Perrone, Michael v. Adelson, Jaclyn & Anthony & The Standard Fire Insurance Company

Plaintiff : Michael Perrone
D/A : January 18, 2018
Injuries :
Surgeries and Injections :

DIRECT EXAMINATION OUTLINE
Dr. Robert D. Brodner- CME

Use Control F and type in "CAR CRASH". Click "Replace All" and use the type of Car Crash – example "FALL" or "CAR CRASH" in the "Replacement With" line.

Exhibit Number	Exhibit Name	Admitted?
SDT		
Letter from DA		
CME Report – May 5, 2020		
Supplemental Report – December 4, 2020		
Entire medical file		
Deposition List		
Trial List		
Correspondence to/from DA		
Invoices		
Rate Sheet		

DEFENSE TEAM

1. Part of the Defense team

2. Were you retained by the defense in this case to provide testimony?

3. Who retained you?

4. Who did they retain you on behalf of? (4/27/20 letter says DA represents Defendant, Auto Owners Insurance Company

5. What were you asked to do in this case?

6. Michael Perrone is not your patient

7. You did not treat Michael Perrone

8. You were not paid by the Defense to give Michael Perrone recommendations to alleviate him pain

9. Defense paid you to do one physical evaluation of Michael Perrone, review medical records and diagnostic studies and write a report?

10. Are all of your opinions contained within the reports your office provided to my office during the records custodian deposition?

11. Do you have any opinions that are not contained in those 2 reports?

12. We will get to the specifics of your opinion later, but do you agree that Mr. Perrone was injured as a result of the car crash?

13. Within a reasonable degree of medical certainty, Mr. Perrone suffered a sprain/strain of his neck and lower back as a result of the car crash?

QUALIFICATIONS/TREATING PATIENTS

14. Have you gotten any new certifications in the last 5 years?

15. Has what you do in your medical practice changed in the last five years?

16. You split your time between treating people with spinal cord and brain issues?

17. When a patient comes to your office with a spine injury, how do you conduct the exam?

18. How long do you spend talking to a patient?

19. How long does the physical exam take?

20. What are all of the tests you perform on a patient in your office when they have a neck injury?

    a. GO THROUGH EACH TEST
        i. Name of test
        ii. How it is performed

iii. Why it is performed
iv. Why is it important to do that test
v. What does it mean if it is positive or negative/present or not present

21. When you use the pinwheel for neurological testing, are you expecting the person to feel a sharp sensation or dull sensation?

    a. If dull, does that mean sensation is diminished?

22. If when you do the Babinski test, the toes point up, it is a positive exam?

23. What are all of the tests you perform on a patient in your office when they have an injury to their lower back?

    a. GO THROUGH EACH TEST
        i. Name of test
        ii. How it is performed
        iii. Why it is performed
        iv. Why is it important to do that test?
        v. What does it mean if it is positive or negative/present or not present

24. Have you ever operated on a patient who had a painful degenerative disc?

25. You agree that with the patients you treat and actually take on their care, you examine them before making a decision on whether their care should include surgery? Blevins – p.21:5-9

26. Other than patients you see in emergency department that require emergency spine surgery, you examine all of your patients before performing surgery on them? Blevins P. 21:10-15

CMES/TESTIMONY PER YEAR

27. You've done 1000s of these types of CMEs during your career

28. Been doing them since 2004

29. What is the average cost of these evaluations?

    a. $2,000.00
        i. Does that include any review of medical records?
            1. How much does it include

30. How much do you charge for review of additional records?

    a. $500.00/HR

31. Do you still charge $7,500.00 per HALF day for trial testimony?
32. How much do you charge Defense Counsel for conferences?

33. Before COVID – 3-4 /month

34. You do about 50-100 of these evaluations per year

35. In fact, 35-40% of the work you do is being a CME Della P. 51:24-P. 52:2

36. What percentage of expert work do you perform for Defendants vs. Plaintiffs

    a. ROGS SAY 90% Defense

37. You give a lot of deposition and trial testimony, don't you?

38. In fact, You've testified over 100's of times for the defense over the course of your career

39. Since 2017, you've testified in deposition and at trial at least 46 times

40. And every single time it was for the Defense

    Use Depo and Trial List:

    2017- 12 Depos; 1 - Trial
    2018 – 9 Depos; 7 - Trials
    2019 – 14 Depos; 1 - trial
    2020 – 2 Depos; 0 - Trials

