

## Medical Consultant Report and Summary

Case No: MD [REDACTED]  
Date: December 4, 2008

Physician: [REDACTED] M.D.  
Medical Consultant: [REDACTED] M.D.

- 1. Detailed (Chronological) Analysis:** On February 14, 2002, the patient [REDACTED] age 23, was working for [REDACTED] assigned to the [REDACTED] company where he was lifting pallets when, according to a handwritten note dictated by the patient to [REDACTED], "I felt a little pain in my right groin area...I noticed that my right testicle was larger than usual. Also I had pain from the right front groin to the back of my right hip."

The patient was apparently seen by a family physician [REDACTED] D.O., who ordered an MRI scan of the lumbar spine. The report of this study, performed on May 2, 2002, was, "Normal lumbar spine MRI." The patient had chiropractic manipulations by [REDACTED], D.C. with the last visit on August 19, 2002. After seeing another physician, Dr. [REDACTED] (no further information available), the patient next saw [REDACTED] M.D., an Orthopaedic Surgeon, on January 22, 2003.

Dr. [REDACTED] reviewed the patient's lumbar spine plain films and MRI scan and agreed with the radiologist's reading of normal MRI. He had the patient get a new MRI scan of the lumbar spine at a different facility. This study, on February 11, 2003, showed "...subtle/minimal annular disc bulging laterally on the right at L4-5 and L5-S1 which approaches the right lateral L4 and L5 nerve roots respectively. There is no focal disc protrusion, central canal stenosis, or significant neural foramen stenosis at any level."

Dr. [REDACTED] performed a lumbar discogram on September 26, 2003. In the Operative Report, he described the study as showing, "trace degeneration" at L4 and "central degeneration with posterior leakage into the epidural space..." at L5. On October 8, 2003, Dr. [REDACTED] noted that, "The discogram did not find a surgical lesion." The patient still complained of pain radiating to the testicle; a urologist had seen the patient for that problem. Dr. [REDACTED] referred the patient to a Dr. [REDACTED] for physical therapy.

The patient then saw [REDACTED] M.D., an internist, who referred him to [REDACTED] M.D., a specialist in Rehabilitation Medicine, who examined him on April 20, 2004. Dr. [REDACTED] physical examination was most instructive: he noted:

"Light axial compression on the vertex of the skull produced low back pain."

"SLR [Straight Leg Raising] at 45 degrees in the supine position produced low back pain but double-leg sitting SLR with the patient's ability to lean forward and touch his knees produced no grimacing or discomfort from the patient. In the supine position with SLR, the patient did indicate pain, both by grimacing, groaning, and indicating it was painful."

The patient had "give-way" weakness throughout both lower extremities. He also had symmetric, normal reflexes at the knees and ankles with intact sensation throughout both legs.

Dr. [REDACTED] performed Electromyograms and Nerve Conduction Tests (EMGs and NCTs) on the patient's back and both legs on May 14, 2004. These studies were normal, with Dr. [REDACTED] noting that there were "No electrodiagnostic signs of a left or right lower extremity radiculopathy."

In 2008, the patient was evaluated at The CORE Institute (Center for Orthopedic Research and Education). The evaluation included physical examinations, x-rays, and other studies. I have reviewed the x-ray films of the lumbar and sacral spine.

- 2. Proposed Standard(s) of Care:** A patient with complaints of low back pain should have a history, physical examination, x-rays, and, if indicated, diagnostic studies such as CAT scan or MRI scan. Not all patients with low back pain, however, require diagnostic studies.

3. **Deviation:** None.
4. **Actual Harm Identified:** None.
5. **Potential Harm Identified:** None.
6. **Aggravating Factor(s):** None.
7. **Mitigating Factor(s):** This patient alleged complaints of low back and right testicular-to-low-back pain in February 2002. Despite his subjective complaints, he had a physical examination performed by a Board Certified specialist in rehabilitation medicine, Dr. [REDACTED] two full years later, in April 2004, in which not only did Dr. [REDACTED] find clear signs of malingering—low back pain on axial compression of the skull; markedly positive straight leg raising with completely negative bilateral sitting root tests; bilateral give-away weakness—but also EMGs and NCTs then were completely normal, ruling out any nerve root irritation and/or lumbar radiculopathy.  
Moreover, the lumbar spine x-rays taken in 2008, which I have personally reviewed show no loss of the height of the L4-5 or L5-S1 disc spaces. This is incontrovertible proof that, despite the truly minimal MRI findings in 2003 and 2004 and the questionable findings on the lumbar discogram in 2003, there has been no objective evidence that either disc has degenerated.
8. **Consultant's Summary:** This patient had proper orthopaedic care by Dr. [REDACTED]. He needed no treatment other than the physical therapy which Dr. [REDACTED] suggested.
9. **Records Reviewed:**
  1. Complaint filed by the patient, consisting of 57 pages.
  2. Initial letter to Dr. [REDACTED] from the Arizona Medical Board
  3. Complete office records of Dr. [REDACTED]
  4. Complete office records of Dr. [REDACTED]
  5. Complete office records of Dr. [REDACTED]
  6. Complete office records of CORE, the Center for Orthopedic Research and Education

[REDACTED]  
Print Name

December 4, 2008  
Date

[REDACTED]  
Signature