

<b>Date of intake:</b>	
<b>Start date:</b>	
<b>Subject:</b>	
<b>Defendant:</b>	defendant – DOB 1/29/2019
<b>DOI:</b>	9/5/2013
<b>DOB:</b>	
<b>Ht.</b>	
<b>Wt.</b>	
<b>Attorney:</b>	Attorney's name here
<b>Atty. Phone</b>	
<b>Atty. email</b>	
<b>Type of case:</b>	
<b>Retainer:</b>	
<b>Paralegal:</b>	
<b>Job:</b>	
<b>Plaintiff Experts</b>	<p>All treating physicians, including ER physicians, were named as non-retained experts.</p> <p>Dr. Miciano (MD) – treating</p> <p>Dr. Cash (MD) – treating surgeon</p> <p>Mortillaro, PhD – treating neuropsychologist</p> <p>Dr. Fazzini (MD) – treating neurologist</p> <p>Dr. Garber (MD) - neurosurgeon</p> <p>Dr. Ferrante (MD) – director of Pain... (UCLA)</p> <p>David Elliot, PE, ACTAR</p> <p>Ira Spector – Vocational Analysis</p>
<b>Defense Experts</b>	<p>Daniel Voss</p> <p>Derek Duke, MD</p> <p>Joann Latham</p> <p>Kirkendall</p> <p>Lewis Etcoff, PhD</p> <p>Reynold Rimoldi, MD</p> <p>Robert Odell, MD, PhD</p>
<b>REPORT NEEDED?</b>	Please contact attorney's office prior to preparing a written report.
<b>Summary of Case:</b>	<p>Ms. Injured Patient (a female a few weeks shy of 54 years old – at the time) was a front seat passenger in a 2004 4DR Mercedes-Benz that was rear ended by a 2002 Kia Rio which was driven by an 18 year old pizza delivery guy (Defendant) who had only obtained his driver's license 4-6 months before the crash. Apparently, Defendant had just finished delivering pizzas for the day and was returning to the Pizza Hut where he worked. His uncle (Leonard Sanchez) owned the car Defendant was driving. The Kia had to be towed after the crash, but the Mercedes was drivable.</p> <p>Ms. Patient was a medical assistant who made house calls with her boss (Clenton AttorneyOther, PA-C) for a company called Advanced</p>

House Calls. She worked with Mr. AttorneyOther for 6 years before the crash, and it was a normal daily occurrence to ride in his car with him to the jobs. They were traveling between patients when they were rear-ended. She reported the crash to the office manager the day it happened but didn't open a formal workers comp case for several months. The case was accepted by workers comp.

Ms. Patient presented to the ER the day of the crash because of pain. She was diagnosed with neck sprain and closed head injury. A CT of her brain was ordered but no acute hemorrhage was discovered. She was prescribed meds and instructed to follow up with providers outside the ER.

After that, she was treated extensively by many different physicians (more than 20 were listed) and physical therapists over the course of two and a half years. Her bills totaled more than \$110,000. She is still reporting that she experiences significant, ongoing, daily pain as a result of the injuries she sustained in the crash.

Her symptoms included: neck pain, mid back pain, lower back pain, headaches, blurry vision, dizziness, balance problems, CRPS in both of her hands and feet (swelling, color change, tingling/numbness, and pins and needles sensation).

She presented first to the ER, then to the chiro. The chiro referred her to Dr. Shah who ordered multiple tests including MRI and EMG/NCV. She wasn't getting any better, so she opened a workers comp claim in late November. The workers comp doctors did their work-up and referred her to a neurologist. He referred her for a mental evaluation. She was referred from doctor to doctor all the while getting chiropractic care and occasionally going in on her own accord (to an urgent care or ER) for help when the pain became intense.

She worked in the office for several months after the crash (because it was lighter duty than working in the field), but eventually even that was too much for her. She stopped working in December 2013 and moved in with her two adult sons (who were roommates) at their request, so that they could help her.

She lived with them for 18 months. They took care of most of her needs. She rarely left the house except to go to church and to doctor appointments. After 18 months, she wanted to move into her own place and try to live more independent.

In addition to her own doctors, she has been seen by several different IME doctors (all of which had differing opinions). A follow up MRI months after the initial MRI showed no change in the 1mm disc protrusion in her neck; however, her most recent MRIs demonstrated disc herniations at every level in her cervical spine and in all but one level in her lumbar spine, which suggests that every disc suffered annular tearing at the time of the crash which have slowly continued to breakdown until the nuclei protruded.

The CRPS has progressed to the point that her fingers and toes contracture (hammer finger). She is able to control the pain and joint contractures by wearing compression gloves.

To control pain, Dr. Andrew Cash implanted a spinal cord stimulator in her lumbar spine. Most of her complaints are currently managed by Dr. Burkhead while Dr. Fazzini manages her post-traumatic headaches, dizziness, and balance impairment. Dr. Burkhead was contemplating a celiac ganglion block as recently as 2/4/2016.

Ms. Patient has been married once, divorced once, and her two sons' names are Johnathon and Jason.

### **Summary of Strong Points**

1. Liability is clear.
2. It was a high speed crash.
3. Injury was indicated on the police report.
4. Injury to the neck was diagnosed at the ER the same day the crash occurred for which she was treated.
5. Closed injury to the head was diagnosed for which a CT scan was ordered. There was no acute hemorrhage.
6. Upon release from the ER, she was instructed to follow up with providers outside the ER.
7. There are no medical records indicating that Ms. Patient suffered from headaches or neck or back problems prior to the crash. She denied ever having neck or back problems prior to the crash.
8. Neurologist Fazzini diagnosed post-concussive balance impairment with post-traumatic vestibular instability, post-traumatic headaches, post-traumatic stress disorder with anxiety and depression, and cognitive deficit following traumatic brain injury.
9. Early MRI of the cervical spine demonstrated a 1mm disc protrusion and annular tear at the C4-C5 disc level. Follow up MRI around a year later showed no change.
10. Early MRI of the thoracic spine demonstrated multilevel degeneration.
11. Early MRI of the lumbar spine demonstrated a 5.5 mm disc protrusion at L4-L5 level and a 2.5 mm disc protrusion at L5/S1 level.
12. Recent cervical MRI (10/01/2015) demonstrated disc herniations at the C2/C3, C3/C4, C4/C5, C5/C6, and C6/C7 levels. She has been in no other crashes or sustained any other traumatic injuries since the crash on 9/5/2013. This information was in Joann Latham's report. I didn't see the recent MRI results in any of the other defense experts' reports.

13. Recent thoracic MRI (9/10/2015) demonstrated posterior disco bulges from T3 through T11 with narrowing of the neural canal at T9/10 and T10/11.
14. Recent lumbar MRI (10/1/2015) demonstrated disc herniations at the L2/L3, L3/L4, L4/L5, and L5/S1 levels. [Read by Dr. Markham.]
15. Several factors that increased Ms. Patient's risk of injury were present, including: her head was turned to the right at the time of impact, she was unaware of the impending crash, she is an older female, and she had an immediate onset of symptoms as a result of the crash. Taking into consideration the disc protrusion, this would be a grade 4 CAD injury.
16. Every physician she went to diagnosed sprain injury to the neck and/or back as a result of the crash and provided treatment for that diagnosis, except the workers comp doctor. He diagnosed a strain.
17. She has developed contracture of her fingers (hammer finger) and toes which is an objective clinical finding. Evidently, it is related to the CRPS; however, she can control it by wearing compression gloves. She took photos when her fingers and toes were contractured. I have not seen those photos. [This may also be a weakness].
18. During his deposition, Leonard Sanchez denied repairing the car after the crash except to the extent that he put a few screws in to refasten the head light and the wheel well cover. Defense expert Voss stated that his personal inspection of the car demonstrated that the "front bumper reinforcement bar had been replaced."
19. During a physiatry examination which occurred on DATE, Ms. Patient's left upper extremity measured 3 ½ inches less in girth than her right (arm and forearm). Her left lower extremity measured 2 inches less than her right (calf).

### **Summary of Weak Points**

1. She did not complain of lower back pain initially but developed significant lower back pain over time. Her first complaint of lower back pain was to Dr. G (the chiropractor) on 11/25/2013, two months after the crash.
2. Dr. Germin (one of her treating physicians – the neurologist) reported in his SOAP that he thought she was magnifying her symptoms. That was based on an observation made by therapists at the Werner Balance Institute [PTs I think]. (see Dr. Germin's record dated 2/28/2014 – supposedly he stated that Ms. Patient demonstrated signs of malingering so he recommended full duty work.) Dr. Mortillaro—the neuropsychologist that Dr. Germin referred her to—did not agree with Dr. Germin on that point.
3. Dr. Estela (one of her treating physicians) stated that the CRPS was not industrial related – which meant it wasn't crash related because the crash happened on the job. The CRPS developed a month or so after the crash.
4. She had a history of fibromyalgia (but it was recorded in her notes to have been stable for "at least" 10 years).
5. She had a history of fatigue and malaise (but it was clearly related to iron deficiency anemia and was successfully treated).
6. She had a history of depression that defense experts kept bringing up.
7. The disc protrusion at C4/C5 is only 1 mm.

8. There were no radiographic findings except flattening of the cervical curve.
9. She was reported to have suicidal ideation in December 2013 and was recommended for mental evaluation. [I later found out that the “suicidal ideations” were random flashes of thoughts of her pointing a gun at her head and seeing blood come out the other side of her head. She stated that she had no desire to kill herself. She just told the doctor about the random thoughts.]
10. Defendant seems like a good teen-age kid. He finished high school while living with his uncle, volunteered for the Red Cross, and worked for the Boys and Girls Club. His personal life in San Diego (which we don’t know about – maybe his mom and dad abandoned him so he moved to Las Vegas to live with his uncle) may generate sympathy in a jury.
11. Mr. Sanchez seemed like a really good uncle. The fact that he took in his nephew and raised him like one of his own, teaching him how to be responsible and how to drive, may also generate sympathy in a jury.
12. Ms. Patient’s blood was evaluated by a Medi-Lab Drug Corp screening test and it revealed that she had no drugs in her system even though she stated that she had taken Nadolol, Gabapentin, Flexeril, and Norco. Defense experts stated that it was logical that she was purposely sabotaging her recovery by not taking her medications which is more evidence that she is a symptom magnifier. [Which drugs were being screened for I wonder. They certainly don’t screen for every possible drug a person can ingest.]
13. Physical therapist Matt Smith stated that the possibility existed of a less than maximum effort during an FCE that he performed. He observed “self-limiting pain behavior.”

**Check-off List: [delete items that we definitely have]**

1. Photos of client in vehicle.
2. Photos of vehicles.
3. Police report.
4. Repair records for def vehicle.
5. Repair records for plaintiff vehicle.
6. Medical records.

**Remaining to do:**

Date	Hours Worked	Nature of Work
10/25/2016	0.75	RoR
10/29/2016	3.25	RoR (start 7:45 – end 11:00)
10/30/2016	6.25	RoR (start 1:30 – end 2:15) (start 5:00 – end 10:00)
10/31/2016	4.25	RoR (start 7:00 – end 9:00) (start 1:00 – end 3:15)
11/01/2016	12	RoR (start 7:00 – end 2:45) (start 3:30 – end 7:00) (start 8:30 – end 9:15)
11/2/2016	4	RoR (start 8:00 – end 12:00)
Total:	30.5 hours	

9/5/2013	<p><b>State of Nevada Traffic Accident Report</b></p> <p>The crash occurred on Thursday, 9/5/2013 between 2 and 3 pm in North Las Vegas at the intersection of Craig Road and Revere Street (see satellite picture). The roadway was straight. The road conditions were dry and clear.</p> <p>The bullet vehicle was a gray 2002 4DR Kia Rio (sedan) registered to Leonard Sanchez (insured by USAA – policy number 00628 78 42C 7102 6) but driven by his nephew Defendant. The VIN number was KNADC123226143857. [In the pictures the Kia looks green.]</p> <p>The target vehicle was a silver 2004 2DR Mercedes-Benz CLK (sedan) registered to the driver (insured by GEICO - policy number 2023270396) The VIN number was WDBTK76GX4T028590.</p> <p>Both vehicles were in the number one, westbound lane on Craig road.</p> <p>The driver of the bullet vehicle (male - Defendant – DOB 10/29/1994) said that he saw the light turn green and that cars were moving, so he accelerated. The car in front of him didn't move, so he hit the back of that car. He was cited for failure to pay full time and attention while driving. He was the only occupant in the bullet vehicle and did not report that he was injured at the time of the crash.</p> <p>The target vehicle was occupied by two people: the driver (male - Clenton Reyes AttorneyOther – DOB 1/29/2019) and a passenger (female – Injured Patient – DOB 1/38/2019). Ms. Patient reported injury at the time of the crash (location = 3 – 6; severity = C); however, she was not transported by ems away from the crash.</p> <p>The damage to the target vehicle was reported to be minor while the damage to the bullet vehicle was reported to be moderate. The bullet vehicle was towed to the “owner’s residence/request” by “requested tow company.” The target vehicle was not towed.</p>
9/5/2013	<p><b>NLVPD Voluntary Statement of Defendant.</b></p> <p>“I saw that the light was green saw that cars were moving. I ascelrated and the car in front of me didn't move, so I hit the back of the car.”</p>
9/5/2013	<p><b>NLVPD Voluntary Statement of AttorneyOther Clenton.</b></p> <p>I was stopped at a stoplight (at intersection of Craig Road and Revere Street) when I was rear-ended by a dark color Kia. The airbags deployed in the car that hit me, and its front end was damaged. The police showed up in less than five minutes. The passenger in my car was complaining of a headache and right sided face and neck pain. I was not moving at the time of accident because the traffic in front of me was not moving.</p>
9/5/2013	<p>Five color photos of vehicles at the time of the crash.</p>

	<p>It can be seen that the passenger side airbag deployed in the dark green Kia (bullet vehicle). There is also a gray/silver scuff mark across the greater part of the bullet vehicle's front bumper (the silver matches the color of the target vehicle). The hood is slightly bent just above and behind the driver side head light. On the more frontal view, it appears that the hood folds across its entire width and has a matching bend just above and behind the passenger headlight. The passenger lamp appears to be misaligned and an obvious gap is present between the hood and the front panels.</p> <p>The photos aren't of good quality. It is difficult to tell, but there appears to be a scuff mark on the target vehicle's bumper.</p>
10/15/2013	<p><b>USAA's Repair Estimate</b> of the Silver Mercedes Benz (target vehicle). 17 pgs</p> <p>The following parts were replaced:</p> <ol style="list-style-type: none"> <li>1. Bumper assay</li> <li>2. Frame (?)</li> <li>3. RT upper rail w/o black series</li> <li>4. LT upper rail w/o black series</li> <li>5. RT side molding</li> <li>6. LT side molding</li> <li>7. Rear molding</li> <li>8. Rear panel</li> <li>9. Reinforcement (ALU)</li> <li>10. Nut (quantity – 15)</li> </ol> <p>The following parts were repaired:</p> <ol style="list-style-type: none"> <li>1. Rear body panel</li> <li>2. Rear body panel (listed twice)</li> <li>3. Bumper cover w/o Parktronic (CLK55)</li> </ol> <p>The net cost of repairs was \$2,975.65.</p> <p>There was a good picture of the Benz's rear end in this document, and there is a definite scuff mark across its rear bumper. I'm not sure, but there is a close up of the rear end that demonstrates what appears to be a broken trunk brake light. The asymmetry of the line where the bumper and rear panel meet suggests slight inferior displacement of the bumper.</p>
9/6/2013	<p><b>Clenton Attorney Other's recorded statement</b>, presumably Defendant's insurance company.</p> <p>The crash occurred at 2:52 pm at the intersection of Craig Rd and Revere Street in North Las Vegas. We were stopped when we were hit from behind. The rear of my car was damaged and the passenger, Yvonne Patient, suffered some neck pain and headache. She was taken to the hospital by her son who came and picked her up.</p> <p>He wasn't sure which hospital she was taken to because he hadn't spoken with her since the time of the crash. He stated that he was fine. Both he and Yvonne were seat belted. His car was a 2004 Mercedes Benz, CLK55 AMZ. There was</p>