    Total: 37 Depos; 9 Trials

41. You are paid $1,500/hour for depositions

42. You would agree that you have been paid millions of dollars by Defense entities during your career as a CME physician

43. How many times has the Defense counsel's firm had you do a CME on other Plaintiffs over the past 3 years?

NO ACCIDENT RECON AND BIOMECHANICAL TRAINING

44. You have no formal biomechanical training

45. You don't hold any certifications as a biomechanical expert

46. You have never been certified or declared an expert in biomechanical or biomedical expertise

47. You are not offering any biomechanical opinions

48. You are not offering any opinions as to the forces applied to Michael's body at the time of the CAR CRASH

49. You have no formal accident reconstruction training

50. You don't hold any certifications as an accident reconstructionist

51. You have never been certified or declared an expert in accident reconstruction

52. You are not offering any accident reconstruction opinions

NOT OFFERING AN OPINION ON LIABILITY

53. You are not offering an opinion on liability in this case

NOT OFFERING OPINIONS – COST OF MEDICAL TREATMENT

54. You are not planning to offer any opinions regarding the reasonableness of the cost of Michael's past medical treatment?

55. You're not planning to offer any opinions regarding the cost of any possible future medical treatment

ASSISTANT SURGEON NOW

56. You started stepping away from surgery in mid-2019

57. By late 2019 into early 2020 you confined your surgery to an assistant role. Della-Pietra P. 29:1-5

NOT A RADIOLOGIST

58. You are not a radiologist

59. You are not a neuroradiologist

60. You are not an interventional radiologist

61. You did not do a residency in radiology

62. You are not board certified in radiology

FUNCTION

63. Doctor, you have no idea about Michael's level or degree of daily activity before this CAR CRASH, do you

64. Or AFTER the CAR CRASH

65. Or Currently

PAIN

66. Pain is something that is real, isn't it?

67. As per what causes pain, what exacerbates pain, you would agree that the patient is in the best position to quantify the pain?

68. And based upon your review of the medical records you were provided, when you look at a diagnostic study, such as an MRI and x-ray, which is the studies you looked at in this case, are you able to see whether or not somebody is in pain by looking at those studies

69. Pain is subjective

70. You rely upon your own patients subjective complaints of pain when you treat them

71. Different people have different levels of pain threshold

72. People with injuries can have good days and bad days

    a. Even after surgery

73. Pain can't be seen on an MRI or an X-ray, correct?

74. MRI doesn't measure pain

75. X-ray doesn't measure pain

76. MRI studies don't show chemical irritation of nerves

77. Chemical irritation of nerves can cause pain

78. Herniated discs don't have to be painful, right?

79. But, they can be made painful by trauma even if they weren't painful before, right?

80. You don't dispute that Michael has been having pain every day since the CAR CRASH

81. Are you going to be offering any opinions whether or not Michael Perrone sustained pain or had pain from the CAR CRASH?

82. Sprains and Strains of the neck can be very painful

83. Sprains and strains of the lower back can be very painful

84. Strains and sprains that cause pain can become permanent

85. AMA guidelines actually provide for a permanent impairment based on subjective complaints of pain alone, don't they?

SURGERIES IN GENERAL

86. Surgery is never a guaranteed cure all for pain

87. Radicular pain, loss of sensation, positive abnormal findings on MRI can make a person a surgical candidate?

88. After someone has a fusion in there spine, their spine is permanently changed

89. Surgeries typically leave scars

    a. Either small puncture wounds

    b. Sometimes long scars

90. ACDF surgeries cause permanent restriction in the patient's range of motion in their neck

91. Anyone who undergoes an ACDF is, under the AMA guidelines, considered to have a permanent impairment rating

92. You have performed ACDF surgeries on your patients in surgery centers in the past

MYELOMALACIA

93. What is Myeolomalacia

    a. As it relates to the spine

    b. As it relates to the brain

94. What is demyelination?

    a. As it relates to the spine

    b. As it relates to the brain

95. These conditions cause neurological symptoms

    a. Such as radiculopathy

        i. Weakness can be an indication of radiculopathy Della P.59:6-8

        ii. Numbness or weakness can be an indication of radiculopathy Della P. 59:9-11

96. These conditions are an indicator for possible spinal surgery

97. When a disc indents the spinal cord or nerve root, that can be a serious condition

98. Some of the symptoms associated with that are pain, numbness, or tingling travelling from the neck down the arm, right?

