

# **XXXXXXX & XXXXXXXX, Ltd.**

**XXXXXXXX XXXXXXXXXX  
xxx XXXXXX Street,  
XXXXXXXX,XXXXXXXX 89501-2214**

6/21/2016

Claim No: XX-XXXX-XXX  
Your Insured: Karen Ann Monighetti  
Date of Loss: 3/30/2014  
Our Client: Jose XXXXXXXXX-XXXXXXXX

Dear Sirs:

This demand is prepared in an attempt to resolve my client's claim. This demand is not intended to be used in future litigation. This is an opportunity for your company to settle my client's claim within the policy limits of your insured. I am aware of the computerized programs which your company utilizes to evaluate claims and I have organized this demand so as to make that process as easy as possible.

Mr. XXXXXXXXX was involved in the automobile accident of 3/30/2014 with your insured. After the accident Mr. XXXXXXXXX experienced severe pain in his neck, mid-back, lower-back, and chest. Mr. XXXXXXXXX was examined at the accident scene. These injuries were diagnosed, treated and documented by my client's treating physicians. Those records are attached for your review.

The following aspects of my client's claim were gathered from the medical records for your convenience in evaluating my client's claim for settlement.

DOB:	11/17/1980	Height:	5' 7"	Our client is Right-Handed.
Gender:	Male	Weight:	150 lbs	

Medical Records:

Northern Nevada Emergency Physicians  
REMSA, Ambulance  
Renown Regional Medical Center  
Dr. Burke, MD, Quail Surgical and Pain Management

Exhibit A  
Exhibit B  
Exhibit C  
Exhibit D

Dr. Bantum, MD, Silver State Spine Care  
Qualy Medical Systems  
Ralston Family Physicians  
Radiology Consultants  
Reno Diagnostic Centers  
Moreland Physical Therapy  
Walgreens (Prescriptions)

Exhibit E  
Exhibit F  
Exhibit G  
Exhibit H  
Exhibit I  
Exhibit J  
Exhibit K

Medical Specials	\$95,261.51
Future Medical:	412,000.00 to 612,000.00
Property Damage:	\$38,000.00
Income Loss:	\$70,000.00

Future Income Loss: Undetermined

Date of First Treatment: 3/30/2014

### **INJURIES:**

1. General Injury Data
2. Cervical disc displacement
3. Sprains and strains of lumbosacral
4. Sprain/strain of Cervical
5. Sprain/strain Thoracic
6. Sprain/strain of Lumbar
7. Superficial injury of Left shoulder and upper arm; abrasion or friction burn without mention of infection
8. Superficial injury of elbow, forearm, and wrist; abrasion or friction burn, without mention of infection
9. Superficial injury of hip, thigh, leg, and ankle; abrasion or friction burn without mention of infection
10. Chest contusion
11. Left Torso contusions
12. Right Wrist Sprain/Strain
13. Mild Triscaphe Central Perforation Schpholunate Ligament
14. Head Trauma, concussion
15. Brain Injury and Post Traumatic Stress
16. Facet Syndrome C2-3, C3-4, and C4-5

### **LIABILITY:**

Liability is not in question. Your policyholder failed to yield the right of way, failed to exercise proper due care and struck my client's vehicle on the side with such force that my client's vehicle was rolled-over. If you disagree, please contact me immediately to discuss.

The courts have decided all drivers have a duty of care. This means each driver must drive safely while looking out for other drivers, pedestrians, traffic signals, etc. A driver's failure to drive safely is negligent behavior and a breach of his duty of care. When his breach of duty is the direct and proximate cause of a collision, he becomes liable for the injuries he causes.

Mr. Roble's vehicle was determined to be a total loss as a direct result of this accident.

Back injuries are quite common in driver-side impact collisions. The force of the impact can rupture the disks located in and around the spinal cord, and often results in disk herniation. The compression of the back downward into the seat exerts tremendous pressure on the spinal cord.

When the car has no side airbags, a side impact can force the driver's ear against the window and crush the outer flesh. When a side airbag deploys, it explodes outward against the driver's face and ear. The magnitude of the force can puncture, burn, and lacerate the eardrum. Tinnitus (painful or annoying ringing in the ear) can also result from side airbag deployment. In a side impact, the driver's head can strike the vehicle frame or window, causing the brain to hit the inside of the skull. **Depending upon the force of the impact, the driver can suffer anything from a mild concussion to a skull fracture and brain damage as is the case with Mr. XXXXXXXXX.**

The danger to a vehicle occupant like Mr. XXXXXXXXX is also greater because of known risk factors for having a worse outcome from a crash injury. Risk factors that complicate recovery in an acute injury and that apply to Mr. XXXXXXXXX include:

- **Side impact vectors** - Mr. XXXXXXXXX's vehicle was struck from the side in this crash. According to research, when an automobile is struck from behind a ramping effect is created, thereby causing the occupants of the automobile to move sideways. This increases injury. (Warner CY, Stother CE, James MB, And Decker RL: Occupant protection in rear-end collisions: II. The role of seat back deformation in injury reduction. 35th Stapp Car Crash Conference, 1991; SAE 912914)
- **Use of seat belts/shoulder harness** - Mr. XXXXXXXXX was wearing his shoulder and lap seat belt in this crash. According to research seat belts are very effective at saving lives in auto accidents, but there is evidence that they can actually cause more damage in a rear end collision. Because the body is held in place, the neck suffers worse hyperflexion. The cervical spine may also undergo a twisting motion from the shoulder restraint, causing a more complex injury. (Allen MJ, Barnes MR, Bodiwala GG: The effect of seat belt legislation on injuries sustained by car occupants. Injury: The British Journal of Accident Surgery

1985; 16; 471-476)

Documented risk factors for long-term chronic whiplash problems include:

- **Side vector impact** - As with acute injury, being struck from the rear is more likely to produce long-term problems for the victim. (Krafft, M.A., A comparison of short- and long-term consequences of AIS 1 neck injuries, in side impacts. International IRCOBI Conference on the Biomechanics of Impact. September 16-18, 1998, Goteborg, Sweden, 235-248.)
- **Immediate/early onset of symptoms** (i.e., within 12 hours) and/or severe initial symptoms- Mr. XXXXXXXXX felt immediate shock and pain from his injuries. According to research, this indicates greater risk of long-term chronic whiplash injury. (Radanov, BP, Di Stefano GD, Schnidrig A, Ballinari P: Role of psychological stress in recovery from common whiplash. Lancet 338:712-715, 1991.) (Parmar HV, Raymakers R: Neck injuries from rear impact road traffic accidents: prognosis in persons seeking compensation. Injury 24(2):75-78, 1993.) (Radanov BP, Di Stefano GD, and Schnidrig A, et al.: Cognitive functioning after common whiplash: a controlled follow-up study. Arch Neurol 50:87-91, 1993)
- **Initial back pain** – Mr. XXXXXXXXX' immediate neck pain puts him at further risk for long term chronic whiplash. (Radanov BP, DiStefano GD, Schnidrig A, Sturzenegger M: Psychosocial stress, cognitive performance and disability after common whiplash. J Psychosom Res 37(1):1-10, 1993.)
- **Use of seat belt/shoulder harness** - Mr. XXXXXXXXX' use of his seat belt and shoulder harness places him at greater risk of long-term whiplash injury. (Deans GT, Magalliard JN, Kerr M, Rutherford WH: Neck sprain - a major cause of disability following car accidents. Injury 18:10-12.) (Borchgrevink GE, Lereim I, Royneland L, and Bjornadal A, Haraldseth O: National health insurance consumption and chronic symptoms following mild neck sprain injuries in car accidents. Scand J Soc Med 24(4):264-271, 1996.)
- **Initial physical findings of limited range of motion** - Mr. XXXXXXXXX' loss of spinal range of motion place him at greater risk of long-term whiplash injury. (Norris SH, Watt I, The prognosis of neck injuries resulting from rear-end vehicle collisions. J bone Joint Surg 65B(5):608-611, 1983.)
- **Neck pain on palpation, and muscle pain** - Mr. XXXXXXXXX' pain on palpation and pain in his muscles place him at greater risk of long-term whiplash injury. (Suissa S, Harder S, Veilleux M. The relation between initial symptoms and signs and the

prognosis of whiplash. European Spine Journal 2001; 10:44-49.)