	<p>a temporary tag on the car at the time of the crash. His personalized plate was due to arrive soon. The mileage on the car was not over 100,000.</p> <p>Mr. AttorneyOther gave the insurance company Ms. Patient's phone number and confirmed that she was in the front passenger seat. Mr. AttorneyOther's insurance company was GEICO, and his policy number was 2023270396. He confirmed that they called the police and the police responded. The police report number was 13veryLarge65.</p> <p>He didn't know if a ticket was issued to anyone. He confirmed that Defendant was driving the Kia that hit him, and that Defendant was a lone occupant. There were no witnesses that stopped. He stated that they were traveling west in the "farthest left lane" on Craig Rd in sunny, very hot weather.</p> <p>Mr. AttorneyOther was coming back from lunch when he was hit. He was familiar with the area he was traveling. He didn't have much of a conversation with Defendant after the crash except to ask if everybody was okay.</p> <p>This recording was transcribed on 5/11/2015 by CR/0901110c8d37ebad/WWD.</p>
9/9/2013	<p><b>Defendant's recorded statement</b>, presumably by USAA. The date was found in the deposition, not on the document itself.</p> <p>Mr. Defendant was driving his uncle's 2002 Kia Rio when he rear-ended Mr. AttorneyOther and Ms. Patient. He had no car or insurance of his own. He confirmed that there were no passengers in the vehicle he was driving. He estimated that the crash occurred around 3:30 pm and said that he was going home at the time of the crash. He lived with his uncle, Mr. Sanchez at the address 1228 Decatur Ave.</p> <p>The crash occurred at Craig and Revere, and area with which he was familiar. He confirmed that there were only two vehicles involved in the crash and that two people were in the car he hit. His statement about what happened was that "The light turned green and I saw all cars moving and I let go of my brake. I didn't accelerate, I let go of my brake. I noticed the car in front of me wasn't moving. I slammed on my brake and, sure enough, I hit the back bumper."</p> <p>He confirmed that he was wearing his seat belt and denied being injured in the crash. He denied getting a ticket from the police. He stated that he asked if the people were okay and that they told him they were. "Now they're saying they need medical attention or whatever."</p> <p>He stated that both vehicles were "definitely" drivable from the scene. He stated that no witnesses stopped.</p>



	This recording was transcribed on 5/11/2015 by LPD/0901119c8d3c0716\WWD.
9/26/2013	<p><b>Fletcher Jones Collision Center Preliminary Estimate of Repair</b> (2004 Mercedes).</p> <p>The first page of this document leads you to believe that the estimate contained therein was written by Richard Viano of Caliber Collision, but it wasn't. The first page of Caliber Collision's estimate was mixed in with Fletcher Jones Collision Center's estimate.</p> <p>This estimate belongs to Fletcher Jones Collisions Center and was written by Araceli Keene. It came to \$2,997.48. Ms. Keene's call about which items to repair and replace was nearly identical to Maria Benjamin's (USAA's claims adjuster).</p>
9/16/2013	<p><b>Caliber – North Las Vegas's Estimate of Repair</b> (2004 Mercedes). This document was written by Richard Viano. His total estimate for repair was \$743.91. Richard called to repair and replace the following items:</p> <ol style="list-style-type: none"> <li>1. Repair – bumper cover w/o Parktronic</li> <li>2. Replace – RT tow bracket cover</li> <li>3. R&amp;I RT side molding</li> <li>4. R&amp;I LT side molding</li> <li>5. R&amp;I rear molding</li> <li>6. Replace high mount lamp</li> </ol>
10/1/2013	<p>Supplement of Record 1 Summary - written by Maria Benjamin. [You may want to review this yourself. I'm not 100% sure what happened.]</p> <p>It appears, from information at the top of this document, that the car was inspected at Caliber – North Las Vegas but repaired at Fletcher Jones Collision Center; however, at the end of the document it uses Richard Viano's numbers. Richard Viano hailed from Caliber Collision.</p> <p>The total cost named on page 5 of this document was \$1865.44. Those items repaired and replaced appear to be similar to USAA's initial assessment only the list of items appears to be slightly shorter.</p>
10/15/2013	<p>Supplement of Record 2 Summary - written by Maria Benjamin (USAA's adjuster).</p> <p>The net cost of repairs on page 5 of this reports was \$2,975.65, which was the same as USAA's original assessment. The items listed to repair or replace appeared to be identical to the original assessment.</p>
Unknown	Miscellaneous color photographs of the Mercedes. The rear of the vehicle is still damaged in these photos. The first few of these photos were identical to earlier ones except in this bunch there were many additional photos showing deeper damage they could only see after the car had been taken apart. It appeared that underlying structural components were damaged deep to the bumper. [Take a look for yourself.]
9/9/2015	Plaintiff Yvonne Patient's Answers to Defendant Leonard Sanchez' Interrogatories.

	<p>AI1: Personal Information:</p> <p>Name: Injured Patient (Meeks was maiden name)</p> <p>DOB: 9/17/1959</p> <p>Born at: Lynwood California</p> <p>Etc...</p> <p>AI2: Personal Injuries and Sufferings Resulting from the Crash:</p> <ul style="list-style-type: none"> <li>• Migraine headaches; neck pain; muscle spasms in both shoulders; mid and lower back pain; muscle spasms in my low back; weakness in both arms, hands, and legs; burning numbness, tingling, swelling, and redness in both hands and my feet; short term memory loss; and deal with intermittent blurred vision; swelling in right knee; walk with a cane; and have to use a scooter if I have to walk any distance. All of my symptoms continue to this day and have gotten worse.</li> </ul> <p>AI3: Injuries and Sufferings You Had Prior to the Crash:</p> <ul style="list-style-type: none"> <li>• Temporary muscle spasms which resolved before the 9/5/2013 crash.</li> <li>• As a result of the 9/5/2013 crash, Ms. Patient consulted and/or treated with the following providers: <ul style="list-style-type: none"> <li>○ Pete Gozdzikowski, DC (Advanced Chiropractic Specialists – LV, Nevada). Seen multiple visits.</li> <li>○ Brian Fife, DC (Advanced Chiropractic Specialists). Seen multiple visits.</li> <li>○ Gregson Porteous, DO (Anesthesia and Intensive Care – SLC, Utah). Seen 4/14/2015.</li> <li>○ Michael Elkanich, DO (an orthopedic surgeon with Bone and Joint Specialists – LV, Nevada). Seen 11/13/2014.</li> <li>○ Andrew Cash, MD (an Orthopedic surgeon with Desert Institute of Spine Care – LV, Nevada). Seen 3/17/2015.</li> <li>○ Multiple emergency physicians (DO and MD) and nurses at the Centennial Hills Hospital Medical. Seen 1/9/2014.</li> <li>○ Cesar Estela, MD (a doctor of physical medicine without mention of what clinic he is associated with – Henderson, NV). Seen 2/13/2013 through 9/4/2014.</li> <li>○ Leo Germin, MD (neurologist with Clinical Neurology Specialists). Seen 1/9/2014 through 2/28/2014.</li> <li>○ Allen Wang, MD (urgent care/family practice with Concentra Medical Center – LV, NV). Seen 12/12/2013 and 12/16/2013.</li> <li>○ Warren Magnus, DO (General Practitioner with Concentra Medical Center – LV, NV). Seen 12/2/2013.</li> <li>○ Joseph Urban, MD and Asif Ikram Ahmad, MD (Radiologists with Desert Radiologists – LV, NV).</li> <li>○ Donald Nobis, MSPT (physical therapist with Don Nobis Progressive Physical Therapy). Seen 3/25/2015</li> <li>○ Enrico Fazzini, DO (neurologist without mention of the clinic he is associated with – Henderson, NV). Seen 3/28/2014 – 7/31/2014.</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>○ Frank Lee, DO (emergency medicine with Fremont Emergency Services – Oklahoma City, OK). <a href="#">Seen 9/5/2013</a> [However, this is the same date as the crash, so I don't know how she got from LV to Oklahoma in the same day. Maybe there was a misprint in the year.]</li> <li>○ Multiple physical therapists (with Fyzical Therapy &amp; Balance Centers). Seen from 2/19/2014 through 4/18/2014.</li> <li>○ Daniel Burkhead, MD (pain management with Innovative Pain Care Center – LV, NV). Seen 3/18/2015 through 4/21/2015.</li> <li>○ John Siegler, MD (pain management with Spine and Pain Management – Henderson, NV). Seen 3/18/2015 through 4/21/2015.</li> <li>○ Charlotte Taylor, PT (with Kelly Hawkins Physical Therapy Works – LV, NV). <a href="#">Seen 4/30/2015 through 5/15/2014</a>.</li> <li>○ Jeffrey Markham, MD (radiologist with Las Vegas Radiology – LV, NV). Seen 4/12/2014.</li> <li>○ Louis Mortillaro, PhD (psychologist with Louis F. Mortillaro &amp; Associates – LV, NV). Seen 3/4/2014.</li> <li>○ Michael McKay, DPT and Michelle Nalepa, PT (with Matt Smith Physical Therapy - LV, NV). Seen 9/18/2014 through 10/15/2014.</li> <li>○ Michael McKenna, MD (pain management with McKenna, Ruggeroli and Helmi Pain Specialists – LV, NV). Seen 2/4/2014 – 3/4/2014 with a second (special?) reference to the date 2/21/2014. Referenced a second time associated with Surgical Arts Center with a service date of 2/21/2014.</li> <li>○ Multiple emergency physicians and nurses at Mountainview Hospital – LV, NV. Seen 9/5/2013.</li> <li>○ Matt Treinen, DO (radiologist with Pueblo Medical Imaging/MMP – LV, NV). Seen 10/10/2013 through 11/18/2014.</li> <li>○ Unnamed radiologist with Radiology Specialists, Ltd – LV, NV. Seen 9/5/2013.</li> <li>○ Mark Reed, MD (physical medicine with Mark O. Reed, MD, PC – LV, NV). Seen 2/2/2015.</li> <li>○ Joseph Schifini, MD (pain management with Mark O. Reed MD, PC. <a href="#">Seen 12/23/2013</a> and 1/9/2014.</li> <li>○ Unnamed emergency practitioners with Shadow Emergency Physicians, LLC – <a href="#">Philadelphia, PA</a>. <a href="#">Seen 12/23/2013</a> and 1/9/2014.</li> <li>○ Russel Shah, MD (neurologist with Radar Medical Group – Henderson, NV). Seen 10/3/2013 through 11/7/2013.</li> <li>○ Unnamed pharmacist with Walmart Pharmacy – <a href="#">LV, NV</a>. <a href="#">Dates of service 12/23/2013</a> and 12/27/2013.</li> </ul> <p>AI4: Crashes involved in over the last 10 years:</p> <ul style="list-style-type: none"> <li>● None.</li> </ul>
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	<p>AI5: Treatment, providers, etc... associated with previous crashes:</p> <ul style="list-style-type: none"> <li>• None.</li> </ul> <p>AI6: Names and addresses of all health care providers and treatments received over the last 10 years:</p> <ul style="list-style-type: none"> <li>• Henry Osei, MD with Mountainside Internal Medicine – LV, NV.</li> <li>• Salvador Borromeo, MD (cardiologist) without mention of the facility with which he is associated – LV, NV.</li> <li>• Dr. Sanjay Nayyar, (?) with Digestive Associates – North LV, NV.</li> <li>• Comprehensive Cancer Center for iron therapy.</li> <li>• [Where fits Cesar Estela, MD? According the info provided herein, she was seen by this doctor as early as 2/13/2013.]</li> </ul> <p>AI7: Claims brought against others in the past:</p> <ul style="list-style-type: none"> <li>• None.</li> </ul> <p>AI8: Applications or claims for benefits made under any insurance policy:</p> <ul style="list-style-type: none"> <li>• Objection on the basis that it violates collateral source rule.</li> </ul> <p>AI9: Social Security Benefits or Workmen’s Compensation for any disability:</p> <ul style="list-style-type: none"> <li>• Social Security Disability for fibromyalgia sometime in the 1990’s.</li> <li>• Worker’s Compensation for 3 mos. for injuries sustained in this crash.</li> </ul> <p>AI10: Contact info for all witnesses:</p> <ul style="list-style-type: none"> <li>• Yvonne Patient (self)</li> <li>• Defendant (at-fault driver)</li> <li>• Leonard Sanchez (owner of the vehicle the at-fault driver was driving)</li> <li>• Clenton AttorneyOther (owner and operator of the vehicle Ms. Patient was in at the time of the crash).</li> <li>• Officer Young (#1485 - investigating officer)</li> <li>• Sean Walker (reviewed the accident report)</li> </ul> <p>AI11: Submit all transcripts of oral statements made by anyone regarding the incident:</p> <ul style="list-style-type: none"> <li>• Referenced was made to voluntary statements - made to the police by the involved parties - at the time of the crash.</li> </ul> <p>AI12: Any witness who claims to have heard any statement made by the defendant regarding the incident:</p> <ul style="list-style-type: none"> <li>• Defendant, the pizza delivery guy that rear ended me, was very apologetic and said he hopes I feel better.</li> <li>• The police officer that responded asked two or three times whether or not I needed an ambulance because he said I looked dazed.</li> </ul> <p>AI13: Submit all photographs, pictures, etc.. of the crash:</p> <ul style="list-style-type: none"> <li>• Five (5) color photographs taken by NLVPD of vehicles involved in the crash.</li> <li>• Property damage appraisals and photographs.</li> </ul> <p>AI14: Identify your experts:</p> <ul style="list-style-type: none"> <li>• Will do when necessary.</li> </ul> <p>AI15: Describe your lost income:</p>
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	<ul style="list-style-type: none"> <li>Ms. Patient was working for Advanced Housecalls (LV, NV) making \$14.50/hr. Her last day worked was 12/4/2013. Expect a supplement to this answer in the future when lost wages is fully ascertained.</li> </ul> <p>AI16: All jobs in the 5 years before the crash:</p> <ul style="list-style-type: none"> <li>She worked for 2-3 months for Nevada Cardiology as a medical receptionist. She couldn't remember the dates.</li> </ul> <p>AI17: All expenses incurred as a result of the crash:</p> <ul style="list-style-type: none"> <li>\$8,822.50 to Advanced Chiropractic Specialists</li> <li>\$1,400.00 to Anesthesia and Intensive Care</li> <li>\$1,034.00 to Bone and Joint Specialists</li> <li>\$0.00 to Andrew Cash, MD</li> <li>\$2,711.00 to Centennial Hills Hospital Medical Center</li> <li>\$2,125.00 to Cesar Estela, MD</li> <li>\$3,930.00 to Clinical Neurology Specialists</li> <li>\$0.00 to Concentra Medical Center</li> <li>\$3,998.11 to Desert Radiologists</li> <li>\$0.00 to Don Nobis Progressive Physical Therapy</li> <li>\$4,863.30 to Enrico Fazzini, DO</li> <li>\$842.00 to Fremont Emergency Services</li> <li>\$2,530.00 to Fyzical Therapy &amp; Balance Centers</li> <li>\$11,630 to Innovative Pain Care Center</li> <li>\$29,500.00 to Innovative Procedural and Surgical Center</li> <li>\$1,650.00 to John Seigler, Ltd.</li> <li>\$1,212.00 to Kelly Hawkins Physical Therapy Works</li> <li>\$7,050.00 to Las Vegas Radiology</li> <li>\$1,075.00 to Louis F. Mortillaro, PhD</li> <li>\$2,400.00 to Matt Smith Physical Therapy</li> <li>\$1,998.19 to McKenna, Ruggeroli &amp; Helmi Pain Specialists</li> <li>\$5,779.00 to Mountainview Hospital</li> <li>\$pending to Pueblo Medical Imaging</li> <li>\$0.00 to Radiology Specialists. Ltd.</li> <li>\$1,768.58 to Mark Reed, MD</li> <li>\$pending to Casey Robinson, DC</li> <li>\$500.00 to Joseph Schifini, MD</li> <li>\$940.00 to Shadow Emergency Physicians</li> <li>\$1,405.00 to Shadow Emergency Physicians</li> <li>\$8,760.00 to Russel Shah, MD</li> <li>\$2,800.00 to Surgical Arts Center</li> <li>\$10.68 to Walmart Pharmacy</li> <li>Total Past Medical Damages as a result of the crash: \$110,734.36 +</li> <li>This number does not include pending bills or cost of future care</li> </ul> <p>AI18: Identify dates a locations of any other crashes or injuries 10 years prior to this crash:</p> <ul style="list-style-type: none"> <li>None.</li> </ul>
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	<p>AI19: State all facts upon which you rely to support your allegations (§23 of Plaintiff's Complaint):</p> <ul style="list-style-type: none"> <li>• This incident occurred with Defendant Defendant operating Defendant Leonard Sanchez' 2002 Kia Rio.</li> </ul> <p>AI20: State all facts upon which you rely to support your allegations (§26 of Plaintiff's Complaint):</p> <ul style="list-style-type: none"> <li>• Defendant Leonard Sanchez permitted Defendant to operate his car. Defendant failed to pay full attention while driving and violently collided with the rear end of the car in which I was a passenger.</li> </ul> <p>AI21: State all facts upon which you rely to support your allegations (§27 of Plaintiff's Complaint):</p> <ul style="list-style-type: none"> <li>• Defendant Leonard Sanchez permitted Defendant to operate his car.</li> </ul> <p>AI22: State all facts upon which you rely to support your allegations (§28 of Plaintiff's Complaint):</p> <ul style="list-style-type: none"> <li>• Defendant Leonard Sanchez permitted Defendant to operate his car. Defendant failed to pay full attention while driving and violently collided with the rear end of the car in which I was a passenger.</li> </ul> <p>AI23: State all facts upon which you rely to support your allegations (§30 of Plaintiff's Complaint):</p> <ul style="list-style-type: none"> <li>• Defendant Leonard Sanchez permitted Defendant to operate his car. Defendant failed to pay full attention while driving and violently collided with the rear end of the car in which I was a passenger.</li> </ul> <p>AI24: State all facts upon which you rely to support your allegations (§32 of Plaintiff's Complaint):</p> <ul style="list-style-type: none"> <li>• Objection. This calls for legal conclusions and will be further supplemented when discovery takes place with respect to Leonard Sanchez.</li> </ul> <p>AI25: State all facts upon which you rely to support your allegations (§33 of Plaintiff's Complaint):</p> <ul style="list-style-type: none"> <li>• See medical records disclosed pursuant to Plaintiff's Initial List of Witnesses and Production of Documents Pursuant to NRCP 16.1.</li> </ul> <p>AI26: State all facts upon which you rely to support your allegations (§34 of Plaintiff's Complaint):</p> <ul style="list-style-type: none"> <li>• Same answer as provided in Interrogatory 17 which shows all known medical expenses.</li> </ul> <p>AI27: identify any and all medications, recreational drugs, or alcohol ingested 24 hours prior to the crash:</p> <ul style="list-style-type: none"> <li>• 20 mg Nadolol (for mitral valve prolapse)</li> </ul> <p>AI28: What were you doing while driving immediately prior to the crash?</p> <ul style="list-style-type: none"> <li>• I was looking to the right at the park.</li> </ul> <p>AI29: Did you divert your attention from traffic ahead of you at any time the last 300 feet before the scene of the crash?</p> <ul style="list-style-type: none"> <li>• I was looking to the right.</li> </ul> <p>AI30: Have you ever had your driver's license suspended?</p> <ul style="list-style-type: none"> <li>• No.</li> </ul>
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	<p>AI31: Describe the details of the crash in your own words:</p> <ul style="list-style-type: none"> <li>• The pizza delivery guy who I later learned was Defendant Defendant failed to pay full attention while driving and the front of the 2002 Kia Rio operated by him violently collided with the rear end of the 2004 Mercedes-Benz in which I was a passenger.</li> </ul> <p>AI32: State the prescription of your eyeglasses and whether or not you were wearing them:</p> <ul style="list-style-type: none"> <li>• None.</li> </ul> <p>[I completed this portion because I felt that it contained important information including all the physicians from which she sought treatment and the dates that they treated her. This helped me to piece together the chronology of her care. She also reported that she had her head turned to the right at the time of impact, and that she was unaware of the impending crash.]</p>
9/9/2015	<p>First Request for Production of Documents Propounded by Defendant.</p> <p>This document contains essentially the same information as the Answers to Defendant Leonard Sanchez' Interrogatories except for the following items:</p> <ul style="list-style-type: none"> <li>• Requests No. 12 and 13 bring up an "accident which occurred on 11/26/2010" to which Ms. Patient's attorney objected to addressing because the request was confusing.</li> <li>• Request No. 14 demands that Ms. Patient execute authorizations to disclose her medical information; release employment; personnel and payroll records, reports, and information; release of educational information and records; release automobile and/or other liability claims file; records and written information; release of insurance claims records; release workers' compensation records; social security administration; consent for release of information; IRS: request for transcript of tax return; IRS: request for copy of tax return; IRS: tax information authorization; authorization to disclose personal health information; and authorization for cellular phone/text records.</li> <li>• Note – those documents were scanned and provided in this file.</li> </ul>
10/20/2015	<p>Requests for Admission of Defendant.</p> <ol style="list-style-type: none"> <li>1: Admits that he was employed by Las Vegas Pizza, LLC dba Pizza Hut when the collision occurred.</li> <li>2: States that "this calls for legal conclusion" when asked to admit that he was on the job when the crash occurred.</li> <li>3: Denied that he was delivering pizzas at the time of the crash.</li> <li>4: Admitted that a normal part of his employment was to deliver pizzas.</li> <li>5: Admitted that prior to the crash he had been delivering pizzas in the same motor vehicle that he was in at the time of the crash.</li> <li>6: Stated that "this calls for crucial facts central to the lawsuit or legal concessions" when asked to admit that he was on the job at the time of the crash.</li> </ol>

