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On 5/18/98, Mr. Holland underwent an MRI examination nearly six weeks after the accident. In my experience, individuals with significant trauma to their backs after an accident, undergo MRI studies almost immediately. Overall, the study is considerably suboptimal with respect to image quality, however, some relevant information can be obtained. The vertebral bodies appear normal without any evidence of bone marrow edema (fluid), which is frequently present in cases of significant trauma. There are no disc herniations. At the L1/2, L3/4, and L5/S1 discs, there is loss of signal compatible with a chronic degenerative process. At the L4/5 level, there is significant facet arthrosis (degenerative changes about the joints which connect the vertebral bodies) and foraminal narrowing (spaces where the nerve roots exit the spinal canal). At the L5/S1 level, there are mild right and left lateral disc bulges. All of these findings are typically of a long standing and chronic nature, and are common and expected in obese patients. At no time prior to the date of this MRI study, has Mr. Holland expressed consistent, objective neurologic findings such as numbness or radicular pain (pain along a particular nerve root distribution).

On 5/28/98, David Clements, M.D. examined Mr. Holland and noted that the patient's muscle strength was 5/5 in the lower extremities, reflexes symmetric, with no numbness or tingling. On 6/15/00, Gerald Hayken, M.D., and on 12/8/00, James Brodell, M.D. independently examined Mr. Holland. They came to similar conclusions in their physical exams and diagnoses as Dr. Clements. All three physicians felt that Mr. Holland sustained lumbar strain as a result of the accident, superimposed on pre-existing degenerative spine disease.

Mr. Holland also underwent another MRI on 7/6/00. This again demonstrated the chronic degenerative changes at multiple discs and the facet joint degenerative changes. At L5/S1, there is a moderate central and left sided disc protrusion which has progressed since the earlier MRI study. However, this naturally can occur based on the patient's long standing degenerative changes and obesity. More importantly, MRI evidence of disc bulging and herniation is a commonplace finding especially in obese patients, and it only becomes relevant if an individual has symptoms referable to that disc level (radicular pain, numbness, or tingling). Mr. Holland never consistently volunteered any of these symptoms during the objective exams at the emergency department, or during the office evaluations of Drs. Clements, Hayken, or Brodell.

If I can be of further assistance to you, please do not hesitate to contact me.

Sincerely,


Steven J. Deutch, M.D.