- **Headache** - Mr. XXXXXXXXX's headaches place him at greater risk of long term whiplash injury. (Suisse S, Harder S, Veilleux M. The relation between initial symptoms and signs and the prognosis of whiplash. European Spine Journal 2001; 10:44-49.)
- **Initial neurological symptoms; radiating pain into upper extremities** - (Norris SH, Watt I: The prognosis of neck injuries resulting from vehicle collisions. J bone Joint Surg 65B(5);608-11, 1983.)
- **Increasing age** - Mr. XXXXXXXXX is age 35, and a person who is middle aged or older are at increased risk of long-term whiplash injury. (Richter M, Otte D, Blauth M. Acceleration related injury of the cervical spine in restrained car drivers. Investigations on the trauma mechanism and severity of injury. Orthopade. 1999; 28:414-423.)
- **Front seat position** – Mr. XXXXXXXXX' position in the driver's seat places him at increased risk of long term whiplash injury. (Parmar HV, Raymakers R: Neck injuries from rear impact road traffic accidents: prognosis in persons seeking compensation. Injury 24(2):75-78.

**According to Mertz and Patrick:**

**“The unaware occupant is at greater risk of injury.”**

Mr. XXXXXXXXX stated that he was wearing his safety belts (lap and shoulder harness) at the time of the accident.

**According to Allen, Barnes and Bowidala:**

**“Shoulder belts are very effective at saving lives in auto accidents, but there is some evidence that they can actually cause more damage in a rear end collision. Because the body is held in place, the neck suffers worse hyperflexion. The cervical spine may also undergo a twisting motion from the head restraint, causing a more complex injury.”**

The following factors are favorable toward Mr. XXXXXXXXX: Vehicle Photos, Traffic Controls, Weather and Vehicle Damage.

ICD Injury Codes: 293.84, 339.21, 719.41, 719.45, 719.46, 719.50, 721.0, 722.4, 723.1, 723.4, 723.8, 724.1, 724.2, 724.5, 724.6, 724.8, 728.85, 728.87, 729.1, 729.5, 737.10, 737.29, 756.3, 780.50, 780.93, 780.97, 782.0, 782.3, 784.0, 786.50, 789.09, E812.0, E816.0, V71.4 722.0, 846.0, 847.0, 847.2, 912.0, 913.0, 916.0

CPT Treatment Codes: 20553, 64490, 64491, 70551, 71010, 72125, 72131, 72141, 74177, 97001, 97010, 97014, 97035, 97110, 97140, 99144, 99203, 99213, 99214, 99245, 99284

### **PRIOR SUBSEQUENT**

There were no prior or subsequent injuries relevant to the injuries caused by this accident. Mr. XXXXXXXXX was observed to have had no degenerative disease prior to this accident. However, Mr. XXXXXXXXX is now exposed to this disease as a direct result of this accident. **This will have a long-term impact on my client's life and earning capacity.**

### **GENERAL INJURY DATA**

Mr. XXXXXXXXX has suffered a significant brain injury and is currently suffering from that injury as well as Post Traumatic Stress Syndrome.

**Qaly Medical Systems** (report, attached as Exhibit Tab 3, F) performed a forensic review of Mr. XXXXXXXXX medical records. They also completed a client interview and established raw data with related results derived from Psychometric and Psychosocial screenings performed via telemedicine.

Qaly Medical Systems stated,

“1. The findings associated with the client screening process (defined herein) indicate a causally related temporal association to the injuries sustained in the MVC as well as the sequelae emanating therefrom.

2. The related association between the findings and the MVC are based upon the following:

- a. Severe MVC impact forces, crash severity, including rollover and airbag deployment;
- b. Severe bodily injuries and chronic pain resulting in permanent impairment;
- c. Post MVC functional deficits and lack of restoration indicate a failure to return to premorbid level of functioning;
- d. Diminution of earning capacity resulting from pain and functional deficits post-MVC (patient's capacity to work in his business which is dependent on his participation);
- e. Hill's causation indicates correlation of injury and sequelae to the MVC:

- i. All of Patient's cognitive deficits on testing as well as his verbalized and documented cognitive complaints, depression, and sleep deficits, began following the MVC, and there is no evidence of a more likely causal event which explains these symptoms and findings than the MVC.

f. Secondary gain factors such as malingering were covertly assessed and show no indication of client manipulation.”

The report states the following diagnoses indicated by cognitive and psychological screening which are currently being experienced by Mr. XXXXXXXXX at this time due to the instant accident:

1. Multiple cognitive deficits evident on testing; multiple subjective complaints regarding memory, attention, processing speed; notation in records of memory difficulties; presence of chronic pain which has been causally linked in many studies to cognitive impairment.
2. Positive screening for depression; notation of depression in records.
3. Positive sleep screening for hypersomnia; notation of sleep disturbance in records.

Treatment provided to my client, Mr. XXXXXXXXX since March 30<sup>th</sup>, 2013 for injuries sustained in this accident:

<b><u>Provider</u></b>	<b><u># of Tx</u></b>	<b><u>Tx Date</u></b>	<b><u>Prognosis</u></b>
Moreland Physical Therapy	28	9/30/2014	Complaints/treatment recommended
Radiology Consultants	2	8/25/2014	Complaints/treatment recommended
Renown Health	1	3/30/2014	Complaints/treatment recommended
Brian Bantum, MD	15	9/11/2015	Complaints/treatment recommended
Quail Surgical and Pain Mgmt	4	8/31/2015	Undetermined
Todd's body Shop, PLLC	8	11/10/2015	Undetermined

### **History of Complaints:**

<b><u>Symptom</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>
Anxiety/Depression	Brian Bantum, MD	3/9/2016
Sleep Disturbance	Brian Bantum, MD	3/9/2016
Pain	Brian Bantum, MD	3/9/2016
Radiating Pain	Brian Bantum, MD	3/9/2016
Range of Motion	Brian Bantum, MD	3/9/2016
Spasms	Brian Bantum, MD	3/9/2016
Headaches	Brian Bantum, MD	3/9/2016
Stiffness	Brian Bantum, MD	3/9/2016

### **Treatments:**

<b><u>Treatment</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
Electrical Stimulation	Moreland Physical Therapy	3/9/2016	
Hot or Cold packs	Moreland Physical Therapy	3/9/2016	
Ultrasound	Moreland Physical Therapy	3/9/2016	
Therapeutic Exercises	Moreland Physical Therapy	3/9/2016	

Prescribed Medication	Brian Bantum, MD	3/9/2016	Prolonged Intensive
Injections	Quail Surgical and Pain Mgmt	3/9/2016	

### **Therapies:**

<b><u>Therapy</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
Physical Therapy	Moreland Physical Therapy	3/9/2016	Prolonged Regular
Self-Exercise	Brian Bantum, MD	3/9/2016	Prolonged

### **Testing:**

<b><u>Test Type</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Test Result</u></b>
X-Ray	Radiology Consultants	3/9/2016	Negative
MRI	Radiology Consultants	3/9/2016	Positive
CAT scan	Radiology Consultants	3/9/2016	Negative

## **OTHER INJURIES**

Displacement of a cervical intervertebral disc refers to protrusion or herniation of the disc between two adjacent bones (vertebrae) of the cervical spine in the neck (vertebrae C2 through C7). Note that there is no disc between the skull and C1 or between C1 and C2. Although displacement is commonly referred to as a slipped disc, the disc does not actually slip.

The discs between each vertebra form a cushion that absorbs shock and allows movement of the neck. The discs are composed of an inner gel-like material (nucleus pulposus) and an outer ring of tough, fibrous material (annulus fibrosis). Sometimes the fibrous material develops a weak area that allows the nucleus pulposus to intrude into the spinal canal (disc displacement or herniation). Depending on the site of the intrusion, the disc may compress either the spinal cord or the exiting nerves, or both. Pressure on an exiting cervical nerve root where it exits the spinal canal can cause changes in sensory (touch, pinprick, temperature), motor (muscle strength), and reflex function in the innervated areas (upper limb). These types of changes are collectively referred to as radiculopathy; however, disc displacement may also occur without radiculopathy. Cervical radiculopathy also may be caused by tumors, infection, or vertebral fracture. Disruption of the annulus fibrosis itself may also cause symptoms (annular disruption, distension, or tear). This can allow the nucleus pulposus to leak out of the disc, causing an intense and painful chemical inflammation (radiculitis).