	<p>7: Stated that “this calls for crucial facts central to the lawsuit or legal concessions” when asked to admit that “this was a hard impact.”</p> <p>8: Same answer as given in #7 when asked to admit that this was not a soft impact.</p> <p>9: Admitted that he rear-ended the vehicle in which Ms. Patient was an occupant.</p> <p>10: Stated that “this calls for crucial facts central to the lawsuit or legal concessions” when asked to admit that he was at fault.</p> <p>11: Same answer as #10 when asked to admit that no other parties were at fault.</p> <p>12: Admitted that he had not yet clocked out when the crash occurred.</p> <p>13: Stated that “this calls for crucial facts central to the lawsuit or legal concessions” when asked to admit that he had been in other automobile crashes while working for Pizza Hut.</p> <p>14: Stated that “this calls for crucial facts central to the lawsuit or legal concessions” when asked to admit that he has no evidence that Ms. Patient did anything wrong to cause or contribute to the crash.</p> <p>15: Admitted that the 2002 Kia Rio he was driving was towed from the scene of the crash.</p> <p>16: Denied that the Mercedes-Benz was stopped for a traffic light at the time of impact.</p> <p>17: Denied that immediately before the crash the cars in front of him had stopped.</p> <p>18: Denied that he has no witnesses to the crash.</p> <p>19: Denied that Pizza Hut promoted a policy of speedy delivery.</p> <p>20: Denied that he had received any traffic violations in the 5 years prior to the crash.</p> <p>21: Objection to answering whether or not he was reprimanded by his employer (Pizza Hut) for the crash.</p> <p>22: Admitted that he received a traffic citation for failure to pay full attention to driving.</p> <p>23: Stated that “this calls for crucial facts central to the lawsuit or legal concessions” when asked to admit that he was not paying full attention to his surroundings at the time of the crash.</p> <p>24: Admitted that the view of traffic in front of him was not obstructed.</p> <p>25: Admitted that he did not keep driver logs while working for Pizza Hut.</p> <p>26: Denied that he had been convicted of, pled guilty to, or pled no contest to a felony within 10 years previous to the crash.</p> <p>27: Admitted that Pizza Hut had rules, policies, and procedures in place which dictated that he had to deliver the food within a certain amount of time.</p> <p>28: Admitted that he provided a written statement to the NLVPD indicating that he accelerated but the car in front of him (in which Ms. Patient was a passenger) had not.</p> <p>29: Denied that his occupation as a delivery driver was in part dependent upon his ability to complete deliveries within a certain amount of time.</p> <p>30: Denied that the crash occurred because he was rushing to make a delivery.</p>
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	<p>31: Admitted that he could be reprimanded up to and including termination if he did not make deliveries within an allowable amount of time.</p> <p>32: Denied that the top priority of Pizza Hut delivery was quick deliveries regardless of traffic laws.</p> <p>33: Stated that “this calls for crucial facts central to the lawsuit or legal concessions” when asked to admit that he is not disputing liability with respect to the crash.</p>
10/20/2015	<p>Defendant’s Answers to Ms. Patient’s Interrogatories.</p> <p>AI1: Personal Information:  Name: Defendant  DOB: 10/29/1994  Born at: San Diego, California  Etc...</p> <p>AI2: Objected, but ultimately denied ever having been convicted of a crime, misdemeanor, or felony</p> <p>AI3: Objected, but ultimately denied ever having had his driver’s license suspended.</p> <p>AI4: Objected, but ultimately denied ever receiving a traffic violation in the 5 years before the crash.</p> <p>AI5: About the crash:</p> <ul style="list-style-type: none"> <li>• Time: 3:00 pm.</li> <li>• Estimates he was traveling about 20 mph.</li> <li>• The intersection was governed by traffic light.</li> <li>• Nothing was obstructing his view.</li> <li>• Traffic conditions were busy.</li> <li>• Statement of what happened which was different from that which he wrote on the NLVPD voluntary statement. He states here that the Mercedes in front of him released his brakes (because the brake lights went off). Then the Mercedes abruptly reapplied its brakes.</li> </ul> <p>AI6: Objected to inquiry about whether or not the owner’s insurance policy covered him.</p> <p>AI7: I was cited for failure to pay full attention and paid the citation out of convenience without admitting guilt.</p> <p>AI8: Denied to answer whether or not he planned on calling any other witnesses other than the ones already disclosed.</p> <p>AI9: Denied having Ms. Patient under surveillance “at this time.”</p> <p>AI10: Mr. Williams had been informed that the vehicle’s maintenance was up to date.</p> <p>AI11: Stated that discovery was continuing to determine whether or not Ms. Patient’s injuries were the result of someone or something other than the crash that he caused.</p> <p>AI12: Stated that discovery was continuing to determine whether or not Ms. Patient’s injuries were the result of the crash that he caused.</p> <p>AI13: No obstruction to his view while driving.</p>

	<p>AI14: I went to sleep around 10:00 pm prior to the crash and awoke around 6:00 am.</p> <p>AI15: I had been awake about 9 hours prior to the crash.</p> <p>AI16: I had slept 8 hours in the 24 hours prior to the crash.</p> <p>AI17: At the time of the crash, I was returning to Pizza Hut after completing a delivery. It was nearing the end of my shift and I would be returning to the store to clock out. [He told the insurance company that he was on his way home at the time of the crash. See ¶1 of Defendant Defendant's recorded statement – dated UNKNOWN.]</p> <p>AI18: duplicative – see AI17.</p> <p>AI19: Mr. Williams' bases for all things denied in the Requests for Admission (dated 10/20/2015). He denied numbers 3, 16, 17, 18, 19, 20, 26, 29, 30, and 31. [They didn't seem relevant, so I didn't write them out. You can read them if you would like (start on pg 10/17).]</p> <p>AI20: As a delivery driver I was required to maintain a valid Nevada driver's license and posses a registered vehicle with valid proof of insurance.</p> <p>AI21: I don't wear corrective lenses.</p> <p>AI22: Delivery was required within 30 minutes by Pizza Hut.</p> <p>AI23: If a driver failed to deliver their order within 30 minutes, they would be written up. If written up more than 3 times, they would be subject to termination.</p> <p>AI24: I consumed no intoxicating beverages within 24 hours prior to the crash.</p> <p>AI25: The airbags to my car deployed. The hood of my vehicle was bent, and the headlights were broken.</p> <p>AI26: I have never been involved in a motor vehicle crash before.</p> <p>AI27: The Mercedes sustained several scratches to the rear bumper.</p> <p>AI28: I was in route to Pizza Hut prior to the crash.</p> <p>AI29: I have not had any communications with witnesses since the time of the crash.</p> <p>AI30: Objection - defendant is not qualified to render an opinion as to what Ms. Patient did wrong with respect to the crash on 9/5/2013.</p>
10/20/2015	<p>Defendant's Responses to Ms. Patient's Requests for Production of Documents.</p> <p>1: Photographs of the crash produced and identified as Bates Nos. DEF-000040 – 68.</p> <p>2: Defendant is not in possession of any work logs.</p> <p>3: Objection to provide information that indicated defendant was "on the job."</p> <p>4: Property damage estimates were produced and identified as Bates Nos. DEF000011 – 39.</p> <p>5: Policies of insurance that cover the crash were produced and identified as Bates Nos. DEF-000072 – 5</p> <p>6: Defendant is not in possession of any manuals, guidebooks, etc... pertaining to his occupation as a delivery driver.</p>

	<p>7: Objected to producing his employee file.</p> <p>8: Defendant is not in possession of traffic citations received within the 5 years before the crash. [Earlier he denied having ever received a traffic violation.]</p> <p>9: Defendant relied upon the Traffic Accident Report to answer Ms. Patient's interrogatories.</p> <p>10: Defendant is not in possession of any written warnings or reprimands from his employer in connection with the 9/5/2013 crash.</p> <p>11: This defendant is not in possession of any documents regarding the time permitted to make deliveries as a delivery driver.</p> <p>12: This defendant is not in possession of the traffic citation he he received in connection with the 9/5/2013 crash.</p> <p>13: Defendant did not keep a log book.</p> <p>14: Answer to 13 was labeled 14, so 14 was skipped.</p> <p>15: Defendant is not in possession of any of his cell phone records reflecting usage.</p> <p>16: Defendant shall timely disclose and produce info regarding the retention of expert witnesses, if any, etc... Discovery is ongoing.</p> <p>17: Defendant is not in possession of any certificate of training as a delivery driver.</p> <p>18: Invoices for repairs etc... were produced and identified as Bates Nos. DEF-000011 – 39.</p> <p>19: Defendant shall timely disclose information regarding trial exhibits and witnesses, if any, etc... Discovery is ongoing.</p> <p>20: Videos, photos, etc... were previously produced and identified as Bates Nos. DEF-000040 – 68.</p>
9/21/2015	<p>IME Report by Reynold Rimoldi, MD of Nevada Orthopedic &amp; Spine Center. It was assumed, after reading his introductory paragraph, that Dr. Rimoldi was retained by the defense.</p> <p>Rimoldi listed Ms. Patient's chief complaints differently at the beginning of his report than he did at the end of his report. Initially he stated that her complaints were neck and right arm pain and lower back and right leg pain. In the end he stated that she suffered from neck, mid back, and lower back pain, and that she was also experiencing bilateral arm pain (right greater than left), and right leg pain. He also then clarified the symptoms of reflex sympathetic dystrophy by describing them as a sensation of pins and needles in her arms, hands, and feet.</p> <p>Rimoldi indicated that Ms. Patient was working at the time of the crash and was the passenger in a Mercedes when it was rear ended.</p> <p>Ms. Patient denied any history of neck or back complaints prior to the crash, but stated that she had received physical therapy, extensive chiropractic treatment, injections and medications from MDs and/or DOs, and consulted with a surgeon since the time of the crash. She developed reflex sympathetic</p>

