. New section filed 7-9-96; operative 7-9-96 (Register 96, No. 28).
2. Amendment filed 10-3-2006 as an emergency; operative 10-3-2006 (Register 2006, No. 40). Pursuant to Penal Code section 5058.3, a Certificate of Compliance must be transmitted to

OAL by 3-12-2007 or emergency language will be repealed by operation of law on the following day.

3. Certificate of Compliance as to 10-3-2006 order transmitted to OAL 3-7-2007 and filed 4-18-2007 (Register 2007, No. 16).
4. Amendment of section heading, section and Note filed 3-28-2012 as an emergency; operative 3-28-2012 (Register 2012, No. 13). Pursuant to Penal Code section 5058.3, a Certificate of Compliance must be transmitted to OAL by 9-4-2012 or emergency language will be repealed by operation of law on the following day.
5. Certificate of Compliance as to 3-28-2012 order, including further amendment of section, transmitted to OAL 9-4-2012 and filed 10-4-2012 (Register 2012, No. 40).

### 3352.2. Dental Authorization Review Committee.

(a) Each departmental institution shall establish a Dental Authorization Review (DAR) committee. The DAR shall be established for the purpose of:

(1) Approving or disapproving requests for:

- (A) Otherwise excluded dental services.
  - (B) Deviations from treatment policy.
  - (C) Medically necessary treatment that requires a contract specialist to provide treatment at the local institution.
  - (D) Medically necessary treatments or consultations that cannot be accomplished at the local institution.
- (2) Reviewing treatment recommendations for special dental care needs.

(b) DAR committee membership shall consist of:

- (1) A staff dentist as Chairperson.
- (2) A staff dentist as Vice-Chairperson.
- (3) Any institutional dentist(s) providing dental services to inmates.
- (4) Representatives from other institution services or divisions shall be invited, when appropriate, to committee meetings.

(c) DAR committee decisions shall be based on criteria established in section 3350.1(d). Committee decisions shall be documented in the inmate's unit health record. Cases that receive committee approval shall be forwarded, along with all supporting documentation, to the Dental Program Health Care Review Committee (DPHCRC). The treating dentist shall notify the inmate of the committee's decision.

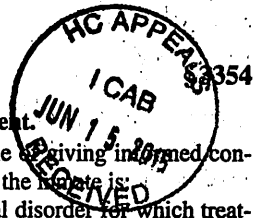
NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; and *Perez, et al. v. Cate, et al.*; USDC no. 3:05-cv-05241-JSW (No. Cal.).

#### HISTORY:

1. New section filed 10-3-2006 as an emergency; operative 10-3-2006 (Register 2006, No. 40). Pursuant to Penal Code section 5058.3, a Certificate of Compliance must be transmitted to OAL by 3-12-2007 or emergency language will be repealed by operation of law on the following day.
2. Certificate of Compliance as to 10-3-2006 order transmitted to OAL 3-7-2007 and filed 4-18-2007 (Register 2007, No. 16).
3. Change without regulatory effect amending subsection (b) filed 8-11-2010 pursuant to section 100, title 1, California Code of Regulations (Register 2010, No. 33).
4. Amendment of section and Note filed 3-28-2012 as an emergency; operative 3-28-2012 (Register 2012, No. 13). Pursuant to Penal Code section 5058.3, a Certificate of Compliance must be transmitted to OAL by 9-4-2012 or emergency language will be repealed by operation of law on the following day.
5. Certificate of Compliance as to 3-28-2012 order, including further amendment of subsections (b)(1)-(2), transmitted to OAL 9-4-2012 and filed 10-4-2012 (Register 2012, No. 40).

### 3352.3. Dental Program Health Care Review Committee.

(a) The Dental Program Health Care Review Committee (DPHCRC) shall meet as often as necessary to review cases approved by the Dental Authorization Review (DAR) committee for otherwise excluded dental services. DPHCRC decisions shall be completed



within 15 business days of receipt and shall be based on criteria established in Section 3350.1(d).

(b) The DPHCRC shall consist of, but not be limited to, the following:

(1) Chief Dentist, DAR, Inmate Dental Services Program (IDSP), DCHCS.

(2) Chief Dentist, Policy and Risk Management, IDSP, DCHCS.

(3) Chief Dentist, Training, IDSP, DCHCS

(4) A minimum of two (2) dentists, IDSP, DCHCS.

(c) Decisions to approve or deny requests for dental services which have been referred by the DAR committee shall require the attendance of a minimum of three (3) dentists, IDSP, DCHCS, at the applicable review committee, at least one of which must be a Chief Dentist or their designee, and shall be based upon the decision adopted by a majority of the DPHCRC members present.

(d) The treating dentist shall notify the inmate of the committee's decision regarding dental services. All decisions shall be documented in the inmate's health record.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; and *Perez, et al. v. Cate, et al.*, USDC no. 3:05-cv-05241-JSW (No. Cal.).

#### HISTORY:

1. New section filed 3-28-2012 as an emergency; operative 3-28-2012 (Register 2012, No. 13). Pursuant to Penal Code section 5058.3, a Certificate of Compliance must be transmitted to OAL by 9-4-2012 or emergency language will be repealed by operation of law on the following day.
2. Certificate of Compliance as to 3-28-2012 order, including further amendment of subsection (a), transmitted to OAL 9-4-2012 and filed 10-4-2012 (Register 2012, No. 40).

#### 3353. Informed Consent Requirement.

When unusual, serious or major health care procedures are indicated and time and circumstances permit, the inmate's specific written informed consent shall be obtained before treatment is undertaken, except as otherwise provided in Sections 3351 and 3364. If the inmate or the inmate's guardian or responsible relative objects to the recommended treatment, such objection shall be documented for inclusion in the inmate's health record.

NOTE: Authority cited: section 5058, Penal Code. Reference: section 5054, Penal Code.

#### HISTORY:

1. Amendment of section heading and text filed 7-2-93; operative 8-2-93 (Register 93, No. 27).
2. Amendment filed 2-17-95 as an emergency; operative 3-1-95 (Register 95, No. 9). This regulatory action was deemed an emergency pursuant to section 5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be transmitted to OAL by 8-8-95 or emergency language will be repealed by operation of law on the following day.
3. Amendment refiled 8-7-95 as an emergency; operative 8-7-95 (Register 95, No. 32). This regulatory action was deemed an emergency pursuant to section 5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be transmitted to OAL by 1-16-96 or emergency language will be repealed by operation of law on the following day.
4. Reinstatement of section as it existed prior to emergency amendment filed 2-17-95 by operation of Government Code section 11346.1(f) (Register 96, No. 8).
5. Amendment filed 2-21-96 as an emergency; operative 2-21-96 (Register 96, No. 8). A Certificate of Compliance must be transmitted to OAL by 6-20-96 or emergency language will be repealed by operation of law on the following day.
6. Certificate of Compliance as to 2-21-96 order including renumbering of former section 3352 to section 3353 and renumbering of former section 3353 to new section 3353.1 transmitted to OAL 6-18-96 and filed 7-9-96 (Register 96, No. 28).

#### 3353.1. Capacity for Informed Consent.

An inmate shall be considered capable of giving informed consent if in the opinion of health care staff the inmate is:

(a) Aware that there is a physiological disorder for which treatment or medication is recommended.

(b) Able to understand the nature, purpose and alternatives of the recommended treatment, medication, or health care procedures.

(c) Able to understand and reasonably discuss the possible side effects and any hazards associated with the recommended treatment, medication, or health care procedures. An inmate shall not be deemed incapable of informed consent solely because of being diagnosed as mentally disordered, abnormal, or mentally defective.

NOTE: Authority cited: section 5058, Penal Code. Reference: section 5054, Penal Code.

#### HISTORY:

1. Certificate of Compliance as to 2-21-96 order including renumbering of former section 3353 to new section 3353.1 transmitted to OAL 6-18-96 and filed 7-9-96 (Register 96, No. 28).

#### 3354. Health Care Responsibilities and Limitations.

(a) Authorized staff. Only facility-employed health care staff, contractors paid to perform health services for the facility, or persons employed as health care consultants shall be permitted, within the scope of their licensure, to diagnose illness or, prescribe medication and health care treatment for inmates. No other personnel or inmates may do so.

(b) Inmate Workers. Only trained or certified inmates shall operate health care equipment. Inmates shall not be permitted to:

- (1) Schedule appointments.
- (2) Determine another inmate's access to health care services.
- (3) Obtain blood samples.
- (4) Administer blood.
- (5) Introduce or discontinue intravenous infusions.

(6) Have access to surgical instruments, syringes, needles, medications, or health records except as otherwise specified in these regulations.

(7) Perform any task identified as a health care responsibility.

(c) Private Consultants. Health care personnel not employed by the department are not authorized to order treatment for an inmate. Such persons may offer opinions and recommendations for consideration by department health care staff as follows: An inmate or an inmate's responsible guardian or relative, or an attorney or other interested person wanting the inmate examined by a private physician, shall submit a written request to the institution head. The institution head shall, after consulting with the facility's chief medical officer grant the request unless convinced that specific case factors warrant denial. The fact of and reasons for such denial, and notice of the right to appeal the decision in writing to the director, shall be documented and given to the inmate or the person requesting the outside health care service. Costs of such private consultations or examinations shall be paid by the inmate or the person requesting the service.