Disc herniations (commonly called "soft discs" in the neck) tend to occur in younger adults who have only mild loss of disc height (disc degeneration) and thus have enough disc material still present to produce a protrusion or herniation. **The same radiculopathy symptoms and signs on exam can be produced without a disc herniation in older individuals who no longer have enough disc height (disc material) to produce a herniation,** (as is the case with Mr.



XXXXXXXXXX) but rather have arthritic spurs (osteophytes) as the structure that pinches the nerve root. In these older individuals the term used to indicate the cause of the radiculopathy is "hard disc," meaning bone spur or "bony bar."

Conservative therapy is the first line of treatment except in cases of severe or progressive neurologic compression that is usually in a specific area of skin supplied by a specific spinal nerve (dermatome) and can be matched to an MRI with disc protrusion at the same level. Bed rest is rarely indicated. Intermittent traction may be applied, and the individual may be taught to use intermittent traction at home.

Non-steroidal anti-inflammatory drugs (NSAIDs) may be given to relieve pain and decrease inflammation. Either oral or injected corticosteroids ("cortisone") are commonly prescribed if there is severe radicular arm pain. If pain is severe, a narcotic may be added; in some cases, an antidepressant or an anticonvulsant may be used for its analgesic effect. If anxiety and tension are prominent, sedatives may be helpful. Muscle relaxants are frequently prescribed; however, their effectiveness probably is due to their sedative action. Narcotics, sedatives, and muscle relaxants are ideally used only for brief periods. Ongoing use should be weighed against the potential for addiction or abuse. Other treatments such as ice, heat, massage, and ultrasound therapy may help relieve pain.

As symptoms subside, activity is gradually increased and includes physical therapy to strengthen and mobilize the muscles of the neck and shoulder. An independent home exercise program is an essential component of any physical therapy. Good posture and frequent changes in position may help prevent fatigue and decrease pain. Preventive and maintenance measures, such as exercise, stress management, and proper body mechanics, should be continued indefinitely. If there is no improvement during the first 2 weeks, or if pain is still disabling after 6 weeks, further evaluation is necessary.

Most cases of cervical disc displacement with or without radiculopathy can be managed conservatively. However, surgery is indicated in cases where (1) pain management has failed, and the individual has intractable upper limb pain with imaging evidence of a correlating nerve root compression; (2) there is mechanical instability of the spine associated with disc herniation; (3) signs of neurological deficits are increasing (e.g., progressive or severe muscle weakness or severe arm pain with objective signs of nerve root compression on imaging); or (4) the disc herniation is massive and compresses the spinal cord, causing bowel and/or bladder control impairment, lower extremity weakness, sensory loss, or gait disturbance.

Surgery involves removal of the protruding nucleus pulposus (discectomy). The traditional method for removal of the disc is open discectomy under general anesthesia. The discectomy is most often done through an anterior approach (incision in the front of the neck), and is most often accompanied by a simultaneous fusion, frequently supplemented by use of a plate and screws. An alternative that is occasionally chosen is posterior (back of the neck incision) discectomy in which a portion of the vertebra that acts as a roof (lamina) over the spinal nerve is removed, creating a small window into the spine. The surgeon then removes the herniated disc

material through this opening.

An alternative for younger patients such as Mr. XXXXXXXXX who do not have facet arthritis or other significant aging change is anterior discectomy with simultaneous artificial disc replacement. This procedure appears to give early results as good as anterior cervical discectomy and fusion, but long term results are not yet known or published (Gebremariam).

**Presently, Mr. XXXXXXXXX is pursuing a more conservative treatment protocol in injection therapy.** See Dr. Burke, MD, Quail Surgical and Pain Management Records, Attached as Exhibit Tab 3, D.

The primary focus of rehabilitation for a cervical intervertebral disc displacement without myelopathy is to decrease symptoms and increase function. Although exercise may be uncomfortable initially, individuals must be instructed in the benefits of ongoing exercise in managing the symptoms.

The first goal is to decrease symptoms, primarily pain. In combination with pharmacological management, modalities such as heat and cold can be used. Immobilization with a soft collar is rarely indicated; however with significant soft tissue pain, it might be necessary for a very short period of time (up to 3 days). While managing pain, individuals can be instructed in gentle exercises (Boyce). Due to the variability in response, the treating practitioner must pay careful attention to tolerance to treatment. Initial exercises may include isometrics, stretching and/or gentle range of motion. Spinal manual therapy may reduce symptoms when combined with active treatment. Postural training should be initiated as soon as tolerated by the individual.

Once symptoms subside and range of motion is restored, the individual should progress to strengthening and stabilization exercises of the neck, shoulders and upper trunk (Ylinen). Limited treatment with cervical traction has been shown to be beneficial for neck pain when done in conjunction with exercises, although traction must be carefully administered to avoid adverse response.

The individual should also be instructed in a home exercise program to complement the supervised rehabilitation, and trained to care for and protect the neck from recurrence of symptoms. **Mr. XXXXXXXXX was instructed on home exercise and has followed through with that direction so as to participate in his recovery and mitigate the damages of this loss.** An ergonomic evaluation can prove helpful in avoiding or modifying activities and work positions that may aggravate the symptoms. Psychotherapy may be indicated to support the individual and identify associated factors that may contribute to the symptoms. A short course of cognitive pain management may be beneficial for individuals experiencing psychological distress or lack of improvement with treatment (Klaber Moffett).

## **CERVICAL DISC DISPLACEMENT**

Injury Type:	Disc Injury - herniation, bulge, prolapse, protrusion, fracture
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Duration:	19 to 24 months
Prognosis:	Complaints/no treatment recommended
Physician:	Radiology Consultants
Last Date Noted:	3/9/2016
Physician:	Brian Bantum, MD
Last Date Noted:	3/9/2016

### **History of Complaints:**

<b><u>Symptom</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>
Sleep Disturbance	Brian Bantum, MD	3/9/2016
Spasms	Brian Bantum, MD	3/9/2016
Headaches	Brian Bantum, MD	3/9/2016
Stiffness	Brian Bantum, MD	3/9/2016
Range of Motion	Brian Bantum, MD	3/9/2016
Radiating Pain	Brian Bantum, MD	3/9/2016
Pain	Brian Bantum, MD	3/9/2016
Anxiety/Depression	Brian Bantum, MD	3/9/2016

### **Treatments:**

<b><u>Treatment</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
Electrical Stimulation	Moreland Physical Therapy	3/9/2016	
Hot or Cold packs	Moreland Physical Therapy	3/9/2016	
Ultrasound	Moreland Physical Therapy	3/9/2016	
Therapeutic Exercises	Moreland Physical Therapy	3/9/2016	
Prescribed Medication	Brian Bantum, MD	3/9/2016	Prolonged Intensive
Injections	Quail Surgical and Pain Mgmt	3/9/2016	

### **Therapies:**

<b><u>Therapy</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
Self-Exercise	Brian Bantum, MD	3/9/2016	Prolonged
Physical Therapy	Moreland Physical Therapy	3/9/2016	Prolonged Regular

### **Testing:**

<b><u>Test Type</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Test Result</u></b>
X-Ray	Radiology Consultants	3/9/2016	Negative

## **SPRAINS AND STRAINS OF LUMBOSACRAL**

Injury Type:	Sprain/Strain
Duration:	19 to 24 months
Prognosis:	Complaints/no treatment recommended
Physician:	Brian Bantum, MD
Last Date Noted:	3/9/2016

### **History of Complaints:**

<b><u>Symptom</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>
Radiating Pain	Brian Bantum, MD	3/9/2016
Range of Motion	Brian Bantum, MD	3/9/2016
Headaches	Brian Bantum, MD	3/9/2016
Pain	Brian Bantum, MD	3/9/2016
Stiffness	Brian Bantum, MD	3/9/2016
Spasms	Brian Bantum, MD	3/9/2016
Sleep Disturbance	Brian Bantum, MD	3/9/2016
Anxiety/Depression	Brian Bantum, MD	3/9/2016