	<p>dystrophy in her hands and feet by October 2013 (one month post-crash), and had most recently been recommended for a spinal cord stimulator.</p> <p>Ms. Patient’s past medical history, as ascertained by Dr. Rimoldi, was not significant for injuries to the neck or back.</p> <p>Dr. Rimoldi indicated that the traffic report stated that she was in a stopped vehicle when she was rear ended. He reviewed black and white and color photos and stated that the damage to the Mercedes was minimal but failed to comment about the damage to the Kia. He noted that the damage to the Mercedes was \$2,975.65.</p> <p>Dr. Rimoldi then summarized the records he reviewed (which were extensive – see below). The record review represented the bulk of his report (pgs 2-8). On page 9 of his report he restated—with more precision—Ms. Patient’s physical complaints, discussed the findings of his physical examination, and rendered his opinion. Page 10 contained the final sentence of his opinion and his signature.</p> <p><b>Opinion</b></p> <p>His opinion was that Ms. Patient sustained “at most” sprain/strain injuries to the cervical and lumbar spine as a result of the crash, and that she should have been better by the 12 week mark. Any treatment after 12 weeks, because “there was no objective evidence of pathology”, was unrelated to the crash. He dismissed the disc herniations in the cervical and lumbar spine as inconsequential and/or unrelated to the crash.</p> <p><b>Physical Exam</b></p> <p>Rimoldi noted during his physical exam that Ms. Patient was wearing gloves because it reportedly helped to alleviate the sensation of pins and needles in her hands. He also noted that she required the use of a cane, but stated that myotomal testing was normal. He also reported that sensory testing was normal. Pinwheel testing of the C5 through T1 dermatomes represented the extent of his sensory testing. He stated that he could find no trigger points and that Ms. Patient had a 10% limitation of cervical motion. He failed to explain which range of motion was limited. He noted that she had diffuse tenderness [to palpation?] throughout the cervical and lumbosacral regions but stated that it was “difficult to localize.” He noted that reflexes were normal bilaterally in the upper and lower extremities.</p> <p>He did not review any radiographic studies because Ms. Patient didn’t bring any to the examination.</p> <p><b>Chronological Record Review</b></p> <p>Ms. Patient was seen at Mountainview Hospital Emergency Department the day of the crash. A CT scan of the brain was ordered which did not</p>
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	<p>demonstrate any acute abnormality. She was diagnosed with a neck sprain as a result of the crash and prescribed Lortab, ibuprofen, and Flexeril. She was then instructed to follow up with outpatient healthcare providers.</p> <p>Dr. Rimoldi points out that Ms. Patient was treated by the chiropractors at Advanced Chiropractic Specialists 81 times between 9/9/2013 and 3/11/2015 (a 2 ½ year span). She was initially assessed as having cervical sprain/strain and thoracic segment dysfunction as a result of the crash. On 9/30/2014 (approximately one year post crash) Dr. Fife indicated in his records that Ms. Patient had persistent symptoms as a result of the injuries she sustained in the crash and recommended that she consult a spine surgeon (either Dr. Grover or Dr. Cash). Ms. Patient consulted these chiropractors 4 days after the crash.</p> <p>Ms. Patient was seen by Russel Shah, MD on 10/3/2013 (approximately 4 weeks post-crash). Rimoldi stated that Dr. Shah mentioned the MVC and diagnosed headaches, dizziness, anxiousness, cervical strain, and right TMJ pain. He recommended MRI of the brain and c-spine and prescribed Ibuprofen and Prilosec. Rimoldi pointed out that Dr. Shah recommended other test (including neurodiagnostic tests) but failed to expound. The MRI demonstrated a 1 mm disc protrusion at C4-C5 which Rimoldi nominalized.</p> <p>Dr. Shah followed up with Ms. Patient on 10/22/2013 and recommended further diagnostic testing of the upper extremities. In addition to previous prescriptions, Soma was prescribed. On 10/25/2013, the main finding on EEG, as reported by Rimoldi, was left temporal cortical hyperexcitability. A BAER study was read as normal.</p> <p>Dr. Shah followed up on 11/7/2013 and performed EMG/NCV and diagnosed mild cervical radiculitis affecting the C5 root innervated muscles without evidence of entrapment neuropathy. Dr. Shah then diagnosed cervical sprain with radicular complaints, but the remaining diagnoses were left out of Rimoldi's report. Dr. Shah enacted work restrictions, provided the same meds, and recommended pain management evaluation.</p> <p>Ms. Patient was next seen by Dr. Magnus (DO) on 12/2/2013 who diagnosed cervical strain, and face and scalp contusions. She was instructed to follow up with established healthcare providers.</p> <p>On 12/17/2013, the MRI findings of the brain demonstrated no acute abnormality.</p> <p>Ms. Patient presented to the Centennial Hills Hospital ER on 12/23/2013 for headache and was diagnosed with a migraine headache. Naposyn, promethazine, and oxycodone were prescribed and she was instructed to follow up with established healthcare providers.</p>
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	<p>She was then seen by Dr. Lambos on 12/28/2013 who diagnosed postconcussive syndrome and cervicalgia. She was instructed to follow up with established providers.</p> <p>She presented to the Centennial Hills ER again on 1/9/2014 and was evaluated for a depressive disorder. The ER recommended follow up with a mental health specialist. Later the same day she was seen by neurologist Leo Germin who diagnosed headache, dizziness, nausea, and “new-onset neck pain post status MVC.”</p> <p>Dr. Rimoldi noted here that the Ms. Patient had some suicidal ideation, so she was referred to a psychologist. He also ordered another EMG/NCV and recommended an evaluation at the Werner Balance Institute. [Her suicidal ideations may have just been that she said she was in so much pain she just wish she would die and it would be all over. I don’t know]</p> <p>She was evaluated at the Werner Balance Institute on 1/23/2014 and followed up with Dr. Germin on 1/28/2014.</p> <p>She was evaluated by Dr. McKenna on 2/4/2014 who diagnosed cervical sprain/strain with disc displacement, postconcussive syndrome, myalgia, and myositis as a result of the MVC on 9/5/2013. He prescribed Lortab, Flexeril, and Meloxicam, and he recommended cervical steroid injections. It is unclear in Rimoldi’s report whether or not she underwent the injections. [This would be 60 days after the 12 week mark, so, in Dr. Rimoldi’s opinion, her pain at this point has nothing to do with the crash.]</p> <p>She returned to the Werner Balance Institute on 2/19/2014, but was also seen at Fyzical Therapy and Balance Center on 2/19/2014. Ms. Patient received 10 physical therapy treatments over the next two months (through 4/18/2014) at Fyzical Therapy but was seen by other doctors during that time.</p> <p>She saw Dr. McKenna again on 2/21/2014 for an interlaminar steroid injection at the C6/C7 level. She saw Dr. Germin on 2/28/2014 with the diagnosis of post-traumatic cervicalgia caused by the 9/5/2013 crash; however, Rimoldi points out that Germin said Ms. Patient demonstrated signs of malingering and that he recommended full duty work. He also recommended neuropsychological treatment for postconcussive syndrome and management by a general practitioner for cervicalgia and fibromyalgia.</p> <p>On 3/4/2014, Dr. McKenna noted that the steroid injection had no effect on Ms. Patient’s condition. He recommends trigger point injections in conjunction with physical and balance therapy. [The disc herniation was at C4/C5 and he performed the injection at C6/C7 (interlaminar).]</p>
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	<p>Also, on 3/4/2014, Ms. Patient is seen by psychologist Mortillaro who opines that Ms. Patient has a phobia of travel and an anxiety of driving. [due to post-traumatic stress?]</p> <p>On 3/17/2014, Dr. Seigler diagnoses cervical and thoracic sprain/strain and cervicogenic headaches due to the 9/5/2013 MVC. He recommended cervical and thoracic MRI with consideration of cervical epidural injections. He prescribed Cymbalta and Elavil and enacted light duty and lifting no greater than 10 pounds. She returned to Dr. Seigler again on 3/26/2014, and he provided the same recommendations.</p> <p>Ms. Patient was seen by Dr. Fazzini (DO) on 3/28/2014. Dr. Fazzini diagnosed postconcussive syndrome, posttraumatic headaches, posttraumatic stress disorder with anxiety and depression, cervical myofascial pain syndrome and radiculopathy, etc... He ordered an MRI of the brain and prescribed Neurontin.</p> <p>She was seen by Seigler again on 4/4/2014 when he diagnosed discogenic pain. He again recommended cervical facet injection and follow up.</p> <p>On 4/5/2014 the thoracic MRI demonstrated only mild degenerative changes. On 4/12/2014 the brain MRI came back as unremarkable; however, the results of the lumbar MRI (which came back also on 4/12/2014) demonstrated a 5.5 mm disc protrusion at L4-L5 and a 2.5 mm disc protrusion at L5/S1.</p> <p>On 4/18/2014, Dr. Siegler (MD) assesses facet mediated pain (as opposed to discogenic pain that he assessed on the previous visit) and again recommended cervical injections. He also prescribed Neurontin, Mobic, and Cymbalta.</p> <p>On 4/25/2014, Dr. Fazzini (DO) prescribed Prednisone, Zanaflex, Cymbalta, Meloxicam, and Gabapentin. He also recommended that she continue pain management care with Dr. Siegler.</p> <p>She sees Dr. Siegler again on 4/30/2014 for reflux???</p> <p>Ms. Patient presents for 6 physical therapy treatments to her cervical spine with Kelly Hawkins Physical Therapy from 4/30/2014 through 5/15/2014.</p> <p>On 5/14/2014, Dr. Fazzini ups her dose of Cymbalta and recommends continued pain management treatment with Dr. Siegler.</p> <p>5/19/2014 – she sees Siegler again, and he notes minimal progress.</p> <p>5/23/2014 – Siegler performs bilateral C6 and C7 medial branch blocks.</p>
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	<p>6/2/2014 - Siegler notes that the injections were ineffective, states that there is no surgical lesion, recommends EMG/NCV to bilateral upper extremities and functional capacity evaluation.</p> <p>6/4/2014 – Fazzini recommends surgical consult, Wellbutrin, and ongoing pain management with Siegler.</p> <p>6/18/2014 – Siegler notes that EMG/NCV of the upper extremities was normal. Rimoldi noted here “There is no evidence of cervical radiculopathy.” He again recommends a functional capacity evaluation.</p> <p>7/31/2014 – Fazzini recommends surgical consult, continuing chiropractic treatment and oral medications, and orthopedic evaluation for a left hand injury. [new injury?]</p> <p>9/4/2014 – Estela (MD) sees Ms. Patient for injuries related to the MVC. He diagnosed cervical strain and recommended additional physical therapy and home exercise in addition to Flexeril and Neurontin. He recommended light duty with the restriction of lifting no greater than 10 pounds.</p> <p>From 9/18 through 10/15 (2014), Ms. Patient receives 12 physical therapy treatments for her cervical spine.</p> <p>10/20/2014 – Estela recommends a cervical MRI and a surgical consult. He notes that the patient is approaching MMI. His diagnosis is cervical strain and C4-5 disc protrusion.</p> <p>11/11/2014 – Ms. Patient was noted by Estela to be 14 months status post work-related injury. [Not sure what this means. It is still a question to me whether or not she was working when she got rear-ended.] Surgical consultation is again recommended. Norco, Neurontin, and Flexeril were prescribed.</p> <p>11/13/2014 – Seen by Elkanich (MD - surgeon) who recommends cervical MRI and follow up.</p> <p>11/18/2014 – The cervical MRI demonstrated a 1 mm disc protrusion at the C4/C5 level which had not changed over a year.</p> <p>12/9/2014 – She sees the psychologist (Mortillaro) again, and he discusses traumatic brain injury and psychological issues.</p> <p>12/11/2014 – Elkanich (MD) recommends cervical injections again and that Ms. Patient be seen by a pain management specialist.</p>
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	<p>12/19/2014 – Estela (MD) recommended that she consult Dr. Shifini for cervical injections and that she follow up with the surgeon again (Dr. Elkanich).</p> <p>12/31/2014 – Ms. Patient was seen by Dr. Shifini who assesses multilevel cervical annular disc bulges and multilevel cervical DDD, and cervical sprain/strain as a result of the crash. He did not, however, recommend cervical injections. He recommended updated EMG/NCV and follow up with Elkanich and Estela.</p> <p>1/8/2015 – Elkanich (surgeon) recommended that she see the pain specialist.</p> <p>1/16/2015 – Estela recommended topical lidocaine for her hands and prescribed Norco. He also recommended a trial of stellate ganglion blocks and to see Dr. Elkanich for further recommendations.</p> <p>2/2/2015 – Ms. Patient consults with Dr. Reed who conducts new EMG/NCV studies of the upper extremities which were normal. He diagnosed nonindustrial-related fibromyalgia.</p> <p>2/13/2015 – Estela diagnosed bilateral upper and lower extremity complex regional pain syndrome which was not considered industrial. Ms. Patient was 17 months post-crash at this point. He stated that she had reached MMI, was stable, and ratable for the C4-C5 disc protrusion.</p> <p>3/18/2015 – Dr. Burkhead (MD) consulted with Ms. Patient and recommended Sympathetic plexus injections into the lumbar region. Her prescribed Norco, Flexeril, and gabapentin. According to Dr. Burkhead, all treatments were secondary to the MVC on 9/5/2013.</p> <p>4/14/2015 – Burkhead performed a left lumbar sympathetic plexus injection with fluoroscopic guidance.</p> <p>4/15/2015 – Burkhead recommended lumbar injections and added cyclobenzaprine to Ms. Patient's medications.</p> <p>4/21/2015 – Burkhead performed bilateral L4 and L5 selective nerve root injections.</p>
1/22/2016	<p>Letter of Notification of Permanent Partial Disability Award from Associated Risk Management, Inc.</p> <p>Dr. Charles Quaglieri performed a permanent partial disability (PPD) evaluation on 12/17/2015 and "awarded" an 11% impairment for Ms. Patient's cervical spine and travel anxiety.</p>

	<p>She was awarded \$21,412.96 which she could appeal if she felt it was inadequate. "If you are injured on the job again in the future, your employer may qualify for recovery through the Subsequent Injury Fund under NRS 616B.557. [I don't know what this award is about. A worker's comp of some type?]</p>
2/8/2016	<p>Yvonne Patient's Answers to Pizza Hut's Interrogatories.</p> <p>Same answers as to Leonard Sanchez' inquiries except the following:  AI5: Present employer (as of 2/8/2016) was Advanced Housecalls – 112 South Jones Boulevard, Las Vegas, Nevada 89107.  AI6: Field Medical Assistant.  AI7: Education Background: high school graduate (1976), Cerritos Community College, Medical Assistant Degree (1990-1991), Phlebotomy Certificate (1990), Grief Counseling and Thanatology Certificate (2004).  AI13: My injuries and symptoms include but are not limited to suffering from: migraines; post-concussion syndrome, neck pain, muscle spasms in both shoulders; mid and lower back pain; muscle spasms in my low back; weakness in both arms, hand, and legs; burning, numbness, tingling, swelling, and redness in both hand and feet; short term memory loss; intermittent blurred vision; swelling in RT knee; walk with a cane and have to use scooter to walk any distance; depression and anxiety when traveling; complex regional pain syndrome; all symptoms continue to this day and have gotten worse.  AI14: My treatment to date includes but isn't limited to: chiropractic; prescriptions; injections; PT; cognitive behavioral therapy; biofeedback; balance therapy; diagnostic testing; pain management; and implantation of a spinal cord stimulator.  AI21: I have not worked since 12/4/2013. Dr. Mortillaro suggest that she might be retrained to see what she could do because of the CRPS.</p>
2/18/2016	<p>Deposition of Yvonne Patient.  First by John Hanson who was Las Vegas Pizza's attorney.</p> <p>She had her deposition taken once before when she was the plaintiff against a dentist where a root canal left her with a bone infection in her left mandible.</p> <p>She has a certificate in grief counseling and thanatology, which is the study of death and dying. [You probably knew that, but I didn't].</p> <p>At the time of the crash, she was in the vehicle with a physician's assistant (Clenton AttorneyOther). She had been working with that PA for almost 6 years as his medical assistant. She worked for Advanced House Calls. [I'm not sure if the PA also worked for Advanced or if his group hired Advanced... like a temp agency or something.]  She stopped working with Advanced House Calls around 12/3/2013 because of neck pain, back pain, headaches, difficulty concentrating, dizziness, and nystagmus.</p>