(d) Emergency Health Care Attention. If an inmate is away from a facility for authorized reasons, such as assignment to a camp or transportation between institutions, becomes seriously ill or injured, emergency health care attention by available resources shall be obtained by the official in charge. Community physicians and hospitals shall be used if the inmate's condition does not permit prompt return to a department medical facility.

(e) Medical Sick Call. Each department facility confining inmates shall provide scheduled times and locations for general population inmates. A medical doctor, registered nurse, or medical technical assistant shall make daily visits to each nongeneral population housing unit to provide medical attention to inmates



unable to use the sick call services provided for general population. Staff conducting sick call shall screen medical problems appearing to require further medical attention and shall evaluate requests for appointments with other medical staff. A facility physician shall personally visit each specialized housing unit at least once each week.

(f) Dental Priority Classification (DPC) codes: Inmates requesting dental treatment shall be evaluated and scheduled into one of the following categories:

(1) Emergency care category: A dental emergency, as determined by health care staff, includes any medical or dental condition for which evaluation and treatment are necessary to prevent death, severe or permanent disability, or to alleviate disabling pain. Immediate treatment shall be provided and will be available to such inmates 24 hours a day, 7 days a week.

(2) Urgent care category: Treatment of a dental condition of sudden onset or severe pain which prevents the inmate from carrying out essential activities of daily living; or sub-acute or unusual hard or soft tissue condition or pathology requiring early intervention. This category includes:

(A) DPC 1A: Such inmates shall receive treatment within one calendar day of diagnosis.

(B) DPC 1B: Such inmates shall receive treatment within 30 calendar days of diagnosis.

(C) DPC 1C: Such inmates shall receive treatment within 60 calendar days of diagnosis.

(3) DPC 2 Interceptive care category: Treatment of advanced caries, moderate or advanced periodontal pathology, or the provision of dentures. This category requires that inmates have over 6 months remaining to serve on their sentence within the department at the time DPC 2 care is initiated, and provides eligibility for DPC 2 care regardless of oral hygiene status. Such inmates shall receive treatment within 120 calendar days of diagnosis.

(4) DPC 3 Routine Rehabilitative care category: Treatment of caries not likely to become advanced within one year, mild periodontal pathology, or the provision of removable partial dentures. This category requires that inmates have over 12 months remaining to serve on their sentence within the department at the time DPC 3 care is initiated, and meet oral hygiene requirements. Such inmates shall receive treatment within one year of diagnosis.

(5) DPC 4 No dental care needed: Inmates not appropriate for inclusion in DPC 1, 2, 3 or 5.

(6) DPC 5 Special needs care: Inmates with special needs. These include inmates requiring dental care that is a deviation from treatment policy as well as treatments that may require a contract specialist or that cannot be accomplished at the institution.

NOTE: Authority cited; Section 5058, Penal Code. Reference: Section 5054, Penal Code; and *Perez et al. v. Cate, et al.*, USDC no. 3:05-cv-05241-JSW (No. Cal.).

#### HISTORY:

1. Amendment of section heading and text filed 7-2-93; operative 8-2-93 (Register 93, No. 27).
2. Amendment of subsections (a), (b)(6)-(7), (c) and (d) filed 2-17-95 as an emergency; operative 3-1-95 (Register 95, No. 9). This regulatory action was deemed an emergency pursuant to section 5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be transmitted to OAL by 8-8-95 or emergency language will be repealed by operation of law on the following day.
3. Amendment of subsections (a), (b)(6)-(7), (c) and (d) refiled 8-7-95 as an emergency; operative 8-7-95 (Register 95, No. 32). This regulatory action was deemed an emergency pursuant to section 5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be transmitted to OAL by 1-16-96 or emergency language will be repealed by operation of law on the following day.

4. Reinstatement of section as it existed prior to emergency amendment filed 2-17-95 by operation of Government Code section 11346.1(f) (Register 96, No. 8).
5. Amendment of section heading and subsections (a), (b)(6)-(7), (c) and (d) filed 2-21-96 as an emergency; operative 2-21-96 (Register 96, No. 8). A Certificate of Compliance must be transmitted to OAL by 6-20-96 or emergency language will be repealed by operation of law on the following day.
6. Certificate of Compliance as to 2-21-96 order transmitted to OAL 6-18-96 and filed 7-9-96 (Register 96, No. 28).
7. Amendment of subsections (f)-(f)(2), new subsections (f)(2)(A)-(C), amendment of subsection (f)(3) and new subsections (f)(3)(A)-(f)(4)(D) filed 10-3-2006 as an emergency; operative 10-3-2006 (Register 2006, No. 40). Pursuant to Penal Code section 5058.3, a Certificate of Compliance must be transmitted to OAL by 3-12-2007 or emergency language will be repealed by operation of law on the following day.
8. Certificate of Compliance as to 10-3-2006 order transmitted to OAL 3-7-2007 and filed 4-18-2007 (Register 2007, No. 16).
9. Amendment of subsections (f) and (f)(2)(A)-(f)(3), repealer of subsections (f)(3)(A)-(D), amendment of subsection (f)(4), repealer of subsections (f)(4)(A)-(D), new subsections (f)(5)-(6) and amendment of Note filed 3-28-2012 as an emergency; operative 3-28-2012 (Register 2012, No. 13). Pursuant to Penal Code section 5058.3, a Certificate of Compliance must be transmitted to OAL by 9-4-2012 or emergency language will be repealed by operation of law on the following day.
10. Certificate of Compliance as to 3-28-2012 order, including further amendment of subsections (f)(2), (f)(3) and (f)(4), transmitted to OAL 9-4-2012 and filed 10-4-2012 (Register 2012, No. 40).

#### 3354.1. Elective Surgery.

Repealed.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

#### HISTORY:

1. New section filed 7-2-93; operative 8-2-93 (Register 93, No. 27).
2. Repealer, including relocation of subsection 3354.1(a) to 3350.1(b), filed 2-17-95 as an emergency; operative 3-1-95 (Register 95, No. 9). This regulatory action was deemed an emergency pursuant to section 5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be transmitted to OAL by 8-8-95 or emergency language will be repealed by operation of law on the following day.
3. Repealer refiled 8-7-95 as an emergency; operative 8-7-95 (Register 95, No. 32). This regulatory action was deemed an emergency pursuant to section 5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be transmitted to OAL by 1-16-96 or emergency language will be repealed by operation of law on the following day.
4. Reinstatement of section as it existed prior to emergency amendment filed 2-17-95 by operation of Government Code section 11346.1(f) (Register 96, No. 8).
5. Repealer, including renumbering and amendment of subsections 3354.1(a) to 3350.1(b), filed 2-21-96 as an emergency; operative 2-21-96 (Register 96, No. 8). A Certificate of Compliance must be transmitted to OAL by 6-20-96 or emergency language will be repealed by operation of law on the following day.
6. Certificate of Compliance as to 2-21-96 order transmitted to OAL 6-18-96 and filed 7-9-96 (Register 96, No. 28).

#### 3354.2. Inmate Copayment for Health Care Services.

(a) The terms below are defined for the purposes of this section:

(1) Inmate-initiated means that the inmate sought health care services through Department staff, or reported to health care staff for consultation and/or treatment without having first been contacted or scheduled by health care staff.

(2) Health care services means medical, mental health, dental, pharmaceutical, diagnostic and ancillary services to identify, diagnose, evaluate, and treat a medical, psychiatric, or dental condition.

(3) Health care staff means those persons licensed by the state to provide health care services, who are either employed by the Department or are under contract with the Department to provide health care services.

(b) Inmates shall be provided an opportunity to report an illness or any other health problem and receive an evaluation of the condition and medically necessary treatment and follow-up by health care staff.

(c) Inmates shall be charged and inmates shall pay a fee of five dollars (\$5.00) for each inmate-initiated health care visit. The fee for this visit shall:

(1) Cover the evaluation, assessment, and medically necessary treatment, including follow-up services that relate to the initial condition and which are determined by health care staff to be necessary.

(2) Be charged for subsequent dental services provided in accordance with a prescribed dental treatment plan. Such services shall not be considered as a follow-up service as described in Section 3354.2(c)(1) and shall be subject to a copayment unless the visit was initiated by the dental care provider.

(3) Be charged to the trust account of the inmate. When the inmate is without sufficient funds at the time for the charge, and remains without sufficient funds for 30 days after this time, the inmate shall not be charged for any remaining balance of the fee.

(4) Be waived for the following:

(A) Emergencies: any medical or dental condition for which evaluation and therapy, as determined by health care staff, are immediately necessary to prevent death, severe or permanent disability, or to alleviate or lessen objectively apparent and disabling pain. Signs of objectively apparent and disabling pain may include, but are not limited to, visible injuries, high blood pressure, rapid heart rate, sweating, pallor, involuntary muscle spasms, nausea and vomiting, high fever, and facial swelling. Emergency also includes, as determined by health care staff, necessary crisis intervention for inmates suffering from situational crises or acute episodes of mental illness.

(B) Diagnosis and treatment of communicable disease conditions as outlined in Title 17, Chapter 4, Subchapter 1, Section 2500 of the California Code of Regulations, including human immunodeficiency virus and Acquired Immunodeficiency Syndrome.

