Highland Musculo-Skeletal Associates, Inc.

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Orthopaedic Surgeons

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918 Terminal Tower
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RE: Lester Walendzik
Case No. 323299 (Cuyahoga County)
DOI: 12/21/95

Dear Mr. Mallamad:

I evaluated the above plaintiff in my office OR December 5, 1997 in reference to alleged residuals of injury sustained approximately two years prior to this evaluation. Throughout the history and physical his attorney, Mr. Jeffrey Kolt, accompanied him.

The accident described was somewhat unusual. There were actually two separate incidents. He was a driver and operator of a large semi-truck heading southbound on I-271, just south of the 322 exit. Approximately 4 p.m. a car cut in front of him and a sideswipe collision occurred. He then pulled his rig over to the side and was actually in a Mayfield Heights police cruiser on the side berm making a police report. He was in the rear seat without a seat belt when the second accident occurred. The police vehicle was rearended and the plaintiff stated he was thrown about the interior of the car. There was no loss of consciousness.

He was initially taken to the Meridia Hillcrest Hospital Emergency Room with complaints of back pain. The actual complaints at that time, however, were mostly neck pain. He was evaluated by the emergency room staff and x-rays were performed of his cervical spine only. This was normal. There were no real

complaints of his low back at that time. He was discharged with a diagnosis of mild cervical strain secondary to the motor vehicular accident.

We followed up with Dr. Ashok Patil who initially saw him on or about December 26, 1995, approximately four days after the car accident in question. His chief complaints at that time were diffuse pain in the neck and lower back region, along with muscle spasm and stiffness. He also complained of stiffness in his left knee and some chest pain. The entire care and treatment was a series of physical therapy sessions, primarily that of modalities. He was also treated with nonsteroidal anti-inflammatory medications, as well as some narcotic analgesics. He was, on one occasion, given a shot of Depo-Medrol, an injectable steroid because of severe low back pain. When carefully questioned, the bulk of his low back symptoms were in his back only, not a radiating or radicular type of pain. The physical therapy was solely that of cold packs and electrical stimulation. He stated that the treatments went on for approximately 10 months, approximately twice a week. The records of the therapy sessions were unavailable for review.

Because of some subjective complaints of pain radiating into his legs, he was referred for an MRI scan of his lumbar spine. This was performed on April 15, 1996 and a very small minimal disc herniation was noted at the L5-S1 level. There were a number of levels of other mild degenerative disc disease, somewhat less severely involved at the L5-S1 level. The last time he saw Dr. Patil was on or about December 22, 1996 according to the medical records provided. He may have seen Dr. Patil since that time.

The only other physician involved was Dr. Ben Ortega, a neurosurgeon. A one-time consult was carried out on May 6, 1996. Dr. Ortega reviewed the MRI scan and examined the patient. This was not felt to be a surgical abnormality and caudal epidural blocks were recommended. These were carried out on May 16, 1996, May 30, 1996, and the final block on June 13, 1996. There has been no other care or treatment.

CURRENT MEDICATIONS included only over-the-counter Tylenol.

WORK HISTORY: At the time of the accident, as noted", he was a truck driver. He was doing local deliveries for the Atlas Iron Company. The hardest thing he had to do was occasionally tarp his load. He was out of work for about 10 months. This was, by his history, related to low back pain and not leg pain. He apparently lost that job after a second injury when he was moving an item and reinjured his back. The records involving the care and treatment of that condition were not available for review. He is currently a truck driver for the Rob Ryan Company.

PAST MEDICAL HISTORY revealed no prior problems with his neck, knee, or low back area,

CURRENT SYMPTOMS: The bulk of his symptoms are intermittent in nature. He has no constant symptoms on a daily basis. The bulk of his discomfort is in his low back. His knee is "okay".

In reference to his **cervical spine,** he complains of only intermittent aching pain. There is no relation to activity or exercise, posture or position. Weather changes occasionally give him a deep and dull aching pain.

In reference to his lumbar **spine,** "95%" of his pain is in the low back region. He only gets a rare occasional pain radiating into his right leg. This did not follow any particular dermatomal patterns. The bulk of the pain is an aching pain, slightly below the belt line in the midline low back region. He has a special air-ride seat which seems to help his low back on work assignments. He claims to have a limited lifting and bending capacity. He was doing some woodworking and this is somewhat limited because of back pain: He does not participate in sports.