    a. Weakness in the arms can be a sign of spinal cord compression

    b. Sensory abnormalities found on physical examination can be a sign of spinal cord impingement

99. Spinal cord impingement is a much more serious problem than a strain or sprain injury

GLIAL RESPONSES TO TRAUMATIC BRAIN AND SPINAL CORD INJURY

100. If a condition is noted to be "focal", is that the equivalent of being acute?

101. What is Gliosis

> **Gliosis** is a nonspecific reactive change of glial cells in response to damage to the centralnervous system (CNS).
>
> In most cases, gliosis involves the proliferation or hypertrophy of several different types of glial cells, including astrocytes, microglia, and oligodendrocytes.
>
> In its most extreme form, the proliferation associated with gliosis leads to the formation of a glial scar.
>
> The process of gliosis involves a series of cellular and molecular events **that occur over several days**.[1]

Typically, the first response to injury is the migration of macrophages and local microglia to the injury site.

This process, which constitutes a form of gliosis known as microgliosis, begins within hours of the initial CNS injury.[1][2]

Later, after 3–5 days, oligodendrocyte precursor cells are also recruited to the site and may contribute to remyelination.[1]

The final component of gliosis is astrogliosis, the proliferation of surrounding astrocytes, which are the main constituents of the glial scar.

Reactive astrogliosis is the most common form of gliosis and involves the proliferation of astrocytes, a type of glial cell responsible for maintaining extracellular ion and neurotransmitter concentrations, modulating synapse function, and forming the blood–brain barrier.[3]

CNS trauma[edit]

Acute trauma to the brain or spinal cord results in gliosis, most often in its severe form with the development of a glial scar.

Triggers of gliosis[edit]

In general after any CNS insult, gliosis begins after the blood brain barrier is disrupted, allowing non-CNS molecules, such as blood and serum components, to enter the brain.[6] These components, along with activated macrophages they carry, are known to have a role in beginning the formation of the glial scar by inducing the disconnection of axons, also called secondary axotomy, and the upregulation of fibrous extracellular matrix components which eventually form the scar tissue.[6]

Detrimental effects[edit]

- Restriction of axon regeneration — In cases of glial scar formation, reactive astrocytes enmesh the lesion site and deposit an inhibitory extracellular matrix consisting of chondroitin sulfate proteoglycans. The dense structure of these proteins is a physically and chemically inhibitory barrier to axon regeneration and the reestablishment of axon connections.[4][5]
- Secretion of neurotoxic substances — These may include pro-inflammatory and cytotoxic cytokines. Examples of these molecules include nitric oxide radicals and TNF-α.[4]
- Release of excitotoxic glutamate[5]
- Hindrance of functional recovery and worsening of clinical signs[4][5]

https://en.wikipedia.org/wiki/Gliosis#:~:text=Gliosis%20is%20a%20nonspecific%20reactive,astrocytes%2C%20microglia%2C%20and%20oligodendrocytes.

MRI FINDINGS/DEGENERATIVE ISSUES - GENERAL

102. Medicine is not an exact science

103. People can have degeneration in their spine and not have any pain

104. People can have a herniated disc and not have any pain

105. Just because someone has degeneration in their spine, doesn't mean they need surgery

106. Just because someone has a herniated disco, doesn't mean they need surgery

107. Bone spurs found on an MRI oftentimes do not cause pain

108. Subsequent trauma can cause the areas where the bone spurs are to move, even slightly, which can cause pain

109. Bone spurs found on an MRI do not always require surgery

110. Its Very Very hard to provide a specific date of a finding on MRI

111. Just because someone has degenerative findings in the spine on MRI doesn't mean the herniations are always degenerative, correct?

112. But, a herniated disc can be an indication for spinal surgery

113. Herniated disc a permanent condition

    a. That condition can be made worse due to a trauma

114. Disc injury impinging on a nerve can cause radiculopathy Della P. 67:17-21

115. Disc injury impinging on the spinal cord can cause central pain in the neck Della P. 67:17-21

ASYMPTOMATIC VS. SYMPTOMATIC/AGGRAVATION

116. People with a problem within their spine can often be asymptomatic, meaning they have no pain, right?

117. Trauma, like a CAR CRASH, can cause a herniated in the lower back

118. Trauma, like a CAR CRASH, can cause a herniated in the neck

119. Trauma, like a CAR CRASH, can cause that pre-existing condition to become symptomatic, correct?

120. If someone has a preexisting condition, such as a herniation, they are more susceptible to injury?

121. People with a problem in their spine are easier to hurt due to a traumatic event like a CAR CRASH?

122. Trauma can aggravate a degenerative condition in the spine and cause them to become painful

123. Trauma can aggravate a degenerative condition in the spine and cause an increase in symptoms

124. Trauma can aggravate a degenerative condition, make it become symptomatic, and require surgery

125. If someone has significant degree of degenerative changes in the spine, they typically have increased stiffness?

    a. They also have decreased or lack of plasticity in the neck to absorb trauma?