(C) Diagnosis and necessary mental health treatment for which there is a clinical determination of mental illness.

(D) Follow-up health care services defined as any request or recommendation by a member of the health care staff to provide subsequent health care services.

(E) Health care services necessary to comply with state law and/or regulations that shall include, but not be limited to, annual testing for tuberculosis.

(F) Reception center health screening and evaluation.

(G) Inpatient services, extended care, or skilled nursing services.

NOTE: Authority cited: Sections 5007.5 and 5058, Penal Code. Reference: Section 5054, Penal Code; and *Perez, et al. v. Cate, et al.*, USDC no. 3:05-cv-05241-JSW (No. Cal.).

#### HISTORY:

1. New section filed 9-21-94 as an emergency; operative 9-21-94 (Register 94, No. 38). A Certificate of Compliance must be transmitted to OAL by 1-19-95 or emergency language will be repealed by operation of law on the following day.
2. Certificate of Compliance as to 9-21-94 order transmitted to OAL 1-18-95 and filed 2-27-95 (Register 95, No. 9).
3. Amendment of subsection (c)(1) and Note filed 3-28-2012 as an emergency; operative 3-28-2012 (Register 2012, No. 13). Pursuant to Penal Code section 5058.3, a Certificate of Compliance must be transmitted to OAL by 9-4-2012 or emergency language will be repealed by operation of law on the following day.

4. Certificate of Compliance as to 3-28-2012 order, including further amendment of subsection (c)(1), new subsection (c)(2) and subsection, relettering, transmitted to OAL 9-4-2012 and filed 10-4-2012 (Register 2012, No. 40).

#### 3355. Health Care Examinations.

(a) Initial Examination. Every person newly committed or returned to the custody of the Secretary of the California Department of Corrections and Rehabilitation shall be examined by health care staff for contagious diseases, illness, or other health conditions within 24 hours of arrival. In addition, female inmates will also be screened for pregnancy.

(b) Transfers. Inmates received on transfer from other facilities shall be interviewed by health care staff at the receiving facility within 24 hours of arrival. The health record of each new arrival shall be reviewed to determine the need for previously prescribed medications or continuing treatment for unusual or chronic health problems. Sending facility health care staff shall notify the receiving facility and any anticipated layover facilities regarding any inmate's need, as in the case of diabetics, for maintenance medications while en route and after arrival.

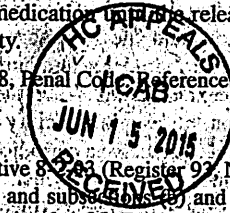
(c) Camp Assignment. Inmates shall be personally screened by a medical officer before receiving medical clearance for assignment to a camp or fire fighting assignment. Such inmate shall be in generally good health and physically capable of strenuous and prolonged heavy labor without danger to the inmate's health and safety or the safety of others when involved in hazardous work such as forest firefighting. Exceptions: an inmate may be assigned to light duty non-hazardous work in camp if a department physician specifically approves such assignment.

(d) Releases. Each inmate shall be personally screened by health care staff prior to release to parole or discharge from a facility. Staff conducting such screening shall alert the inmate's parole agent regarding any current health problems and shall provide the inmate with any necessary maintenance medication. Upon release, the releasee can obtain medication in the community.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

#### HISTORY:

1. Amendment filed 7-2-93; operative 8-2-93 (Register 93, No. 27).
2. Amendment of section heading and subsections (b) and (d) filed 2-17-95 as an emergency; operative 3-1-95 (Register 95, No. 9). This regulatory action was deemed an emergency pursuant to section 5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be transmitted to OAL by 8-8-95 or emergency language will be repealed by operation of law on the following day.
3. Amendment of section heading and subsections (b) and (d) filed 8-7-95 as an emergency; operative 8-7-95 (Register 95, No. 32). This regulatory action was deemed an emergency pursuant to section 5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be transmitted to OAL by 1-16-96 or emergency language will be repealed by operation of law on the following day.
4. Reinstatement of section as it existed prior to emergency amendment filed 2-17-95 by operation of Government Code section 11346.1(f) (Register 96, No. 8).
5. Amendment of section heading and subsections (b) and (d) filed 2-21-96 as an emergency; operative 2-21-96 (Register 96, No. 8). A Certificate of Compliance must be transmitted to OAL by 6-20-96 or emergency language will be repealed by operation of law on the following day.
6. Certificate of Compliance as to 2-21-96 order including amendment of subsection (b) transmitted to OAL 6-18-96 and filed 7-9-96 (Register 96, No. 28).
7. Amendment of subsection (a) filed 3-6-2008; operative 4-5-2008 (Register 2008, No. 10).



**3355.1. Dental Care.**

(a) Reception Centers. Newly arriving inmates at a reception center, including new commitments and parole violators, shall receive an initial health screening by a licensed health care provider to identify urgent/emergent dental needs. Within sixty (60) calendar days of an inmate's arrival at a reception center, a dentist shall perform a dental screening. Dental treatment provided to reception center inmates shall be limited to the treatment of Emergency and Urgent Care dental conditions, as defined in Section 3354(f)(1) and 3354(f)(2). Inmates who remain in a reception center for ninety (90) days or longer may submit a CDC Form 7362 (Rev. 03/04) Health Care Services Request Form, which is incorporated by reference, to request DPC 2 care (excluding prosthetics). Upon receipt of a CDC Form 7362, the dentist shall exercise professional judgment in considering treatment for a DPC 2 condition for the inmate.

(b) Assigned Facility. Upon arrival at a program facility all inmates shall be notified that they are eligible to receive an initial comprehensive dental examination performed by a dentist who shall formulate and document a dental treatment plan. The inmates shall be notified that no copayment is required for this service.

(1) When a treatment plan is proposed, the inmate shall be provided an explanation of its advantages and disadvantages.

(2) Each inmate's dental health history shall be documented at the time of initial examination and signed by the inmate and witnessed by the dentist. Such history shall be available and reviewed at each dental visit.

(3) Inmates with a plaque index score above 20% or who refuse oral hygiene instruction shall receive only Emergency Care, Urgent Care, Interceptive Care, and/or Special Needs Care, as these terms are described in Subsections 3354(f)(1), 3354(f)(2), 3354(f)(3), and 3354(f)(6), respectively.

(c) Within the second trimester of gestation and regardless of their plaque index score, pregnant inmates shall receive a comprehensive dental examination, periodontal examination, oral hygiene instruction, and the necessary periodontal treatment in order to maintain periodontal health during the gestation period.

(d) Reexamination. After the initial comprehensive dental examination, all program facility inmates shall be notified that they are eligible to receive a periodic comprehensive dental examination by a dentist with no copayment required as follows:

(1) Every two (2) years (biennially), until the age of fifty (50).

(2) Annually after the age of 50 and regardless of age if the inmate is diagnosed with diabetes, HIV, seizure disorder or pregnancy.

(e) Restraints. If an inmate requiring dental treatment also requires use of restraint gear, such restraints shall be selected to enable sitting in a dental chair and shall remain in place during the treatment. Exceptions require concurrence of the dentist, the escorting officer, and a lieutenant. For pregnant inmates, the rules provided in subsections 3268.2(b) and (d) concerning the use of restraints shall be followed.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Sections 3424 and 5054, Penal Code; and *Perez, et al. v. Cate, et al.*, USDC no. 3:05-cv-05241-JSW (No. Cal.).

**HISTORY:**

1. New section filed 7-2-93; operative 8-2-93 (Register 93, No. 27).
2. Amendment of subsection (b) and new Note filed 4-18-2007; operative 4-18-2007 pursuant to Government Code section 11343.4 (Register 2007, No. 16).
3. New subsection (c), subsection relettering, amendment of newly designated subsection (e) and amendment of Note filed 3-6-2008; operative 4-5-2008 (Register 2008, No. 10).
4. Amendment of section heading, section and Note filed 3-28-2012 as an emergency; operative 3-28-2012 (Register 2012, No. 13). Pursuant to Penal Code section 5058.3, a Certificate of Compliance

must be transmitted to OAL by 9-4-2012 or emergency language will be repealed by operation of law on the following day.  
5. Certificate of Compliance as to 3-28-2012 order, including further amendment of section, transmitted to OAL 9-4-2012 and filed 10-4-2012 (Register 2012, No. 40).

**3355.2. Treatment for Pregnant Inmates.**

(a) Inmates identified as possibly being pregnant during the initial health examination will be scheduled for laboratory work to verify the pregnancy within three business days of arrival at the institution.

(b) Confirmed pregnant inmates, within seven days of arrival at the institution, will be scheduled for an obstetrics (OB) examination by an Obstetrical Physician or Obstetrical Nurse Practitioner (NP) wherein:

(1) A term of pregnancy and a plan of care will be determined.

(2) Diagnostic studies will be ordered, if needed.

(c) Pregnant inmates shall be scheduled OB visits as follows, unless otherwise indicated by the OB physician or NP:

(1) Every 4 weeks in the first trimester up to 24-26 weeks gestation.

(2) Every 3 weeks thereafter up to 30 weeks gestation.

(3) Every 2 weeks thereafter up to 36 weeks gestation.

(4) Weekly after 36 weeks up to delivery.

(d) Pregnant inmates housed in a multi-tier housing unit will be issued a CDC Form 7410 (Rev. 08/04), Comprehensive Accommodation Chrono, which is incorporated by reference, for lower bunk and lower tier housing.

