

COPY

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INC.

ORTHOPAEDIC SURGERY

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Doc 461

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Re: Barton Brooke

Dear Mr. Coffee:

I reviewed a large file of medical records pertaining to a February 24, 1994 accident. As you are aware, Mr. Brooke had been scheduled for an examination in my office on May 30, 1995. However, he died on March 2, 1995. According to a coroner's verdict report, the cause of death was listed as "acute intoxication by the combined effects of Phenobarbital, Diazepam, Codeine, Heroin and Diphenhydramine. ACCIDENTAL."

Mr. Brooke apparently ~~was~~ involved as a passenger in an automobile accident that occurred on February 24, 1994 (left front collision). He ~~was~~ seen in the Emergency Room at Hillcrest Hospital on the following day (February 25, 1994) complaining of pain in his neck and right shoulder. Emergency Room record refers to prior cervical discectomy. X-rays of the cervical spine on February 25, 1994 showed anterior fusion at C6-7, but there was also degenerative spurring at C5-6 and moderate degenerative changes on the right side at C4-5. All of these conditions pre-existed the accident of February 24, 1994. He was discharged with a soft cervical collar and Darvocet. His discharge diagnosis ~~was~~ cervical strain and post-traumatic cephalgia.

He was then followed by Dr. Jeffrey Morris who first saw him on February 28, 1994. Dr. Morris diagnosed cervical sprain with pain extension into the right upper extremity with decreased sensation of the fourth and fifth digits. By March 21, 1994, there was ~~some~~ improvement, particularly with regard to the right upper extremity pain, but on April 21, 1994, there were again complaints of worsening of neck symptoms. There was further improvement on May 5, 1994. A repeat X-ray on May 5, 1994 showed no change from the February 25, 1994 Hillcrest Hospital X-rays. Varying degrees of neck pain persisted through the summer and fall of 1994. The records also show references for Neurosurgical referral.

It is of interest that Mr. Brooke had previously been followed at Beachwood Orthopaedics in 1991 when he presented with a history of two accidents, one in 1989 and one 1990. Both of these apparently involved neck injuries after which Mr. Brooke received a good deal of treatment at the Cleveland Clinic and also at

Mt. Sinai. He had already undergone disc surgery (C6-7 anterior cervical discectomy in 1989).

In August, 1994, an MRI scan of the cervical spine at Atrium Center was interpreted as showing a disc herniation at C4-5, post-surgical changes at C6-7, and what ~~was~~ interpreted as "focal bulge or disc herniation" at C5-6. A CT scan of the cervical spine on May 13, 1994 was interpreted as showing "moderate size anterior spurs at C5 and C7." The Beachwood Orthopaedic records contain a number of entries from the Cleveland Clinic dating back to 1989.

Records from Hillcrest Hospital include a cervical myelogram-CT scan done on September 19, 1994 at the request of Dr. Teresa Ruch. These tests showed what was interpreted as "a disc herniation to the left of the midline accompanied by a small osteophyte at C5-6." There ~~was~~ also what was interpreted as a "focal postero-central disc herniation at C4-5."

Hillcrest Hospital records contain the admission on September 19, 1994 for the myelogram-CT scan. There is also an admission from September 13, 1994 to September 18, 1994, apparently for an attempted myelogram which ~~was~~ "not tolerated." The myelogram was thus rescheduled and ultimately done on September 19, 1994 under "heavy sedation."

A file from Dr. John Collis/Cleveland Spine and Arthritis Center dates back to the summer of 1993. Treatment in 1993 was for the lumbar spine (work-related accident - date of injury June 15, 1993). He apparently ~~was~~ not able to work after the June, 1993 accident. He also received physical therapy and a good deal of medication, including Percocet. ~~An~~ MRI scan of the lumbar spine on June 28, 1993 ~~was~~ said to reveal a bulging disc at L4. He underwent a spinal workup in July, 1993 (Dr. Collis) and also had lumbar paravertebral blocks in July, 1993.