### **Treatments:**

<b><u>Treatment</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
Electrical Stimulation	Moreland Physical Therapy	3/9/2016	
Hot or Cold packs	Moreland Physical Therapy	3/9/2016	
Ultrasound	Moreland Physical Therapy	3/9/2016	
Therapeutic Exercises	Moreland Physical Therapy	3/9/2016	
Prescribed Medication	Brian Bantum, MD	3/9/2016	Prolonged Intensive

### **Therapies:**

<b><u>Therapy</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
Physical Therapy	Moreland Physical Therapy	3/9/2016	Prolonged Regular
Self-Exercise	Brian Bantum, MD	3/9/2016	Prolonged

### **Testing:**

<b><u>Test Type</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Test Result</u></b>
X-Ray	Radiology Consultants	3/9/2016	Negative

### **SPRAIN/STRAIN OF CERVICAL**

Injury Type:	Sprain/Strain
Duration:	19 to 24 months
Prognosis:	Complaints/no treatment recommended

Physician:	Brian Bantum, MD
Last Date Noted:	3/9/2016
Physician:	Moreland Physical Therapy
Last Date Noted:	3/9/2016

### **History of Complaints:**

<b><u>Symptom</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>
Spasms	Brian Bantum, MD	3/9/2016
Pain	Brian Bantum, MD	3/9/2016
Headaches	Brian Bantum, MD	3/9/2016
Range of Motion	Brian Bantum, MD	3/9/2016
Anxiety/Depression	Brian Bantum, MD	3/9/2016
Stiffness	Brian Bantum, MD	3/9/2016
Radiating Pain	Brian Bantum, MD	3/9/2016
Sleep Disturbance	Brian Bantum, MD	3/9/2016

### **Treatments:**

<b><u>Treatment</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
Electrical Stimulation	Moreland Physical Therapy	3/9/2016	
Hot or Cold packs	Moreland Physical Therapy	3/9/2016	
Ultrasound	Moreland Physical Therapy	3/9/2016	
Therapeutic Exercises	Moreland Physical Therapy	3/9/2016	
Prescribed Medication	Brian Bantum, MD	3/9/2016	Prolonged Intensive

### **Therapies:**

<b><u>Therapy</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
Self-Exercise	Brian Bantum, MD	3/9/2016	Prolonged
Physical Therapy	Moreland Physical Therapy	3/9/2016	Prolonged Regular

### **Testing:**

<b><u>Test Type</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Test Result</u></b>
X-Ray	Radiology Consultants	3/9/2016	Negative

### **SPRAIN/STRAIN OF LUMBAR**

Injury Type:	Sprain/Strain
Duration:	19 to 24 months
Prognosis:	Complaints/no treatment recommended
Physician:	Brian Bantum, MD

Last Date Noted:	3/9/2016
Physician:	Moreland Physical Therapy
Last Date Noted:	3/9/2016

### **History of Complaints:**

<b><u>Symptom</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>
Stiffness	Brian Bantum, MD	3/9/2016
Headaches	Brian Bantum, MD	3/9/2016
Anxiety/Depression	Brian Bantum, MD	3/9/2016
Radiating Pain	Brian Bantum, MD	3/9/2016
Range of Motion	Brian Bantum, MD	3/9/2016
Pain	Brian Bantum, MD	3/9/2016
Spasms	Brian Bantum, MD	3/9/2016
Sleep Disturbance	Brian Bantum, MD	3/9/2016

### **Treatments:**

<b><u>Treatment</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
Electrical Stimulation	Moreland Physical Therapy	3/9/2016	
Hot or Cold packs	Moreland Physical Therapy	3/9/2016	
Ultrasound	Moreland Physical Therapy	3/9/2016	
Therapeutic Exercises	Moreland Physical Therapy	3/9/2016	
Prescribed Medication	Brian Bantum, MD	3/9/2016	Prolonged Intensive

### **Therapies:**

<b><u>Therapy</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
Physical Therapy	Moreland Physical Therapy	3/9/2016	Prolonged Regular
Self-Exercise	Brian Bantum, MD	3/9/2016	Prolonged

### **Testing:**

<b><u>Test Type</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Test Result</u></b>
X-Ray	Radiology Consultants	3/9/2016	Negative

### **SUPERFICIAL INJURY OF SHOULDER AND UPPER ARM; ABRASION OR FRICTION BURN WITHOUT MENTION OF INFECTION**

Injury Type:	Abrasion/Contusion
Duration:	1 to 3 months
Prognosis:	No complaints/no treatment recommended
Physician:	Brian Bantum, MD

Last Date Noted:	3/9/2016
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### **History of Complaints:**

<b><u>Symptom</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>
Stiffness	Brian Bantum, MD	3/9/2016
Sleep Disturbance	Brian Bantum, MD	3/9/2016
Range of Motion	Brian Bantum, MD	3/9/2016
Radiating Pain	Brian Bantum, MD	3/9/2016
Pain	Brian Bantum, MD	3/9/2016
Spasms	Brian Bantum, MD	3/9/2016
Headaches	Brian Bantum, MD	3/9/2016
Anxiety/Depression	Brian Bantum, MD	3/9/2016

### **Treatments:**

<b><u>Treatment</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
Electrical Stimulation	Moreland Physical Therapy	3/9/2016	
Hot or Cold packs	Moreland Physical Therapy	3/9/2016	
Ultrasound	Moreland Physical Therapy	3/9/2016	
Therapeutic Exercises	Moreland Physical Therapy	3/9/2016	
Prescribed Medication	Brian Bantum, MD	3/9/2016	Prolonged Intensive
Injections	Quail Surgical and Pain Mgmt	3/9/2016	

### **Therapies:**

<b><u>Therapy</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
Self-Exercise	Brian Bantum, MD	3/9/2016	Prolonged
Physical Therapy	Moreland Physical Therapy	3/9/2016	Prolonged Regular

### **Testing:**

<b><u>Test Type</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Test Result</u></b>
X-Ray	Radiology Consultants	3/9/2016	Negative

### **SUPERFICIAL INJURY OF ELBOW, FOREARM, AND WRIST; ABRASION OR FRICTION BURN, WITHOUT MENTION OF INFECTION**

Injury Type:	Abrasion/Contusion
Duration:	1 to 3 months
Prognosis:	No complaints/no treatment recommended
Physician:	Brian Bantum, MD
Last Date Noted:	3/9/2016

**History of Complaints:**

<b><u>Symptom</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>
Pain	Brian Bantum, MD	3/9/2016
Radiating Pain	Brian Bantum, MD	3/9/2016
Sleep Disturbance	Brian Bantum, MD	3/9/2016
Headaches	Brian Bantum, MD	3/9/2016
Spasms	Brian Bantum, MD	3/9/2016
Anxiety/Depression	Brian Bantum, MD	3/9/2016
Range of Motion	Brian Bantum, MD	3/9/2016
Stiffness	Brian Bantum, MD	3/9/2016

**Treatments:**

<b><u>Treatment</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
Electrical Stimulation	Moreland Physical Therapy	3/9/2016	
Hot or Cold packs	Moreland Physical Therapy	3/9/2016	
Ultrasound	Moreland Physical Therapy	3/9/2016	
Therapeutic Exercises	Moreland Physical Therapy	3/9/2016	
Prescribed Medication	Brian Bantum, MD	3/9/2016	Prolonged Intensive
Injections	Quail Surgical and Pain Mgmt	3/9/2016	

**Therapies:**

<b><u>Therapy</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
Self-Exercise	Brian Bantum, MD	3/9/2016	Prolonged
Physical Therapy	Moreland Physical Therapy	3/9/2016	Prolonged Regular

**Testing:**

<b><u>Test Type</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Test Result</u></b>
X-Ray	Radiology Consultants	3/9/2016	Negative

**SUPERFICIAL INJURY OF HIP, THIGH, LEG, AND ANKLE; ABRASION OR FRICTION BURN WITHOUT MENTION OF INFECTION**

Injury Type:	Abrasion/Contusion
Duration:	1 to 3 months
Prognosis:	No complaints/no treatment recommended
Physician:	Brian Bantum, MD
Last Date Noted:	3/9/2016



**History of Complaints:**

<b><u>Symptom</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>
Headaches	Brian Bantum, MD	3/9/2016
Pain	Brian Bantum, MD	3/9/2016
Spasms	Brian Bantum, MD	3/9/2016
Radiating Pain	Brian Bantum, MD	3/9/2016
Range of Motion	Brian Bantum, MD	3/9/2016
Stiffness	Brian Bantum, MD	3/9/2016
Anxiety/Depression	Brian Bantum, MD	3/9/2016
Sleep Disturbance	Brian Bantum, MD	3/9/2016