(e) Pregnant inmates who have used heroin within three days prior to incarceration, either by her own admission or written documentation by a parole agent, or are currently receiving methadone treatment, shall be enrolled in the Methadone Maintenance Program and recommended for immediate transfer to the California Institution for Women.

(f) Community treatment programs. Any community treatment program developed for eligible pregnant and/or parenting female inmates in addition to the Family Foundations Program, shall include, but not be limited to:

(1) Prenatal care.

(2) Access to prenatal vitamins.

(3) Childbirth education.

(4) Infant care.

(g) Any inmate who gives birth after her receipt by the Department shall be provided notice of, and a written application for, a community treatment program. At a minimum, the notice shall contain:

(1) Guidelines for qualification.

(2) Timeframe for application.

(3) Process for appealing a denial of admittance.

(h) A pregnant inmate who is not eligible for a community treatment program shall have access to complete prenatal health care, which shall include:

(1) A balanced, nutritious diet per subsection 3050(a).

(2) Prenatal and postpartum information and health care, including, but not limited to, necessary vitamins as prescribed by a doctor.

(3) Information pertaining to childbirth education and infant care.

(4) Dental care pursuant to subsection 3355.1(c).

(i) Each pregnant inmate shall be referred to a Medical Social Worker. The Medical Social Worker shall:

(1) Discuss with the inmate, the options available for the placement and care of the child after delivery.

(2) Assist the pregnant inmate with access to a phone in order to contact relatives regarding newborn placement.

(3) Oversee the placement of the newborn child.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Sections 2082, 5021, 5022, 5054 and 5061, Penal Code; Sections 1797.188, 1797.189, 7104, 7200, 7201, and 7302, Health and Safety Code; and Sections 12525, 27491, 27491.2 and 27491.3, Government Code.

**HISTORY:**

1. Amendment filed 7-16-92; operative 8-15-92 (Register 92, No. 29).
2. Amendment of subsections (b), (c), (f) and Note filed 2-17-95 as an emergency; operative 3-1-95 (Register 95, No. 9). This regulatory action was deemed an emergency pursuant to section 5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be transmitted to OAL by 8-8-95 or emergency language will be repealed by operation of law on the following day.
3. Amendment of subsections (b), (c), (f) and Note refiled 8-7-95 as an emergency; operative 8-7-95 (Register 95, No. 32). This regulatory action was deemed an emergency pursuant to section 5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be transmitted to OAL by 1-16-96 or emergency language will be repealed by operation of law on the following day.
4. Reinstatement of section as it existed prior to emergency amendment filed 2-17-95 by operation of Government Code section 11346.1(f) (Register 96, No. 8).
5. Amendment of subsections (b), (c), (f), and Note filed 2-21-96 as an emergency; operative 2-21-96 (Register 96, No. 8). A Certificate of Compliance must be transmitted to OAL by 6-20-96 or emergency language will be repealed by operation of law on the following day.
6. Certificate of Compliance as to 2-21-96 order transmitted to OAL 6-18-96 and filed 7-9-96 (Register 96, No. 28).
7. Amendment of section and Note filed 8-28-2000; operative 9-27-2000 (Register 2000, No. 35).

**3358. Artificial Appliances.**

(a) **Appliance Categories.** Appliances include but are not limited to eyeglasses, artificial eyes, dental prosthesis, artificial limbs, orthopedic braces and shoes, and hearing aids. An inmate's need for such appliance shall be based on medical necessity as described in section 3350(b)(1).

(b) **Possession of Appliance.** No inmate shall be deprived of a prescribed orthopedic or prosthetic appliance in the inmate's possession upon arrival into the department's custody or properly obtained while in the department's custody unless a department physician or dentist determines the appliance is no longer needed and the inmate's personal physician, if any, concurs in that opinion. If an inmate's dental prosthetic appliance is confiscated for safety and security reasons, a dentist shall be notified by the next business day to determine whether the inmate will require any accommodations due to the loss of the prosthetic appliance.

(c) **Purchase of Appliance.** Prescribed appliances shall be provided at state expense if an inmate is indigent; otherwise the inmate shall purchase prescribed appliances through the department or an approved vendor as directed by the chief medical officer or supervising dentist. Departmental dentists shall not order prescribed dental appliances made from precious metal, and departmental dentists or dental laboratories shall not perform repairs to existing dental prosthesis made from precious metal. If an inmate's existing dental appliance made from a precious metal needs repair, the dentist shall offer the inmate the option of having a new prosthesis made. When a prescribed appliance is to be provided the inmate shall sign a CDC Form 193, Trust Account Withdrawal Order (Rev. 1/88), to pay for the materials.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; and *Perez, et al. v. Cate, et al.*, USDC no. 3:05-cv-05241-JSW (No. C. al.).

**HISTORY:**

1. Amendment of section heading and text filed 7-2-93; operative 8-2-93 (Register 93, No. 27).
2. Amendment of subsection (a) and repealer of subsections (a)(1)-(3) filed 2-17-95 as an emergency; operative 3-1-95 (Register 95, No. 9). This regulatory action was deemed an emergency pursuant to section 5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be transmitted to OAL by 8-8-95 or emergency language will be repealed by operation of law on the following day.
3. Amendment of subsection (a) and repealer of subsections (a)(1)-(3) refiled 8-7-95 as an emergency; operative 8-7-95 (Register 95, No. 32). This regulatory action was deemed an emergency pursuant to section 5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be transmitted to OAL by 1-16-96 or emergency language will be repealed by operation of law on the following day.
4. Reinstatement of section as it existed prior to emergency amendment filed 2-17-95 by operation of Government Code section 11346.1(f) (Register 96, No. 8).
5. Amendment of subsection (a) and repealer of subsections (a)(1)-(3) filed 2-21-96 as an emergency; operative 2-21-96 (Register 96, No. 8). A Certificate of Compliance must be transmitted to OAL by 6-20-96 or emergency language will be repealed by operation of law on the following day.
6. Certificate of Compliance as to 2-21-96 order including amendment of subsection (c) transmitted to OAL 6-18-96 and filed 7-9-96 (Register 96, No. 28).
7. Amendment of subsection (b) filed 10-3-2006 as an emergency; operative 10-3-2006 (Register 2006, No. 40). Pursuant to Penal Code section 5058.3, a Certificate of Compliance must be transmitted to OAL by 3-12-2007 or emergency language will be repealed by operation of law on the following day.
8. Certificate of Compliance as to 10-3-2006 order, including amendment of subsection (c), transmitted to OAL 3-7-2007 and filed 4-18-2007 (Register 2007, No. 16).
9. Change without regulatory effect amending subsection (c) filed 8-11-2010 pursuant to section 100, title 1, California Code of Regulations (Register 2010, No. 33).
10. Amendment of subsections (b) and (c) and Note filed 3-28-2012 as an emergency; operative 3-28-2012 (Register 2012, No. 13). Pursuant to Penal Code section 5058.3, a Certificate of Compliance must be transmitted to OAL by 9-4-2012 or emergency language will be repealed by operation of law on the following day.
11. Certificate of Compliance as to 3-28-2012 order transmitted to OAL 9-4-2012 and filed 10-4-2012 (Register 2012, No. 40).

**3359. Donation and Sale of Blood.**

Institution heads may permit, subject to acceptance by a blood collection agency, inmates to donate blood for charitable and research purposes or to sell their blood only when needed blood cannot be reasonably and readily obtained from other sources. When a blood sale is authorized, the inmate must receive from the purchaser a payment equal to the current market price for purchases of the same type blood. The facility may impose an additional charge to the purchaser to retrieve the cost of department resources used in drawing the blood. Proceeds of such sales shall be deposited in the inmate welfare fund.

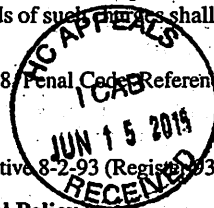
NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

**HISTORY:**

1. Amendment filed 7-2-93; operative 8-2-93 (Register 93, No. 27).

**3359.1. Medical Parole General Policy.**

(a) Pursuant to Penal Code section 3550, an inmate who is found to be permanently medically incapacitated, as defined in (a)(1) below, with a medical condition that renders him or her permanently unable to perform the activities of daily living and results in the inmate requiring 24-hour care, shall be referred to the Board of Parole Hearings, within 30 working days of the Chief Medical Officer



(j) A pregnant inmate may be temporarily taken to a hospital outside the institution for the purposes of childbirth and shall be transported in the least restrictive way pursuant to the rules provided in subsections 3268.2(b) and (d). A pregnant inmate in labor shall be treated as an emergency and shall be transported via ambulance to the outside facility, accompanied by custody staff.

(k) A pregnant inmate may elect to have a support person present during child birth. The support person may be an approved visitor or the institution's staff designated to assist with prenatal, labor and postpartum care. The approval for the support person will be made by the institution's Warden or designee. If a pregnant inmate's request for an elected support person is denied, reason for the denial shall be provided in writing to the inmate within 15 working days of receipt of the request. The written denial must address the safety/security concerns for the inmate, infant, public, and/or staff. Upon receipt of a written denial, the pregnant inmate may then choose the approved institution staff to act as the support person.