    b. The neck is more rigid due to arthritis which makes an individual like that more susceptible to injury? Della P.36:13-19

    c. Someone like that is more vulnerable to suffering injuries in their neck or back

126. Just because someone had that degenerative changes does not mean they are going to have spine surgery Della P.37:18-20

127. You would agree with me that the trauma can make an asymptomatic condition symptomatic? "It May" Della P.39:15-18 citing to Tatum v. Peratta depo p.37:6-9.

128. A disc herniation could be made more prominent, more protruding from an accident. Della P. 40:9-11

129. Agree that if a patient has a preexisting herniated disc, a motor vehicle crash can make that become more prominent and symptomatic, correct? Della P.40:21-25

130. You've had patients in your own practice that had severe degenerative conditions that were injured in a car crash and subsequently developed pain. Della P.42:4-7

    a. And you went on and related a surgical intervention to a crash that occurred for those patients. "If they had a surgical problem from the crash, yes" Della P.42:25-P.43:4 citing Dotto v. Sparta Moving P.27:14-18 depo 5/17/17

131. Is that what happened here, that she had an exacerbation of pain as a result of trauma

DISCUSSIONS WITH DEFENSE COUNSEL

132. How many times have you had Discussions with Opposing Counsel

NEED TO KNOW ABOUT THE CONFERENCES WITH ATTORNEYS
Try and get whatever you can before asking about the initial letter

133. Dates/Times/Content

a. Initial Communication – 4/27/2020 Letter from DA to Dr. Brodner enclosing records. "Thank you for your continued assistance in this matter"
    i. Enclosed Complaint, P's Ans to Rogs, MR
    ii. NOT REQUESTING A WRITTEN REPORT
    iii. PLEASE CONTACT ME WHEN YOU HAVE COMPLETED YOUR REVIEW TO DISCUSS YOUR FINDINGS
        1. Signed by Amanda Mollica
b. April 27, 2020 – Email from Jeanetta Faircloth (EE of Dr. Brodner) enclosing CME invoice for 5/5/20 CME– **Tab J**
c. October 2, 2020 Letter to Dr. Brodner enclosing CD of films from Good Samaritan Medical Center and MR from Florida Ortho Care
    i. WE HAVE NO GOOD SAM RECORDS
d. 12/14/20 Fax to DA encl supplemental report
e. Telephone Conferences Listed Separately
    i. How long
    ii. Who was there
    iii. What did you talk about
    iv. Did you take notes
    v. Did you receive any confirming correspondence regarding your conference

GO OVER HIS HAND WRITTEN NOTES – TAB I

134. He has hand written notes in the RC production
    a. What do all the terms mean?
    b. FR, FB, EB, etc…

NEGATIVE SPACE

Name	Know them? Spoke to them?	Review Records?
FACT WITNESSES		
Michael Perrone		
Anthony Adelson		
Jaclyn Adelson		

West Palm Beach Police Department		
Hawley Campbell		
Anthony Adelson		
Officer Streigold		
MEDICAL PROVIDERS/MEDICAL RECORDS		
Dr. Berry Werries		
Florida Orthocare		
Dr. Kevin Chaitoff		
Dr. John Cooney		
Dr. Frank Eismont		
Royal Palm Beach Rehab		
The Center for Bone and Joint Surgery		
Total MD		
MD Now		
Publix Pharmacy		
Okeechobee Chiro Center		
University Health Miami		
Midtown Imaging		
Independent Imaging		
Dr. Mathew Supran		
CVS Pharmacy		
Action Physical Therapy		
North Point Surgery Center		
Dr. Howard Green		
Dr. Michael Nason		
Dr. Carl Spirazzo		
Dr. Lawrence Strong		
Interventional Pain Physicians of South Florida		
Dermatology Center		
Dr. Frank Laurenzano		
Dr. Brian Schnipper		
Okeechobee Chiropractic Center		
Delray Medical Center		
Cleveland Clinic		
Good Samaritan Medical Center		
Tampa General Hospital		