**Treatments:**

<b><u>Treatment</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
Electrical Stimulation	Moreland Physical Therapy	3/9/2016	
Hot or Cold packs	Moreland Physical Therapy	3/9/2016	
Ultrasound	Moreland Physical Therapy	3/9/2016	
Therapeutic Exercises	Moreland Physical Therapy	3/9/2016	
Prescribed Medication	Brian Bantum, MD	3/9/2016	Prolonged Intensive
Injections	Quail Surgical and Pain Mgmt	3/9/2016	

**Therapies:**

<b><u>Therapy</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
Self-Exercise	Brian Bantum, MD	3/9/2016	Prolonged
Physical Therapy	Moreland Physical Therapy	3/9/2016	Prolonged Regular

**Testing:**

<b><u>Test Type</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Test Result</u></b>
X-Ray	Radiology Consultants	3/9/2016	Negative

**CHEST CONTUSION**

Injury Type:	Contusion
Duration:	1 to 3 months
Prognosis:	No complaints/no treatment recommended
Physician:	Brian Bantum, MD
Last Date Noted:	3/9/2016

**History of Complaints:**

<b><u>Symptom</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>
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Headaches	Brian Bantum, MD	3/9/2016
Pain	Brian Bantum, MD	3/9/2016
Spasms	Brian Bantum, MD	3/9/2016
Radiating Pain	Brian Bantum, MD	3/9/2016
Range of Motion	Brian Bantum, MD	3/9/2016
Stiffness	Brian Bantum, MD	3/9/2016
Anxiety/Depression	Brian Bantum, MD	3/9/2016
Sleep Disturbance	Brian Bantum, MD	3/9/2016

#### **Treatments:**

<b><u>Treatment</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
Therapeutic Exercises	Moreland Physical Therapy	3/9/2016	
Prescribed Medication	Brian Bantum, MD	3/9/2016	Prolonged Intensive

#### **Testing:**

<b><u>Test Type</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Test Result</u></b>
X-Ray	Radiology Consultants	3/9/2016	Negative

#### **LEFT TORSO CONTUSIONS**

Injury Type:	Contusion
Duration:	1 to 3 months
Prognosis:	No complaints/no treatment recommended
Physician:	Brian Bantum, MD
Last Date Noted:	3/9/2016

#### **History of Complaints:**

<b><u>Symptom</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>
Headaches	Brian Bantum, MD	3/9/2016
Pain	Brian Bantum, MD	3/9/2016
Spasms	Brian Bantum, MD	3/9/2016
Radiating Pain	Brian Bantum, MD	3/9/2016
Stiffness	Brian Bantum, MD	3/9/2016
Anxiety/Depression	Brian Bantum, MD	3/9/2016
Sleep Disturbance	Brian Bantum, MD	3/9/2016

#### **Treatments:**

<b><u>Treatment</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
Prescribed Medication	Brian Bantum, MD	3/9/2016	Prolonged Intensive

#### **Therapies:**

<b><u>Therapy</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
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Self-Exercise	Brian Bantum, MD	3/9/2016	Prolonged
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### **Testing:**

<b><u>Test Type</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Test Result</u></b>
X-Ray	Radiology Consultants	3/9/2016	Negative

### **RIGHT WRIST SPRAIN/STRAIN**

Injury Type:	Sprain/Strain
Duration:	1 to 3 months
Prognosis:	No complaints/no treatment recommended
Physician:	Brian Bantum, MD
Last Date Noted:	3/9/2016

### **History of Complaints:**

<b><u>Symptom</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>
Headaches	Brian Bantum, MD	3/9/2016
Pain	Brian Bantum, MD	3/9/2016
Radiating Pain	Brian Bantum, MD	3/9/2016
Range of Motion	Brian Bantum, MD	3/9/2016
Stiffness	Brian Bantum, MD	3/9/2016
Anxiety/Depression	Brian Bantum, MD	3/9/2016
Sleep Disturbance	Brian Bantum, MD	3/9/2016

### **Treatments:**

<b><u>Treatment</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
Therapeutic Exercises	Moreland Physical Therapy	3/9/2016	
Prescribed Medication	Brian Bantum, MD	3/9/2016	Prolonged Intensive

### **MILD TRISCAPHE CENTRAL PERFERATION SCHPHOLUNATE LIGAMENT**

The scapholunate (SL) ligament connects two of the small carpal bones together, the scaphoid and lunate. These are located near the center of the wrist. The SL ligament ensures the bones move in unison and the wrist has a smooth rotation. When it is torn, the bones separate in different directions, resulting in a painful loss of grip strength. This injury to the wrist is not uncommon and is often sustained by athletes. Physicians at Midwest Orthopaedics at Rush (MOR) Hand, Wrist & Elbow Institute in Chicago excel in advanced diagnosis and treatment options for scapholunate ligament tears.

Some symptoms of a tear to the scapholunate ligament in the wrist include:

- Pain in wrist on thumb side
- Swelling

- Bruising
- Weak grip
- Snapping or popping in wrist

SL ligament tears are usually caused by an accident. Falls or sudden weight-bearing activities on the wrist can result in a ligament tear, which separate the small bones within the inner wrist. It is also a common injury among athletes. Fractures frequently accompany the tear.

Carefully examination of the wrist by a board certified wrist specialist combined with various diagnostic imaging tests are needed to accurately diagnose this condition. The experienced physicians at MOR will carefully examine the wrist and perform mobility tests to identify exact location of pain. An X-ray is usually recommended to check for bone fractures and an MRI may be necessary to check cartilage and tissue damage. It is important to get medical evaluation as soon as possible after injury to the wrist to ensure optimal recovery.

#### **Non-surgical Treatment Options**

- Splint or cast for several weeks
- Anti-inflammatory medication, such as ibuprofen

#### **Surgical Treatment Options**

Surgery for SL tears is often done arthroscopically using small incisions to repair the torn ligament. The torn ligament may be debrided, which is a process of cleaning the ligament of damaged tissue so the healthy tissue can grow and heal more efficiently. In severe SL tears, the ligament is repaired by sutures that are anchored into the bone. In some cases, the bones may need to be realigned and pins inserted to hold the scaphoid and lunate in place so they do not pull the healing ligament apart. Surgery requires several weeks in a cast or splint and therapy may be necessary to ensure proper function returns to the wrist.

Drs. Mark Cohen, John Fernandez and Robert Wysocki are experienced physicians with the Midwest Orthopaedics at Rush (MOR) Hand, Wrist & Elbow Institute in Chicago. They perform surgery at Rush University Medical Center (Chicago) and Rush Oak Park Hospital.

Injury Type:	Ligamentous
Duration:	1 to 3 months
Prognosis:	No complaints/no treatment recommended
Physician:	Brian Bantum, MD
Last Date Noted:	3/9/2016

#### **History of Complaints:**

<b><u>Symptom</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>
Pain	Brian Bantum, MD	3/9/2016

Radiating Pain	Brian Bantum, MD	3/9/2016
Range of Motion	Brian Bantum, MD	3/9/2016
Stiffness	Brian Bantum, MD	3/9/2016
Anxiety/Depression	Brian Bantum, MD	3/9/2016
Sleep Disturbance	Brian Bantum, MD	3/9/2016

### **Treatments:**

<b><u>Treatment</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
Prescribed Medication	Brian Bantum, MD	3/9/2016	Prolonged Intensive

### **Testing:**

<b><u>Test Type</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Test Result</u></b>
X-Ray	Radiology Consultants	3/9/2016	Negative

## **HEAD TRAUMA, CONCUSSION**

A **closed head injury** is a trauma in which the brain is injured as a result of a blow to the head, or a sudden, violent motion that causes the brain to knock against the skull. This is exactly what occurred to Mr. XXXXXXXXX in this accident.

A closed head injury is different from an open head injury, in that no object actually penetrates the brain. Closed head injuries can be diffuse, meaning that they affect cells and tissues throughout the brain; or focal, meaning that the damage occurs in one area. Closed head injuries can range from mild to severe.