	<p>Before Advanced House Calls, she worked as a medical receptionist for Nevada Cardiology. Before that she worked for Kaiser Permanente as a medical assistant for about 6 years.</p> <p>She stated that her general state of health before the crash was good. She denied experiencing any pain on the day of the crash before the crash occurred. She had taken Nadolol earlier in the day, on the day of the crash, which was a prescription medication she took on a regular basis for mitral valve prolapse.</p> <p>Her normal work shift ran from 8:30 am until 5:00 pm, but she says that she would get to work an hour early and that she worked a lot of overtime, so she would often work later than 5:00 pm.</p> <p>Ms. Patient and PA AttorneyOther were returning from seeing a patient at the time of the crash. She was seated in the front passenger seat when they were struck. She was wearing her seatbelt.</p> <p>The vehicle (Mercedes) Ms. Patient was in was completely stopped for a red traffic light at the time of the crash (pgs25-26). She estimated that there were 5 or 6 cars between the car she was in and the intersection (Craig and Revere). She and AttorneyOther were traveling straight on Craig Rd approaching Revere St.</p> <p>Just prior to the crash, she and AttorneyOther were talking about the park that was being developed to the right of them. She stated that she was leaning slightly forward and looking to the right at the time they were hit (pg27). She said that she was getting ready to tell AttorneyOther about—or point out to him—the yellow and orange play area he could take his two little girls to.</p> <p>She was unaware of the impending impact (pg29). She had no warning that they were about to be hit. She felt one impact. She felt her butt lift off the seat at the sound of the impact. She believed she hit her head, but wasn't sure where. She didn't have any bruises or show any other signs of blunt trauma to her head in the days following the crash.</p> <p>She stated that her backside came down and struck the seat beneath her but didn't feel immediate pain. She did, however, feel immediate pain in her head that she described as the worst pain she had ever felt. She stated that she grasped her head in her hands and moved back and forth in her seat repeating, "Oh my god my head hurts so bad." (pg34)</p> <p>She asked AttorneyOther what happened to which he answered, "someone hit my damn car." Mr. AttorneyOther then advised her that she should act like she was hurt so that she could get some money. She was baffled that he "for some reason" ignored her as a physician's assistant. He failed to render aid of any</p>
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	<p>kind to her. She asked him if she could take some Tylenol, and then he gave her some.</p> <p>She then stated that Mr. AttorneyOther wanted her to lie and say they were at lunch and not in route to another patient's home. She had known Mr. AttorneyOther for almost 6 years at this point. She rode with him every working day. Outside of that, they only socialized at the Christmas party.</p> <p>She didn't want a ride in the ambulance because she anticipated the ambulance bill that would come later. She stayed in the car after the crash while Mr. AttorneyOther got out. She had a conversation with the police officer. She stated that the officer asked her several times if she was okay and needed an ambulance.</p> <p>Ms. Patient stated that Defendant said he was sorry and hoped she would feel better. She said back, "Thank you. I'll be all right."</p> <p>She called her son (Jonathan) from the scene of the crash and told him that she had been in a car accident and needed to go to the hospital. It took him about 30 minutes to pick her up.</p> <p>She spoke with Mr. AttorneyOther on occasion after the crash, but thought the last time she had spoken with him face to face was 12/4/2013 (the last day she worked for Advanced House Calls). She told him that she wasn't feeling well and that she had to go home. Mr. AttorneyOther was her supervisor at work.</p> <p>The last time she had communication with him after that was in October 2016 when he texted and expressed his deepest condolences because her mother just passed away. He told her to "hang in there." Otherwise, they haven't had any correspondence. She stated that she didn't even respond to his text.</p> <p>She left the scene of the crash with her son. He immediately took her to Mountain View Hospital. She complained of head and neck pain, dizziness, and balance problems. She felt unsteady on her feet like she should be holding onto something if she was walking. She was given an extra wrist band at the hospital that indicated to hospital personnel that she shouldn't be walking by herself.</p> <p>When asked, she thought that she may have lost consciousness, but the deposing attorney stated that her ER record stated no loss of consciousness or blow to the head. She did not remember being asked such a question. She estimated that she was at the ER for more than an hour. She couldn't remember what diagnostic procedures, treatments, or anything took place at the hospital.</p> <p>She went back to work the day after the crash. She reported the crash to her work (Sandy – the office supervisor) the day of the crash.</p>
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After leaving the hospital, her son drove her to her work where she picked up her car, and then she went home.

The first doctor she went to after the crash was the chiropractor, Dr. Gozdzikowski whom she referred to as Dr. G. (The deposing attorney also chose to refer to him as Dr. G.) She couldn't recall the first date she consulted him.

She didn't open a workers comp claim for several months after the crash because she thought her health insurance would cover the chiropractic bills. She finally opened the claim because her condition was worsening and she was "really having difficulty concentrating at work." (pg55) And she needed injection in her neck and didn't think she would be able to afford that on her insurance.

She didn't ask to be placed on a modified duty schedule in the 3 months following the crash. She was, however, no longer able to carry the medical bags (which she estimated weighed in at about 15 pounds) or lift patients out of the wheelchair. She also experienced difficulty pushing patients in wheelchairs.

Ms. Marvin then stated that Sandy told her that she didn't qualify for workers comp because the crash occurred between patients' houses. Apparently, Sandy also stated that Ms. Marvin would have qualified if she had been hurt at a patient's house.

Ultimately, she made a workers comp claim which was accepted in the workers comp system.

Ms. Patient stated that the migraines started the day after the crash. She rated the headache that occurred immediately after the impact at 10/10, and then stated that the migraines she suffered after that were slightly less than 10/10. She stated that she still gets a migraine per week which she stated would range in intensity from 7 to 10 out of 10.

Using her neck a lot (e.g., reading, using the computer, driving) aggravates and causes the onset of migraines. Lortabs help to alleviate her pain. She has seen Drs. Estela, Siegler, and Burkhead for pain management.

She was told by her pain specialists and neuropsychologist that when you hit your head a hormone is released into your body that causes headaches and depression. She was diagnosed with post-concussion syndrome by Drs. Wang and Mortillaro.

She saw the neurologist for balance and nystagmus. She describes the nystagmus as her eyes shifting right when she is reading and then they quickly

	<p>come back. She reported that the blurry vision occurs when she gets headaches, and it is a unique symptom from the nystagmus.</p> <p>She denied ever having migraines prior to the crash.</p> <p>She was also diagnosed with post-concussive syndrome (PCS) which was described as the combined symptoms of headache, dizziness, nausea, vomiting, blurred vision, loss of balance, and pain. The headache pain was described to be as if someone is stabbing her in the head repeatedly with a knife.</p> <p>The prognosis of PCS that she was given was that it may self-resolve anywhere from “a short while” to years.</p> <p>These symptoms have improved, but she still experiences balance issues “frequently”.</p> <p>Ms. Patient remembered experiencing neck pain for the first time the day after the crash, and she rated that pain at 7/10. She stated that the worst it had been was a 10/10. The neck pain was reported to be located in the back of her neck and at the base of her skull on the right. The neck pain wasn’t reported to ever radiate up into the head, but it was reported to radiate down into both upper extremities.</p> <p>The pain was reported to radiate from her neck down her shoulders to her elbows bilaterally, and then she experiences weakness from her elbows down into her hands.</p> <p>The deposing attorney went through each of the symptoms Ms. Patient named in her answers to the Defendant’ss interrogatories in this fashion. She rated the pain and informed him about frequency and duration of the individual pains. These questions constituted pages 61 – 119.</p> <p>Of important note in this part of the record (pg 75) was that the doctors (Dr. Shah) discovered that she had an annular tear in the cervical spine.</p> <p>She didn’t get six injections into the neck because the doctor who would have performed the procedure told her it was very dangerous and could even kill her. She was considering a spinal cord stimulator in the cervical spine at the time of the deposition. She hadn’t finished researching it to see if she wanted to go through with it. The permanent lumbar spine stimulator was implanted on 10/5/2015 which has provided relief.</p>
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	<p>The surgeon didn't want to perform surgery on the lumbar disc herniations because of complex regional pain syndrome (CRPS). The spinal cord stimulator has to be replaced every 10 years or so.</p> <p>The deposing attorney noted that she was wearing gloves to the deposition. Evidently, the CRPS onset all at once and the doctor she was seeing at the time, the one she reported it to, was Dr. Germin (the neurologist). She was told by doctors that it can spontaneously go away or last a lifetime.</p> <p>The CRPS was continuing to worsen to the point that her fingers were beginning to contracture. Wearing the gloves (which are compression gloves) helps her fingers not to contracture. She was also experiencing the CRPS in her feet, and her toes had also begun to contracture.</p> <p>She saw an Eccanolue (PA) at Southwest Medical Internal Medicine who wasn't named in the records reviewed above. She also saw someone named Cindy Patient, PA at a clinic called Quick Care. These visits were within three months prior to the deposition.</p> <p>She had been diagnosed with depression prior to the crash, but not anxiety. She described having random suicidal thoughts—pictures of herself putting a gun to her head and blood coming out the other side of her head—flash through her head. She said that “for no reason I was having those thoughts.” These thoughts were reported to physicians.</p> <p>Dr. Mortillaro, the neuropsychologist, told her that she was having those thoughts because she hit her head in the crash.</p> <p>From pages 120 – 126, she denied ever having back or neck injuries or having any subsequent injuries or falls since the crash occurred.</p> <p>She did, however, see a chiropractor on one occasion before the crash because carrying a bag at work was giving her a crick in her neck. She didn't even return for the report of findings because her work gave her a fanny pack and that solved the problem. She saw the chiropractor within 6 years of the crash because she was working with Advanced House Calls when she went in to see him. It was not the same doctor she went to see for the car crash.</p> <p>She was involved in a MVC at the age of 12. Her only injury was a hematoma on her thigh. They were “T-boned” and her thigh was hit by the door.</p> <p>Her primary care physicians in the years prior to the crash were reviewed from pages 126 - 130. Also reviewed were her pre-existing medical conditions (i.e., mitral valve prolapsed, depression, and bone infection from a bad root canal).</p>
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	<p>Page 131 started the lost wages, work restrictions, and disability discussion. It went through page 135.</p> <p>Page 135 started the discussion about how the injuries sustained in the crash, and the resulting symptoms, have affected her life. She has a handicap placard in the window of her car.</p> <p><b>Page 137 began the deposition by Matthew Cavanaugh who was Defendant and Leonard Sanchez' attorney.</b></p> <p>Ms. Patient was married once (Anthony Patient) and divorced once. He is the father of her two adult sons (Jonathon and Jason).</p> <p>She was involved in a previous litigation case where she sued a dentist for performing a bad root canal. She went a year with a bone infection. It took 7 years to recover, evidently. The only time she had retained an attorney outside of that was for the divorce.</p> <p>She was very active in church until after the crash. She would be at the church probably 4 times per week. Now she is "blessed if she makes it twice a month."</p> <p>She is not longer able to be very active in church or enjoy the company of the people she associated with there.</p> <p><b>Page 151 began the deposition by James Harper who was Defendant State Farm's attorney.</b></p> <p>She had moved residences since the time of the crash. She lives in a townhouse now with an upstairs and a downstairs. She sleeps downstairs almost every night. For some reason the pain is worse at night.</p> <p>She moved from her previous residence (a third story apartment) because she was injured and her sons wanted her to move in with them, so they could help her. She didn't drive for about a year and a half after she had moved in with her sons, and she didn't leave the house much; she would just go to church and doctor's appointments.</p> <p>After a year and a half, she moved into a one bedroom town house of her own. She recently started to drive again. She sleeps most nights on the LazyBoy couch on the main floor of her town house. She bought the LazyBoy for the specific purpose of sleep.</p> <p>Her last romantic relationship was five years previous. She is only a member of her church and AARP.</p> <p>She was declared disabled in the 1990s for fibromyalgia and received social security benefits.</p>
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	<p>The attorney attempts to connect the diagnosis of CRPS to the fibromyalgia.</p> <p>She stated that she is able to take care of her personal grooming with difficulty. Her son Jason helped her when she needed help. He helps with activities such as pulling her shoes off, cooking, cleaning, etc...</p> <p><b>Cavanaugh ended his line of questioning and then Hanson wanted to ask more questions.</b></p> <p>She had treated for fibromyalgia in the five years previous to the crash. The symptoms she went in for were muscular achiness in her arms and knees.</p> <p>She stated that when she moved to Vegas in the 1990s she was fine. She could bowl, roller skate, do everything. Her visit to the doctor sometime in the 5 years prior to the crash was the first time she had had symptoms of fibromyalgia since she moved to Vegas.</p> <p>She believed that she discussed the fibromyalgia with the neurologist, Dr. Germin.</p> <p>She treated at Kaiser Permanente, Fontana location, for the fibromyalgia in the 1990s.</p> <p><b>Hanson ended his line of questioning and Ladah (Ms. Patient's attorney) asked her if there was a difference between the symptoms of fibromyalgia and the CRPS.</b></p> <p>Yes. She described the difference from pages 162 – 164.</p> <p>She described fibromyalgia as a muscle achiness in her body, especially around the knees and thighs, and fatigue, as if she had the flu. It was exacerbated by humidity.</p> <p>She described the CRPS as discoloration in her hands and feet, swelling, numbness, tingling, and burning. "It feels like a thousand ants are on one finger," or as if someone was cutting her with razor blades when she touches something.</p>
5/5/216	<p>Deposition Transcript of defendant Defendant.</p> <p>They reviewed the interrogatories. Defendant admitted to reviewing some of the questions posed in the interrogatories prior to the deposition. He had not review any other documents.</p> <p>Mr. Williams has a high school education, has never been married, and has no children. He got his Nevada driver's license at the age of 18 and hasn't had a driver's license from any other state.</p>