(l) Postpartum care. Upon return to the institution, any inmate who delivers a child via C-Section, shall be admitted to the Out-patient Hospital Unit (OHU) or Correctional Treatment Center (CTC). Any inmate who delivers a child vaginally shall be assessed in the Triage and Treatment Area (TTA) to determine the appropriate housing and to initiate postpartum care.

(1) Orders for routine postpartum care shall be initiated by the Registered Nurse (RN) in the TTA, CTC, or OHU.

(2) The Supervising Obstetrician or RN/NP shall:

(A) Determine when the inmate is cleared for housing in the general population.

(B) Complete the medical lay-in.

(3) The inmate shall have a six week postpartum examination. At the examination, the Supervising Obstetrician or RN/NP shall determine whether the inmate may be cleared for full duty or if medical restrictions are still warranted.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Sections 3419, 3423, 3424, 5007.7 and 5054, Penal Code.

#### HISTORY:

1. New section filed 3-6-2008; operative 4-5-2008 (Register 2008, No. 10).

#### 3356. Health Care Treatment for Parolees.

(a) Community Treatment. Health care for parolees shall normally be provided by private physicians and community medical facilities, as desired by the parolee and at the parolee's own expense.

(b) Facility Treatment. When a parolee requires medical, surgical, psychiatric, or dental care of an emergency nature and community resources are not available or lack the security required for retention and treatment of the parolee, the district parole administrator or their designee may arrange with the facility chief medical officer or supervising dentist the chief psychiatrist for the parolee's return to department custody for emergency treatment.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

#### HISTORY:

1. Amendment of section heading and text filed 7-2-93; operative 8-2-93 (Register 93, No. 27).
2. Amendment of section heading and subsection (a) filed 2-17-95 as an emergency; operative 3-1-95 (Register 95, No. 9). This regulatory action was deemed an emergency pursuant to section 5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be transmitted to OAL by 8-8-95 or emergency language will be repealed by operation of law on the following day.
3. Amendment of section heading and subsection (a) refiled 8-7-95 as an emergency; operative 8-7-95 (Register 95, No. 32). This regulatory action was deemed an emergency pursuant to section

5058(e) of the Penal Code and remains in effect for 160 days. A Certificate of Compliance must be transmitted to OAL by 1-16-96 or emergency language will be repealed by operation of law on the following day.

4. Reinstatement of section as it existed prior to emergency amendment filed 2-17-95 by operation of Government Code section 11346.1(f) (Register 96, No. 8).
5. Amendment of section heading and subsection (a) filed 2-21-96 as an emergency; operative 2-21-96 (Register 96, No. 8). A Certificate of Compliance must be transmitted to OAL by 6-20-96 or emergency language will be repealed by operation of law on the following day.
6. Certificate of Compliance as to 2-21-96 order transmitted to OAL 6-18-96 and filed 7-9-96 (Register 96, No. 28).
7. Amendment of subsection (b) filed 12-9-2008; operative 1-8-2009 (Register 2008, No. 50).
8. Change without regulatory effect amending subsection (b) filed 8-11-2010 pursuant to section 100, title 1, California Code of Regulations (Register 2010, No. 33).

#### 3357. Inmate Deaths.

(a) The institution head shall maintain a valid service agreement with local mortuaries to provide services such as cremation, transportation, and/or other services related to the disposition of a deceased inmate's body.

(b) When an inmate's death occurs away from an institution/facility, the body of the deceased shall, unless the county coroner orders otherwise, be released to a licensed funeral director in the community where the death occurred.

(c) If the deceased is known to have had a communicable disease which presents a threat to the public health and safety, health care staff shall notify the contract mortuary and public agencies as required by California Code of Regulations, Title 17, Section 2500, and Health and Safety Code Sections 1797.188 and 1797.189.

(d) A chaplain of the decedent's professed faith may perform a ceremony in accordance with that faith.

(e) Staff shall review the decedent's central file and locate the current CDC Form 127 (Rev. 05/00), Notification in Case of Inmate Death, Serious Injury, or Serious Illness to identify the inmate's next of kin or person(s) to be notified, and to determine the existence of a will.

(f) Staff shall attempt to notify individual(s) listed on the CDC Form 127 as the person(s) to be notified of the death, in person, or, if personal contact is not practical, by telephone. Staff shall send a telegram notification to the next of kin, person(s) to be notified as listed on the CDC Form 127, and/or legally appointed representative, offering consolation, which shall include:

(1) The name and address of the funeral director to whom the body has been or will be released;

(2) A request for instructions on disposition of the body at the family's or designee's expense, within 48 hours, to preclude disposition by the state; and

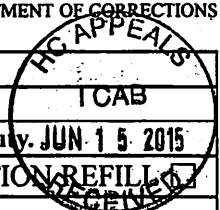
(3) The name and telephone number of a staff member who may be contacted for additional information.

(g) If after 10 days the next of kin or legally appointed representative fails to claim or direct disposition of the decedent's body, or notifies the department within ten days that he or she does not assume responsibility for burial without expense to the state, the decedent shall be considered unclaimed. If the body is unclaimed, the institution/facility shall make arrangements for use of state materials or services as necessary in accordance with Penal Code section 5061. All money and personal property shall be inventoried and released in accordance with Penal Code 5061, upon direction from the Associate Warden or Business Services or other staff designated by the institution head.

0985004



# HEALTH CARE SERVICES REQUEST FORM



## PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty. JUN 15 2015

REQUEST FOR: MEDICAL  MENTAL HEALTH  DENTAL  MEDICATION REFILL

NAME: M Schultz CDC NUMBER: K31793 HOUSING: 2ER70

PATIENT SIGNATURE: [Signature] DATE: 3-29-2015

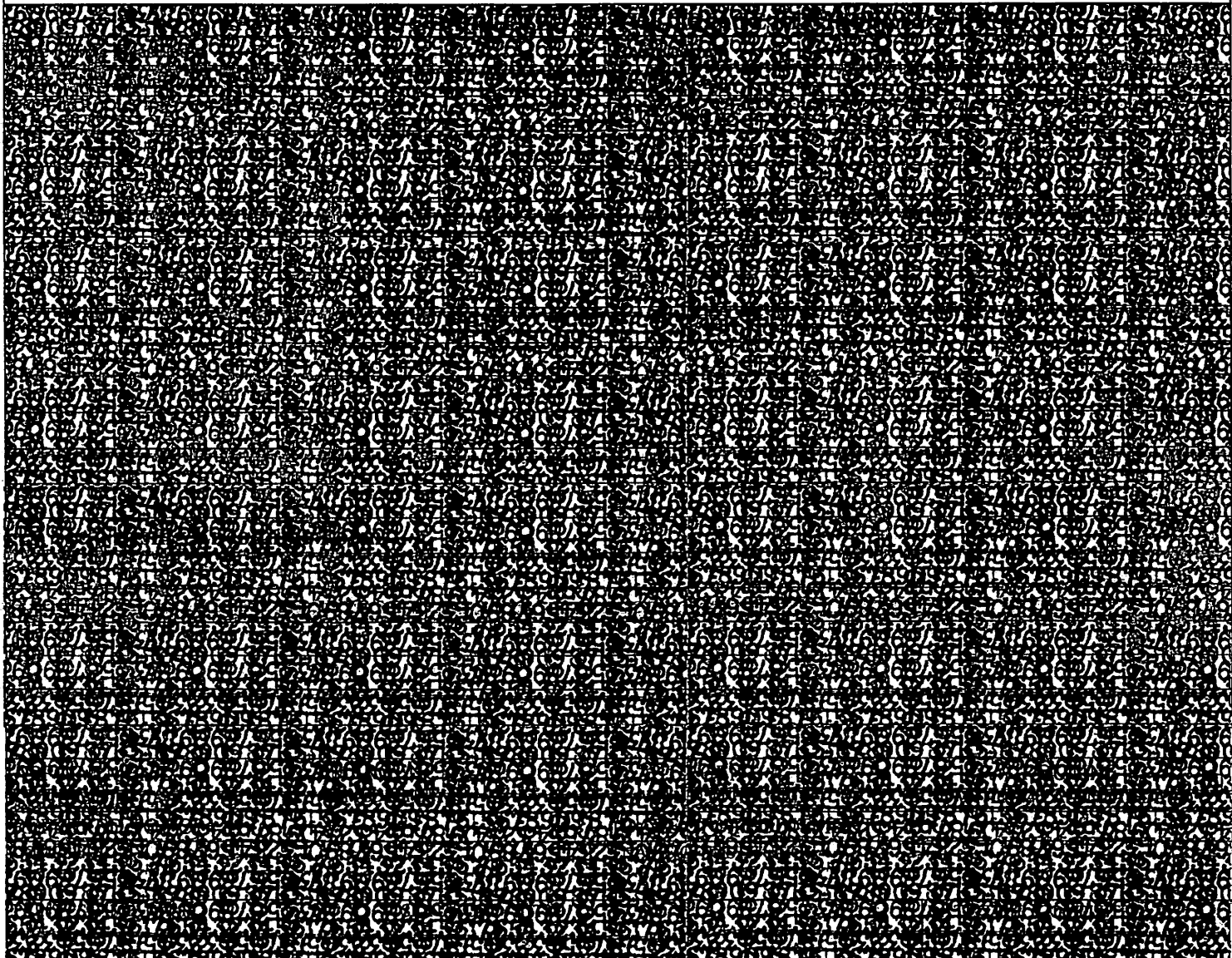
REASON YOU ARE REQUESTING HEALTH CARE SERVICES (Describe Your Health Problem And How Long You Have Had The Problem)