### **Get a free legal evaluation**

#### **Causes of Closed Head Injury**

Common causes of closed head injury include **automobile accidents**, assault, falls, work-related accidents, and sports-related accidents.

#### **Symptoms of Closed Head Injury**

Symptoms of severe closed head injury usually present themselves immediately, while symptoms of mild head injury can show up days or even weeks after an injury. The symptoms of a closed head injury are very similar to the symptoms of a concussion and can include:

- Loss of consciousness
- Dilated pupils
- Respiratory issues
- Convulsions
- **Headache**

- **Dizziness**
- **Nausea and vomiting**
- Cerebrospinal fluid leaking from nose or ears
- **Speech and language problems**
- **Vision issues**
- **Emotional and behavioral changes**
- **Memory Loss**

*The symptoms in bold were those experienced by Mr. XXXXXXXXX following the instant accident and documented in his medical records.*

### Prognosis of Closed Head Injury

Degree and rate of recovery is highly dependent upon individual circumstances. The amount of time spent unconscious or in a coma, as well as how much of normal activity is recovered within the first month, are good indicators of long-term recovery.

### Complications

Potential complications of concussion include:

- **Epilepsy.** People who have had a concussion double their risk of developing epilepsy within the first five years after the injury.
- **Cumulative effects of multiple brain injuries.** Evidence exists indicating that people who have had multiple concussive brain injuries over the course of their lives may acquire lasting, and even progressive, impairment that limits their ability to function.
- **Postconcussion syndrome.** Some people begin having postconcussion symptoms — such as headaches, dizziness and thinking difficulties — a few days after a concussion. Symptoms may continue for weeks to a few months after a concussion.
- **Post-traumatic headaches.** Some people experience headaches within a week to a few months after a brain injury.
- **Post-traumatic vertigo.** Some people experience a sense of spinning or dizziness for days, week or months after a brain injury.
- **Second impact syndrome.** Experiencing a second concussion before signs and symptoms of a first concussion have resolved may result in rapid and usually fatal brain swelling.

After a concussion, the levels of brain chemicals are altered. It usually takes about a week for these levels to stabilize again.

Injury Type:	Concussion
Duration:	1 to 3 months
Prognosis:	No complaints/no treatment recommended
Physician:	Brian Bantum, MD
Last Date Noted:	3/9/2016

### **History of Complaints:**

<b><u>Symptom</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>
Headaches	Brian Bantum, MD	3/9/2016
Pain	Brian Bantum, MD	3/9/2016
Stiffness	Brian Bantum, MD	3/9/2016
Anxiety/Depression	Brian Bantum, MD	3/9/2016
Sleep Disturbance	Brian Bantum, MD	3/9/2016

### **Treatments:**

<b><u>Treatment</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
Prescribed Medication	Brian Bantum, MD	3/9/2016	Prolonged Intensive

### **Testing:**

<b><u>Test Type</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Test Result</u></b>
MRI	Radiology Consultants	3/9/2016	Positive
CAT scan	Radiology Consultants	3/9/2016	Negative

### **FACET SYNDROME C2-3, C3-4, AND C4-5**

Each level of the spine functions as a three-joint complex. There are two facet joints in the back and a large disc in front that comprise each intervertebral segment. This tripod creates great stability, supports all the weight above each level and provides support to move in all directions. The posterior facet joints are synovial joints, similar to other joints in the human body. They experience constant, repetitive motion, and can become worn or torn. They also can become restricted in movement or develop too much movement resulting in pain. The facet joints are shaped and angled differently in the cervical, thoracic and lumbar spine. This allows for all of the available motion within the spine.

Pain stemming from the facet joints is termed “facet syndrome.” The facet joints become inflamed and may cause pain, soreness and stiffness. Patients often report increased pain with extension or prolonged periods of inactivity like sitting or standing too long. Changing positions often improves pain. Facet syndrome pain may feel worse in the morning and improve after moving around as the day progresses. However, for those who work sitting all day with poor posture, they may experience pain throughout the day.

## Location

- Cervical facet joint pain can be felt in the areas of the base of the skull, upper back and shoulders, mid-back or neck. Some patients may present with frequent headaches or even ringing in the ears.
- Thoracic facet syndrome is less common than cervical and lumbar facet syndrome and is probably related to restricted motion at these levels due to the rigidity of the thoracic spine. Pain experienced in thoracic facet syndrome is likely to be felt locally near the affected segment near the midline.
- The lumbar spine has considerable motion and high compressive forces. Facet pain from these joints is quite common. Pain is usually felt directly over the affected joints, but may also be felt in the buttocks, hips, groin, and back of the thighs depending on which facet joint is injured.

Facet syndrome can be caused by trauma, such as a whiplash injury of the neck. Abnormal postures can overload spinal tissues, including the facet joints, and cause inflammation and pain in these joints. More commonly, degenerative changes in the cervical, thoracic and lumbar spine can lead to abnormal stress and strain. This results in increased loads on the facet joints.

## Treatment

Most conservative treatments for facet syndrome involve postural correction, soft tissue massage and manipulation of the affected areas. **Error! Hyperlink reference not valid.**, osteopathic clinicians and chiropractors are adept at restoring restricted and painful facet joints to move and can reestablish normal motion. Treatments are usually combined with a course of anti-inflammatory medications to decrease inflammation. Muscle relaxers may be used to decrease local muscle spasms.

When conservative treatments have failed to work, facet joint injections or medial branch blocks using steroid medications can help localize and reduce pain from facet joints. This can be safely performed using fluoroscopic X-ray guidance in an outpatient setting. If facet pain is temporarily improved or resolved by injections, further treatment options such as radiofrequency ablation may be suggested.

See Quail Surgical Medical Records attached as Exhibit Tab 3, D.

Injury Type:	Facet Sundrome
Duration:	19 to 24 months
Prognosis:	Complaints/no treatment recommended
Physician:	Brian Bantum, MD
Last Date Noted:	3/9/2016
Physician:	Moreland Physical Therapy



Last Date Noted:	3/9/2016
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### **History of Complaints:**

<b><u>Symptom</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>
Stiffness	Brian Bantum, MD	3/9/2016
Headaches	Brian Bantum, MD	3/9/2016
Anxiety/Depression	Brian Bantum, MD	3/9/2016
Radiating Pain	Brian Bantum, MD	3/9/2016
Range of Motion	Brian Bantum, MD	3/9/2016
Pain	Brian Bantum, MD	3/9/2016
Spasms	Brian Bantum, MD	3/9/2016
Sleep Disturbance	Brian Bantum, MD	3/9/2016

### **Treatments:**

<b><u>Treatment</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
Electrical Stimulation	Moreland Physical Therapy	3/9/2016	
Hot or Cold packs	Moreland Physical Therapy	3/9/2016	
Ultrasound	Moreland Physical Therapy	3/9/2016	
Therapeutic Exercises	Moreland Physical Therapy	3/9/2016	
Prescribed Medication	Brian Bantum, MD	3/9/2016	Prolonged Intensive
Injections	Quail Surgical and Pain Mgmt	3/9/2016	

### **Therapies:**

<b><u>Therapy</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Duration</u></b>
Physical Therapy	Moreland Physical Therapy	3/9/2016	Prolonged Regular
Self-Exercise	Brian Bantum, MD	3/9/2016	Prolonged

### **Testing:**

<b><u>Test Type</u></b>	<b><u>Physician</u></b>	<b><u>Date Noted</u></b>	<b><u>Test Result</u></b>
X-Ray	Radiology Consultants	3/9/2016	Negative

## **IMPAIRMENT**

In regards to permanent impairment assessment, it must be performed in accordance with the *AMA Guides to the Evaluation of Permanent Impairment*, Fifth and Sixth Edition. Adequate information is provided in the medical records to analyze this case and provides the needed data for the rating criteria in the Fifth Edition. The *Guides* state, **“If the clinical findings are fully described, any knowledgeable observer may check the findings with the *Guides* criteria”.**

Therefore, after review of the medical documentation to include any and all diagnostic testing, the most recent patient visit with Dr. Bantum it can be determined that the following **whole**

**person permanent impairment rating of 15%** as it relates to the AMA *Guides to the Evaluation of Permanent Impairment*, Sixth Edition would be medically correct.