	<p>He never went through driver's ed.</p> <p>He started employment with Pizza Hut about 6 months before the crash (a couple of months before he graduated from high school – spring 2013). He worked for the Boys and Girls Club (just the summer) as a teen-ager before that. His employment there had nothing to do with motor vehicles. He also volunteered for the Red Cross. That was the extent of his work experience.</p> <p>He only had his license for 4-6 months prior to securing a position as a delivery driver. He did not have his own vehicle when he got the job. His uncle bought him a car (the Kia Rio was a graduation gift – that was registered in his uncle's name) so he could perform his job function.</p> <p>The car was sitting at his uncle's house but not moving [not in use?] prior to his uncle giving it to him; however, it was available for his use once he obtained his driver's license. The car always worked. He wasn't sure when his uncle obtained the car but thought it was most likely a used car when he purchased it.</p> <p>He stated that the Kia Rio (an automatic transmission) was the first car he had ever driven.</p> <p>He had experience driving the Kia Rio before he got the job as a delivery driver. He had been trying to get a job with Pizza Hut for a couple of months and the supervisor told him to contact her (Armesha Gilbert) when he got his license.</p> <p>He had to show his driver's license, proof of insurance, and a health card (food handler's permit) in order to get the job at Pizza Hut. He did not have to demonstrate his ability to operate a vehicle, take any tests (written or otherwise), or go through any training; however, he was told that they were going to look into his background (DMV record).</p> <p>He worked mostly night shifts (swing shifts) five days per week.</p> <p>He used the Kia Rio to drive to school before it was gifted to him. He was responsible for maintaining it. Everything was in working condition prior to the crash including the brakes.</p> <p>His uncle taught him how to drive. He would let him drive to school, and then his uncle would drive the car home. Defendant would walk home from school.</p> <p>He had a couple of friends (Manny and Luis) who worked for Pizza Hut which is why he applied. At the time of the deposition, he had been working for Papa Johns of a couple of months making pizzas.</p>
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	<p>He worked for Pizza Hut until January 2016, but he never delivered pizzas after the car crash. They sent him a letter telling him he couldn't drive for them anymore, and the vehicle's lights needed to be repaired. Evidently, they weren't repaired for financial reasons. He secured an in-store job at Pizza Hut that started about a month after the crash.</p> <p>His only health condition prior to the crash was asthma, but rarely needed medication for it. He carried his inhaler. He had no problems with his eyes. His last eye exam was for his license and he was able to get his license without the use of corrective lenses. He was not sick the day of the crash.</p> <p>It was store policy to return to the store and clock out after the driver's last delivery. There were other duties drivers had to perform after a day of work before they could clock out.</p> <p>After the crash he returned to the store and finished those tasks/duties before clocking out. He was paid by the hour and tips.</p> <p>Pizza Hut has a driver's handbook that delivery drivers get when they are hired.</p> <p>Pizza Hut might text him if he forgot something at the store when he left for a delivery, but it wasn't often. Pizza Hut's handbook prohibited cell phone use, including texting, while on the job. He wasn't sure if they could use a blue tooth.</p> <p>He was traveling in the left lane on Craig Rd. intending to pass through Revere St. (not turn) at the time of the crash.</p> <p>The light was red when he came to the intersection and he came to a complete stop. There were "a lot" of vehicles in front of him waiting at the light. "It was very crowded traffic." He remembered sitting at the red light for a while before the crash. He denied eating, talking on his cell phone, smoking, etc... while waiting at the light.</p> <p>He saw the vehicle-in-front-of-him's brake lights go off, so he let go of his brakes. The vehicle in front of him started to move forward and then must have abruptly stopped. He had moved his foot to the accelerator and "gassed it a little bit."</p> <p>He braked and skidded but didn't remember hearing the tires screech. "It all happened too quick." His vehicle only had one impact with the vehicle in front of him. He felt the seat belt tighten across his chest, but says he didn't move that much in his chair.</p>
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	<p>After making sure he was okay, the first thing he did after the impact was to get out and find out if the people in the car he hit were okay. Next he called his general manager. The next call he made was to his uncle. His uncle came to the scene of the crash when he was called.</p> <p>The police arrived quickly and had them move their cars off to the right side of the road. He was able to move the Kia to the side of the road, but it was towed from there. The police officer told him it couldn't be driven on the road like that.</p> <p>The police officer spoke more with his uncle than Defendant from the time his uncle showed up on the scene. He remembers that the headlights were "not connected to the car anymore" after the crash.</p> <p>The deposing attorney had him read his voluntary statement which he wrote at the time of the crash which read, "I saw that the light was green. Saw that cars were moving. I accelerated, and the car in front of me didn't move. I hit the back of the car." Deposing attorney pointed out discrepancies between his stories.</p> <p>It was daylight when he left the scene of the crash. The conditions were dry. His uncle took him to work to clock out, then he went home; however, he was directed by his boss to fill out a written statement about the crash before he left.</p> <p>He ended up paying the ticket but pled no contest.</p> <p>The insurance was his uncle's, but he said he paid his uncle for the insurance. His uncle's insurance company was USAA.</p> <p>The deposing attorney then presented for Defendant's review his own recorded statement to his insurance company (USAA), which was dated 9/9/2013.</p> <p>Defendant agreed that his memory of the crash would have been better four days after the crash that it was at the time of the deposition. Defendant stated that he had never reviewed that document before.</p> <p>There was no damage to the front of the Kia prior to the crash. He admitted that all the damage to the front of the vehicle was the result of the crash that happened on 9/5/2013 including the wheel that screeched, the "dangling" headlight, the scratches, and the dents. He couldn't recall if the airbag deployed, but admitted that it looked like it had in the picture.</p> <p>He admitted at this time that he was in a second crash 3-4 months after the first one which occurred on 9/5/2013 (the crash in question). That crash was</p>
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	<p>also his fault, but he said it was due to weather conditions. He described it as a severe collision.</p> <p><b>Mr. Ladah ended his examination of Defendant here, and then Mr. Hanson (Pizza Hut's attorney) asked Defendant some questions.</b></p> <p>Defendant estimated that he had his conversation with Ms. Patient within a minute or so after the crash. He remembered Ms. Patient being out of her vehicle at the time of their conversation.</p> <p>He didn't remember her crying but said she wasn't bleeding. He never heard her complain of any injury while he was on the scene.</p> <p>Mr. Hanson was able to get Defendant to downplay the damage to his own vehicle.</p> <p>Mr. Hanson ended his questioning.</p> <p>Mr. Ladah followed up with questions to clarify the amount of damage that happened to the Kia.</p>
5/5/2016	<p>Deposition Transcript of defendant Leonard Sanchez (Defendant's uncle).</p> <p>Mr. Sanchez was unaware of any damage to the Kia prior to the crash. He clarified some things about the damage to the headlight and confirmed that the airbag did deploy as a result of the crash.</p> <p>He stated that he repaired the light and got the hood to shut, but didn't perform any other repairs to the vehicle. The vehicle is still in the same condition it was in after the crash. He denied having an adjustor or anyone else come to inspect it.</p> <p>He repaired the wheel well cover (splash cover he also called it) by inserting two little plastic screws back in. The tire no longer screeched.</p> <p>By the time Mr. Sanchez arrived on the scene, the other people who had been involved in the crash had left.</p>
7/16/2016	<p>Deposition of Clenton Reyes AttorneyOther (owner and driver of the Mercedes that was rear-ended) by John Hanson (council to Pizza Hut).</p> <p>Mr. AttorneyOther admitted that he had been deposed three times in the past.</p> <p>He admitted that he was in generally good health. He had not reviewed any of the records prior to the deposition.</p> <p>He was (is) a physician's assistant (PA), which represents a master's degree in physician assistant studies from Western University. His bachelor's degree was in biology. He had been a PA since 2004.</p>

	<p>He began working for Advanced House Calls in 2007 or 08. He admitted to knowing Ms. Yvonne Patient. He worked with her as partners and knew her position to be a medical assistant.</p> <p>He had only owned the Mercedes for a month before the crash on 9/5/2013. He admitted that he was Ms. Patient's supervisor, but the office manager (Sandy Lozeao) did the job evaluations; however, she would ask for Mr. AttorneyOther's rating and opinions before the job evaluations.</p> <p>His answer through the first portion of the questioning match Ms. Patient's including that the medical bag was kept in the trunk and they were probably talking about the park to their right.</p> <p>He was also unaware of the pending impact but was facing forward. He did not sustain any injury as a result of the crash. His vehicle was moved forward as a result of the crash.</p> <p>He stated that his foot was still on the brake at the time he was struck. He believed that her head hit the A-frame because when he looked over she was rubbing her "forehead". He admitted that he did not see her hit the A-frame. He did not see any damage to the interior of his vehicle.</p> <p>He denied telling Ms. Patient that she should act like she was hurt so she could get some money. He denied asking to her lie and say that they were at lunch. Ms. Patient stated during her deposition that he said both of these things to her immediately after the crash.</p> <p>Deposing attorney then had Mr. AttorneyOther read his voluntary statement which he wrote with his own hand at the time of the crash. He stated that his passenger was complaining of headache and right sided face and neck pain. He had just previously stated that he didn't remember her complaining of any pain after the crash and in his opinion didn't seem to be in pain.</p> <p>He admitted that Ms. Patient told him that she wouldn't be coming into work anymore because it was too painful for her. He remembered that she told him it was neck pain that was aggravated by office duties.</p> <p>He reported to Sandy once per year that Ms. Patient was a good employee and a good assistant. [Notice how the attorney asked this question after he had informed him that she said he told her to pretend to be hurt and to lie about going to lunch. Doing so could have spurred him to say that she wasn't a good employee, which may have helped their case.]</p> <p>He described the damage to his car after the crash as follows:</p>
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	<ul style="list-style-type: none"> <li>• The bumper was displaced and the roll bars inside the cabin were deployed.</li> </ul> <p>He explained that convertible vehicles automatic roll bars pop up behind the rear passenger seats that protect occupants in case of a rollover.</p> <p>He described the damage to the Kia that hit him by saying:</p> <ul style="list-style-type: none"> <li>• The front bumper was displaced and the air bags were deployed.</li> </ul> <p>He had his vehicle repaired at Mercedes Benz of Las Vegas. He didn't remember receiving any re-imbursement for the damage to his car.</p> <p><b>Mr. Hanson handed over questioning to Mr. Ladah (plaintiff's counsel).</b> He purchased his car used. The CARFAX indicated that it had never been in an accident before.</p> <p>He described the impact as feeling as if you were tackled from behind while playing football.</p> <p>He remembered Ms. Patient complaining of arthritic knee pain prior to the crash, but not other pains. He did not remember her ever complaining of neck or back pain or any other symptoms. [The attorney specifically named her symptoms.]</p> <p>He provided his current contact information on page 58. He now resides in Chula Vista, CA.</p> <p><b>Mr. Ladah turned over questioning to Mr. Wright (counsel for Defendant).</b> Mr. Wright points out that PAs are supervised by an MD or DO. Mr. AttorneyOther confirms it. His supervising physician at the time was Gregory Brian. [The rest, it seemed to me, was the attorney digging and not finding what he was looking for.]</p> <p><b>Mr. Wright turned questioning back over to Mr. Hanson</b> Mr. AttorneyOther described a 10/10 pain as the worst pain someone has ever felt in their life and said he would call the ambulance if someone said their pain was 10/10. He didn't remember her doing any of the following: panting, sweating, moaning, or crying. She did not seem to him to be regaining consciousness.</p> <p><b>Back and forth questioning between Mr. Hanson and Mr. Ladah about whether or not she appeared to be confused.</b> Mr. AttorneyOther did not think that Ms. Patient appeared to be confused, but he said she wasn't sure what had just happened. Neither was he. After questioning, he said she looked shocked or surprised more than dazed.</p>
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8/3/2016	<p>Report from Orthopedic Surgeon (MD) Andrew Cash, including a review of records. This was one of Ms. Patient's treating physicians.</p> <p>He concluded that</p> <p>The record review begins in July of 2010. The closest pre to post crash symptoms were lightheadedness and fatigue, but they were attributed to anemia.</p> <p>Of potential importance in the pre-crash records was that Clenton AttorneyOther, PA (the guy she worked with) ordered a DEXA scan on Ms. Patient. The DEXA scan was normal.</p> <p>The first 3 pages or so were pre-crash medical visits, and then the crash records start. Dr. Cash noted that the ER record stated neck injury occurred today. Mild dizziness, headache, and double vision were noted in the review of systems (ROS). Lortab, ibuprofen, and Flexeril were prescribed and a CT ordered for closed head injury following motor vehicle accident. The impression was that there was no acute hemorrhage or infarction.</p> <p>The chiropractic notes were reviewed in which there seemed to be an extensive history documenting many of the complaints she still continues to report. She estimated that she was rear-ended at 45 mph. The records states that she was unaware of the impending crash, and she had her head turned to the right. She felt immediate head and neck pain after the crash, and that she could not perform her normal work duties.</p> <p>His report followed the chronologic progression of her treatment records.</p> <p>Dr. Gozdzikowski (chiropractor) referred Ms. Patient to Dr. Shah. According to Dr. Cash's report, Dr. Shah recorded that her fibromyalgia had been stable for at least 10 years (pg10 – medical history). He addressed the previous MVC which occurred in 1971 and states that she had no residual issues.</p> <p>Lower back pain was not noted in the initial SOAP note; however, symptoms of MTBI were noted including emotional symptoms. [This is a good note. Very thorough. Probably the most thorough note I have ever seen an MD write. You may want to review it. Realize that, as I am reading it here, the note is being referred to in Dr. Cash's report.]</p> <p>Cervical motion was significantly restricted and asymmetrical. Lumbar ROM was reported to be normal. Nylen Barany maneuver was positive for dizziness non vertigo and no change of nystagmus. Shoulder shrug caused neck discomfort. Sensory loss was diminished in the left C5 and C6 dermatomes,</p>



	<p>but the manner in which it was tested was not reported. There was no mention of lower back pain. Neck and brain MRIs were ordered. Spine and brain restrictions as she is working at a facility with patient care. [I'm not sure what that means, but it seemed that there was some kind of restriction placed on her.] Ongoing therapy to the cervical and upper back region was recommended.</p> <p>The impression of the cervical MRI was straightening of the cervical curve and a 1mm disc protrusion with annular tear at the C4/C5 disc.</p> <p>Each chiropractic visit was observed by date, but just said treatment rendered. Follow up with Russell Shah occurred on 10/22/2013. Dr. Shah observed a mild persistent wide based gait and that there was no cervical or dorsal muscle tenderness and that there was no cervical, thoracic, or lumbar spinous process tenderness. [I find that hard to believe because that is usually exactly what hurts after a crash. Maybe that is why chiropractic treatment didn't help her.] Multiple neurodiagnostic tests were ordered.</p> <p>Neurological studies were essentially negative. Left temporal cortical hyperexcitability was the only observed finding on the EEG. BAER was normal.</p> <p>She was being referred by Dr. Shah for pain management by November 2013. He observed a positive axial compression maneuver.</p> <p>She filed a workers compensation claim late in November 2013 and they sent her to Concentra to be seen by their doctors. She was seen by Warren Magnus, DO. He noted that her work up to date had been extensive. He diagnosed a cervical strain and said that her injury appears to be occupational. He released her from his care and instructed Ms. Patient to follow up with her established providers.</p> <p>She was seen again at Concentra (ongoing chiropractic care in the meantime) by Dr. Weng—on 12/12/2013—whose note stated that Ms. Patient had the same symptoms and wasn't getting any better. He noted her neurological symptoms (electric shocks) from her head to her lower leg. He referred her to neurology STAT. On 12/16/2016, Dr. Weng “took her off work” and referred her for a brain MRI.</p> <p>No acute intracranial abnormality was observed. Dr. Weng prescribed Zofran and referred her to neurologist Angelo Lambos. Dr. Lambos diagnosed postconcussive syndrome and advised of head precautions.</p> <p>She presented to the ER on 12/23/2013 for headaches, nausea, and dizziness relating that she had a head injury in September and had been having</p>
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	<p>headaches ever since. She was diagnosed with migraine headache and prescribed multiple medications.</p>
8/23/2016	<p>Report from Armando Miciano, MD</p> <p>Of interest in this reports were the following items:  Ms. Patient reported difficulty with the following items found on the ADL Questionnaire Form (Table 15-7 of the AMA 6<sup>th</sup> edition Guides):</p> <ul style="list-style-type: none"> <li>• Combing her hair, bathing, dressing, writing, typing, standing, sitting, walking, climbing stairs, tactile feeling, grasping, lifting, and restful sleep</li> </ul> <p>She scored 18/39 on the Self-Administered Co-Morbidity Questionnaire (SCQ).  Her NRS score was 10/10 (interpretation = extreme pain).  She scored the following on the Pain Disability Questionnaire (AMA Guides 6<sup>th</sup> edition):</p> <ul style="list-style-type: none"> <li>• Functional = 58/90</li> <li>• Psychosocial = 73/60</li> <li>• Total = 131/150</li> <li>• Interpretation = extreme pain-related impairment</li> </ul> <p>She scored 53/88 on the Neurobehavioral Symptom Inventory (NSI) which is interpreted as persistent post-concussion syndrome with moderate physical moderate to severe cognitive, and moderate behavioral symptoms.  Her S-LANSS pain score was 24/24. She circled the same area on the pain diagram that she has been consistently complaining about.</p> <p>She scored 86.4 on the Disabilities of the Arm, Shoulder, and Hand Score (quickdash) which represent extreme disability due to upper extremities.</p> <p>On the Lower Limb Questionnaire her mean score was 22 which meant extreme lower extremity specific effect on functional status.</p> <p>Her PROMIS-57 Profile scores were:</p> <ul style="list-style-type: none"> <li>• Physical Function = 29.3 meaning extreme decrease in physical function.</li> <li>• Anxiety = 67.7 meaning severe increase in anxiety.</li> <li>• Depression = 73.9 meaning severe increase in depression.</li> <li>• Fatigue = 72.4 meaning sever global increase in fatigue.</li> <li>• Sleep Disturbance = 65.1 meaning severe global increase in sleep disturbance.</li> </ul>

