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November 18, 1994

ORTHOPAEDIC SURGERY

Regional Transit Authority  
Doug Gonda  
615 Superior Avenue, N.W.  
Cleveland, Ohio 44113-1877

LEGAL DEPARTMENT

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RECEIVED RTA

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

Dear Mr. Gonda:

As you recall, I sent you a letter regarding [REDACTED] on October 27, 1993 to Mr. Trivers. Since then I have reviewed other medical records that you sent to me.

First of all, there are records from Huron Road Hospital emergency room dated December 24, 1991, which is several months prior to the bus accident. The physician stated the patient lifted a heavy machine several days before and had lower back pain into the buttocks. There was no previous history of low back problems. His examination showed some spasm and tenderness in the lower back. His diagnosis was acute low back sprain. There were two other visits to Huron Road Hospital emergency room. The first was on December 30, 1991 and the last was on March 19, 1992 or twelve days after the KTA accident. In the March 19, 1992 note from the orthopaedic clinic, the physician stated the patient had L4-5 and L5-S1 disc disease and had failed conservative management. The doctor recommended an MRI. There is no mention on this particular note of the KTA accident from 12 days before. Furthermore, disc disease in the lower lumbar area would not develop in a 12 day period.

When I saw the patient in October 1993, he told me that after the industrial accident he had pain for only seven days and he had no further problem until the RTA bus accident in March. I am unable to explain these discrepancies between the patient's history and the medical records.

I reviewed a letter written on June 15, 1994 to Mr. Stewart from the patient's treating physician. He mentions that the patient had several MRIs before he saw him that indicated evidence of disc herniations in the lower lumbar area. I have already mentioned that these type of findings in an MRI are commonly found even in asymptomatic patients and have no particular clinical significance. Furthermore, tests such as MRIs should only be ordered if there is definite evidence from the history and physical examination that is consistent with a herniated lumbar disc which is not the case in this patient anywhere in his medical records.

The treating physician stated he first saw the patient on August 12, 1992, about four months after the bus accident. He also mentioned the patient had a back injury in December 1991, but after three days he returned to work and was fully recovered. Again, this is not the case as evidenced in the records at Huron Road Hospital. His examination of the neck and lower back revealed muscle spasms of the neck and no other objective findings.

Despite the fact that the patient already had several MRIs and also despite the fact that there was no evidence by history or physical examination of a herniated lumbar disc, other tests were ordered including a lumbar myelogram and CT scan which again showed disc bulging. In my opinion, all the findings in these tests are unrelated to the bus accident previously described.

He mentioned surgery was recommended to the Lower back and the patient was admitted in December 1993 for six days complaining of back and leg and right arm pain. Another MRI test of the lower back was done this time showing disc herniations at L3-4, L4-5, and L5-S1 along with disc bulging and degenerative changes. As I previously discussed, all of these findings are totally unrelated to the bus accident.

The patient also had a discogram of the lower back which I would not pay any attention to. As a general rule, most orthopaedic surgeons or neurosurgeons have given up doing discograms and I would not rely on their findings.

In my opinion, after further reviewing these records and my own previous report, I feel without question that surgery was not indicated on the lower back in this patient. Also, all the tests including the CT scan, MRI, multiple MRIs, lumbar myelogram, and discograms are all unrelated to the bus accident in 1992. This patient never had any findings either by history or physical examination consistent with a herniated lumbar disc and these type of findings are absolutely not indicated. Obviously, surgery is not indicated and I see no reason to change any of my previous opinions after reviewing these additional records.

Yours truly,

*Gary I. Katz, M.D.* (S-KN)  
GARY I. KATZ, M.D.

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