### **Duties Under Duress**

Work  
Hobbies  
Domestic Duties  
Household Duties

<b><u>Physician</u></b>	<b><u>Chart Date</u></b>
Brian Bantum, MD	2/16/2016

### **Loss of Enjoyment of Life**

Household Duties  
Hobbies

<b><u>Physician</u></b>	<b><u>Chart Date</u></b>
Brian Bantum, MD	2/16/2016

### **ANXIETY/DEPRESSION:**

If this was treated (even with active care such as bed rest or meditation) it becomes an injury. If so, then complete the Anxiety/Depression section of the program.

Here is an abstract of an article many of you might find interesting. Be sure your treating physicians are aware of this factor. This might help us understand and prove an additional element of damages to help our clients:

### **FREQUENCY, TIMING, AND COURSE OF DEPRESSIVE SYMPTOMATOLOGY AFTER WHIPLASH**

**STUDY DESIGN:** Population-based incidence cohort.

**OBJECTIVE:** To report the incidence, timing, and course of depressive symptoms after whiplash.

**SUMMARY OF BACKGROUND DATA:** Evidence is conflicting about the frequency, time of onset, and course of depressive symptoms after whiplash.

**METHODS:** Adults making an insurance claim or seeking health care for traffic-related whiplash were followed by telephone interview at 6 weeks, and 3, 6, 9, and 12 months post-

injury. Depressive symptoms were assessed at baseline and at each follow-up.

**RESULTS:** Of the 5,211 subjects reporting no pre-injury mental health problems, 42.3% (95% confidence interval, 40.9-43.6) developed depressive symptoms within 6 weeks of the injury, with subsequent onset in 17.8% (95% confidence interval, 16.5-19.2). Depressive symptoms were recurrent or persistent in 37.6% of those with early post-injury onset. Pre-injury mental health problems increased the risk of later onset depressive symptoms and of a recurrent or persistent course of early onset depressive symptoms.

**CONCLUSIONS:** Depressive symptomatology after whiplash is common, occurs early after the injury, and is often persistent or recurrent. This suggests that, like neck pain and headache, depressed symptomatology is part of the cluster of acute whiplash symptoms. Clinicians should be aware of both physical and psychological injuries after traffic collisions.

#### **CURRENT MEDICAL EXPENSES**

Moreland Physical Therapy, TH	Physician	\$5,820.00
Radiology Consultants, MF	Physician	\$3,891.00
Renown Health, MF	Physician	\$22,216.00
Brian Bantum, MD	Physician	\$12,349.00
Quail Surgical and Pain Mgmt, MF	Physician	\$25,950.50
Todd's body Shop, PLLC, TH	Physician	\$1,710.00
REMSA Ambulance, MF	Physician	
Total Physician Expenses		\$71,936.50

  

Prescription	Medication	\$11.32
Ralston Medical	Medical Supply	\$200.00
Total Medical Supplies Expenses		\$211.32

#### **MEDICAL COSTS**

If you claim any of the medical treatment was unnecessary or any of the bills were unreasonable, please identify in writing which bills you dispute and the factual basis for disputing. If you dispute them with a qualified expert opinion from a doctor willing to testify then please provide me with a copy of his report. If not then please confirm in writing that you dispute the bills as an adjuster and not a qualified medical professional. If you do not respond in writing to this request, I will assume you do not dispute the amount of medical bills.

#### **INCOME LOSS:**

Mr. XXXXXXXXX Income accounting spreadsheet for the years from 2012 through 2015 have been attached as Exhibit Tab 6.

As is clearly documented in this spreadsheet, Mr. XXXXXXXXX has had to employ increased number of employees in order to sustain his business and continue the sustained growth prior to

this accident. The additional employment costs for Mr. XXXXXXXXX to date due to his inability to perform has cost him 1,548,246.80 as of yearend 2015. Mr. XXXXXXXXX acknowledges that the increase in employment costs were also influenced by the growth of his business. However, the provided spreadsheet also evidences Mr. XXXXXXXXX net income loss from the date of accident to present.

Mr. XXXXXXXXX net profits and salary has dropped from 32% to 6% during the three years following the accident. This is a direct result of the additional payroll costs. Mr. XXXXXXXXX annual net income dropped from \$146,201.10 as of March of 2014 to \$100,959.89, as of March of 2015, and \$112,821.33 as of March of 2016.

To date Mr. XXXXXXXXX has lost a total net income in excess of \$70,000.00 as a direct result of this accident. Mr. XXXXXXXXX may continue to realize a loss in the year 2016 as well as future years due to the inability to perform his work and therefore, retain employees to sustain his business.

This additional cost is a direct damage of the accident in which Mr. XXXXXXXXX was severely injured.

#### **FUTURE MEDICAL EXPENSES**

<b><u>Future Treatment</u></b>	<b><u>Physician</u></b>	<b><u>Future Cost</u></b>	<b><u>Chart Date</u></b>
Cervical Facet Injections	Brian Bantum, MD	\$12,000.00	2/16/2016

Total Future Medical Costs:	\$12,000.00
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Mr. XXXXXXXXX stated that he felt pain immediately after the accident.

*“A study by Radanov found that patients who reported pain immediately after their accidents were more likely to have pain at two years post-injury. It is generally recognized that patients with immediate symptoms are at a higher risk of long-term pain from whiplash.”*

#### **HEALING DAMAGED SOFT TISSUE**

There is much misunderstanding regarding soft tissue injury and repair. The most common misperception is that injured soft tissue will heal in four to eight weeks. Other misperceptions are that damaged soft tissue heals spontaneously, leaves no long term residual problems and that treatment can be minimized or even avoided completely without harming the injured person. This type of information is misleading, confusing, and dangerous.

Research clearly shows that damaged soft tissue healing is approximately a one year process (Oakes, 1982; Roy and Irving 1983; Kellett 1986; and Woo 1987), that damaged soft tissue is weaker, stiffer, and more prone to pain compared to undamaged soft tissue, that injured patients

may be prone to symptoms and problems for many years or even permanently, and that chiropractic is the best way to help treat the injured soft tissue, minimize the permanent damage, and help to alleviate the short and long-term suffering of injured patients.

When soft tissue is damaged, healing takes place in three phases. Phase 1 is called the acute inflammatory phase and will last approximately 72 hours. During this phase there is continuous bleeding of the damaged tissues. It is not uncommon for the injured patient to keep feeling worse during this period. This phenomenon explains how some injured patients may report no symptoms immediately after their injury, but as Phase 1 develops their symptoms emerge and they turn out to have serious and perhaps even permanent injuries.

Phase 2 is called the phase of regeneration. During this phase the tears in the injured muscles, ligaments, and other soft tissue are repaired. Cells called fibrocytes produce and secrete collagen protein fibers to bridge the gaps in the torn tissues. This phase may last approximately 6-8 weeks. Some have erroneously claimed that this is the end of healing. However, it clearly is not.

Phase 3 of healing soft tissue is remodeling. In remodeling phase the collagen fibers laid down for repair are remodeled in the direction of stress and strain. The fibers become stronger and change their orientation from an irregular pattern to a more regular pattern, more like the original undamaged tissues. Remodeling is a by-product of movement, and proper treatment during the remodeling phase is critical in order to get the best end product of healing. The better the remodeling, the better the long-term outcome for tissue healing; and the less suffering by the injured patient.

Even with the best results, there are three major problems with the healing of damaged soft tissue, which may also be described as scar tissue. Microscopic studies show that repaired tissue is different from the original undamaged soft tissue, and these differences show up in the Patient's functional capability. The repaired tissue is weaker than undamaged tissue because the diameter of the healing collagen fibers is smaller and provides fewer cross-linkages within the collagen repair. The repaired tissue is also stiffer or less elastic than the original, undamaged tissue. This is because the healing collagen fibers are not aligned identically to that of the original, undamaged tissue, and the functional results are usually seen as reduced ranges of motion. Repaired tissue also undergoes a process called hyper-reinnervation or territorial invasion which produces more neurofibrils in the repaired tissue compared to undamaged tissue. The additional neurofibrils fire pain signals and make repaired tissue more sensitive to mechanical stimulus, producing greater pain sensations compared to undamaged tissue.

As the scar tissue is weaker, stiffer, and more sensitive to pain, the injured patient will be subject to pain flare-ups and/or spasm at times of increased use or stress. Injured patients may have these episodes of pain and/or spasm for an indefinite period of time or even permanently.