	<ul style="list-style-type: none"> <li>• Social = 34.9 meaning severe to extreme decrease in satisfaction with her social role.</li> <li>• Pain Impact = 72.1 meaning extreme pain impact.</li> </ul> <p>He also administered the following questionnaires/forms:</p> <ul style="list-style-type: none"> <li>• SF-36v2 Health Survey,</li> <li>• WPAI:GH,</li> <li>• Self-Efficacy for Managing Chronic Disease (SES) [listed twice],</li> <li>• NDI</li> <li>• DRAM (MSPQ and Modified Zung Depression Index),</li> <li>• PHQ-9 Symptom Checklist,</li> <li>• Injustice Experience Questionnaire,</li> <li>• PCS – English,</li> <li>• Tampa Scale for Kinesophobia,</li> <li>• PTSD Checklist – civilian version ,</li> <li>• Current Opioid Misuse Measure,</li> <li>• Brief Fatigue Inventory,</li> <li>• PACIC,</li> <li>• Restless Leg Syndrome Rating Scale [she scored 0], and</li> <li>• LiSAT-9,</li> </ul> <p>The results of every test demonstrated that she was in a lot of pain, enjoyed little functionality, and that she was dissatisfied with life, except the Restless Leg Scale. She doesn't suffer from restless leg syndrome.</p> <p>He then summarizes Ms. Patient's medical records (comprising pages 14 – 69 of his report). [I didn't see anything new, but I was scanning. It is in the form of an outline of her medical history as opposed to a narrative.]</p> <p>Dr. M's examination findings begin on page 70 of his report. He reported vitals and her BMI was 34.8 [that is to say obese – which is two levels below the morbidly obese stigma that defense Dr. Duke placed on her in his report].</p> <p>Of significant interest here is that the girth of her extremities (upper and lower) measured 2 to 3 ½ inches smaller on the left than the right.</p> <p>He observed moderate non-pitting edema around both ankles, reddish skin discoloration of her left foot, shiny appearance to the skin of both feet and ankles, severe hypersensitivity to light touch in both hands and feet, moderate reddish/violaceous discoloration of both hands and feet, that both hands were cold to the touch, and that she was weak (4-/5) in her grip bilaterally and dorsiflexion and plantar flexion bilaterally.</p> <p>Brief Psychiatric Rating Scale impairment score = 15% Global Assessment of Functioning (GAF) = 10%</p>
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	<p>Psychiatric Impairment Rating Scale (PIRS) = 10%</p> <p>Dynamic Gait Index = 20/24 Berg Balance Scale = 35/56</p> <p>Strength Tests:</p> <ul style="list-style-type: none"> <li>• Grip = L – 2.4 kg   R – 1.5 kg</li> <li>• Arm Curls (# of reps in 30 seconds) = L – 7   R – 10</li> <li>• Abdominal Strength: 60 lbs 1RM</li> <li>• Lumbar Extension: 40 lbs. 1RM</li> </ul> <p>Flexibility on her right was noted to be less than the left.</p> <p>She walked 560 feet in 6 minutes and reported 8/10 pain in both feet afterward.</p> <p>He observed 0/5 of Waddell’s signs.</p> <p>He related all the findings of the studies that were performed including the MRI findings in the cervical, thoracic, and lumbar spines. Of note is the most recent MRIs in the cervical, thoracic, and lumbar spines. There were significant changes for the worse in all three regions in the newest studies.</p> <p>Next, he listed all medical procedures that were performed on Ms. Patient, and then all the lab work that was performed.</p> <p>From a records review, Dr. Miciano diagnosed the following primary conditions:</p> <ul style="list-style-type: none"> <li>• Post-traumatic CRPS type 1 (bilateral UE &amp; LE). He noted the inter-clinician agreement with that diagnosis between Drs. Elkanich, Reed, Burkhead, and Fazzini.</li> <li>• Poly-Trauma Clinical Triad of mTBI, PTSD, and chronic pain.</li> </ul> <p>He noted the following “Associated Diagnoses”:</p> <ul style="list-style-type: none"> <li>• Persistent Post-concussion Syndrome</li> <li>• History of post-traumatic C5 radiculopathy (Dr. Shah’s EMG)</li> <li>• Bilateral L4,L%,S1 radiculopathy (Dr. Burkhead).</li> <li>• Chronic Headache due to neck and head trauma</li> <li>• Post-traumatic Vestibulopathy</li> <li>• PTSD</li> <li>• Mood Disorder</li> <li>• Psychological Factors Affecting Medical Condition</li> </ul> <p>He listed Ms. Patient’s functional outcome findings on page 79. He determined that she has experienced significant dysfunction as a result of injuries sustained in the crash on 9/5/2013.</p> <p>In Dr. Miciano’s discussion, he relays to the reader a great deal of information about CRPS including the point that post traumatic CRPS is the most common</p>
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	<p>type of CRPS. After that, he provides the same level of information about Poly Trauma Clinical Triad.</p> <p>He listed his conclusions under the heading Evidence Based Conclusions.</p> <p>He listed Ms. Patient's pre-crash conditions as fibromyalgia, gastric ulcer, and mitral valve prolapse. He noted that there was no pre-crash neck or lumbar problem oriented records.</p> <p>He concluded that Ms. Patient demonstrated no signs of symptom magnification during his examination. He noted that the PT's FCE findings were in contrast to the treating physician's (Dr. Fazzini).</p> <p>He causally related all of Ms. Patient's symptoms to the MVC 9/5/2013 after which he discussed subjects such as prognosis, restrictions, and future medical care.</p> <p>Dr. Miciano interviewed and examined Ms. Patient personally and reviewed her records.</p>
1/25/2016	<p>Report from treating neurologist Enrico Fazzini (DO). [Know that Dr. Fazzini generated 3 reports in total, and they are all located in this one electronic document. I gave each their own section (separated them out) so that you could search for them by the date in the left hand column.]</p> <p>Dr. Fazzini concluded that all of Ms. Patients' symptoms and conditions (including CRPS) were the result of the crash that occurred on 9/5/2013. He also concluded that all of her care was medically necessary. He listed his credentials as a board certified neurologist with a PhD in Behavioral Neurosciences and a subspecialty in Parkinson's and Movement Disorders.</p>
3/12/2016	<p>Dr. Fazzini's second report after reviewing Ms. Patient's deposition.</p> <p>He summarized the contents of the deposition and made no further comments.</p>
8/30 2016	<p>Dr. Fazzini's third report after reviewing the most recent treatment records.</p> <p>The majority of his report was his summary of the records he reviewed, which included the deposition of Louis Mortillaro, PhD (neuropsychologist). He stated that he wasn't sure that she had a post-concussion syndrome. He did not believe that she was a symptom magnifier. He believed that she was in a lot of pain and needed to learn how to cope. He believed that the 12 sessions of cognitive behavioral therapy he provided helped her to improve 50-60%.</p>

	<p>Ms. Patient was referred to another chiropractor named Dr. Keven Bahoora, but it doesn't say who referred her. She treated with him from 4/27/2016 until 6/3/2016. Dr. Bahoora causally related Ms. Patient's symptoms and conditions to the motor vehicle crash on 9/5/2013. Dr. Bahoora ordered a dynamic x-ray which revealed mild spondylosis and facet arthrosis of the spine and osteoarthritis of the SI joints.</p> <p>She also underwent two sympathetic nerve block treatments in the thoracolumbar region of her spine and a spinal cord trial implantation. The nerve blocks occurred through Innovative Spine Care Center on 4/14/15 and 4/28/2015 while the implantation occurred on 8/25/2015 (at the same location).</p> <p>Also at Innovative Spine Care, Ms. Patient underwent a left sympathetic plexus injection with fluoroscopic guidance and intravenous sedation on 4/14/2015. The same treatment occurred on the right on 4/21/2015.</p> <p>After summarizing these records, he stated that they did not change his opinion. He causally related all Ms. Patients symptoms and conditions to the crash.</p>
8/26/2015	<p>Report from Dr. Michael Ferrante, MD who is the director of the UCLA Pain Management Center and a professor of clinical anesthesiology and medicine.</p> <p>He reviewed all the same records and performed an interview and examination on Ms. Patient.</p> <p>Interestingly, under goals and recommendations he stated that chiropractic manipulative treatment would influence joint and neurophysiologic function.</p> <p>He stated that his conclusion was that "many of Ms. Patient's injuries and pain symptoms are the direct result of the motor vehicle accident of 9/5/2013." He causally related the following conditions and symptoms to the crash:</p> <ul style="list-style-type: none"> <li>• Aggravation of underlying fibromyalgia.</li> <li>• Complex Regional Pain Syndrome – type 1</li> <li>• Accelerated cervical spondylosis and disc herniations at the L4 and L5 levels which were the result of "acceleration deceleration" injuries. <ul style="list-style-type: none"> <li>○ Note that he made the following statement:  "the severity of the injury to the spine caused by the accident of 3/1/12 is visualized by rapid acceleration of degenerative processes that cannot be explained by the aging process alone. Traditionally MRIs are compared prior to the injury, at the time of the injury, and 1.5 to 2 years after the injury. The appearance of accelerated degeneration 1.5 to 2 years after the injury must be causally related, to a reasonable degree of medical probability, to the precedent motor vehicle accident."</li> </ul> </li> </ul>

	<p>[This is exactly what I said earlier about why Ms. Patient now has disc herniations at every level in her c.spine and all but one level in her l.spine. Didn't you coin the term acceleration/deceleration injury?!?! Now they're teaching it in medical schools. You the man!]</p> <p>In his next few paragraphs, he makes the same conclusions I made about the subsequent disc herniations observed in the most recent MRIs (10/1/2015). He stated that the pathogenesis of discogenic disease was in this case traumatic. He then stated that such pathology would explain give-way with respect to the left knee flexors and bilateral EHL and dissimilar calf circumferences that he observed during his examination.</p> <p>He stated that the annular tears in the cervical spine were the result of the crash, and that she will need access to surgical evaluation in the future.</p> <p>He stated that the comparison between early and late thoracic MRI didn't demonstrate accelerated DDD, so her mid back pain could not be causally related. [I disagree because the first read did not note multiple disc bulges while the second read did. I would have to see them myself.]</p> <p>He causally related the migraine headaches to the crash because she had no headaches previous to the crash, and because headaches are a well known sequela of MVCs. He surmised that there is a cervicogenic component to Ms. Patient's headaches because of the acceleration deceleration nature of the injury and the damage that was caused to her neck.</p> <p>He suggested that Ms. Patient be evaluated by a university based neurologist who specializes in headaches before any settlement occurs pertaining to a life care plan.</p> <p>He stated that the evaluation of imbalance and nystagmus were out of his scope of practice.</p>
4/4/2016	<p>Report from Dr. Jason Garber, a board certified neurosurgeon.</p> <p>He reviewed and summarized all treatment records except the chiropractic records. [He also failed to include chiropractic treatment in his future cost of care analysis.] He noted, however, that she had received chiropractic treatment.</p> <p>He stated that it was his opinion that all of Ms. Patient's treatment after the crash could, to a reasonable degree of medical certainty, be causally related to the crash.</p> <p>He stated that he found it "fascinating" that Dr. Rimoldi stated in his report that the early MRIs that clearly demonstrated an annular tear and disc protrusion demonstrated no evidence of objective pathology. He stated that Dr.</p>

	<p>Rimoldi appeared to have had a predetermined opinion about causality before he reviewed the imaging studies. He found Dr. Rimoldi's opinion prejudice again towards the patient and the nature of the injuries that she sustained in the 9/5/2013 crash.</p> <p>He stated that it remained clear to him after reviewing the records that the patient has ongoing injuries as a result of the crash. He then expressed his opinion about what treatments the patient was going to need in the future.</p>
8/5/2016	<p>Supplemental report from Dr. Jason Garber [which is located in the same electronic file as his first report – the supplemental report starts on page YAM-JEG 0044]</p> <p>He reviewed and summarized the most recent medical records up until August 2016. Once again, he ignored the chiropractic records, including the dynamic radiographs.</p> <p>He stated that his opinion did not change.</p>
5/5/2016	<p>Report of the Vocational Assessment and Loss of Earnings Capacity Evaluation by Ira Spector.</p> <p>Ms. Spector reviewed all the records (including the defense IME doctors' reports), interviewed Ms. Patient personally, and held a couple of phone consultations with Dr. Miciano prior to drawing her conclusion.</p> <p>[You can review her conclusion. She decided that Ms. Patient's pre-injury earning capacity was \$30,472 annually. She also pointed out that Ms. Patient is permanently and totally disabled from gainful and competitive employment according to Dr. Miciano.]</p>
9/28/2016	<p>Plaintiff Traffic Crash Reconstruction Report prepared by David Elliot, PE, ACTAR.</p> <p>Evidently, he inspected the 2002 Kia Rio on 9/1/2016 and took 51 photographs.</p> <p>He referred to the following items:</p> <ul style="list-style-type: none"> <li>• Expert AutoStats information for vehicle specifications on both vehicles.</li> <li>• Archived, historical, aerial and street level images of the intersection where the crash occurred.</li> <li>• The 5 photos taken at the scene of the crash on the day of the crash.</li> <li>• The 29 post accident photographs of the Mercedes.</li> <li>• The estimates of repair for the Mercedes (9/13/2013, 9/16/2013, 10/1/2013 and 10/15/2013).</li> <li>• The traffic accident report by NLVPD.</li> <li>• All the depositions and interrogatories.</li> <li>• The IME reports from Drs. Rimoldi and Quaglieri.</li> </ul>



	<p>Mr. Elliot requested that it be possible for him to inspect the 2002 Kia (bullet vehicle) at a body shop, but the defendant didn't comply. The defendant told him that the car didn't need to go to a body shop because it had already been repaired. In fact, the vehicle had only been partially repaired. [which is what Mr. AttorneyOther said during his deposition]</p> <p>He goes into detail about the damage he observed on the vehicle. He noted "some degree of damage to the bumper mounting locations" but said that it really needed to be examined at a body shop to find out what kind of damage really happened.</p> <p>He also observed that the original front reinforcement bar was deformed. [Remember that Leonard Sanchez testified during his deposition that the only repairs he made to the vehicle were putting some screws in to hold the head light and wheel well cover in place. Even the defense reconstructionist stated that the front reinforcement bar had been replaced. That would not fare well for Mr. Sanchez if he were to be questioned on the stand about why he lied about what repairs the vehicle needed (and what repairs he really made) after the crash.]</p> <p>The reinforcement bars' mounting locations were also somewhat deformed.</p> <p>The weight of the Benz, according to autostats, was 4270 lbs., which included the two occupants. In comparison, the weight of the Kia with its one occupant was 2439 lbs.</p> <p>The front of the Kia aligned approximately 0.58 feet to the left of center of the Mercedes at the time of the crash. He stated that a minimum delta V of 8 mph is required for the airbags to deploy in a vehicle to vehicle collision.</p> <p>Based on this minimum 8 mph delta V, and using the law of conservation of linear momentum, the minimum delta V of the Mercedes would have been 4.6 mph.</p> <p>And that concluded his report.</p>
9/28/2016	<p>Report from defense expert Daniel P. Voss biomechanical engineer and ACTAR.</p> <p>[You'll have fun with this one.]</p> <p>The first page demonstrated the records he reviewed, which included all of Ms. Patient's medical records. [I would point out that he isn't qualified to review medical records.] He also reported that he personally inspected the 2002 Kia Rio, 2004 Mercedes Benz, and the crash scene.</p>