There is an occasional sharp, shooting pain which lasts "just a few seconds" into his right leg only. This does not follow any particular neurological pattern.

PHYSICAL EXAMINATION revealed a pleasant 41 year old male who appeared somewhat older than his stated age. He was noted to ambulate normally in and out of the exam suite. He was able to heel and toe walk without difficulty.

Examination of his cervical spine revealed no restriction of movement in forward flexion, extension, side bending, and rotation. There was no objective abnormality in the musculature in the form of spasm, dysmetria, muscular guarding or increased muscle tone. There was normal muscular development in the neck, upper back, and periscapular muscles. Protraction, retraction, and elevation of the scapulae were performed normally, There was a full range of motion of both shoulders in forward flexion, extension, abduction, internal and external rotation. The elbows, wrists, and small joints of the hand examined normally. **A** detailed neurological examination including sensory, motor and reflex testing of both upper extremities was normal.

Examination of his lumbar spine failed to reveal any objective findings of muscle irritation or injury. There was no spasm, dysmetria, muscular guarding or increased muscle tone noted. There was very minimal restriction of motion in forward flexion, extension, lateral bending, and rotation. This mild limitation (less **than** 10% of predicted normal) was subjectively limited only. His straight leg raising in both the sitting and supine positions were performed to 90 degrees bilaterally. There was mild low back discomfort in Patrick's figure four sign. **A** detailed neurologic examination of both lower extremities was normal. Particular attention to the L5-S1 levels failed to reveal any diminished sensory response, motor response, muscle abnormality, or abnormal reflexes. There were no abnormalities in the lower extremities. Circumferential measurements of both lower extremities at the upper and lower **thigh** and upper and lower calf level were equal and symmetrical bilaterally.

IMPRESSION: Subjective residuals of a neck and low back strain. MRI evidence of a very small clinically inconsequential disc herniation at the L5-Sl level. This, in my opinion, is not related to the motor vehicular accident in question and is not affecting his current medical condition.

DISCUSSION: I have had the opportunity to review a number of medical records associated with his care and treatment. These included records from Dr. Patil and Dr. Ortega, as well as the Meridia Hillcrest Hospital and the Regional MRI in Bedford Heights. The actual MRI films were reviewed.

After careful questioning of the patient's history and physical limitations, as well as after a careful physical examination and review of medical records, I have come to some conclusions concerning his ongoing level of physical impairment.

On the basis of this evaluation he has objectively recovered from any soft tissue injury sustained. Although there is still some continuation of discomfort, no abnormalities were detected. There was a very mild degree of subjective stiffness in his lumbar spine. The bulk of his discomfort for many months has been solely in the low back region. This is not due to the minor disc abnormalities in his low lumbar spine. There is no objective explanation for his ongoing symptoms.

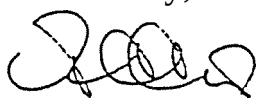
There was not a great deal of documented medical records reviewed to cover the initial 10-month period of time. There is no clear explanation why he was unable to work for this extended period of time, This was a work-related injury. Typically soft tissue injuries of this type heal within a six to eight week period of time and with appropriate rehabilitation people return to fairly vigorous activity within a three to three and one-half month period of time. There is no clear explanation why he was out of work for a full 10 months.

Specifically discussing the "herniated disc" the actual MRI film was reviewed. This shows multiple levels of disc desiccation, that is early degenerative disc disease. The L5-S1 disc is also desiccated which means it has lost a fair amount of its normal water content and does not appear normal on the basis of the MR evaluation. There is a very small disc asymmetry which must be considered a "herniation". It, however, does not impinge on any of the nerve roots nor does it explain his level of back discomfort. This abnormality would not account for his intermittent leg pain.

On the basis of this evaluation he has objectively recovered from any soft tissue injury sustained. In my opinion, the herniated disc is' related to multiple level degenerative disc disease and not to a singular incident of trauma. In that the'bulk of his symptoms have always been in his low back, this would not be characteristic or typical for a disc injury. The long-term prognosis on the basis of this evaluation is favorable. No surgery is or should be considered for this mild abnormality. There is

no direct clinical correlation with the MRI finding. The long-term prognosis is favorable. No further care or treatment is necessary or appropriate.

Sincerely,



Robert C. Corn, M.D., F.A.C.S.

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