University of Miami Hospital & Clinic		
Hand & Stone Massage and Facial Spa		
Center for Gastrointestinal Endoscopy		
Lewis Rudolph		
Walmart Pharmacy		
Southern Rehab & Therapy		
McKesson		
Dr. Walter Wojcicki		
Dr. Marc Glickstein		
Stephen Zinnanti – PA-C (MDNow)		
Dr. Brian Young		
PT Lindsay May Minthorn		
PT Carol Bercaw		
Dr. Pouya Alijanipour		
North Point Surgery & Laser Center		
Lenscrafters		
Dr. April Jasper		
Cardiology Associates of Palm Beach		
Jean Joseph Martineau, M.D.		
Murray Goldberg, M.D.		
Pierre Andre, M.D.		
Richard Martell, M.D.		
Thomas Bolton, M.D.		
EMPLOYMENT RECORDS		
American Royal Arts		
Granite Telecommunications		
Pop Culture Vault		
INSURANCE CARRIER FILES		
The Travelers Indemnity Company		
Auto-Owners Insurance Company Southern-Owners		
Blue Cross Blue Shield of Massachusetts		
Allstate Insurance Company		
Esurance Insurance Company		
ATTORNEYS		
Brian Pita		

James Kehoe		
DEPOSITION TRANSCRIPTS		
Jaclyn Adelson		
Michael Perrone – 3/13/20		
EXPERTS		
Dr. Eric Pfieffer		
Dr. Robert Brodner		
PLEADINGS/DISCOVERY		
Interrogatories answered by Plaintiff		
Update Interrogatories Answered by Plaintiff		
Interrogatories answered by Defendant		
Update Interrogatories answered by Defendant		
Amended Complaint		
Request for Admissions Answered by Plaintiff		
Request for Admissions Answered by Defendant		
Complaint		
HOW INJURY OCCURED		
VIDEO OF CAR CRASH		
ANY SURVEILLANCE OF CLIENT		

135. Can a CAR CRASH cause (GO THROUGH ALL OF Michael'S COMPLAINTS)
    a. Go through which are neurological

CLIENT'S		
COMPLAINTS/DIAGNOSES		
Lower back pain		
Neck pain		
Herniated disc in the neck		
Herniated disc in the lower back		

Make a prior herniated disc worse?		
TBI		
Headaches		
dizziness		
Upper back pain		
Middle back pain		
Radiating pain into the shoulder		
Numbness into the leg and toes		
Numbness in the hands		
Shoulder Pain		
Broken fingers		
Problems sleeping		
Bulging disc		
Protruding discs		
Annular tear		
Chronic pain		
Accelerates degenerative condition		
Cause an asymptomatic condition to become symptomatic		
Cause bone spurring over time		
Cause facet hypertrophy over time		
Cause increase pain in the spine		
Trauma to the spine cord		
Focal Gliosis		

136. You are aware, Michael complained of (GO THROUGH ALL OF Michael'S COMPLAINTS) as a result of the CAR CRASH

MRI STUDIES

137. GO THROUGH EACH FINDING ON MRI/CT/X-RAY AND ASK:

a. Those conditions are can be aggravated by a CAR CRASH

Page in PDF Med Chron	Study	Treating Radiologist	Dr. Brodner	Dr. Pfeiffer	

	10/21/06 MRI Lumbar Spine Dr. Wojcicki	Dr. Wojcicki. 1. Far Lateral Disc Protrusion on the left at L3-4 into the inferior neural foramen. 2. Broad based disc bulge at L4-5 with an annular fissure or tear on the left.	L3-4 lateral disc protrusion on the left L4-5 bulge with annular tear or fissure on left	1. Far Lateral Disc Protrusion on the left at L3-4 into the inferior neural foramen. 2. Broad based disc bulge at L4-5 with an annular fissure or tear on the left. **IMAGING STUDIES NOT AVAILABLE FOR REVIEW**	
	10/21/06 MRI Cervical Spine Dr. Wojcicki	Broad Based Central Disc Protrusion at C3-4 with mild cord compression, but no spinal cord edema.	C3-4 central disc protrusion with mild cord compression **HE DID NOT SEE THIS STUDY. IT IS A DIFFERENT INTEPRETATION THAN PFEIFFER**	C3-4 Disc Bulge narrowing the central canal without flattening the cord **IMAGING STUDIES NOT AVAILABLE FOR REVIEW**	
	5/18/09 x-Ray – Right Shoulder			Minimially displaced radial head fracture **IMAGING STUDIES NOT AVAILABLE FOR REVIEW**	
	8/6/00 X-Ray of Right Elbow			Healed fracture of the radial head **IMAGING STUDIES NOT AVAILABLE FOR REVIEW**	
	12/17/13 Chest Xray at Good Samaritan MC			Exaggerated thoracic kyphotic curve Mild mid and lower thoracic disc space narrowing Endplate remodeling	

