GARY I. KATZ, M.D., INC.
MAY MEDICAL BUILDING • ROOM 260
14100 CEDAR ROAD
UNIVERSITY HEIGHTS, OHIO 4412

PHONE 382-9191

ORTHOPAEDIC SURGERY



February 3, 1995

Regional Transit Authority
Douglas A. Gonda
615 Superior Avenue, West
Cleveland, Ohio 44113

RE: [redacted]
RTA File No. [redacted]

Dear Mr. Gonda:

I did examine [redacted] again in my office on January 24, 1995. As you recall, I sent you a letter previously from another examination on October 25, 1993 in my office.

I sent a letter to Mr. Trivers on October 17, 1993 and I sent another letter on November 18, 1994. When I saw this time in January 1995, he is now 34 years of age and still has complaints of lower back pain. He also stated he has not worked since the accident on March 7, 1992.

I reviewed some of the history from the patient. After he'went to Huron Koad Hospital emergency room, he again stated that he went back to the clinic at Huron Koad where he was examined. He was sent to Euclid General Hospital for an MRI of the lower back. He went to Huron Koad Hospital clinic several times. The history was about the same as the previous reports noted.

He again stated that after the injury at work in October 1991, he had pain in the lower back for three to five days afterwards. This completely subsided and he went back to work and got along well until the other incident. He still states there are many things he cannot do. He states he cannot grocery shop, is unable to do lifting, and is somewhat limited. He can only walk five to ten blocks at a time without stopping to rest because of the lower back pain. He felt he could lift up to about ten pounds of weight but no more at a time. He had other limitations that I mention in the przvious reports. He also cannot do construction or landscaping work. The patient stated that Huron Koad Hospital referred him to The Mt. Sinai Hospital neurology clinic where they did other tests, x-rays, and MRIs. He was treated with medications and bedrest. He was admitted to Mt. Sinai Hospital €or a few days for tests. He did not recall which medications he took, but he was given Motrin as one according to the patient.

Later his attorney, Scott Stewart, referred him to Dr. Anschuetz who subsequently admitted him to Hillcrest Hospital in December 1993 for six to seven days. He also saw two other doctors. One was at Hillcrest Hospital for tests and examinations and physical therapy. Since then he has only been

seeing Dr. Anschuetz. He has had other tests including a discogram and myelogram. He was seeing Dr. Anschuetz approximately every month and recently every two months for examinations only. He has had no real treatment since his admission to Hillcrest Hospital in December 1993. He still complains of pain in the lower back, both legs to the ankles with numbness all over both feet and toes. He also complains of pain on the right side of the neck and posterior aspect of the right arm to the index and long fingers including numbness of the thumb, index, and long fingers. The pain is worse with movements. The pain in the lower back and legs is fairly constant even with rest and if he walks or moves around more, the pains usually get worse. Other than that, the history is the same as I reported previously.

I did examine him again and again he had a normal station and gait. He stated he was unable to walk on his heels or toes bilaterally. He had some mild tenderness in the lower back with no spasm, list, or leg length discrepancy. There was no deformity and lumbar lordosis was normal. Straight-leg raising test was normal bilaterally and he had a normal range of motion of the hips with no contractures. There was no motor or sensory loss in the lower extremities and deep tendon reflexes of the legs were normal. There was no atrophy and no sign of nerve root compression.

Examination of the lumbar spine and lower extremities is completely normal and there certainly are no objective findings. This patient clinically by history and physical examination has no evidence of a herniated lumbar disc. Normally, without history and physical findings consistent with a herniated lumbar disc, one would not order MRIs, CT scan, or lumbar myelograms. Again, it is common even in asymptomatic patients for these tests to show bulging or herniated discs. These findings often have no clinical significance and they are totally unrelated to the March 1992 accident.

I reviewed a letter written on November 21, 1994 by Dr. Pearlstein and he also felt the findings on the MKI and CT scan, discogram, and lumbar myelogram after March 7, 1992 were not related or caused by the March 7, 1992 accident. I would agree with this. These statements I have made are mentioned in various studies in the past few years in the orthopaedic literature and I would be happy to provide copies if need be.

I feel this patient does not require surgery to the lower back. He did have preexisting lower back problem and had been going tc Huron Road Rospital after the work injury in December 1991. I mentioned in my letter of November 18, 1994 that he did go back to Huron Road Hospital Clinic on March 19, 1992 and had lower back pain that did not respond to conservative treatment. There was no mention of the KTA accident twelve days before and he was still complaining about his previous work injury to his lower back. He might have had a mild sprain or exacerbation of his previous industrial injury at the time of the KTA accident on March 7, 1992, but certainly this patient has no evidence of a herniated lumbar disc.

Yours truly,

GARY I. KATZ, M.D.

GIK:sh