On 26 March 2015, went to see Dr. Leighton for exam/follow-up and she refused to talk to me about my pain issues and had G/Simon remove me from office even though I was NOT aggressive and calmly asking about my treatment options of chronic pain

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

## PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)



9508821

### HEALTH CARE SERVICES REQUEST FORM

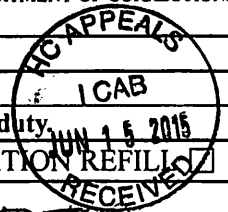
#### PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL  MENTAL HEALTH  DENTAL  MEDICATION REFILL

NAME <u>Schultz, M. J.</u>	CDC NUMBER <u>K31793</u>	HOUSING <u>2EB70</u>
PATIENT SIGNATURE <u>[Signature]</u>	DATE <u>3-30-2015</u>	

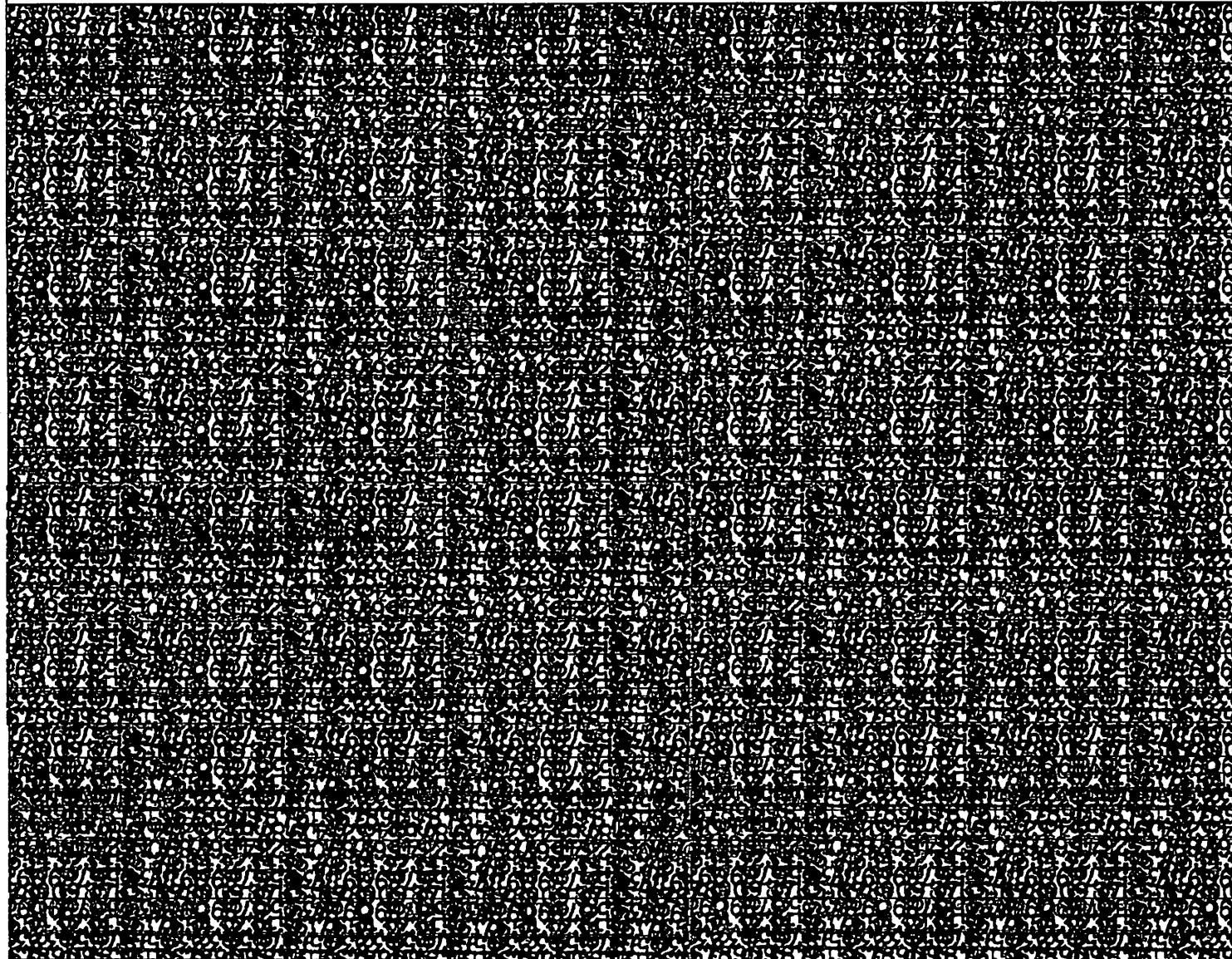


REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) On March 2 2015 gave Med Nurse Cyril Chronoform (Nort 7410) But only 1 mg never seen before. I did not receive my Chronoform until 3/24. But did NOT receive the paper, gave MED NURSE. Since then I've asked repeatedly about my Original or Copy and Not received back. I request to be provided that form or copies of Med Hx at NO Cost.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

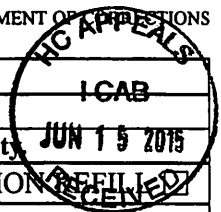
#### PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)



# HEALTH CARE SERVICES REQUEST FORM

9947063



## PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL  MENTAL HEALTH  DENTAL  MEDICATION

NAME <i>Schultz M</i>	CDC NUMBER <i>K31793</i>	HOUSING <i>2ER70</i>
PATIENT SIGNATURE <i>[Signature]</i>		DATE <i>3-31-2015</i>

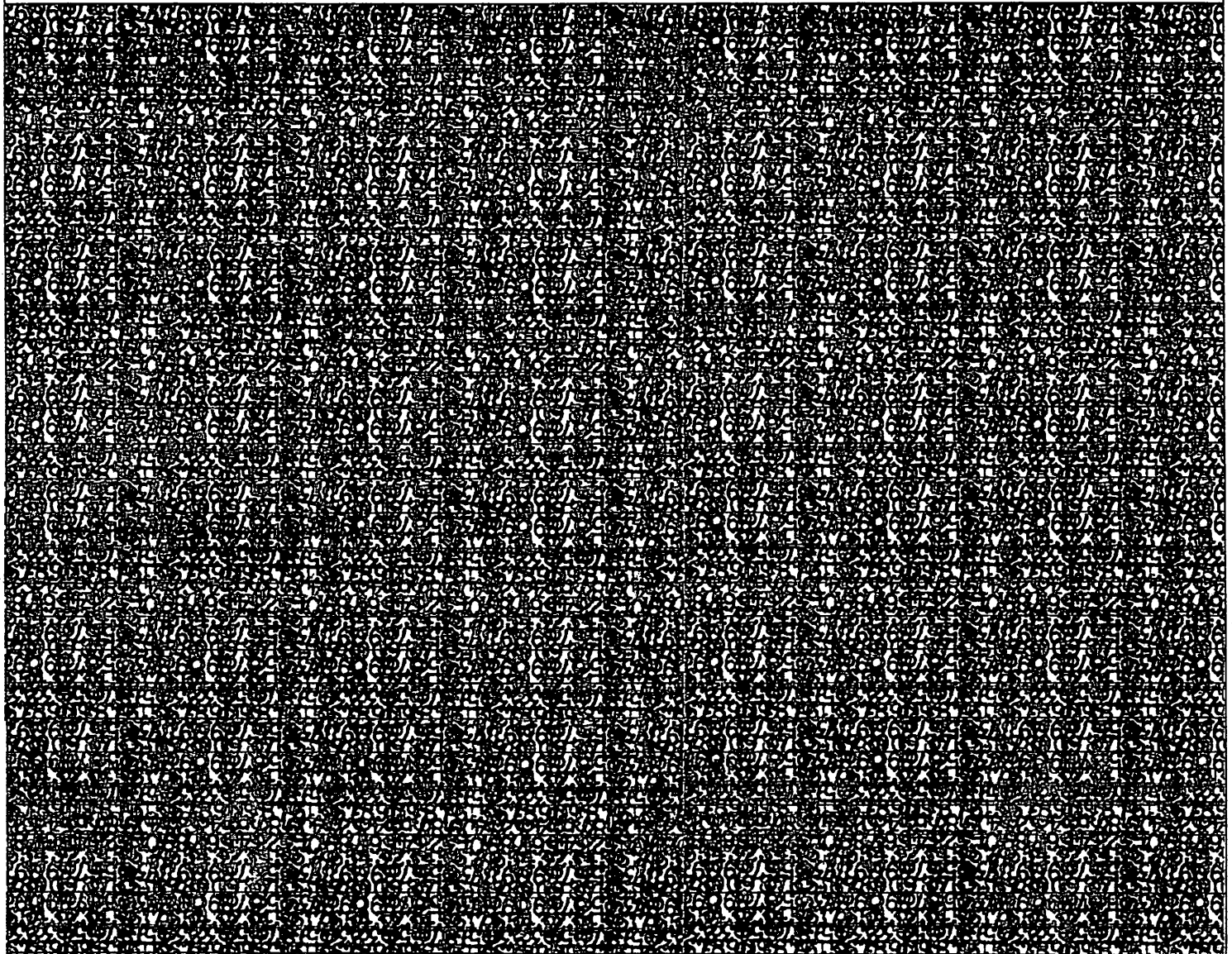
REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