				No fracture or collapse	
	2/28/15 MRI Lumbar Spine McKesson Dr. Glickstein	**<u>Spinal Levels:</u>** T12-L1: No abnormalities L1-L2- Narrowing of the intervertebral disc spaces. This is commensurate with degenerative changes involving the vertebral body endplates. Associates disc desiccation is also present. L2-L3: No abnormalities. L3-L4: No abnormalities. L4-L5: This level shows bilateral facet arthropathy with no significant foraminal encroachment. This level is otherwise unremarkable. L5-S1: This level shows bilateral facet arthropathy with no significant foraminal encroachment. This level is otherwise unremarkable. **<u>Impression:</u>** Mild degenerative changes are present in the lumbosacral spine.		Straightening of lumbar lordosis L1 - Significant remodeling and mild loss of height anteriorly L1-2 – Loss of disc height with more prominent disc desiccation. Circumferential disc bulging, greater anteriorly than posteriorly, with significant associated marginal osteophytes. Modic Type II endplate changes greatest at L1 and L2 anteriorly. Posterior bulge indents the thecal sac L2-3 disc height is preserved. Posterior margin of the disc is slightly flattened. No significant spinal canal stenosis. But, mild foraminal narrowing due to disc bulging L3-4 – posterior margin of disc flattens the anterior aspect of the thecal sac. Mild facet thickening.	

				Disc bulge narrows the left neural foramen and right neural foramen with only mild narrowing of central canal L4-5 – Disc desiccation with mild disc bulge. Mild bilateral facet hypertrophy causing moderate right and moderate to severe left foraminal narrowing. L$ nerve is not compressed but is elevated. Mild central canal stenosis L5-S1 – Disc height well maintained. Shallow midline disc bulge Left great than right facet hypertrophy causing moderately severe bilateral foraminal narrowing, worse on the left.	
	3/14/16 MRI Lumbar Spine Midtown Imaging			L1-2 – Relatively stable. Slight posterior disc bulging slightly narrowing foramina –	

				NO WORSE THAN PRIOR STUDY L3-4 flatterning of the posterior margin of the disc and slight facet thickening with mild biulateral foraminal narrowing. L4-5 – disc desiccation with broad based disc bulde. Chronic bilateral facet hypertrophy and there is moderately severe bilateral foraminal narrowing – UNCHANGED L4-5 – Subtle Annular Tear on left L5-S1 – chronic facet hypertrophy with shallow midline disc bulge without significant spinal stenosis. Moderately severe foraminal narrowing.	
	4/4/16 Chest X-Ray Total MD			Hyperinflated lungs with widening of the AP diameter of the check compatible with obstructive airway disease Exaggerated kyphotic curvature of the thoracic spine with **mild wedge**	

				compression deformities at T8/	
	1/19/18 X-ray of Cervical Spine MDNow		No acute changes	No fractures or subluxation seen. **STUDY NOT AVAILABLE FOR REVIEW**	
	1/19/18 X-ray of Lumbar Spine MDNow		No acute changes		
	2/17/18 MRI Cervical Spine Independent Imaging Dr. Young	Findings consistent with spasm. C2-3. Disc bulge with superimposed posterior herniation with annular tear/fissure. C3-4. There is a posterior herniation with cord impingement with central stenosis. There appears to be cord flattening with signal withing the left and right cord, the axial views cord signal on the sagittal T2 images. Findings, which suggest contusion or malacia. C4-5. Posterior herniation C5-6- posterior herniation with central stenosis C6-7- disc bulge C7-T1- No HNP or stenosis	C3-4 disc /osteophyte complex with secondary spinal cord compression Signal change within the spinal cord at C3-4 which may represent myelomalacia	Age appropriate diffuse disc desiccation Upper lordotic curve shows some straightening C3-4 – Greatest loss of disc height and endplate remodeling with chronic anterior and posterior spurring Disc bulging with anterior and posterior extension, elevating the posterior longitudinal ligament. Central canal (which is congenitally somewhat narrow), is moderately indented. Cord is slightly flattended No reactive edema.	