Mr. Brooke ~~was~~ again treated by Dr. Collis following the February 24, 1994 accident starting September 9, 1994. Dr. Collis diagnosed "severe midline compression" at the C4 level and he recommended surgery. Dr. Collis performed anterior C4 and C5 discectomies, excision spurs and interbody fusions with bank bone on October 28, 1994. The operative note clearly describes the presence of bony spurs at C4 and C5. In the October 28, 1994 pre-operative and post-operative diagnoses, Dr. Collis indicated degenerated ~~and~~ herniated C4 disc, large with cord compression and degenerated C5 disc with anterior spurs, as well as interspace angulation thought to be a congenital anomaly. In his report of December 30, 1994, Dr. Collis stated that "it is a reasonable medical probability that the automobile accident of May 2, 1994 with subsequent neck injury and pain in the right shoulder ~~was~~ directly caused by that accident and the necessity for surgery and all subsequent treatment was directly related to that accident." Dr. Collis also stated that response to initial treatment was excellent.

The file of records from Deaconess Hospital contains the admission for the October 28, 1994 disc surgery. The "final diagnoses" included herniated cervical disc, degenerated cervical disc and adhesions cervical area. It is of interest that Mr. Brooke had been admitted to Deaconess Hospital on October 12, 1994 for the cervical spine surgery, but the surgery was cancelled. The reason for the cancellation recorded is that "the patient ~~was~~ under the impression that the surgery was to be performed by posterior approach while Dr. Collis had planned fusion by anterior

approach. It was elected to discharge him from the hospital and he was to see Dr. Collis and discuss the surgery with Dr. Collis on the following week. As I previously noted, he was ultimately admitted for the C4 and C5 anterior discectomies and bone bank fusions on October 28, 1994.

Another very large record (two and one-half inches thick) is from the Cleveland Clinic and dates back to 1962 when ~~Mr.~~ Brooke was 3 years old. He subsequently continued to receive his Pediatric medical care (various medical problems). There was a record in 1971 regarding knee swelling, A diagnosis of exogenous obesity was made in 1971. In 1973, there was a note regarding family and behavioral problems. Placement in a Boarding School was discussed in 1973 and 1974. He was admitted for evaluation of fever in 1976. In June, 1976, he also developed groin pain when he ~~was~~ injured at Geauga Lake. This was diagnosed as a muscular (adductor) sprain, but it ~~was~~ felt that there was a large psychologic overlay. There were numerous examinations and consultations with regard to the groin injury.

The next entry is August 22, 1986 and refers to a three month history of neck and shoulder pain which at that time was thought to be "fibrositis." Mr. Brooke at that time was 24 years old, He was given an exercise program at that time. On May 17, 1988, he complained of constant headaches and tension. There are references to psychiatric problems and psychiatric medication in the summer of 1988. He continued to complain of headaches into 1989. In June, 1989, there is reference to an injury to his neck that occurred when he "flipped off" an ATV vehicle while golfing two months earlier. He was treated for neck and trapezius strain and impingement of left shoulder with physical therapy. A diagnosis of cervical radiculopathy was considered. An MRI scan later in the summer of 1989 apparently showed a disc abnormality. A C6-7 anterior cervical discectomy was performed on September 12, 1989 at the Cleveland Clinic (without fusion). There are additional entries of recurrent episodes of neck pain, particularly radiating to the right side, and starting about five weeks after the disc surgery. Analgesic (narcotic) medications were continued. In 1991, he was treated for a testicular problem and subsequently underwent a testicular biopsy. He had rectal fistula surgery in June, 1991. There are a number of other entries regarding neck pain, drug and Cocaine abuse and left shoulder pain, including an entry on September 1, 1991. An examination of September 11, 1991 with Dr. Hassenbusch, the surgeon who performed the anterior discectomy in 1989, made reference to neck pain which he felt was a "strain," although he considered a right cervical disc herniation. He recommended a cervical collar. Mr. Brooke continued to have right-sided neck and right shoulder pain in November, 1991. He was treated for a left heel tendinitis in September, 1992 and a laceration to his left middle finger on November 30, 1992. His left ankle and foot tendinitis was treated with a cast in November, 1992. He underwent left foot (heel) surgery on December 11, 1992. There is a note on June 1, 1993 regarding use of Soma (muscle relaxant). On June 1, 1993, he complained of soreness and stiffness in his neck, There was concern over drug addiction (Soma). All of the records in 1990, 1991, 1992 and 1993 refer to his moderate obesity (weight approximately 230 pounds - plus or minus).