Studies have shown that a large percentage of injured patients will suffer chronic pain and symptoms and will suffer functional deficits for years after their injury. Research by Hodgson (1989) found that 62% of injured patients will have significant symptoms 12 ½ years after being injured, and that of the symptomatic 62%, 62.5% had to permanently alter their leisure activities in order to avoid exacerbation of symptoms. A study by Watkinson (1991) found that 86% of those injured in automobile crashes still have significant symptoms caused by the crash more than 10 years after being injured. Other studies show significant percentages of patients injured in motor vehicle crashes suffering from chronic pain long after their injury occurred.

Chiropractic care is essential for all three phases of healing and in the long term support of patients with damaged tissue and chronic pain. It is established neurologically that when a Doctor of Chiropractic adjusts spinal joints, it fires mechanoreceptor nerves in the facet joint capsular ligaments, and that pain and spasm can be neurologically aborted. This explains why Phase 1 patients with pain and muscle spasms feel better after they receive a chiropractic adjustment. Phase 2 patients benefit from chiropractic adjustments because the movement introduced by the spinal adjustment helps disperse inflammatory chemicals within the damaged tissue that contribute to pain and tissue fibrosis. In Phase 3 the chiropractic adjustment provides movement that helps align the collagen fibers of repair in the direction of stress and strain, thereby providing a stronger, more elastic end product of healing. Cohen (1992) showed that motion will minimize the amounts of rigid collagenous scar, and that motion will keep the developing scar stretched and remodeled. Kirkaldy-Willis and Cassidy (1985) established that chiropractic adjustments introduce motion into the periarticular soft tissue that is not addressed by other methods. Therefore, chiropractic is the treatment of choice for remodeling injured soft tissue.

For injured patients with long term or permanent damage from soft tissue injuries and who are subject to flare-ups of pain and spasm, chiropractic treatment continues to be the best solution for pain reduction and functional improvement. Chiropractic adjustments can reduce pain by firing mechano-receptors in the joint capsular ligaments, and will increase strength and elasticity by aligning collagenous fibers.

<b><u>FUTURE COST ESTIMATED AT:</u></b>
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\$400,000.00 to \$600,000.00

The Qaly Medical Systems' report, attached as Exhibit Tab 3, F, states my client, Mr. XXXXXXXXX will experience an increase due to medical need and economic factors which will be evaluated by an economic consultant in order to assess long-term market variables and cost of living increases which affect medical costs.

The Qaly Medical Systems report states the following concerning Mr. XXXXXXXXX condition as a direct result of this loss:

Qaly Medical Systems relied upon the following in arriving at its expert opinion:

1. Forensic review of Mr. XXXXXXXXX' Post-MVC medical and billing records.
2. Interview and testing of Mr. XXXXXXXXX.
3. Review of raw data and related results derived from Psychometric and Psychosocial screenings performed.
4. Psychosocial interview with Mr. XXXXXXXXX.
5. Neurocognitive Psychometric and Psychosocial screenings performed.

Qaly Medical Systems stated there were no pre-existing factors contributing to its findings.

Qaly Medical Systems diagnosed the following as directly caused by this loss:

1. Mild cognitive impairment
2. Depression
3. Hypersomnia

Qaly Medical Systems determined the following ongoing symptoms being experienced by Mr. XXXXXXXXX:

1. Headaches
2. Neck pain
3. Cognitive complaints
4. Functional deficits

Qaly Medical Systems stated in its report:

1. Mr. XXXXXXXXX' chronic pain and depression decrease his quality of life and create multiple functional deficits causing performance of duties under duress with household and domestic duties, as well as diminished capacity to perform work duties.
2. Mr. XXXXXXXXX' condition is static (no improvement in the short-term)
3. Mr. XXXXXXXXX will experience a worsening in functional capacity due to post-traumatic arthritic changes and accelerated degeneration.

4. Chronic pain is expected to be permanent, having a progressive deteriorating effect on functional capacity as well as perpetuating cognitive and depressive diagnoses.

Qaly Medical Systems report recommended the following future medical care for Mr. XXXXXXXXX:

1. Repeated RFA for 10 years
2. Lifetime psychotherapy
3. Lifetime psychiatry
4. Lifetime physical therapy
5. Lifetime rheumatology
6. Lifetime medications

Qaly Medical Systems estimated future care for these issues to cost Mr. XXXXXXXXX \$400,000.00 to \$600,000.00 throughout the rest of his life.

#### **EXPENSE SUMMARY**

Current Physician Expenses:	\$95,261.51
Current Medical Supplies:	\$211.32
<u>Current Income Loss:</u>	<u>\$70,000.00</u>
Subtotal	\$165,472.83
Future Medical Cervical Facet Injections:	\$12,000.00
Future Medical – Brain Injury and PTSD manifestations	\$400,000.00 to \$600,000.00
Future Income Loss:	To be determined
Total Expenses:	\$377,472.83 to \$577,472.83

On behalf of my client, I am asking that you request permission from your policyholder to release all information concerning all policies and their respective limits which would be available to satisfy the damages of this claim.

I am also requesting that your policyholder execute an affidavit of assets including all insurance policies in effect on the date of this loss.

In consideration of current medical specials, current income loss, ongoing disabilities which will constitute future medical expenses and income loss, Mr. XXXXXXXXX has agreed to release your policyholder in exchange for the payment of all available policy limits of all policies in effect on the date of this loss.

Mr. XXXXXXXXX reserves all rights and defenses known or unknown that arise at either law or equity. The above claim for bodily injury and damages has been submitted with the current knowledge of my client's injuries and damages, however, we reserve the right to supplement or amend either the claim for liability or damages. No comment action or inaction should be construed as to waive, alter, or modify any rights and or defenses possessed by my client. All



rights and defenses are reserved.

Please respond to the above requests and demand within 10 business days of your receipt of this demand.

Sincerely,

John Arrascada  
Attorney at Law

CC: Jose XXXXXXXXX-XXXXXXX

**EXHIBIT LISTINGS:**

**Tab 1                      Intake/Discharge Form**

**Tab 2                      Medical Billings and cost spread sheet**

Northern Nevada Emergency Physicians	Exhibit A
REMSA, Ambulance	Exhibit B
Renown Regional Medical Center	Exhibit C
Dr. Burke, MD, Quail Surgical and Pain Management	Exhibit D
Dr. Bantum, MD, Silver State Spine Care	Exhibit E
Qualy Medical Systems	Exhibit F
Ralston Family Physicians	Exhibit G
Radiology Consultants	Exhibit H
Reno Diagnostic Centers	Exhibit I
Moreland Physical Therapy	Exhibit J
Walgreens (Prescriptions)	Exhibit K
Cost Spreadsheet	Exhibit L

**Tab 3                      Medical Reports**

Dr. Burke, MD, Quail Surgical and Pain Management	Exhibit D
Dr. Bantum, MD, Silver State Spine Care	Exhibit E
Qualy Medical Systems	Exhibit F
Ralston Family Physicians	Exhibit G
Radiology Consultants	Exhibit H
Reno Diagnostic Centers	Exhibit I
Moreland Physical Therapy	Exhibit J

**Tab 4                      Medical Records**

<b>Northern Nevada Emergency Physicians</b>	<b>Exhibit A</b>
<b>REMSA, Ambulance</b>	<b>Exhibit B</b>
<b>Renown Regional Medical Center</b>	<b>Exhibit C</b>
<b>Dr. Burke, MD, Quail Surgical and Pain Management</b>	<b>Exhibit D</b>
<b>Dr. Bantum, MD, Silver State Spine Care</b>	<b>Exhibit E</b>
<b>Qualy Medical Systems</b>	<b>Exhibit F</b>
<b>Ralston Family Physicians</b>	<b>Exhibit G</b>
<b>Radiology Consultants</b>	<b>Exhibit H</b>
<b>Reno Diagnostic Centers</b>	<b>Exhibit I</b>
<b>Moreland Physical Therapy</b>	<b>Exhibit J</b>
<b>Walgreens (Prescriptions)</b>	<b>Exhibit K</b>

**Tab 5                      Medical Testings**

**Tab 6                      Income Loss Report/Accountant Report**

**Tab 7                      Property Damage Documents**

**Tab 8                      Traffic Accident Reports**

**Tab 9                      Photos**