				Bony osteophytes around the disc margin. Spurring contributes to mild foraminal narrowing on both sides **suggests these findings are chronic** No acute edema on STIR imaging **<u>Focal Gliosis</u>** SEE ABOVE FOR INFO ON THIS C2-3 – Unremarkable C4-5 slight loss of disc height posteriorly Left lateral recess and foraminal narrowing C5-6 – slight loss of disc height posteriorly Mild central and foraminal narrowing due to joint hypertrophy and facet thickening C6-7 – slight loss of disc height posteriorly.	
	2/17/18 MRI Lumbar Spine	T12-L1- No HNP or stenosis L1-2- Disc bulge with mild central stenosis L2-3- No HNP or stenosis	DDD with bulging but no evidence of disc herniation or neural impingement	Height and alignment of vertebral bodies are well maintained T11-12 – mild disc desiccation	

	Independent Imaging Dr. Young	L3-4- Disc bulge with mild central stenosis L4-5- Disc bulge with left foraminal annular tear/fissure and mild central stenosis. L5-S1- disc bulge		L1-2 – Mild disc desiccation L3-4 – Disc height is maintained but there is flattening of the posterior margin disc which minimally indents anterior thecal sac. Left bulging and mild hypertrophy causing left foraminal narrowing. L4-5 – Mild disc desiccation and bulge annular tear adjacent to the existing L4 nerve root, **no larger than in 2016** L5-S1 – mild loss of disc height posteriorly and mild bilateral fcet hypertrophy. Left neural foramen is moderately stenotic.	

138. Your position as the Defense doctor is that none of the findings on the MRIs were caused by the CAR CRASH

139. Before the CAR CRASH, did Michael ever complain of radiculopathy symptoms from his neck to his arms?

140. He never complained of numbness or tingling going into his arm before the crash

141. He never complained of weakness in his arms before the crash

142. He never complained of shooting pain into his arm before the crash

143. Before the CAR CRASH, was Michael ever recommended to have surgery to his lower back?

144. Before the CAR CRASH, was Michael ever recommended to have surgery to his neck?

ULTIMATE OPINION

145. In all the cases in your list of trial and deposition testimony where you testified as a CME doctor, did you ever testify, in even one case, that the Plaintiff's injuries were, in fact, caused by the accident they were in?

146. The majority of cases you do a CME, you find that there is not an injury, correct?

147. Do you have an independent recollection of performing the CME on Michael?

148. You conducted your CME physical exam about than 2 years and 4 months after Michael's CAR CRASH, right?

LIST DATE OF CME May 5, 2020

149. She had already gone to over 23 medical appointments related to the CAR CRASH before your CME
   a. Spent two nights in the hospital
   b. Had multiple injections to lower back
   c. Had multiple rhizotomies to lower back
   d. Had already undergone Neck Fusion surgery

150. Its your opinion that Michael, at most, had a sprain/strain because of the CAR CRASH?

151. And that at most, she needed a couple of months of conservative treatment?

152. The Defense firms that hire you each year pay you a lot of money, don't they?

CME EXAMINATION –

This section will be modified to incorporate the CME report findings

153. Did Michael answer all of your questions?

154. What tests did you perform during the physical examination?

    a. Findings?

155. You wouldn't expect to find spasm almost 2.5 years after an injury, right?

156. Tenderness is a subjective response to an objective maneuver by a physician, correct?

157. **CME REPORT SPECIFIC EXAMPLE -** Could not feel the pinwheel during your neurological exam

    a. Describe the test
    b. Why done
    c. Why important

158. **CME REPORT SPECIFIC EXAMPLE -** Switched to Safety Pin

    i. Describe the test
    ii. Why done
    iii. Why important

OPINIONS – GO THROUGH MEDICAL TREATMENT

159. As far as the medical records that you have reviewed either before or after the crash, you have no reason to dispute the findings on physical examinations performed by those physicians that treated Michael, correct?