*Since Dr. Beighton has been reducing my pain medication and offering NO alternate solution, I have been in a lot of pain even though I've followed PT advice of isometrics and past doctor's advice of treatment, which helps but only slight and barely without pain meds I'm denied.*

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

## PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)





0063774



STATE OF CALIFORNIA  
CDC 7362 (Rev. 03/04)

# HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS  
**APPEALS**  
ICAB  
JUN 15 2015  
RECEIVED

## PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL  MENTAL HEALTH  DENTAL  MEDICATION REFILL

NAME <i>Schultz</i>	CDC NUMBER <i>K31793</i>	HOUSING <i>2EB70</i>
PATIENT SIGNATURE <i>[Signature]</i>		DATE <i>4-6-2015</i>

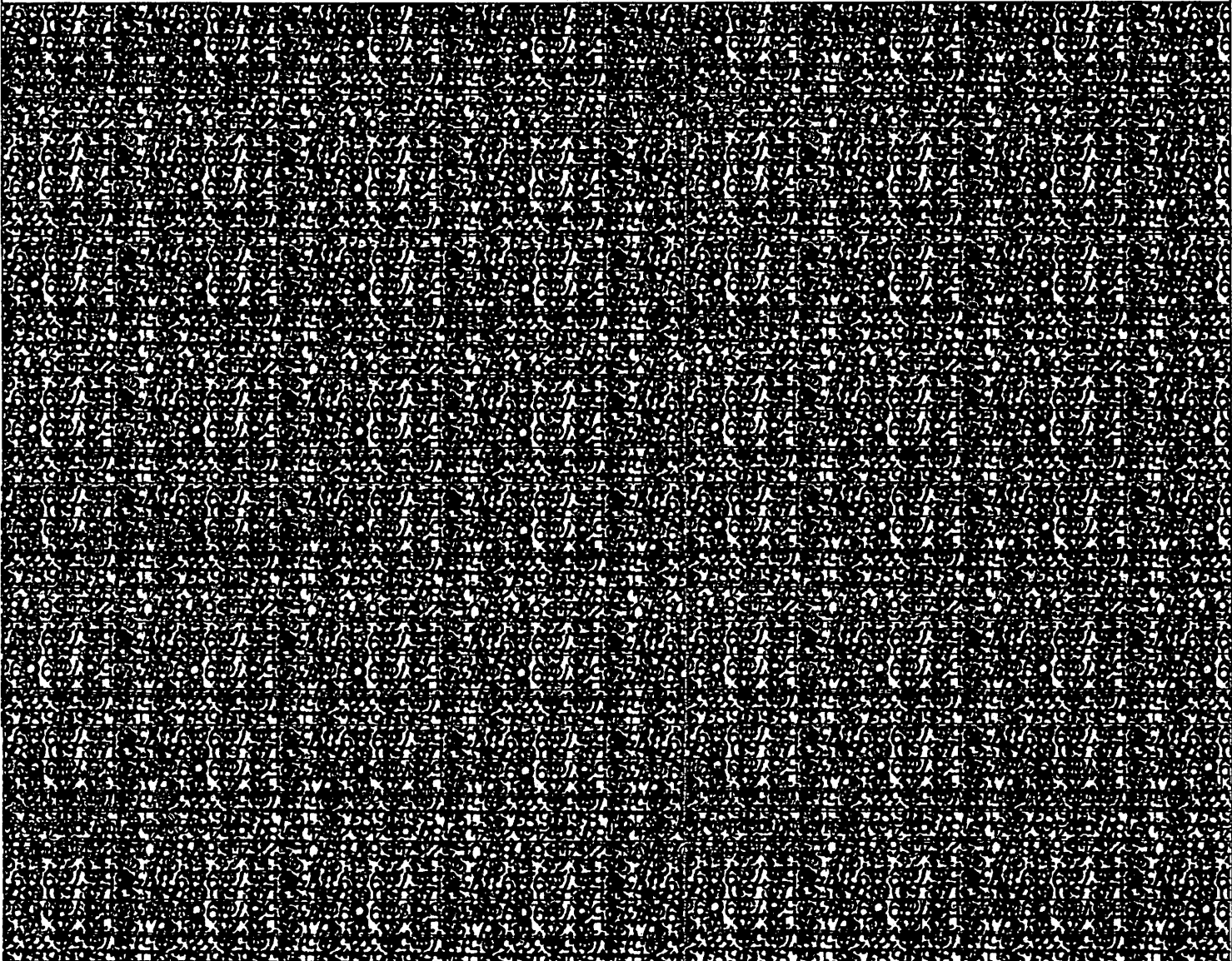
REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

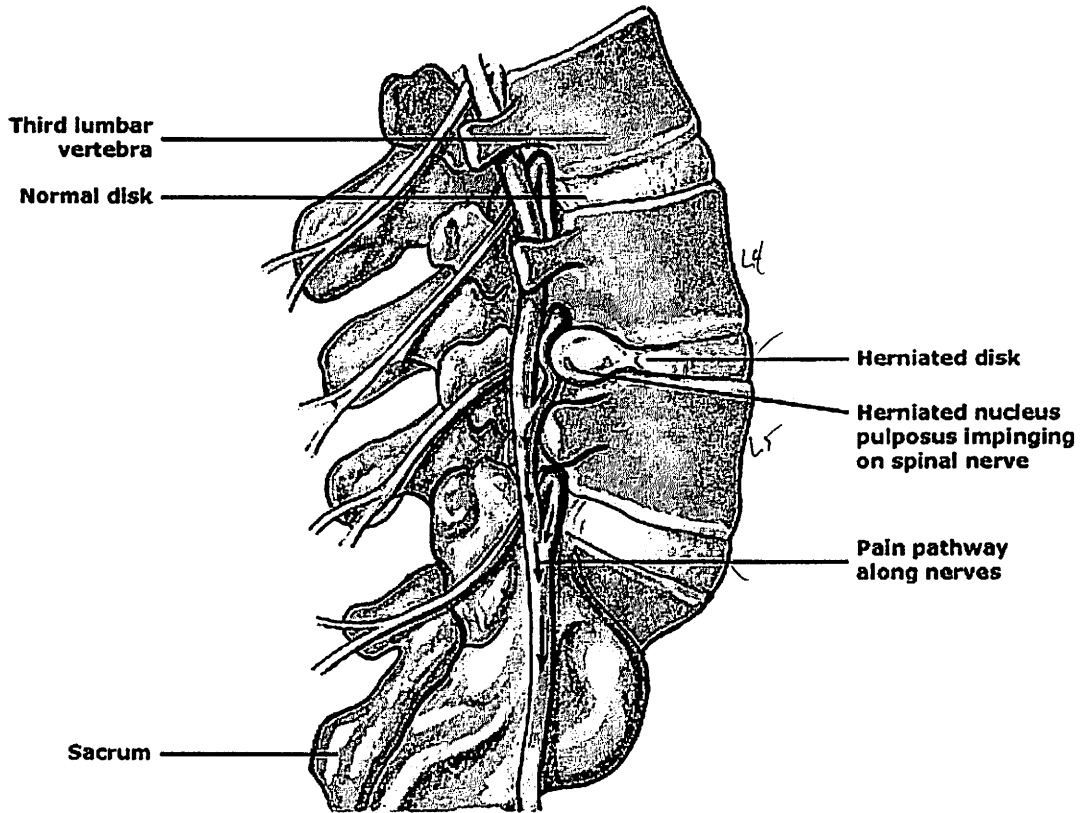
*Request Updated MRI on L-Spine last one done years and years ago and my pain has only worsened and doctor told me to stop playing the pain I am in even after physical therapy and everyday I somatic 3-4x*

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

## PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

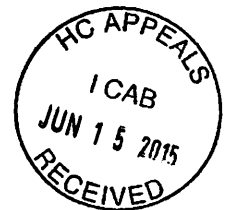
Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)





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# Treatment Options for Sacroiliac Joint Dysfunction

Treatments for sacroiliac joint dysfunction are usually conservative (meaning non-surgical) and focus on trying to restore normal motion in the joint.

Typical treatments for sacroiliac joint dysfunction include:

- **Ice, heat and rest**

~~Initial treatment recommendations will typically include use of ice or cold packs, applied in 15 to 20~~ minute intervals as needed to reduce inflammation in the area, along with rest to reduce irritation. Depending on the duration of sharp, intense pain, ice can be continued anywhere between 2 days to 2 weeks. Once the inflammation is less, gradual return to normal activities may be advisable. Application of heat (such as a heat wrap or hot bath) may help the healing process, but not during the acute, high intense pain time frame.

- **Medications**

First line of treatment often may include pain medications (such as acetaminophen), as well as anti-inflammatory medications (such as ibuprofen or naproxen) to reduce the swelling that is usually contributing to the patient's pain. **Chiropractic manipulations**

Manual manipulation provided by a chiropractor, osteopath, or other qualified health practitioner may help. This can be highly effective when the SI joint is fixated or "stuck." It may be irritating if the SI joint is hypermobile (see previous definitions). This is accomplished by a number of methods including (but not limited to): side-posture manipulation, drop technique, blocking techniques, and instrument guided methods. Your health care provider will choose a method they feel is most appropriate for your specific case. Read more with Chiropractic Procedures for the Sacroiliac Joint.