There is a record of injury to the lower back on June 15, 1993 when Mr. Brooke lifted large slabs of slate. Diagnosis on the Cleveland Clinic record on August 11, 1993 was mechanical low back pain. Physical therapy and a "Psychiatric Pain Management" were recommended "for weaning of the narcotics."

A note on February 10, 1994 makes reference to low back pain which was thought to be secondary to degenerated disc disease. **An** examination at the Cleveland Clinic by Dr. Stephen Ockner on April 25, 1994 makes reference to "lower back has gotten worse after working on a porch ceiling" (two weeks earlier). All of the physical abnormalities were related to the lumbar spine. Physical therapy notes in 1994 were listed as being for "exacerbation of chronic neck pain and exacerbation of chronic low back pain." These conditions were both described as being present "since injury lifting on job 1993 June." There were references to the previous cervical injury in 1986 and the cervical discectomy of September 12, 1989. I did not see any reference to a February 24, 1994 motor vehicle accident. On July 20, 1994, there is a note of "recent exacerbation of neck and low back pain." **This** was still felt to be due to the 1993 work accident. Complaints of neck pain were noted in September, 1994. There is also reference to the cervical discectomy and anterior fusion performed by Dr. Collis on October 27, 1994, in a visit at the Cleveland Clinic on November 28, 1994. Valium was prescribed by the Clinic doctor. On January 16, 1995, Analgesic medications, including Percocet, were prescribed.

A file from the Ohio Bureau of Workers' Compensation is for the work-related injury to the lower back on June 15, 1993. There is written documentation that **Mr.** Brooke **was** receiving treatment for the work-related lower back condition at the Cleveland Clinic (Dr. Stephen Ockner) from July, 1993 well into 1994. These records also contain entries from the 1989 cervical disc surgery.

I also reviewed three folders of X-rays.

A very large folder of X-rays from the Cleveland Clinic dates back to 1966 and contains numerous X-rays of the cervical spine and lumbar spine, as well as **varied** extremity, head and chest X-rays. Pertinent to this case (cervical spine-related) **was** the degenerative narrowing at C5-6 back as far as 1988. **An MR** scan of the cervical spine on August 10, 1989 showed an abnormal signal at C6-7, and a **scan** on September 7, 1991 also showed a decreased signal at C6-7, as well as some anterior spurring in the lower cervical region. There was what appears to be an anterior fusion at C6-7.

X-rays from Beachwood orthopaedics include an MRI scan of the cervical spine on August 11, 1994 and a CT scan of the cervical spine (Hillcrest Hospital) on September 19, 1994. There are what I interpret as degenerative abnormalities at C4-5 and C6-7 with a combined degenerative disc/anterior spurring at these levels. The C6-7 disc appears to be solidly fused anteriorly.

X-rays from Deaconess Hospital show an intra-operative lateral X-ray on October 28, 1994. X-rays on October 30, 1994 show status-post anterior fusions at C4-5 and C5-6, as well as the long-standing fusion at C6-7.