160. Do you agree that Michael suffered any type of injury because of the CAR CRASH?

    a. Sprain/Strain

161. Do you know when that Sprain/Strain went away?

162. A Sprain/Strain could last days, to weeks, to even months

163. You agree that a condition can become a "chronic" condition is it lasts 3 months;

    a. 6 months?

164. A herniated disc can cause chronic pain

165. Can you say with certainty that Michael did not experience pain when she fell?

166. You know Michael still complains of pain because of the CAR CRASH, right?

167. Its been over 3 years and she is still in pain, can you state within a reasonable degree of medical certainty when she will not have pain anymore?

168. Go through the Med Chron and point out the Neck Complaints

169. Go through the Med Chron and point out the Low Back Complaints

AGGRAVATION OF PREEXISTING CONDITION

170. You believe Michael's conditions in him neck and back are degenerative, right?

a. They pre-existed the CAR CRASH?

171. Michael's pre-existing condition made him more susceptible to injury

172. He was easier to hurt than someone who doesn't have those pre-existing conditions

173. Do you agree that the CAR CRASH could have aggravated those preexisting conditions?

e. Even if just temporarily?

174. You have no idea how often Michael had pain in his neck or back during the year before this crash?

175. When he did have pain before this crash, you have no idea of the severity, right?

176. You actually didn't ask him about his pain before the crash, did you?

177. You didn't ask him to rate the pain he had before the crash, did you?

178. You didn't ask him if his pain got worse after the crash, did you?

179. Michael didn't have any treatment to his neck after July 2015 until this crash.

180. After that little bit of chiropractic treatment that finished in July 2015, you haven't seen any other records showing Michael needed medical treatment to his neck until the crash we are here for today

181. So clearly, the frequency and degree of neck pain that he had was not serious enough for him to seek medical treatment, correct?

182. You never asked him when the last time he had neck pain before the crash, right?

183. At no time before this crash did any doctor ever recommend Michael to have neck fusion surgery

184. When you saw him, he still had complaints of pain in his neck and back, right?

OPINIONS – REASONABLE TO HAVE INITIAL TREATMENT

Use this section to list all of the medical providers, hospitals, chiropractors, etc…that client saw that would be included in whatever time frame the CME doctors gives for treatment – The following are examples:

185. It was reasonable for him Michael to go to MDNow after the CAR CRASH, right?

   a. You would agree that the evaluation and treatment she received at the **MDNow** was medical necessary and causally related to the CAR CRASH

186. It was reasonable for him to be treated by Dr. Werries at Florida Orthocare, right?

   b. That treatment at the hospital was medically necessary and causally related to the CAR CRASH

187. It was reasonable for him to have the diagnostic studies at Independent Imaging, right?

   c. Those studies were medically necessary and causally related to the CAR CRASH

188. It was reasonable for him to be treated by Dr. Eismont at University of Miami Hospital, right?

   d. That treatment at the hospital was medically necessary and causally related to the CAR CRASH

189. It was reasonable for him to physical therapy at Action Physical Therapy after the CAR CRASH, right?
   a. At least for a two to three months

190. Was it reasonable for him to have injections for pain in his lower back?

   a. Why or why not? Go Develop this.
   b. Did she need it because of the CAR CRASH?
      i. If not, why did she need it?

191. Was it reasonable for him to have the Rhizotomies for pain in his lower back?

c. Why or why not? Go Develop this.
d. Did she need it because of the CAR CRASH?
    ii. If not, why did she need it?

192. Was it reasonable for him to have neck fusion surgery with Dr. Eismont?

a. Why or why not? Go Develop this.
b. Did she need it because of the CAR CRASH?
    iii. If not, why did she need it?

193. Should the doctor's have performed any of these surgeries on Michael? Whether related to the CAR CRASH or not?

194. If your opinion is that the surgeries are not related to the CAR CRASH, what is your opinion as to what was the cause of the need for the surgeries?

INVOICES/PAYMENTS

195. Invoices:

a. Invoice **5/1/20** - $2,000.00 Initial Retainer
b. Plus Depo Prep and any other charges?
        a. THERE ARE NO INVOICES FOR CONFERENCES

196. You've been paid a total of $_____ for the CME and review of all records

197. You've been paid a total of $_____ for telephone conferences with Defense Counsel

198. I'm paying you $1,500.00 per hour for your deposition for a Total of about _____.

199. You've been paid **$_____**to give your opinion to the Defense already and you have are still owed _____

200. How long did the CME take?

b. Question session
c. Physical Examination