- **Supports or braces**

When the SI joint is "hypermobile" or too loose, an "orthotic" or brace about the size of a rather wide belt can be wrapped around the waist and pulled snugly to stabilize the area. This can sometimes be very helpful at times when the joint is inflamed or painful. When it calms down, the orthotic can be weaned away.

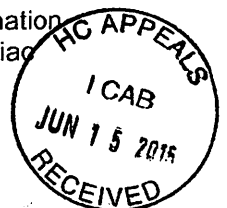
- **Physical therapy and exercise**

Controlled, gradual physical therapy may be helpful to strengthen the muscles around the sacroiliac joint and appropriately increase range of motion. In addition, any type of gentle, low impact aerobic exercise will help increase the flow of blood to the area, which in turn stimulates a healing response. For severe pain, water therapy may be a reasonable option, as the water provides buoyancy for the body and reduces stress on the painful joint. Read more with Exercise for Sciatic Pain from Sacroiliac Joint Dysfunction

- **Sacroiliac joint injections**

While the primary reason for sacroiliac joint injections is to determine whether or not the sacroiliac joint is the cause of the patient's pain, it is also useful in providing immediate pain relief. As part of the injection, an anesthetic (such as lidocaine or bupivacaine, or novacaine) is typically injected along with an anti-inflammatory medication (such as a corticosteroid) to help reduce inflammation around the joint, which in turn will help alleviate the pain. The immediate pain relief can help the patient start with a physical therapy program and return to normal activity levels.

For severe cases of pain that are not addressed by several weeks or months of one or a combination of the above treatments, surgery may be a possible option. In surgery, one or both of the sacroiliac joints may be fused with the goal of eliminating any abnormal motion.



There are four main regions of the back; the cervical (C), thoracic (T), lumbar (L), and sacral (S) regions ([figure 1](#)).

- The 7 cervical vertebrae are located in the neck
- The 12 thoracic vertebrae are located in the upper back
- The 5 lumbar vertebrae are located in the lower back
- The sacrum and coccyx are fused bones, found at the base of the spinal column

The vertebrae are numbered from top to bottom. As an example, the top lumbar vertebra is called the L1 vertebra. Low back pain occurs in the area of the lumbar and sacral vertebrae, most commonly at L4, L5, and S1.

**LOW BACK PAIN CAUSES** — Low back pain can have many causes. However, most people (>85 percent) have "nonspecific low back pain", which is not caused by a specific disease or abnormality in the spine. Many people attribute their back pain to a degenerating disc or arthritis, although problems in muscles or ligaments may be equally responsible.

Rarely, back pain is caused by a potentially serious spinal condition, such as infection, fracture, or tumor, or a disorder called cauda equina syndrome, which causes weakness and bowel or bladder dysfunction as well as back pain. Back pain that is associated with leg pain can be due to a herniated disc or spinal stenosis (see '[Lumbar spinal stenosis](#)' below).

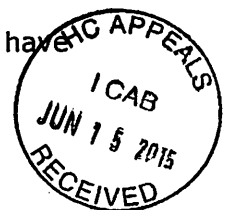
**Degenerative disc disease** — Wear and tear can lead to degenerative disc disease, or the breakdown of the spinal discs, with small cracks and tears and/or loss of fluid in the discs. This can lead to other changes including the formation of bone spurs. Calling this condition a "disease" is somewhat misleading because these changes occur with normal aging and frequently cause no symptoms. In fact, many people have degenerative disc disease seen on x-rays or other imaging studies but have no pain or other symptoms.

**Facet joint arthropathy** — Facet joint arthropathy refers to arthritis in the joints connecting the vertebrae to one another (facet joints). This can lead to bone spurs around the joint and may cause low back pain. However, like degenerative disc disease, facet joint arthropathy is very common with aging and many people have no symptoms.

**Spondylolisthesis** — Spondylolisthesis is a condition in which one of the vertebrae of the lower spine slips forward in relation to another. Spondylolisthesis is usually caused by stress on the joints of the lower back and may be associated with facet joint arthropathy. Although this condition can cause low back pain and sciatica, sometimes it causes no symptoms at all and is diagnosed with an x-ray done for another reason.

**Herniated disc** — Too much wear and tear on spinal discs can lead to herniation of a disc, in which the outer covering is weakened or torn, and the soft inner tissue extrudes (a "slipped disc"). Herniated discs can cause leg pain or weakness if the disc pinches a nerve root ([figure 2](#)). However, herniated discs are frequently seen on x-rays, even in people with no low back pain. Herniated discs usually heal over time because the body breaks down the excess disc material and water within the disc is absorbed, relieving pressure or irritation on the nerve.

A bulging disc is more common than a herniated disc and is seen in half of people who have no back pain. A bulging disc usually causes no symptoms, although occasionally it can cause sciatica (see '[Sciatica](#)' below).



**Lumbar spinal stenosis** — Spinal stenosis is a condition in which the vertebral canal (the open space inside the vertebrae) is narrowed. This is often caused by inflammation due to one or more damaged discs, and is particularly common in older patients. Spinal stenosis can cause neurogenic claudication (see '[Neurogenic claudication](#)' below). However, like herniated discs, spinal stenosis can be seen in people with no symptoms.

**Less common causes of low back pain** — Rarely, low back pain is caused by a serious spinal condition, such as an infection, tumor, or a disorder called cauda equina syndrome, which causes weakness and bowel or bladder dysfunction as well as low back pain. Other potential causes include spinal compression fractures, in which one or more vertebrae become fractured as a result of weakening and thinning of the vertebrae due to osteoporosis.

In younger people, low back pain with morning stiffness can be associated with an inflammatory condition called ankylosing spondylitis. (See "[Patient information: Ankylosing spondylitis](#)".)

**Back pain and work** — Factors that may contribute to low back pain at work include poor posture while sitting or standing, sitting or standing for long periods of time, driving long distances, improper lifting techniques, frequent lifting, or lifting excessively heavy loads. Low back pain is as common among clerical workers who sit for prolonged periods and in people whose jobs require heavy lifting

Psychological factors in the workplace can contribute to low back pain. These include stress, job dissatisfaction, boredom, tension, as well as how the body responds to everyday physical demands. Workplace stress can be eased with counseling; a number of techniques are available. Resolving these psychological factors improves a person's chances of recovering from low back pain.

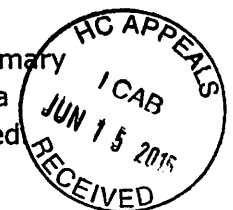
## LOW BACK PAIN SYMPTOMS

**Radiculopathy** — A common feature of low back pain is radiculopathy, which occurs when a nerve root is irritated by a protruding disc or arthritis of the spine. Radiculopathies usually cause radiating pain, numbness, tingling or muscle weakness in the specific areas related to the affected nerve root. Most people with these conditions improve with limited or no treatment, described below (see '[Low back pain treatment](#)' below).

**Sciatica** — Sciatica refers to the most common symptom of radiculopathy. It is a pain that occurs when one of the five spinal nerve roots, which are branches of the sciatic nerve, is irritated, causing a sharp or burning pain that extends down the back or side of the thigh, usually to the foot or ankle. You may also feel numbness or tingling. If a disc is herniated, sciatic pain often increases with coughing, sneezing, or bearing down.

**Neurogenic claudication** — Neurogenic claudication is a type of pain that runs down the back to the buttocks, thighs, and lower legs, often involving both sides of the body. This may cause limping and weakness in the legs. Pain usually gets worse when extending the lower spine (eg, when standing or walking), and gets better when flexing the spine by sitting, stooping, or leaning forward.

**When to seek help** — Most people with low back pain should be managed by a primary care or family medicine provider. If low back pain is caused by a serious condition, a neurosurgeon or orthopedist who specializes in back surgery is usually recommended.



**Medications for pain or fever in adults**

Medication brand name (generic name)	Dose	Repeat dose
Advil, Motrin* (ibuprofen)	200 mg <i>600 per</i> (No more than 3200 mg per day)	Every 6 to 8 hours
Aleve, Anaprox* (naproxen)	220 mg	Every 12 hours
<del>Aspirin*</del> <i>Allegis</i>	325 to 650 mg (No more than 4000 mg per day)	Every 4 to 6 hours
<del>Tylenol*</del> (acetaminophen) <i>Allegis</i>	375 to 650 mg (No more than 4000 mg per day)	Every 4 to 6 hours

\* Precautions for ibuprofen, naproxen and aspirin: Patients with gastritis (inflammation of the stomach), ulcers, kidney disease, or bleeding conditions should speak with a healthcare provider before taking these medications. Patients taking these medications may bleed more easily. Do not take these medications with blood thinners, garlic tablets, ginseng, ginkgo, or vitamin E. Avoid alcohol (includes wine, beer, and liquor). Women who are pregnant or trying to become pregnant should not take these medications.

• Precautions for acetaminophen: Anyone with liver disease or who drinks alcohol regularly should speak with their healthcare provider before using acetaminophen.