	<p>The substance of his report was 2 pages long (pgs 2-3). His references comprised the remaining 3 pages of his report.</p> <p>His conclusions were typical. He figured the delta V of the Mercedes was 6.7 to 8.1 mph which would correspond to a “closing speed” of the Kia Rio of 14.8 to 17.9 mph. He pointed out that the delta V of the Mercedes would have been a “comparatively low” delta V because it was almost twice the weight of the Kia.</p> <p>He then stated that the delta V of a given vehicle is directly related to the force of the collision through Newton’s 2<sup>nd</sup> law and has been shown to be highly correlated with injury risk. He listed 19 references to support that claim. [have fun].</p> <p>His inspection of the Kia Rio indicated that the front bumper reinforcement bar had been replaced. [If that is the case, then Leonard Sanchez lied during his deposition about having the car repaired. One or the other is wrong... they can’t both be telling the truth.]</p> <p>He stated that the occupant’s initial motion in a rear end crash would be rearward relative to the vehicle. He described the occupant’s motion in relation to the car okay but stated that, when the occupant rebounds after having loaded the seat back, their subsequent forward motion is at a speed even less than that their original rearward speed.</p> <p>He states that the Ms. Patient’s forward rebound would have been about half of their original rearward speed relative to the vehicle’s and so her forward speed would have been about the same as, or less than, walking speed (2.7 to 4 mph). [like I said, have fun with this one]</p> <p>He concluded that her head was highly unlikely to strike the A-pillar because her motion compared to the car’s would have been rearward [a conclusion with which I don’t disagree].</p> <p>He also concluded that concussion was extremely unlikely because testing of similar seats at 10 mph delta Vs – performed at the IIHS—yielded accelerations one fifth that required to produce a 1% risk of mild traumatic brain injury.</p> <p>Voss then stated that cadaver studies have been widely accepted because cadaveric bones, ligaments, and discs behave similarly to live ones. He further established that the combined forces that are required to herniate a lumbar disc are compression and hyperflexion, and these forces would not have been likely experienced by a properly restrained occupant in a rear impact crash. He stated that the compressive loads experienced by Ms. Patient at the delta Vs he contrived would not have generated compressive loads greater than those</p>
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	<p>encountered by merely bending over to lift something. Therefore, he concluded, disc herniation in Ms. Patient's case was biomechanically unlikely.</p> <p>He stated that she could have likely experienced neck injury in this crash, but that was beyond the scope of his report.</p> <p>He then compared the crash she was in to bumper car rides you might engage in at an amusement park.</p> <p>[Have fun with that one. It is a quick read.]</p>
9/21/2016	<p>Report from defense expert Derek Duke, MD, FACS.</p> <p>After reviewing the medical records, Dr. Duke listed under "Accident Related Diagnosis" only myofascial strain. Under Nonaccident related diagnoses he listed the following: fibroyalgia, morbid obesity, depression, anxiety, chronic pain syndrome – psychosocial risk factor dominant, iron deficiency anemia, chronic peptic ulcer disease, mitral valve prolapsed, and chronic fatigue and malaise. [Note that her BMI was 36.1 which is severely obese. Morbid obesity is greater than 40 BMI. Dr. Duke exaggerated.]</p> <p>He noted that Ms. Patient's precrash records were "currently limited." [He had access to all the pre-crash records that existed back through 2010 which were the same ones that other doctors had access to.] He dated the ER record on the day of the crash as 9/15/2016 (10 days after the crash).</p> <p>Dr. Duke emphasized that Ms. Patient had a pre-crash history of fibromyalgia. He also claimed that Ms. Patient "indicated to treaters that she had a pre-accident history of neck pain." [I haven't come across any indication that she had pre-accident neck pain, not even in the depositions.]</p> <p>He then stated that the "nature and extent of these diagnoses is currently unknown." [If so, he didn't read the records well. Dr. Shah noted during his initial consult that the fibromyalgia had been stable for at least 10 years.]</p> <p>Next Dr. Defense emphasized that Ms. Patient's records indicated recurring/chronic fatigue and malaise that predated the crash. [I didn't see any of that mentioned in the records except when she needed iron replacement therapy.]</p> <p>He stated that there was "no clinical evidence" in the ER record on the day of the crash that Ms. Patient had sustained a concussion or traumatic brain injury of any sort. He stated that the "mild symptoms of dizziness and lightheadedness could not be used to establish a diagnosis of traumatic brain injury to a "reasonable degree of medical certainty".</p>

	<p>He points out that she was treated and released but failed to acknowledge that she was instructed to follow up with outside providers. He ignored the ER physicians' (who performed a physical exam on her the day the crash happened) diagnosis of cervical sprain and replaced it with a diagnosis of cervical strain saying—or implying at least—that based on a “reasonable degree of medical probability” strain was more likely than sprain.</p> <p>He stated that the only treatment needed for a strain is rest and activity modification. He stated that, other than a short course of chiropractic, physical therapy, or anti-inflammatory and muscle relaxer treatment, no other treatment would have been necessary.</p> <p>Based on his diagnosis of cervical strain, no other Ms. Patient required no other treatment, and she needs no future treatment.</p> <p>He pointed out that she was still able to work 4 days after the crash, that she engaged in chiropractic care, and that she underwent a medicolegal consultation. [I am not sure what med-legal consultation he was referring to. Maybe it was her first consult with her attorney. I did not see a med legal report written by a physician of any kind.]</p> <p>He claimed that Ms. Patient changed her reports to her doctors. At first she was recorded to have said that she hit her head on the convertible top frame, and then later she said her head hit the dash. [It is true that this was recorded in the doctor's notes this way. I just thought of it as the doctors recording what they heard, not necessarily what she said.] He stated that “modification of oral history is characteristic of secondary gain behavior.”</p> <p>He also pointed out that Dr. Germin believed she was magnifying her symptoms [This is the second time I have seen this reference], and an FCE was “grossly invalid and unreliable secondary to inconsistent and incomplete effort on her part.” [I have not reviewed and FCE report at this point, but I did see that one of her doctors suggested it.]</p> <p>Dr. Defense continued on that Ms. Patient's list of symptoms continued to grow as time went on. She developed “severe” lower back pain, CRPS (which he stated, without providing reason, he was not related to the crash), and chronic, severe pain reports that persisted despite adequate medical care.</p> <p>[I think you should just read page 15-16 of his report. These are the last two pages and are they quite opinionated. Reference Defense Expert Duke(9.21.2016 Report).pdf]</p> <p>He stated that it was all quite clear after reviewing the records in “totality.”</p>
10/4/2016	Defense Expert Dr. Derek Duke's Supplemental Report.

	<p>He was provided with more records. He listed them and stated that they did not change his opinion.</p>
10/5/2016	<p>Report from Defense Expert Joann Latham, MA – Vocational Analysis and Life Care Plan.</p> <p>Her conclusion was that Ms. Patient will not incur any future loss of earnings associated with this incident because, “Ms. Patient retains the same earning capacity that she had prior to the MVA of 9/5/2013.”</p> <p>Ms. Latham listed the records that she reviewed, and they were primarily the defense medical examiners’ reports. She had phone consultations with each of the defense medical evaluators prior to arriving at her conclusions.</p> <p>She implied that Ms. Patient had a pre-crash “history of migraine” because Dr. Lambos documented her ER visit in December 2013 with the statement “exacerbation of migraine several days ago.” [Yes, Ms. Patient had been experiencing migraines headaches since the crash on September 5, 2013, which was 4 months before that SOAP note.]</p> <p>She listed the defense experts’ findings and conclusions and based all of her conclusion on them. Discredit the defense experts and her opinion is no more valid than theirs.</p> <p>She quoted Dr. Rimoldi’s statement:</p> <ul style="list-style-type: none"> <li>• the MRI was appropriate after the crash, but once it was reviewed and demonstrated no evidence of objective pathology that related to the motor vehicle accident, then all other treatments were not related to the accident in question.</li> </ul> <p>The MRI demonstrated an annular tear and disc protrusion, both of which are very common injuries after motor vehicle crashes.</p>
10/4/2016	<p>Defense Vocational Analysis Report from Kirkendall Consulting Group, LLC.</p> <p>Kevin Kirkendall, MBA basically stated that he couldn’t make any conclusions because he wasn’t provided with the proper information upon which to base his conclusions.</p>
10/6/2016	<p>Report from defense neuropsychologist Lewis M Etcoff, PhD, ABN.</p> <p>Mr. Etcoff’s first order of business was to list off the 15 symptoms Ms. Patient complained of which the attitude that it was preposterous that someone could possibly have so many symptoms following a motor vehicle crash.</p> <p>Mr. Etcoff reviewed Ms. Patient’s records, but did not interview her personally. He spent most of his time picking apart Mortillaro’s opinions as</p>

	<p>stated in his deposition. He also referenced Dr. Germin’s opinions to support his own opinions.</p> <p>Mr. Etcoff stated that Ms. Patient’s descriptions of pain, in the absence of organic evidence, strongly suggest a significant psychiatric disorder which he opined would most likely be “Somatic Symptom Disorder with Predominant Pain”. [evidently, he is not aware of the MRIs either]</p> <p>He also stated that Ms. Patient’s good handwriting, as observed on the questionnaires she filled out at Mortillaro’s office, proved that she didn’t have difficulty concentrating, paying attention to detail, or any problem with her memory, and that she had an above average ability to comprehend the meaning of the questions. He also surmised by observing her handwriting that she had “superb” hand-eye coordination.</p> <p>He said that her completion of the questionnaire was “not completely inconsistent with a person suffering a brain injury but supports a diagnosis of Somatic Symptom Disorder, Severe with Predominant Pain.”</p> <p>After combatively reviewing Dr. Mortillaro’s answers during his deposition, Dr. Etcoff provided his professional opinions.</p> <p>He diagnosed Ms. Patient through a review of her records with Somatic Symptom Disorder (SSD) with Predominant Pain, Persistent, Severe. He then listed the features of SSD.</p> <p>After a page and a half of teaching us about SSD, he states that, “clearly, there is no absolutely no evidence that she experienced a traumatic brain injury, and so a neuropsychological evaluation would not be justified or necessary.”</p> <p>He then stated that, “even if Ms. Patient had struck her head on the roof of the Mercedes hard enough to cause significant acute pain, symptoms associated with a concussion and postconcussion syndrome are ‘nonspecific,’ meaning that the symptoms can be the result of numerous other medical conditions or psychological factors (in other words her headaches and neck tension).”</p> <p>He then went on to say that PCS symptoms are those that persist longer than several weeks post injury and are more likely attributable to factors unrelated to the head injury (Larrabee, 2012). [That one really makes reason stare.]</p> <p>He quotes studies that say most mTBI symptoms are temporary and resolve within days or weeks after the injury, and also that neuropsychological test batteries aren’t sensitive to distinguish the injured from the non-injured.</p> <p>He quoted another study by Winn and Temkin (1995) that said if an adult experienced a concussion without loss of consciousness or post-traumatic</p>
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	<p>amnesia, and they act rationally immediately thereafter, they should have no cognitive impairments or deficits upon neuropsychological evaluation 1 year later. Therefore, Ms. Patient is lying about her symptoms.</p> <p>He asked to be able to evaluate Ms. Patient personally to determine if and to what extent the crash caused her mental, emotional, cognitive, interpersonal, or behavioral problems. He described the battery of questionnaires he would have her fill out and other methodologies he would utilize to get to the bottom of it.</p>
9/01/2016	<p>Defense expert Dr. Odel's report. He is an MD and PhD</p> <p>His opinion was that that the LBP and CRPS were not related to the crash because they onset months after the crash. Therefore, any treatment related to the LBP and CRPS should not be covered.</p> <p>He attributed the neck pain, headaches etc.. to the crash and said that treatment as it pertained to symptoms other than the LBP and CRPS, should be covered through 7/30/2014. [Note the stark difference between his opinion and Drs. Duke and Rimodi's opinions about what treatment should have been covered.]</p> <p>The first part of his report comprised of a critical review of the records. He bolded any print that he felt was unbelievable or that supported his opinion that Ms. Patient claims of injury were not within a reasonable degree of medical certainty. This included Ms. Patient's complaints of delayed onset lower back pain and delayed onset CRPS. He was also critical that she originally denied a blow to head or loss of consciousness but then changed her report later on.</p> <p>He highlighted that Dr. Germin noted that the evaluation at the Werner Balance Institute yielded "inconsistent results consistent with Waddell findings." He also noted that Dr. Germin originally diagnosed post-concussive syndrome but then ruled it out after he had reviewed her brain MRI. And, of course, Dr. Odell emphasized Dr. Germin's suspicion that Ms. Patient was malingering and the fact that he released her back to work full duty.</p> <p>He highlighted all symptoms that could have been attributed to a spontaneous onset of side effects from the drug she had been taking for 10 years for mitral valve prolapse, which was Nadolol.</p> <p>He quoted a statement that Dr. Fazzini made that he felt she was over dramatizing her injuries. [Dr. Fazzini has made it clear that it is his opinion that she was severely injured in the crash.]</p> <p>He pointed out in his footnotes all the possible side effects of Nadolol, which included dizziness, drowsiness, weakness, and cough. It could also reduce</p>

	<p>blood flow to the hands and feet causing them to feel cold. And there was the unlikely, but serious, side effect that could occur which was bluish color of the fingers/toes/and nails, hair loss (irreversible), mental/mood changes [which he highlighted] swelling of the ankles/feet [which he also highlighted], severe tiredness, vision changes, wheezing, and unexplained sudden weight gain. [Many of these symptoms match the symptoms of the post-concussion syndrome. It could be used to cast doubt on the diagnosis of mTBI. Your friend did it to the old couple in the Sizzlers parking lot case.]</p> <p>He stated any treatment related to the lower back was unrelated to the crash because the pain didn't onset at the time of the crash.</p> <p>Dr. Odell did, however, state that all claims cervical through about 7/30/2014—including Matt Smith's FCE—were justified. So this defense expert disagreed with defense expert Dr. Rimoldi who said that any treatment beyond 12 weeks post crash was inconsistent with a cervical strain injury (his diagnosis after a records review – and in the face of the cervical sprain injury diagnosed by ER physicians who examined the patient first-hand the day of the crash).</p> <p>He pointed out these points:</p> <ul style="list-style-type: none"> <li>• Ms. Patient had pre-existing neck pain because she had gone to see a chiropractor for a crick in her neck.</li> <li>• Ms. Patient had pre-existing degenerative “spine” disease [in the thoracic spine]</li> <li>• She had pre-existing fibromyalgia, depression, dizziness, and prior disability.</li> </ul> <p>He also stated that she was a medical assistant (implying that she would have the background necessary to make all this up) and that she had her boss as a resource (implying that if she couldn't have made it all up, he certainly could have helped her.) The basis of this line of thought was that Ms. Patient testified during her deposition that her boss, Clenton AttorneyOther, PA-C, told her (immediately after the impact) to fake an injury so that she could get some money out the crash.</p> <p>Under item #4 of Dr. Odell's conclusions, there exists a lot of speculation about how her lab results taken by Sang Tran, MD “could have been” compromised by poor lab practices. He boldly stated that there “might have been” a systemic reason for the pain, swelling, numbness/tingling of hands and feet other than anything related to the “non-industrial” CRPS condition. He stated that no consideration was given to the speculation that her symptoms “might be related to” the fact that she had been taking Nadolol since 2010, or other meds she “might have been taking” for pre-existing fibromyalgia [that was reported by Dr. Shah to be stable for at least 10 years needing no treatment].</p>
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10/5/2016	Defense Expert Odell's Supplemental Report.  He reviewed more records, briefly re-emphasized the points he had made previously and stated that they did not cause him to change his opinion.
Undated	Docs to be used by Deft Experts.  This is a 1167 page document that contains peer-reviewed articles and guidelines such as WHO's ICF Geneva document (Towards a Common Language for Functioning, Disability, and Health.) [I will let you peruse that long document]
9/1991	A study out of the Journal of Neurosurgery titled Treatment of Chronic Pain by Epidural Spinal Cord Stimulation: a 10-year experience.
2013	Article from the Journal of Pain Medicine titled Complex Regional Pain Syndrome: Practical Diagnostic and Treatment Guideline, 4 <sup>th</sup> edition.
6/2015	An Article titled Complex Regional Pain Syndrome out of the journal Australian Prescriber [the best I can tell – I haven't heard of that journal]
2010	An article from the American Society of Anesthesiology titled An Update on the Pathophysiology of Complex Regional Pain Syndrome.
3/2006	From Disability and Rehabilitation. An article titled Clinical Expression Profiles of CRPS, Fibromyalgia, and a-specific Repetitive Strain Injury: More Common Denominators than pain?

Veh#	Yr	Make	Model	Wt. (lb)	Wt. Distr.	CG	Top front (in)	Top rear (in)	Bumper rating
1									
2									
3									

## PCC/MADYMO

Delta V of = mph

Delta V of = mph

Head accel of: (x,z) g

Lumbar accel of: (x,z) g

### Things to get:

1.

### Things to Check:

1. NASS.
2. IIHS HRG.
3. PC Crash.
4. MADYMO.
5. Mitchell.
6. CarFax

**Planned actions:**

1. Animation.
2. Poster(s).
3. Scene inspection.
4. Vehicle inspection.
5. Research.

Date	Discussions with attorney/client