Comment: Mr. Brooke, in his brief 32 years (he died of what the coroner described as accidental acute intoxication of multiple drugs on March 2, 1995), has received an enormous amount of treatment in the greater Cleveland area starting when he was a child and continuing through 1994. His medical records document a number of musculo-skeletal problems. He was treated for extremity conditions, **some** of which were traumatic, in childhood, and then an injury to his groin or pelvic area in early teenage years. He apparently started having some problems with his lower

back as early as 1978 and with his neck as far back as 1988. He underwent an anterior discectomy of C6-7 at the Cleveland Clinic in 1989. A spontaneous fusion subsequently developed at this interspace. There are records of spinal injuries in an ATV accident five or six years ago and a work accident (lifting) on June 15, 1993. Mr. Brooke apparently had been totally disabled from work since the June, 1993 work accident. He apparently had done various jobs, including painter, caretaker and handyman. There is documentation that he remained disabled and had complaints of low back pain, as well as neck symptoms when he was involved as a passenger in the February 24, 1994 motor vehicle accident. He continued to receive treatment for the work-related lower back condition after this accident and remained on disability from the work-related low back injury of 1993. He also continued to complain of neck pain which apparently worsened after February 24, 1994. After a number of diagnostic studies, including MRI scans, CT scan and myelogram which showed degenerative disc-spur abnormalities at C4-5 and C5-6, he underwent anterior discectomy and fusions of the C4-5 and C5-6 disc on October 28, 1994, performed by Dr. John Collis. Dr. Collis has stated that the automobile accident of February 24, 1994 caused the injury to the neck which necessitated surgery "and all subsequent treatment."

After reviewing this very extensive record, I disagree with Dr. Collis as to causation of the conditions in the cervical spine in which he performed surgery in October, 1994. The Cleveland Clinic records in particular document that Mr. Brooke had already undergone an anterior discectomy in the cervical spine (C6-7) in 1989, and that he continued to experience "chronic pain" in his neck predominating on the right side prior to February 24, 1994. After review of the large files of X-rays, it is evident that degenerative changes were present in the cervical spine as early as 1988. The scans of the cervical spine in August and September, 1994 show what I interpret as being combined degenerative disc-spur complexes, consistent with progressive arthritic degeneration.

I also question the consistency of history in this case. There are numerous references to behavior problems, non-compliance with treatment, psychiatric disturbances and drug abuse. When Mr. Brooke received treatment at Beachwood Orthopaedic Physical Therapy after the February 24, 1994 accident, there is a note on April 29, 1994 that he was feeling better, but that he "reinjured his neck one and one-half weeks ago while helping his father hold up sheets of plywood." This particular history is of interest in that Mr. Brooke had been declared to be disabled from work by his treating doctor since 1993. This history of injuring his neck while holding plywood was never given to any of his other treating doctors such as Dr. Collis or physicians at the Cleveland Clinic.

From what I can determine from the record, Mr. Brooke probably sustained spraining injuries to his cervical spine, as was diagnosed in the Emergency Room at Hillcrest Hospital on the date following the February 24, 1994 accident. He received appropriate conservative treatment and was responding satisfactorily until he reinjured his neck a month and one-half afterward. There is also extensive documentation that he had long-standing, pre-existing cervical spine degenerative disc disease and had already undergone surgery at the C6-7 level in 1989. Spondylosis (combined degenerative disc disease/osteoarthrosis) is a progressive disorder that would be expected to cause on-going deterioration. Removal of a single disc such as occurred in 1989 would result in correction of

the local problem at that level, but would not have ^{any} effect on the progression of arthritic changes throughout the remainder of the spine.

In my opinion, the conditions for which Mr. Brooke underwent surgery performed by Dr. John Collis on October 28, 1994 were the result of long-standing progressive multiple-level degenerative disc disease and osteoarthritis, associated with spinal cord-nerve root compression from combined spurring/ degenerative disc pathology at C4-5 and C5-6 and not from the spraining injury that occurred on February 24, 1994.

My conclusions are based on careful review of the very extensive medical records which document the basis for my opinions. I do not believe that a fully comprehensive evaluation particularly of causation for the 1994 surgery could have been made without review of all of the records, as well as the X-rays and scans.

Very truly yours,


Robert D. Zaas, M.D.

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